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Understanding the Pattern of Support for the Elderly: A Comparison between Israel and Sweden

Jack Habib•Gerdt Sundstrom•Karen Windmiller

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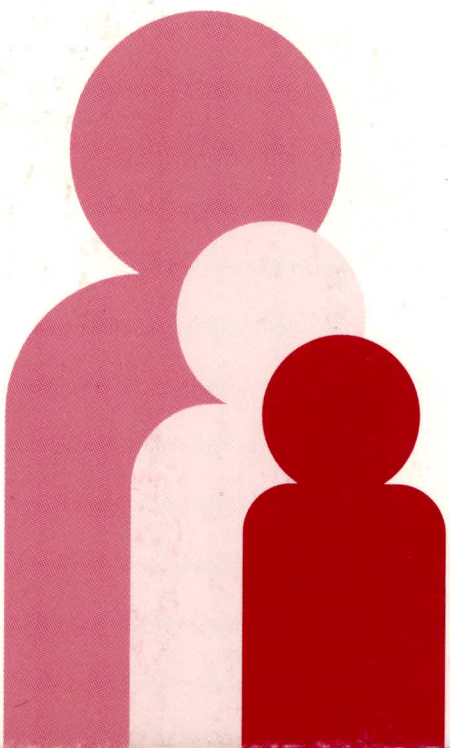

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SUMMARY. Cross-cultural comparison can offer critical input to analyses of the interplay between formal and informal services for

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the elderly. Israel and Sweden have very different population structures and represent different points on the spectrum of welfare state development: Sweden has a much higher percentage of elderly, a less traditional family structure, and a much more developed system of public support. In addition, there are thought to be different attitudes toward family ties, with a less family-oriented value structure in Sweden. The natural question is to what extent these differences translate into differences in the extent and nature of family support for the elderly.

In this article, family structure, living arrangements, disability rates, and formal and informal sources of help in Sweden and Israel are compared at various points in time. While there is a greater rate of formal service provision in Sweden and some substitution for family support seems to have occurred, informal care has nevertheless remained important. In both countries, residential patterns are critical: it is when the elderly live alone that the formal system has tended to replace the family. The rate of institutionalization is particularly important in determining the rate of disabled elderly requiring care, both formal and informal, in the community.

The roles of formal and informal support in the care of the elderly have been a major focus of concern and research among policymakers. A central issue has been the degree to which the development and expansion of formal services leads to a reduction in informal support. Surprisingly, evaluations of new programs in the United States have found little evidence of substitution; formal services tend to supplement existing informal services rather than replace them. (For a summary of this research, see Habib & Cohen, 1990 and Kemper, Applebaum, & Harrigan, 1990.) It has been suggested that the provision of formal services may cause family members to shift their efforts to other types of aid (Greene, 1983, and Lewis, Binstock, Cantor, & Schneewind, 1980), but these findings have not been replicated by experimental demonstration project evaluations.

The San Diego Long Term Care Program (Pinkerton & Hill, 1984) and the national Financial Model Channeling Demonstration (Christianson, 1988), both conducted in the United States, found no decrease in help with ADL (activities of daily living) tasks. They reported some decrease in informal help with IADL (instrumental activities in daily living) tasks, but in the Channeling evaluation the effects were only statistically significant at the six-month follow-up

and subsequently disappeared. Moreover, where help was withdrawn, it seems to have occurred mainly among those least closely associated with the client, namely, friends and neighbors and relatives other than spouses or children who do not live with the elderly person. The total number of visits per week and total number of hours of care from all informal caregivers were not affected by formal support services, nor was the amount of help from the primary caregiver (Christianson, 1988).

