

AGING AND THE FAMILY

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CONTEMPORARY PERSPECTIVES IN FAMILY
RESEARCH VOLUME 17

**AGING AND THE FAMILY:
UNDERSTANDING CHANGES IN
STRUCTURAL AND RELATIONSHIP
DYNAMICS**

EDITED BY

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FOREWORD

In Greek mythology, the story of Tithonus has long served as a lens through which aging has been regarded and defined. Although he was mortal, Tithonus was in love with Eos, the Goddess of Dawn. Recognizing that their relationship would come to an end with his eventual death, Eos asked her father, Zeus, to grant Tithonus immortality. As is often the case with myths, a horrible twist ensued, as Eos neglected to ask that her father grant Tithonus eternal youth, in addition to immortality. As a consequence, she remained young, while her lover continued to age, ultimately losing both his physical and mental capacities, along the way. Unable to die, he became a decaying husk, causing even his lover to recoil in fear and disgust. Aging is most certainly a natural and normal aspect of life, as we all grow older and, like Tithonus, begin to experience diminished capacities, as a consequence. Of course, while aging is a process through which we all, as individuals, will experience, it is also a process which affects families, both in terms of family structures and family relationships.

Understanding aging within the familial context begins with the recognition that, just as individuals age, so too do families. Borrowing the perspectives of developmental psychology, which emphasize the stages of life through which individuals pass, family life cycle theorists have long pointed to the fact that families go through an analogous series of developmental stages. Typically beginning with young couples with no children, families begin to establish roles and normative expectations concerning the nature of family structures and relationships. As both parents and children age, their relationships begin to change, as well, and they move as a family through the various stages. Ultimately, children begin to exit the home, going off to establish their own adult lives, while parents typically remain, and begin their passage through middle adulthood and their elderly years. These later stages, involving a multitude of issues concerning aging, are the focus of researchers from a wide variety of disciplines.

Families have a multitude of issues which accompany aging. Individual family members, as they age, often require assistance from younger members. Frequently, adult children, and even grandchildren, provide physical assistance, emotional support, and financial aid to elderly family members. In many instances, such support is reciprocal, with elderly family members supporting younger ones. These forms of assistance can, at times, place considerable strains and burdens upon families. Of course, aging also impacts the nature of relationships, not only across generations, but also those within generations, such as sibling relationships. And, understandably, aging affects spousal relationships, as the additional concerns about physical, cognitive, and financial stressors are often quite problematic, causing considerable burdens. Across all of these issues, it is also necessary to recognize that aging does not occur within a social vacuum – aging and

its ensuing impact upon families will vary tremendously across cultures, social classes, and most notably, across gender.

Over the past century, demographic shifts have served to create many of the aging issues which contemporary family researchers are now examining. Within the majority of modern, post-industrialized societies, life expectancy has increased, while fertility rates have declined. A combination of urbanization, increased materialism, and cultural change has all contributed to these demographic shifts. Many societies now have expanding populations of the elderly, with substantially smaller populations of youth. Such population change has consequences for everything from intergenerational relations to familial norms concerning the role of elderly family members. Simply, aging and its related consequences have moved to the forefront of familial concerns. Within this volume of *Contemporary Perspectives in Family Research*, a collection of researchers from around the globe examine many of the aforementioned issues within families, as they relate to how aging affects family structures and relationship dynamics.

In terms of the provision of care to elderly family members, the variations across cultures can sometimes be quite substantial. In order to better illustrate such differences, Els-Marie Anbäcken, Anna-Lena Almqvist, Carl Johansson, Kazushige Kinugasa, Miho Obata, Jinhee Hyun, Jinsook Lee, and Young Joon Park examine how societal change has affected the roles and familial expectations regarding elderly care. In "Older Adults and Care: Reshaped Family Roles in Societal Change. A Comparative Study between Japan, South Korea, and Sweden," their team of researchers find that, while government programs and assistance for the elderly have changed, the role of family in such care is undergoing change, as well. Nguyen Huu Minh and Phan Thi Mai Huong find a similar trend in their research concerning elderly care in Vietnam. In "The Care of Older Adults in The Vietnamese Family and Related Issues," they find that, although traditional cultural norms place the responsibilities of elderly care upon their respective families, there is a wide array of social, economic, and demographic changes which have made such care increasingly difficult and tenuous. As with many countries, government social services are needed to take on the burdens of elderly care, but such programs and policies are often slow to be created and implemented, which can lead to considerable challenges for the elderly.

