



EUROPEAN UNION  
European Structural and Investment Funds  
Operational Programme Research,  
Development and Education



INSTITUTE FOR EVALUATIONS  
AND SOCIAL ANALYSES

# HOW CAN QUALITY OF NEIGHBORHOOD IMPROVE INFORMAL CARE?

Jiri REMR

EUROPEAN SOCIOLOGICAL ASSOCIATION  
RN26 – The sociology of social policy and social welfare  
MID-TERM CONFERENCE, OCTOBER 7<sup>TH</sup> – 8<sup>TH</sup> 2022, BERLIN, GERMANY

# ACKNOWLEDGMENT



This presentation was created within the project **“SETTING THE CONDITIONS AND ENVIRONMENT FOR INTERNATIONAL AND INTERSECTORAL COOPERATION”**, reg. no. CZ.02.2.69/0.0/0.0/18\_054/0014660 which is co-financed by the European Union.



# ABSTRACT



The main goal of this paper is to summarize perceptions and experiences of seniors concerning their needs with regard to ageing. The paper puts aside the nation-wide measures as well as intra-family factors and focuses on the importance of local communities, the roles of neighbors and the suitability of urbanistic settings surrounding the seniors.

The paper analyzes the key determinants of neighbors' engagement in informal care, identifies the main elements of a good neighborhood, and identifies what seniors need from age-friendly communities.

**Keywords:** informal care; neighborhood; ageing; local community; participation

# OBJECTIVES



1. To summarize perceptions and experiences of seniors concerning their needs with regard to ageing.
2. To describe the role of neighbors in informal care.
3. To identify the modes of neighbors' engagement in informal care within the ageing communities.



# RESEARCH QUESTIONS



1. Are there any barriers disabling the seniors to interact with their neighbors?
2. Are seniors able and willing to engage with their neighbors?
3. What is the importance of neighborship in the course of informal elderly care?

A close-up photograph of a hand holding a pen and writing on a white document. The image is partially obscured by a red overlay on the left and bottom. The word "METHODS" is superimposed in large, bold, black capital letters over the center of the image.

# **METHODS**



# METHODS

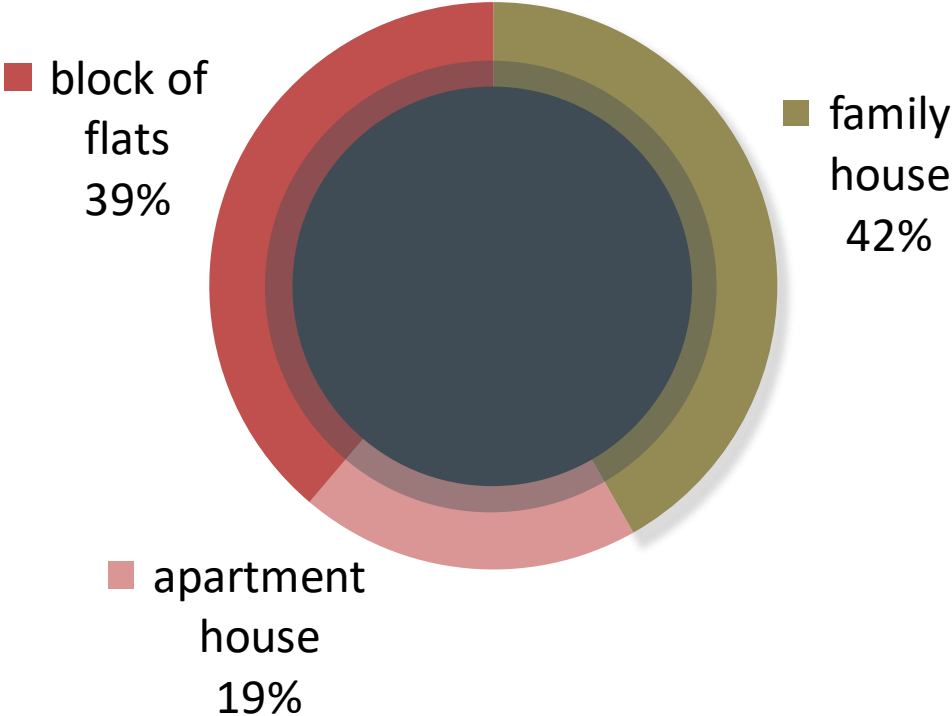
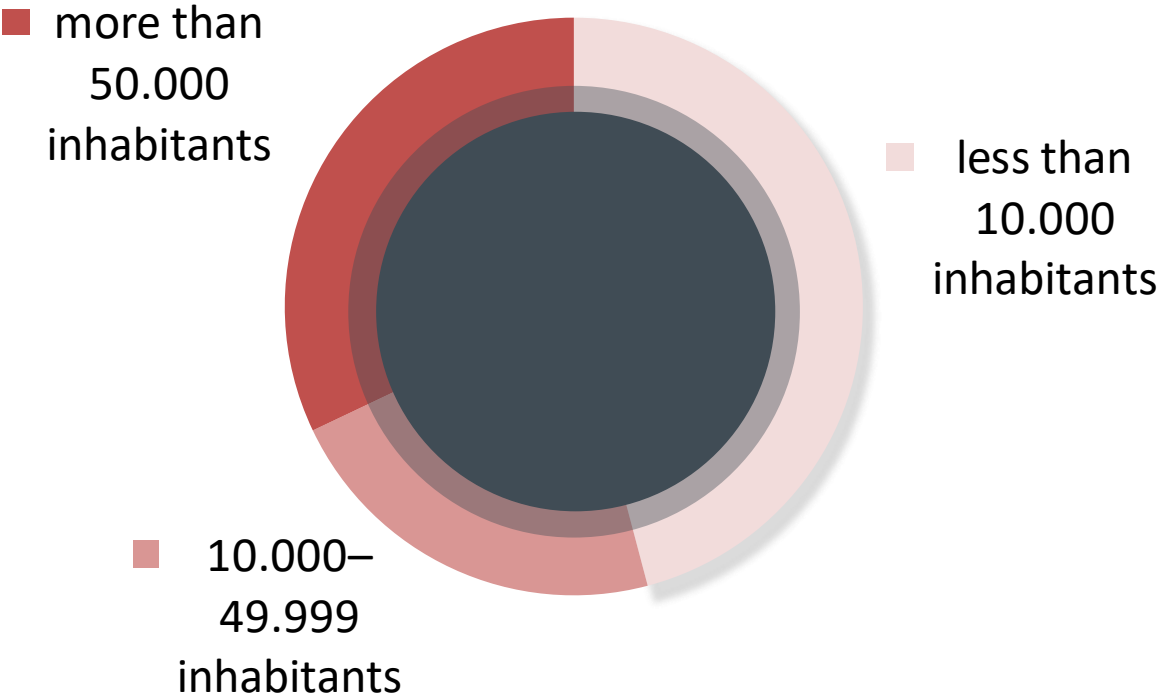
Method of data collection:	<b>face-to-face interview</b>
Sample size:	<b>2.018 cases</b>
Sampling technique:	<b>multistage random procedure using address-based sampling</b>
Response rate:	<b>49 % (AAPOR-5)</b>
Theoretical population:	<b>representative sample of seniors 64–84 years in Czechia</b>
Field-works timing:	<b>2018</b>

A close-up photograph of two hands clasped together in a supportive grip. The hands are positioned in the upper half of the frame, with the fingers of one hand resting over the other. The background is a soft, out-of-focus light blue and white. A solid red horizontal band runs across the middle of the image, partially overlapping the hands. On the right side of this red band, there is a white rectangular box containing the word "NEIGHBORHOOD" in bold black text.

