

Welfare states do not crowd out the family: evidence for mixed responsibility from comparative analyses

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ABSTRACT

This paper discusses the informal and formal provision of help and support to older people from a comparative welfare state perspective, with particular reference to the relationships between inter-generational family help and welfare state support. While the ‘substitution’ hypothesis states that the generous provision of welfare state services in support of older people ‘crowds out’ family help, the ‘encouragement’ hypothesis predicts a stimulation of family help, and the ‘mixed responsibility’ hypothesis predicts a combination of family and formal help and support. The paper reports findings from the *Old Age and Autonomy: The Role of Service Systems and Inter-generational Family Solidarity* (OASIS) research project. This created a unique age-stratified sample of 6,106 people aged 25–102 years from the urban populations of Norway, England, Germany, Spain and Israel. The analyses show that the total quantity of help received by older people is greater in welfare states with a strong infrastructure of formal services. Moreover, when measures of the social structure, support preferences and familial opportunity structures were controlled, no evidence of a substantial ‘crowding out’ of family help was found. The results support the hypothesis of ‘mixed responsibility’, and suggest that in societies with well-developed service infrastructures, help from families and welfare state services act accumulatively, but that in familistic welfare regimes, similar combinations do not occur.

KEY WORDS – family, inter-generational support, welfare state, comparative analysis.

Introduction

The ageing of societies is becoming a global phenomenon. Extended longevity has led to a significant growth in the absolute number of older people that, with very low birth rates, has increased older people’s representation in the population. For modern European societies in particular, these rapid changes are closely linked to the combined tendencies of globalisation,

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European integration, new needs for occupational flexibility, migration and regional mobility. Of special interest for the sociology of ageing are the implications of demographic change on the division of labour between the family, the welfare state and the voluntary sector in the provision of help and support for older people – and hence on the creation of quality of life in old age. These implications also have social policy relevance, especially for those European countries in which far-reaching demographic change has been underway for many decades or is in prospect. Although European countries are characterised by different welfare state regimes (Esping-Andersen 1990, 1999), all societies are addressing the question of how to allocate the responsibility for the support for frail older people. In this contribution, the interaction between the institutions of the family and the welfare state will be examined from sociological and social policy perspectives.

Classical family sociology (*e.g.* Parsons 1943) and various economic approaches assume that, for the provision of family support, the family and the welfare state substitute for each other. From this viewpoint, the development of a strong welfare state that offers a variety of services promotes the decline of family contributions, diminishing their role. Hence, welfare state transfers ‘crowd out’ family support, which is replaced during the modernisation process by formal services (see Cox 1987*a*; Schoeni 1994; Cox and Jakubson 1995; Costa 1996). This thesis has been intensively discussed by many disciplines and from diverse perspectives (see Litwak 1985; Lyons and Zarit 1999). The ‘crowding out’ thesis has widespread support among economists but has recently been challenged by family sociologists who pointed to the complex and even mutually reinforcing relationship between family help and welfare-state support services. The first empirical insights into the relationships between formal and informal provision of help were by Künemund and Rein (1999), who showed from limited international comparative data, that ‘crowding in’ effects (the encouragement of family help through formal service provision) were more evident than ‘crowding out’ effects (the decrease of family help in response to formal service provision). It can be argued that extensive formal service support enables families not only to continue or increase informal support, even when an older person’s needs become intensive, but also establishes a framework in which both families and formal services provide the services that they deliver best. In this situation of ‘mixed responsibilities’, it is possible for formal and informal support systems to be complementary and to take on specialised roles (see Cox 1987*b*; Lingsom 1997; Künemund and Rein 1999).

Put into a specific social policy context, the debate about whether the relationship between formal and informal support is supportive or

substitutive leads to the subsidiary question of whether families can, as often argued, compensate for decreasing welfare state transfers (Bundesministerium für Familie, Senioren, Frauen und Jugend 2002; Johansson, Sundstroem and Hassing 2003), and whether support for older people is threatened by the withdrawal or reorganisation of social services. From a social policy perspective, it is important to improve the support and quality of life of older and younger members of society and to assess the efficiency of welfare state interventions (Noll and Schoeb 2002). In consequence, it is also relevant to evaluate the optimal mix of support sources with respect to outcome variables such as quality of life or well-being (Daatland and Herlofson 2001; Tesch-Roemer, Motel-Klingebiel and Kondratowitz 2002).

