

# Changes in older people's living arrangements in Flanders, 1993–98

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## **ABSTRACT**

The living arrangements of older people are changing. An analysis of official registration data (1993–1998) in Flanders, Belgium, shows that while the number of single person households has been increasing, the proportion of people aged 75 or more years living alone has been falling and the proportion living with a spouse or partner increasing. No less than one third of the older people who lived alone in 1993 sustain a one-person household into very old age. It was also found that those who are widowed at a very advanced age change house or move very quickly, women to a greater extent and at younger ages than men. The principal destinations are residential care homes and, to a lesser extent, child's households. Living alone appears to be a decreasingly acceptable option. Since very old people with a disability appear to have an increasing preference for residential care and a lessening preference for co-residence with relatives, these developments have consequences for both informal family care and public social services. Particular attention needs to be paid to men who live alone as a risk-group, and residential care provision requires expansion.

**KEY WORDS** – older people, very old people, living arrangements, household composition.

## **Introduction**

Since the 1980s, social demographers and family sociologists have paid increasing attention to the processes of household formation and change in later life (Jacobs 1995). Demographers come to the topic with an interest in the nature and implications of population ageing, particularly in western societies, while family sociologists are interested in the transitions through the lifecourse and over time of family relationships, and in the rational choices of individual actors for various household and intimate arrangements.

Changes in the living arrangements of older people, as associated with children leaving home, divorce and remarriage, are the outcomes of

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individual choices and decisions about joint or separate living. Such changes impact on the demand for housing and housing services as well as on the quantity and types of demand for social services and informal support and care for frail older people. New patterns of living arrangements among older people are therefore of interest for several reasons (Palloni 2001). Not only do they affect the material and psychological wellbeing and the health of older people, any shift between public and private (family-based) support for older persons has public policy and expenditure impacts. In northwest Europe, most, though certainly not all, family support was in the past delivered within a family household. Any decline in such arrangements is likely to bring about a rising demand for the public provision of some of the services formerly provided by close and co-resident kin. Moreover, there are broad social science interests in understanding major shifts in family and household composition over time and place, and in trying to understand how family relationships are affected by economic and social transformations.

The members of a household play an important role in providing each other with essential 'goods' such as food, personal care, emotional support and companionship. This applies perhaps most of all for older people, since they spend much time at home. The presence in the household of a frail older partner, or of one or more siblings or children, may be related to the need for extra-household informal and professional support and care. The form and strength of this relationship can be examined in Flanders using data on living arrangements that are collected by the continuous population register. One aim of the study has been to detail the presence of people in older people's households who, if required, might be available for a care-giving role. It does not attempt to project the future living arrangements of older people in Flanders, for Surkyn (1999) has already done this.

The presence of close relatives in a household does not however give a full picture of potential informal care-givers or of the support they provide for frail older people. A full analysis should include the wider social network of older people. The present analysis, however, because of data non-availability has to be limited to the resources of the household. The main research question to be addressed in this paper is what are the consequences of changes in older people's living arrangements upon the demand for intra- and inter-generational care.

### **Intimacy at a distance**

Much research on the living arrangements of older people has concentrated on the availability of close relatives. The bulk of informal care

within the household is provided either by older people to their spouses, or by children to their parents (Arber and Ginn 1991; Finch 1989).<sup>1</sup> Previous research has shown that the primary care-giver of a frail older person is often the spouse, but spouse carers may be old and frail themselves (Arber and Ginn 1990; Dooghe 1992; Sanborn and Bould 1991; Jacobs and Audenaert 2000). A study of people aged 75 and more years in a Belgian urban area showed that of those who still had a partner, 80 per cent received help from them, and that of those with one or more children, 60 per cent received help from them or their spouses (Crets 1996). The availability of these close relatives is however changing.

In most developed countries, the availability (or survival) of older people's partners has increased, while the proportion of older people who live alone has also grown (Evandrou *et al.* 2001; Grundy 1999; Palloni 2001; Poulain and Dal 1999; Velkoff 2001; Liefbroer 1995; Lindgren *et al.* 1999). Many studies have shown a positive relationship between personal income and the propensity to live in a one-person household (Arber and Ginn 1991). Women are however disadvantaged by lower income and wealth (a consequence of their relatively low lifetime labour market participation). Compared with men, this gives them more restricted access to formal support and care services, especially among those who live alone (Liefbroer and de Jong Gierveld 1995). The proportions of older people living in two- or three-generation households and in supported households have fallen (Grundy 1996; Glaser *et al.* 1999). Kohli and Künemund (2000) suggest that households with more than one generation living together have become exceptional. Only seven per cent of German older people live with children, but nonetheless many have close ties and frequent contacts.