# **NEIGHBORHOOD**

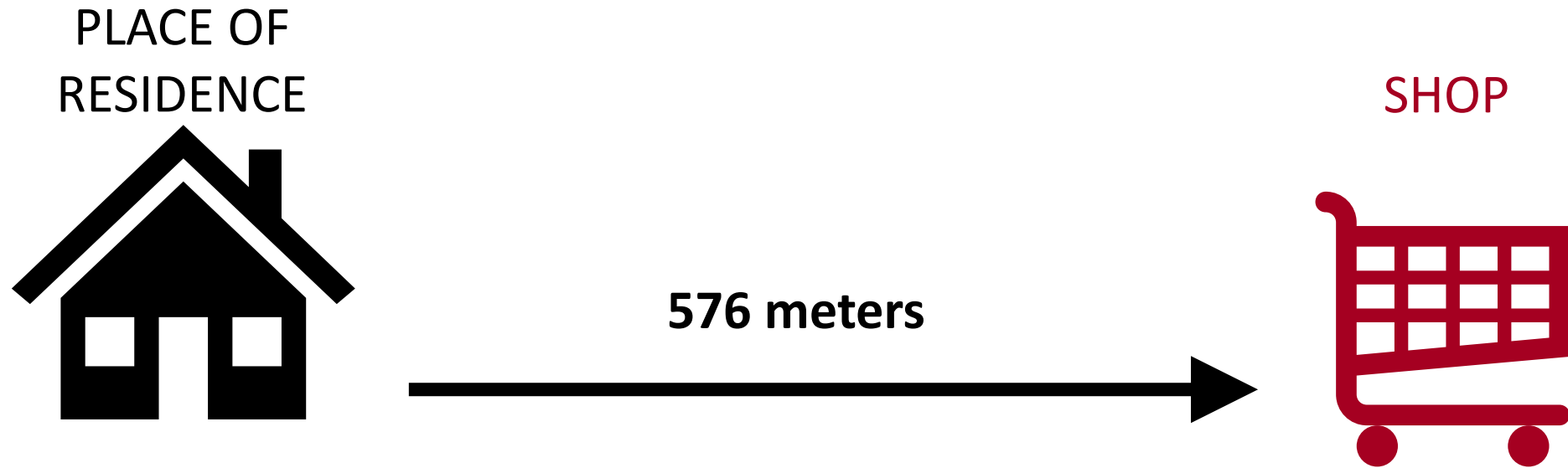


# SIZE OF SETTLEMENT, TYPE OF RESIDENCE



Source: INESAN (2018, n=2017)

