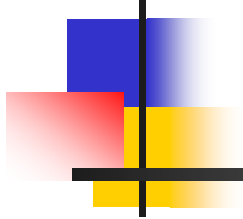


Importance of community and local social networks for the elderly in Slovenia and their change in time



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Content

- Role of neighbors and the local community in caring for the elderly
 - Can community provide care?
 - Role of neighbours as care-givers
 - Influences on the availability of care in the community
- Community relations and networks in Slovenia
- Conclusions



Community

- postmodern times many theorists and researchers have warned about the disappearance of ties in the community (Bauman, Putnam, Gergen)
- significance of living in the community versus institutionalization of the elderly
 - Living in the community enables older people to stay in familiar surroundings, making it easier to move around and enables them to keep a sense of home, an important part of which are also the neighborhood and people in it (Ekstrom 1994)
 - The community is seen as an important resource, aiding other actors in caring for the elderly
 - Enabling prolonged living in the community is a policy goal (EU, Slovenia)



Community care

- Community care
 - Care in the community – linked to CBO
 - Care by the community (Loughran 2003) – in a wider sense of 'caring' for the well-being of others
- Neighbours as care-givers
 - Normative expectations - showing a limited amount of concern and providing help in emergencies (Wenger 1994)
 - Can be supplementary care givers, even if their role often seen as 'being good neighbours' (Barker 2002)
 - Part of social support networks – increasingly with age



Influences on the availability of care in the community

- cultural expectations linked to the role of one's neighbors,
- characteristics of the neighborhood (physical, demographic,...)
 - stronger ties among people in neighborhoods with greater stability and less migration (Wenger 1994).
 - smaller networks where higher proportion of elderly people in the neighborhood, higher neighborhood crime rates (Moorer and Suurmeijer 2001).
- formal organization of care for the elderly.
 - The level of state commitment to develop home and community-based services ('HCBS') influences the level and mix of services available, the norms and expectations about care-giving and potential roles of informal network members
 - A higher level of state expenditure on HCBS is associated with the greater use of formal personal assistance by the elderly, as well as the bigger use of any informal assistance (Muramatsu and Campbell 2002)



Context - transition

- The importance of local ties in CEE countries has dropped after the transition, while they played an important role in the period before it. (Uslaner and Badescu 2003)

Slovenia

- Changed circumstances after transition
 - health system,
 - institutional care system
 - Changed organisation of local community
 - Slow development of voluntary sector
- What happened in Slovenia - is community (still) 'caring' for older members?



Methodology

- two representative surveys on social networks in Slovenia: 1987 (Boh et al. 1987a) and 2002 (Ferligoj in drugi 2002)
 - three social support networks were estimated as comparable in methodological sense: support in case of illness, financial and emotional support. (Hlebec in Kogovšek 2005).
 - Numerus for 1987 was 279 and for 2002 it was 4612.
- Other set of data were gathered in a small sample survey conducted for the project Social Integration of the Elderly (Hlebec).
 - The data were gathered based on a family tree, thereby getting data from the three generations. The methodological instrument used was Antonucci's hierarchical design (1986).
 - It gives results for two points in time as the questionnaire used was completed by the same people twice – first for the current year of the survey (2005) and for 1987 by encouraging people with 'memory stimulants' (data, a description of that period).
 - Measured were social support networks; questions on relations in community were also posed.
 - The number of people interviewed all together was 275

Table 1: Share of neighbors in different types of support networks (representative samples)

| | 1987 | | | 2002 | | |
|-----------------------|----------------|-------------|------------------|----------------|-------------|------------------|
| social support | illness | talk | financial | illness | talk | financial |
| first choice | 1,8 | 12,7 | 1,6 | 5,4 | 3,9 | 4 |
| second choice | 8,4 | 15,8 | 5,6 | 5,8 | 5,1 | 4,2 |
| Gender | | | | | | |
| male | 1,6 | 20,8 | 0,9 | 5 | 2,7 | 3,6 |
| female | 2,1 | 5,5 | 2,3 | 5,8 | 4,9 | 4,3 |
| place of residence | | | | | | |
| urban | 2,8 | 12,8 | 0 | 4,4 | 1,8 | 2,6 |
| suburban | 8 | 6,3 | 0 | 6,6 | 3,3 | 4,6 |
| rural | 0 | 13,8 | 2,4 | 5,7 | 5,5 | 4,8 |
| household type | | | | | | |
| single | 0 | 15,7 | 0 | 4,2 | 1,7 | 1,1 |
| divorced | 7,7 | 10 | 0 | 5,5 | 3,8 | 2,3 |
| widowed | 14,8 | 8,3 | 0 | 11,8 | 10,8 | 6,3 |
| married | 0 | 11,7 | 3,2 | 5,1 | 3,8 | 5,1 |
| age | | | | | | |
| 18-24 | 0 | 8,3 | 0 | 1,5 | 1,2 | 0,9 |
| 25-34 | 0 | 14,6 | 1,9 | 2,7 | 0,9 | 1,7 |
| 35-49 | 0 | 5,6 | 3,6 | 4,3 | 2,1 | 4,1 |
| 50-64 | 4,1 | 15,8 | 2,2 | 7,1 | 5,7 | 7,2 |
| 65-75 | 8,1 | 22,2 | 0 | 11,4 | 10,4 | 6,1 |
| education | | | | | | |
| primary or less | 1,3 | 15,1 | 2,3 | 7,7 | 8,1 | 8 |
| secondary | 3 | 11,4 | 1,1 | 4,9 | 2,3 | 2,7 |
| higher education | 0 | 0 | 0 | 2,6 | 1,4 | 1,4 |

