12. Living arrangements in later life

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1. INTRODUCTION

How the living arrangements of older adults contribute to their integration into society has long been a topic of sociological inquiry (Rosow 1967). People's living arrangements condition their access to social network ties, which can promote well-being by providing a sense of identity and purpose in life. By exercising social control, such ties can also encourage healthy behaviour (House et al. 1988). Previous research on this topic has focused on the determinants of living arrangements, as well as on the implications of living arrangements for health and well-being in late life. A recurring theme in the literature is that the effects of living arrangements should not be considered in isolation from the life events that created them (Alwin et al. 1985).

Research on the living arrangements of older adults comes under a variety of headings. Starting with Durkheim's (2005 [1897]) work on the family and suicide, these studies have mainly investigated issues such as marital status differences in health (e.g., Gove 1973; Hughes and Waite 2009; Umberson 1992), connections between household composition and access to support (e.g., Burholt and Dobbs 2014; Chappell and Badger 1989), and geographic proximity to family members (e.g., Hank 2007). The majority of these studies have focused on older adults living in private households, while neglecting those living in residential homes and health-care facilities.

Older adults' living arrangements reflect historical and cultural changes in patterns of family life (Thomso 2014). Among the shifts in these patterns that have occurred in recent decades are rising levels of divorce and remarriage; the increased popularity of unmarried cohabitation, including later in life; changes in the ages at which children leave the parental home; and a narrowing of the gap in life expectancy between men and women. Hareven (1982) has described the emergence of increasing individualism in families under the influence of industrialisation, observing that obligations that were once taken for granted are being replaced by a preference for independence and self-actualisation. Greater prosperity facilitates the maintenance of independent households. The connections between ideational shifts, economic developments, and changing patterns of family life are often described by the term 'second demographic transition' (Van de Kaa 1987). Research in this field has shown that the trends towards partnerships becoming less stable and households becoming more complex are now apparent not only in northern and western Europe, where they were first observed, but across the globe. The tempo and the nature of changes in living arrangements are linked to longstanding systems of kinship organisation (Lesthaeghe 2014), which underscores the relevance of regional differences when examining these arrangements.

In this chapter, I discuss trends among older adults in (a) living alone, (b) living with a spouse only, (c) intergenerational co-residence, and (d) living in institutional care. Additionally, I explore the economic factors, public policy arrangements, and cultural shifts that underlie the changes in these patterns, and consider the ramifications of these changes

for individual health and well-being. Throughout the chapter, I draw attention to the ways in which household resources in connection with public provisions and societal prosperity enable people to maintain their dignity and social connectedness late in life.

2. LIVING ALONE

The interest in the issue of older adults living alone among researchers and policy-makers is largely driven by concerns about a possibly vulnerable group in society (Gaymu and Springer 2010; Reher and Requena 2018; Rolls et al. 2010). Such concerns are based on the premise that living alone limits access to webs of interaction and network support. In the literature, there is a tendency to overlook diversity among those living alone, and to overlook evidence of resilience and autonomy (Carr 2019). People who live alone in later life have experienced diverse life courses (Djundeva et al. 2019). Some might never have left the parental home and are currently living alone because they outlived their parents and their siblings live elsewhere. Others might have left home to live on their own and might never have shared a household with another adult. Still others might be living alone because they are widowed or divorced, and their children are no longer living at home. Recognising the diversity of their life courses is crucial to understanding the plight of older adults living alone.