The care of elderly family members, while often performed by family members, is also supplemented in very tangible ways by paid caregivers. In " "Family Members do Give Hard Times": Home Health Aides' Perceptions of Worker-Family Dynamics in the Home Care Setting," Emily Franzosa and Emma K. Tsui examine the experiences of home health aides, with a particular focus upon their perceptions of the relationships they have with family caregivers. They find that home health aides regard themselves as essential to the care of their elderly patients, but that there is a delicate nature to their roles, relative to those of family caregivers. In their study, they offer several useful recommendations for how home health agencies could better define and negotiate the boundaries of care with family members. The dilemmas encountered by paid caregivers is further illustrated by Hien T. La, Cassandra L. Hua, and J. Scott Brown, in "The Relationship among Caregiving Duration, Paid Leave, and Caregiver Burden."

Using a large sample of paid caregivers, they find a significant linkage between the length of care and the overall burden borne by caregivers. The burdens upon caregivers are quite substantial, and given their tendency to increase over time, there exists a need for support programs for the caregivers.

While elderly family members who are in need of care is a frequent focus of researchers, care, and support within families can also occur wherein the elderly members of families are the care providers. In such instances, a multitude of factors can impact the forms and patterns of support. In “Gender Differences in Grandparent Caregiving and Life Satisfaction of Older Jamaicans,” Nekehia T. Quashie, Julian G. McKoy Davis, Douladel Willie-Tyndale, Kenneth James, and Denise Eldemire-Shearer examine patterns of caregiving provided by grandparents. Using data from a large and nationally representative sample from Jamaica, the team of researchers finds that while there remains a gendered dimension to caregiving, both grandfathers and grandmothers experience significant increases in life satisfaction, as a consequence of their provision of care. Understandably, the roles played by grandparents, and their subsequent impact upon grandmothers and grandfathers, may vary from one culture to another. In “Caregiving Grandmothers and Depressive Symptoms in South Korea,” Seung-won Emily Choi and Zhenmei Zhang analyze data from a large survey of aging in South Korea, with a specific focus upon how grandparenting affects the mental well-being of grandmothers. In their study, they find that active involvement in grandmothering is associated with declines in depressive symptoms, for those who live in multigenerational households with age. However, non-caregiving grandmothers are shown to experience increases in depressive symptoms with age.

Families and family roles are constantly evolving in conjunction with changing societal characteristics, yet in many instances, familial norms and expectations have existed for a considerably long time. In “The Meaning of ‘Filial Piety’ to Older Chinese Parents,” Yiqing Yang uses qualitative data, collected in rural China, to examine how one of the core traits of Chinese families – filial piety – is perceived by contemporary elderly family members. While China has undergone considerable change over recent decades, involving economic, political, and cultural change, filial piety is shown to remain as a core element of family life. There is, though, a recognition that, like so many other facets of family, filial piety does appear to be evolving. The perceptions of elderly family members can have far-reaching effects upon younger family members, as well. In “Geography Matters. The Role of Non-cohabiting Elderly in the Individuals’ Perception about the Quality of Life in a Medium-sized Portuguese City,” Rosalina Pisco Costa investigates how younger family members regard elderly family members, and the associated impacts which such perceptions have upon their lives. Through the use of qualitative data, she finds that younger family members have a very positive perception of older parents and grandparents, but also that the proximity of these family members has influence such perceptions. Demographic change, and particularly change involving residential patterns, may have substantial consequences for the perceptions of the elderly, as well as their involvement with other family members. The context of culture is again illustrated in “Being Women and Growing Old: Social Construction of

Identities and Experiences of Ageing in Contemporary Indian Families.” Using a mixed methodology approach, Chitra S. Nair examines how family structure and roles within Hindu families may affect the well-being of elderly women in India. Above and beyond the feminization of aging, demographic changes and traditional gendered norms often result in elderly women leading somewhat isolated lives, detached from familial roles. Nonetheless, the family represents the most important social context for older women.

