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Informal Family and Non-Family Support for Older Adults Living in Rural Areas in Poland

Nieformalne wsparcie rodzinne i pozarodzinne osób starszych mieszkających na terenach wiejskich w Polsce

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Abstract

Introduction. Poland is experiencing an ageing population, which also affects rural areas and poses challenges due to limited public services and the generally lower living standards for older adults compared with those in cities. This study, however, highlights the factors that enable ageing in place in rural contexts despite these deficiencies. The ability to remain in one's home and community for as long as possible is a preference shared by older adults worldwide.

Aim. The aim is to explore practices of informal unpaid support for rural older adults provided by family, neighbours, friends, and acquaintances, in contrast to paid, formalised, institutional or professional assistance. Three main types of such support are distinguished: instrumental (transport, shopping, other daily living tasks), emotional, and material/financial.

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Methods and materials. The analysis draws on 40 in-depth interviews conducted in 2024 with rural residents aged 65 and over, living in 33 villages across Poland. The interviewees vary in gender, age, education, household structure (living alone or with others).
Results. The study confirms the central role of family in providing practical, emotional, and financial support, while also underscoring the importance of non-family support that compliments or substitutes for it. Neighbours are particularly important in offering practical assistance, whereas friends often play crucial roles as sources of emotional support. The analysis further highlights that gender, age, and household structure shape both the scope of informal support received by older adults in rural areas and its sources.

***Keywords*:** rural ageing, informal support, family support, non-family support, ageing in place

Abstrakt
Wprowadzenie. Polska doświadcza procesu starzenia się społeczeństwa, który dotyczy także obszarów wiejskich i stwarza wyzwania ze względu na ograniczoną dostępność usług publicznych oraz ogólnie niższy standard życia osób starszych w porównaniu z mieszkańcami miast. Niniejsze badanie koncentruje się na czynnikach umożliwiających starzenie się w miejscu zamieszkania na wsi pomimo tych niedoborów. Możliwość pozostania we własnym domu i wśród swojej społeczności jak najdłużej jest preferowane przez osoby starsze na całym świecie.
Cel. Celem jest zbadanie praktyk nieformalnego, bezpłatnego wsparcia dla osób starszych mieszkających na wsi, świadczonego przez rodzinę, sąsiadów, przyjaciół i znajomych, odróżnianego od odpłatnej, sformalizowanej, instytucjonalnej czy profesjonalnej pomocy. Wyróżnia się trzy główne rodzaje takiego wsparcia: instrumentalne (transport, zakupy, inne codzienne czynności), emocjonalne oraz materialne i finansowe.
Metody i materiały. Analiza opiera się na danych pochodzących z 40 indywidualnych wywiadów pogłębionych przeprowadzonych w 2024 roku z osobami w wieku 65 lat i więcej, mieszkającymi w 33 wsiach w całej Polsce. Rozmówcy i rozmówczynie są zróżnicowani ze względu na płeć, wiek, wykształcenie oraz strukturę gospodarstwa domowego (mieszkający samotnie lub z innymi).
Wyniki. Badanie potwierdza kluczową rolę rodziny w zapewnianiu wsparcia praktycznego, emocjonalnego i finansowego, a jednocześnie podkreśla znaczenie pomocy spoza rodziny, która je uzupełnia lub zastępuje. Szczególnie ważni są sąsiedzi, którzy oferują pomoc praktyczną, natomiast przyjaciele często odgrywają istotną rolę jako źródło wsparcia emocjonalnego. Analiza dodatkowo wskazuje, że płeć, wiek oraz struktura gospodarstwa domowego kształtują zarówno zakres nieformalnego wsparcia otrzymywanego przez osoby starsze na obszarach wiejskich, jak i jego źródła.