Data compiled by the United Nations (UN) (2017) on the non-institutionalised older population (aged 60+) reveal that around 2010, nearly one in three older people were living alone in northern and western Europe, while around one in four older people were living alone in eastern and southern Europe (see also Liu and Esteve in this volume). Older women were more likely than their male peers to live alone. Shares of solitary living increased with age, given the increasing likelihood of losing the partner by death, and the increasing likelihood of children's departure from the parental home. Thus, in Europe around 2010, more than half of women and one-quarter of men aged 80 or over were living alone. The reason why older women were more likely than older men to be living alone is that they were more likely to be widowed. Data from 10 European countries (Austria, France, Greece, Hungary, Ireland, Portugal, Romania, Spain, Switzerland, and the United Kingdom) allow for comparisons over time, roughly from 1990 to 2010 (United Nations 2017). The share of people aged 60 or over who were living alone increased from 32 per cent to 35 per cent among women, and from 13 per cent to 17 per cent among men. Projections for selected European countries show that converging male and female life expectancies are leading to a decline in living alone among older women in the coming decades, but an increase among older men (Centraal Bureau voor de Statistiek 2018; Martikainen et al. 2019; National Records of Scotland 2018; Office for National Statistics 2018). Interestingly, Keilman and Christiansen (2010) predict that in Norway, the likelihood of living alone will decline for both men and women aged 80 or over. Lower overall mortality and lower excess male mortality are resulting in a drop in the number of widows, and this trend will more than offset the growing number of divorcees at advanced ages (Gaymu et al. 2007).

Explanations for why older people have become increasingly likely to live alone in recent decades fall into three categories: demographic, economic, and cultural (Kramarow 1995). The demographic explanation is that a decline in fertility has reduced the number of adult children with whom older people can share a household (see Skopek in this volume). The economic explanation is that increasing income levels enable independent living. The cultural explanation is that increased individualism, with self-interests gaining precedence over family

obligations, account for the rise in living alone. Obviously, these three explanations are closely intertwined: the decline in fertility has been linked to rising individualism (e.g., Van de Kaa 1987), and rising income has allowed people to act on their growing preference for privacy (e.g., Pampel 1983). In the section on intergenerational co-residence, I provide examples of studies that attempt to disentangle the financial and cultural explanations for the observed trends in living arrangements.

By definition, those who live alone must turn to people outside of their household for help and support. Particularly when they reach an advanced age, and the issue of failing health becomes increasingly pertinent, people who live alone are at risk of having unmet care needs. Findings typically show that compared with their counterparts who are living with a partner, older adults who are living alone are more prone to psychological distress (Henning-Smith 2016), loneliness (De Jong Gierveld et al. 2012), and heavy use of hospital care (Hu et al. 2019). Nonetheless, it is crucial to acknowledge that older people who are living alone are not a uniformly vulnerable group, as many are leading satisfying lives, and are able to rely on friends, family, and community supports to help them manage the challenges associated with ageing. Djundeva et al. (2019) found, for example, that many older people who live alone fare just as well or even better than their peers who live with others, and that only those who have ‘restricted’ networks tend to have poor well-being. Thus, researchers need to be aware of the ways in which presumptions about the disadvantaged position of older adults who live alone might structure the kinds of questions they ask.

Moreover, living alone is a matter of degree. Adult family members might not be living together, but nevertheless quite close: in the same building, street, or neighbourhood. Isengard and Szydlik (2012) refer to this kind of situation as ‘near co-residence’. There are also older people who are ‘living apart together’ (LAT), maintaining an exclusive romantic relationship yet living separately in their own homes (Connidis et al. 2017; De Jong Gierveld 2004). Most have previously had a long-term union, usually marriage, that ended either in the death of the partner or dissolution through divorce. They have chosen a LAT arrangement rather than cohabitation or marriage because it provides them with autonomy, time on their own, and economic independence. Reservations about assuming care obligations are another reason some prefer to LAT.

3. LIVING WITH A SPOUSE ONLY

In their cross-regional comparisons of the living arrangements of the non-institutionalised population, the UN (2017) classified an older person residing in a two-person household with a spouse or a partner as living ‘with spouse only’. In Europe around 2010, 47 per cent of adults aged 60 or over were living with a spouse only. The proportions were higher among men (59 per cent) than among women (39 per cent), and among those aged 60–79 (51 per cent) than among those aged 80 or over (31 per cent). With increasing age, the prevalence of widowhood increases, and, as noted earlier, women are more likely than men to outlive their spouses. Historically, widowhood was the primary pathway out of marriage, yet recent decades are showing an increasing prevalence of divorce in older age groups (Wagner 2020). The proportions of the 60+ population who were living with a spouse only were higher in northern (51 per cent) and western Europe (57 per cent) than in eastern (36 per cent) and southern Europe (42 per cent). In the latter two regions, older adults were more likely to be living with both