Another source of input on this critical issue is the analysis of cross-country variations. Has the informal system been replaced or significantly reduced in societies with changing age and social structures and older, more advanced welfare states? Has the change been universal or focused on certain population subgroups or situations? The Scandinavian countries have well-established welfare states, and there have been conflicting claims with respect to the present status of informal support in these societies. On the one hand, it has been argued that the family is no longer a major provider of personal care and homemaking services (Andersson, 1985). Moreover, it has been suggested that the elderly do not want their children to provide these kinds of care but prefer public sources of provision (Daatland, 1990). In contrast, Henning Friis (1977) argues that studies in Denmark show that the introduction of services has not been accompanied by decreasing contact with or assistance to elderly parents on the part of adult children. Gerdt Sundstrom (1986) and Lars Tornstam (1989) contend that the informal support system is still very important, and that contact between old people and their children is more frequent than earlier believed.

In this article, we attempt to shed light on these roles by comparing two societies, Israel and Sweden, that have very different population structures and represent different points on the spectrum of welfare state development. We examine how basic societal structural differences such as family networks and living arrangements interact with dependency (i.e., requiring assistance in areas of personal care and in homemaking) among the elderly to affect care patterns. We also discuss the extent to which the different rates of formal support are accompanied by significant differences in informal support patterns. We emphasize an integrated perspective, with comparisons of total populations of elderly over the age of 65,

including those living in the community as well as in institutions. Data on support to the elderly in Sweden in 1954 will also be presented to enable comparison of support patterns in the two societies at times when their demographic structures and the extent of public support were similar.

POPULATION DIFFERENCES AND FORMAL SERVICE DEVELOPMENT

Israel and Sweden have very different age distributions. In 1985, 9.7% of the population in Israel was aged 65 and older, 4.5% aged 75 and over, and 2.1% aged 85 and over. In Sweden, the respective rates were significantly higher: 16.9% were 65 and older, 7.2% were 75 and older, and 3.5% were 85 and older. The ratio of elderly to the working age population was correspondingly much lower in Israel, 17.7% compared to 29.4% in Sweden (Torrey, Kinsella, & Taeuber, 1987).

In addition to these large differences in the age structure, there are considerable differences in basic family patterns in the two countries. Marriage and birth rates are considerably higher in Israel than in Sweden and divorce rates are lower. Sweden is at the forefront of changes in traditional family norms with high percentages of nonmarried adults, one-parent families, and children born out of wedlock (often born to parents who are not legally married but who live together as couples). In 1984, 1% of children born in Israel were illegitimate compared to 44.6% in Sweden (United Nations Demographic Yearbook, 1986).

Another point of comparison is the pattern of labor force participation for women. In Israel in 1972, 34% of women aged 45 to 54 and 24% of women aged 55 to 64 participated in the work force; in 1984, the figures were 46% and 26%, respectively (Torrey et al., 1987). In Sweden in 1975, 75% of women aged 45 to 54 and 50% of women aged 55 to 64 participated in the work force; by 1985, the figures were 88% and 60%, respectively (Johnson & Scott, 1988).

Despite these differences in some of the basic characteristics of the two societies, life expectancy is fairly similar. Life expectancy in Israel in 1985 was 73.9 years for men and 77.3 for women (Central Bureau of Statistics, 1987a); in Sweden in 1985, it was 73.8 years for

men and 79.7 for women (United Nations Demographic Yearbook 1986). Sex differences in life expectancy are greater in Sweden, yet the overall ratio of males to females among the elderly is quite similar, with a difference emerging only among those aged 80 and older; there were a larger proportion of females in Sweden (64%) than in Israel (54%) (Torrey et al., 1987). Regarding the levels of services to the elderly, previous research has established the high rate of formal service provision in Sweden (Andersson, 1985; Daatland, 1985; Sundstrom, 1983, 1985, 1986) as well as the limited role of formal support in Israel (Habib, Factor, Naon, Brodsky, & Dolev, 1986; Morginstin, 1987; Morginstin & Werner, 1986).

SOURCES

This analysis was possible because of the availability of a survey in each country that integrates demographic data, data on needs, and data on helping patterns. For Sweden, this was the 1975 Survey of Elderly Persons (Statistics Sweden, 1977), which studied both institutionalized and noninstitutionalized elderly. The survey was conducted during the years when the provision of public services to the elderly was at its peak (G. Sundstrom, 1987). The national censuses, the Swedish Annual Level-of-Living Survey of 1980-1981, a study by Sundstrom (1984) about family networks, and the 1954 Swedish Survey of Elderly Persons (Statistics Sweden, 1956) were also most useful.