Comparative research designs are particularly required to test the alternative hypotheses of 'substitution', 'mutual encouragement' and 'mixed responsibility'. Comparing societies which differ in the extent and universality of formal provision regulated by the state provides evidence about the interaction between the welfare state and families. Several typologies of welfare regimes have been described. In the classic distinction of Titmuss, 'residual' welfare states assume responsibility only when families or the market fail, while 'institutional' welfare states offer universal transfers (payments or benefits) and services (Titmuss 1963, 1987). Esping-Andersen (1990, 1999) identified three types of welfare state regimes: 'liberal' welfare states as in the United Kingdom, the United States and Australia provide means-tested benefits at a low level, 'conservative-corporatist' welfare states as in Germany, France and Italy provide benefits based on insurance principles, and 'social-democratic' welfare states as in Sweden and Norway guarantee universal benefits and services at high levels. Other regime types have recently been added, like the Mediterranean model as in Spain. A generation ago Spain had a 'residual welfare state' but it has experienced swift social, economic and political changes. It has lately been under a specific demographic strain – a remarkable decline in fertility – prompting a national debate on the support and care of older people in the future. The rapid modernisation and urbanisation of Spanish society is also influencing family relations and social networks as well as norms and beliefs (see Kondratowitz 2003).

In this paper references to welfare state regimes concentrate on the availability and use of formal services for dependent older people, but other dimensions of the welfare state (*e.g.* principles of entitlements or generosity of service infrastructure), of support opportunities (*e.g.* the availability of family members, particularly children) and of the cultural context (*e.g.* the norms and preferences in respect of support) need to be considered. Clearly, family support is possible only in families with

corresponding opportunity structures, so when examining the support of dependent older people, it is necessary to consider the presence of children (and other relatives) as well as other characteristics of family networks (e.g. proximity and frequency of contact) (Wenger, Scott and Patterson 2000). Moreover, individuals and their families differ in their preferences as well as their normative beliefs about support: some prefer informal and some formal help. Although individual orientation towards the 'welfare state' or the 'family' as support providers is closely related to the prevailing culture, individual preferences and norms (if there is a choice available) will also vary. Preferences for the sources of care vary from an explicit family orientation (relatives are the preferred support) to an explicit welfare state orientation (formal services are the preferred support). There can be corresponding variations in normative beliefs about the most appropriate sources of help and support. Daatland and Herlofson (2003) recently reported an analysis of the normative aspects of family solidarity using the OASIS data, and this paper extends the analysis using a more complex approach that focuses on the outcome of help and support for older people under different societal conditions.

The OASIS study

This study utilises data from the international comparative research project *Old Age and Autonomy – The Role of Service Systems and Intergenerational Family Solidarity* (OASIS). The project collected data on formal and informal support in Norway, England, Germany, Spain and Israel (Lowenstein and Ogg 2003). These countries represent different types of welfare regimes with different types of care provision, political cultures and family policies (see Kondratowitz 2003). Table 1 presents selected characteristics of the welfare state regimes and of family policies in the countries. As Norway, England, and Germany exemplify the 'social-democratic', 'liberal' and 'conservative-corporatist' welfare state regimes, described above, more details of the prevailing welfare service situations are given only for Spain and Israel.

Spain can be characterised as a 'Mediterranean' welfare state with a weak infrastructure of services for dependent older people. Although the family is still the main provider of support, recent debates on family policy have been characterised by active distancing from the Franco era and natalist traditions. Israel is a mixed welfare state, with its origins and influences in various traditions. The service infrastructure has been strong since the founding of the state, e.g. to support immigrants, but nevertheless welfare policies emphasise the important role of the family and have

TABLE I. *Types of welfare state regime and characteristics of family policy by country*

	Norway	England	Germany	Spain	Israel
Welfare state regime	Social-democratic	Liberal	Conservative-corporatist	Mediterranean	Mixed
Availability of services for older people	High	Medium	Medium	Low	High
Discourses on family policy	Women's movement, emancipation	Anti-poverty and child-support	Support the family, recent debates about gender policy	Anti-Francoist reaction, anti-natalistic orientation	Support the family, natalistic tendency
Compatibility of family work and labour force participation	Strong (national policy objective)	Existing	Existing	No (recent debate on compatibility)	Existing
Legal obligation on children to provide economic support	No	No	Yes (though LTC)	Yes (new debate about LTC measures)	Yes (through LTC)

Note: LTC Long-term care.

