"Because family and friends got easily weary of taking care".
A new perspective on the specialisation in the elderly care sector in early modern Holland.[1]

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Abstract

This paper 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 had to rely on –and increasingly did so- extra-familial elderly care provisions. This paper also argues that this practice was also translated in a persistent moral culture accentuating independence, agency, self-help, investment in the younger generation and community instead of putting the family's responsibilities first.

Introduction

In this article we try 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 currently quickly developing 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 we notice that soon within this process institutions were increasingly specializing on elderly in particular. Within this development we also see a further specialization emerging in two different ways. On the one hand new, commercial forms of elderly care were developed, as is clear from the increase in the offer of separate commercial care housing -in a form that resembles the present-day "service flats" for elderly- which were accessible only for those who could had saved up enough during their lifetime. On the other hand, elderly care institutions were increasingly dealing with specific target groups such as couples and the never-married, already from the 15th century onwards, thus moving away from a more generalized approach to care for the ageing. Although we may –from a present-day perspective- not find these development striking, there are clear differences with the care for the elderly elsewhere in Europe, which demand our attention. Elsewhere –e.g. in Southern Europe- the elderly could also end up in institutions, away from the family, but elderly care was often intermingled with other types of care, without much specialization towards specific target groups. Moreover, the forms of commercialized elderly care we find in the Northern Netherlands seem to have been completely absent in Southern European societies.

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As indicated 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. But what created this demand? Scholars have linked the growing number of foundations especially to changes on the supply side, relating them to economic, social, political and religious motivations of the founders (Lis & Soly 1979; Solar 1995; Jordan 1959; Jütte 1994; Cavallo 1995). 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 (Looijesteijn & Van Leeuwen 2014). Also the Reformation has been mentioned as an important impetus behind welfare reforms resulting in a more centralized and specialized poor relief system (see for an overview: Parker 1998; Grell & Cunningham 1997). However, all these explanations do not 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 the area under study did not simply fall back on other solutions, like their family as was more common in Southern Europe; and if they couldn't 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 paper 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 NW-Europe duties of kin towards the elderly had already in the 17th century become of minor importance in comparison to the elderly's individual responsibilities towards society at large, and towards their own well-being at later age. Not the family's lack of support, but individual behavior, agency and communal responsibilities became crucial in the admittance to extra-familial elderly care provisions. These attitudes and values also influenced the actual use and function of these provisions, and it demonstrates that the traditional family-based organization of society had withered considerably already 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 already by the 17th century it seemed to be commonly accepted that one should not rely on one's children at old age. The reasons for these changes in the demographic composition of societies and the changes in the reciprocal relationships between parents and their children will be sought in the more general transformation brought along by the European Marriage Pattern (Hajnal, 1965; Laslett 1982).

This paper 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, Amsterdam and Leiden, as for this particular area a number of studies and newly composed datasets on the development of care institutions allow us to give some first general conclusions. The factors we give to explain the specialization process are however very much based on a comparison with the Southern European situation, for which a similar specialization have not been described in the literature, but for which we do not have comparable databases as yet. Hereafter, first a description of the source material is given, and thereafter we describe the growth of elderly care institutions in general. In a third part we look at the specifics of the development, and then we discuss various features of the household formation process in the area that may contribute to our understanding of the developments in the elderly care sector.

Sources and methods to understand changes in elderly care provisions

For this article we use sources that give us a better insight in 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 inhabitants - 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 on who was considered old and eligible for extra-familial support, such as expressed in the entry requirements. The registers of inhabitants were processed in a database containing information about the demographic and social characteristics of more than 3.000 inhabitants of early modern retirement homes in Haarlem (3), Leiden (2) and Amsterdam (1). Whereas so far most of the existing literature on elderly care institutions pays little attention to the users of these provisions, we are convinced that focussing 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 care for these old people and the timing of their choices.