The evidence suggests that older people's co-residence with children is a function of need rather than of their preferences (Mickus *et al.* 1997). Inadequate income seems more important than the need for physical care (Finch 1989). Increasingly, it appears, it is the financial dependency of adult children that predicts co-residence, and less and less that of older people's disabilities (Gierveld 2000). It follows that care provision *by* children, the financial support *of* children, poor housing conditions, and relatively low income are all predictors of co-residence. Put another way, the growing financial independence of both children and older people may explain the decrease in their co-residence. Moreover, Arber and Ginn (1991) argue that when older people move into the household of a care-giver, they lose more autonomy than when the care-giver moves in with them. If this last option is impossible, many older people would rather move into a congregate home than lose the independence that is associated with living with a child. Oldman and Quilgars (1999) confirm

that many decisions to move into residential care are made by older people on the grounds that they do not want to burden their relatives.

Rather than a sign of neglect and disability, the living arrangements of today's older people are more a reflection of the influence of higher incomes and increased income security. As a consequence of improved pensions and housing, and the wider availability of sheltered accommodation and domiciliary care services, residential autonomy is viable for an increasing number of older people in West European countries.<sup>2</sup> The governing principle is that older people want to stay independent for as long as possible. Many older people in Europe prefer to live independently, either as a couple or alone, than to live with their children (Gierveld *et al.* 2001; Qureshi and Walker, 1989; Arber and Ginn 1991). Arber and Ginn argue that frail older people wish to maximise personal autonomy and minimise their burden on others in terms of non-reciprocal obligations. 'Intimacy at a distance', or living apart but maintaining frequent contacts with close kin, as described by Rosenmayr and Kockeis (1963), seems now to be the preferred 'living arrangement'.

It has been argued that hiring professional care-givers is consistent with a self-directed life, and that the wish to remain independent is a greater challenge for relatives and neighbours than for professional carers (Vanden Boer 1999). The relationship with the latter is defined by an objective transaction, whereas those with relatives and neighbours are emotional and more demanding. Requesting the active goodwill of family and friends may radically disturb the relationships with them. Another possible solution for minimising a person's dependence on family and friends outside the household is to recruit a relative to join the household. When this occurs, however, some older people continue to make use of professional help to preserve or demonstrate their independence.

In Belgium, the informal care system is the most important source of older people's personal care and household help. For almost one-third of frail older people, informal care-givers are the sole providers of care. Older people who live alone and have a restricted informal network are the most likely to use formal social services. The commercial and public sector community care services are hardly ever used exclusively, but mostly in combination with informal care (Crets 1996). When frail older people can no longer take care of themselves and there is no household member (spouse, child *etc.*) to rely on, many move into sheltered housing or residential care. Variations in institutionalisation rates by marital status and living arrangements indicate the influence of the availability, admission criteria and payment systems of social services and the importance of family support (Grundy 1992). Poulain and Dal (1999) have shown that among very old people (90 or more years)

in Belgium, living in a home for older people showed a marked increase during the last decade.

### **The demographic influences on living arrangements**

Several demographic factors influence the transitions in a person's living arrangement over the life-course. First, the process of ageing and, more specifically, increasing life expectancy, have had considerable influence on the living arrangements of older people. In Belgium, mean life expectancy at 65 years continues to rise (Table 1). The consequences of growing life expectancy for living arrangements are disparate, since health, the presence of relatives within the household and other factors may also be implicated. For instance, living longer does not imply an extension of good health and certainly not that one can manage a one-person household into advanced old age.

Secondly, in Flanders as in most West European countries, gender differences in mortality mean that in later life women outnumber men (Lindgren *et al.* 1999; Grundy 1999; Gierveld *et al.* 2001; Vanderleyden and Dooghe 1993). The recent trend in several west European countries is however for the gender differential in life expectancy to decrease (see also Table 1). This will increase the percentage of couples who reach high ages together. According to Cavalli *et al.* (1999), gender has no direct impact on the probability of living in a collective establishment rather than a private household, but is associated with the living arrangement through age, health, income, access to resources and number of surviving children (Arber and Ginn 1991).