Source: Kondratowitz 2003: 51, Figure 3.

pro-natalistic elements. Finally, it should be noted that both Spain and Israel (as well as Germany) place a legal obligation on the family to support older people economically when necessary.

Hypotheses

To further this examination of the processes of 'crowding out' or 'crowding in', the following macro level (welfare state structure) and micro level (influence of family structure and normative beliefs) hypotheses will be tested. At the macro level of *welfare state comparisons*, if the 'substitution' (or 'crowding out') hypothesis is true, then older people living in generous welfare states (*e.g.* Norway and Israel) should receive more formal services and less family support than older people living in less generous welfare states (*e.g.* England, Germany and Spain). If the 'encouragement' (or 'crowding in') hypothesis is true, older people in generous welfare states should receive more family help than those living in less generous welfare states while, by definition, there should also be a high level of formal support. If the hypothesis of 'mixed responsibility' is true, older people should receive support from both services and family in generous welfare states, and less in weakly developed welfare states.

Turning to the micro level of *opportunity structures and welfare state orientation*, it is assumed that an individual's characteristics, and those of his/her family, influence the support received. Partnership status, health status and age are important support opportunity and need variables, *e.g.* the OASIS data confirmed that unmarried and divorced persons received less family help and more formal service help than married persons. As well as the individual's position in the social structure and their need for support (age, gender, partnership status, educational level, social class and health), two attributes may influence the sources and levels of instrumental and material support: people's opportunity structures and their welfare state orientation. First, the number of children (opportunity structure) increases the chances of older people receiving help from family members, *i.e.* the number of children positively correlates with family support. Secondly, people with a strong welfare state orientation will receive less family help and more formal service help than those whose normative belief is that the family should be responsible.

Methods

The OASIS study focused on quality of life in old age and on the relevance and meaning of service systems, family and family support (Tesch-Roemer, Motel-Klingebiel and Kondratowitz 2003). Its overall goal was to determine the relation between private support and formal service systems and how the balance related to the quality of life. The project combined qualitative and quantitative approaches and created many opportunities for triangulating the results.¹

The country samples

Age-stratified, representative samples of the urban population aged 25 or more years living in private households were drawn in each of the participating countries, and those aged 75 or more years were over-represented (so population estimates employ appropriate weights).² The sampling strategies differed in the five participating countries. The goal was to optimise the sampling according to national best practice.³ Table 2 profiles the national and overall samples. The final achieved sample size was 6,106, with an age range from 25 to 102 years. Because of the different sampling procedures in each country, a direct analysis of sampling bias was conducted only for Germany, where the response rate was 41.2 per cent. For all the countries, comparisons with reference data from *EuroStat* and national sources found no substantial biases in the samples

TABLE 2. *The age structure of the OASIS samples by country*

Age group	Norway	England	Germany	Spain	Israel	Total
25–74 years	790	799	798	816	840	4,042
75+ years	413	398	499	385	368	2,064
Total	1,203	1,197	1,297	1,201	1,208	6,106

Source: OASIS (Lowenstein and Ogg 2003); Motel-Klingebiel, Tesch-Roemer and Kondratowitz (2003: 68).

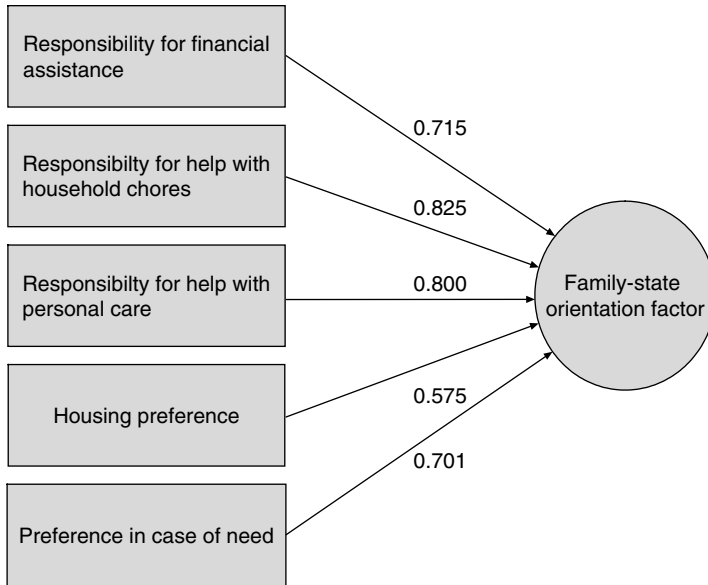
(Motel-Klingebiel, Tesch-Roemer and Kondratowitz 2003). Interviews took place between September 2000 and May 2001.