Our analysis shows that over 40% of the old people in our 'inhabitants-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 this would change in the eighteenth century, see further). The meticulously recorded list of the Haarlemmer old men's home is an important source, holding the names of more than 1150 old men from 1609 till 1799,[2] with for each entry 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 to compensate 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).

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 admitted old men is not clear as often only the names of the guarantors were mentioned. However, we can get an insight in these contacts by looking at the so-called recommendation letters old men had to provide, ascertaining the 'worthiness' of the applicant to get a place, and providing testimonies on the previous labor activities of the old man, his moral behavior and other reasons which made him an eligible candidate for a place. 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% of the 17th -century registrations contain specifications on the connections between the two. In the 18th 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 as a form of self-support, demonstrating one could or did not want to rely on the care of kin or other people.

Besides this we are well-informed about those registering themselves for the commercial –and more luxurious- form of care in one of the Haarlem and Amsterdam *proveniershouses* or at one of the two hospitals in Leiden that also provided 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 also how we will refer to this commercial form of elderly care hereafter. The registers contain information about 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-inhabitants. [3]

For the "service flat inhabitants", it is the information about marital status and co-inhabitants that gives some insight into kin support available to the registrants. For

[2] The register continues till 1854, the year in which the house was abolished.

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

Amsterdam it is possible to link the inhabitants' names with additional biographical and family characteristics, such as marriage, baptism and burial registers, and additional information on the presence of married children living in the same town as their old father or mother, thanks to the availability of extensive indices on the pre-marriage, burial and baptism records of Amsterdam. The same is possible for a considerable part of the Haarlem elderly registrants, as almost 40 percent of the registrants for the Haarlem *proveniershuis* came originally from Amsterdam.

With these data we try to grasp the individual characteristics and extent of 'care network' of the men and women who registered themselves at the old men's house and the *proveniershuis*. At the end of this article we complement and refine our results with some findings from contemporary literary texts, didactic genres and paintings in which family responsibilities and intergenerational solidarity were recurrent themes (Van Thiel 1987; Pleij 1991; Boele 2013).

General development and specialization of elderly care institutions in early modern Holland

Several towns in the Low Countries developed institutions like 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. Though these early foundations were relatively small (2-20 places) and often founded as private initiatives, some towns provided support to larger numbers of elderly: Den Bosch (22.000 inhabitants) for instance, counted around 1500 already 19 institutions for the elderly; in Leiden (14.000 inhabitants) at least 11 almshouses were founded before 1511, while the smaller town of Haarlem (9.000) counted 4 specialized elderly care provisions. It is not clear how many elderly 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% of the elderly in England in the second half of the sixteenth century lived in an institution (McIntosh 2012, 198). However, as these institutions were often concentrated in certain areas or towns these percentages could in those specific places be much higher. For early modern Leiden, for instance, percentages varied between 2.7 and 9.7 percent (Looijesteijn 2012, 204).[4]

Almshouses and old people's homes can be considered as a form of charity-based elderly care: recipients enjoyed accommodation and the basic necessities such as food, drinks and turf 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 (Zuijderduijn 2013), which provided them with a room in a hospital that primarily cared for sick or poor people. For the sixteenth century, for instance, 172 "paying guests" -men, women and couples- resided in the Elisabeth Hospital in Haarlem, while the leprosy in the same town housed more than 120 of such paying guests (Gaarlandt-Kist 1981, 14; NHA, inv. 3310, nr. 84).

In 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 'specialised' –and separate- retirement homes for the elderly (Utrecht: Van Hulzen 1986; Groningen: Buursma 2009, 214). The number of almshouses soon exploded (Goose & Looijesteijn 2012; Van Leeuwen & Looijesteijn 2014) with more than 100 new foundations in Holland in the seventeenth century. At the end of the seventeenth century at least 25 Haarlem almshouses provided free accommodation to at least

[4] In the present-day Netherlands around 6% of the 65+-population lives in an elderly care institution (De Klerk 2011, 38).