***Słowa kluczowe*:** starzenie się na terenach wiejskich, wsparcie nieformalne, wsparcie rodzinne, wsparcie pozarodzinne, starzenie się w miejscu zamieszkania

Introduction

In Poland, and across the Global North, populations are rapidly ageing, with rural areas typically more affected. Poland shows a slightly different pattern. In 2020, people aged 65 and over made up 18.9% of the total population, 20.8% in the cities, and 16.1% in rural areas. By 2050 these shares are projected to rise to 32.7%, 34.7%, and 30.2%, respectively (Błędowski *et al*., 2021). Although the rural population remains younger, the last two decades have been marked by "double ageing" (Stanny & Komorowski, 2024). The share of those 80 and over will grow from 4.4% in 2020 to 10.4% in 2050, while rising from 4.7% to 11.4% in urban areas, and from 4.0% to 9.2% in rural areas (Błędowski *et al*., 2021). This demographic shift poses challenges for support and care systems, especially in rural areas, where services and quality of life are often lower than in the cities (Brown *et al*., 2019; Burholt & Dobbs, 2012; Malinowski, 2023; Tobiasz-Adamczyk, 2021).

Therefore, this article examines informal support for older adults living in rural areas in Poland, focusing on unpaid assistance from family, neighbours, and friends, as distinct from paid and formal support, provided by professionals and institutions within structural and legal frameworks (Wiles, 2005). Following Rosochacka-Gmitrzak and Racław (2015), we view informal care as a dynamic mix of instrumental and emotional practices across activities, spaces, and relationships. We analyse emotional, practical, and financial support, as these are key resources for older adults throughout the life course (*cf*., Antonucci *et al*., 2014), as well as main factors shaping their provision. While not unique to rural areas, such informal support and social relationships are often vital here, compensating for weaker infrastructure, public services, and institutional care (*e.g*., Russell, 2024; Walsh *et al*., 2014).

The analysis presented in this article is based on 40 in-depth interviews conducted in 2024 with residents aged 65 and over from 33 villages across Poland. The interviewees varied in terms of gender, age, education, and household composition (living alone or with others).

Ageing in Place and Informal Support

Ageing in place is commonly defined as the opportunity to remain at home as long as possible rather than moving to institutional care (*e.g*., Bigonnesse & Chaudhury,

2022). Initially framed as a cost-reducing policy strategy supporting community-based care (Lehning, 2012), the concept has since broadened to include autonomy, social ties and support networks, technology, health services, as well as cultural, socioeconomic, and geographic diversity (Vasunilashorn *et al*., 2012). It also recognises ageing in place as a dynamic process shaped by interactions between older adults and their environments (Yarker *et al*., 2024).

Research on ageing in place has focused more on urban than rural contexts (Pani-Harreman *et al*., 2021). Older adults in rural areas often face a "double vulnerability," *i.e*., age-related changes combined with structural disadvantages, such as limited services, infrastructure, and economic opportunities (Joseph & Cloutier-Fisher, 2005). Yet many show strong attachment and resilience (Matysiak, 2025; Russell, 2024), drawing on local knowledge, social networks, and self-sufficiency to navigate daily challenges (Walsh *et al*., 2014).

Informal support refers to unpaid assistance from relatives, neighbours, and friends, as opposed to formalised, paid, and legally regulated services (Wiles, 2005). Such support may take multiple forms: emotional (caring interactions), informational (guidance and knowledge exchange), instrumental (specific advice or instructions), material (financial, practical, or physical resources), and spiritual (addressing existential concerns, especially in the end-of-life care) (Sęk & Cieślak, 2004). Rosochacka-Gmitrzak and Racław (2015) conceptualise informal care as a dynamic process of instrumental and emotional practices embedded in activities, spaces, and relationships. From this perspective, emotional, practical, and material/financial support constitute key resources for older adults across the life course (*cf*., Antonucci *et al*., 2014).

Rural Ageing and Informal Support in the Rural Context

According to the 2021 National Census, rural residents constitute 40% of Poland's population. The second decade of the 21st century saw intensive rural ageing, driven by socio-economic factors and socio-cultural shifts linked to the second demographic transition. Yet Polish rural areas are demographically diverse: ageing is most advanced in eastern and central Poland, while western regions have been catching up in recent decades (Stanny & Komorowski, 2024).

