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'Because family and friends got easily weary of taking care': a new perspective on the specialization in the elderly care sector in early modern Holland†

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This article investigates the causes of the remarkable growth in and specialization of elderly care institutions in the Netherlands during the early modern period, and relates these developments to a number of major changes in the household formation process, which had both a direct and an indirect impact on the need for elderly care in general and on the relationships between the elderly and next of kin (partners, children, and other family members). Some specific features of the specialization in care, such as the care provisions for couples, point towards an underlying change in these relationships, which may have resulted from a combination of factors such as neolocality, high marriage ages for both men and women, and, related to this, the small spousal age gap and large numbers of singles. In the typical nuclear household society of early modern Holland, even when children lived close enough and were financially capable to provide help, parents often still relied on extra-familial elderly care provisions. This article also argues that this practice was embedded in a persistent moral culture accentuating independence, agency, self-help, investment in the younger generation, and community, instead of putting family responsibilities first.

This article is an attempt to explain the remarkable rise in elderly care institutions in early modern north-western Europe from a new perspective, by linking this development to other current debates in economic history. As elsewhere in Europe, institutions for general relief, such as hospitals, were increasingly being set up in early modern Holland; but unlike in most other regions, soon within this process institutions came to specialize with greater frequency in elderly care in particular. As part of this development we also see two different forms of emergent specialization. On the one hand, commercial forms of elderly care were developed, as is clear from an increase in the offer of separate commercial care housing—in a form that resembles the present-day 'service flats' for the elderly—which were accessible only to those who had saved up enough during their lifetime. On the other hand, from

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the fifteenth century onwards elderly care institutions were increasingly dealing with specific target groups such as couples and the never-married, thus moving away from a more generalized approach to care for the ageing. Although we may not—from a present-day perspective—find these developments striking, there are clear differences from the forms of care for the elderly elsewhere in Europe, which demand our attention. Elsewhere, for example in southern Europe, the elderly could also end up in institutions away from their family, but elderly care was often intermingled with other types of care, without much specialization towards specific target groups of elderly, such as couples, widowed persons, or singles. Moreover, although commercial solutions such as the sale of corrodies or life annuities were also present elsewhere in Europe and had been for some centuries,[1] the institutions of commercialized elderly care that we find in the Netherlands seem to have been completely absent in most other European societies.

Our main research question is about the drive towards specialization which is commonly assumed to arise when there is a large enough demand for a specific type of service. What created this demand? Scholars have linked the growing number of foundations to changes on the supply side in particular, relating them to the economic, social, political, and religious motivations of the founders.[2] The increase of poor relief foundations, for example, has been linked to growing prosperity and the willingness of even common folk to give to charity, thus making the financing of these often private institutions possible.[3] The Reformation has also been mentioned as an important impetus behind welfare reforms, resulting in a more centralized and specialized poor relief system.[4] However, none of these explanations indicate to what extent there was actually a growing need for support, nor do they clarify why the poor and needy in general or old people in particular in Holland did not simply fall back on other solutions, such as their family; and if they could not, the question still remains why we find separate categories of care institutions for the elderly in particular, and even for separate target groups among the elderly. What happened in north-western European societies that can explain the need or demand for such specialization?

In this article we argue that the explanation for this specialization should be sought in the major changes in the household formation system since the late middle ages, which increased the demand for elderly care due to, on the one hand, a general increase in demand with rising numbers of singles and increasing life expectancy, and, on the other hand, weakening family ties and a change in perception of the reciprocal relationships between parents and children. In north-western Europe in the seventeenth century, duties of kin towards the elderly had already become of minor importance in comparison to the individual's responsibilities towards society at large, and towards their own well-being at a later age. Rather than the family's lack of support, it was individual behaviour, agency, and communal responsibilities that became crucial in fulfilling the entry requirements for extra-familial elderly

[1] Bell and Sutcliffe, 'Valuing medieval annuities'; Lewin, *Pensions and insurance*, pp. 21–55; Brunel, 'Une retraite bien prepare'.

[2] Lis and Soly, *Poverty and capitalism*; Solar, 'Poor relief'; Jordan, *Philanthropy in England*, pp. 15–21, 342–61; Jütte, *Poverty and deviance*, pp. 1–3, 100–5; Cavallo, *Charity and power*, pp. 1–5, 98–157.

[3] van Leeuwen, van Nederveen Meerkerk, and Heerma van Voss, 'Provisions for the elderly', pp. 11–12.

[4] See, for an overview, Parker, *Reformation of community*, pp. 1–18; Grell and Cunningham, *Health care*, pp. 8–26.

care provisions. These attitudes and values also influenced the actual use and function of these provisions, which demonstrates that the traditional family-based organization of society had already withered considerably by the Dutch Golden Age. A substantial number of the elderly arriving at care institutions could have been taken in by their own children, but as early as the seventeenth century it seemed to be commonly accepted that one should not rely solely on one's children in old age. The reasons for these changes in the demographic composition of societies and changes in the reciprocal relationships between parents and children will be sought in the more general transformation brought about by specific changes in the household formation system.[5]

This article will concentrate on the development of elderly care institutions in the area we currently call the Netherlands, and in particular on urban developments in Haarlem and Amsterdam, as a number of studies and newly composed datasets on the development of care institutions allow us to give some first general conclusions for this particular area. The factors we propose to explain the specialization process are, however, very much based on a comparison with the southern European situation, where a similar specialization has not been found, although we do not have comparable databases as yet. We will first give a description of the source material, before describing the growth of elderly care institutions in general. We then look at the specifics of their development, and move on to discuss various features of the household formation process in the area that may contribute to our understanding of developments in the elderly care sector.

I

For this article we compiled a database with information about elderly care institutions in the Dutch Republic from the earliest examples in the thirteenth century up to the 1800s.[6] The database consists mainly of references to institutions in secondary literature, with added findings from Dutch archives. In addition, the list has been supplemented by entries taken from the more general database with information about hospitals and guesthouses in the Netherlands created by Kappelhof.[7] Each entry contains information about the locality, year of foundation, the target group at the moment of foundation, as well as the capacity of the institution. Though we probably missed some cases, the database, with 440 institutions, is sufficiently reliable to map developments over this extensive period.

In addition we use sources that give us a better insight into the types of specific target groups envisioned by the elderly care institutions (in particular, the ordinances of the old people's homes, almshouses, and *proveniers*' houses) and related sources that tell us who was really using those services (such as the registers of their residents) and to what extent family relations—or the absence of these—were responsible for their presence. The former are primarily used to identify the societal norms about who was considered old and eligible for extra-familial support, as expressed in the entry requirements. The registers of residents were processed in a database containing information about the demographic and

[5] Hajnal, 'European marriage patterns'; Laslett, 'Family, kinship and collectivity'.
[6] See online app. S1.
[7] See also Kappelhof, 'Hospitäler in den Niederlanden'.

social characteristics of almost 2,900 residents of four early modern retirement homes: three in Haarlem, and one in Amsterdam. Whereas most of the existing literature on elderly care institutions pays little attention to the actual users of these provisions, we are convinced that focusing on them gives more information about the application of rules and norms, the relative importance of self-help, the extent to which kin and non-kin played a role in the care of these old people, and the timing of choices.

Almost 47 per cent of the old people in our 'residents database' resided in a charity-based provision, in our case an old men's home and old women's home in Haarlem. As long as certain entry requirements were met, they were admitted without paying a fee (though for some of these institutions this would change in the eighteenth century—see below). The meticulously recorded list of the Haarlemmer old men's home is an important source, holding the names of more than 1,150 old men from 1609 until 1799,[8] with for each listing the age at entry, date of entry, date of death, religious affiliation (since 1674), occupation (in some cases), the sum the old man had paid as compensation for not fulfilling the entire set of entry requirements, and the names of the guarantors (friends or relatives that guaranteed clothes and linen for the old man during his stay in the house).[9]

In particular the information about the guarantors gives us a clearer idea of the role of family members. In several cases, the relationship between the guarantors and the admitted old men is not clear, as often only the names of the guarantors were mentioned. However, we can get an insight into the guarantors by looking at the so-called recommendation letters prospective residents had to provide, ascertaining the applicant's 'worthiness' of a place, and providing testimonies about his previous labour activities, his moral behaviour, and other factors that made him an eligible candidate. For the early decades, some of these letters have survived and give information about the witnesses who accompanied the old man in his request for admission and would also act as his guarantors. In addition, 20 per cent of the seventeenth-century registrations contain specifications about the connections between the two. In the eighteenth-century cases such specifications are usually absent, but corresponding family names give at least an indication of the likelihood of a potential kin relationship. Finally, when a new inhabitant did not bring a guarantor he had to pay a fee himself. This can be considered a form of self-support, demonstrating that one could but did not want to rely on the care of kin or other people.