The instrument

The OASIS questionnaire has items on socio-demographic attributes (including educational level, occupational status and income), subjective health and functional ability, use of services, family structure and relations (including mutual support), norms and preferences, and subjective quality of life (Lowenstein *et al.* 2002). Help and support were measured by three items about (a) household chores (such as cleaning or washing clothes), (b) transport or shopping, and (c) personal care (such as nursing or help with bathing or dressing). Participants were asked if they had received any help during the last 12 months with these tasks and, if so, whether it came from family members (inside or outside the household), from formal services (public sector, charity or for-profit organisation), or from other sources (*e.g.* friends or neighbours).

Normative orientations and preferences were measured by five items. First, participants were asked to rate how much responsibility the family and the welfare state, respectively, should have for older persons in need on three dimensions: (a) financial assistance, (b) help with household chores, and (c) help with personal care. Ratings were forced into pre-defined five-category Likert scales, with the extremes ‘total family responsibility’ and ‘total welfare state responsibility’. Secondly, the participants rated their preferences for both housing in old age, should they no longer be able to live independently (options were ‘live with a child’ and ‘residential or institutional care’), and for sources of help, should they need long term support (options were ‘from family’, ‘from services’ or ‘from others’).

The responses to these five items were summarised using principal components analysis. This analysis produced a one-component solution, which is interpreted as a ‘welfare state versus family orientation’ factor (Figure 1). The estimation was checked by a non-linear analysis that supported the linear solution. High values indicate a ‘welfare state orientation’



Source: OASIS (Lowenstein and Ogg 2003), $n = 2064$.

Notes: The numbers are the factor loadings for the aggregate (five country) sample of 2,064 respondents.

Figure 1. The ‘welfare state – family orientation’ factor loadings.

(normative beliefs incline to welfare state responsibility, and preferences favour formal services over family support), and low values indicate a ‘family responsibility orientation’ (the converse norms and preferences). Norwegians showed the highest welfare state orientation, and Spaniards the highest family responsibility orientation.

To measure education, we used information on both schooling and vocational training. Three levels of attainment were defined. A low educational level was associated with primary schooling but no vocational training. The intermediate level was defined as primary schooling plus vocational training or higher (secondary) school education but no higher education. Receipt of any post-school, further or higher education was defined as higher education. Occupational stratification was represented by five categories using a household approach that graded the former occupations of both spouses. Health was measured using the SF-36 physical health sub-scale as a proxy for their need for support (Allison, Locker and Feine 1997; Gladman 1998). In addition, age at the date of interview, partnership status, and country profiling variables were included in the analyses.

TABLE 3. *Socio-demographic and health characteristics of the OASIS samples of those aged 75 or more years by country*

Attribute	Norway	England	Germany	Spain	Israel
Mean age (years)	81.5	82.3	81.3	80.4	80.0
Mean health status ¹	68.1	48.9	56.0	55.6	51.3
Mean number of surviving children	1.9	1.9	1.4	2.4	2.6
Welfare state vs. family orientation ²	0.67	-0.18	-0.23	-0.60	0.36
Gender			<i>Percentages</i>		
Female	59.6	68.3	69.2	65.5	54.1
Male	40.4	31.7	30.8	34.5	45.9
Partner status					
Married/partner	35.6	36.6	36.5	39.5	37.1
Widowed	50.8	53.5	52.9	54.3	60.2
Unmarried/divorced	13.6	9.9	9.6	6.3	2.8
Educational level³					
Low	30.2	35.2	12.8	81.0	38.0
Intermediate	33.9	61.7	63.2	15.1	35.4
High	35.9	13.1	24.0	3.9	26.5
Occupational status⁴					
Lower	30.1	69.4	39.0	78.0	30.2
Middle	33.5	14.2	33.0	9.5	26.4
Higher	36.4	16.4	28.0	12.5	43.3

Notes: 1 SF-36 physical health subscale (range: 0-100; Allison, Locker and Feine 1997; Gladman 1998).