Poland's rural population is demographically younger than its urban counterpart, with older adults skewing younger: 52.4% are aged 60–69, 32.2% are 70–79, and 15.4% are 80 and over, compared to 57.4%, 36.1%, and 16.6% in the cities. This relative youth reflects higher rural mortality, which increases with age (*e.g*., 12.5 *vs*. 12.0 deaths per 1,000 at ages 60–64, and 160.9 *vs*. 143.1 at 85+) (GUS, 2024). Rural older adults also use medical services far less: in 2023, those 65+ averaged 6.0 outpatient consultations

annually versus 19.1 in cities, with primary care sought nearly half as often (5.4 *vs*. 10.2) and specialist care twenty times less (0.4 *vs*. 8.0). Additionally, rural senior households report lower incomes and expenditures: disposable income per person was 2,681 PLN in 2023, compared to 3,121 PLN in cities, and expenditures 1,870 PLN *vs*. 2,147 PLN (GUS, 2024). Single-person rural households of older adults had the lowest levels of technical and sanitary facilities (GUS, 2025).

Key ageing trends across the Global North include singularisation and feminisation of old age. Women remain the majority, while the rise of single-person households reflects not only widowhood but also shifting norms and higher childlessness.

Poland's rural population is less feminised than the urban one, with a sex ratio of 123 *versus* 148, except among those aged 85+ (GUS, 2024). Rural households are larger: in 2021, single-person households accounted for 13.5% in rural areas compared to 26.9% in cities, and two-person households for 18.5% *versus* 28.5%. Large households (five or more members) were almost three times more common in rural areas (29.6% *vs*. 11.0%), serving as a valuable resource for support and mutual aid (GUS, 2025).

In Poland, assistance needs rise with age, most often concerning household management and formal matters (*e.g*., medical visits, offices, and banks). Support is provided primarily by close family, especially children, but also grandchildren and spouses. The growing role of grandchildren reflects demographic change, as longer life expectancy limits older parents' ability to care for even older relatives (Szukalski, 2001). Beyond family, neighbours are the main providers, with friends, acquaintances, siblings, and extended kin less common. Institutional and paid care, such as community nurses, charity workers, or social assistance, remain a last resort (*e.g*., CBOS, 2019). National surveys, however, rarely disaggregate by urban-rural context.

Research on rural ageing in Poland is limited. Existing studies address service accessibility (Szatur-Jaworska, 2024), innovative care models such as mobile home-based hospice services and care farms (Matysiak & Michalska, 2016; Michalska *et al*., 2024), and broader issues of economic and healthcare constraints, or alienation, though findings are often region-specific (Białobrzeska *et al*., 2017). Despite demographic change and youth out-migration, scattered evidence shows that family remains the primary source of support (Matysiak, 2024; Wojszel & Polityńska, 2021).

Compared to family care, informal support from neighbours and friends has received little scholarly attention (Walsh *et al*., 2014). Typically framed as complementary to family or formal care, it includes help with shopping, transportation, meals, or household chores. In rural U.S. studies, neighbours and friends provide rides, snow removal, or lawn care (Brown *et al*., 2019). Neighbourly vigilance, such as noticing prolonged absence from church or local stores, has also been highlighted (Walsh *et al*., 2014).

In Poland, research remains fragmented, though such support often compliments or substitutes for family assistance (Matysiak, 2024).

Materials and Methods

This study draws on 40 in-depth interviews conducted in 2024 with residents aged 65 and over from 33 villages across Poland, which was determined by the field contacts of the sociology students from Maria Grzegorzewska University who conducted the interviews for the purpose of their fieldwork training. All the material was used in our analysis with both interviewees' and students' consent.

Table 1

The interviewees' socio-demographic characteristics

	Women	**Men**
Number of interviews	26	14
Living in single-person households	10	4
Age group of 65–74 years	15	9
Age group of 75–84 years	7	3
Age group of 85 years and over	4	2
University degree	8	3

Roughly two-thirds of interviewees, both women and men, do not originate from villages where they currently reside, though most of them have lived there for several decades. The remainder live in their natal villages, often also their parents' or grandparents' places of origin. A small number are newcomers who moved from urban areas. In addition to those with university degrees (see Table 1), 10 individuals (8 women, 2 men) completed only primary education, 5 (2 women, 3 men) vocational school, and 14 high school (8 women, 6 men, either vocational or general). The interviewees' occupations span farming as well as blue- and white-collar work. Nearly half live alone, more often women, who are mostly widows (and one divorced), than men, among whom a few are lifelong bachelors. The rest share households, typically with spouses, while about one-third live in intergenerational households with children and grandchildren.