For Israel, we used the 1985 National Survey of the Elderly in the Community (Central Bureau of Statistics, 1988). Supplementary data on the institutionalized elderly were taken from a special survey conducted in 1981 (Factor, Guttman, & Shmueli, 1984). Other data were obtained from the national censuses and a number of special surveys, including a study on kinship networks (Shmueli, 1989).

THE NATURE OF THE INFORMAL SUPPORT NETWORK

In the 1980s, some 60% of the elderly in Israel were married as compared to 51% in Sweden. The percentage never married was much higher in Sweden (11 to 13%) than in Israel (2 to 3%). While a majority of the elderly in both societies have children, more than

twice as many in Sweden are childless (23% in Sweden in 1980/81 versus 11% in Israel in 1985). These data suggest that informal support should be more available in Israel. The difference in the potential availability of informal support between Israel today and Sweden in 1954 is even greater because of the larger gap in marriage rates (see Table 1).

Overall, there is also quite a significant difference between the two countries in patterns of living arrangements. First of all, in Sweden in 1975 close to 7% of the elderly were living in institutions compared to 4% in Israel in 1985. Secondly, the percentage of older people living alone is very different in the two countries: 28% in Israel in 1985 and 38% in Sweden in 1986/87. This difference is for the most part explained by a difference in the rates of those living with children–18% in Israel in 1985, compared to 5% in Sweden in 1986/87.

A similar disparity is evident when we look at the percentage of elderly who are not married (i.e., never married, divorced, or widowed) and not living with children (subsequently referred to as the NMNLWC subgroup). This was 30% of all elderly in Israel in 1985 compared to 42% in Sweden in 1975 (Table 2). Over the years, the percentage living alone has increased in both societies and the percentage living with children has decreased.

A much larger percentage of Israeli elderly than Swedish elderly live with their children (Table 1)–18% in Israel (1985) versus 7% in Sweden (1980-81)–or in close proximity to them. In Israel, 41% live within 1.5 kilometers of at least one of their children, versus 33% in Sweden.

There are many forms of support for the elderly. It is important to distinguish between emotional support, which mainly relates to maintaining contact, and instrumental support, which relates to meeting daily personal care and homemaking needs. Some of the confusion in the literature with respect to the extent of family care and to trends over time is due to a failure to distinguish between these two types of support. In principle, formal services could provide both emotional and instrumental care; however, in practice, the formal care system tends to focus on instrumental care, with emotional support left to the informal care system.

If we briefly examine the evidence on emotional support as

TABLE 1. Marital Status and Household Structure for Elderly Aged 65 + in Israel and Sweden[2]

	Israel[1]				Sweden				
	1961	1972	1983	1985	1954	1975	1976	1980-81	1987
Marital Status									
Married	55	58	60	61	46	50	-	51	51
Widowed	40	38	35	35	37	31	-	31	31
Divorced	2	2	2	2	2	4	-	5	7
Never married	3	3	3	2	15	15	-	13	11
Total	100	100	100	100	100	100	-	100	100
Childless[2]	NA	NA	NA	11	23	NA	25	23	NA

	Israel				Sweden			
	1961	1972	1983	1985	1954	1975	1980-81	1986-87
Household Structure[3]								
Alone	12	19	27	28	27	41	37	38
Spouse	35	45	51	52	33	46	52	54
Spouse & others[4]	21	15	10	10	11	5	4	3
Child	30	19	10	8	16	4	3	2
Other	2	2	2	2	13	4	4	3
Total[5]	100	100	100	100	100	100	100	100
% in Institutions	NA	NA	4	4	6	7	NA	NA

[1] Israel data for 1985 relate to noninstitutionalized elderly. The distribution of marital status and household structure is similar for aged 65+ and aged 65-84.
[2] Israel data refer to the noninstitutionalized. Sweden data refer to the total elderly.
[3] Israel data for 1961, 1972 and 1983 relate to Jews only.
[4] "Others" are almost exclusively children.
[5] Figures may not add up to 100% due to rounding.