232 women (Looijesteijn & Van Leeuwen 2014). 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. But this situation changed in the last decade of the sixteenth century as a result of complaints about the crowdedness caused by old people, and especially old men keeping hospital beds occupied, apparently a common problem in many fifteenth and sixteenth century towns (Polman 1990, 11; Jansen 1982). The Haarlem town council decided to build a new institution. During the seventeenth and eighteenth century more than 1150 inhabitants 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 hospital. 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 in the beginning of the 17th century, mostly women (Van Wagenaar 1760-1767). In addition, at the end of the seventeenth century the deaconate of the Reformed church decided to build an old people's home to house 400 women and 112 old men (Van Wagenaar, 1760-1767). It was presented as a cheaper solution than the existing practice whereby the elderly poor were living on their own with contributions from the deaconate or were placed in the household of someone else (the so-called 'uitbestedingen' or 'outsourcing').

In the meanwhile, the number of institutions offering care to paying guests also increased. In some towns, such as in Leiden, general hospitals continued to take in paying guests and refrained from setting up specific institutions. In the beginning of the eighteenth century the Haarlem town council decided to restructure an old building in the town center to a specialized *Proveniershuis*. New inhabitants had to pay a fee (between 800 and 3500 guilders[5], depending on their age) and received accommodation, food and drinks and the necessary care for the rest of their lives in exchange. In the decades around 1700 several other towns in Holland, such as Rotterdam (1670), Gouda (1688), Woerden (1674) or Schiedam (1759) founded specialized "service flats". In some cases, these foundations were simply the official recognition by the town council of a practice that had existed for centuries. The former leprosy in Amsterdam for instance was officially recognized by the town council as a house for paying guests in 1694, while other sources demonstrate that the building had already been housing such guests since the sixteenth century. The underneath **Error! Reference source not found.**Figure 1 and 2 give a sketch of the number of elderly care institutions across the Netherlands.[6]

[5] In the seventeenth century a skilled craftsman had an annual income of 300 guilders. De Vries & Van der Woude 1997.

[6] This figures are based on a datacollection that is not entirely finished yet.