Among 33 villages which are the interviewees' places of residence, more than a half are located in central and eastern Poland, especially in Mazowieckie (15 villages), Podlaskie (6 villages), and Świętokrzyskie voivodships (3 villages). The remaining are scattered across the country in western, southern, and northern regions of Poland.

The interview protocol covered five themes: village perceptions, service access, support networks, leisure and community engagement, and views on ageing in rural contexts. Questions elicited narratives of everyday practices, social relations,

and local conditions. All interviewees consented to recording, with interviews conducted in the summer of 2024, averaging one hour, and were subsequently transcribed and anonymised. Recruitment considered age, gender, education, and household type, while excluding students' relatives or other close acquaintances.

All transcripts were analysed in MAXQDA 2024 using a deductive-inductive coding approach based on the interview protocol. This article focuses on narratives of informal support (practical, emotional, financial) received by older adults, with attention to its intensity and to the main actors involved: family, neighbours, and friends.

Results

This section presents findings on the three types of support identified in the study, examining their activities, scope and variability, and main sources within informal networks. Subsequently, drawing on existing research, we focus on three factors shaping the intensity and provision of support: household structure, age, and gender, as well as their interrelations.

Family as a Source of Help and Support

The analysis of interviews confirms the central role of the immediate and closest family, *i.e.*, primarily children, grandchildren, and spouses, as the main source of all three types of support.

Practical help most often took the form of transportation, shopping, household tasks, and assistance during illness. Older adults relied primarily on family members for healthcare visits, attending religious ceremonies, and errands, largely due to insufficient public transport in their villages. For the oldest interviewees or those with mobility limitations, family-provided rides were also the most convenient means of getting around. "My son, my daughter-in-law, everyone helps me. I just call, and they help me. If I need to be taken somewhere, they drive me. I have such a family, children and grandchildren, that now even my grandchildren drive me" (1.W_85)[1].

Assistance with shopping, particularly for heavy or distant purchases, was also frequently mentioned. Children and grandchildren often purchase groceries or medications, either during their own trips to town or a local market, or by accompanying the interviewee.

Household chores, such as cleaning and repairing, are often performed by children and grandchildren. This support becomes especially critical for physically demanding or

[1] The first digit indicates the interview number, the letter "W" or "M" the interviewees' gender, and the second digit their age. All statements have been translated by the authors.

unsafe tasks, such as window cleaning, roof repairs, or chopping wood. Such assistance needs are most visible in case of oldest interviewees. "I can no longer make the bed or vacuum, and he [the interviewee's son] helps me. But when my son is not around, it is often my daughter who does it, without being asked" (29.W_85).

Practical support received from closest family members is especially intensive and needed during illness or after the surgery. Adult children, particularly daughters, provide meals, manage doctor visits, and oversee the recovery. The interviewees living alone periodically move in with their children or receive extensive, daily visits.

The narratives consistently highlight daughters and daughters-in-law as the most frequent support providers, especially in household and everyday tasks, like shopping, cleaning, cooking, or driving. In some cases, daughters are key support providers, even though sons live closer to the interviewees, or are more accessible:

> I have one son living in a nearby village, another a bit further away, and a daughter in a convent. When she comes for her vacation once or twice a year, she does everything in the house. She paints, washes dishes, and cleans thoroughly. (2.W_85)

Importantly, grandchildren, both male and female, often contribute with transportation, errands, or household tasks, and their help is highly valued. Sons appear mainly in roles connected to transportation or physically demanding work. However, it happens that they provide support with household tasks as well. Sons-in-law are occasionally mentioned, usually in the context of driving. Spouses, where present, often provide mutual support in daily tasks.