SOURCES:

Israel: Central Bureau of Statistics, 1962, 1981, 1986, 1988; Be'er, S. and Factor, H. 1988; Noam, G. and Sicron, M. 1990.

Sweden: Sjoberg, I., 1990; Statistics Sweden, 1956, 1977, 1985a, 1985b; 1987.

TABLE 2. Living Arrangements and Dependency of the Elderly in Israel and Sweden (percentages)

	Living With Children		Not Living With Children					
	Married	Not Married[1]	Married	Not Married[1]	Inst.	Total	% of Total Pop. Aged 65+	Pop.[2] (thousands)
Total population aged 65+:								
Israel 1985	9	8	49	30	4	100		304.5
Sweden 1975	5	4	42	42	7	100		1081.0
Sweden 1954	10	15	31	38	6	100		638.0
Population aged 65 dependent in:								
Personal Hygiene:								
Israel 1985	9	20	26	21	24	100	10	30.0
Sweden 1975	5	4	9	12	70	100	9	102.4
Cleaning:								
Israel 1985	14	12	48	17	9	100	45	135.0
Sweden 1975	7	5	32	39	16	100	45	454.0
Shopping:								
Israel 1985	11	19	30	21	19	100	21	63.0
Sweden 1975	6	8	26	35	25	100	27	296.2
Sweden 1954	14	21	31	23	11	100	52	336.0
Cooking:								
Israel 1985	16	8	55	11	10	100	37	113.2
Sweden 1975	9	6	36	23	25	100	26	285.9
Mobility:[3]								
Israel 1985	10	18	33	26	13	100	18	53.8
Sweden 1975	2	5	19	44	30	100	12	158.0
Sweden 1954	8	16	24	32	19	100	20	127.6

[1] Not married refers to those never married, divorced, or widowed.
[2] Weighted figures.
[3] Outdoor mobility; can or cannot get around unaccompanied outdoors.

Sources ISRAEL: Central Bureau of Statistics, 1988; Be'er, S. and Factor, H., 1988.

SWEDEN: Statistics Sweden, 1956, 1977.

reflected in frequency of contact, we find that although there is more contact between the elderly and their children in Israel, contact is also very extensive in Sweden. In 1985, 80% of Israeli elderly, including those who lived with children, saw their children at least once a week (Central Bureau of Statistics, 1988) compared to 68% of Swedish elderly in 1980-81 (Sundstrom, 1983). Only 13% of the elderly in Israel saw their children less than once a week but at least once a month, and 8% saw them seldom or not at all, compared with 19% and 13%, respectively, in Sweden.

DEPENDENCY, FAMILY STATUS, AND LIVING ARRANGEMENTS

Having identified some basic differences in potential informal support between Israel and Sweden, we now turn to an examination of the implications for the dependent elderly. We first present data on dependency rates and contrast the demographic status of the dependent and the independent. We have confined ourselves to a single data source for each country which has been manipulated so as to allow for maximum comparability.

Table 2 presents the dependency rates for the total elderly populations. Nine percent to 10% of the elderly in both countries are dependent on others for personal hygiene. However, the percentage dependent regarding mobility is considerably higher in Israel in 1985 (18%) than in Sweden in 1975 (12%).

One would expect a higher rate of dependency in Sweden because of the older age structure. However, there are apparently offsetting differences in the age-specific rates. This could be related to the higher levels of education and income, which are very highly correlated with dependency. There could also be a cultural difference in the tendency to perceive oneself as dependent or to report dependency.

The rates of dependency regarding homemaking vary considerably by type of activity and the gap between the two countries varies as well (see Table 2). In Sweden, the dependency rate is highest for cleaning (45%), while for shopping and cooking the rates are much lower and are similar (26% and 27%, respectively).