The familial context, involving everyone from adult children, grandchildren, and extended kin, is certainly an important part of elderly individuals’ lives. However, understanding aging and the family also requires an examination of the more intimate and personal relationships of the elderly. In “Sexual Satisfaction in Long-term Marriages: Studying the Effect of Nonsexual Predictors in Old Couples,” Josip Obradović and Mira Čudina investigate the sexual satisfaction among long-term couples. Using data from older married couples in Croatia, they find that, while sexual factors are reliable predictors of sexual satisfaction, there are also a wide variety of nonsexual factors, such as emotional intimacy, recreational intimacy, physical attractiveness, participation in key decision-making, and marital quality, which likewise influence partners’ perceptions of sexual satisfaction. Kelsey N. Mattingly, in “Parental Divorce and Social Support Networks in Younger and Older Adults: Extending Modes of Biographical Disruption,” further explores the disruptive impact of parental divorce upon the social support networks of adult children. Through the application of biographical disruption models, the findings suggest that the long-term effects of parental divorce are rather complicated, but do have substantial consequences for the relationships and support networks of adult children.

Relationships in later life are often fraught with difficulty, as the aging process itself sometimes hampers individuals’ ability to remain active with their respective peer networks. In “Social Network Experiences of Older Adults: Differences by Gender and Relationship Status,” Ashley E. Ermer explores how relationship status and gender are associated with the social network experiences of older adults. Using a nationally representative sample from the United States, the study reveals how marital status produces a substantial effect upon the extent to which older adults are actively engaged with their social networks. Although gender differences are shown to be quite substantial, these differences are also intertwined with marital status. In the final chapter of this volume, Brynn Thompson examines the relationship between sexual satisfaction and marital satisfaction, among older adults. The sexual lives of elderly couples are often frequently overlooked by researchers, but in “Marital Satisfaction in Older Adults,” the sexual quality of their relationships is shown to have considerable impact upon marital satisfaction. Gender, along with other factors, are also shown to influence marital satisfaction, but the findings do underscore the need for researchers to address the effects of sexual behavior upon other aspects of elderly individuals’ lives.

This volume of *Contemporary Perspectives in Family Research* proposed a closer examination of how aging and its related processes affect families, both in terms of structural and relationship dynamics. Around the globe, there are numerous forms of societal change, including demographic shifts, urbanization,

economic growth, political upheavals, and cultural transitions, to name just a few. Collectively, these are changing the nature of aging itself and, of course, the lives of elderly family members. The studies included in this volume demonstrate that aging has far-reaching effects upon families, involving not just the elderly themselves, but all other family members and even those within their larger peer networks. By examining the nature of aging within the familial context, including its impacts upon the elderly and their respective families, researchers and practitioners may yet achieve a better understanding of new directions for future research and new ways of assisting those who are in need of aid as they go through the aging processes. We extend our sincere gratitude to all of the authors for their important contributions to this volume, and also to all of the anonymous reviewers who provided thoughtful and detailed reviews.

Patricia Neff Cluster
Sampson Lee Blair

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CHAPTER 1

OLDER ADULTS AND CARE: RESHAPED FAMILY ROLES IN SOCIETAL CHANGE. A COMPARATIVE STUDY OF JAPAN, SOUTH KOREA, AND SWEDEN

Els-Marie Anbäcken, Anna-Lena Almqvist,
Carl Johansson, Kazushige Kinugasa, Miho Obata,
Jinhee Hyun, Jinsook Lee and Young Joon Park

ABSTRACT

Purpose: The aim is to explore how family relations are affected by societal changes in relation to informal and formal caregiving and self-determination of older adults.

