ORIGINAL ARTICLE

A German-Israeli Comparison of Informal and Formal Service Use Among Aged 75+

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Abstract The paper focuses on filial norms and attitudes of older people about the care system of welfare states. It is a further investigation of the OASIS cross national study and examines three questions: First, what do older people in Israel and Germany consider to be the proper balance between the family and the welfare state regarding elder care? Second, what are the responsibilities of the family, the welfare state and other caregivers? Third, in what way do values, filial norms and personal resources relate to actual service use? The empirical data is based on information gathered from respondents living in Israel and Germany, aged 75+. The results of the study indicate that familial help has not been fully replaced by welfare state services. These findings support the complementary perspective. The results also show that most respondents favour a shared responsibility between the welfare state and the family. The findings indicate that familial norms are stable and strong as expressed by elders in both countries. The health situation is the main factor for receiving welfare services and familial help in Israel. In Germany the strong effect of living alone for receipt of welfare services underscores the influence of older adults' social and personal resources on actual service use. The article discusses the findings referring to the importance of a combined mix of the different sources of help for social policy implications.

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Introduction

Debates on ageing societies still predominantly focus on elder care but the phenomenon of population aging has already given rise to new types of social relations, and has made extended family patterns and other intergenerational milieux more complex (Lowenstein & Katz 2010). In most nations, declines in fertility, improved health and dramatic increases in life expectancy have generated growing numbers and proportions of older people. Such social change challenges existing social priorities concerning individual and familial lives and societal fabric. The ageing of the population is a global phenomenon, even if its pace varies in different countries (Kinsella 2000). Greater longevity causes also a secondary aging process: an increase in the number of disabled elderly, usually among the age group of the 75+, who may need more care and support. Older dependency rates will rise substantially and increasingly fewer adults will care for a growing number of older persons (WHO 2002). This process adds burdens to families and states, the two major pillars of support in old age, especially in light of constraints in state spending (Daatland & Lowenstein 2005).

Cross-national perspectives Germany and Israel. Comparisons across nations can inform social policy debates within each nation about how to best prepare for aging societies. One complexity in cross-national comparisons revolves around choosing a basis for comparing nations with somewhat different social welfare commitments. At the macro-level, welfare state structures can be viewed as varying by the degree of responsibility they claim for dependent members in their populations (see Esping-Andersen 1990, 1999). These characterizations range from universalistic policies of social-democratic nations (such as Scandinavian nations and, to some degree, Israel), to the residualistic policies of conservative market-oriented states (such as Germany).

In this paper we compare two welfare state regimes—Germany and Israel—looking at the availability and use of formal services for frail older people, and at the cultural context, e.g. filial norms, attitudes towards family-state balance for elder care and preferences in respect to family support. Elders who need care and their families differ in their attitudes and normative beliefs about support: some prefer informal and some formal help. As Motel-Klingebiel et al. (2005) stated: "Although individual orientation towards the 'welfare state' or the 'family' as support providers is closely related to the prevailing culture, individual attitudes 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)" (Motel-Klingebiel et al. 2005: 866).

Israel and Germany are both countries with ageing populations. The proportion of people aged 65 and above is increasing, as is the absolute number of older people and the life expectancy at birth. Compared to Germany, Israel is a younger country, this will be somewhat similar in the coming decades (for Germany: Grünheid 2006; for Israel: Brodsky et al. 2011). In 2010 20.6 % of the Germans were 65 years and older (Federal Statistic Office 2012). Already in 2030, approx. 28.8 % of the German population will be older than 64 years (Federal Statistical Office 2009). In Israel, the proportion of people 65 and older was 9.9 % in 2010 and expected to be 13.1 % in 2030. Among them the 75+ will constitute about half (Brodsky et al. 2011). Both countries have implemented long-term care insurance (LTCI) laws (see Brodsky et al. 2000). The results of this study can, thus, be used to advance policy for elder care, especially for those 75+ in both countries and to provide further insights of the issues studied.

Alongside the similarities there are some relevant socio-cultural and economic differences between the two countries. Israel and Germany represent different traditions of family culture and elder care as well as different opportunity structures. Although Germany and Israel face similar challenges, they are inclined towards different policies (Daatland & Lowenstein, 2005). A mix of different types of services exists in both countries, and the elder care infrastructure is influenced by national social policies. Depending on the type of national welfare model, the role and responsibility of the welfare state versus that of the family will vary. Referring to the welfare state model of Esping-Andersen (1990, 1999) Germany and Israel represent different welfare state regimes: Germany represents a conservative (corporatist) regime and Israel is best described as mixed between social democratic, liberalist and conservative types of welfare state regimes, 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 emphasize the important role of the family (Daatland & Lowenstein 2005).

The welfare state structures in Germany and Israel have both developed policies in which the family is either perceived from a traditional (i.e., female family members organize and are mostly responsible for care in families) or from a modern (i.e., mix of familial and public services) perspective. In both countries, however, a transition has clearly taken place. The organization of care provision has become more complex in both countries, and mixed systems of care seem to be the result of new demands and needs regarding elders' care (Daatland & Herlofson 2003b). Due to this complexity, it seems relevant to study the norms and attitudes of older persons towards the informal and formal care systems of these two countries.