2 Positive values: welfare state orientation; negative values: family orientation. See Figure 1.

3 Schooling and vocational training. 4 Household measure based on former occupational positions.

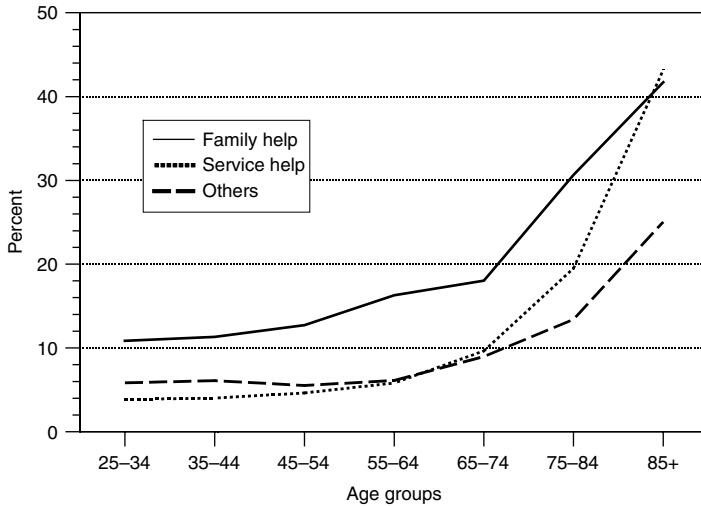
Source: OASIS (Lowenstein and Ogg 2003).

Results

The socio-demographic and health status attributes of the country sample are presented in Table 3. This shows only minor differences in age, gender and partnership status, but substantial disparities in educational levels and social stratification as well as health, parenthood and social norms. The comparative empirical evidence on help and support will be presented in three sections: first, the results on the relationship between age and help received for the entire sample ($N=6,106$); secondly, welfare state comparisons as experienced by those aged 75 or more years ($N=2,064$); and thirdly but also for the older sub-sample, the influence of individual level characteristics with an emphasis on normative beliefs and preferences.

Sources of help and support: descriptive findings

As Figure 2 shows, help and support were received mainly by the older age groups, while younger people had only a low probability of being supported, especially by formal services. Across the five countries, during the previous 12 months about 42 per cent of those aged 85 or more years had



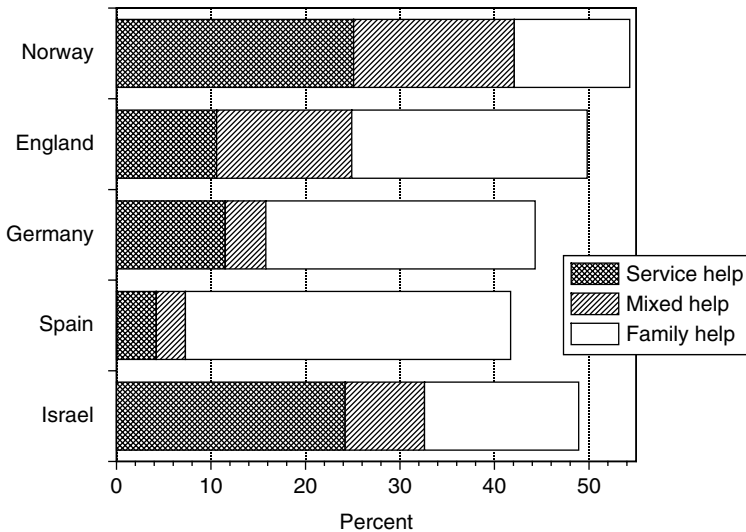
Source: OASIS (Lowenstein and Ogg 2003).

Figure 2. Sources of help and support by age groups (aggregate sample).

received help and support in at least one of the three categories (household chores, transport and personal care). In contrast, only 11 per cent of the youngest age group (25–34 years) had received such help. In all age groups except the oldest (85+ years), help from services was less than help from families. Finally, it should be noted that help from other sources, such as paid or unpaid help from friends, neighbours or other social network helpers increased with age. These sources of help although of great interest will not be analysed in this paper.

Welfare state support for those aged 75 or more years

Figure 3 shows the help received by people aged 75 or more years in Norway, England, Germany, Spain and Israel. The proportion of the samples that received help only from formal services was lowest in Spain (4%) and highest in Israel and Norway (24/25%), with England and Germany in between (12%). On the other hand, the proportion that received help only from family members was highest in Spain (36%) and lowest in Norway (11%) and Israel (17%), with England (23%) and Germany (29%) in between. As to the prevalence of help from both formal services and families, Norway (18%) and England (15%) had relatively high proportions, but elsewhere such provision was low (Israel 8%, Germany 3%, Spain 2%). The overall proportion of those aged 75 or more



Source: OASIS (Lowenstein and Ogg 2003), n = 2033.