Research has also demonstrated clear relationships between health, disability and living arrangements (Pienta *et al.* 2000; Glaser *et al.* 1997; Grundy 1999; 2001). In developed countries, married older people of specified ages are on average healthier than those who are single or divorced (Pienta *et al.* 2000).<sup>3</sup> Further, older people in residential care and other collective households are distinguished from older people in private households by their limited ability to perform the activities of daily living (ADL) (Cavalli *et al.* 1999). In addition, decreasing nuptiality may explain the increasing proportion of older people who live alone. In Belgium, according to Lesthaeghe (1977), nuptiality gradually increased from around 1860 until the 1960s, although the trend was interrupted several times, especially by the two World Wars. The relatively low marriage rate in Flanders during the Second World War projected in 1998 into a high proportion of people aged 75 or more years having never married. A recent phenomenon among older people is the break-up of (marital) relationships,

TABLE I. *Average life expectancy (years) at 65 years of age in Belgium*

	Men	Women	Gender difference
1960	12.2	14.5	2.3
1970	12.2	15.3	3.1
1980	12.9	16.6	3.7
1990	14.2	18.4	4.2
1995	15.2	19.6	4.4
1999	15.6	19.8	4.2

*Source:* Council of Europe 2000.

as by divorce. An increasing proportion of women enter later life as divorced. Nonetheless, the present generation includes many fewer divorced than widowed older women (Vanderleyden and Dooghe 1993).

Attention should also be drawn to the fertility rates of today's older cohorts. It is generally assumed that parents who had had many children will in later life have a high probability of co-residence with at least one child, especially an unmarried child (Mickus *et al.* 1997). In Flanders, the average number of children in a completed family fell from 2.34 for women born in 1922 to 1.85 for those born in 1949 (Willems 2000). But the decrease in fertility did not increase the number of mothers with only one or no child. The 1981 Belgian census indicated that among women born in 1917, 23 per cent were childless, while among those born in 1941, 13.3 per cent were so. The percentage with just one child differed little between the two cohorts. The consequence of declining fertility has therefore been that the proportion of older people with only one or no children has not greatly changed (Grundy 1999). Finally, the timing of childbirths, especially of first children, has been shown to have a strong influence on whether the aged mother lives in a multi-generational household. In The Netherlands, a decline in the number of four-generation families is expected as a result of the postponement of childbirth in the recent cohorts (Post *et al.* 1997).

### Data and research methods

Until 1991, the only available data on living arrangements in Flanders were from the decennial census. Recently, however, the continuously gathered National Register data were released for research. The data from 1993 to 1998 provide information about the birth, sex, age, place of residence, marital status and household position of every resident in Belgium.<sup>4</sup> The household data identify the head of household and the relationship of

TABLE 2. *A typology of older people's living arrangements in Flanders, 1993–98*

Type	Description
Alone:	Alone, without spouse/partner, children or parents.
With spouse or partner:	With a spouse (married) or partner (not married), with or without children.
Collective household:	A group who live together in a residential facility (none being the head of household), <i>e.g.</i> residential and nursing homes, convents.
With parent or child:	One-parent households with children; or one or more adults living with one or more parents, children or grandchildren.
Other:	With at least one other person who is not a spouse or a child; and other compositions.
Migrant or died:	Older people who either immigrated into Flanders between 1993 and 1998 (therefore no information is available in 1993), or emigrated or died in the period (therefore no information in 1998).
Unknown:	No information available.

others to them. From this information, a typology has been constructed of the households of older people in Flanders (Table 2).

### The living arrangements of older people in Flanders in 1998

Table 3 shows the living arrangements of people aged 55 or more years in Flanders in 1998. As in most of northwest Europe, in Flanders most men (75 %) and women (54 %) of this age live with a spouse or partner (Gierveld *et al.* 2001).<sup>5</sup> There are distinct gender differences, since more men than women live with a spouse or partner. Similar gender differences are found in other types of households (Figure 1). For instance, twice the percentage of women (28 %) than of men live in one-person households, mainly because at each specific age women are more likely to be widowed, and because the general tendency has been for women to marry older men. At the same time, remarriage rates are lower for women than for men. Only three per cent of older men and seven per cent of older women live with a parent or a child,<sup>6</sup> and only two per cent of the men and five per cent of the women live in a collective household. Five per cent of older women and men live in a household of another type. The rates in The Netherlands are similar (Liefbroer 1995; Liefbroer and de Jong Gierveld 1995).