The state plays a subsidiary role in both Israel and Germany, which especially characterizes social and healthcare policies. This strategy of national social policies is in accordance with the hierarchical compensatory model (Cantor and Little 1985), which puts the family at the peak of hierarchical preferences. Services provided by the welfare state belong to the 'distant helpers' and are expected to be activated only if helpers who are higher in the hierarchy are not available as Daatland & Herlofson (2003b) suggest: "a social policy formulation of this idea is the principle of subsidiarity, where family responsibility is assumed to be primary, while the welfare state takes a residual role and functions only as a safety net" (p. 286). Another contrasting paradigm, the complementary perspective, regards the relations between family and public services along two dimensions: family support and family specialisation. Family support refers to an increasing importance and ability of the family to help because of a supporting effect of public services (less burden for family members) (Lowenstein & Daatland 2006). The second assumption is that families and services play different roles in the care system, each having its own characteristics. The relationship between welfare services and the family can be described as a process of 'crowding in', welfare services do not diminish family solidarity ('crowding out') (Künemund & Rein 1999). Public services are not perceived as a substitute for the family, and families cannot be replaced because of emotional needs and other special competences and qualities—'task specific' (Litwak et al. 2003; Motel-Klingebiel et al. 2005; Lowenstein & Katz 2010).

The empirical part of the study is based on data from respondents aged 75 and above from Israel and Germany, which were two of the countries in the OASIS cross-national study. The original study also included Norway, Spain and England (Lowenstein & Ogg 2003; Katz et al. 2003).[1] Focusing on the norms and attitudes of the oldest old within the OASIS data in

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[1] Oasis (Old Age and Autonomy: The Role of Service Systems and Intergenerational Family Solidarity) was supported by the European Commission, 5th Framework, contract No. QLK-VY-1999-02182

the two countries, this study addresses the question as to which paradigm can best contribute to understanding the data. The most important aspects for this study are: The linkages between personal resources of the elderly and their actual service use; the impact of filial obligation norms and attitudes towards family-welfare state balance on the associations between resources and service use, comparing Israel and Germany. Three main questions are addressed: first, what do aged people in Israel and Germany consider to be the proper filial norms regarding family obligations for elder support? Second, what are the attitudes and values of older people in both countries towards the proper balance between the family and the welfare state regarding elder care? Third, how do norms and attitudes mediate the association between personal resources and actual service use in the two countries?

Methods

Research design and sample

OASIS was a cross-sectional study, with data collected in 2002 by face-to-face structured interviews from a unique age-stratified random sample of 6,106 people aged 25–102 from community dwelling urban populations in Norway, England, Germany, Spain and Israel. About one third of the respondents were 75 years or older. Five hundred of 1,297 German respondents and 368 of 1,208 Israeli respondents were 75+, creating a total sample of 868 respondents. These older respondents were oversampled in order to allow more detailed analysis of the circumstances and views of the older generation. The largest group within the 75+ sample was between ages 75 and 80, a group that represents more than half of the 75+ participants in both countries (see Table 1). Overall response rates in all countries varied from 70 % to 76 %. The decision to restrict samples to urban areas was based on the premise that potential differences between countries depend in part on stages of urbanization. Urban areas, defined as cities with more than 100,000 inhabitants, were identified as primary sample units. The focus on urban areas may create problems regarding the generalisation of findings, but allows for cross-national comparison (Motel-Klingebiel et al. 2003). In Germany, a random sample of municipalities was drawn and in Israel, the cities Tel Aviv, Haifa, Jerusalem and Be'er-Sheba were selected. The sample strategies on the individual country level differ slightly between the countries according to national conditions and the availability of registries. The different strategies were chosen because they represent the best research practice in each country based on its legal system and ability to obtain addresses from registries (Lowenstein 2007).

   Table 1 provides data on socio-demographic, socio-economic and health attributes of the elderly sampled. The table shows that the mean age (about 80) of respondents in both countries is quite similar. In both countries, but more so in Germany, women outnumber men. The distribution between Germany and Israel regarding participants who live alone is similar. The old age of these respondents is related to the high number of participants living alone as a result of being widowed. Most Israeli respondents (94 %) have children compared to only 73 % among German elders. Regarding level of education, in the higher category it is similar between the two countries but among Israeli respondents a much higher percentage had a lower level of education (see also Motel-Klingebiel et al. 2003). Substantial differences between Germans and Israelis with respect to income were found. The German respondents' income situation is more equally spread across all income categories compared to the Israeli sample. The vast majority of the Israeli respondents belonged to the two lowest income quintiles. Regarding health status, it is quite similar in the two countries.

Table 1 Socio-demographic, socio-economic and health characteristics of the OASIS samples of those aged 75+ in Germany and Israel (unweighted)

	Israel	Germany
Sample size	368	499
Mean age (years) of the 75+ in this sample	79.9	81.3
	in percent	
Age groups		
75–80 years	59.5	50.6
80–85 years	25.8	26.3
over 85 years	14.7	23.1
Gender		
Female	54.1	69.2
Live alone or not		
Live alone	54.6	58.7
Live with others	45.4	41.3
Any Children?		
Yes	93.5	73.1
No	6.5	26.9
Educational level		
Low	38.4	12.8
Intermediate	34.9	63.2
High	26.7	24.0
Income		
First and second (lowest)	72.5	38.7
Third	13.6	24.8
Fourth and fifth (highest)	13.9	36.5
Health status (SF-36)		
Low (0–40 points)	37.8	26.4
Intermediate (41–80 points)	39.0	40.8
High (81–100 points)	23.2	32.8