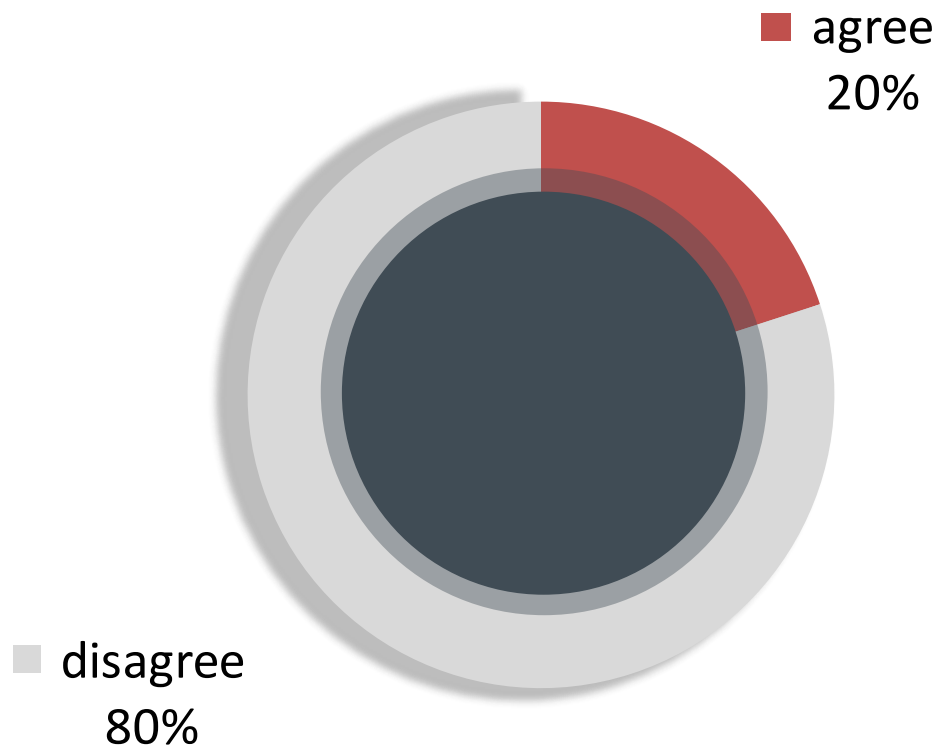
# AVERAGE DISTANCE TO THE NEAREST SHOP



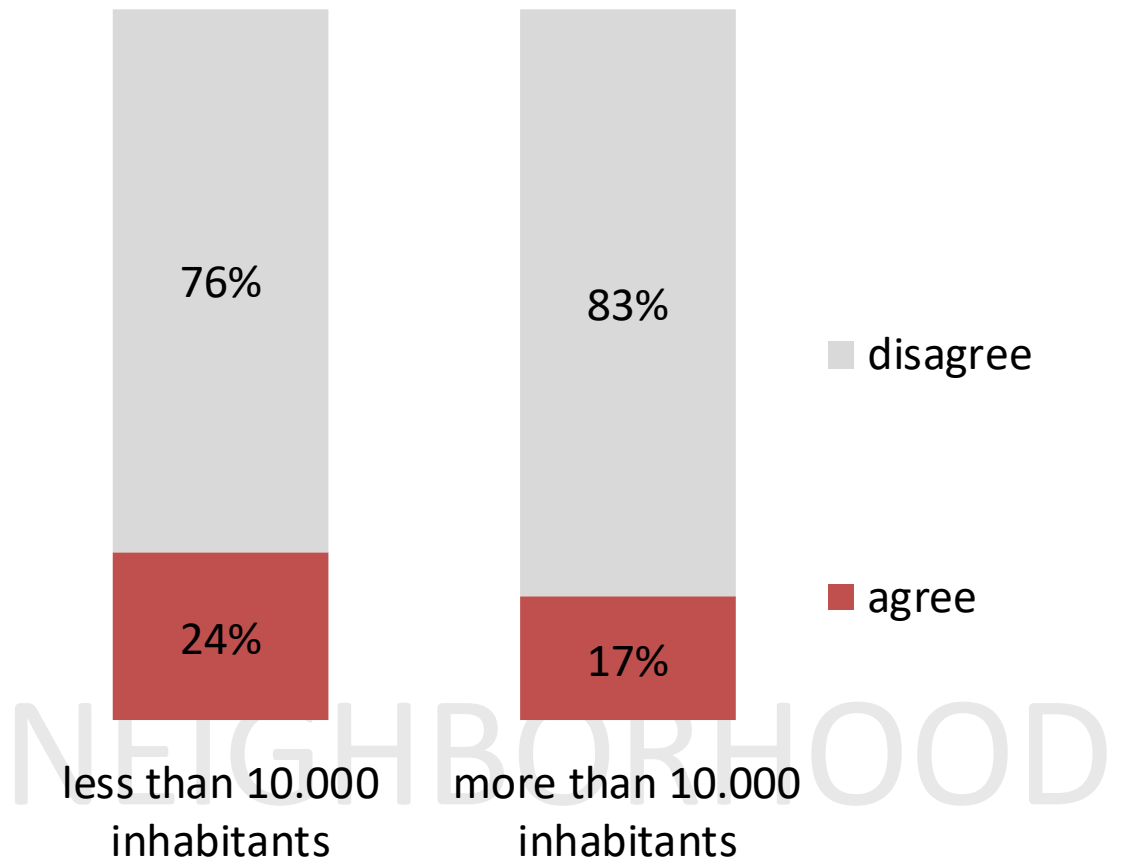
*Source: INESAN (2018, n=1997)*



# „THERE ARE BARRIERS AROUND MY HOUSE THAT MAKE MY FREE MOVEMENT DIFFICULT.“



## BY SIZE OF SETTLEMENT



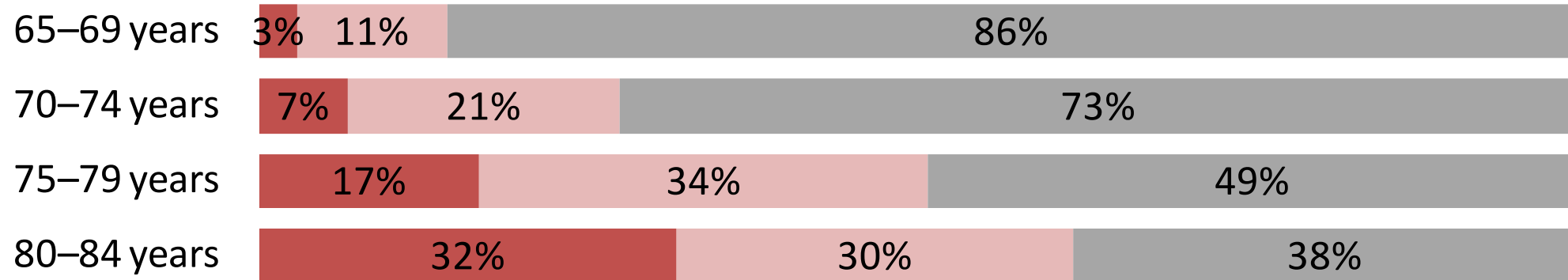
Note: [ $\chi^2=11,676$ ,  $df=1$ ,  $p=0,000$ ]

Source: INESAN (2018,  $n=1989/1989$ )

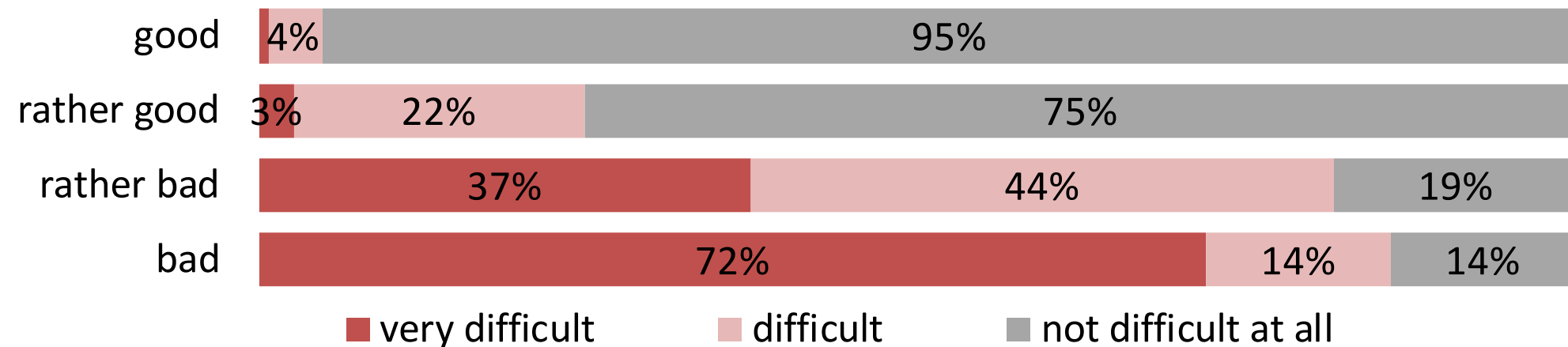
# PERCEIVED DIFFICULTY OF MOVING FREELY IN A PUBLIC SPACE



## BY AGE



## BY SELF-REPORTED HEALTH STATUS

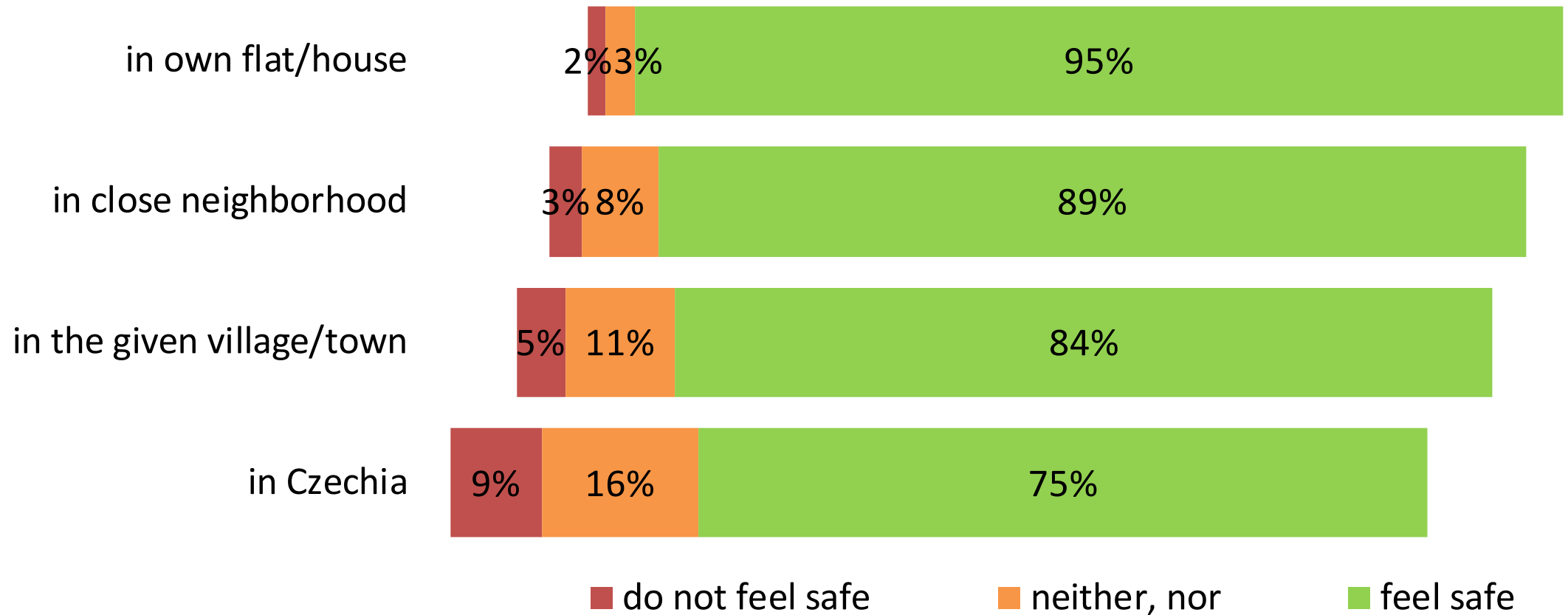


Source: INESAN (2018, n=2008/1977)