In Israel, the rate is also highest for cleaning (the same as that of Sweden–45%). Thirty-seven percent of the elderly in Israel are dependent on others for cooking and the rate is lowest for shopping (21%). Dependency regarding IADL, or daily living tasks, would appear to have a strong cultural component. It is related not only to what the individual is capable of doing, but also to what he or she has been culturally accustomed to doing. This latter factor is particularly influenced by sex roles. In Israel, there are gender-related norms for shopping and cooking. Men in Israel, particularly those of Middle Eastern origin, tend to assume the shopping role, whereas they would not generally take part in cooking. This may perhaps explain the much higher rate of dependency for cooking in Israel as compared to Sweden, and, by contrast, the lower rate for shopping. Sex differences are further explored in Habib, Sundstrom, and Windmiller (in press). Regardless of the source of these differences, they create differential needs for assistance.

We have seen in the previous section the major differences in the living arrangements of the elderly in Israel and Sweden, and the advantage of the Israeli elderly in terms of access to support. We now examine whether this carries over to the dependent elderly or whether there are compensating mechanisms at work. The difference in institutional rates among the overall population translates into a large difference in the institutional rates of those dependent regarding personal hygiene or mobility. Of those requiring help with personal hygiene, 70% live in institutions in Sweden, as compared with only 24% in Israel. Similarly, of those requiring help with mobility, 30% live in institutions in Sweden as compared with only 13% in Israel. For those dependent in IADL, the difference in the rates of institutionalization is much more limited.

The greater access to support of the Israeli elderly carries over to the dependent as well. Sweden has a higher percentage in the high-risk NMNLWC category for all dependent groups with the exception of those requiring personal care, of whom 70% are institutionalized. The difference in the rates of NMNLWC in Israel and Sweden is even greater for those with IADL limitations than it is for the elderly in general. At the same time, not surprisingly, the dependent elderly in both countries tend to live with their children more than do the independent elderly. However, because this tendency is

greater in Israel, the gap between Israel and Sweden in the potential availability of informal support is wider. Living arrangements already reflect the differential involvement of informal sources of support. The elderly who live with their spouse or children most probably receive the range of services that are routinely provided to all members of the household. We examine actual support patterns in the next section.

THE ROLE OF FORMAL AND INFORMAL CARE

Considering the differences in potential informal support and living arrangements, we would expect informal support to play a much greater role in Israel than in Sweden. In this section, we analyze sources of support according to the following categories: spouse or other household member, family outside of household, friend or neighbor, help paid out-of-pocket, and public help.

While there may be more than one source of support for an elderly individual, the literature indicates that there is generally a primary supporter who provides most, if not all, of the needed care. In the 1975 Swedish Survey of Elderly Persons, dependent respondents were asked: "Who is your primary helper?" The Swedish survey did not include help paid out-of-pocket as a category, as it was not considered to be widely available. In the 1985 Israeli National Survey of Elderly in the Community and the 1954 Swedish Survey of Elderly Persons, respondents could cite more than one source of help.

In order to create a basis for comparison with the data from the 1975 Swedish survey, we assigned in our study persons in both the 1954 Swedish survey and the 1985 Israeli survey who were receiving support from more than one source a primary caregiver according to the following order: public help, spouse or other household member, family outside the household, friend or neighbor, help paid out-of-pocket. As the availability of public help was low, and as it was considered important to identify its full extent, it was given first priority. For example, if someone was receiving both public help and help from a household member, they were placed in the "public help" category. Similarly, persons who received help from both a household member and help paid out-of-pocket were placed in the

"household member" category. The percentage of dependent elderly receiving help from more than one source was quite low. In Israel, it varied from 7% in the area of cleaning, to 5% in shopping, 2% in cooking, and 3% in personal hygiene. Moreover, approximately half of the persons who received help from more than one source were receiving help from both their spouse and another household member, which for the purpose of comparison with Sweden have been combined into the same category. Thus, we do not believe that this adjustment seriously limits the comparability of the data.