a spouse and adult children (for details, see the section on intergenerational co-residence). The findings for the 10 European countries with available data for 1990 to 2010 indicated that over this period, the proportion of older adults living with a spouse only increased from 42 per cent to 49 per cent overall, and from 34 per cent to 41 per cent among women and from 53 per cent to 58 per cent among men. The growth in the proportion of those living with a spouse only was accompanied by decreases in both intergenerational co-residence and the household category 'other' (e.g., living with siblings, in skipped-generation households).

Those categorised as living with a spouse only are a diverse group. Although marriage is the most common type of partnership in the older population in Europe (Becker et al. 2019), the proportions of people both young and old who are cohabiting has risen significantly in the last two decades (Thomson 2014). Moreover, as partnerships are increasingly dissolving, more people are remarrying or entering another cohabitation union (Lappegård 2014). In Europe, same-sex couples are increasingly gaining legal recognition, as more and more countries are making marriage and registered partnership available to these couples, or are attaching rights and benefits to same-sex cohabitation (Waaldijk 2017). In sum, it is crucial to acknowledge that older adults classified as living 'with spouse only' might not be officially married, nor in a first partnership, nor in a heterosexual relationship.

A plethora of studies have shown that married persons tend to have higher levels of mental and physical health than unmarried persons (for overviews, see, e.g., Roelfs et al. 2011; Simon 2014). Two theoretical perspectives dominate this body of literature. The social causation hypothesis argues that marriage improves health, whereas the social selection hypothesis posits that persons who enjoy better health are more likely than less healthy persons to marry in the first place, and are also less likely to divorce. Sophisticated longitudinal analyses provide greater support for the causation than for the selection hypothesis (e.g., Brockmann and Klein 2004; Musick and Bumpass 2012). With the arrival of large datasets covering full marital histories, scholars have started to analyse the implications of complexity in couple relationships. Recent research has addressed issues such as whether the benefits of cohabitation are akin to those of (re)marriage (Wright and Brown 2017); whether the protection provided by same-sex relationships is similar to that provided by heterosexual unions (Manning and Brown 2015); and whether the gains associated with union formation are similar in magnitude to the losses associated with union disruption (Kalmijn 2017). The majority of the studies on this issue have been based on data from the United States, and most have focused on earlier stages of the life course.

As Brown and Wright (2017) have noted, family scholars are only beginning to investigate the implications of the new complexity in later life couple relationships. In a praiseworthy study carried out in the Netherlands, Chen and Van Ours (2018) tracked continuity in partnerships, as well as entry into and exit from partnerships, among 'younger' (born after 1962) and 'older' (born in or before 1962) cohorts over a period of five years, while distinguishing between opposite-sex and same-sex partnerships. Their findings revealed that being married (whether to a person of the opposite sex or of the same sex) resulted in larger happiness gains than being in a consensual union (whether with a person of the opposite sex or with the same sex). Marriage improved mental well-being in both younger and older cohorts, but cohabitation benefitted the younger cohort only. The well-being effects of partnership formation and disruption were symmetric, meaning they had similar magnitudes but were in reverse directions: partnership formation had positive effects, whereas partnership disruption had negative effects.

There are reasons to believe that the mechanisms linking partner status and health differ between older and younger persons. First, the protective effects of unmarried cohabitation may be weaker later in life (King and Scott 2005; Moustgaard and Martikainen 2009). Whereas unmarried cohabitation often follows a previous union among older adults, it is more likely to be a prelude to marriage among younger adults. Compared with those who have been continuously married, older people who cohabit may have accumulated fewer health and wealth benefits given the shorter duration of their unions. Of course, weaker feelings of attachment and commitment may also underlie the lower levels of investment in the union (Wright and Brown 2017). Consistent with these observations, survival analyses using longitudinal data from England and Wales have revealed that at younger ages, cohabiting and married persons had similar mortality levels; but that at older ages, cohabitators had elevated mortality levels (Franke and Kulu 2018). It should, however, be noted that rather than reflecting age differences, these findings might be the result of historical changes in the meaning of cohabitation (Manting 1996).