Note: [ $\chi^2=349,009$ ,  $df=3$ ,  $p=0,000$ ]; [ $\chi^2=826,239$ ,  $df=3$ ,  $p=0,000$ ]



# PERCEIVED SAFETY



Source: INESAN (2018, n=2012/2012/2012/2012)

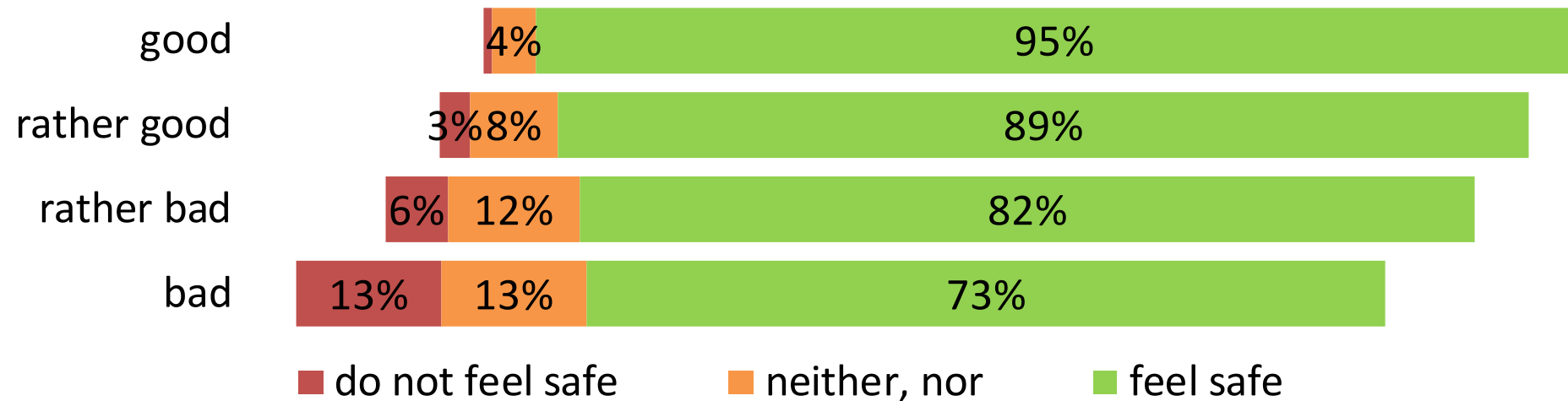
# PERCEIVED SAFETY WITHIN THE NEIGHBORHOOD



## BY TYPE OF RESIDENCE



## BY SELF-REPORTED HEALTH STATUS



Source: INESAN (2018, n=2012/1980)

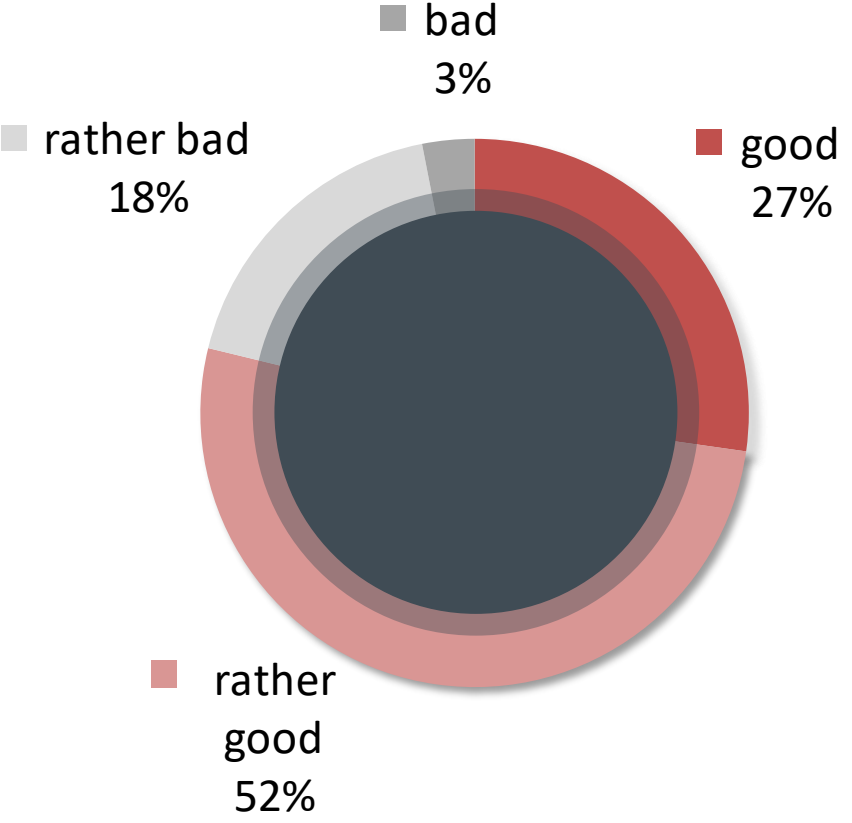
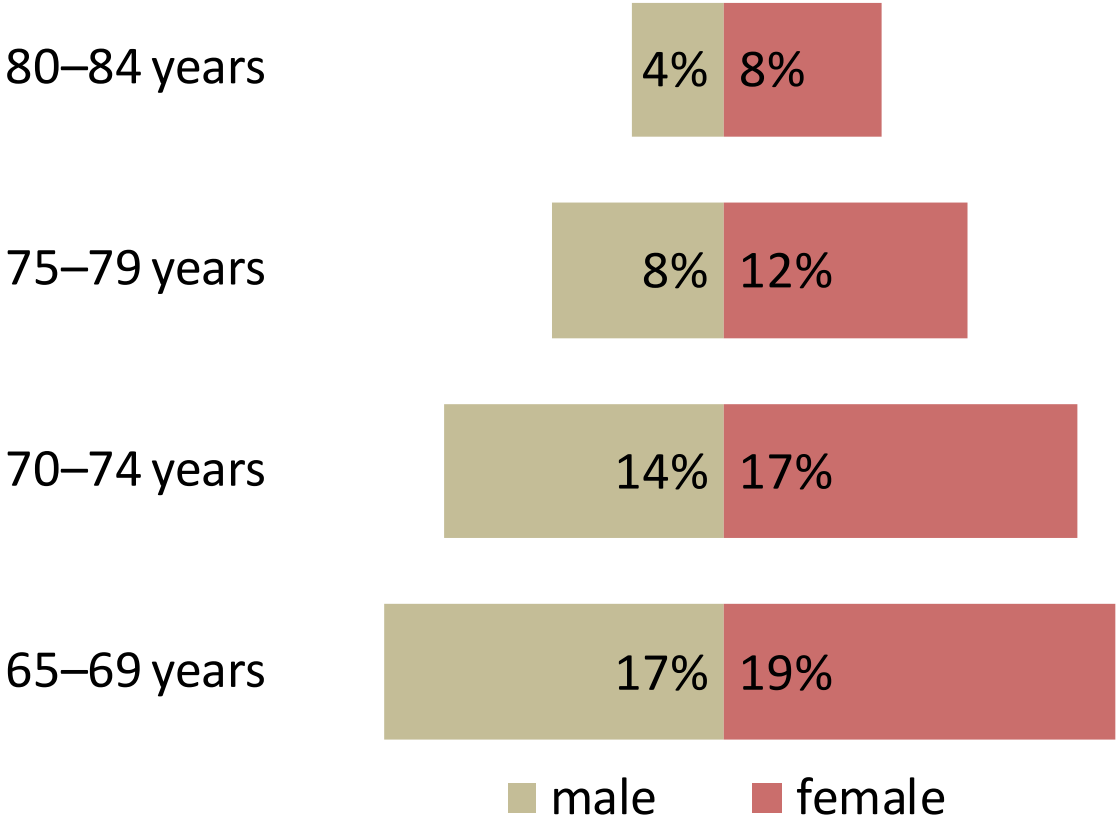
Note: [ $\chi^2=26,470$ ,  $df=4$ ,  $p=0,000$ ]; [ $\chi^2=63,436$ ,  $df=6$ ,  $p=0,000$ ]