We found a very large difference in the percentage of dependent noninstitutionalized elderly receiving formal support in the two countries. In Israel, 8% of the dependent elderly population received formal support with hygiene, 7% with shopping, 3% with cleaning, and 2% with cooking. As a percentage of the total elderly, this represents 0.6%, 1%, 0.3%, 0.6%, respectively. In Sweden, by contrast, 25% of the dependent elderly population received formal support with personal hygiene, 44% with cleaning, 23% with shopping, and 16% with cooking. As a percentage of the total elderly, this represents 1%, 15%, 5%, and 3%, respectively. (Because of space limitations, only data on help with personal hygiene and shopping are presented–see Tables 3 and 4.)

Aside from the difference in total support between the two countries, there is a clear difference in emphasis. In Israel, relatively speaking, there is more of an emphasis on personal care, whereas in Sweden the emphasis is on homemaking.

Although there is a much higher rate of formal support in Sweden, it does not emerge as the primary source of support for either those with ADL or IADL limitations. This is true overall, and for the various subgroups, with one exception: those not married and not living with children. For the NMNLWC, public support predominates with respect to personal hygiene and cleaning (but not shopping or cooking). In both countries, formal support is concentrated on this subgroup.

For all other groups, most care is provided by the informal support system, with nonresident family members playing a significant part, especially in Israel. Resident family members, another impor-

TABLE 3. Source of Help for Noninstitutionalized Elderly Aged 65+ Requiring Help in Personal Hygiene (percentages)[1]

Total Population Dependent in Personal Hygiene[2]	Total	Living With Children or Married	Not Living With Children & Not Married
Israel (1985)			
Spouse/other household member	68	90	8
Family outside household	22	6	64
Friend/Neighbor	2	0	8
Public help	8	4	20
Total[3]	100	100	100
Pop. N (thousands)[4]	22.6	16.4	6.1
Percent dependent	8	8	7
Sweden (1975)			
Spouse/other household member	65	83	33
Family outside household	9	13	-
Friend/Neighbor	2	0	6
Public help	25	3	60
Total[3]	100		100
Pop. N (thousands)[4]	28.5	18.2	10.5
Percent dependent	3	3	2

[1] Missing values excluded (0.2% of total Swedish population; 0.8% of dependent Israel population). Israel category "no help" was excluded: (1% of respondents). Swedish category "not enough help" was excluded: (7% of respondents, all of whom are unmarried). Category "help paid out-of-pocket" not included in 1975 Swedish questionnaire.

[2] Dependent (Israel and Sweden): cannot manage without help of another person.

[3] Figures may not add up to 100 due to rounding.

[4] Weighted figures.

Sources Israel: Central Bureau of Statistics, 1988.
Sweden: Statistics Sweden, 1977.

TABLE 4. Source of Help for Noninstitutionalized (percentages)

Total Population Dependent in Shopping	Sweden, 1954	
	Total	NMNLWC
Source of Help		
Spouse/other household member	77	28
Family outside household	11	30
Friend/Neighbor/Other[2]	8	30
Help paid out-of-pocket[3]	3	8
Public help	1	4
Total[4]	100	100
Pop. N (thousands)[5]	294	76
Percentage dependent	49	32

[1] Dependent in shopping: Sweden 1954: do not do this activity themselves; Sweden 1975: cannot manage without help of another person; Israel 1985: have difficulty doing or cannot do this activity.
[2] In Sweden 1954, many of these persons lived with siblings, former employers, ex-farmhands, lodgers, etc.
[3] No help paid out-of-pocket reported in Sweden in 1975.
[4] Figures may not add up to 100% due to rounding.
[5] Weighted figures.

tant source of informal care, are most often spouses in Sweden, while in Israel spouses and children are evenly represented.

Of particular interest are the differences in the informal support patterns for the NMNLWC group. In Israel, family outside the household dominate the care of the NMNLWC, while in Sweden support from family outside the household is virtually nonexistent for personal care in the NMNLWC group and relatively less frequent for the other areas of care. This may be due, in part, to the fact that, relative to Israel, in Sweden a higher percentage of NMNLWC receive care from other household members, usually siblings (coresidence with siblings is high among the never-married, who constitute a large group in Sweden), and from friends and neighbors.