Design/methodology/approach: Care managers (CMs)/social workers (SWs) (N = 124) participated in a comparative vignette study including Japan, South Korea, and Sweden. Systems theory was used.

Findings: Japanese CMs/SWs clearly describe their efforts to create networks in a relational way between formal and informal actors in the community. South Korean CMs/SWs balance between suggesting interventions to support daily life at home or a move to a nursing home, often acknowledging the family as the main caregiver. In Sweden, CMs/SWs highlight the juridical element in meeting the older adult and the interventions offered, and families primarily give social support. Regarding self-determination, the Japanese priority is for CMs/SWs

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to harmonize within the family and the community. South Korean CMs/SWs express ambivalent attitudes to older adults' capability for self-determination in the intersection between formal and family care. Swedish CMs/SWs adhere to the older adult's self-determination, while acknowledging the role of the family in persuading the older adult to accept interventions. The results suggest emerging defamilialization in South Korea, while tendencies to refamilialization are noticed in Japan and Sweden, albeit in different ways.

Research limitations/implications: In translation, nuances may be lost. A focus on changing families shows that country-specific details in care services have been reduced. For future research, perspectives of "care" need to be studied on different levels.

Originality/value: Using one vignette in three countries with different welfare regimes, discussing changing views on families', communities' and societal caregiving is unique. This captures changes in policy, influencing re- and defamilialization.

Keywords: Care managers; familialism; Japan; older adults; South Korea; Sweden; vignettes

INTRODUCTION

The "aging society" is a demographic concept and a worldwide phenomenon connected with the increasing proportion of people aged 65 years and above and the increase in the average life expectancy of older people. The birth rate in Japan and South Korea (hereafter Korea) is relatively low compared to Sweden. Consequently, the pace of the aging process of the Japanese and Korean population will be relatively high compared to the Swedish population. This has a bearing on the family as an "institution" in caring relationships. However, the history of the aging society, or the processes of the demographic transition, is quite different in different countries (Myers, 1990; Vincent, 1999). In Japan, it took 24 years for the population aged 65 years and above to increase from 7% to 14% at the end of the twentieth century (1970–1996) and 84 years (1890–1975) for the same increase of the Swedish population (Vincent, 1999). In Korea, this happened even quicker, from 2000 to 2018 (KOSIS, 2018).

Korea is also following the Japanese example of implementing a long-term care insurance (LTCI) to handle eldercare, while Sweden continues a publicly financed welfare system. However, with changes going on within welfare state models there is a need to compare in new ways.

The purpose here is to assess the relationship between family-based and formal support services for older adults in countries that are at advanced stages of population aging but within different societal and cultural contexts. The importance of this topic is underscored by the demographic contexts of the declining availability of informal caregivers for older adults, which can increase the demand for and reliance on formal support services.

Since the 1990s, there has been a large increase in studies of the relationship between the state, eldercare policy, and the market within the field of comparative welfare state research (see e.g., [Anbäcken, 2013](#); [Esping-Andersen, 1997](#); [Kröger & Yeandle, 2013](#); [Wood & Gough, 2006](#)). The studies illustrate that countries have chosen different ways of attending to the complex relationship between state and family, and that these different approaches to some extent can explain possible national differences between outcome in care. Most of these comparative studies discuss social policy on a macro-level, using aggregate data. This type of data is highly useful when describing and analyzing how people act on a national and cross-national level. However, when trying to understand and explain factors underlying individual expectations, experiences, and actions, studies based on qualitative data are more revealing (see e.g., [Anbäcken, 1997](#); [Anbäcken & Kinoshita, 2008](#); [Anbäcken & Sand, 2015](#)).