Figures 2 and 3 array the proportions of men and women in specific types of household by age.<sup>7</sup> They show a major shift towards residential care for older people from the age of 75 years. At younger ages, all the

TABLE 3. *The household situation of older people (55 or more years) in Flanders by sex, 1998*

Living arrangement	Men		Women		All	
	Thousands	%	Thousands	%	Thousands	%
Lives alone	102	14.2	247	28.0	349	21.8
With spouse or partner	540	75.2	478	54.1	1,018	63.6
In collective household	14	1.9	48	5.4	62	3.9
With parent and/or child	28	3.9	66	7.4	94	5.9
Other	34	4.7	43	4.9	77	4.8
Unknown	0.1	0.0	1.2	0.1	1.4	0.1

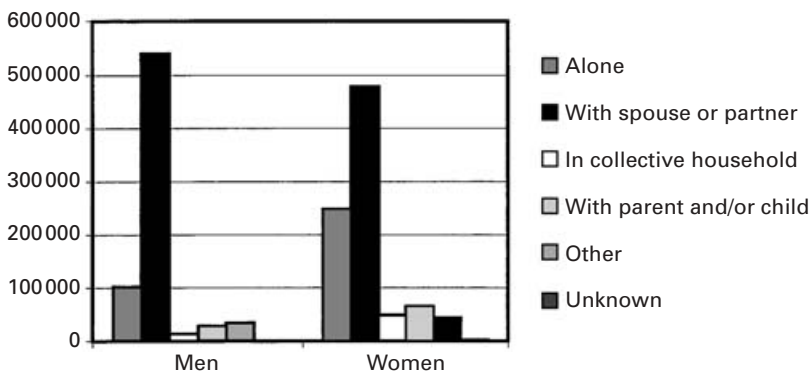


Figure 1. The household situation of older people (55+) in Flanders by sex, 1998.

living arrangements – even those with a spouse or partner – are stable, particularly for men. The tendency for women to lose their spouse or partner at a younger age than men is revealed as early as 55 years, and is accentuated at older ages. The gender differential is remarkable. The percentages of men and women aged 75–84 years who live with a spouse or partner differ by 40 points; and fewer than 10 per cent of women aged 85 or more years live with a spouse or partner, compared to 40 per cent of men.

Around 10 per cent of people aged 55 and more years live with one or more parents, a child or a grandchild, and with increasing age this percentage is stable. Living with children does not seem to be a favoured option. Finally, women are more likely than men to spend their last years in residential care. The proportion of women in residential care rises with age faster than for men and from a younger age. Although the proportion living with a spouse or partner decreases with age, the proportions of men or women who live alone do not increase. Rather, from 85 years of age,



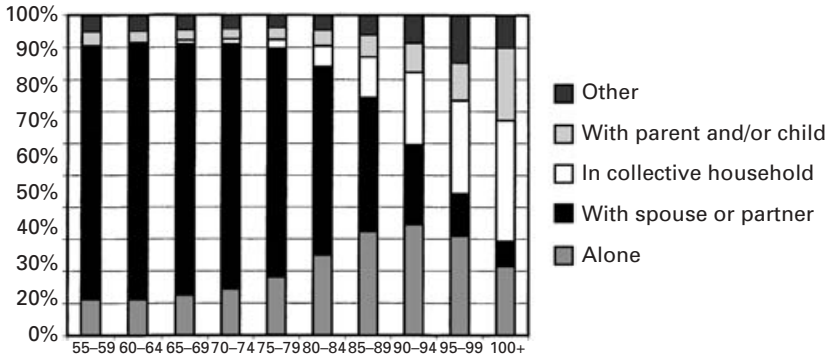


Figure 2. The household situation of men in Flanders by age, 1998 ( $N=717573$ ).