Measures

Background characteristics A number of demographic and economic variables were included in the analyses. Education was subdivided into three levels: low (primary level or less and no vocational training or university education), intermediate (primary level of schooling and vocational training or secondary level of schooling without vocational training or university education) and high levels of education (secondary or higher level of schooling with vocational training or university education). The categories were as in the original OASIS study. The educational and the income categories differ in some way but the number of cases was always sufficient for further statistical analyses. Income was measured based on quintiles as defined by the new OECD scale of equivalence, which weights to adjust for economies of scale (for more details see Lowenstein & Ogg 2003). The quintiles were combined into three different groups, with the first and the second quintiles representing the lower level of income, and the fourth and the fifth quintiles comprising the highest level. Due to the fact that the number of cases in Israel was relatively low, we combined for the analyses the quintiles into three categories and used the new OECD scale. The health variables were measured by a scale of physical functioning (ADL). A brief version of the SF-36 Health Survey instrument with 12

items, a scale of physical functioning was used (Ware & Sherbourne 1992). The scores of the scale range from 1 to 100, a higher score indicating better functioning.

Service use Refers to answers in three domains: help with transport and shopping, with household chores and with personal care (like nursing or help with bathing or dressing) during the 12 months prior to the interview (for further details see Lowenstein et al. 2002). Because these three domains are equally relevant for family caregivers and professional services, we combined them into one variable called 'help'. The help variable was then differentiated by three sources: help from *formal services,* the *family* and from *others*.

Filial obligation norms Refer to the expectations from adult children to provide support to their aged parents. Based on a scale developed by Lee et al. (1998), support for filial obligations is measured as the number of agreements with four propositions: (1) Adult children should live close to their elderly parents so that they can help them if needed. (2) Adult children should be willing to sacrifice some of the things they want for their own children in order to support their ageing parents. (3) Older people should be able to depend on their adult children to help them do the things they need to do. (4) Parents are entitled to some return for the sacrifice they have made for their own children. Scores range from 0 to 4: strongly agree, agree, disagree, strongly disagree with the above statements**:** The higher the score, the more supportive is one of the norms of filial obligation. The Cronbach alpha for the scale is .79. The propositions regarding filial support are phrased in broad terms so that general cultural norms can be tapped.

The family-welfare-orientation Index focuses on attitudes to a family-welfare state balance of responsibility for care. It was measured by three questions that targeted the participants' attitudes about family versus state responsibility for the elderly in three domains of: support, instrumental help and personal care. The items were coded: 1=totally family responsibility to 5=state responsibility (Daatland & Herlofson 2003a: 132f, and Lowenstein et al. 2008). We created a family-state balance index by computing the mean score of an additive scale from −6 to 6, adding up responses (totally state=2, mainly state=1, both equally=0, mainly family=−1, and totally family=−2).

Data analyses The following analyses focus primarily on testing the assumptions of substitution vs. complimentarity and family specialisation and the three research questions, first by presenting descriptive data and then by estimating bivariate and multivariate logistic regression models.

Results

Descriptives

What are the norms of older people regarding care? Answers to this question were analysed with respect to the *filial responsibility* questions. The findings support the idea that family care is a natural option and considered as a duty (see Fig. 1).

By and large, the older persons in both countries more than 70 % subscribe to ideals of filial responsibility. Comparing the filial-obligation index with the family-welfare-orientation index, the lower between-country variation for filial obligations supports the idea that filial obligation norms are generally stable and operate independently of the national policy and the actual care infrastructure.
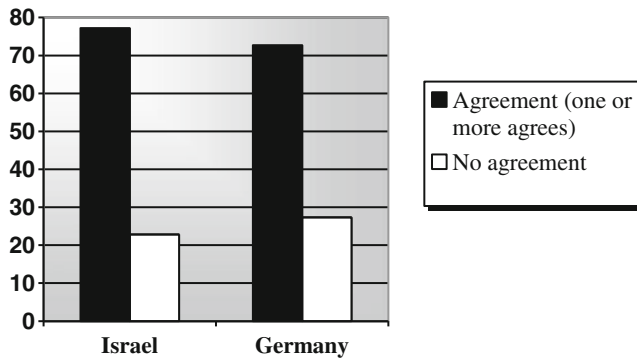
Fig. 1 Filial-obligation-index by country in percent. Weighted sample

A mix of help from different sources can often be observed in households with a person in need. If a participant receives help from several sources they were asked which source of help was the main source. The number of people receiving help from multiple sources is a relatively small percentage of the sample, slightly less than 10 %.

Table 2 presents total help rates by sources for respondents older than 74 years with disability. The Israeli 'care model' is characterised by a fairly even split between the family, the welfare state, and commercial help. This is especially so since the enactment of the long-term care insurance law in 1988 (Katan & Lowenstein 2001). Family care dominates in Germany followed by a rather equal distribution between the welfare state and commercial services. Governmental responsibility is growing in Germany, via the introduction of an obligatory long-term care insurance program (Paslack 2007; Schneekloth & Müller 2000).

What are the attitudes of the elders regarding the proper balance between family support and support from the welfare state? Table 3 shows results regarding attitudes toward family, state and mixed responsibility for elder care, related to financial support, house hold chores and personal care in both countries. The respondents were asked to answer these questions according to their preferences rather than to their actual living circumstances. There are differences regarding these sources of help between Germany and Israel. Whereas the older Israeli respondents generally tend to favour public services, the older people in Germany favour an equal split between family and public services, while other sources of help, e.g. from neighbours and friends, are not highly valued.