In summary, the overall difference between Israel and Sweden in the role of public and family support is related to the difference in institutionalization rates, which particularly affects the provision of

personal care needs; to the large difference in the degree of public support for one particular subgroup, the NMNLWC; and to the larger prevalence of this group among the Swedish dependent. However, contrary to expectations, the family continues to dominate the provision of care for homemaking needs in Sweden. In the case of personal care, public services predominate but only because of the high rate of institutionalization, which has been a long-term historical reality in Sweden. For elderly in the community, support by the family predominates, even for personal care. Again, in contrast to common perceptions, co-residence is the main vehicle of family support in both countries, with family outside the home playing a lesser role.

COMPARISON WITH SWEDEN IN 1954

In this section, we examine changes in Sweden over time and compare Israel in 1985 to Sweden in 1954, when the demographic structures and extent of public support in the two countries were quite similar. During the 1960s and 1970s, Sweden experienced dramatic changes in the age structure and a period of rapid growth of the welfare state. The percentage of elderly increased from 8.3% of Sweden's population in 1900 to 10.3% in 1951, and then leaped to 17.2% in 1985 (Johnson & Scott, 1988). In 1985, 8.9% of the Israeli population were aged 65 and over (Habib & Windmiller, 1992). The 1954 Swedish data also show a labor force participation rate among women similar to the current rate of women's labor force participation in Israel (Central Bureau of Statistics, 1987b; M. Sundstrom, 1987). The 1954 data also enable us to compare the two societies prior to the major expansion of the welfare state in Sweden, when the rates of provision of formal services were more similar than they are today.

In Sweden in 1954, many more elderly lived with children than in Israel in 1985 (16% in Sweden compared with 8% in Israel) but fewer lived with a spouse (33% compared with 52%–see Table 1). The difference in marital status patterns between Israel in 1985 and Sweden in 1954 reflects the impact of different social norms for given age structures. Countries today reaching the degree of aging that characterized Sweden in 1954 may have a very different pattern

of living arrangements, particularly with respect to older people living with their children. This highlights the important interaction between the process of population aging and the change in living standards and norms.

Formal support was higher in Sweden both in 1954 and 1975 than in Israel in 1985 (see Table 4 for an analysis of sources of help in the area of shopping, as an example). The difference between Israel in 1985 and Sweden in 1954 is due to the higher rates of institutionalization in Sweden. These rates were relatively high in Sweden well before the major period of rapid aging and the development of the welfare state. The difference between Israel in 1985 and Sweden in 1975 is also due to the much higher rates of formal community services for elderly living in the community in Sweden at that time.

The analysis of Sweden over time and the comparison between Israel today and Sweden in earlier periods highlight the fact that support from nonresident family members was always relatively limited in Sweden, and would appear to have even increased its role in recent years rather than to have declined. In Israel, children living outside the elderly person's home also play a relatively small role in their support. The main impact of the greater availability of public support in present-day Sweden appears to be in reducing the roles of resident family, resident nonfamily, and friends and neighbors. In modern Israel, the group of those living alone is no greater proportionally than it was in Sweden in the 1950s, but it is the family that provides most of the care, whereas this has never been the case in Sweden.

CONCLUSION

We now summarize the implications of these findings in light of the questions raised at the outset of the paper. Firstly, we have seen that although the informal system may be more limited in an older and more advanced welfare state such as Sweden, it has by no means been eliminated there. Instrumental forms of informal support seem to be far more common than many of the observers of the Swedish scene would lead us to believe. Contacts and emotional

support certainly remain widely prevalent. Secondly, at least in the case of Sweden, the more limited role of informal support seems to have preceded the period of major population aging and is related to longer-term cultural traditions with respect to institutionalization.

We have also found that differences between Israel and Sweden are very much related to differences in residential patterns. In both countries, elderly who live with their children are generally cared for by them without much external support. It is when the elderly live alone that the formal system has tended to replace the family. This pattern seems to be universal, characterizing both societies at all levels of development of formal support. The growth in formal support is related both to the rise in its use within the group of those not married and not living with children, and to the increase in the relative size of this group. This rise is related to the growth of separate residences made possible by the rise in living standards. At the same time, it has been facilitated by the increased availability of services.