In this project, we make comparisons between welfare regimes in Japan, Korea, and Sweden, countries with different cultural traditions. The case in point is the changing processes during the second part of the twentieth century with the focus on the roles of the public, private, voluntary, and civic sectors. When it comes to the role of spouses, [Anbäcken and Nitta \(2008, p. 204\)](#) found what they labeled as “diversity and commonality beyond their nationality” in a qualitative study comparing Sweden and Japan, to see how aged couples experience responsibilities in the placement process of the partner from home to institution. The care as described in Japan was more physical while in Sweden it was more social, and in both countries it was emotional. In later research [Anbäcken and Sand \(2015\)](#) similarly found that adult children’s caregiving support was evident in both countries. Thus, in both countries, spouses and children carried out substantial caregiving tasks, but in different ways. There was no strong evidence of clear-cut cultural differences. One central aspect is that of older adults’ self-determination, since this is intrinsically interwoven with the role of the family vis-à-vis the older family member in need of support and care. In Japan, for example, there is an ongoing discussion about how to let the decision-making remain with older adults. This is due to the traditional conflict between them and their families and relatives who in reality have great power to decide where and how to manage the older adults’ daily life ([Ministry of Health, Labour and Welfare of Japan \(MHLW\), 2018](#)).

Care managers (CMs) and social workers (SWs) were selected as the target group in this study because they have an overall perception of the care of older adults. In Japan and Korea, they keep contact with the family as the informal sector, and with formal as well as community services ([Yuhara, Ito, & Onouchi, 2012](#)). In Sweden, the CM is the one and only professional category who can make the assessment and decide what care services the older adult is entitled to.

The aim is to explore how family relations are affected by societal changes in relation to informal and formal caregiving of older adults. The lens through which this is studied is the role of CMs/SWs and the local authorities in three different types of welfare regimes, Japan, Korea, and Sweden. All three regimes are aging societies with an increased demand for care of older adults. This study poses the following research questions:

- (1) What are the CMs' and SWs' perceptions of support from other formal care providers (e.g., public social work, healthcare services, and non-governmental organizations) and volunteers?
- (2) What are the CMs' and SWs' perceptions of informal support for the older adults they serve?
- (3) What are the CMs' and SWs' perceptions of older adults' self-determination?

Definitions

Some abbreviations and definitions of frequently recurring terms are provided here.

CM: Care Manager/Case Manager can be defined in two ways in our study since the roles differ between Japan and Korea (A) on the one hand and Sweden (B) on the other. (A) The person who coordinates the care by informing the client about available care choices and collecting information from the old adults, their families, and care professionals. To become a CM, a national certificate is required in Japan and in addition five years of work experience within the field eldercare. In Korea, it is necessary to have a national certificate in social work to become a CM. Similarly, a national certificate is needed to become an SW in both countries. The case manager also provides counseling and education for clients and their families in Korea. (B) The person who assesses and decides what care and services the old adult is eligible to receive has to be a "socioconom," which means graduation from a university study program in social work (3.5 years) which includes a focus on legal regulations in social work.

SW: Social Worker, whose role differs among the countries. In Sweden, the CM is always an SW, likewise in Korea while in Japan it is not a prerequisite. The SW in Japan and Korea has more roles in direct client-related work in the hospital and the community.

