GERONTOLOGIA POLSKA 2018; 26; 134-139 ARTYKUŁ POGLĄDOWY / REVIEW PAPER
Zgłoszono 7.12.2017, zaakceptowano 3.01.2018

# Neighbour and friend network as a support for elderly people

# Sieć wsparcia sąsiedzkiego i koleżeńskiego jako źródło pomocy dla starszych osób

**Jacek Jerzy Pruszyński[1], Jacek Putz[1], Dorota Cianciara[2]**

[1] Department of Geriatrics and Gerontology, School of Public Health, Centre of Postgraduate Medical Education

[2] Department of Epidemiology and Health Promotion, School of Public Health Centre of Postgraduate Medical Education

**Abstract**

*The aging process of the Polish society, stemming from the growth of the average life expectancy, is further reinforced by low birth rates and the growing emigration of young people. The number of handicapped senior citizens is growing, especially those of 80 years of age or above. The general care and support from the family members is on the decline, which leaves more and more seniors deprived of this, hitherto basic, source of support. Consequently, the demand for care and attendance is on the rise. To some extent, this demand can be met through neighbour networks. (Gerontol Pol 2018; 26; 134-139)*

**Key words**: *elderly people, support, neighbour network, friend network*

**Streszczenie**

*Proces starzenia się ludności Polski, będący wynikiem wydłużania się trwania życia, jest pogłębiany niskim poziomem dzietności oraz zwiększoną emigracją młodych osób. Obserwujemy zwiększenie się liczebności niepełnosprawnych osób starych w naszym społeczeństwie, a zwłaszcza przyrost ilości niesamodzielnych osób w wieku 80 lat i starszych. Towarzyszą temu zmniejszające się możliwości świadczenia wsparcia oraz opieki przez szeroko pojętą rodzinę, w wyniku czego coraz liczniejsza grupa osób starszych traci wparcie tego podstawowego dotychczas źródła pomocy. Wzrośnie zatem zapotrzebowanie na świadczenia pielęgnacyjne i opiekuńcze. Zapotrzebowanie to może być w pewnym stopniu zaspokojone przez sieci sąsiedzkie. (Gerontol Pol 2018; 26; 134-139)*

**Słowa kluczowe:** *osoby starsze, wsparcie, sieć sąsiedzka, siec koleżeńska*

## Introduction

According to Simone de Beauvoir, who stressed the importance of an increase in numbers of disabled senior citizens, the period of old age needs to be divided into two separate subperiods, due the changes that occur in the psychophysical functioning of an ageing individual.

She proposed the division into a third age, which is a period in which seniors can still function largely on their own, and the fourth age, in which seniors are no longer able to function on their own, meaning they require support and care provided by other people. In hereby paper, we assume that the third age begins at 65 years of age, whereas the fourth age at 80 years of age. Admittedly, the American literature on the subject agrees that the fourth age starts at 85 years of age [1], whereas in Poland around half of the 80-year old Poles claim disability (according to the census), which leads us to lower the threshold for the fourth age.

As described by Simone de Beauvoir, the phenomenon of the increasing lack of self reliance among older adults, along with the rising number of people reaching the so-called fourth age, creates a growing demand for a broadly defined support, from financial help to a full spectrum of household, care and nursing services.

## Life expectancy in Poland and demographic forecast

This situation is not entirely new. The period of a dynamic increase in life expectancy in Poland has begun in

Adres do korespondencji: Jacek Jerzy Pruszyński; Department of Geriatrics and Gerontology, School of Public Health, Centre for Postgraduate Medical Education, 61/63, Kleczewska St., 01-826 Warsaw, Poland ☎ (+48 22) 560 11 60 jjpruszynski@wp.pl

© Akademia Medycyny

the 1990s. The positive changes witnessed in these years resulted in the rise of longevity for men and women alike; in the period from 1991 to 2014, the life expectancy of an average male increased by 7.9 years (maximum 73.8 years) and by 6.5 years in case of females (maximum 81.6 years). Additionally, in the last 23 years, there has been an increase in the length of life of people at the age of 60. In 2014, an average 60-year-old male had 19.2 years ahead of him, while a female in the same age had 24.3 years to live on average. Thus, the life expectancy of 60-year-olds increased by around 4.1 years for males and 4.5 years for females, in comparison to 1991. In 2014, the life expectancy of a 70-year-old male was another 12.9 years (3.2 more than in 1991) and 16.3 years for a 70-year-old female (3.9 more). An 80-year-old male had 7.7 years of life left, whereas in 1991 a male of the same age had 5.5 years left. As for females, the life expectancy at the age of 80 was 9.4 years - around 2.7 years more than in 1991 (GUS 2016).