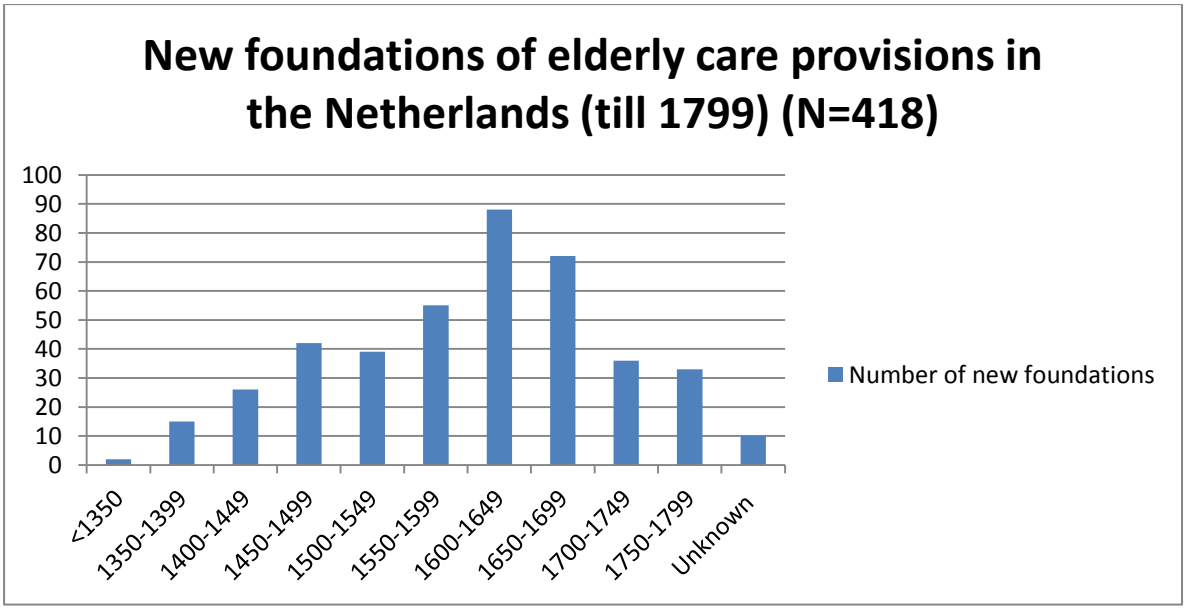

Figure 1: Foundation of new institutions (almshouses, 'proveniershuizen', old men and old women's homes; guesthouses with separate departments for the elderly,) providing elderly care, 1350-1800, across the Netherlands. Sources: database Kappelhof + own database with elderly care provisions

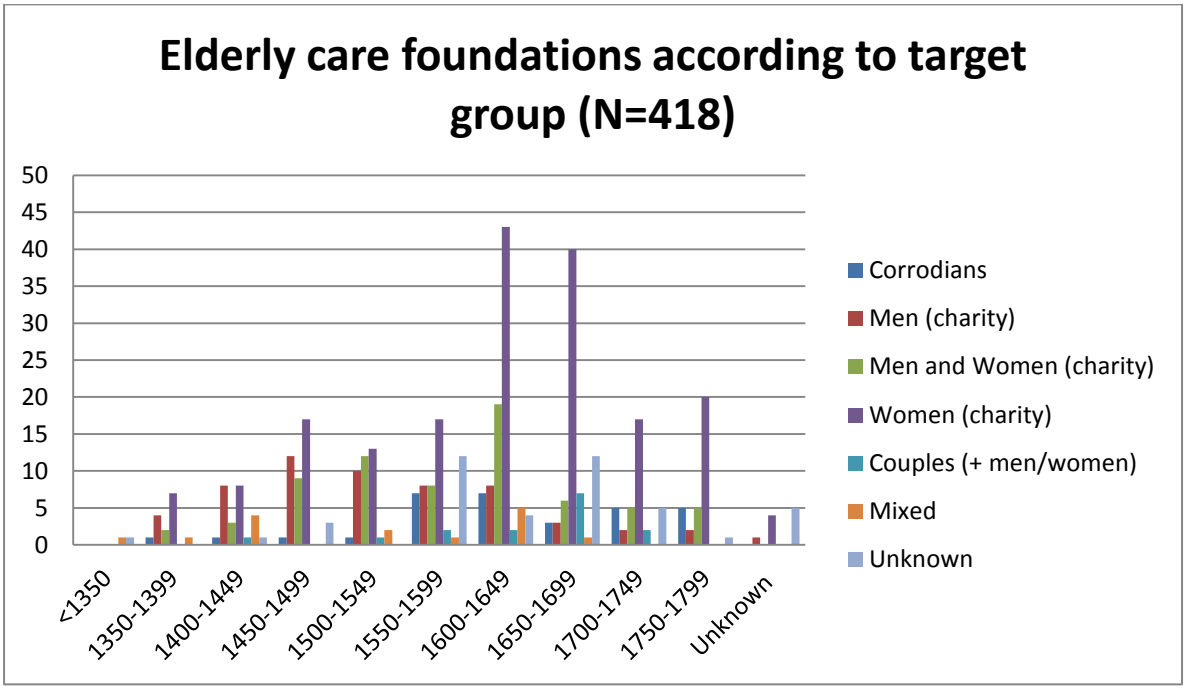

Figure 2: Foundations according to target group. Sources: database Kappelhof + own database with elderly care provisions

The development of an extensive and diversified network of elderly care institutions like the old people's homes, the *hofjes* and the *proveniershuizen* was a rather unique Low Countries phenomenon when we set it off against the developments elsewhere in Europe. In England a similar increase in the number of both almshouses and hospitals occurred before the 1520s