The other 53 per cent of the elderly in our database resided in one of the commercial—and more luxurious—forms of elderly care institutions. They registered themselves at one of the Haarlem and Amsterdam *proveniers'* houses, institutions providing rooms for paying guests. There is, to our knowledge, no precise translation available in English for this type of service, but as it corresponds best to our present-day service flat arrangements, that is how we will refer to this commercial form of elderly care hereafter. The registers contain information about

[8] The register continues until 1854, the year in which the house was abolished.
[9] Noord-Hollands Archief, Haarlem (hereafter NHA), Oudemannenhuis te Haarlem (3295), inv. nr. 35, 36.

the age and date at entry and death, the date at which the place was purchased, the sum paid for it, marital status, and the names of possible co-residents.[10]

For the 'service flat residents', it is the information about marital status and co-residents that gives some insight into the kin support available to the registrants. For Amsterdam it is possible to link the residents' names with additional biographical and family details, and additional information on the presence of married children living in the same town as their elderly father or mother, thanks to the availability of (pre-)marriage, baptism, and burial records in Amsterdam, as well as their extensive indices. The same is possible for a considerable portion of the elderly registrants in Haarlem, as almost 40 per cent of those for the Haarlem *proveniershuis* originally came from Amsterdam. With these data we try to grasp the individual characteristics and extent of the 'care network' of the men and women who registered themselves at the old men's house and the *proveniershuis*.

Contemporary views on old-age care provision were also expressed in a cultural way, in opinions and social codes regarding intergenerational exchanges; but interestingly, duties of children as a form of reciprocity could at the same time be downplayed with realistic admonitions to the parents. On the one hand, Catechetical texts, confession books, and other religious instructional work elaborated on the biblical commandment: 'Honour your father and your mother, that your days be long in the land which the Lord your God gives you'.[11] In this context, children were pointed to their obligation to honour and respect their parents, as corresponding to natural law, with examples of animals, such as the young eagle carrying his weak parent on his wings, being used to illustrate this idea. Parental care was considered an act of reciprocity ('remember when you were a child, helpless and vulnerable, how your parents cared for you and how they suffered from sleepless and broken nights'):[12] in adulthood a person had to compensate for the care they had received from their parents during childhood. On the other hand, parents were urged to maintain independence from their children, and beware of the latter's greed. An illustration of this idea is the warning against *inter vivos* testamentary bequests. Several instruction books, for instance, advised readers to transfer money and wealth only *post mortem* to the next generation. Exemplary stories disapproved of parents who gave too much of their wealth to their offspring as a kind of old-age investment.[13] Such behaviour would result in a loss of agency and make them dependent on the goodwill of their children. Instead, the best intergenerational transfer was to invest in the education and upbringing of one's children so that they could earn their own living.[14]

This two-sided viewpoint is also reflected in several sixteenth- and seventeenth-century paintings and prints depicting the so-called 'rich children–poor parents' theme,[15] showing old, crippled parents asking their children (often represented together with their spouse and children) for support, but in vain. In accompanying

[10] The Haarlem registers also mention the sum paid for extra privileges, and the place of descent and the religious affiliation of the new residents.

[11] See, for instance, de Sorbon, *Het Cancelllierboeck*, fos. 33v–34r; *Des coninx summe*, pp. 223, 435–6; Royal Library, The Hague, KW 227 A 3, *Der zielen troost* (Antwerp, 1509), fos. 55r–61r.

[12] Boele, *Leden van een lichaam*, pp. 241–3.

[13] Clark, 'Some aspects', p. 309.

[14] Pleij, 'Inleiding', pp. 39–42; Boele, *Leden van een lichaam*, p. 243.

[15] van Thiel, '"Poor parents, rich children"', pp. 99–127; Janssen, *Grijsaards in zwart-wit*, pp. 141–4, 149–53.

rhymes the children mentioned the responsibility they had for their own household, making it impossible to take care of their elderly parents. Though this merciless behaviour is strongly disapproved of, in the same rhyme parents too generous to their children are warned because they make themselves unnecessarily dependent.[16] So, on the one hand several texts mentioned the obligation to take care of elderly parents, referring to scriptural, natural, or reasonable considerations. On the other hand, these texts also emphasized the importance of independence and self-sufficiency, especially during old age.[17]

II

As described in multiple case studies, several towns in the Low Countries developed institutions such as almshouses and old men's homes that had to provide care for old men and women within the town walls as early as the late fourteenth century.[18] Though these early foundations were relatively small (offering between two and 20 places) and often founded as private initiatives, some towns provided support to larger numbers of elderly: Den Bosch (which had 22,000 inhabitants), for instance, by as early as *c.* 1500 had 19 institutions for the elderly; in Leiden (which had 14,000 inhabitants) at least 11 almshouses were founded before 1511; while the smaller town of Haarlem (9,000) counted four specialized elderly care institutions. It is not clear how many elderly people lived in these towns, and thus the percentage of elderly that made use of these kinds of provisions. According to McIntosh, 1 to 1.9 per cent of the elderly in England in the second half of the sixteenth century lived in an institution.[19] However, as these institutions were often concentrated in certain areas or towns, the percentages in those specific places could be much higher. For early modern Leiden, for instance, percentages of elderly people living in *hofjes* (almshouses) varied between 2.7 and 9.7 per cent.[20] Combining these numbers with the available long-term residential places in urban hospitals results in even higher proportions of old people in a residential care institution in this town in the beginning of the seventeenth century.[21]

Almshouses and old people's homes can be considered a form of charity-based elderly care: recipients enjoyed accommodation and the basic necessities such as food, drinks, and peat, and often could make use of medical provisions and medicines for free or in exchange for a very low fee. Complementary to these charity-based provisions, the wealthier developed more commercial forms of elderly care. From the fourteenth century onwards older men, women, or couples who could afford it made contracts with cloisters, guesthouses, and hospitals to 'buy' lifelong care against a sum of money or immovables,[22] which provided them with a room in a hospital that primarily cared for sick or poor people. In the sixteenth

[16] van Thiel, '"Poor parents, rich children"', pp. 99–127.
[17] Boele, *Leden van een lichaam*, pp. 243, 252.
[18] Coopmans, *De rechtstoestand*, pp. 26–43; Kurtz, *Het proveniershuis te Haarlem*; idem, *Haarlemse hofjes*, pp. 19–52; Ligtenberg, *De armezorg te Leiden*, pp. 234–83; Zuijderduijn, '"Good, fresh air"'.
[19] McIntosh, *Poor relief*, p. 198.
[20] Looijesteijn, 'Funding and founding', p. 204.
[21] Boele, Bouman, and de Moor, 'Commerciële huishoudens?', pp. 29–30. Putting these proportions in a present-day perspective, it appears that they are rather high. In the present-day Netherlands around 6% of the 65+ population currently lives in an elderly care institution; de Klerk, *Zorg*, p. 38.
[22] Zuijderduijn, '"Good, fresh air"'; idem, 'What did retirement cost back then?'.

century, for instance, 172 'paying guests'—men, women, and couples—resided in the Elisabeth Hospital in Haarlem, while the leprosarium in the same town housed more than 120 such guests.[23]

Over the course of the seventeenth century an increase in both charity-based provisions and commercial forms of elderly care took place. In several towns, hospitals that previously functioned as general hospitals developed into 'specialized'—and separate— retirement homes for the elderly.[24] The number of almshouses increased very rapidly,[25] with more than 100 new foundations in Holland in the seventeenth century. At the end of this century at least 25 Haarlem almshouses provided accommodation to at least 232 women.[26] As all the Haarlem almshouses were founded for women only, old men were at first dependent on a place in one of the three main town hospitals. However, this situation changed in the first decade of the seventeenth century as a result of complaints about the overcrowding caused by the elderly, and especially old men, keeping hospital beds occupied, apparently a common problem in many fifteenth- and sixteenth-century towns.[27] The Haarlem town council decided to build a new institution. During the seventeenth and eighteenth centuries more than 1,150 residents lived in one of the small houses grouped together, often located in the middle of town. The number of available places varied between 40 and 60, depending on the financial situation of the retirement home. In Amsterdam, successive enlargements around 1600 of an old women's house with a special department for old men resulted in the housing of around 200 old people at the beginning of the seventeenth century, mostly women.[28] In addition, at the end of the seventeenth century the diaconate of the Reformed church decided to build an old people's home to house 400 women and 112 old men.[29] It was presented as a cheaper solution than the existing practice, whereby the elderly poor were living on their own with contributions from the diaconate or were placed in the household of someone else (so-called '*uitbestedingen*' or 'outsourcing').