The data published by Eurostat shows that, in Poland in 2013, males maintained good health for 81% of their estimated lifespan, whereas females - for 77%. This means that males born in 2013 will spend the first 59 years of their life without constraints resulting from disability (i.e. chronic illness, etc.), and as for females - the first 63 years. As the age advances, the numbers decrease and the percentage chance of disability grows. The prospect of life in good health applies to less than a half of the remaining years (46%) for 65-year-old males, which translates into 7.2 years, whereas for females the percentage is 39% (7.8 years).

Following the changes described above, the number of people in the so-called fourth age has dramatically increased. Currently, in Poland there are 1.5 m people above 80, in comparison to 180,000 in the 1950s. At this point, the estimated number of people at the age of 80 and older will escalate to 2.2 m. Since prevalence of disability among elderly people is high [2], one can assume that a dramatic growth of this social group will result in an analogical increase in the number of disabled people.

## Disability prevalence among elderly people

In 2002 professor Błędowski, having investigated the issues connected to the phenomenon of an ageing society, pointed out that the elderly as a group can be distinguished by four base properties (as opposed to other social groups): feminization, singularization, lower income and – most importantly – deteriorating health. The situation in which more people reach advanced old age (above 80 years of age) implies more frequent instances of their functional status worsening, as opposed to younger age groups. The disability among those people becomes more common, including immobilization and total dependence [3,4].

Based on the abovementioned data, we can assume that the younger part of the old age group is relatively healthy and not in need of help with housekeeping. As their age advances, however, the elderly become increasingly dependent on others to help. Senior citizens above 75 years of age frequently require assistance with daily household chores. In accordance with the results of the national census conducted in 2002, within the subpopulation of younger senior citizens aged 60-64 and 65-69 years old, the percentages of citizens living with disabilities were 34.7% and 35.8% respectively. In the subsequent age groups: 70-74 and 75-79 years of age, these percentages increased to 42% and 46.6% respectively. Among the citizens aged above 80, the percentage of disabled citizens reached 50%.

It is important to mention, however, that the definition adopted by WHO assumes that the disabled include only the ones with a prolonged lowered physical, mental, intellectual or sensory functioning, which, when combined with various everyday barriers, can limit their full and effective participation in social life. There are at least two definitions regarding disabled people in Poland. The first one is based on the law and regards the legal basis for determining disability. The second – a substantially wider one – is applied in the Statistics Poland. The statistical definition includes not only those who have a formal certificate of disability degree, but also those who - although lacking the certificate – declare restrictions in given activities (the so-called biological disability). According to the results of the latest census conducted in 2011 in Poland, there were 4,697,000 disabled citizens living among the Polish people, comprising 12.2% of the general population. It is worth mentioning, however, that answers regarding disabilities were submitted voluntarily, given the sensitive nature of the topic. Due to the optional character of the questions regarding disabilities, more than 1.3 million respondents refused to answer any of the questions in this section. It can be assumed that disabled citizens were present among that group, which means that the number of disabled citizens in Poland can exceed the one obtained by the census [5]. Bearing in mind the staggering number of people not only unable to take part in the social life on their own, but also in need of support in various aspects of their lives, it is imperative for the proper functioning of the society to provide them with necessary aid.

## Family as the source of social support

Family used to be the source of said support, providing the sense of security that stems from the fulfilled need for kindness, belonging, and being accepted. It can provide emotional, instrumental, informational and appraisal support.

As the societies worldwide transform, due to – among other reasons – the decreasing number of children in families, the form and the way that families function changes as well. As a result, we observe an increasing number of the elderly people losing support of this, hitherto basic, source of aid.