Thus, the people's attitudes towards care varies enormously between Germany and Israel (Table 3). The majority of Israelis consider the welfare state as the main (or even the only) actor responsible for financial support, domestic help and personal care for older people in need. Very few Israelis place the main responsibility for care on

Table 2 Help rates by source and country for those aged 75+ with disability (in percent, unweighted)	Help total from	Israel	Germany
	Family	29	39
	Welfare state[a]	27	15
[a]Public services and/or private, non-profit ('voluntary')	Commercial	28	14
[b]Total exceeds 100 % as one may report help from several sources	Other	5	4
	Help total, all sources[b]	89	72

Table 3 Family-state balance: Attitudes toward family, state and mixed responsibility for elder care of people aged 75+ in Israel and Germany (in percent; unweighted)[a]

Areas of responsibility	Israel	Germany
Financial support		
Family oriented	12.8	13.3
Welfare oriented	64.2	45.7
Both equally	23.0	41.1
Help with household chores		
Family oriented	10.6	27.2
Welfare oriented	65.7	32.7
Both equally	23.7	40.1
Personal care provision		
Family oriented	8.7	27.1
Welfare oriented	68.4	33.3
Both equally	22.9	39.6

[a]'Family oriented' comprise the response 'totally family and mainly family; 'welfare oriented' comprises 'totally welfare state' and 'mainly welfare state'

the family whereas Germans do so much more frequently (see Lowenstein et al. 2008; Daatland & Lowenstein 2005).

The family-welfare index is based on the described attitudes towards a balance of responsibility between the family and the welfare state. Welfare-oriented older people in Israel make up the large majority of respondents with 71.3 % (compared to 11.7 % of family-oriented respondents and the 16.7 % of those who answered 'both equally'). In Germany, respondents are split into three groups: Family-oriented respondents' number 26.8 %, 40.6 % are welfare-oriented, and 'both equally' respondents make up 32.6 %.

Multivariate results

Logistic regressions were performed to examine the linkages between personal resources of the elderly and their actual service use (help from formal services, family and others), as well as the impact of norms and attitudes on the associations between resources and service use, comparing Israel and Germany (see Fig. 1).

In the following logistic regression analyses, the three types of help (household chores, transport/shopping and personal care) are treated as a single dependent variable. Tables 4 and 5 show the logistic regression analyses for Germany and Israel. The dependent variable is actual service use by elders, where all independent variables are controlled.

Help from services

The data in Table 4 show that the explained variance for use of formal services in the German data is higher (.453) than for the Israeli data (.186). Health is a significant predictor of receiving welfare services in both countries. Elders with a low risk of dependency are less likely to receive welfare state services.

In Israel, the oldest of the old are more likely to receive public services compared to 80–85 year olds, a pattern which does not apply in Germany. In Germany, a lower probability of receiving help from the welfare state exists for younger respondents (75–80) as compared to the older group, and having a higher income increases this likelihood. Income is not a significant predictor for service use in Israel. Another main effect for Germany can be observed for having children. Having at least one child impacts the choice of sources of help.

Table 4 Logistic Regression of service use: 'help from services, family and others' in Germany or Israel (Exp(B) - coefficients)[a]

	Germany: Services	Israel: Services	Germany: Family	Israel: Family	Germany: Others	Israel: Others
Age (Ref. = 80–85 years)						
75–80 (youngest)	.400**	.937	.760	.746	1.012	.729
Over 85 years (oldest)	.825	2.160*	.612	.775	2.417	1.533
Gender (1=Male)	1.138	1.267	1.056	.535*	1.122	.987
Any children? (1=Yes)	.451*	.711	3.723***	1.935	.954	1.117
Health status (SF-36) (Ref. = Intermediate)						
Low (risk of dependency)	.290***	.502**	.458***	.455**	.966	1.469
High (risk of dependency)	6.524***	3.022***	2.420**	.739	.868	.677
Educational level (Ref. = Intermediate)						
Low	1.480	.868	1.048	1.029	1.089	.996
High	1.206	.819	.919	.968	1.067	1.211
Income (Ref. = First - lowest) b)						
Third (intermediate)	1.189	.754	1.164	1.787	.361*	1.979
Fourth and fifth (highest)	2.929**	.788	.928	1.210	.613	2.946**
No income information	3.266*	.828	1.160	.722	1.076	1.516
Living alone (1=Yes)	17.302***	1.481	.800	.567*	6.805***	1.845*
Family-welfare-index (Ref = Both equally)						
Family oriented (= 1)	1.398	1.067	2.518***	.905	1.109	.443
Welfare oriented (= 1)	4.217***	.863	.851	.705	1.661	.669
Filial-obligation-index (Ref = One or more agrees)						
No agreement (= 1)	.665	1.450	.658	.448*	2.210	1.319
Constant	.010***	.457	.266**	.728	.012***	.169**
Pseudo-R[2] (Nagelkerke)	.453	.186	.241	.111	.152	.119
N	440	308	440	308	440	308

*$p<.10$;**$p<.05$; ***$p<.01$

[a] Unweighted data is used. Cases with missing values on the independent variables are not included in the models. Only for the income variable cases without valid answer are considered in a separate category

German elders who have at least one child tend not to use welfare services. By contrast, having children does not make any significant difference in Israel.

Living arrangement is the most important factor for receiving welfare services in Germany. In contrast to Israel, where co-residence patterns do not matter at all, German elders who live alone are much more likely to receive this type of help, compared to respondents who live together with somebody.