A close-up photograph of two hands clasped together, one appearing to be an older person's hand. The background is softly blurred, showing light blue fabric. A large, semi-transparent red rectangle is overlaid on the bottom half of the image, containing the text "SENIORS".

# SENIORS

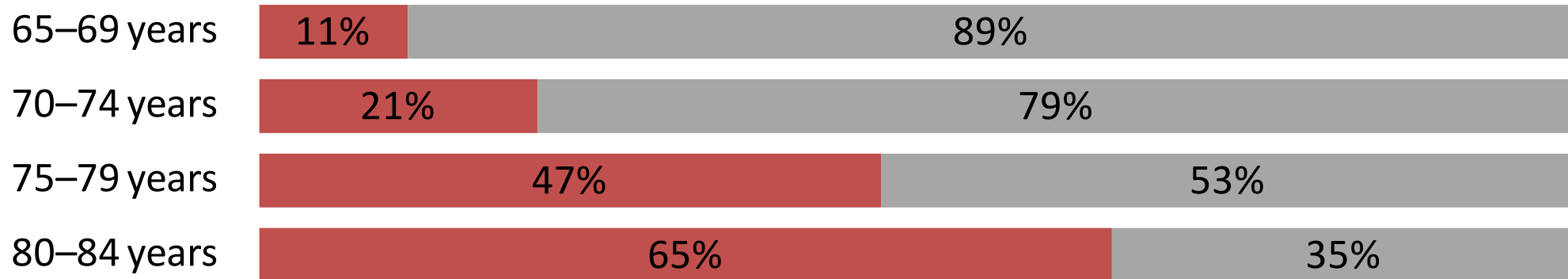
# AGE, GENDER, SELF-REPORTED HEALTH STATUS



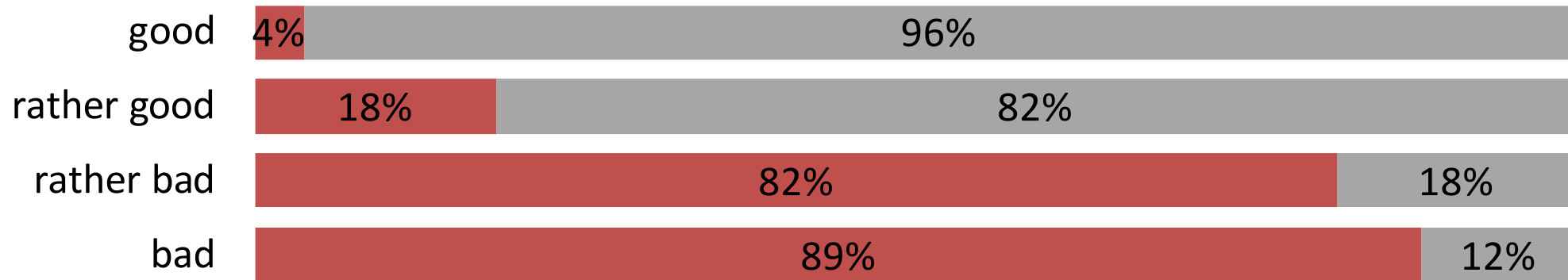
Source: INESAN (2018, n=2017)

# REPORTED HEALTH-DRIVEN RESTRAINTS OF PARTICIPATION IN SOCIAL EVENTS

## BY AGE



## BY SELF-REPORTED HEALTH STATUS



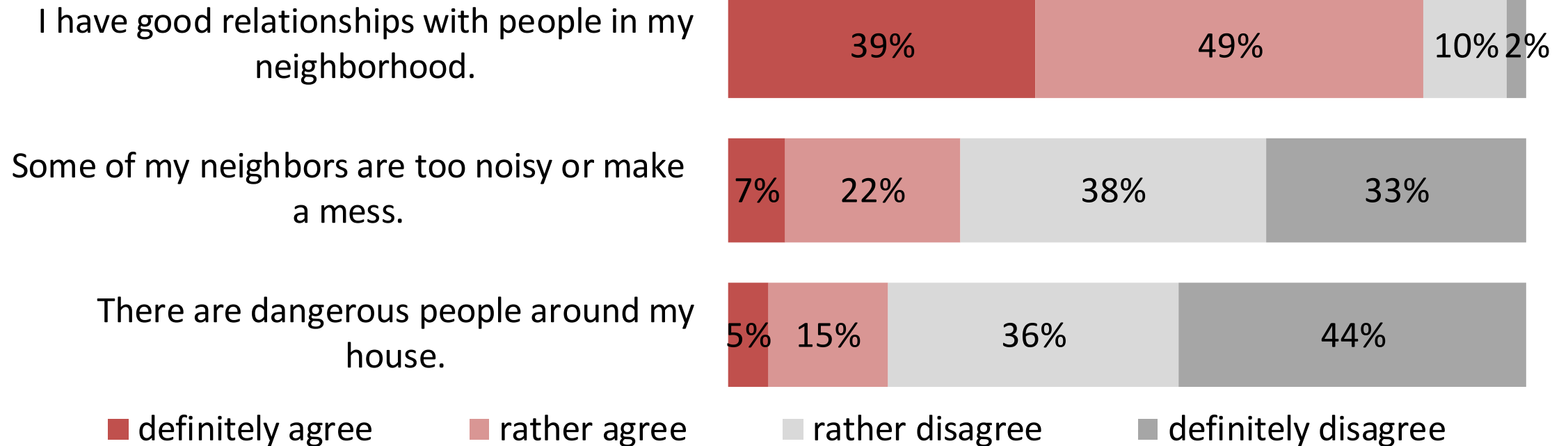
■ declared restraints    ■ no restraints

Source: INESAN (2018, n=1985/1955)