One of the causes for this phenomenon is the drop of the nurturing capacity of the family, stemming from the changes of its shape and structure. Thus far, the concept of a traditional family referred to a group of relatives running a household together, as well as fulfilling a set of economical and nursing roles. Such a family displayed exquisite protection and care of their members. The family lived and worked for its members, especially children, just as the members lived and worked for the family itself. Family and relatives guaranteed means of support for each other and relieved the economic risk in case of illness or disability. Therefore, there was no need to establish nursing homes for children, elderly, or sick. Each and every member of the family could count on the help within it [6,7].

The modernisation that the society went through during the industrial era has changed the function of the family. It has been caused, among other reasons, by the progressive specialization of the individual members of the society. In case of caretaking, this specialization has led to a situation in which even the most devoted family caregiver could not compete with a professional nurse or physical therapist when it comes to taking care of an ill or disabled person. Another reason why family ceased to be the only or main source of support was the reduction of its size, in particular as a result of the spread of the no-child, one-child or two-children family models. The reduction of the extended family, including the relatives and members linked by marriage, has also been of great significance. As a result, the reduced number of people constituting the potential source of support has diminished (and will continue to do so) the availability of family support for elderly citizens [8].

In addition, the increasing lifespan of human life results in the growing numbers of adults with parents and grandparents that is still alive. The term sandwich generation – a generation of people with ageing parents and adult children – is related to this phenomenon. As a result, these people bear the emotional and financial costs of caring for their elderly parents (who usually turn to their adult children for help), as well as their children, who enter the adult life and seek support from their parents. We observe an increased number of multi-generational families (spanning three, four, or even five generations) that include great grandparents, grandparents, parents and children.

The structure of the family transformed from horizontal into vertical (multigenerational).

This brought a new quality of relations between the older and the younger generation, as the character of contact between them depends on, among other things, whether or not they live together. With this being said, there is an increasingly popular opinion (in Poland as well) that the best form of relationship between the younger and older generation is to live in the same town or city, but not in the same house. At the same time, despite the widespread form of coexistence described above, younger members of the family still gladly accept the support of grandparents when it comes to childcare. As a result of progressing nuclearisation and modernization of the family and the informal human relationships, difficulties arise when it comes to establishing mutual rights and responsibilities between its members. Moreover, the migration of the population is an additional factor that influences the variability of the family's supportive potential over its senior members. The migration of young people results not only in the decline of support provided by the family, but also in growing loneliness of elderly people.

The abovementioned verticalization of the family network is one of the most important factors influencing the increase in number of people that require support and the decrease in number of potential caregivers. The verticalization of the family network causes a higher probability that members of different generations will coexist in the same group, while at the same time the number of people belonging to the same generation decreases, because the birth rate is below the replacement birth rate. Moreover, it entails that a potential caregiver of a senior (the most common caregivers are women aged 45-64) has grandchildren themselves, which leads to the caregiver being torn between helping their children (or grandchildren) and providing support for their elderly parents or grandparents. Furthermore, a potential caregiver may suffer health issues themselves, which will directly influence their ability to perform caretaking activities (that usually require a great deal of physical effort). Unfortunately, one can anticipate that the potential support ratio (already substantially lower than in the previous generations) will continue to decrease in the upcoming quarter-century (table I).

**Table I. Potential support ratio between women aged 45-65 (the group that most commonly provides support and takes care of seniors) and people aged 80 or more in Poland**

| Variable | 1980 | 2015 | 2050 |
|---|---|---|---|
| Number of women aged 45-65 | 3,854,000 | 5,306,000 | 4,231,000 |
| Number of people aged 80 or above | 523,000 | 1,567,000 | 3,544,000 |
| Potential support ratio | 7.4 | 3.4 | 1.2 |

Transformation of the family model that has been happening during the second demographic transition, leads to the senior citizens having a lower chance of receiving support from their families. The increasingly common voluntary childlessness, stemming from the so-called DINKS relationships (Double Income, No Kids) ultimately deprives elderly people of potential care and support [9]. The situation is similar in the case of divorce, in which children usually stay with the mother and do not forge an emotional bond with the father, who is then most likely left without care and support from his children. Furthermore, people that live in cohabitation relationships are more prone to being alone and deprived of care in the later stages of their lives. Even if such relationship involves children, the probability of them providing help and support to their parents is lower than in more formal relationships (which stems from cohabitation relationships usually dissolving). These phenomenons, as well as the changes in structure, form and stability of the family lead to the potential support ratio being lower than in the past, which consequently means that the family is no longer equally capable of providing support to a disabled person.