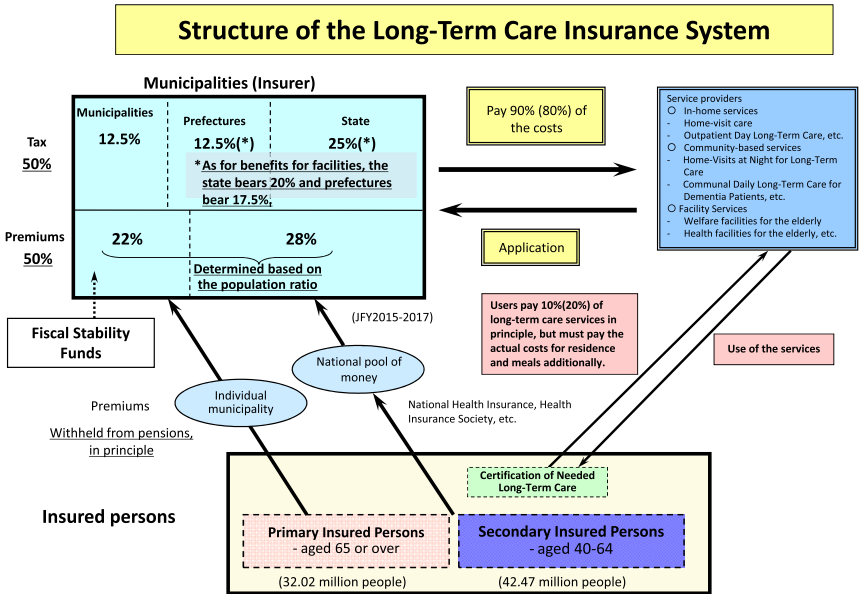
CR: Care Recipient (or client) in this context is the older adult who is in need of care.

Home care: Home services, help with ADL (activities of daily living), and home health care. In Japan and Korea, it is part of the LTCI scheme (see below) of formal care and in Sweden part of the municipal care system for older adults. Home care is the fundamental support system to enable older adults with care needs to live at home.

Familism/familialism: As we have gathered from studies in the field, familism and familialism are synonymous. Additionally, this study borrows from *Webster's New World College Dictionary* (2018), who states that "Familism is a form of social structure in which the needs of the family as a group are more important than the needs of any individual family member." Likewise, familization and familialization are used synonymously in studies we have found and among ourselves as researchers. When we refer to someone's studies we use the word that appeared there.

LTCI: Long-Term Care Insurance, which was implemented in 2000 in Japan and in 2008 in Korea. A model for financing the care (state, prefecture, municipality; tax, and own premiums paid by everyone aged 40 and above) and assessing the care and grading the categories of care burden, with a maximum sum to be spent for each person (see Figs. 1A and B and 2B).

SÄBO: This is an abbreviation for "Särskilt boende," special housing, in Sweden, which includes all care housing facilities that need a decision from a CM/SW for the older adult to move in.



Note: The figure for Primary Insured Persons is from the Report on Long-Term Care Insurance Operation (provisional) (April, 2009), Ministry of Health, Labour and Welfare and that for Secondary Insured Person is the monthly average for JFY2008, calculated from medical insurers' reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses. Burden ratio for persons with income above certain level is 20:80, after Aug 2015.

Procedure for Use of Long-term Care Services

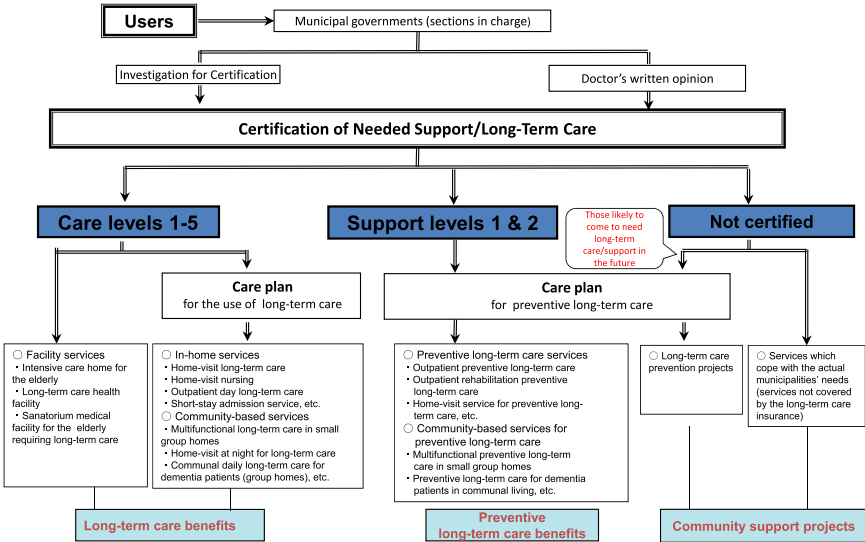
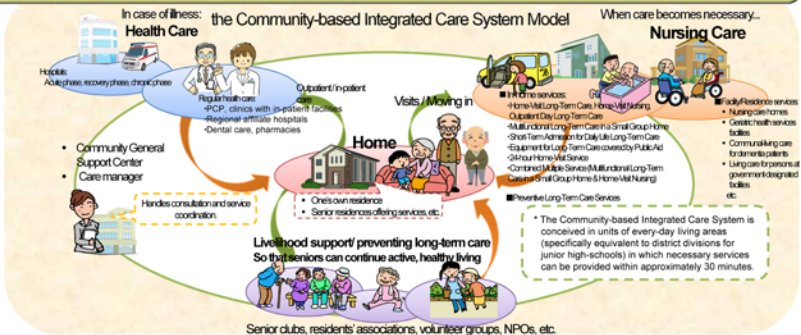