Figure 3. Sources of help and support for those aged 75 or more years by country.

years who received any type of help ranged from 54 per cent in Norway to 42 per cent in Spain (see Figure 3).

Help from formal services as well as from a combination of family and services was most common in Norway, while the most substantial family contributions were in Spain. One might conclude that in a generous welfare state like Norway's, formal services provide so much help that the family's role is becoming less important, and that in countries with less developed welfare states, older people rely on the family for help and support. It should be noted, however, that there is not just a trade-off between family and service support, the total volume of help and support is greater in the well-developed welfare state. More generally, a higher proportion of older people receive help in generous welfare states (*e.g.* Norway, Israel) than in family-orientated regimes (*e.g.* Spain). Moreover, the data on combined provision clearly reveal the high prevalence of distributed responsibility in less family-centric systems. It can be inferred that extended societal welfare systems encourage and support mixed responsibilities.

The influence of opportunity structures and welfare state orientation

The variations observed in Figure 3 do not control for variations in either the social attributes of the older population (*e.g.* age, gender, educational level, socio-economic or occupational class and marital status), in support

TABLE 4. *Odds ratios of (a) total quantity of help and support for people aged 75 or more years, and (b) sources of help and support*

Variable	Sources of help			Any help
	Family	Formal services	Mixed	
A. Zero-order models				
Norway	0.52**	2.64**	4.79**	1.49**
England	0.97	1.02	3.66**	1.25
Spain	1.15	0.34**	0.69	0.90
Israel	0.62**	2.28**	2.12**	1.20
Sample size		1,932		1,932
P ² (Nagelkerke)		0.12		0.01
B. First-order models, controlling for personal and household attributes				
Age	1.01	1.08*	1.10**	1.04**
Gender: Males	0.97	0.88	1.18	0.99
Partnership				
Widowed	1.36*	2.67**	1.63**	1.64**
Unmarried/divorced	0.58*	3.73**	1.13	1.18
Educational level ¹				
Intermediate	0.81	0.95	0.87	0.87
High	0.71	1.22	0.95	0.90
Occupational status ²				
Middle	1.03	0.83	1.20	0.97
Higher	0.86	0.83	1.48	0.89
Health status ³	0.97**	0.96**	0.95**	0.97**
Country				
Norway	0.79	6.10**	13.44**	2.42**
England	0.89	0.80	3.14**	1.04
Spain	0.90	0.35**	0.71	0.84
Israel	0.53**	2.73**	2.69**	1.10
Sample size		1,932		1,932
P ² (Nagelkerke)		0.38		0.30
C. First-order models, controlling for personal attributes, support opportunities and welfare state versus family orientation				
Number of children	1.14**	0.90	1.08	0.97**
WS vs. F orientation	0.58**	1.13	0.83	0.70**
Country				
Norway	1.31	6.10**	15.14**	3.34**
England	0.88	0.85	3.05**	1.02
Spain	0.75	0.41*	0.65	0.73
Israel	0.70	2.96**	2.74**	1.32
Sample size		1,926		1,926
P ² (Nagelkerke) ⁴		0.43		0.32

Notes: The odds ratios were estimated by multinomial logistic regression. The reference country for the zero-order models is Germany. The reference groups for the B group first-order models is: female, married or partner, low level of education, lower occupational groups and Germany; the variables added for the C group first-order models are continuous. ¹ Schooling and vocational training. ² Household measure based on occupational positions. ³ SF-36 physical health subscale. ⁴ P² is also termed the pseudo-R² and can be interpreted analogously.

Significance levels: * $p < 0.05$, ** $p < 0.01$. *Source:* OASIS (Lowenstein and Ogg 2003).

opportunities and need factors (number of living children, availability of local services, health status), or in welfare state norms and preferences. The variations in sources of support may be related to different social structures, opportunity structures, and the welfare state orientations of care receivers (or micro factors) rather than the macro factor of the welfare state regime. Further analyses were therefore undertaken to estimate the different sources of support among the countries when controlling for needs, social structure, cultural indicators and opportunity structures. Germany was selected as the reference case for the inter-country comparisons.⁴

A binomial logistic regression of the overall level of help received and a multinomial logistic regression of the three principal types or sources of support (family, formal services and mixed) were calibrated. The odds-ratios presented in Table 4 indicate the relative probability of receiving the respective types of help and support in comparison to Germany, the reference country. These zero-order models do not control for needs, opportunity or values variables. The second step was to introduce the personal and household characteristics terms (*e.g.* age, gender, marital status, educational level, class and subjective health). As anticipated, these first-order models show that poor health is associated with a significantly higher probability of receiving help and support.