## Other sources of social support

Almost half of the entire group of older adults stays in single-generation households, which is an important factor influencing their overall situation. Such households involve either one or two people, usually a married couple from the same generation. It further lowers the chance of receiving help from the relatives. It is especially apparent in big cities, where the percentage of single-generation households is the highest. It is estimated that the total number of households run by one or two people will grow by around 1.5 million (from 7.5 million in 2008 to 9 million in 2035 – a 19.9% increase), whereas the number of multi-person households (involving three or more people) will drop by around 1m (from 6.7 million in 2008 to 5.7 million in 2035 – a 14.9% decrease) [10,11].

The abovementioned data has serious implications for elderly care organizations, as more and more two-person households will consist of two people in the retirement age. Consequently, the needs of a disabled senior citizen will prove difficult to address by their partner, who themselves may be disabled. Moreover, single-person households are commonplace among elderly people, which directly increases the need for help and support from third parties.

When the support is not provided by the family (which will happen more often, according to the data), friends and neighbours become an alternative source of help for an older person. The so-called neighbour support network allows the senior citizen to remain in their home. It oftentimes coincides with any instances of community help, provided by local social welfare centers. Neighbours may prove helpful when the caregiver does not happen to come; they tend to the senior, check whether they need aid, and usually call the ambulance in case of emergencies. The help from neighbours and friends can be described as an informal support network (support system), which becomes a potential source of aid during difficult life situations [12]. Having the comfort of both neighbour and family support networks can give an elderly person the feeling of safety, and make their life situation more stable. One can view such support networks twofold - from a structural and functional standpoint.

From a structural standpoint, a support network is an objectively existing structure that is a source of support whenever any member within it needs help. From this point of view, the role that a member of such structure plays is of utmost importance. When considering the aid that an elderly person requires, the most significant factor is the availability of support - the number of its members that can provide help, as well as the physical distance between its members. For this reason, the most common support network for the elderly is a group of neighbours.

From a functional standpoint, support is defined as a type of social interaction undertaken by one or both parties involved in a difficult, stressful or critical situation. This definition stresses the importance of firm social bonds. In case of older adults, the support will likely come from the people with whom they meet regularly and have forged strong emotional and social bonds.

As senior citizens tend to struggle with mobility, the circle of people they are in contact with is limited to the

closest neighbours. In case of an emergency, whether or not the help will be provided depends on the prior social participation and activity within a given social group. As the age of senior advances, the amount of maintained social contacts tends to decrease; therefore, the cast of people that can potentially help shrinks. Any future help depends on the type and quality of social contacts that an elderly person maintained in the earlier stages of life.

Moreover, for an older person, having the reassurance that they can depend on someone contributes to their feeling of safety and mental comfort [13].

Every member of the society is a part of a certain social group; the only variable being the amount of said groups a given person belongs to and the quality of bonds within them. Senior citizens, being less active socially than younger people, tend to have a lesser number of friends, however, the bonds forged through social interactions tend to be deeper and stronger. Consequently, older adults display a tendency to stay where they have lived if they are convinced that they can rely on their friends and neighbours in case of a difficult life situation, such as health issues or death of a partner.

Therefore, if possible, a neighbour support network – if present and functioning – should be a part of the senior citizen's help programme, especially considering that, as a rule, the neighbours are usually more aware of the older person's needs than social or community support workers. Furthermore, a caregiver, as a person that provides help and support only during a set timeframe, will not be the first source of help should the urgent need arise, whereas the neighbour support network can become the main source of help in such cases. This may be fostered by intergenerational education [14].

## Conclusions

Gauging the influence of demographic changes on the need for care and attendance, it is important to point out that is it generated predominantly by the ageing of society in general (which should be understood as an increased number of seniors in the society, primarily caused by lower birth rates and secondarily by prolonged average lifespan). Due to their health issues and the inability to function on their own, a part of the growing group of senior citizens will be forced to seek and use different types of support and help. In the coming years one should expect even less engagement from the closest family when it comes to supporting and caring, which results from the continued decrease in the size of an average family (both close and extended), as well the deterioration of bonds between generations. Considering the changes in the social and demographic structure, i.e. a decrease in average family size, lower birth rates, prolonged life expectancy, the tendency of younger people to migrate abroad, and the tendency to form nuclear families, one can assume that small households consisting of one or two people over the age of 65 will become commonplace.