(McIntosh 2012). Afterwards, due to government policies, several of these institutions were closed down, but in the course of the seventeen century almost 1.5 % of the English 60+-elderly lived in an almshouse (Van Leeuwen et. al 2014, 8; Goose). In addition, there existed considerable regional differences, with e.g. no traceable presence of these institutions in the North and North-Eastern part. However, in particular in comparison with southern Europe the differences are very clear. Though, indeed, the 'stereotype' of the caring Italian family needs correction as falling back on children was not always self-evident and, especially for women, also a matter of negotiation in those regions (Cavallo 1998), 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 a process of care specialization as well, the target group of these institutions (referred to as *conservatori* or *ricoveri)* was not per se the elderly. They mainly focused on other vulnerable groups: (young) women, daughters of respectable families, who needed a respectable upbringing and a dowry subsidy to guarantee a marriage according to their class. In Naples, for instance, around 1800 there were around 80 of these types of institutions helping women starting up their own household (Cavallo 1989, 99-101). In fact, it exactly illustrates the importance of the family as these institutions predominantly provided a solution for those people who missed the possibility to build a respectable 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 (Cavallo 1998, 96), but no separate commercial institutions developed as was the case in the Low Countries. Large hospitals in cities like eighteenth century Turin also housed several elderly, who made use of a "pre-paid" place (see also Henderson 1989) 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 construction, providing a pension to their servants or other people from their patronage network (Cavallo 1989; 1995), without a family of their own.

In addition, in the course of the eighteenth century very poor old men and women were admitted to one of the large hospitals. Cavallo mentions for early seventeenth century Turin that relief institutions like hospitals were an ultimate solution for those whose 'family relationships and other forms of solidarity had broken down' (Cavallo 1996, 73). In the course of the eighteenth century, however, also more poor impoverished elderly were admitted, with among them also elderly who had children living in the same town but unable or unwilling to support their widowed parent. The case of the Turin Ospedale di Carità, demonstrates that among them women were overrepresented: it hosted hundreds of old women in the second half of the 18th century for shorter or longer periods while the number of men was considerably lower (Cavallo 1991, 177).[7] The option of remarriage at later age was culturally a more acceptable practice for men, as is also demonstrated by the considerable age gaps in couples with one senior partner (Cavallo 1991, 178-179).

Diversity among the inhabitants of elderly care provisions

As mentioned in the introduction and described in the ordinances of each institution, the Dutch elderly care institutions offered specific services to different types of users. A precondition to gain access was an honorable lifestyle and high moral standards. In addition, some ordinances contained age specifications: the Haarlem old men's home set the minimum age at 60 but the Barbara-guesthouse and most of the almshouses for women did not mention

[7] Samples from every ten years registrations in the period 1743-1783 show that during these years 299 women were admitted vs. 160 men (Cavallo 1991, 177).

a minimum age at entry. The underneath figure (figure 2) of the average age at entry of four institutions of which we have data on the ages at entry 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 that it dropped in the years thereafter. This suggests that there was a real need for yet another institution, to support the most needy –oldest- elderly first.