For four of the countries, variations in the personal and household variables had an insignificant effect on the receipt of family help, but in Israel the odds-ratio for family help was significantly low. There were, however, significant differences among the countries in the provision of formal service help alone and in combination with family help: for both categories there were significantly high odds-ratios for Norway and Israel. The Spaniards had a significantly low likelihood of receiving service support, and the English a high chance of receiving mixed support. One should keep in mind that mixed sources of support may be due to the inadequate provision of services.

The results for the total help received (the rightmost column of Table 4) show that persons who are older, in poor health and widowed received more help than the reference group regardless of welfare state regime. Overall, however, after controlling for the personal and household attributes, the model indicates that four of the countries (including Germany, the reference case) had similar levels of help and support for people aged 75 or more years: only Norway had a significantly higher level. The summary finding is that simple 'crowding out' does not explain the country differences in the levels and sources of support for older people. Instead, service-oriented societies show a substantially higher degree of mixed sources of support and a tendency towards a higher total provision of help for older people.

Another two models were run with the addition of terms for the familial opportunity structure (number of children) and individual welfare state orientation (norms and preferences). The results show that a higher number of children significantly enhanced the likelihood of help from the family (and slightly decreased the total volume of help) (panel C of Table 4). Moreover, a high score for welfare state orientation associated with a significantly reduced chance of receiving family (and total) help. Normative orientations had an insignificant effect on the receipt of formal services alone or in combination with family help. Most interestingly, however, are the country differences with the additional controls. Compared to the B group models, there were no significant differences in the receipt of family help. Differences in the provision of family help are partially explained by structural indicators such as social stratification and family structures (number of children available) as well as by normative aspects such as the score for family orientation. The other country differences in the sources of help seem to be stable and were not associated with the number of children or support norms and preferences. Overall, it has been shown that receipts of help in aggregate, from formal services and from a combination of services and the family, were high in the generous welfare states (Norway and Israel) and low in Spain. The provision of mixed support was high in England.

Discussion

The findings can be summarised in three sets of generalisations that lead to three propositions. First, family help is significantly higher in the countries with poorly developed welfare service regimes and a dominant familistic orientation (Spain and Germany) and low in generous welfare states (Norway and Israel), as predicted by the ‘substitution’ or ‘crowding-out’ hypothesis but, most importantly, these societal variations in family help are substantially explained by differences in the characteristics of older people, including partnership status, health status, the number of children and normative beliefs. In other words, the country differences in family help become insignificant when the personal and household attributes of older people are controlled. It can therefore be proposed that the extent to which older people rely on family help is independent of the welfare state regime in which they live, which amounts to a rejection of the ‘substitution’ or ‘crowding-out’ hypothesis. Interestingly, the other country differences in sources of help are *not* explained by these variables.

The second general finding is that although substantial amounts of help and support were received by older people in all five countries, the highest

aggregate provision was in generous welfare state regimes (*e.g.* Norway, Israel), while a relatively low total of support occurred in the country with the most pronounced family orientation (Spain). This pattern supports the hypothesis that formal services ‘encourage’ family support and positively correlate with the total amount of help. The third general finding is that help from formal services alone or in combination with family help was greatest in the generous welfare state regimes of Norway and Israel (and to a lesser extent also in England). This finding supports the hypothesis of ‘mixed responsibility’. Before the theoretical and applied social policy implications of these findings are discussed, some methodological issues must be considered.

Methodological issues and limitations

Comparative research involves the theory-guided search for and interpretation of general patterns and of nation-specific variations. Structural and functionalist approaches basically assume that similar macro characteristics produce similar outcomes at the intermediate (meso) and individual (micro) levels. Social structure is then assumed to have a uniform effect on institutions and individuals, regardless of differences in culture. Hence, empirical analyses focus mainly on the general attributes of different societies. A cultural perspective may concentrate on the distinctiveness of societies and assume that social values and path dependency modify the effects of social structure, thereby leading to different outcomes from similar structural inputs (see Daatland, Herlofson and Motel-Klingebiel 2002). Following these arguments, normative beliefs and preferences were taken into account in the present analyses, but one limitation of a cross-national research project is that regional differences within the countries and finer gradations of support arrangements could not be considered.