In the meantime, the number of institutions offering care to paying guests also increased. In some towns, such as Leiden, general hospitals continued to take in paying guests and refrained from setting up specific institutions. As the beginning of the eighteenth century the Haarlem town council decided to restructure an old building in the town centre as a specialized *proveniershuis*. New residents had to pay a fee (between 800 and 3,500 guilders,[30] depending on their age) and received accommodation, food, and drinks and the necessary care for the rest of their lives in exchange. In the course of the eighteenth century demand even exceeded the supply of available places, resulting in an actual waiting list. In the decades around 1700 several other towns in Holland, such as Rotterdam (1670), Gouda

[23] Gaarlandt-Kist, *400 jaar*, p. 14; NHA, Leprooshuis te Haarlem (3310), inv.nr. 84.
[24] For Utrecht: van Hulzen, *Utrechtse kloosters*, pp. 11–134, 142–5. For Groningen: Buursma, *'Dese bekommerlijke tijden'*, p. 214.
[25] Goose and Looijesteijn, 'Almshouses', p. 1054; Looijesteijn and van Leeuwen, 'Founding large charities', p. 22.
[26] Looijesteijn and van Leeuwen, 'Founding large charities', p. 25.
[27] Polman, *Het Frans Halsmuseum*, p. 11.
[28] Wagenaar, *Amsterdam*, pp. 302–3.
[29] Ibid., p. 326.
[30] In the seventeenth century a skilled craftsman had an annual income of 300 guilders; de Vries and van der Woude, *First modern economy*, pp. 609–20.

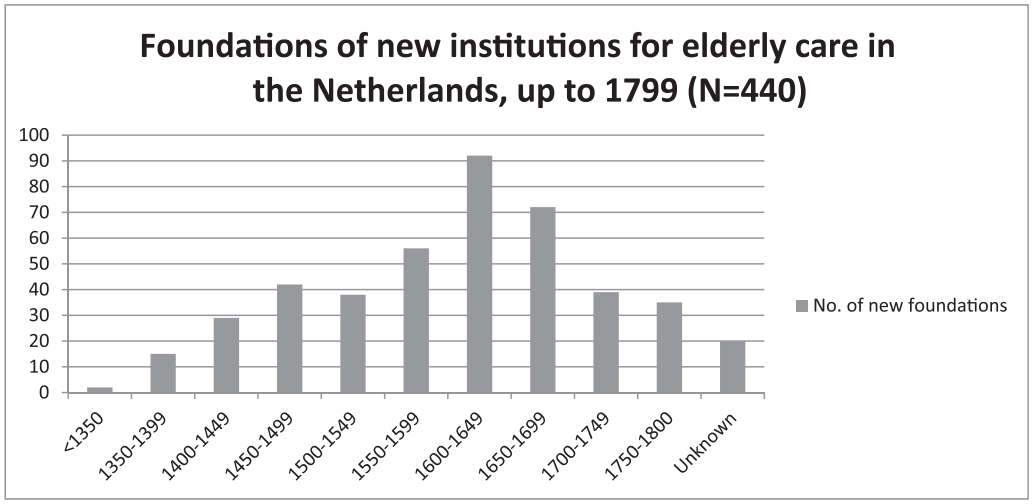


Figure 1. *Foundations of new institutions for elderly care in the Netherlands, up to 1799 (N=440)*

Source: Database of elderly care institutions in the Netherlands (see online app. S1).

(1688), Woerden (1674), and Schiedam (1759), founded specialized 'service flats'. In smaller towns as well, such as Schoonhoven and Oudewater (1580), *proveniers*' houses were founded. In sixteenth-century Leiden, a former cloister was reorganized as a *proveniers*' house.[31] In some cases, these foundations were simply official recognition by the town council of a practice that had existed for centuries. The former leprosarium in Amsterdam, for instance, was only officially recognized by the town council as a specialized house for paying guests in 1694, while other sources demonstrate that the building had already been in use as such since the sixteenth century.

Figures 1 and 2 provide an overview of the number of elderly care institutions across the Netherlands. Regarding the characterization of an institution as a charity- or commercial-based form of relief, the situation at the moment of foundation was considered the defining point. However, the character of institutions could change over time. For instance, some institutions that were founded as charitable provisions started to set entry fees from the end of the seventeenth century onwards. The sum that had to be paid was much lower than the large amounts required to obtain a place in a 'service flat', but are indicative of a general tendency of making provisions such as almshouses and old people's homes primarily a solution for the urban middle class.[32]

In part, this substantial increase in the number of institutions coincided with considerable population growth, from one million in 1500 to around two million in 1700,[33] which implies an increase from 0.86 (1500) to around 1.7 (1700) institutions per 10,000 inhabitants. These ratios, however, are rather high,

[31] Zuijderduijn, '"Good, fresh air"'.
[32] van Leeuwen et al., 'Provisions for the elderly', pp. 8–11.
[33] de Vries and van der Woude, *First modern economy*, p. 50.

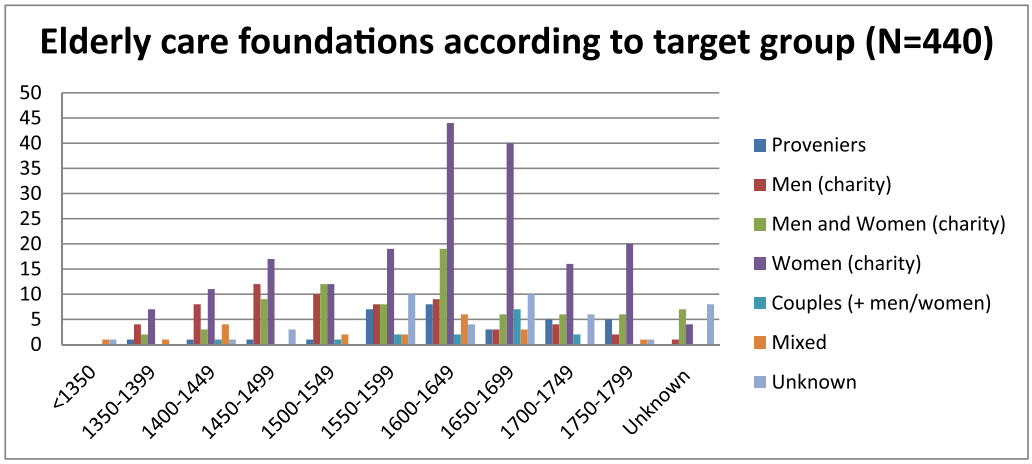


Figure 2. *Elderly care foundations according to target group (N=440)*
[Colour figure can be viewed at wileyonlinelibrary.com]
Source: Database of elderly care institutions in the Netherlands (see online app. S1).

especially compared to present-day societies.[34] Computing similar ratios for the highly institutionalized elderly care system of the Netherlands, for instance, resulted in numbers of 1.22 (2000), 1.17 (2004), and 1.21 per 10,000 inhabitants (2008).[35]

The development of an extensive and diversified network of elderly care institutions such as old people's homes, *hofjes*, and *proveniershuizen* was a rather unusual phenomenon compared to developments elsewhere in Europe. In England a similar increase in the number of both almshouses and hospitals occurred before the 1520s.[36] Afterwards, due to government policies, several of these institutions were closed down, but in the course of the seventeenth century almost 1.5 per cent of the English elderly, aged 60 and over, lived in an almshouse.[37] In addition, there were considerable regional differences, with no traceable presence of these institutions in the north and north-eastern parts of England.

The differences are particularly clear, however, in comparison with southern Europe. Though indeed the 'stereotype' of the caring Italian family needs correction, as falling back on children was not always self-evident and was, especially for women, also a matter of negotiation in those regions,[38] there are some clear differences in terms of target groups of care institutions and, linked to that, the motivations to apply for support. Though in southern European countries we can discern processes of care specialization as well, the target group for these institutions (referred to as *conservatori* or *ricoveri*) was not the elderly per se. They

[34] For most institutions we do not exactly know when they were closed. Overall, however, many elderly care institutions seemed to survive for centuries. Most almshouses in Leiden en Haarlem, for instance, which were founded in the late middle ages continue to function in the seventeenth and eighteenth centuries. Even if half of the medieval institutions did not survive, the ratio in 1700 is 1.51.
[35] Based on the number of elderly care homes in the last 15 years mentioned in de Klerk, *Zorg*, p. 13, divided by total population: (1940/1592.4); (1898/1628.2); (1989/1640.5).
[36] McIntosh, *Poor relief*, pp. 59–71.
[37] van Leeuwen et al., 'Provisions for the elderly', p. 8; Goose, 'Accommodating the elderly poor', p. 40.
[38] Cavallo, 'Family obligations'.

mainly focused on other vulnerable groups such as (young) women and daughters of respectable families, who needed a decent upbringing and a dowry subsidy to guarantee a marriage according to their class.[39] Even an institution such as the Orbatello in Florence, which was founded in the fifteenth century as a solution for the many—often very young—widows in the town who could live there together with their children, turned into a home for single women from more well-to-do families in the sixteenth century.[40] In Naples around 1800, for instance, there were around 80 of these types of institutions helping women start up their own household.[41] In fact, it perfectly illustrates the importance of the family in the provision of care, as these institutions predominantly provided a solution for those people who had been unable to build a respectable family safety net, due to economic difficulties.

