

The project OASIS: 'Old Age and Autonomy: The Role of Service Systems and Intergenerational Solidarity' was an EU funded Fifth Framework project under the 'Quality of Life and Management of Living Resources Programme'. The project brought together researchers from five countries: Norway, England, Germany, Spain and Israel representing a diverse range of welfare regimes and different family cultures. The ambition of the OASIS project has been to analyse the interacting role of the family and the welfare state on autonomy and quality of life in old age. More specifically, the aim has been (1) to explore the variation in intergenerational solidarity and ambivalence across countries; (2) to study the interacting roles of family care and service systems, and (3) to analyse the impact of families and services on quality of life in old age.

Baseline data was collected through surveys in each of the five countries from representative urban samples of persons aged 25 and over, living at home. Older people 'at risk of dependency' were identified in the survey, and samples of ten dyads of older people 'at risk' and the child they would mostly rely on in case of need were in each country selected for in-depth interviews focusing on coping and quality of life.

Challenges faced by an ageing population, decreasing fertility rates, changing family structures and growing participation of women in the labour force has relevance for society, family and the individual. The issue of family solidarity and interaction with service systems is central to the future development of social care and support to older people. The OASIS study found that complementarity between families and services was more prevalent than substitution, but both young and old preferred more welfare state responsibility. Personal resources had great weight on the well-being of older people. Policies need therefore to be aimed at increasing autonomy and independence concentrating on building, protecting and maintaining individual resources and supporting families in care provision. The study also highlighted:

- ★ Filial norms to help and support older parents were still strong in each of the five countries, although they were generally higher in Spain and Israel compared to Norway, England and Germany. Young people were as supportive of filial norms as older people.
- ★ Family solidarity was strong in the five countries
- ★ Conflict between older parents and their children was low
- ★ Ambivalence in relationships was found when parents and adult children struggled to negotiate a path between autonomy and dependence.
- ★ A division of labour emerged between families and services with less demand on the family to provide physical or constant instrumental support with a greater role for the state in this respect.
- ★ Family help tended to be higher in countries with low service levels. However the data favours complementarity between services and families rather than substitution.
- ★ The preferred model for elder care is a combination of family and welfare state responsibility, but with the welfare state holding the main responsibility.
- ★ Health, income and education have a strong impact on subjective quality of life for all the OASIS countries. The existence of children has an additional positive impact on well being
- ★ In terms of policies greater weight must be placed on building, protecting and maintaining individual resources
- ★ Policy should also support a redefinition of role of the family in care provision, allowing a mix in informal family care and formal service provision, but with the state in a more central role than at present.

Norms, Values and preferences

Filial obligation norms are still prevalent in the urban populations of Norway, England, Germany, Spain and Israel. But supporting older parents was neither absolute nor unconditional. A substantial minority (between 16 and 34%) did not subscribe to such norms. Support for filial norms followed a north-south axis, and was generally highest in Spain and Israel and lower in Norway, England and Germany.

Filial solidarity was not incompatible with generous welfare state arrangements, nor did holding strong views about obligations imply that the family was the natural care provider. Many people who held the view that families had responsibility also believed the welfare state should have the main responsibility in providing care. Public opinion in all five countries was in favour of some form of partnership between the family and the welfare state. The preferred mix took different forms with Norwegians and Israelis placing the welfare state in a more dominant role than the other three countries.

Older generations seemed more reluctant to receive help from the family when alternatives were available than adult children were to provide such help. Younger people were as supportive of filial norms as older people. In fact, younger people seemed more inclined toward family care provision. Spain is the exception as the older generation still adhered to traditional (family) solutions, while younger people tend to favour welfare state arrangements.

Family Solidarity and Conflict

Intergenerational relationships are one of the most important elements influencing subjective well-being. Intergenerational solidarity was measured on six dimensions: associational, affectual (emotional closeness), consensual (similarity of opinion), functional (assistance provided and received), normative (attitudes to filial responsibilities) and structural (geographical proximity).

Similarities and differences emerged on the dimensions of intergenerational family solidarity. Norway showed a mixed picture on the solidarity dimensions with high levels of proximity, affectual and consensual solidarity but scored relatively low on functional solidarity regarding help received from children. England had high levels of solidarity except normative solidarity; in Germany functional solidarity was high, but affectual and associational solidarity was low; Spain emerged as a country where a large proportion of respondents scored high on proximity, but for consensus it had the lowest levels. This may be related to the fact that Spain is undergoing rapid modernisation, with younger generations being more exposed to this process as well as being better educated and wealthier than their parents. Israeli families lived close to each other, had frequent daily face to face and telephone contact, shared similar views and expressed the highest levels of affectional solidarity. Levels of normative solidarity were moderate, but levels of functional solidarity were low (except for emotional support by children to their parents). There was little evidence in the survey of conflict in intergenerational relations, although from our face to face interviews this emerged as a 'hidden' dimension.