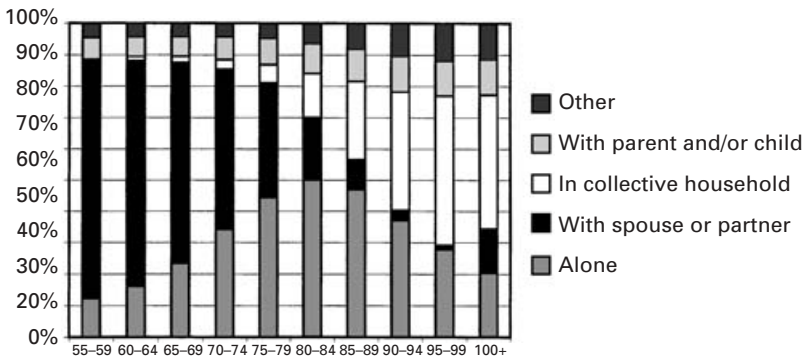


Figure 3. The household situation of women in Flanders by age, 1998 ( $N=882188$ ).

the proportions of women and men who live alone decrease, for women more strongly than for men. Very old people without partners tend to live in residential care or, less frequently, with their children.

### Changes in living arrangements, 1993–98

Table 4 shows that between 1993 and 1998, the most important changes in living arrangements affected those aged 75 or more years. The number in these oldest age groups increased, although not in all types of household. The number in households with a spouse or partner increased, as well as the numbers who live alone (except for men aged 75–84 years) and in residential care (especially among the oldest women). This means not only that there are more men and women aged 85 or more years living alone, but also that very old men and women were more likely in 1998 than in

TABLE 4. *The household situation of older people in Flanders by sex, 1993 and 1998*

Age group, sex and year			Alone	With spouse or partner	In collective household	With parent and/or child	Other	Total
<i>Aged 75–84 years</i>								
Men	1993	No.	23393	63324	4149	5276	5345	101487
		%	23.1	62.4	4.1	5.2	5.3	100
	1998	No.	22800	75860	4367	4555	4659	112241
		%	20.3	67.6	3.9	4.1	4.2	100
Women	1993	No.	82420	44350	15775	16997	11147	170689
		%	48.3	26.0	9.2	10.0	6.5	100
	1998	No.	82240	53530	16052	15612	9496	176930
		%	46.5	30.3	9.1	8.8	5.4	100
<i>Aged 85 or more years</i>								
Men	1993	No.	7913	8113	3224	2308	2107	23665
		%	33.4	34.3	13.6	9.8	8.9	100
	1998	No.	8919	10202	4205	2089	1856	27271
		%	32.7	37.4	15.4	7.7	6.8	100
Women	1993	No.	27084	4232	15374	7653	6854	61197
		%	44.3	6.9	25.1	12.5	11.2	100
	1998	No.	31440	5365	21624	7745	6464	72646
		%	43.3	7.4	29.8	10.7	8.9	100

1993 to live with their spouse or partner. Nevertheless, women were still more likely than men to live in residential care or with their children. Table 3 shows that between 1993 and 1998, the numbers aged 85 or more years living in residential care increased by 981 for men and 6,250 for women. Over the same period, fewer older people lived with children.<sup>8</sup> The sex differences mentioned earlier remain substantial. Similar trends have been shown in the United Kingdom (Grundy 1999).

#### *A longitudinal analysis of household composition*

The registration data permit a longitudinal analysis over five years of the changes in the living arrangements. Four questions have been addressed: What transitions occurred for the different types of household in 1993? Did the stability of the different household compositions vary? To what extent is the last stage of the life span a period of living alone? What consequences do the changes in living arrangements have for informal and formal care? Tables 5 and 6 present respectively the transitions experienced by those aged 75–84 and 85 and more years in 1998. The gender difference in living arrangements mentioned before remains important in later life. The analysis reveals major shifts between men and women at every position in the household as shown in the subsequent tables.