Family members also play the central role in providing financial support. The accounts reveal both emergency aid (*e.g.*, covering unexpected medical expenses or funeral costs) and ongoing, smaller-scale support (*e.g.*, contributions to everyday expenses, gifts or material goods).

> My daughter always asks whether I have enough money or not, and my son-in-law always contributes something as well, because they have their company. […] He often comes here, brings eggs or vegetables. The children are really good, very good. (6.W_70)

"My son bought coal with his own money and prepared firewood for me. […] He prepared a lot of wood and bought coal, so I am already secured for the winter" (21.W_69). Financial assistance was usually provided by children, occasionally supplemented by others, like siblings. For larger sums, support may take the form of repayable family loans, which were preferred over bank credit. Some interviewees explicitly stated they would never approach banks, relying solely on family.

Family members constitute the principal providers of emotional support, with children (especially daughters), siblings, and grandchildren playing the most significant roles. Such support includes verbal reassurance, companionship, shared daily routines, visits, regular phone contact, as well as intergenerational affection. Frequent phone conversations are depicted as an important means of maintaining emotional closeness across geographical distance. "My eldest son calls me every evening, without fail" (10.W_65).

> I get a call from my sister every day; actually, twice a day. She tells me all her stories and troubles, and I share mine with her. My daughter also calls almost every day, asking: "So, Dad, how are things this morning?" (33.M_68)

Emotional support was expressed through shared meals, outings, and celebrations, sometimes organised by children or grandchildren, and at other times by older women who often remain central to family life. Affection from grandchildren was particularly valued as a key source of joy and reassurance. "Sometimes you sit alone the entire day, and no one comes by. Who would come? Well, when it's the school year, the little one sometimes runs in and says: 'Grandma, I love you'. That's my greatest joy" (1.W_85).

Children, especially daughters, were the primary confidantes for both practical and personal matters. Sisters served as reliable partners for daily conversations, while grandchildren's visits offered emotional uplift and intergenerational continuity. In multi-person households, spouses provided companionship and support, often taken for granted.

It should be noted, however, that nearly all older interviewees have a close relative living nearby, and about one-third reside in multigenerational households. Those who do not have a family in the area, for example, newcomers who moved to rural areas from cities close by or upon retirement, consider moving closer to their kin, as well as available services.

> Friends also moved from the countryside to the city for the same reason. Because children live nearby, there's a chance they will show up and help; but when children are, first, few in number, second, far away, and third, busy with their own lives. […] Then one starts thinking about old age, about being comfortable, […] and about care. (32.W_65)

Support from Neighbours

The interviews highlight neighbours as key providers of both practical and emotional support. Practical assistance is usually reciprocal and non-monetary, embedded in long-term relations of trust. Given limited public transport, rides to appointments,

shops, or church were especially important, and offered spontaneously or prearranged, sometimes with token payments for fuel. Neighbours may be more accessible than children or grandchildren who work or study, especially in emergencies.

> Sometimes it happens that you go to start the car, and it just won't start. So, what do I do? I call, "Help, help, come and see what's going on, and if not, then give me a lift […]." Generally, it's that kind of help; there's no question of it being paid. I help you today, you help me tomorrow. (8.W_65)

> I don't have a car at the moment, you know. I could buy one, but on the other hand, why take the risk… Age takes its toll, sometimes you don't notice things… Neighbours help. When they go somewhere, I just get in and go shopping with them. (31.M_86)

Neighbours' help with shopping is often mobilised in emergencies or illness, complementing care provided by family members. They also assist with household tasks, repairs, and, in farming contexts, agricultural work and animal care during absences. Such reciprocal support reflects enduring traditions of rural cooperation. "When you work in the field, you often can't do it alone, so two neighbours work together, they help you. Later, you go to your neighbour and help him" (33.M_68).

Although mentioned less frequently than practical aid, emotional support from neighbours arose through companionship, conversation, shared activities, and expressions of care. Such ties mitigate loneliness, foster belonging, and, for some, provide the first point of contact for casual exchange or emotional release. "My neighbours. We get together, talk our hearts out, sometimes there is not enough time! Someone knits, another embroiders, someone goes shopping or travels, and we all cheer together. We talk about everyday life" (2.W_85).