Another difference becomes clear by comparing the practice of paid forms of care. That people paid for their care was not exceptional,[42] but no separate commercial institutions developed as they did in the Low Countries. Large hospitals in cities such as eighteenth-century Turin also housed several elderly people, who made use of a 'pre-paid' place,[43] but—contrary to the examples of the Holland *proveniershuizen*—these so-called incurables had not purchased the place themselves at the moment when they were in need, but had received it as a form of endowment. Private benefactors bought 'beds' in hospitals, which gave them the right to nominate people that could occupy that bed till their death. Often, wealthy families made use of this opportunity, providing a pension to their servants or other people from their patronage network without a family of their own.[44] For the Netherlands we know of similar arrangements for servants who could get a place in one of the *hofjes*. This, however, differs from the luxurious forms of care and service that could be obtained in the *proveniershuizen*. In addition, there is a clear difference in setting up a whole elderly care institution for a large number of needy elderly, including one or more of one's one servants, and buying a bed for one's retiring servant in a general hospital.

In addition, over the course of the eighteenth century very poor old men and women were admitted to one of the large hospitals. Cavallo mentions that in early seventeenth-century Turin relief institutions such as hospitals were an ultimate solution for those whose 'family relationships and other forms of solidarity had broken down'.[45] During the same decade, however, more impoverished elderly were also admitted, including those with children living in the same town who were unable or unwilling to support their widowed parent. Women were overrepresented among them, as demonstrated by the case of the Turin Ospedale di Carità: it hosted hundreds of old women in the second half of the eighteenth century for varying

[39] See, for similar institutions in Bologna, Terpstra, *Cultures of charity*, pp. 55–97; and in Florence, Henderson, *Piety and charity*, pp. 313–23, 382–97; Gavitt, *Gender*, pp. 160–95.
[40] Trexler, 'Widow's asylum'.
[41] Cavallo, 'Charity, power and patronage', pp. 99–101.
[42] Cavallo, 'Family obligations', p. 96; Chabot, 'Widowhood and poverty', p. 300; Henderson, 'Hospitals', p. 78.
[43] See Henderson, *Piety and charity*, for a similar situation in Florence.
[44] Cavallo, 'Charity, power and patronage', pp. 101–10; idem, *Charity and power*, pp. 140–6.
[45] Cavallo, *Charity and power*, p. 73.

lengths of time, while the number of men remained considerably lower.[46] The option of remarriage at a later age was a culturally more acceptable practice for men, as is also demonstrated by the considerable age gaps in couples with one senior partner.[47]

In eastern Europe and Russia, processes of institutionalization and specialization in elderly care were also absent. In some regions, poor elderly people could end up in *bogadel'nia*, general institutions housing all types of poor people, regardless of age.[48] Retired soldiers and their families were the main target group for external elderly care provisions. When processes of specialization did occur in eighteenth-century Russia, they were directed at other target groups, such as children, the insane, and the able-bodied poor. In the nineteenth century some of these institutions in towns such as St Petersburg and Moscow also took in paying guests who enjoyed extra privileges, most of them men and women who could not fall back on the help of family members.[49]

III

Dutch elderly care institutions offered specific services to different types of users. A precondition for gaining access to most institutions was an honourable lifestyle and high moral standards. In addition, some institutional ordinances contained age requirements: the Haarlem old men's home set the minimum age at 60, but most of the guesthouses and almshouses for women did not mention a minimum age at entry. Figure 3, which illustrates the average age at entry of four institutions for which we have data from the opening of the institution onwards, shows that (with the exception of the Amsterdam *proveniershuis*) at first the average age at entry was quite high, but it dropped in the years thereafter. This suggests that there was a need for yet another institution, fulfilling a real demand for support of both the elderly and the not-so-elderly.

For charity-based provisions, another often-mentioned condition, especially with respect to men, was that of a physical disability that prevented them from working. In addition to such individual requirements, several ordinances contained requirements concerning religious and civic affiliations. For women, a requirement of physical disability was not mentioned. Most of the seventeenth- and eighteenth-century almshouses in Haarlem and Amsterdam were founded by religious denominations and admittance was restricted to 'old, miserable women' belonging to a specific congregation.[50] From the end of the sixteenth century, several ordinances added requirements relating to the minimum number of years new applicants had to have lived and worked in the town.[51]

Most ordinances of almshouses or old people's homes also stress very clearly and explicitly the marital status of their target group.[52] In most cases—and this

[46] Samples from every 10 years' registrations in the period 1743–83 show that during these years 299 women were admitted versus 160 men; Cavallo, 'Conceptions of poverty', p. 177.
[47] Ibid., pp. 178–9.
[48] Lindenmeyr, 'Work, charity and the elderly'; idem, *Poverty is not a vice*, p. 27.
[49] Lindenmeyr, 'Work, charity and the elderly', pp. 237–42.
[50] Kurtz, *Haarlemse hofjes*, pp. 85, 99, 105, 109, 120; Wagenaar, *Amsterdam*, pp. 352–62.
[51] Boele, *Leden van een lichaam*, p. 286.
[52] Cavallo, 'Conceptions of poverty', pp. 176–8, mentions similar requirements for the Turin hospitals.

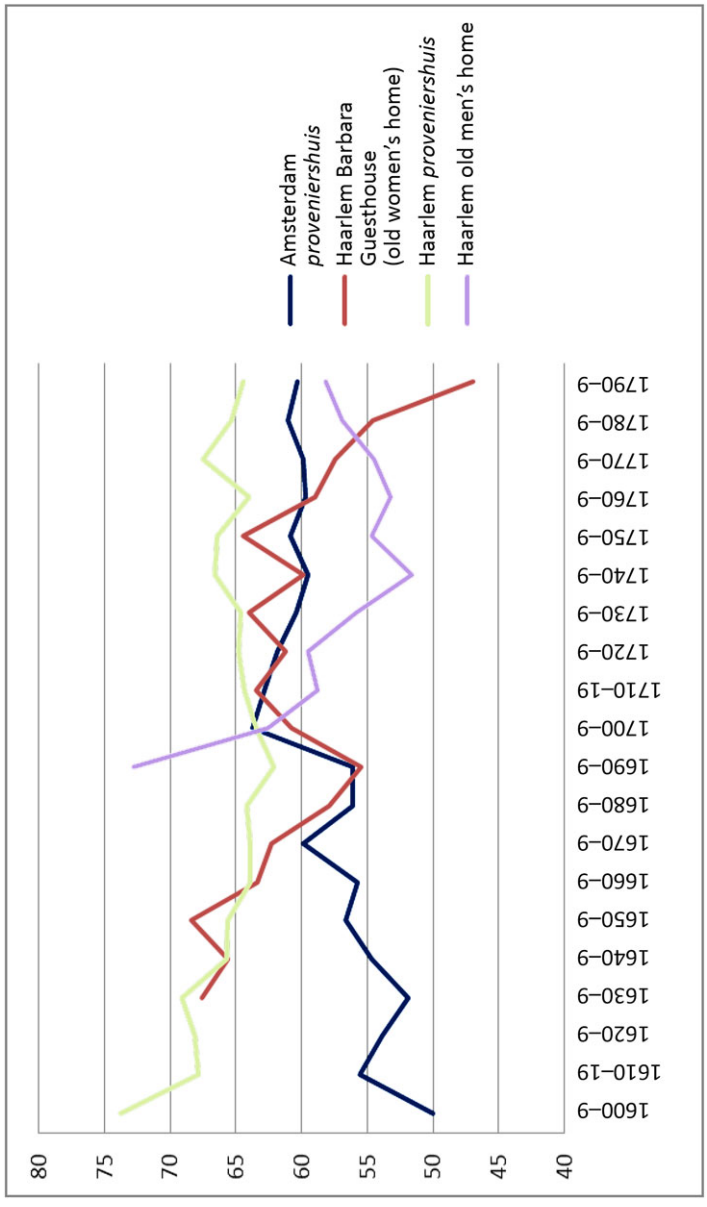


Figure 3. *Average ages at entry, 1600–1799*
[Colour figure can be viewed at wileyonlinelibrary.com]
Sources: NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv.nr. 4, 5; NHA, Oudemannenhuis te Haarlem (3295), inv.nr. 35, 36; NHA, Barbara gasthuis te Haarlem (3241) inv.nr. 4; Stadsarchief Amsterdam (SA), Archief van het Sint Jorishof, Leprozenhuis en Oude Mannen- en Vrouwengasthuis (369), inv. 8.

remains a common feature throughout the pre-industrial period—only men and women *without* a spouse could be admitted to charity-based institutions, which indicates that the responsibility for caretaking in society *at large* was considered to be primarily an affair to be dealt with by marriage partners. The ordinance of the Haarlem old men's home, for instance, stipulated that the male residents had to be 'free', which means that they had to be single or widowed. The same is true for the Barbara guesthouse and the other almshouses in Haarlem for old women. The sixteenth-century ordinance of the old women's guesthouse stated that only widows and spinsters were allowed a permanent place, while divorced women had to be rejected, thus adding an extra moral dimension.[53] In general, only people who could not fall back on a partner were allowed to make use of these charity-based old-age provisions, though there were some exceptions to this rule with almshouses that had rooms for couples.[54] The Corvershof in Amsterdam, for instance, was founded at the beginning of the eighteenth century, because, according to the founders, there were almost no options for poor old couples.[55] However, charity-based relief for the elderly remained primarily a solution for singles who could not rely on the help of a spouse, or those who were widowed.