TABLE 5. *The household situation of people aged 75–84 years in Flanders in 1998 by their household situation in 1993*

Household situation in 1993	Number	Alone %	With spouse or partner %	In collective household %	With parent or child %	Other %	Died or migrant %	Unknown %
<i>Men</i>								
Alone	25861	56.8	2.6	5.1	1.2	1.3	32.9	0.0
With spouse or partner	113381	6.2	64.8	1.2	1.1	0.7	26.1	0.0
In collective household	3064	1.0	0.4	45.4	0.0	0.2	53.0	0.0
With parent or child	5930	7.9	6.8	1.5	46.6	4.8	32.5	0.0
Other	7534	6.9	16.1	2.7	2.7	42.0	29.6	0.0
Later immigr't	291	22.0	38.8	22.3	8.9	7.9	0.0	0.0
Unknown	43	41.9	11.6	6.9	2.3	4.7	25.6	7.0
<i>Women</i>								
Alone	85750	71.5	0.6	7.3	2.0	1.8	17.0	0.0
With spouse or partner	88449	19.5	58.7	3.0	2.9	1.1	14.5	0.2
In collective household	9587	0.9	0.2	62.3	0.2	0.3	36.3	0.0
With parent or child	17950	10.3	1.6	3.3	59.8	5.4	19.6	0.0
Other	11296	13.2	6.7	4.5	4.2	52.4	19.0	0.1
Later immigr't	406	27.6	15.8	23.2	20.9	12.3	0.0	0.3
Unknown	455	29.5	2.4	5.7	2.0	2.4	15.8	42.2

Taking first those aged 75–84 years in 1998 and who were living alone in 1993, women were much more likely (72%) to have been living in a one-person household after five years than men (57%). Most older people who live alone therefore remain in a one-person household over five years. Twice as many men (33%) as women (17%) had died, reflecting the gender differences in mortality. Turning to those who lived with their spouse or partner in 1993, almost two-thirds (59% women and 65% men) were in the same living arrangement in 1998, while six per cent of men and 20 per cent of women had lost their spouse or partner (usually through death).<sup>9</sup> And among those who lived in residential care in 1993, 45 per cent of men and 62 per cent of women remained in such an institution. A very high proportion of the men had died by 1998 (53%, compared to 36% of women).

Among those aged 85 and more years in 1998, the living arrangement transitions are similar to those of the younger age group but more pronounced. Of those who lived alone in 1993, 59 per cent of the men and 42 per cent of the women died in the following five years. Of those who survived, only 39 per cent of women and 30 per cent of men were still

TABLE 6. *The household situation of people aged 85 or more years in Flanders in 1998 by their household situation in 1993*

Household situation in 1993	Number	Alone %	With spouse or partner %	In collective household %	With parent or child %	Other %	Died or migrant %	Unknown %
<i>Men</i>								
Alone	19465	30.2	0.5	7.5	1.0	1.5	59.3	0.0
With spouse or partner	31368	8.6	31.7	4.3	1.4	0.8	53.2	0.0
In collective household	5677	0.4	0.1	18.3	0.0	0.1	81.2	0.0
With parent or child	4923	2.6	0.8	2.9	28.0	4.0	61.8	0.0
Other	4496	3.8	2.5	4.6	1.4	24.7	63.0	0.0
Later immigr't	64	15.6	32.8	28.1	6.3	17.2	0.0	0.0
Unknown	35	28.6	0.0	2.9	0.0	0.0	60.0	8.6
<i>Women</i>								
Alone	67555	39.2	0.2	14.7	1.5	2.1	42.4	0.0
With spouse or partner	19581	19.0	26.4	10.2	3.2	1.8	39.2	0.3
In collective household	25285	0.3	0.0	31.1	1.0	0.1	68.4	0.0
With parent or child	16210	2.8	0.2	5.1	35.3	5.6	51.0	0.0
Other	12699	5.0	0.6	7.5	2.7	29.3	54.8	0.1
Later immigr't	151	21.9	2.7	33.1	18.5	23.2	0.0	0.7
Unknown	238	15.1	0.8	10.1	0.8	1.7	49.6	21.9

in one-person households five years later. People in these advanced ages rarely find a new partner or move in with their children. A minority of the women (15%) and men (8%) moved into residential care during the five years, almost twice the rates of those aged 75 to 84 years, which reflects the comparative prevalence of incapacity in the activities of daily living (ADL and IADL) (Cavalli *et al.* 1999). One inference is that most disabled older people of 85 or more years who cannot live alone and will not rely on a family care network have no other option but to move into residential care.