Note: [ $\chi^2=349,009$ ,  $df=3$ ,  $p=0,000$ ]; [ $\chi^2=826,239$ ,  $df=3$ ,  $p=0,000$ ]



# RELATIONSHIPS WITH NEIGHBORS

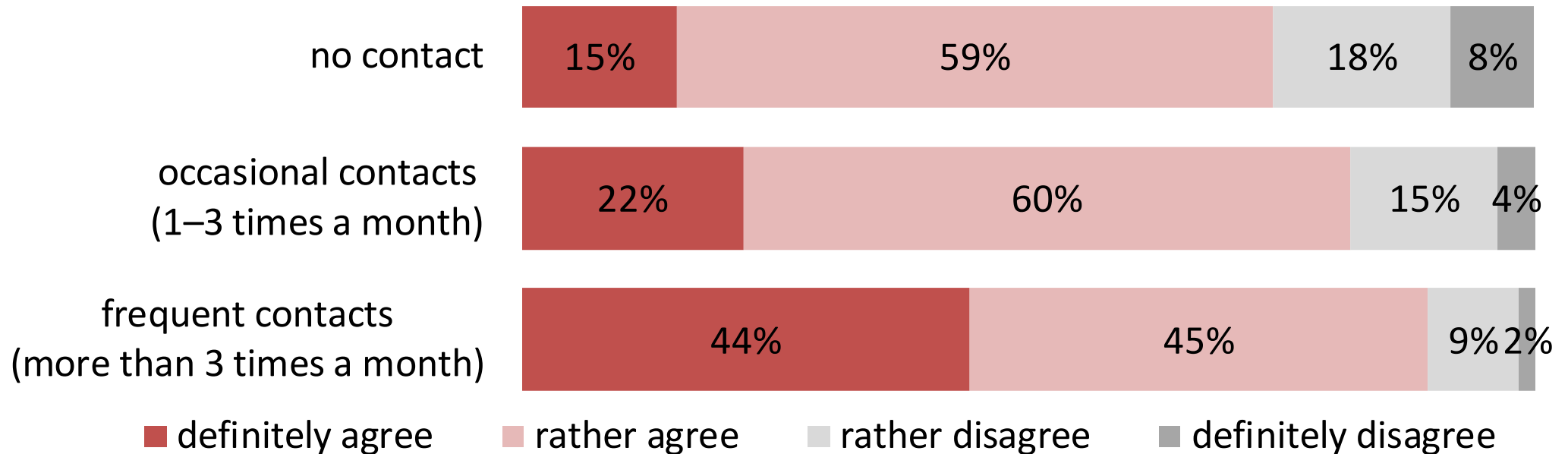


Source: INESAN (2018, n=1973/1962/1856)

# „I HAVE GOOD RELATIONSHIPS WITH PEOPLE IN MY NEIGHBORHOOD.“



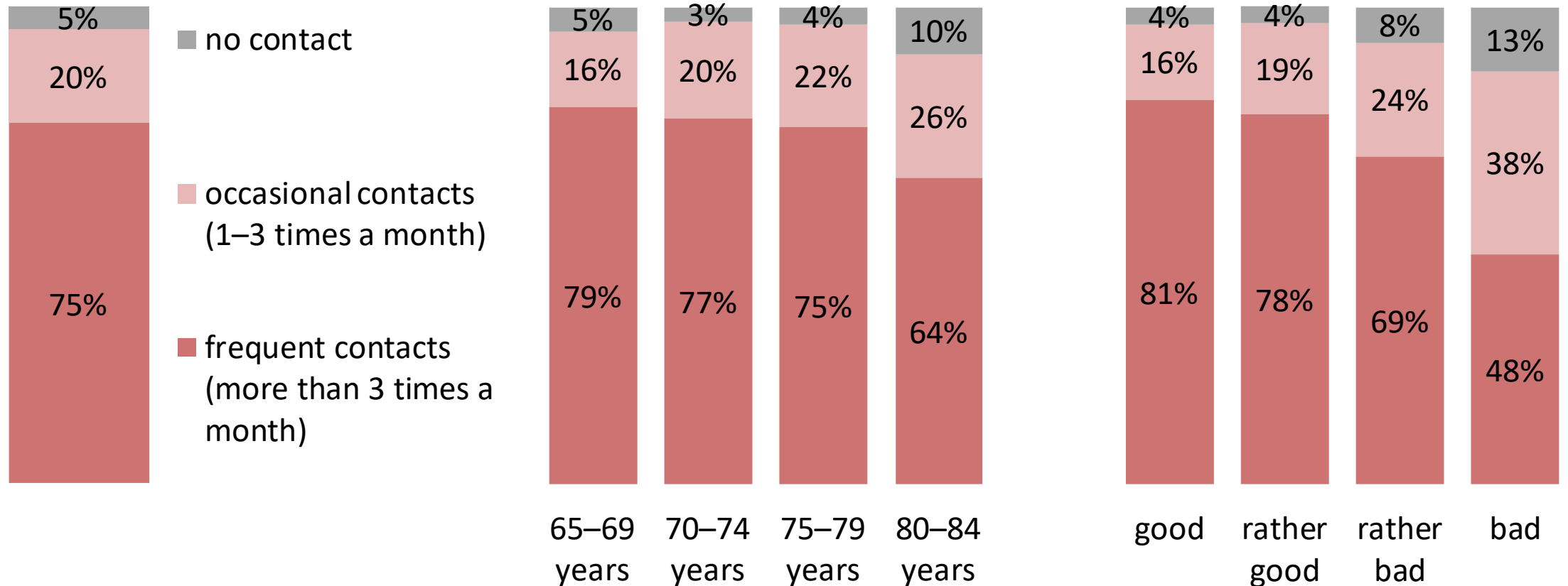
## BY FREQUENCY OF CONTACTS WITH NEIGHBORS



Source: INESAN (2018, n=1960) Note: [ $\chi^2=99,092$ ,  $df=6$ ,  $p=0,000$ ]

# CONTACT WITH NEIGHBORS DURING A MONTH

## BY AGE AND SELF-REPORTED HEALTH STATUS



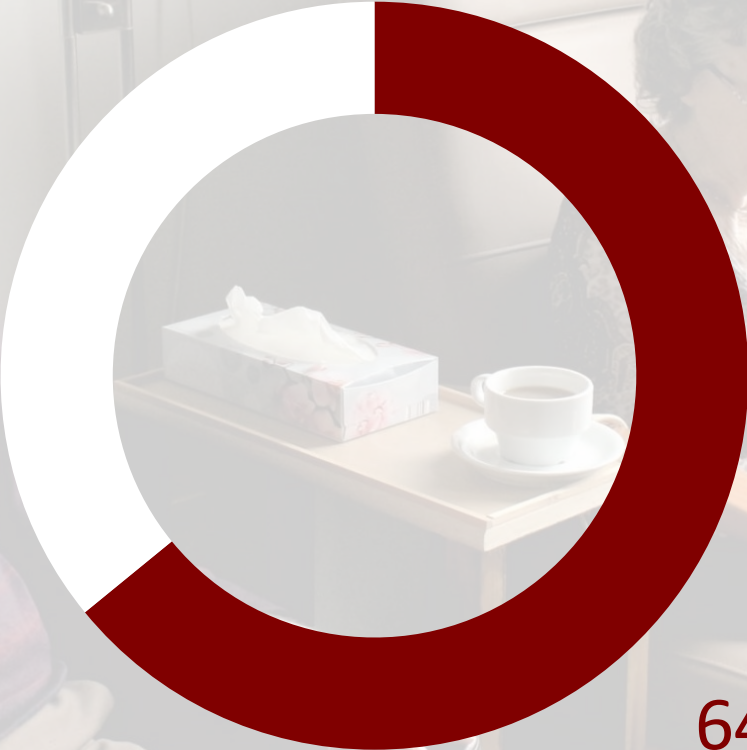
Source: INESAN (2018, n=1999) Note: [ $\chi^2=35,751$ ,  $df=6$ ,  $p=0,000$ ]; [ $\chi^2=49,313$ ,  $df=6$ ,  $p=0,000$ ]



A close-up photograph of a person's hand gently holding another person's hand. The background is softly blurred, showing light blue fabric. A large, semi-transparent red rectangle is overlaid on the bottom half of the image, containing the text.