While widowhood or singleness were important criteria for the charity-based provisions, the *proveniershuizen* ('service flats') of Haarlem and Amsterdam did not specify any such requirements for new residents. Actually, as is apparent from table 1, almost one-third of the seventeenth- and eighteenth-century registrants were couples. In nearly half of the cases (45 per cent) the wife was older than her husband, which suggests that the declining health of the female partner in particular was an incentive to look for an appropriate provision to live out one's years.[56] If one of the partners died, the other was assured of free living and food for the rest of his or her life. Some residents, while already living in the house, chose to (re)marry another inhabitant or someone from outside. The dependency of the male partner on his wife also becomes clear if we look at the information we have on a few widowers from the Amsterdam pre-marriage and baptism records. For 28 per cent of the widowed persons (12 male, 49 female) among the paying guests of the Sint Joris *proveniershuis* it was possible to detect the date of death of the partner and thus the time span between the moment of widowhood and registration at the *proveniershuis*, showing a clear difference between widowed male and female paying guests. Eight widowers registered themselves within three years

[53] Similar requirements can be found in the ordinances of retirement institutions in other towns in the Netherlands. Ligtenberg, *Armezorg te Leiden*, pp. 272–80, 245–7; Friesland: Karstkarel and van der Laan, *Friese hofjes*, pp. 20–1, 77–8; 85–6, 120–1 ; Amsterdam: Wagenaar, *Amsterdam*, pp. 269–70, 305, 328, 335; Lopes Cardozo, Spruyt, and Suyderhoud, *Hofjes in Nederland*, pp. 30–7, 41; Alkmaar: Vis, *Hofjes van Alkmaar*; Haarlem: Polman, *Het Frans Halsmuseum*, p. 36.

[54] Looijesteijn and van Leeuwen, 'Founding large charities', p. 21.

[55] Alings, *Amsterdamse hofjes*, p. 79. By living together husband and wife could support each other, especially in almshouses in which the wife was allowed to share a room with her husband, but had to leave after his death. In the meantime she could take care of her husband and provide him with the necessary support. Several fifteenth-century ordinances and foundation acts of Leiden almshouses for men contain such stipulations, which were maintained at least till the seventeenth century. In the seventeenth century a special almshouse was founded to provide a solution for the old widows who at the death of their husband also lost their homes; Moerman, 'Met Jacob Timmermans', p. 34.

[56] Mean spousal age gap for couples with an older wife was 6.96; the mean age gap in those cases in which the husband was older was 7.35. These relatively high mean age gaps can be explained by the over-representation of remarriages among elderly partners.

Table 1. *Marital status of old men and women who registered at the* proveniershuizen *and charity-based provisions in Haarlem and Amsterdam during the seventeenth and eighteenth centuries*

	(Pre-) married	*Single or widowed*[a]	*Widow(er)*	*Single*	*Unknown*	*Total*
Commercial-based						
Male	248 (39.2%)	-	12 (1.9%)	1 (0.00%)	372 (58.8%)	633
Female	252[b] (29.2%)	-	175 (20.3%)	9 (1.0%)	426 (49.5%)	864
Charity-based						
Male	2 (0.00%)	1,152 (100%)	-	-	0	1,154
Female	0	54 (27.1%)	122 (61.3%)	23 (11.6%)	0	199
Total	502	1,206	207	33	798	2,850

Notes:
[a]Unfortunately, the marital status (single or widower) of men registering without a partner is often not clear because, in contrast to women, it was not explicitly mentioned. Though widowhood was much more often reported for women, it appears from comparison with the Amsterdam baptism, marriage, and burial registers that their number must have been larger.
[b]Though still married, one female registrant in Haarlem went into the *proveniershuis* without her husband. The other three women were pre-married to one of the inhabitants
Sources: NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv. nr. 4, 5; NHA, Oudemannenhuis te Haarlem (3295), inv. nr. 35, 36; NHA, Barbara gasthuis te Haarlem (3241), inv. nr. 4; Archief van het Sint Jorishof, Amsterdam, Leprozenhuis en Oude Mannen- en Vrouwengasthuis (369), inv. 8.

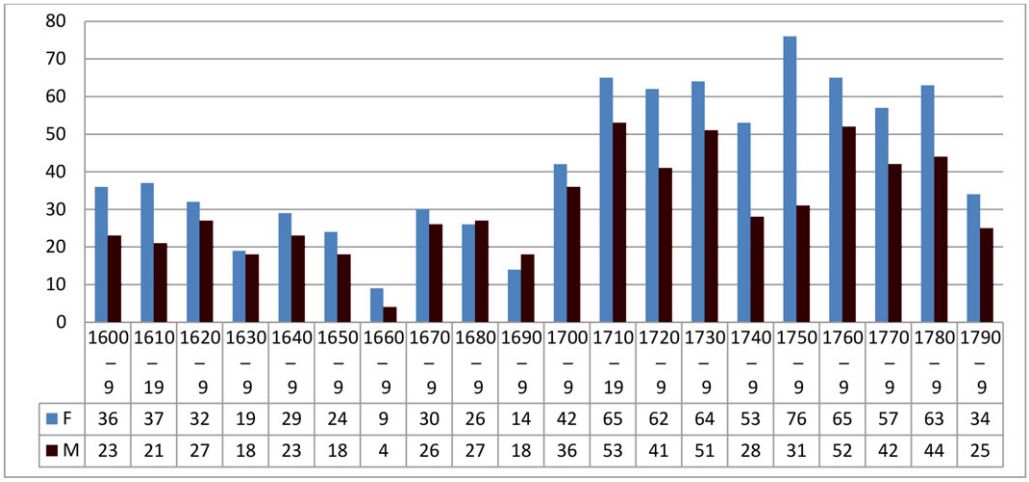
for the *proveniershuis*; four of them even within two months. If they had married a much younger wife, the spousal age gap would be much larger, lessening their chances of needing to rely on external help since their wives would probably have been able to take care of them for much longer. For these men, the relatively small spousal age gap between the partners really created a need for external help.

Among the female paying guests, widowhood as such did not always seem the decisive incentive to apply for a place in the *proveniershuis*. After the death of their husband, often several years passed before they moved to the *proveniershuis*. Almost two-thirds of the widowed residents were widowed at least five years before they registered for a place.[57] A possible explanation is the presence of children living at home: only after they had left the parental household, for instance to marry or to work elsewhere, did their widowed mother decide to register at the *proveniershuis.* In general, ages at registration were lower for commercial provisions than for charity-based institutions. There might have been a form of adverse selection, as registering at a younger age makes it more likely that people could enjoy the benefits of living in this type of institution for a longer time.

All in all, single and widowed women were overrepresented among eighteenth-century paying guests (see figure 4), with an average age at entry for women much lower than that of men. This corresponds with similar trends in the development of almshouses.[58] Especially in the course of the seventeenth century, almshouses gradually became women's resorts, and even those that were founded as mixed institutions turned into female-only accommodation after a few decades.[59]

In the first decades after its foundation, residence at the Haarlem old men's home was almost free for those who met the criteria. The only requirement for admission

[57] One-third of the widows registered within three years of the death of their husband, four of them within two months.
[58] Looijesteijn and van Leeuwen, 'Founding large charities', p. 21.
[59] Ibid., p. 21.



	1600–9	1610–19	1620–9	1630–9	1640–9	1650–9	1660–9	1670–9	1680–9	1690–9	1700–9	1710–19	1720–9	1730–9	1740–9	1750–9	1760–9	1770–9	1780–9	1790–9
F	36	37	32	19	29	24	9	30	26	14	42	65	62	64	53	76	65	57	63	34
M	23	21	27	18	23	18	4	26	27	18	36	53	41	51	28	31	52	42	44	25

Figure 4. *Distribution of male and female paying guests, 1600–1799*
[Colour figure can be viewed at wileyonlinelibrary.com]
Sources: NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv.nr. 4, 5; SA, Archief van het Sint Jorishof, Leprozenhuis en Oude Mannen- en Vrouwengasthuis (369), inv. 8.

was that applicants had to pay two guilders and bring a bed, linen, clothes, and other small items of furniture. In addition, the old men had the weekly obligation of going around to all the households in town and collecting money for the institution. From the 1640s onwards, the old men had to pay a contribution of 12 guilders. At the end of the seventeenth century, however, the incomes from the door-to-door collection greatly diminished.[60] In 1707, the regents put a request in to the town council to abolish these weekly rounds. They pointed to the decline in revenues, but also to the accusations that these old men only collected for their own institution and not in the public interest (in *bonum usum*). Willingness to contribute to the financing of the old men's home had apparently diminished. As a consequence, the contribution new residents had to pay increased to 50 guilders, a sum comparable to the money women had to pay for a place in an almshouse. Over the course of the eighteenth century this became even more expensive; by the end of the century the old men had to pay 300 guilders for admission.[61]

Some more well-to-do residents chose to pay an extra contribution to free themselves of the obligation of bringing a guarantor. In addition, one could purchase extra privileges such as a private room (instead of sharing one of the 60 little houses) or dining in the kitchen. Some residents also chose to pay off the obligation that their whole legacy would fall to the house after their death. Several of those payments were made by life annuities, stocks, and obligations. In a few cases, the new inhabitant paid from the sale of his possessions, such as a house or a ship. Some old men still had some income from labour, which they handed over to the regents of the house.