Fig. 1. (A, B) Long-term care insurance system of Japan. Sources: Health and Welfare Bureau for the Elderly (2016) and Ministry of Health, Labour and Welfare.

Establishing 'the Community-based Integrated Care System'

- By 2025 when the baby boomers will become age 75 and above, a structure called 'the Community-based Integrated Care System' will be established that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the rest of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care.
- As the number of elderly people with dementia is estimated to increase, establishment of the Community-based Integrated Care System is important to support community life of the elderly with dementia.
- The progression status varies place to place; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.
- It is necessary for municipalities as insurers of the Long-term Care Insurance System as well as prefectures to establish the Community-based Integrated Care System based on regional autonomy and independence.



Long-term care in the future (Integrated Community Care System)

- Realization of an integrated community care system which provides housing, healthcare, long-term care, prevention, and livelihood support services in a unified manner enables the elderly to live in their community and familiar environment throughout their life even if they come to need advanced level care.

- [Measures based on five perspectives]
- Following measures based on five perspectives should be implemented comprehensively and consecutively to realize Integrated Community Care.
1. Cooperation with Healthcare Services
 2. Improvement and Reinforcement of LTC Services
 3. Promotion of Prevention Programmes
 4. Ensuring various life support services such as watching over, meals-on-wheels and shopping, and Advocacy
 5. Sufficient supply of Elderly Housings (Collaboration with MLIT)



Fig. 2. (A) Establishing the Integrated Community Care System. (B) Long-term Care Insurance System of Japan. Source: MHLW (2010b, 2016).

Volunteers: Present in various ways in eldercare. In Sweden, they cannot perform formal care work but they undertake social and extra programs, while in the other two countries they can do more than that.

Most studies have delimitations, including this one. It could be argued that in relation to care, ethnicity is an important aspect. Japan has only very limited acceptance of foreign care workers in the long-term care sector. Korea has legalized the hiring of foreign care workers, but only for co-ethnic workers of foreign nationality (Song, 2015). In Sweden, a large share of care workers are Swedish citizens with various ethnic backgrounds (Forssell, Torres, & Olaison, 2014). This aspect, however, is beyond the scope of this study. The same goes for the gender dimension, although care, formal as well as informal, is to a great extent performed by women, thus having its own implicit features.

WELFARE REGIMES, POLICY, AND CARE ON THE MICROLEVEL

Due to the historical development of welfare policies within different contexts in the three countries, different issues are highlighted as being of major importance. Esping-Andersen (1990) introduced a now classic model of welfare regimes which claimed to be relevant for the European context. Esping-Andersen (1997) as well as other researchers (Aspalter, 2006, 2011; Johansson, 2008; Wood & Gough, 2006) expanded the claims for this model in a global perspective. In this way of thinking the Japanese and Korean welfare regimes were defined as conservative, inspired by the Bismarckian system, and the Swedish regime as social-democratic. However, these regimes are undergoing changes. While this cross-country study does not claim to test the relevance of these regime types, they are used as a tool to study how macro-systems influence the families in a caring perspective. Proceeding from this strand of literature, in this chapter, we want to examine different forms of care on a microlevel.