Table 1: Composition of social networks according to generation

| 2005 | relatives | friends | neighbors | co-workers |
|----------------------------------|------------------|----------------|------------------|-------------------|
| 2nd generation n = 124 | 77.5 | 16.8 | 1.1 | 3. |
| 3rd generation n = 93 | 89.3 | 6.6 | 2.5 | 0.1 |
| 1987 | | | | |
| 2nd generation n = 123 | 67.8 | 20.5 | 3.2 | 6.3 |
| 3rd generation n = 121 | 78 | 12.5 | 5.9 | 2.8 |

Table 1: Share of neighbors in different types of support networks – received support

| received support | 2005 | | 1987 | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | 2nd generation | 3rd generation | 2nd generation | 3rd generation |
| trusting important things | 0.1 | 1.1 | 1.0 | 3.2 |
| improving self-confidence | 1.5 | 1.9 | 0.8 | 3.0 |
| giving a feeling of respect | 1.3 | 2.1 | 1.0 | 5.6 |
| talk when depressed | 0.4 | 3.8 | 0.8 | 5.6 |
| talk about health | 0.7 | 2.1 | 0.7 | 3.6 |
| advice regarding important life changes | 0.0 | 0.4 | 0.6 | 2.5 |
| help in case of illness | 0.7 | 0.3 | 1.1 | 3.6 |
| small material support | 1.9 | 3.2 | 2.5 | 10.8 |
| larger material support | 1.4 | 0.6 | 2.0 | 4.0 |
| socializing | 2.3 | 5.7 | 3.0 | 4.0 |
| financial help | 0.0 | 1.3 | 0.8 | 3.0 |

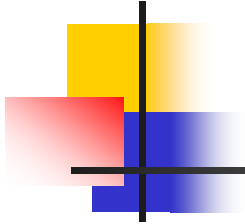


Table 1: Neighborhood relations in 2005 and 1987

| | 2005 | | | 1987 | | |
|---|-------------|-------------|-------|-------------|-------------|-------|
| | 2nd gen. | 3rd gen. | Total | 2nd gen. | 3rd gen. | Total |
| Mutual help | | | | | | |
| people help each other | 29.5 | 34.4 | 30.8 | 55.8 | 53.8 | 54.8 |
| everybody takes care of themselves | 11.6 | 11.8 | 12.7 | 5.3 | 5.5 | 5.4 |
| The majority of people in the neighborhood are honest and I trust them (agree) | 65.2 | 64.2 | 58 | 71.6 | 75.8 | 73.6 |
| The majority of people in the neighborhood are willing to help (agree) | 73.7 | 71.7 | 63.9 | 78.9 | 84.6 | 81.7 |
| I feel accepted by people in the neighborhood (agree) | 83.2 | 87.0 | 79.2 | 81.0 | 91.1 | 85.9 |



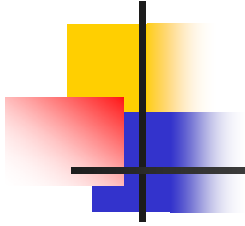
Conclusions

- Neighbours present a small part of social support networks
- Share of neighbours is higher in material support and socializing
- In the last 20 years the neighbours are less present in all types of social support networks, however the evidence is not entirely conclusive
- Help and trust in the community is decreasing (valid for both generations observed), although older evaluate that community help and trust is higher



Discussion

- Is the change a reflection of changed communities in modern times; increasing individualisation?
- Or is the change a normalisation after transition as the the need for neighbours as trustworthy source has lessened and other services have developed?
- Or is this a disappearance of one type of informal support which leads to increasingly burdened family?
- What does it imply for the policy expectations that elderly will live in community longer?
- What does it mean for the quality of life of those elderly without family support?



Thank you for your attention!