Second, due to increasing morbidity, the force of health selection into divorce and remarriage may be accentuated in later life (Zulkarnain and Korenman 2019). Moreover, compared with younger people, older people may be less able to offset the economic shocks of divorce by expanding their working hours, retraining, or moving to places where the labour market conditions are more favourable. The loss of close network ties due to divorce may be a greater concern for those who have retired than for those who are still working. In line with these arguments, a recent longitudinal analysis using data from the United States showed that the existing models of adjustment to divorce did not characterise the experiences of middle-aged and older adults (Lin et al. 2019). Their findings suggested a slow, gradual recovery from union dissolution, which is not consistent with either the ‘temporary crisis’ or ‘chronic strain’ models that have been differentiated for divorce in earlier work.

4. INTERGENERATIONAL CO-RESIDENCE

The prevalence of intergenerational co-residence (older persons living with adult children) varies markedly across European regions (United Nations 2017). Around 2010, it was lowest in the western and northern subregions, at 9 and 13 per cent, respectively; and it was relatively high in the southern subregion, at 30 per cent. Data that allow for the estimation of levels of intergenerational co-residence in eastern Europe were not available in the UN databases. However, the European Union Statistics on Income and Living Conditions (EU-SILC) 2008 reported levels in eastern Europe that were generally similar to those in southern Europe (Iacovou and Skew 2011). It should be noted that the EU-SILC household and age categories differed somewhat from the UN definitions. In general, around 2010, the propensity for intergenerational co-residence was similar for older men and women (UN 2017), and was higher for persons aged 60–79 (21 per cent for women, 22 per cent for men) than for persons aged 80 and over (20 per cent for women and 15 per cent for men).

Levels of intergenerational co-residence decreased over time, from 26 per cent around 1990 to 20 per cent around 2010 (UN 2017). As was pointed out earlier, the decline in the proportion of older people who were living with their adult children was accompanied by increases in the proportions of older people who were living with a spouse only and who were living alone. The trend away from co-residence has not been monotonic, as economic and political dis-

ruptions have led to some reversals. For example, the financial recession that started in 2008 resulted in higher levels of co-residence in a number of European countries because increasing numbers of young adults were unable to afford residential independence (Aassve et al. 2013). In former socialist countries, housing shortages, high prices, and precarious incomes have necessitated intergenerational co-residence (Robila 2004).

Co-residence can result from very different life course trajectories, each of which has its own specific determinants (Smits et al. 2010). In some cases, adult children may have taken in their ageing parents in order to care for them; while in other cases, the adult children may never have left the parental home, or might have returned home after experiencing setbacks in marriage or employment (Mitchell 2006). Intergenerational co-residence might be the most preferred and feasible living arrangement, or it may simply be the default living arrangement (Lennartz et al. 2016). Therefore, to understand cross-national differences in levels of co-residence, it is crucial to focus on a wide range of factors in addition to residential preferences, including the financial resources of the young adults and the seniors, as well as the economic circumstances, the housing market, and the availability of affordable public residential and home care in their country of residence.

Scholars have employed creative research designs to disentangle cultural and financial determinants of co-residence. Manacorda and Moretti (2006), for example, carried out a natural experiment in Italy to test whether greater parental wealth was devoted to prolonging co-residence. The underlying assumption was that Italian parents value family togetherness rather than intergenerational independence. The authors showed that an increase in fathers' income linked to changes in the Italian Social Security System resulted in a higher proportion of young men living at home. Apparently, wealthy parents 'bribed' their children to remain at home, offering comfort in exchange for their children's presence. Contrary to the standard explanation that a combination of economic necessity and housing shortages underlies intergenerational co-residence (Newman 2012; Ruggles 2007), Manacorda and Moretti demonstrated that financial resources enabled Italian parents to act on their cultural preferences. Giuliano (2007) focused on the living arrangements of immigrants under the assumption that if cultural norms are persistent, then the living arrangements of immigrants to the United States should parallel those of their counterparts in the home country. Using data from both 1970 and 2000, the study showed that the proportions of 20–34 year olds still living with their parents were higher among immigrants of southern European origin than among immigrants of northern European origin. The duplication of the European patterns in the United States suggests that culture played a major role in determining living arrangements.