Japan and Korea and have been identified as “familistic” welfare regimes, highlighting the role of female family caregivers for children and the elderly (Song, 2015). Saraceno (2016) aims at developing the concept of familialism into more fine-grained patterns. In brief, these can be defined as follows. *Familialism by default* occurs when there are very limited publicly provided alternatives to family care and/or financial support for needy family members; this could be considered as defamilialization through the market. Legally prescribed financial or care obligations within the generational chain and kinship networks define *prescribed familialism*. *Supported familialism* occurs when policies and financial transfers help individuals within families to uphold their financial and/or caring responsibilities. *Supported defamilialization through the market* occurs when cash benefits, vouchers, or tax deductions are provided to help buy services on the market or when the state funds the provision of services via the market instead of providing them directly. Concerning care, *defamilialization through public provision* occurs when it is performed by public or publicly financed and regulated services. According to Saraceno (2016), Japan and Korea show a pattern of supported defamilialization through the market, due to compulsory insurance or state subsidies.

The third country in our study, Sweden, shows fairly large differences on several indicators compared with both Japan and Korea. [Aspalter \(2011\)](#) argues that Sweden – within “the social democratic welfare regime in Scandinavia” shows a high degree of decommodification, a low degree of stratification and a high degree of individualization. The welfare system is characterized by universal social security and welfare services ([Almqvist, 2005](#); [Aspalter, 2011](#), pp. 738–739). However, the changes toward New Public Management have escalated in the Swedish welfare regime since late twentieth century. The historically relatively extensive public sector for the care of older people is decreasing and the private providers are increasing. Neo-liberal management has come to influence all three countries with stricter assessment criteria (Inoue, personal communication, March 22, 2019; [Olaison, 2017](#)).

Increased Public Support and (re)Familialization

Each country has different situations which make different policy aspects more central, such as the issue of pensions in Korea, while in Japan, there is the integrated community care system and in Sweden, the tendency to a shift toward refamilialization.

[Ninomiya and Kinugasa \(2013\)](#) have identified and described problems in providing social care for older people in the aging Japanese society. The problems are connected to the demographic situation, consisting of the increase in the proportion of the elderly and the average life expectancy for older people. Moreover, the Asian value of filial piety connected to Confucianism is no longer so prominent ([Watanabe, 2018](#)). Japanese families have changed during the last few decades. The significance of “ie,” which is family identity in Japanese society, has diminished, and with the increased mobility of the family members and the shrinking size of families, the “mythology of family care for the elderly” is no more a reality. In the last two decades, formal care service and systems in Japan have drastically increased, so nowadays in Japan, there is considerable discussion of how to concretize the idea of “shared care” for older adults by the family, community, and formal care system. This is dealt with through the Case Management in the Japanese welfare system ([Qureshi & Walker, 1989](#)). Yet [Ninomiya and Kinugasa \(2013\)](#) have asserted that it is difficult to find any clear strategy for caring for older adults. Due to the increasing number of older adults needing long-term care and the rising expenditures for social security ([MHLW, 2009, 2014](#)), the national LTCI was introduced in 2000.

Then, eight years later, a nationwide community-based integrated care system was implemented, which integrates a community’s healthcare resources, through the coordination not only of hospital outpatient and inpatient sections but also of welfare facilities, home visit care services, and even mutual support activities among neighborhoods ([Fig. 2](#)) ([Morikawa, 2014](#)). Among the services in the integrated care system, policy-makers envisioned home-based care as its core because traditional facility-based care is costly and there is a dire shortage of welfare facilities for long-term care ([Morikawa, 2014](#)). Thus, in the community-based integrated care system, families, peer residents, and volunteers are encouraged to provide care for elderly relatives with mild disabilities. People with severe diseases