Turning to those in this oldest age group who lived with a spouse or partner in 1993, 26 per cent of the women and 32 per cent of the men were still in this arrangement in 1998. Excluding deceased older people, around one-half of both men and women were still living with their spouse or partner. Nine per cent of the men and 19 per cent of the women had lost their spouse or partner and lived on their own. Another four per cent of the men and ten per cent of the women moved into an institutional home.

Among the women aged 80 or more years in 1993, no matter what the living arrangement in that year, the proportion entering residential care within five years was twice as high as for equivalent men. Finally, among the oldest age group living in residential care in 1993, one-fifth (18%) of men and 32 per cent of women still lived there in 1998. It seems that once in an institution, few leave for a private home, and most residents remain until their deaths. The small number who lived with their child(ren) in 1993 and survived for five years made few subsequent changes in their living arrangement.

### *Transitions among young older people*

Changes in the living arrangements of the younger cohort born between 1923 and 1942 (and therefore aged 55–74 years in 1998) have also been examined. The transitions for this age group were different, with many fewer shifts to living alone and residential care. Whatever their household situation in 1993, women were more likely than men to experience the transition to living alone and to cease living with a spouse or partner. The gender differential is clear up to 70 years of age. Men underwent more variable transitions, and seem to have been much more likely than women to be with a new partner. Around 10 per cent of men aged 55–74 years living alone in 1993 lived with a *new* partner five years later. A remarkably high number of men in the 'other' category also *started* living with a spouse or partner during the five years (16% of those aged 55–64 years, and 30% of those aged 65–74 years). Men who co-resided in 1993 with a child or parent also made relatively frequent transitions, for by 1998 almost 20 per cent were living alone and 23 per cent lived with a spouse or partner. On the other hand, the majority of men who lived with a spouse or partner in 1993 were still doing so in 1998.

Co-residence with a child or parent or being in the 'other' category of living arrangements was comparatively unlikely among the younger age group. Of men who lived in a one-person household in 1993, three-in-four men stayed in that arrangement. The few who lived in residential care in 1993 were more likely to be living alone (in a private household) five years later than those who moved in at an older age. This makes clear that young elderly men are most likely to live alone or with a spouse or partner, and that neither co-residence with a child nor residential care are popular. The same does not however apply to women. Young older women who live alone rarely find a new partner, and the majority stay alone until around their late seventies or eighties when they move into residential care. Of the young elderly women who lived in residential care in 1993, 87 per cent remained, in comparison to 71 per cent of equivalent

men. A similar gender differential applies to young older people who live with a parent or child.

## **Discussion**

The analysis of living arrangement transitions between 1993 and 1998 has shown significant changes in the presence of other household members. The main findings provide a foundation for further research on the living arrangements of older people in Flanders. It was found that a majority of older people aged 55 and more years experienced no transition in their living arrangements between 1993 and 1998.<sup>10</sup> This was true for both men (53 %) and women (58 %). Among very old people, there is however less stability in their living arrangements (Table 7). Above 85 years of age, the household situation of older people is no longer stable. Among those aged 85 years and older in 1998, only 26 per cent of men and 32 per cent of women lived in the same household situation in 1993.

Over the five years, more than two-thirds of very old people experienced profound changes in their household situation, and therefore in a major influence on their daily lives. Most clearly, there is a high probability that they will have to adjust to living alone, while the percentage of both men and women who live with a spouse or partner decreases strongly with increasing age. As shown in Figures 2 and 3, the proportion living in one-person households increases for men until 95 years of age, and for women until 85 years of age. At older ages, the proportions who live alone decreases strongly, but even so at the oldest ages (95 and more years), one-third of both women and men still live in one-person households. Between 1993 and 1998, however, there was a slight decrease in the proportion of older people aged 85 and over who lived alone, although the absolute number increased (Table 4).

For older people aged 85 and over living in a single-person household in 1993, five years later 30 per cent of men and 39 per cent of women still lived alone (Table 5). As many of the others were deceased, one can say that most older people who live alone continue in that living arrangement to the very end. Among older people who lived with a spouse or partner in 1993, when later widowed (or separated from their spouse or partner) at less than around 85 years of age, few women move in with their children and most stay alone, but if older, they tend to move into residential care. Men stay alone until older ages (around 95 years of age), but at these older ages, like women, tend to move into residential care, though to a lesser extent than women. Overall, then, for those who have come to be alone at a very old age (85+ years), the probability of forming a one-person

TABLE 7. *Older people living in the same household situation in Flanders, 1993 and 1998*

Age group (years)	Men %	Women %
55–64	64	70
65–74	62	72
75–84	51	61
85+	26	32
55 or more	53	58

household and 'staying alone' is lower than at younger ages. These very old people may not be able to maintain independent living, and many will not experience the stage of living alone. Nonetheless, for the 30 per cent of people who are living alone when they reach 85 years of age, most stay alone to the very end.