For older adults, the potential benefits of co-residence include having access to intrahousehold companionship, emotional and practical support, and economies of scale (Hughes and Waite 2002). The potential disadvantages are reduced autonomy, stress resulting from possible intrahousehold conflict, and, in some cases, overcrowding (Gove et al. 1979). To gauge the balance of positive and negative effects, it is important to consider individual resources, such as health and socio-economic status, the availability of support outside the household, and the motives for co-residence. It has been suggested that the impact of co-residence on older adult well-being might vary across European regions (De Jong Gierveld et al. 2012). In northern and western Europe, where the residential independence of family generations is valued, co-residence may be associated with lower well-being; whereas in eastern and southern Europe, where multigenerational households are the traditional institutional arrangement, co-residence might be associated with greater well-being.

Findings on the association between intergenerational co-residence and older adult well-being have not uncovered a clear regional divide. Courtin and Avendano (2016) revealed that parents who were living with an adult child reported fewer depressive symptoms than parents who were not living with an adult child, but small sample sizes prevented them from deriving any conclusions regarding regional variations. Moor et al. (2013) found that parents with resident children and those with non-resident children were equally satisfied, and that this association did not vary across European countries. A study carried out by Grundy and Murphy (2018) showed that in all regions, widows were generally happier if they were living with their children than if they were living alone; but also that in eastern and southern Europe, only living with a daughter had this positive effect. Aranda (2015) found that ‘doubling up’ (two or more generations in the same household) had no impact on parental depression in Nordic or western European countries, but that it decreased depressive symptoms for parents in southern European countries. Differences between the studies in terms of the age ranges of the parents and the adult children, and in terms of the years of data collection, make comparisons difficult. De Jong Gierveld et al. (2012) pointed out that the direction of intrahousehold transfers should be considered, rather than co-residence only. In both eastern and western Europe, older adults who were primarily on the receiving side of transfers tended to have the lowest well-being.

5. LIVING IN INSTITUTIONAL CARE

Cross-national comparisons of the institutionalised older adult population are generally based on the number of available beds in residential long-term care facilities per 1000 adults aged 65 or over (Organisation for Economic Co-operation and Development 2019). In 2017, this figure ranged from two per 1000 in Greece to 83 per 1000 in Luxembourg. An overview of the changes in the number of beds in these facilities between 2005 and 2017 in 23 European countries reported a decrease in the Czech Republic, Finland, France, Iceland, the Netherlands, Norway, Poland, Sweden, Switzerland, and United Kingdom; an increase in Estonia, Germany, Italy, Lithuania, Slovakia, and Spain; and little change in Belgium, Denmark, Hungary, Ireland, Italy, Latvia, and Slovenia (Dykstra and Djundeva 2020). The overall trend was one of ‘limited convergence’ (Ranci and Pavolini 2013, p. 312): the more generous welfare regimes retrenched their provisions, while the less generous welfare regimes expanded theirs.

Some of the reductions in public provisions were the result of countries implementing policies to move long-term care out of residential facilities and into the community (Colombo et al. 2011). The driving forces behind this shift were not just a desire to contain costs, but an effort to satisfy people’s demands to choose the care arrangements and services they prefer (Verbeek-Oudijk et al. 2014). Expansions of public provisions came in the form of new entitlements, but were also aimed at supporting the caring role of families. Throughout Europe, there has been a trend towards the re-familialisation of care; that is, shifting responsibility for long-term care from the state to individuals and their families (Ranci and Pavolini 2013). Both ‘passive’ (i.e., withdrawal by the state) and ‘active’ (i.e., the introduction of cash for care benefits) re-familialisation measures have been implemented (Leibetseder et al. 2017). In addition, there has been a trend towards the marketisation of care, in which those in need of long-term care receive publicly funded services from private providers or pay for services out-of-pocket, with some financial compensation being provided through tax rebates (Ranci

and Pavolini 2013). Re-familialisation and marketisation increase the risk of a dualisation of care (Szebehely and Meagher 2018), whereby high-resource older adults are able to access the best providers, and low-resource older adults are faced with declining service coverage.