Welfare orientation is also a highly relevant factor for receiving public services. However, this effect is only statistically significant in Germany and suggests that welfare orientations of older people influence their actual service use. There are no similar effects of attitudes in Israel. The filial-obligation index is not statistically significant.[2]

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[2] There is no problem of multicollinearity if the filial-obligation index and the family-welfare-orientation index is included in the same model. The correlation between the indeces is below .4.

Help from family

The data in Table 4 show that three factors have a significant effect on receiving family help in Germany. As mentioned above, having children increases the probability of receiving family help significantly in Germany only. The explained variance for the German data is again higher (.241) than for the Israeli data (.111). The pattern for Israel is slightly different. The coefficients for Israel point in the same direction, but are not statistically significant. This means that, in Israel, having children is not associated with receiving familial help; other family members, such as a partner or siblings, may play a more important role than they do in Germany, but the focus in Israel is much less on children.

As for family support, health status is a highly significant predictor as was the case for support from welfare services. Elders who have a high risk of dependency are clearly more likely to receive help either from their family or from the welfare state. The availability of familial help, as indicated by living together with someone, increases the probability of receiving family help in both countries, but not highly statistically significant. Furthermore, it has to be noted that living arrangement is potentially an endogenous variable which should be interpreted carefully. But the analyses have shown a stable effect of all other independent variables when living arrangement was added.

In Germany, family orientation of older people has a significant effect on the dependent variable, in that family oriented respondents are more likely to receive familial help. For the Israeli respondents, this attitudinal variable is not important with respect to actual service provision.

Attitudes of older Germans are associated with the type of help they have chosen, even controlling for all other factors. Accordingly, norms and attitudes have an impact on the relations between socio-economic resources and actual service use. In Israel, attitudes and norms seem to be irrelevant for actual service use. The health situation of Israeli respondents is of primary importance for receiving help. In addition to the health situation of older adults in Germany, the familial situation and culturally-shaped attitudes and norms influence actual service use. Here, receiving help cannot be explained by the socio-economic factors alone. Furthermore, it can be assumed that the familial situation becomes relevant because of the attitudes of the German respondents.

Help from others

In addition to 'welfare state services' and 'family help', the 'help from others' category was also explored as a source of help. 'Help from others' is a complex and diverse type of help, in that this category includes friends, volunteers, neighbours and privately paid helpers. Unfortunately the data does not allow differentiating between these sources especially the privately paid helpers should have been differentiated.

The explained variance for the German data is slightly higher (.152) than for the Israeli data (.119), but generally on a low level. In Germany, 'living arrangement' is the only significant predictor of help from others. Elders who live alone are much more likely to receive help from other sources than from their family or from the welfare state. People who live alone are highly likely either to receive service help or support from others. This factor does not, however, reduce the likelihood of familial support (as mentioned above). There is no significant negative effect on family support. Living arrangement is far less relevant for Israeli elders. The probability for receiving help from others significantly increases only for older adults in the highest income group.

Country effects

In Table 5 both countries are included as variables in the logistic regression analyses. A separate model similar to the previous one is estimated for each type of help (welfare state services, family help and help from others), with the additional variable of the country.

The data in Table 5 Model 1 (M 1) show a strong country effect with respect to help from welfare services. Israelis have a significantly higher probability of receiving welfare services than German respondents, controlling for all other variables. These results underscore the descriptive results in Table 2. Model 2 (M 2) shows that elderly Germans are more likely to receive help from their families compared to Israelis, as was expected. Similar to the single country analyses, the health condition shows significant effects for welfare services and family help. Taking both countries into account, norms and attitudes are only of importance for receiving familial help.

The regression results for 'help from others' in Model 3 (M 3) show strong country effects. The Israeli respondents are more likely to receive help from others than are German elders, controlling for all other factors. This may be explained through the popularity of

Table 5 Logistic Regression of service use: 'help from services, family and others' in Israel and Germany (Exp(B) - coefficients)[a]

	M 1—'help from services'	M 2—'help from family'	M 3 'help from others'
Country (1=Israel)	4.312***	.563***	5.323***
Age (Ref. = 80–85 years)			
75–80 (youngest)	.590**	.762	.823
Over 85 years (oldest)	1.417	.648	1.974**
Gender (1=Male)	1.157	.808	1.095
Any children? (1=Yes)	.485**	3.370***	.745
Health status (SF-36) (Ref. = Intermediate)			
Low (risk of dependency)	.386***	.471***	1.365
High (risk of dependency)	3.879***	1.483	.719
Educational level (Ref. = Intermediate)			
Low	1.156	1.108	.956
High	1.012	.963	1.186
Income (Ref. = First - lowest) b)			
Third (intermediate)	1.194	1.312	1.288
Fourth and fifth (highest)	1.812**	.961	1.711
No income information	1.392	.937	1.477
Living alone (1=Yes)	2.732***	.667*	2.283***
Family-welfare-index (Ref. = Both equally)			
Family oriented (= 1)	1.266	1.932***	.647
Welfare oriented (= 1)	1.610	.860	.925
Filial-obligation-index (Ref. = One or more agrees)			
No agreement (= 1)	1.184	.553**	1.431
Constant	.069***	.390**	.031***
Pseudo-R^2 (Nagelkerke)	.304	.179	>.164
N	748	748	748

*$p<.10$;**$p<.05$; ***$p<.01$

[a] Unweighted data is used

privately paid help and help from others. Independent of the national context and the welfare system, the oldest old and respondents who live alone have a higher probability of receiving help from others.