> To get something off my chest. […] Well, it depends on the topic. Usually, I go to my neighbour, I have a friend, we go somewhere together, talk all kinds of nonsense, tell little stories, you know? We laugh; we joke. (7.M_68)

Equally important is neighbourhood monitoring, *i.e.*, checking on older adults through calls, visits, or noting absences from community spaces. Such gestures offer encouragement, readiness to help, and reinforce dignity and security in old age.

> I was moved, I even cried. […] About three weeks ago I was also feeling a bit unwell. And [the young neighbour] rushed over to me, rang the bell. […] Because one lady at church told his mother that I hadn't been at the 9:00 am service, so he came to check on me. (36.W_72)

While many reported strong emotional support from neighbours, others observed weakened ties due to generational change and decline of small family farms, where cooperation once played a significant role.

Financial support appears only sporadically and is typically hypothetical or symbolic, usually involving small amounts. Only a few interviewees mentioned that they would turn to neighbours, along with their family, rather than banks when experiencing financial difficulty.

Support from Friends

The analysed interviews reveal that emotional support from friends, usually of a similar age, constitutes a crucial dimension of older adults' well-being. This support is expressed primarily through talks, companionship, and mutual availability in times of need.

Older adults emphasise the importance of casual visits, phone conversations, and shared everyday activities, which provide a relief from loneliness and foster a sense of belonging. Conversations are described as covering a wide range of topics, from everyday village affairs to shared memories of the past.

> I still have friends who come over […]. I'll put the kettle on, we sit for an hour and tell stories, chat, you know, about everything, like what's happening in the village, this and that. And there is one [friend] or the other, and we sometimes have a chat on the phone, you know. […] I like talking with my friends, because the younger ones have their own topics, and at our age, we talk about the old days. Well, when there's someone to talk to, there is. (1.W_85)

Several interviewees underlined that only "trusted" friends can provide genuine emotional support. Trust ensures confidentiality, which is crucial for sharing personal concerns. This highlights trust-based reciprocity as a cornerstone of emotional support in later life.

Friends support often includes small acts of kindness that, while practical, are experienced primarily as signs of care and solidarity. Such gestures are appreciated not only for their utility but for the emotional reassurance of being cared for.

> For example, my friend, when I was with COVID […], she called me and said, "You've been on my mind for a few days, what's going on?" I told her, […], "I just feel like having some plain potatoes with fried onion and sour milk or buttermilk." An hour later, she knocked on the window: "You've got everything at the door." […] Tears welled up in my eyes, but that's how it is. (4.W_69)

For some older adults, phone conversations — sometimes daily — serve as a lifeline against isolation. They create continuity of contact even when physical meetings are not possible. However, with the interviewees' advancing age, the scope of such support diminishes due to friends' health problems or their passing away.

Friends occasionally provide practical support, though less often than family or neighbours. Such assistance is often situational, arising from temporary illness, mobility limitations, or unforeseen challenges, car or farm machinery breakdowns. It is rooted in reciprocity and enduring social ties, and may involve driving older adults to appointments, lending vehicles, or sharing surplus produce and meals.

The interviewees did not report frequent or systematic reliance on friends for financial assistance, though some noted they could likely turn to them in case of difficulties.

Main Factors Shaping Informal Support for Rural Older Adults

Regarding household structure, interviewees fell into three groups: single-person households (14 in total: 10 women, 4 men), couples (14 in total: 7 women, 7 men), and intergenerational households with or without a spouse (12 in total: 9 women, 3 men).

For those living alone, common needs include transport, shopping, household chores, and support during illness. These are mainly met by adult children, especially daughters, and grandchildren, with neighbours and friends assisting in transportation and seasonal tasks, or when family is unavailable. "A friend came over more than once, and one time, when I was bedridden, not feeling well, she drove over in her car, brought me lunch, and said, 'Here, eat this because no one else will cook for you'" (19.W_77).

For this group, emotional support from children, especially daughters, and friends is vital in reducing loneliness. Financial help, though less common, is expected from children, with women living alone particularly vulnerable due to smaller pensions.