Theoretical implications

With reference to the starting hypotheses (on substitution, encouragement or mixed responsibility), support has been found for a mutually supportive and ‘encouragement’ relation between family and formal services sources of help. The results of the Group C regression models support rejection of the ‘crowding out’ hypothesis and demonstrate the influence of familial opportunity structures and norms and preferences. Institutional differences were shown to be of minor importance. Taken together, the findings largely support the hypotheses of ‘crowding in’ and ‘mixed responsibility’. In addition, clear evidence of the positive effect of welfare state provision

on the total amount of help and support received by older people has been observed.

The overall *per capita* quantity of support for older people was highest in Norway, a society with high welfare state orientation, well-established service systems and relative affluence. Once older people's number of surviving children and family orientation were taken into account, the likelihood in Norway of receiving family help and a mix of family and service support was very high. It has also been shown that older people in family-orientated countries received less support. Germany, with a high family orientation but relatively few children and high childlessness is a special case: although older people show high levels of 'family orientation' which corresponds to the institutional regulation of the German welfare state, both the familial opportunity structure and the service infrastructure are weak.

Finally, although high levels of service support and low levels of family help were found in Israel, this situation can be accounted for by intervening micro factors. The high levels of total support receipt have their basis in the combination of more or less stable patterns of family help with a high level of need and well-developed formal services. In Norway an extended spread of mixed support patterns was found. These observations lead to the conclusion that family help is not 'crowded out' by the extensive provision of formal services, at least in Norway. Rather, it suggests that extensive services are the foundation of a more adequate response to the support needs of older people through a mix of formal and informal provision. This argument is mainly based on the finding that service-oriented societies show similar or even higher levels of help and support than societies with a strong family orientation.

More detailed comparative analyses that cover other dimensions of family support such as emotional support and financial transfers are necessary to reach a more detailed understanding. Analyses are required of other dimensions of the social structure and of support provision by non-kin. Social inequality may modify the relationships that have been described. Previous analyses have pointed to strata-specific effects and the relevance of inequalities (for France see Attias-Donfut and Wolff 2000; for Germany see Künemund, Motel-Klingebiel and Kohli 2003). The findings presented here are consistent with those from analyses of parent-child dyads (Motel and Szydlik 1999; Motel-Klingebiel 2000; Künemund 2002). Moreover, it has been shown that there are relationships between socio-economic status and social network composition: higher-status groups have a higher proportion of non-kin in their support networks and therefore different potentials for assistance (Groenou and Tilburg 2003).

Social policy implications

The complex relationship between the relative support of older people by welfare state and by family members is frequently constructed by drawing implicitly on variations of the substitution hypothesis. Swedish social policy assumed that the family would fill the gaps in formal support provision created by service retrenchment during the 1980s and 1990s (Johansson, Sundstroem and Hassing 2003). In Germany, the long-term care insurance scheme is built upon the assumption that the family will provide the major share of help and support for frail older people (Kondratowitz, Tesch-Roemer and Motel-Klingebiel 2002). As the present analyses have shown, however, it might be efficient to provide more support for family members who care for older people. This might result in not only higher levels of support and a better quality life for those in the third and fourth ages, but also in less strain and a higher quality of life for younger family members, from whom support for older people is increasingly expected.

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NOTES

- 1 For details of the quantitative methodology see Motel-Klingebiel, Tesch-Roemer and Kondratowitz (2003); for information about the qualitative study see Phillips and Ray (2003).
- 2 In Norway and Israel all three large urban areas were included. In Spain all urban areas with 100,000 or more inhabitants were included. In England, six major urban regions with 120 wards representative of English urban areas were included. In Germany, a random selection of 31 urban regions in 16 states was made.
- 3 In Spain and Israel, a random route sampling procedure was used. In Germany, random sampling based on municipal registers. In Norway, both random route and register-list sampling was used. In England, electoral registers were sampled along with the Monica coding system which uses first names to estimate the respondent's age group. For full details of the sampling procedures, see Lowenstein and Ogg (2003).
- 4 Spain was the most different or exceptional of the countries on relevant criteria, but Germany was taken as the reference case because the authors' intention was to test

differences pertinent to the welfare regimes of the countries, not to maximise the model coefficients.

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