Discussion

This study used data from the OASIS cross-national project, comparing Germany and Israel, to investigate the impact of personal resources, country, familial, filial norms and attitudes towards care on the use of informal and formal support by elders 75 years and over. Three questions were raised: The first question related to what do aged people in Israel and Germany consider the proper filial norms. The second question asked what do aged people in Israel and Germany consider the proper balance between the family and the welfare state regarding elder care. The third and last question was about the relationships between norms and attitudes, personal resources and actual service use.

The findings regarding the first two questions indicate that familial norms are stable and strong as expressed by elders in both countries. The balance between welfare services and familial care, though, varies between Germany and Israel. The data also show that there are differences with respect to this shared responsibility; whereas German elders tend to favour a mix between familial and public care, or the family as taking the primary responsibility to be supported by the welfare state, older Israelis see the welfare state as being mainly responsible for care of older people. The cross-country estimations suggest a lower probability of welfare service use for older people in Germany as compared to those in Israel. The separate analyses for each country show that the receipt of welfare services and familial help depends less on familial situations and living arrangements in Israel as compared to Germany. The health situation is the main factor for receiving welfare services and familial help in Israel (Katz et al. 2010).

German elders who do not have any children tend to favor welfare services, with other family members being of little relevance. The strong effect of living alone for the receipt of welfare services in Germany underscores the influence of older adults' social and personal resources on actual service use. Other family members outside the person's household do not seem to be a suitable source of help for elders in Germany. In these cases, the welfare state becomes an important source of help. Similarly, the housing situation and the presence of other household members are relevant for receiving help from other sources. It can be assumed that help from others becomes a subsidiary type of help within the triangle of welfare services, which also includes familial help and help from the welfare state.

The results of the study indicate that familial help has not been replaced by welfare state services, especially in Israel, where the public service level is relatively high. These findings support the complementary perspective which postulates that informal and formal care networks complement each other, each having certain kinds of care giving responsibilities and abilities that are best suited to each particular network structure (Litwak 1985; Künemund & Rein 1999; Edelman & Hughes 1990; Lowenstein & Katz 2010). Familial help may, however, be diminishing or changing in character due to changes of help from state services in both countries (Paslack 2007; Schneekloth & Müller 2000; Daatland & Lowenstein 2005). It has also been noted that familial help has more varied features and functions than do formal services. Public services generally provide basic forms of help and mostly instrumental support, depending on the organization involved. Families are more flexible and active in offering help for older adults and are able to provide emotional support and specific help like personal care if necessary (Daatland & Lowenstein 2005; Lowenstein

et al. 2008). It can be observed that wives and daughters especially are confronted with the double burden of having a job and providing care, in that they have to deal with conflicts between their career and providing sufficient care for their relatives (Schneider et al. 2001; Lowenstein et al. 2011). Therefore, a mix of public services needs to be strengthened and implemented. Social policies might pay more attention to this mixed aspect of elder care, owing to the fact that a mix between different sources of help may facilitate combining the advantages of each type.

The third question asks in what way do norms, attitudes, and personal resources relate to actual service use? Through a separate estimation for each country, the main differences between the care arrangements in Germany and Israel can be observed more clearly. Income levels suggest how the intensity of care is related to available opportunities and social resources of older people. The probability of receiving help from others in Israel increases significantly for older adults in the highest income category. As previously mentioned help from others is more popular in Israel than in Germany and is organized with privately paid caregivers who are a typical source of help for older Israelis requiring assistance (Ayalon 2009). Both countries have an important input from these 'other caregivers'. But Israel in particular has a wide range of private services. This form of help started to 'take root' slowly with the implementation of the LTCI law which encouraged elders and families to use more outside help, in addition to the home care hours one received under the law (Katan & Lowenstein 2001). The law provides only in-kind services that can be obtained either from public or private companies (rather than need, however, the availability of financial re-sources among Israeli elders seems to determine this type of help). In future studies the help from others need to be better differentiated.

Regarding the impact of socio-economic resources, income levels are only relevant as related to welfare services use in Germany. Being in the highest income level has a significant positive effect on receiving help from welfare services. The odds of receiving welfare services are three times higher when compared to a person with a low income. This result seems to confirm the expectation that the German LTCI forces people in need to pay for additional care from care organizations, due to the fact that the costs cannot be covered completely through the insurance; persons with a low income seem to 'solve' the challenge of sufficient care in a different way. A German elderly person with greater financial resources is more likely to receive welfare services; the situation is opposite in Israel.

The fact that Israel has a higher service level than does Germany is not a reason in itself for the observed country differences regarding filial obligations—welfare state expansion does not seem to erode filial obligations (Daatland & Lowenstein 2005; Lowenstein & Daatland 2006). Nor do the results suggest that a strong sense of filial responsibility implies that the family is the dominant care provider. Rather, the respondents' attitudes towards care arrangements in both countries suggest a preference for a combination of informal care by the family and formal care provided by public services. The welfare-family balance seems to be much more affected by national policies and actual care infrastructures within both countries (Katz et al. 2003).

In Germany, family oriented elders are more likely to receive family help, and similar results appear for help from the welfare state, even after controlling for socio-economic factors. This effect is statistically significant for Germany only and suggests that attitudes of older people influence their actual service use. Such attitudes do not have a similar effect in Israel, which supports the assumption that the Israeli welfare state is seen as the main provider of elder care for those in need.