[60] Polman, *Het Frans Halsmuseum*, p. 39; NHA, Oudemannenhuis te Haarlem (3295), inv. nr. 14.
[61] Polman, *Het Frans Halsmuseum*, pp. 38–9.

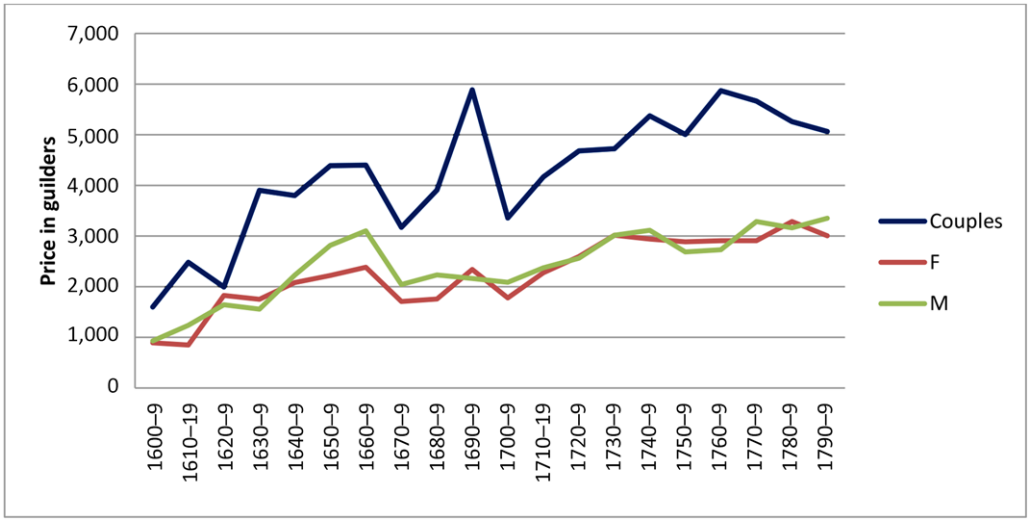


Figure 5. *Average price paid by couples and male/female registrants at a proveniershuis, 1600–1799*
[Colour figure can be viewed at wileyonlinelibrary.com]
Sources: NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv.nr. 4, 5; SA, Archief van het Sint Jorishof, Leprozenhuis en Oude Mannen- en Vrouwengasthuis (369), inv. 8.

In comparison, commercialized institutions—the *proveniershuizen*—could be rather expensive. The price new residents had to pay to get a place at the Haarlem St Joris *proveniershuis* and the Amsterdam St Jorishof varied from 800 to 3,500 guilders, depending on the age of the applicant and the extra services requested (see figure 5). Around 1720, 55-year-olds paid 2,200 guilders, the equivalent of seven years' wages for a skilled worker. In return they received accommodation, food, and drinks for the rest of their life, and, if they had paid for it, room service, some extra milk or tea, dinner in their own room (instead of the common dining room), and/or the help of a live-in servant.[62]

IV

In a permission letter of 1410, the city council of Delft—well known for its pottery, but also one of the largest Dutch towns at that time—mentioned several practical issues related to the foundation of an old men's house, stating 'that we, because of the interest of our burghers who have been falling into poverty, and because family and friends got easily weary of taking care of them, and our hospitals only take up bedridden people . . . have decreed the following'.[63] This ordinance presented the foundation as a necessary solution for those without means or help from their

[62] From the Amsterdam real estate acts it appears that some paying guests had sold their house around the time they moved to Haarlem. Incidentally, registrants paid by annuity contract or an obligation letter. Sometimes references are made to another person (cousin, son) who paid part of the entry fee or guaranteed to pay a yearly interest.
[63] The original charter has not been preserved; the text, however, has survived through an eighteenth-century copy cited in the town chronicle of Reinier Boitet; Boitet, *Beschryving der stadt Delft*, p. 481.

family, who were not in need of medical help but were no longer fit enough to work either. Apparently, a substantial number of old men lived in the town—which at that time counted around 6,500 inhabitants—who neither met the criteria of institutions such as hospitals, nor could rely on their family network for the provision of the necessary support. After three months' probation, they were allowed to live out their lives in the old men's house. In the sixteenth century a similar institution was founded for Delft's old women.

The above-mentioned example from Delft formulates nicely what was only implicitly referred to in most of the other ordinances and foundation acts of the several elderly care institutions in Haarlem, Amsterdam, and Leiden. While the availability of a partner is explicitly mentioned, none of the institutional ordinances and local regulations mentioned the obligations of children or other family members towards their parents. If children are mentioned at all in these documents, it goes in the opposite direction: only old men and women without the obligation of caring for younger children could be admitted. The ordinance of the Dutch Reformed old people's home in Amsterdam, for instance, stipulated that only widows or widowers without responsibility for children younger than 25 could be admitted.[64] The same requirement was stated in several Leiden ordinances.[65]

It could of course be the case that the governors did not expect any help from kin or children, because of lack of financial means or because they lived too far away. According to contemporary remarks about mutual responsibilities in Dutch law, parents and children had the duty to take care of each other in times of poverty, but only until the children reached a certain age or left the household to marry. As such, in pre-industrial Dutch times, married children had no legal obligation to take care of their poor parents.[66]

As becomes clear from figure 6, however, during the seventeenth and eighteenth centuries less than half of the old men's guarantors could be identified as family members. Most of these kin-guarantors are sons and daughters providing a guarantee for their old father, but stepsons, sisters, brothers, and sons-in-law also acted as such.

For the period before 1700 we may have missed many potential kin acting as guarantors, as only from then onwards does the mentioning of surnames become a more common practice. Figure 6 demonstrates that in the eighteenth century less than half of the elderly could count on close family members, mostly sons and daughters, to provide their parents with the necessary clothes, shoes, and linen. However, it also shows that there was a substantial number of elderly who did have family that could have taken them into the house, but clearly chose not to do so. The number of kin-guarantors is a minimum, as it is likely that married daughters were represented by their husbands with a different surname (and thus not categorized as kin). According to estimations of early modern adult–child ratios in England, around 65 per cent of those aged 60 and over had at least one surviving child.[67] Comparing these ratios with those in the old men's home, there seems to be a positive correlation between having no children and applying for a place in

[64] Ordinance cited in Wagenaar, *Amsterdam*, p. 331.
[65] Ligtenberg, *Armezorg te Leiden*, pp. 237–9, 270, 281.
[66] van Leeuwen, *Het Rooms Hollandsch recht*, pp. 61–5; mentioned in van der Heijden, 'Contradictory interests', pp. 364–5.
[67] Horden and Smith, eds., *Locus of care*, p. 5; Ben-Amos, *Culture of giving*, p. 29.

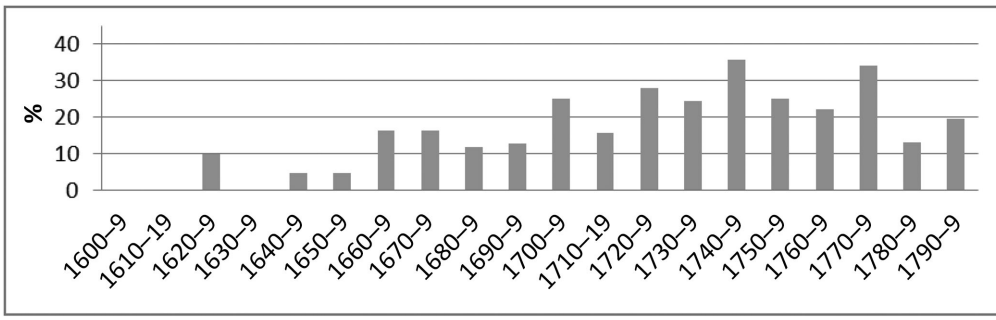


Figure 6. *Percentage of new registrations at the Haarlem old men's home with guarantors with the same patronym or described as kin (N=1,147)*
Source: NHA, Oudemannenhuis te Haarlem (3295), inv.nr. 35, 36.

the old men's home. However, in contrast to the strict requirement of singleness, having children was not at all an obstruction to entry into the old men's home. Even when children were present and financially capable of supporting their father, he could be admitted to an elderly care institution. Applying for a place in an elderly care institution increasingly became a normal option for the elderly, both with and without children, even in the early modern period.