Some consequences can be inferred for informal, formal and residential care of the temporal trends in older people's living arrangements and of the transitions that they experience. Because more older people are living alone, not least in advanced old age, the demand for informal help and community care services will increase. On the other hand, between 1993 and 1998 the proportion of older people who were living with a spouse or partner increased. For many frail older people, the primary care-giver is in the household and in most cases is a spouse or partner. This means that a widely-envisaged social policy and practice 'problem' of ageing – the increasing demand for informal and community care – will largely be solved by demographic evolution or, specifically, increased survival. Increasingly, older people will have a spouse or partner to rely on in times of need, and so will have less need to turn to formal or professional carers. The key question is the extent to which spouses will be able, given their own declining functional ability, to provide the necessary care.

There is, however, an important difference among those in advanced old age.<sup>11</sup> Those who lose their spouse or partner when over 85 years of age are not always willing or able to manage on their own. Whether they cannot cope with the loneliness or cannot take care of themselves, many move into residential care – women more so than men and from a younger age. These older people may prefer residential care to living on their own or with their children. This suggests that there are people in advanced old age who when widowed cannot or will not stay alone even with the support of informal or formal care. The implication is that as an increasing proportion of the population loses their partner at very old ages, the demand for supported housing, domiciliary social services and residential care will increase. Assuming a continuation of this trend,

increases in the provision of sheltered housing and residential care for older people will be required.

Bearing in mind the falling number of older people who live with a parent or child, the question arises as to the optimum balance of informal and formal care. On the one hand, more older people will be living with a spouse or partner, but on average their capacities reduce with age and they will need increasing support. On the other hand, the desire for autonomy and independence suggests increasing demands for formal and professional care services. The conclusion is therefore that governments need to raise support for informal carers and promote the development of formal care services for older people.

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### NOTES

- 1 This does not mean that older people are not important providers of care to others, *e.g.* to a child or grandchild.
- 2 Comparative research shows different patterns of living arrangements of older people in Europe (De Vos and Sandefur 1999).
- 3 A partial explanation is found in the selection effects throughout marriage. The less healthy an individual, the lower the chances of finding a partner, of marriage and re-marriage. There are other economic and domestic explanatory factors for the better health of married older people: the economic security of marriage benefits women in particular, and companionship in the household may promote good health.
- 4 The data were prepared for analysis by Michel Poulain and Luc Dal (GéDAP, Université Catholique de Louvain). These data are not entirely comprehensive, *e.g.* not all migrations of older people are reported.
- 5 No less than 97 per cent of older people living as a couple are married and 18 per cent of all older men and women living as a couple have children living in as well.
- 6 Of all those aged 55 or more years who lived with a parent or child, 16 per cent of men and nine per cent of women lived with only a parent. At 55–64 years, the equivalent percentages are 25 per cent for men and 21 per cent for women. These percentages fall to nine per cent for men and 18 per cent for women aged 85 and over. Furthermore, 39 per cent of all men aged 55 and over and 60 per cent of women live only with a child (at 55–64 years, 34 % for men and 64 % of women; and at 85+ years, 49 % for men and 47 % for women). 45 per cent of all men aged 55 and over and 30 per cent of all women live in a three-generation household, with only minor variations by age.
- 7 The figures for the centenarians are deviant because of the low number.



- 8 Table 2 shows that the slight increase in the absolute number of women living with a child is more than compensated by the stronger decrease of men living with a child.
- 9 Although it is possible that the relationship has ended through divorce or estrangement.
- 10 The percentages exclude those who died during the period, but include those whose spouse or partner died. It is possible that there were two or more transitions over the five years that led to a person being in the same household situation as the first.
- 11 This evolution is seen in other European countries, e.g. Finland (Lindgren *et al.* 1999).

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