In spite of such differences between Germany and Israel, the results support the hypothesis that personal attitudes reflect the actual opportunities and possibilities provided by

national policies and the available care infrastructure. The situation in Germany is reflected in the attitudes of German elders who favour an equal split of responsibilities between the family and the welfare state (or who favour a primary responsibility from the family to be supported by the welfare state). The actual service use of German elders is strongly influenced by their respective attitudes and values, which may be due to people's preferences and usual care arrangements being perceived as a split task. In Israel, it can be assumed that values and norms as well as social resources and housing situations do not have similar impacts on actual service use, owing to the higher level of welfare and public services (including 'help from others'). Therefore, Israelis see the welfare state as the primary caregiver, with the family in a supportive role.

There are some limitations regarding the data. First, the data were drawn from an urban population, and the results, especially for attitudes and filial norms, may have been different if people living in rural areas had also been included. Moreover, the fact that the Israeli sample completely lacks Israeli Arabs should be taken into account. As a result, in Israel further data on a sample of Arab elders has now being collected. Nor can the data determine whether there have been any changes in these effects over time as it was a cross-sectional study. The availability of public welfare services is constantly changing. For example, the implementation of the long-term care insurance represents an increase in public services, especially for Germany (Paslack 2007; Dräther & Holl-Manoharan 2009: 16ff.). Further investigations are recommended to consider also the recent developments in Germany. In Israel, during the last 3 years a pilot is being conducted where people entitled to support under the long-term care insurance law might receive cash instead of in-kind services. This is now being evaluated. A further longitudinal investigation, conducted with a panel or event history models, may allow a better insight into the causal relationships between attitudes, norms and service use in both countries.

In order to cope with the implications of recent demographic trends, such as the increase in the number of very old people, dementia patients, people requiring long-term care, single households, and the absence of caregiving resources in the family setting, it seems necessary that social policy pay more attention to support family caregivers (Lowenstein et al. 2003, 2008) and also to increase cooperation between caregiving families and the available local service systems.

Family support theory is based on social exchange theory, and suggests that families will be more willing to provide help – and the elderly more willing to accept it—when burdens are not too heavy. Services may then strengthen family solidarity by sharing these burdens. Data from the OASIS project show that more generous welfare state services have not crowded out the family. Somewhat different conclusions, though, were presented by Motel-Klingebiel et al. (2005) who found that formal services seem to encourage family support, providing empirical backing for the notion of crowding-in. The findings, though, also suggest that family solidarity is not easily lost, considering the fundamental and often existential character of these relationships (Daatland & Lowenstein 2005). The attitudinal aspects follow more or less the same pattern as general societal attitudes, but seem to favor welfare state arrangements.

References

Ayalon, L. (2009). Family and family-like interactions in households with round-the-clock paid foreign carers in Israel. *Age and Ageing, 29*(6), 671–686.

Brodsky, J., Snoor, Y., & Be'er, S. (eds.) (2011). *Elders in Israel: Statistical yearbook 2005.* Jerusalem, Israel: Brookdale Institute and ESHEL (Hebrew).

Brodsky, J., Habib, J., & Mizrahi, I. (Eds.) (2000). *Long-term care laws in five developed countries.* A review. Jerusalem: Informal document of the World Health Organization (WHO)

Cantor, M., & Little, V. (1985). Aging and social care. In R. H. Binstock & E. Shanas (Eds.), *Handbook of aging and the social sciences* (pp. 745–781). New York: Van Nostrand Reinhold.

Daatland, S. O., & Herlofson, K. (2003a). Norms and Ideals about Elder Care. In A. Lowenstein & J. Ogg (Eds.), *OASIS – Old Age and Autonomy: The role of service systems and intergenerational family solidarity* (Final report, pp. 127–164). Haifa, Israel: University of Haifa.

Daatland, S. O., & Herlofson, K. (2003b). Families and welfare states: Substitution or Complementarity. In A. Lowenstein & J. Ogg (Eds.), *OASIS – Old Age and Autonomy: The role of service systems and intergenerational family solidarity* (Final report, pp. 285–308). Haifa, Israel: University of Haifa.

Daatland, S. O., & Lowenstein, A. (2005). Intergenerational solidarity and the family-welfare state balance. *European Journal of Ageing, 2*(3), 174–182.

Dräther, H., & Holl-Manoharan, N. (2009). Modellrechnungen zum zukünftigen Finanzierungsbedarf der sozialen Pflegeversicherung. In H. Dräther, K. Jacobs, & H. Rothgang (Eds.), *Fokus Pflegeversicherung. Nach der Reform ist vor der Reform* (pp. 16–40). Berlin: KomPart-Verlag. Focus Long-Term Care.

Edelman, P., & Hughes, S. (1990). The impact of community care on provision of informal care to homebound elderly persons. *Journal of gerontology, 45*(2), S74–84.

Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*. Princeton: Princetown University Press.

Esping-Andersen, G. (1999). *Social foundations of postindustrial economics*. Oxford: Oxford University Press.

Federal Statistical Office. (2009). *12. koordinierte Bevölkerungsvorausberechnung bis 2060. (12th co-ordinated population projection until the year 2060)*. Wiesbaden: Federal Statistical Office.