The same picture appears when we look at the *proveniershuizen*/service flats. Children were not mentioned in the entry requirements of these institutions, while the actual users of these provisions frequently did have children living in the same town. The linkage of the information of the registration lists with the pre-marriage and baptism records shows that several Amsterdam paying guests had at least one adult child who also lived in Amsterdam. In May 1778, for instance, Leendert Hoop (aged 53) and Elisabeth Arbman (aged 54) moved to the Haarlem St Jorisproveniershuis for which they paid more than 6,500 guilders. That they had adult children living in the same town appears from the pre-marriage and baptism records: their son Johannes Hoop married in 1775 and their son Jonas in June 1778.[68] Both times Leendert and Elisabeth acted as witnesses, as they did at the baptism of three of their grandchildren in the subsequent years,[69] but their efforts were not reciprocated by their children in the form of elderly care.

Leendert and Elisabeth were not unusual. From the couples and widowed persons who registered in the Amsterdam *proveniershuis* in the eighteenth century, we could directly link 120 registrants (60 per cent) to the city's marriage records. From the baptism records we know that at least half of this group had at least one child. By linking the names of these sons and daughters again to the Amsterdam marriage and baptism records, we found that at least 28 per cent of those registrants had children living in Amsterdam at the moment they chose to register for the *proveniershuis*, and we find similar figures for Haarlem. This seems to imply that in

[68] Stadsarchief Amsterdam (hereafter SA), Archief van de Burgerlijke Stand: doop-, trouw- en begraafboeken van Amsterdam (retroacta van de Burgerlijke Stand), DTB 748, p. 176; DTB 731, p. 127.
[69] SA, Archief van de Burgerlijke Stand: doop-, trouw- en begraafboeken van Amsterdam (retroacta van de Burgerlijke Stand), DTB 258, p. 123; DTB 259, p. 101; DTB p. 262, p. 120.

principle adult children were around, but that parents nevertheless decided or felt compelled to buy the necessary care during old age from an external institution.

However, this does not mean that children or family members were completely absent from the care for their old parents in residential care institutions. Though it can be concluded on the basis of the entry requirements that they were not obliged to do so, several of them contributed to the care costs of their elderly father or made complaints about the level of service their mother received, as we can see from the records of the Haarlem *proveniers*.[70] In fact, it shows how closely the early modern Dutch household, especially concerning elderly care, could be interwoven with external welfare solutions.

Our above analysis of the social ties of registrants of both Haarlem old people's homes demonstrates clearly that the starting points for eligibility for provisions were the individual characteristics of the applicant, not his or her family circumstances. The system of elderly care did not primarily take the family or household as a unit, but the individual. This is clear from the entry requirements which concentrate predominantly on individual features such as age, working past, and physical disability. The only exception is the requirement of widowhood, which demonstrates societal expectations about partner support. Contrary to what we may think, being accepted to an elderly care home was linked to what the elderly person him- or herself had done in life, and was not connected to the potential of direct kin, such as children, to provide care for their elderly parents. A very important entrance requirement for the old men's house, for instance, was the number of years the old man had worked in the town (*'heeft zijn competente jaren alhier gewoont'*). The importance of an employment history within the town walls reflects the broader ideas about charity to old people as a kind of communal reciprocity. A place in the old men's house was presented as a kind of 'compensation' for the contribution old men had delivered through their labour to society. Their preceding working life made them eligible consumers of a public provision in their old age.

V

Understanding the way in which households were formed may help us to understand why early modern Dutch society—and neighbouring societies which have not been addressed here—dealt with its elderly as described above. There are a number of demographic factors that are important in our explanation. Elsewhere we have already demonstrated that the share of households that took in (grand)parents was extremely small, not more than 2 or 3 per cent in the seventeenth-century case study we carried out for Leiden and its vicinity.[71] Dutch society was clearly a predominantly nuclear society,[72] with little 'room' for more than two generations. The dominance of nuclear households in the area is in turn linked to the practice of neolocality, whereby new couples formed a new household

[70] In 1766, for instance, Christina Sprado requested another place for her old mother, because of the extra help she needed which she had not been receiving; NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv. nr. 101.

[71] Boele, Bouman, and de Moor, 'Commerciële huishoudens?', p. 28.

[72] van der Woude, 'Variations in size'; Haks, *Huwelijk en gezin*, pp. 219–21.

after marriage instead of moving in with their parents(-in-law). This in itself made the taking of parents into their own household a less obvious step than in areas where extended households were the rule, and it may have reduced the likeliness of physical proximity of parents and their (adult) children, and thus also reduced their potential capacity to help each other when needed. This reduction of the likelihood of reciprocal support relations creates a need to develop elderly care solutions outside the circle of the family.[73]

While neolocality directly influences the geographical distance between the households of parents and children, there are additional, related side effects. The vulnerability of individual members and the impact of events such as the loss of a partner are potentially much greater than in regions with extended families.[74] Neolocality may also have had a strong cultural effect, as the first focus of support and investment for children within each starting household was for a considerable period downwards, towards the younger generation, instead of in both directions, as in multi-generational households. As such, it contributes to a weakening of upward family ties. As de Moor and van Zanden argue, neolocality of married children makes households forward-looking (that is, investing in future rather than older generations) instead of backward-looking as has long been the case in many other societies. In forward-looking societies, time, energy, and resources are primarily invested in young children, not in elderly parents.[75]

Of course neolocality does not by definition exclude the possibility of kin support. In the early 1990s, Hareven used the expression 'intimacy from a distance' to describe the intensive support relationships that could exist among kin not living in the same building.[76] Neolocality does not always imply emotional distance between parents and their grown-up children.[77] In addition, married children could live in the vicinity, and support their parents during daily visits. Ruggles, for instance, has shown that family members may live in separate but often close enough households to care for each other.[78] On the other hand, as studies on intergenerational support in eastern European regions have shown, the existence of co-residence of elderly parents with their (married) children as such is not necessarily a guarantee of social contact and the exchange of support.[79] Indeed, co-residence in complex households increases the likelihood of conflict and competition between family members.[80] Even if there were meaningful relationships between parents and children, it is still likely that both parties would have to negotiate the distribution of available means.[81] Nevertheless, residential arrangements remain an important indicator (though not the only one) for the likelihood of intergenerational support,[82] especially in times when the possibilities for travel, and thus mobility levels, were much more limited when compared to today.

[73] Wall, 'Economic collaboration'; Laslett, 'Necessary knowledge', p. 156.
[74] de Moor and van Zanden, 'Girl power', p. 23; Laslett, 'Family, kinship and collectivity', p. 156.
[75] de Moor and van Zanden, 'Girl power', p. 28.
[76] Hareven, 'Aging and generational relations', p. 44.
[77] See also Ottaway, *Decline of life*, pp. 141–55.
[78] Ruggles, 'Multigenerational families', pp. 142–3.
[79] de Jong Gierveld and Tesch-Römer, 'Loneliness in old age'.
[80] Manfredini and Breschi, 'Living arrangements', pp. 1607–8; Hammel, 'Chayanov revisited'.
[81] Fontaine and Schlumbohm, 'Household strategies', pp. 14–16.
[82] Mönkediek and Bras, 'Strong and weak family ties revisited'; Wall, 'Economic collaboration', pp. 96–7.

However, whereas the absence of direct kin may have increased the need for institutional help, it does not really explain the diversity of those seeking relief and its translation into very specific types of elderly care, which we have characterized as 'specialization' towards specific target groups. Here again we believe we need to turn to a number of features of the marriage pattern, in particular the small spousal age gap which in itself decreased the likelihood that couples could help each other at a later age.

In situations where large age gaps between partners are normal, with the women usually being the younger of the two, it is quite likely that the wife is still fit enough to take care of her already ageing husband.[83] When the spousal age gap is small, due to the high marriage ages of women in particular, partners start ageing around the same time, which also decreases the chance of mutual support at old age. As it is less likely that at least one of the partners could rely on the other, we can suppose that a limited spousal age gap will lead to a higher chance of a need for extra-familial support of some kind at a later age, particularly for couples.

Furthermore, the typically high marriage ages of both parents, and later on also their children, increased the possibility that both parties would be simultaneously going through periods of stress, which is also referred to as the 'double squeeze' of the household life cycle.[84] Laslett has already pointed to the negative consequences of high marriage ages for the likelihood of intergenerational support because of the squeezing of household cycles.[85] Marriage at a relatively high age for both parents and their children results in a situation in which parents become old and in need of help, while their just-married children are busy setting up their own household. As such, it puts an extra burden on the households of the married children. As their own spousal age gap is also small, married children are confronted with a request for support from both male and female parents, as the limited spousal age gap makes it likely that the parents of both sides of the family will be in need of support at the same time.[86] One could therefore argue that the combination of 'double-squeezed household cycles', with the reduced likelihood of spousal support in old age, creates a need for the development of elderly care solutions outside the family circle, for elderly widows and widowers alike; in addition there will be a clear demand from couples, as small spousal age gaps reduce the likelihood of partner support in old age, as well as the possibility of falling back on married children.