Deinstitutionalisation is not a problem per se, but it can become one if it is not matched with a sufficient increase in access to affordable home care and community care services (Spasova et al. 2018). The shift towards more home care and less residential care is in line with efforts to enable older people to 'age in place' (Pani-Harreman et al. 2020); i.e., to live independently in their own homes for as long as possible. There is a crucial distinction, however, between 'ageing in place' and simply 'staying put' (Boldy et al. 2011). Services must be available that enable older people to live well in their own 'place'. Moreover, for older people whose housing conditions are poor, their home is not an appropriate environment to 'age in place'. Trying to cope at home for too long can result in great harm, leading both older people and their carers to become physically and mentally exhausted (Horner and Boldy 2008). Coordination between multiple care providers is necessary to ensure that older adults living in the community are not left unnoticed or unassisted.

6. CONCLUSION

Across Europe, several consistent trends in the living arrangements of older adults have emerged. Most notably, there has been a rise in recent decades in the proportions of people over the age of 60 who are living alone, or who are living with a spouse only. In the future, women throughout Europe will be more likely to have a spouse to support them if they become dependent (Gaymu et al. 2007). Trends in intergenerational co-residence and institutional living have shown greater variation. The steady decline in the proportions of older adults who are sharing a household with their adult children reversed under the influence of the economic crisis, particularly in countries where the financial independence of younger generations was hit most hard. In countries where residential care was previously widely available, but public spending on such care has been reduced, the prevalence of institutional living has decreased. Moreover, in countries where residential care was virtually non-existent, but government expenditure has expanded, the prevalence of institutional living has increased.

Estimates of trends in living arrangements provide important insights into the availability of social support, and they are also significant predictors of material living standards (Martikainen et al. 2019). Administrators base their projections of needs for housing, health care, energy, and transport on such estimates. While the value of examining living arrangements should be recognised, the limitations of such research should also be acknowledged. Snapshot descriptions of trends can overlook the diversity in the pathways that culminate in particular living arrangements. Taking this diversity into account can help us better understand the links between well-being and living arrangements. For example, among older people who are living alone, those who are divorced or widowed seem to be particularly prone to psychological distress. By contrast, permanently single older persons do not seem to face a greater risk of psychological distress than their currently married counterparts (Hank and Wagner 2013). Presumably, those who have always lived on their own after leaving home have become accustomed to fending for themselves. They have also not experienced the marital disruption of divorce or spousal loss.

A focus on living arrangements also fails to adequately portray the exchanges of support between older persons and their kin. It helps to consider intrahousehold exchanges to gain an understanding of why having a partner does not per se contribute to greater psychological well-being. For example, Hank and Wagner (2013) have shown that only those married people who report being satisfied with the extent of reciprocity in their marriage report fewer depression symptoms than their unmarried peers. Moreover, spouses are not always a source of support, but on the contrary, might require intensive care in the event of disability. The emotional, financial, and physical costs of spousal caregiving are well reported in the literature (Wagner and Brandt 2018). Finally, when parents and adult children share a household, the direction of intergenerational transfers is not always clear (Cohen and Casper 2002). Who is supporting whom? Often, co-residence serves to benefit the adult children rather than the other way around (Wiemers et al. 2017).

In addition, it is crucial to ‘look beyond the household’ (Grundy et al. 1999) to document transfers and get-togethers of older adults and their relatives who are living independently of one another. Most older adults live within easy reach of their kin and, contrary to the general assumption of an increasingly mobile society (Cooke and Shuttleworth 2018), there is no evidence showing increased distances between adult children and their ageing parents in recent decades (Geurts et al. 2014; Lundholm and Malmberg 2009; Steinbach et al. 2020). Modern technology presents a new range of possible options for keeping in touch, making living arrangements less relevant as an indicator of social isolation or support.

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