Intergenerational Ambivalence

Ambivalence was characterised by 'polarised emotions, actions or structures which are interpreted by the actors as irreconcilable, maybe momentarily'. Ambivalent feelings emerged more in our face to face interviews, with older people experiencing ambivalence at an individual level during periods of chronic illness and disability when roles were renegotiated. The OASIS study was also interested to explore the extent to which solidarity, conflict and ambivalence were experienced in parent-child relationships particularly during periods when such decisions and renegotiations about care arrangements took place. Different styles of parent-child relationships were examined. Four types emerge:

- ▶ Harmonious relationships (24%) characterised by parents feeling extremely close to their child. *'When she comes here she might be here for three hours and we talk and talk and we laugh and she's got the same sort of humour that I've got.'* (parent, England)
- ▶ Steady family relationships: This was the largest category representing 32% of the parents. These parent-child relationships were more emotionally distant than the first group but still close.



- ▶ Ambivalent family relationships, the second largest group representing 27% of parents. These parents tended to feel neither emotionally close nor distant from their children. Occasionally the relationships in this group could have unpleasant moments but there were attempts to keep the family harmonious. *'I argue with my mother and I shout at her a bit, because if I don't shout at her she blows my top, and from time to time if you shout a bit at her, she calms down...No it doesn't affect our relationship. I argue with her and the next day I continue talking to her and caring for her; those arguments, but then they're forgotten.'* (daughter, Spain).
- ▶ The distant group (17%) was a group where their relationship showed signs of emotional distancing and where there was more likely to be conflict, mixed feelings and a difference of view.

Important differences emerged in relationship styles between the five countries. The harmonious relationship tended to be characteristic of the Israeli parents and their children. Spanish and English parents reported the highest rates of 'steady' relationships; ambivalent relationships were most evident in Germany, Spain and Norway and distant relationships in England.

Quality of Life

There were clear age, country and gender differences relating to the dimensions of quality of life. Health, income and education were universally important for the subjective quality of life of people, regardless of their age. Intergenerational relations were positively related to two dimensions on quality of life: 'physical health' and 'psychological well-being.' This effect seems to be especially strong when elderly parents have one or two children compared to none. Family networks had limited relevance for quality of life. Help from families and services were negatively related to quality of life, probably because help and services were not sufficient to compensate for needs and dependencies. In conclusion, strengthening the individual resources of older people is a crucial support for their autonomy and quality of life.

The Balance between Family and Service Support

The large majority of people aged 75 and over who lived in the community did not have major need for care and support; where they did the family continued to play an important supportive role, either practically or emotionally. The existence of comprehensive formal services did however reduce the demand on families to get involved in the daily practical care. Women continued to be the main providers of care, even when they were in paid employment. Where there was a choice of alternatives, however, there was more satisfaction and sense of autonomy. Services therefore were mediating factors that had an influence on the well-being of older people and their families. This well-being depended on the accessibility and perception of services. The more services offered, the more positively they were valued and the more satisfied older people felt.

Are services complementing or substituting families?

Family help tended to be higher in countries with low service levels (Spain, Germany) and lower where service levels were high (Norway, Israel). However there were substantial levels of family help in countries with high levels of services. At the same time there appeared to be areas such as shopping and transportation which were less well covered by services. Families may therefore be specialising in care provision. When some needs were met (and substituted) by service provision, families directed their efforts to other needs and concerns. An example of this is emotional support where services are traditionally poor at replacing the family's role in this respect. There was little evidence therefore of the state eroding family responsibility.

The data, particularly from the qualitative interviews, reflected considerable uncertainty about the provision of formal care. When it was provided, it was highly appreciated and valued and appeared to make a difference between managing independently and failure to manage.

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Policy recommendations

- ▶ There was consensus among the older respondents in the OASIS study that the welfare state should shoulder much more responsibility for future need and care.
- ▶ Access to services increased their use and was welcomed by all generations, with elderly people rather reluctant to receive family help than adult children were to provide it. Receiving help from the formal sector helps them maintain their independence and autonomy. Services should therefore be more accessible to older people.
- ▶ A wider use of more creative services in community care, housing, transportation and education is necessary if autonomy, independence and family solidarity are to be the foundation of a good quality of life for older people in Europe. Policy should encourage access to affordable supportive and preventative resources for older people to maintain and improve their quality of life. This requires an integration of formal and informal, health and social care as well as private and public care systems.
- ▶ More choice in care arrangements is preferred.
- ▶ Policy approaches need to recognise the centrality of the family in welfare provision and need to support family carers.
- ▶ Women are still the main caregivers for family members when in need. Considering their increased participation in the labour force, social policies that improve the life of women, in the context of family and the workplace are a key element. Equal sharing of care between men and women and high quality services for older people and children need to be in place.
- ▶ Policy should also recognise the key role of older people themselves in caring for partners. Older people are active also as providers of care not only as receivers.
- ▶ In order to strengthen families' caregiving special services should be developed like training of caregivers, supportive and respite services.
- ▶ Long-term care solutions need to be attractive so that there are realistic choices available for alternatives to family care.
- ▶ In relation to quality of life, findings indicate that policy must concentrate on building, protecting and maintaining individual resources to ensure continued quality of life of older people. The accumulation of individual resources in terms of education, income and health earlier in the life-course are therefore important areas for policy concentration.

Further Information

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