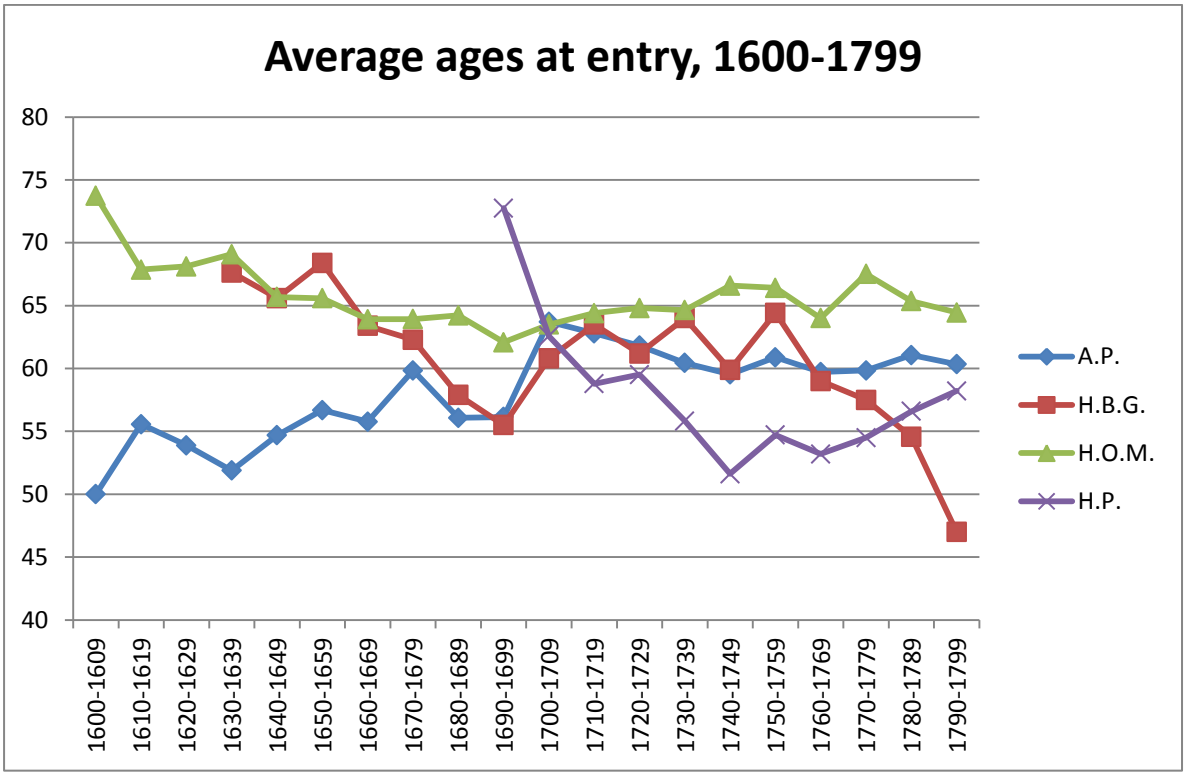

Figure 2: Average ages at entry of two commercial-based (Amsterdam Proveniers (A.P.) and Haarlem Proveniers (H.P.) and two charity-based provisions (Haarlem old men's home (H.O.M.) and Haarlem old women's home (H.B.G.). The Leiden institutions are not added, as these institutions only gradually developed room for the elderly and ages at entry are not mentioned for the early decades. 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; Zuijderduijn 2013.