Federal Statistic Office (2012). Bevölkerung nach Altersgruppen, Familenstand und Religionszugehörigkeit. Statisches Bundesamt. Wiesbaden (Available at https://www.destatis.de/DE/ZahlenFakten/GesellschaftStaat/Bevoelkerung/Bevoelkerungsstand/Tabellen/AltersgruppenFamilienstand.html?nn=50732)

Grünheid, E. (2006). Die *Demographische Lage in Deutschland 2006*. Bundesinstitut für Bevölkerungsforschung. Wiesbaden (http://www.bib-demographie.de/info/demolage 2006.pdf)

Katan, J., & Lowenstein, A. (2001). Basing welfare services in a legal infrastructure—implications of the long-term care insurance law. *Gerontology, 27*(1), 55–68 (Hebrew).

Katz, R., Daatland, S. O., Lowenstein, A., Mazo, M. T., Ancizu, I., & Herlofson, K. (2003). Family Norms and Preferences in Intergenerational Relations. In V. L. Bengtson & A. Lowenstein (Eds.), *Global aging and its challenge to families* (pp. 305–326). New York: de Gruyter.

Katz, R., Gur-Yaish, N., & Lowenstein, A. (2010). Motivation to provide help to older parents in Norway, Spain and Israel. *International Journal of Aging & Human Development, 71*(4), 283–303.

Kinsella, K. (2000). Demographic dimensions of global aging. *Journal of family issues, 21*(5), 541–558.

Künemund, H., & Rein, M. (1999). There is more to receiving than needing: theoretical arguments and empirical exploration of crowding in and crowding out. *Ageing and Society, 19*, 93–121.

Lee, G. R., Peek, C. W., & Coward, R. T. (1998). Race differences in filial responsibility expectations among older parents. *Journal of Marriage and the Family, 60*, 404–412.

Litwak, E. (1985). *Helping the elderly: The complementary roles of informal networks and formal systems*. New York: Guilford Press.

Litwak, E., Silverstein, M., Bengtson, V. L., & Hirst, Y. W. (2003). Theories about families, organizations, and social supports. In V. L. Bengtson & A. Lowenstein (Eds.), *Global aging and challenges to families* (pp. 27–53). New York: Aldine de Gruyter.

Lowenstein, A. (2007). Solidarity-conflict and ambivalence: testing two conceptual frameworks and their impact on quality of life for older family members. *Journal of Gerontology: Social Sciences, 62B*(2), S100–S107.

Lowenstein, A., Katz, R., Melhausen-Hassoen, D., & Prilutzky, D. (2002). *The research instruments in the OASIS Project Old Age and Autonomy*. University of Haifa: The Center for Research and Study of Ageing.

Lowenstein, A., Katz, R., Phillips, J., & Bazo, M.-T. (2003). Social Policy Implications. In A. Lowenstein & J. Ogg (Eds.), *OASIS – Old Age and Autonomy: The role of service systems and intergenerational family solidarity* (Final report, pp. 309–322). Haifa, Israel: University of Haifa.

Lowenstein, A., & Ogg, J. (eds.) (2003). *OASIS – Old Age and Autonomy: The role of service systems and intergenerational family solidarity*. Final report. University of Haifa, Haifa, Israel. [Available at http://www.dza.de/forschung/oasis_report.pdf]

Lowenstein, A., & Daatland, S. O. (2006). Filial norms and family support in a comparative cross-national context: evidence from the OASIS study. *Ageing and Society, 26*, 203–223.

Lowenstein, A., & Katz, R. (2010). Family and age in global perspectives. In C. Phillipson & D. Dannefer (Eds.), *Handbook of social gerontology* (pp. 190–201). London: Sage Publications.

Lowenstein, A., Katz, R., & Gur-Yaish, N. (2008). Cross national variations in elder care: Antecedents and outcomes. In M. E. Szinovacz & A. Davey (Eds.), *Caregiving contexts* (pp. 93–114). New York: Springer.

Lowenstein, A., Katz, R., & Biggs, S. (2011). Rethinking theoretical and methodological issues in intergenerational family relations research. *Ageing and Society, 31*, 1–7.

Motel-Klingebiel, A., Tesch-Römer, C., & von Kondratowitz, H.-J. (2003). The Quantitative Survey. In A. Lowenstein & J. Ogg (Eds.), *OASIS – Old Age and Autonomy: The role of service systems and intergenerational family solidarity* (Final report, pp. 63–101). Haifa, Israel: University of Haifa.

Motel-Klingebiel, A., Tesch-Romer, C., & von Kondratowitz, H.-J. (2005). Welfare states do not crowd out the family: evidence for mixed responsibility from comparative analysis. *Ageing and Society, 25*, 863–882.

Paslack, K. A. (2007). 10 Jahre Pflegeversicherung und ambulante pflegerische Versorgung 1995–2005: Entwicklung und Perspektiven. (10 years Long-Term Care). Marburg: Tectum Verlag

Schneekloth, U., & Müller, U. (2000). *Wirkungen der Pflegeversicherung*: Forschungsprojekt im Auftrag des Bundesministeriums für Gesundheit. (Effects of the "Pflegeversicherung"/LTCI) Baden-Baden: Nomos-Verlag

Schneider, T., Drobnič, S., & Blossfeld, H.-P. (2001). Pflegebedürftige Personen im Haushalt und das Erwerbsverhalten verheirateter Frauen. (Home Care of the Elderly and the Employment Behavior of Married Women). *Zeitschrift für Soziologie, 30*(5), 362–383.

Ware, J. E., & Sherbourne, C. D. (1992). The MOS 36-item short-form health survey (SF-36). *Medical Care, 30*(6), 473–483.

WHO World Health Organization (2002). *Active ageing: A policy framework*. Geneve, WHO.