However, most of the elderly do not live alone, residing for the most part with their spouse. This group has grown in the more advanced welfare societies over time. Thus, the overall balance of informal support is affected less by the process of population aging.

Finally, we consider the implications of our findings for the question of substitution between formal and informal support. It would appear that with the growth of formal support the extent of informal support has declined in Sweden in comparison to earlier periods. Similarly, the higher level of formal support in present-day Sweden, compared to Israel, is associated with a correspondingly lower level of informal support in Sweden. While informal support is still important, the findings suggest that at least some substitution occurs between formal and informal services.

Our findings are very relevant to the current debate in the United States, England and many other Western countries with respect to the future of informal support. They suggest that informal support will continue to play an important role in the care of the elderly. Therefore, policies need to be geared not only to developing alternatives, but also to strengthening the capacities of families to address this challenge. Attention needs to be given not only to

children, however, but also to spouses, who are becoming more and more critical in fulfilling this role.

Moreover, our findings emphasize the importance of the extent of institutional services in determining the nature of the challenge faced by families in the community. If institutional services become less available and more and more elderly in need of personal care remain in the community, then co-residence with the family for at least some period may become more and more important. Similarly, home care services will need to shift their focus more and more to the direction of personal care.

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ג'וינט-מכון ברוקדייל
לגרונטולוגיה והתפתחות אדם וחברה

תשל"ד • **20 שנות מחקר** • תשנ"ד

הבנת דפוסי התמיכה בקשישים: השוואה בין ישראל לשבדיה

ג'ק חביב • גרד סאנדסטרום • קרן ווינדמילר

סדרת תדפיסים

ת-91-95

ג'וינט – מכון ברוקדייל מהו?

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קבוצת חשיבה המחויבת לפרסום ממצאיה כדי לסייע לקובעי מדיניות ולספקי שירותים לתכנן וליישם תכניות רווחה.

המחקר מתבסס על גישה בין–תחומית ומתמקד בחמישה נושאים עיקריים:

- **גרונטולוגיה**
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- **מוגבלות**

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תקציר

השוואות בין-תרבותיות יש בהן כדי לתרום תרומה משמעותית לניתוחים של יחסי גומלין בין שירותים פורמליים לשירותים בלתי-פורמליים למען הקשישים. מבנה האוכלוסייה בישראל ובשבדיה שונה מאוד ומייצג נקודות שונות על רצף ההתפתחות של מדינות הרווחה: בשבדיה יש שיעור קשישים גבוה בהרבה, מבנה המשפחה בה פחות מסורתי ומערכת התמיכה הציבורית בה מפותחת בהרבה. בנוסף, הדעה הרווחת היא שהעמדות כלפי קשרי משפחה בשבדיה שונות, כאשר מערכת הערכים השבדית מבוססת פחות על המשפחה: מכאן נשאלת השאלה באיזו מידה מתורגמים הבדלים אלה לפערים בהיקפה ובאופייה של התמיכה המשפחתית בקשישים.

במאמר זה נערכת השוואה בין שבדיה לישראל בכל הנוגע למבנה המשפחה, הסדרי מגורים, שיעורי מוגבלות ומקורות פורמליים ובלתי פורמליים לסיוע לקשישים, בכמה נקודות זמן. אמנם שיעור הספקת השירותים הפורמליים בשבדיה גדול יותר ובמידה מסויימת הם מהווים תחליף לתמיכה המשפחתית, אבל חשיבותם של השירותים הבלתי פורמליים עדיין נשארת בעינה. דפוסי המגורים הם בעלי חשיבות מכרעת בשתי הארצות: דווקא כאשר הקשישים חיים לבדם, נוטה המערכת הרשמית לפעול במקום המשפחה. לשיעורי המיסוד חשיבות מיוחדת כאשר באים לקבוע את שיעורם של הקשישים המוגבלים הזקוקים לשירותים, פורמליים ובלתי פורמליים, במסגרת הקהילה.