Within this group, women report more diverse support networks and greater emotional closeness with friends. Both men and women openly express feeling lonely, at least to some extent, but women cope more effectively by actively reaching out to friends and neighbours, even if only over the phone.

> I have a friend in this parish who is my age. […] She is also almost alone, she has children, she lives downstairs, her children live upstairs, but they work, so when they leave, she spends the entire day alone. So, we often talk, about twice a week. (20.W_77)

With advancing age, dependence on family assistance increases, especially among the interviewees aged 75 and over, who report regular reliance on children and neighbours

for both everyday practical help and companionship. An increased age also frequently means less personal contact with friends due to their health and mobility problems.

For those living with a spouse, support patterns are similar, but the spouse, especially for men, is a key provider alongside children and grandchildren. Older women remain primary household and care managers, as well as organisers of family relationships maintained by phone and visits. "My wife does the cleaning when needed, she washes and does the laundry. There's no need [for help]; I focus more on the yard and the outside work. She takes care of the house" (23.M_69).

> I don't even have a phone because I generally don't need one. My wife has a phone, so everyone [from family] calls her, and if they need something from me, she passes it on. […] They stay in touch with her every day. There isn't a day when they don't call twice, once in the morning and then again later. She's always on the phone, all the time. (22.M_73)

For men, the wife is the main confidante, while children are less often approached. Friendships and neighbourly ties are described as mainly social (shared jokes or meetings over beer), though men frequently note declining peer contacts due to deaths.

> Now there's hardly anyone to talk to. Before, you could go by the shop, people would gather there, have a beer, there were quite a few of us. But now many passed away, it feels deserted. I go to the shop and there's not even anyone to have a beer with. That's how it is. You drink one quickly and go back home. (22.M_73)

Financial support from children was mentioned to a lesser extent within this group in comparison with those living alone. More financial independence is based on two pensions received by spouses.

In intergenerational households, reliance on family support is most evident and begins earlier, covering transportation, shopping, and household chores. Yet neighbours and friends remain important when children or grandchildren are absent due to work or study, and older adults may still feel lonely despite not living alone.

> I get up at 8:00 am, and my grandson goes to work. He also takes his little son to kindergarten. I look out the window, it's quiet in the yard, and they've already left, and there is no one around; you don't even know where everyone is. (2.W_85)

> I sit here alone. My son lives over there, in that building, but he's at work all day. […] He works 12-hour shifts. […] So, I sit by myself. (15.M_81)

Emotional support from friends and neighbours is significant, especially for widowed interviewees, even if they live in multi-person households. The loss of a spouse often leaves a gap that younger family members cannot address, making peer companionship and understanding particularly vulnerable.

Conclusion

In sum, the findings confirm the central role of family support, while also highlighting the importance of non-family networks based on neighbours and friends. The analysis points to gender, age, and household structure as affecting the scope and types of both received and provided support.

Across all household types, family members are the primary source of support, with neighbours and friends playing a supplementary role. Older adults living alone rely mainly on adult children and grandchildren for practical and, less often, however, financial help, while neighbours and friends provide occasional assistance and emotional support. In couple-only households, support is centred within the marital dyad, with children and grandchildren assisting in more demanding situations, supplemented by neighbours and friends. Intergenerational households offer the broadest support networks, with children, in-laws, and grandchildren providing practical and emotional help, while peers, especially for women, remain an important source of emotional support.

Older women, particularly in their eighties, rely more on children and grandchildren for daily support, and emphasise emotional support mainly from daughters or female friends. Men, by contrast, tend to downplay dependency and identify spouses as their primary confidants. Therefore, the study provides further evidence of the disproportionate burden placed on women through unpaid caregiving and support, both in younger and older age.

The findings highlight the multidimensional nature of informal support and its role in shaping older adults' lives. For rural older people, well-being depends largely on embeddedness in community networks of family, neighbours, and long-standing friends. These extend prior research on ageing in place by demonstrating how informal family and non-family support networks compensate for structural disadvantages for rural Poland. This study also contributes to discussions of rural ageing, resilience, and informal care, situating Polish experiences within broader international debates of social support in later life.

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