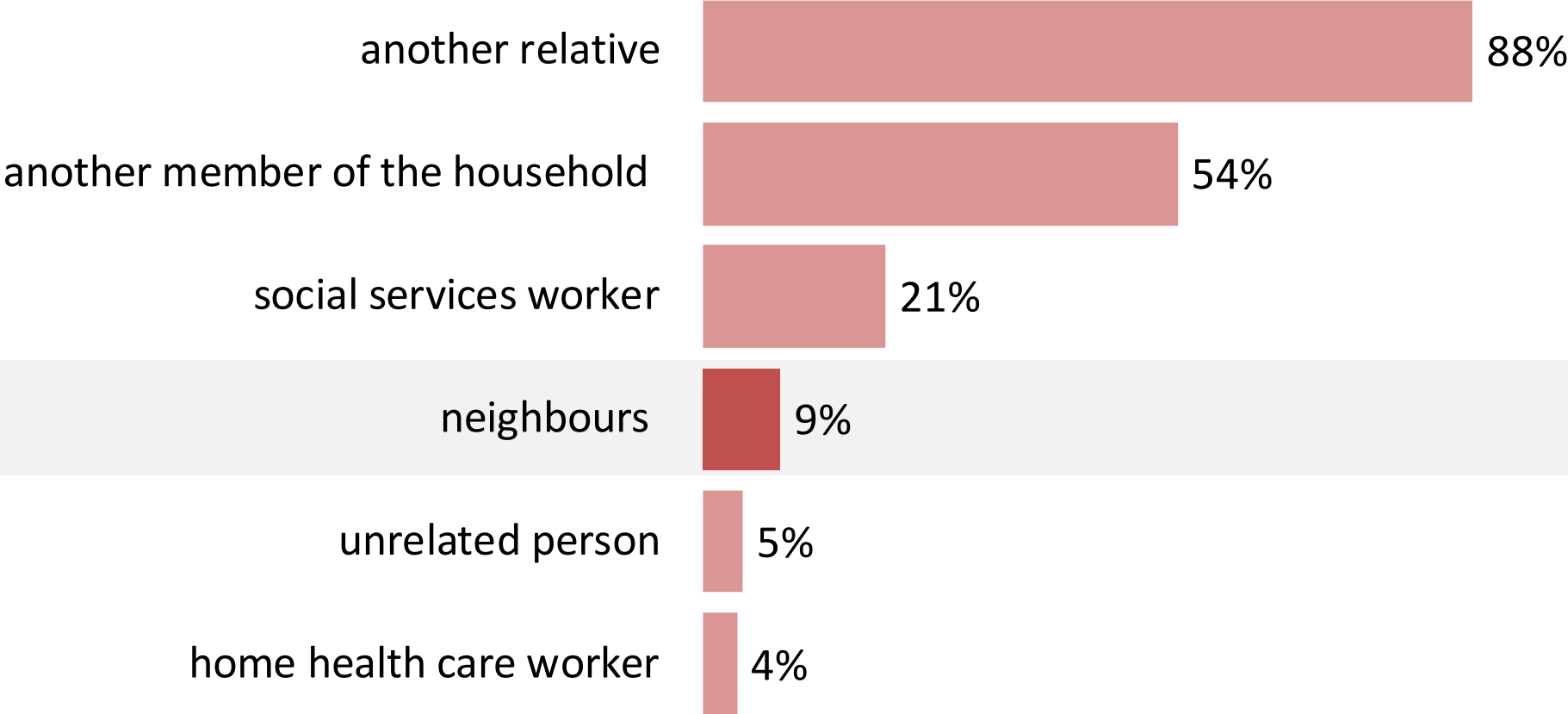
# **NEED OF CARE**

# 64 % OF SENIORS WANT TO STAY AT HOME



Source: INESAN (2018, n=1997)

# 28 % RECEIVE ELDERLY CARE FROM OTHERS

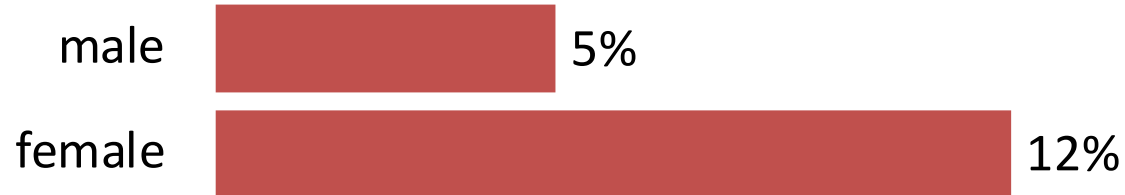


Source: INESAN (2018, n=585)