In societies where having children is normatively restricted to the married, marriage ages also influence the timing of reproduction and thus the number of births per woman. One could expect that marrying at a later age reduces the reproductive period, limits the number of children, and reduces the likelihood that children could act as a potential resource in old age. Timing of marriage thus influenced the fertility rate of women, and in turn the possibilities to build a potential resource for help in old age. Estimations for pre-industrial England, for example, suggest that one-third of women aged 65 and over had no surviving children to call upon for support,[87] and thus required alternative solutions. At the same time, the absence of children seems to have had a positive effect on

[83] See also Drefahl, 'Age gap'.
[84] Bouman, Zuijderduijn, and de Moor, 'From hardship to benefit', pp. 7–11.
[85] Laslett, 'Necessary knowledge', pp. 47–50.
[86] Bouman et al., 'From hardship to benefit', pp. 7–11.
[87] Wall, 'Economic collaboration', p. 95.

the foundation of external care institutions. Among the founders of almshouses, for instance, a considerable proportion consisted of couples or men and women without (surviving) children.[88]

Another feature which may be linked to high marriage ages is the high percentage of women and men remaining single throughout their lives,[89] which in itself creates an additional demand for elderly care, as these singles may have no children to rely upon. They also lacked the support of a spouse, which can be considered a very important source of informal care. As early as the late middle ages the number of singles living in towns sometimes rose to 30–40 per cent of the population.[90] Single women could also help to reduce the need for support mechanisms for the elderly by living together with their parents or other elderly family members in need of help. However, as they themselves grew old, they had to find alternative solutions as most of them, of course, could not fall back on intergenerational or spousal support. Though alternative solutions within the kin-network might be available, such as co-residing in the household of siblings or other kin, it is possible to state that singleness as such reduces the range of options for family support in old age and makes the development of alternative provisions necessary. On the macro-level, an increasing number of singles without children reduces the size of the next age generation who could carry the 'burden' of the elderly,[91] a phenomenon we also see in present-day societies. This reinforces the fertility effect mentioned above, as an increase in singles influences the age structure of societies.

In addition to these direct effects on the likelihood of intergenerational support, de Moor and van Zanden describe other factors that are characteristic of societies belonging to the (north-)western European marriage pattern (EMP) which may also indirectly affect the relations between parents and children, such as geographic mobility and migration levels.[92] These are much higher in EMP regions,[93] thus reducing de facto the likelihood of intergenerational support, as children are simply not permanently present to take care of their elderly parents. In addition, as Lynch has argued, migration in itself often had a positive effect on the age of marriage and the likelihood of remaining single, thus aggravating the effects related to these household-formation characteristics.[94]

Another relevant factor is the possibility of wage labour, which provides a source of income outside the household and makes people much less dependent on family resources. One can think of the high number of servants, young men and especially women working in the household of someone else, earning their own income and saving for marriage. As such, wage labour influences the relationships and power inequalities within the household by decreasing dependency levels between generations. Young adults could escape the authority of their parents and find other options of obtaining income, thus weakening the bargaining position of the older generation towards their children.[95]

[88] Looijesteijn, 'Funding and founding', p. 207.
[89] Devos, Schmidt, and de Groot, 'Introduction', p. 6.
[90] Kowaleski, 'Singlewomen', pp. 45–6, cited in Devos et al., 'Introduction', p. 7.
[91] Weir, 'Rather never than late'; Devos et al., 'Introduction', p. 6.
[92] de Moor and van Zanden, 'Girl power'.
[93] See also Alesina and Guiliano, 'Power of the family', p. 108; Lynch, *Individuals*, pp. 32–9.
[94] Lynch, 'European marriage pattern', p. 83.
[95] See also de Moor and van Zanden, 'Girl power', pp. 14–16.

A last but in fact rather 'simple' issue which may have had a considerable effect on the demand for elderly care in general, though so far it has hardly ever been considered in literature, is the possibility that in EMP areas life expectancy at a later age may have been higher than in non-EMP areas, and thus the demand for external care at a later age may have been greater. A potentially longer lifespan may have been linked to the presence of qualitative, externally provided care, but also to the absence of the bad treatment that the elderly could receive in extended households. Literature on the geographical area considered in this study has been silent about this, but a recent article by Manfredini and Breschi demonstrates that the life expectancy of elderly Italians living in complex households was negatively affected by the type of household in which they were living.[96] Blood relationships with those living in the same household do not seem to offer a competitive advantage to the elderly—quite the contrary. Although as yet we cannot offer specific evidence that the situation of elderly people living in northern European complex households would have been affected similarly, the idea that the elderly in societies with predominantly complex families would have a shorter lifespan is an interesting hypothesis. The data for this are scarce but do point to a potentially relevant difference between northern and southern Europe that comes down to the composition of the household. We do not intend to discuss the causes of such possible differences in life expectancy nor can we put figures on the potential gain in additional years at the end of the life cycle in this article, but we simply point to the additional demand that a few years gained in life expectancy may have created for elderly care, both for individual households and for society at large.

Several of the above-mentioned features of what is commonly referred to as the (north-)western European marriage pattern seem to have affected the demand for elderly care, in both a quantitative way (rising number of institutions and available places) and a qualitative way (diversity in target groups). Combined with a critical mass of elderly people in the densely populated regions and the existence of a labour and capital market providing the necessary infrastructure, this demand resulted in the development of a wide array of extra-familial solutions. The analyses of the early modern ordinances and registration lists has shown how external elderly care institutions, such as almshouses, old people's homes, and *proveniershuizen*, did not take into account the role children could play in their parents' care. Such responsibilities were expected of the partner, and if there was no living partner, all sorts of parties could act as guarantor. Even if children were available and lived in the same town, reliance on external provisions was not an unusual solution or something of which people had to be ashamed. Instead, making use of institutional care had become a 'normal' option, even for those people who in theory could rely on their children. The importance given to singles as a target group demonstrates how this was a commonly accepted and increasingly chosen way of life, though it also came with clearly negative side effects, especially in old age. Specialization according to target groups, however, also came at a price: commercialization of the elderly care sector began to set in from an early stage. The findings show the importance of savings and self-help strategies and the role of connections outside the family circle.

[96] Manfredini and Breschi, 'Living arrangements'.

VI

In this article we have specified the nature of the relationship between social welfare—in particular elderly care institutions—and certain features of the household formation system, in order to understand how far off the 'default option' of relying on one's family was in Dutch society in the seventeenth century. The reduced likelihood of family support, in combination with increased trust in more 'anonymous' extra-familial institutions,[97] also translated into cultural change in due course: children were no longer held primarily responsible for the care of elderly parents. Instead, the elderly themselves were considered to be responsible, both through their agency as former 'contributors to society', as well as in providing a budget to support themselves, in order to 'buy' their own 'support/care package' in the commercially set-up *proveniershuizen*, a type of institution that seems to have been strictly confined to EMP areas. As is clear from the ordinances, the early modern system of elderly care did not primarily take the family or household as the unit of consideration, but concentrated on individual characteristics, such as age, physical condition, religion, or working past. In addition, in the case of the elderly poor, these norms about individual responsibility were backed by communal values emphasizing the duty to take care of the weaker members of society.

There are clear differences between societies with respect to the role of the family in the provision of elderly care and the development of alternative solutions outside the family circle. As described above, support from children was not absent in areas with various extra-familial alternatives, but family care definitely took other forms in comparison to elderly care provided in multi-generational households. In a certain sense, these institutions drew the outline for the care provided by children and family to elderly relatives. Family and institutional care were intermingled: partners took care of each other in the context of a *proveniershuis*, and children paid for the maintenance of their elderly father living in an old people's home.

As such, these elderly care institutions clearly had a different function compared to the (poor) relief institutions in southern European regions such as Italy, where until the first half of the seventeenth century, hospitals took in those elderly who were terminally ill (with two or three months to live) and had no family able or willing to support them.[98] The new hospitals founded in the second half of the seventeenth century were used by poor families to house one or two of their children temporarily, or by wealthy families to educate young daughters to prepare them for a respectable wedding, as was also the case in several Italian towns such as Florence, Venice, and Bologna. In the eighteenth century some of the elderly poor, especially women, also applied for the services provided by these large institutions. Though the stereotype of the southern European 'caring family' with its self-evident family responsibilities is clearly too simplistic, institutions in southern European regions such as Italy specialized in very different target groups than the ones in north-western Europe. Specialized elderly care institutions such as almshouses or *proveniershuizen* were unknown in the south. In addition, elderly care institutions in early modern Holland were not the ultimate safety net when all other options failed, but functioned as normal and respectable solutions for all types of elderly

[97] de Moor and van Zanden, 'Girl power', pp. 23–6.
[98] Cavallo, *Charity and power*, pp. 70–4; idem, 'Family obligations'.

people, rich and poor alike, as well as for those people who could—in theory—rely on their children and had enough financial means to buy alternative forms of support.

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Supporting information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site:

Appendix S1. Sources for database of elderly care institutions in the Netherlands