The abovementioned changes will assuredly further develop the situation in which family cannot help and provide care for the disabled person as much as in the past. The lack of support coming from the family is somewhat mitigated by the development of other forms of care provided by government institutions (support centers for the elderly, specialized care services, home nursing care) and other institutions (residential homes, nursing homes, hospices). If one factors in the potential support ratio when judging the need for institutional help, it becomes clear that its value has dropped considerably in the recent years, and the reports indicate that it will drop further in the coming years, mainly because of the growing number of senior citizens aged 80 or more in the Polish society. It means that in case of both the perceived support (potential support) and received support (enacted support), in which the availability and reaction speed to the needs of a senior person are key, neither family nor community support will fully suffice, taking into account the growing number of older people. An informal support network, consisting of neighbours and friends, that will provide help in case of difficult life situations may prove to be a substantial source of support.

In the Polish society, the spatial mobility of the population is relatively low and practically non-existent among senior citizens; therefore, bonds between neighbours tend to be quite strong, indicating that the neighbour support network may become a crucial source of social interaction that is providing and receiving support in difficult, stressful or critical situations. For that reason, a neighbour support network can prove to be a vital factor that enables an older person to remain in their home, even if they are alone, living without relatives, and function outside of the family network.

Conflict of interest
None

## References


1. http://dspace.uni.lodz.pl:8080/xmlui/bitstream/handle/11089/5360/Zostawi%C4%87%20%C5%9Blad.pdf?sequence=1&isAllowed=y [accessed: 09.10.2017].
2. http://repozytorium.uni.lodz.pl:8080/xmlui/bitstream/handle/11089/16669/029_041_bryla.pdf?sequence=1&isAllowed=y
3. Bień B, Wojszel B.Z, Wilmańska J, Politańska B. Epidemiologiczna ocena rozpowszechnienia niesprawności funkcjonalnej u osób w późnej starości a świadczenie opieki. Gerontol Pol. 1999;7:42-7.
4. Bońkowski K, Klich-Rączka A. Ciężka niesprawność czynnościowa osób starszych wyzwaniem dla opieki długoterminowej. Gerontol Pol. 2007;15(3): 7-103.
5. Ludność i gospodarstwa domowe. Stan i struktura społeczno-ekonomiczna. Część I. Ludność - NSP GUS 2011. Warszawa: GUS; 2013. ss. 51-82.
6. Adamski R. Rodzina. Wymiar społeczno-kulturowy. Kraków: Wyd. UJ; 2002. ss. 140.
7. Szukalski P. Ewolucja wielkości i struktury rodziny. Polityka Społeczna. 2000;4:21-7.
8. Szwedu-Lewandowska Z. Zapotrzebowanie na instytucjonalne formy pomocy osobom starszym w perspektywie dwudziestu pięciu lat w świetle aktualnych determinant w mikro – i makroskali. [w:] Kowaleski JT (red.), Przestrzenne zróżnicowanie starzenia się ludności Polski. Przyczyny, etapy, następstwa. Łódź: Wyd. UŁ; 2011. ss. 167-214.
9. Pruszyński J, Putz J. Efekt drugiego przejścia demograficznego na strukturę społeczeństwa w Polsce i związane z tym wyzwania. Gerontol Pol. 2016;24:127-32.
10. GUS Prognoza gospodarstw domowych według województw na lata 2008 – 2035. Studia i Analizy Statystyczne. Warszawa: GUS; 2009. ss. 6-24.
11. Informacja o sytuacji osób starszych na podstawie badań Głównego Urzędu Statystycznego. Warszawa: GUS; 2016. ss. 4-18.
12. Szukalski P. Przemiany rodziny - wyzwania dla polityki społecznej. Artykuł dyskusyjny. Polityka Społeczna. 2007;8:50-3.
13. Pruszyński JJ, Putz J. Sieć wsparcia a poczucie bezpieczeństwa osób starszych. Niebieska Linia. 2017;2/109:30-2.
14. Leszczyńska-Rejchert A. Intergenerational education and intergenerational integration as challenges of contemporary gerontology. Gerontol Pol. 2014;2:76-83.