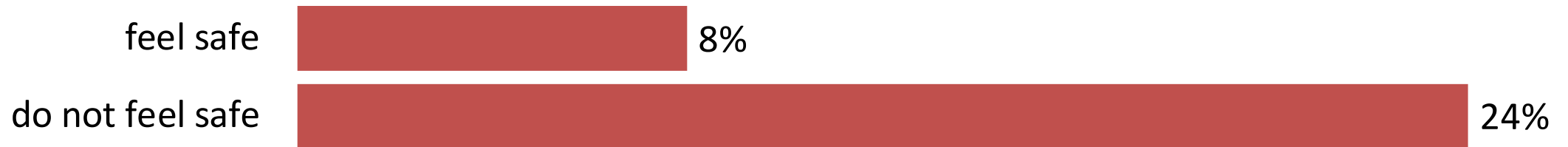


# 9 % OUT OF 28 % OF RESPONDENTS RECEIVE INFORMAL ELDERLY CARE FROM THEIR NEIGHBORS

## BY GENDER



## BY PERCEIVED SAFETY IN OWN FLAT/HOUSE



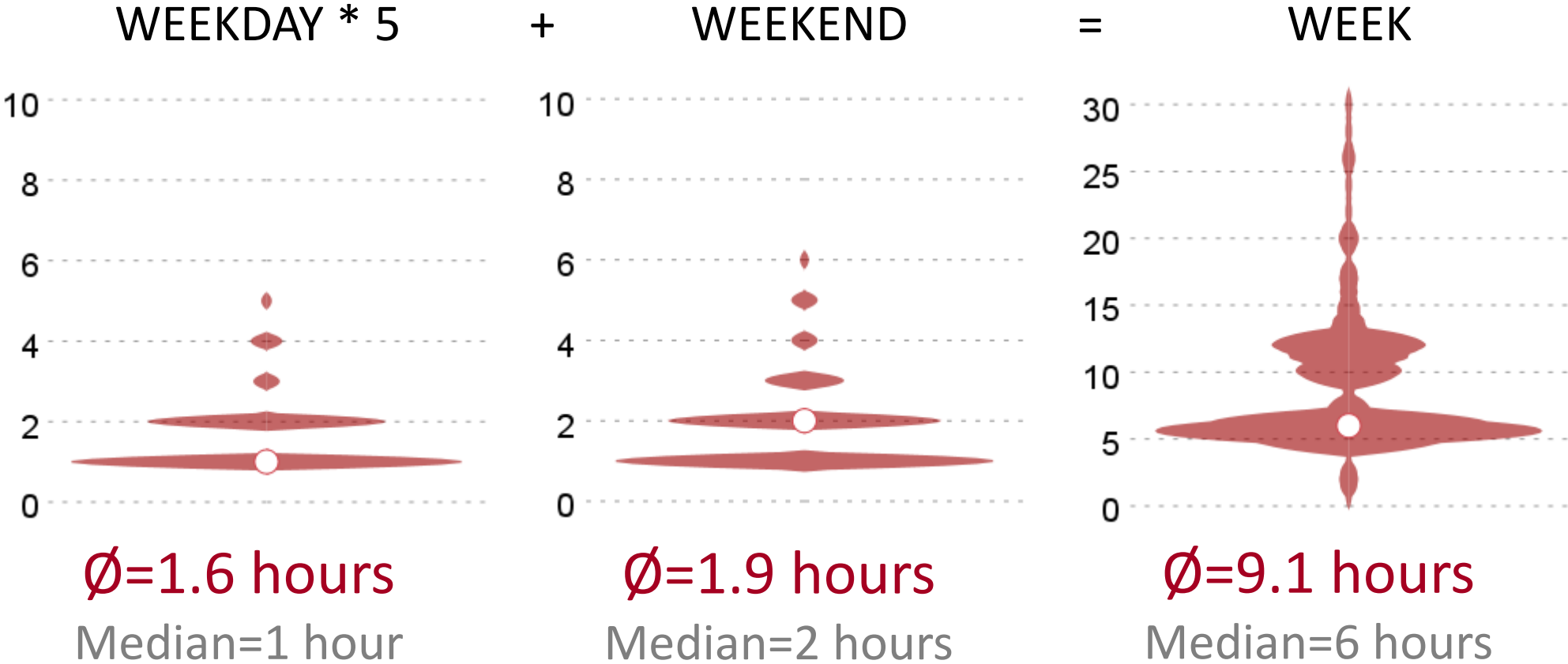
## BY PERCEIVED SAFETY IN CLOSE NEIGHBORHOOD



Note: [ $\chi^2=8,162$ ,  $df=1$ ,  $p=0,004$ ]; [ $\chi^2=10,908$   $df=1$ ,  $p=0,000$ ]; [ $\chi^2=5,292$   $df=1$ ,  $p=0,021$ ]

Source: INESAN (2018,  $n=585/583/583$ )

# AVERAGE AMOUNT OF INFORMAL ELDERLY CARE PROVIDED BY NEIGHBORS



Source: INESAN (2018, n=53)

# CONCLUSIONS

01

Sustainable neighborhood principles to be implemented.

02

Engagement of younger seniors in community life is important; however, the reflection of needs of elder seniors should be improved.

03

Supportive role of neighbors in the course of informal elderly care is already at place. How to build on that?

04

Focus on the most vulnerable subgroups is a priority.

# REFERENCES



- Barken, R. (2017). Reconciling tensions: Needing formal and family/friend care but feeling like a burden. *Canadian Journal on Aging*, 36(1), 81–96.
- Browning, C. R., & Cagney, K. A. (2002). Neighborhood structural disadvantage, collective efficacy, and self-rated physical health in an urban setting. *Journal of Health & Social Behavior*, 43(4), 383–399.
- Cantor, M., 1979. Neighbors and friends: and overlooked resource in the informal support system. *Research on Aging* 1, 434-463.
- Coward, R. T. (1979). Planning community-services for the rural elderly: Implications from research. *Gerontologist*, 19(3), 275–282.
- Curvers, N.; Pavlova, M.; Hajema, K.; Groot, W.; Angeli, F. Social participation among older adults (55+): Results of a survey in the region of South Limburg in the Netherlands. *Health Soc. Care Community* 2018, 26, e85–e93.
- Ekström, H., Ivanoff, S. D., & Elmståhl, S. (2013). Does informal support influence social participation of fractured elderly people? *Archives of Gerontology and Geriatrics*, 56(3), 457–465.
- Hajek, A., Lehnert, T., Wegener, A., Riedel-Heller, S. G., & König, H. H. (2017). Factors associated with preferences for long-term care settings in old age: Evidence from a population-based survey in Germany. *BMC Health Services Research*, 17(1), 156.
- Kirby, J. B., & Kaneda, T. (2005). Neighborhood socioeconomic disadvantage and access to health care. *Journal of Health & Social Behavior*, 46(1),
- Prieto-Flores, M.-E.; Forjaz, M.J.; Fernandez-Mayoralas, G.; Rojo-Perez, F.; Martinez-Martin, P. Factors associated with loneliness of noninstitutionalized and institutionalized older adults. *J. Aging Health* 2011, 23, 177–194.
- Remr, J. Institucionální péče o seniory. In: Jeřábek, H. (2005) *Rodinná péče o staré lidi*. Praha: Studie CESES.
- Remr, J. (2012). Typology of family care for dependent seniors. In J. Perek-Bialas & A. Hoff (Eds.), *Developing the Sociology of Ageing: To Tackle the Challenge of Ageing Societies in Central and Eastern Europe* (pp. 201-218). Jagiellonian University Press.
- Remr, J. Srovnání vybraných přístupů k realizaci evaluací. *Evaluační teorie a praxe*. 2013, 1(1): 29-52.
- Remr, J. Honba za vyšší návratností. Stojí opravdu za to?. *Evaluační teorie a praxe*. 2015, 3(1): 33–59.
- Remr, J. Participativně založené evaluační přístupy. *Evaluační teorie a praxe*. 2015, 3(2): 79–100.
- Remr, J. Methodological Peculiarities of Needs Assessment. *Evaluační teorie a praxe*. 2018, 6(2): 33–52.
- Remr, J. (2021) Předpoklady a bariéry sdílené péče v Česku z pohledu domácností pečujících o nesoběstačného seniora. In Průša, L. a kol. *Dlouhodobá péče nejen v České republice*. Praha: Asociace poskytovatelů sociálních služeb ČR.
- Stoller, E. P., Pugliesi, K. L., Size and effectiveness of informal helping networks: a panel study of older people in the community. *Journal of Health and Social Behavior* 32, 180-191.



# INESAN

**Jiri REMR**

Institute for Evaluations and Social Analyses

[jiri.remr@inesan.eu](mailto:jiri.remr@inesan.eu)

[www.inesan.eu](http://www.inesan.eu)



This work is licensed under Creative Commons Attribution License v4.0

<http://creativecommons.org/licenses/by-nc/4.0/>