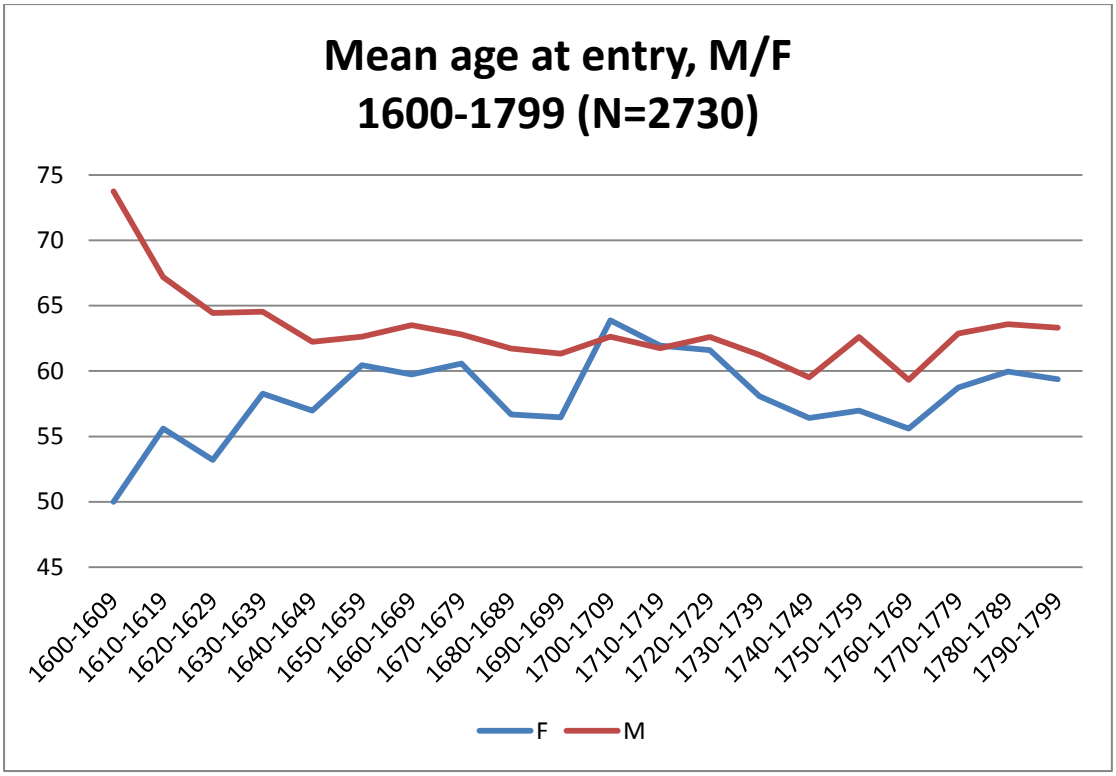

Figure 3: Male and female age at entry in both charity- and commercial-based provisions in Haarlem, Amsterdam and Leiden. NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv.nr. 4, 5; NHA, Oudemannenhuis te Haarlem (3295), inv.nr. 35, 36; NHA, Barbara gasthuis te Haarlem (3241) inv.nr. 4; Zuijderduijn 2013.

Another often mentioned condition for charity-based provisions, especially with respect to men, was that of physical disability, preventing them to work. In addition to such individual requirements, several ordinances contained requirements concerning religious and civic affiliations. For women, this 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 the specific congregation (Kurtz 1979). From the end of the sixteenth century several ordinances add requirements on a minimum number of years new applicants had to have lived and worked in the town (Boele 2013).

But instead of age or physical ability as most important criteria, most ordinances of almshouses or old people's homes stress very clearly and explicitly the marital status of their target group.[8] In most cases -and this 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 care taking 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 inhabitants 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 alms-houses in Haarlem for old women. The 16th century ordinance of the old women's guesthouse stated that only widows and spinsters were allowed a permanent place in the hospital, while divorced women had to be rejected, thus adding an extra moral dimension.[9] In general, only people that could not fall back on a partner were

[8] Cavallo mentions similar requirements for the Turin hospitals (Cavallo 1991, 176-178).
[9] 'En mach er geen vrouwen ontfangen ofte in thuijs nemen die van haer mans gescheijden sijn dan alleen weduwen ofte maechden.' Similar requirements can be found in the ordinances of retirement institutions in other towns in

allowed to make use of these charity-based old-age provisions, though there were some exceptions to this rule with alms-houses with rooms for couples (Looijesteijn & Van Leeuwen 2014). The Corvershof in Amsterdam was founded in the beginning of the eighteenth century, because, according to the founders, there were almost no options for poor old couples (Alings 1965, 79).[10] 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, both men and women.

	Married	Single or widowed[11]	Widow(er)	Single	Unknown	Total
Commercial-Based						
Male	266 (36,7%)	-	12 (0.02%)	1 (0,00%)	447 (61,7%)	726
Female	267[12] (27,4 %)	-	203 (20,7%)	9 (0.01%)	496 (50,5%)	975
Charity-Based						
Male	2 (0.00%)	1152 (100%)	-	-	0	1154
Female	0	54 (27,1%)	122 (61,3%)	23 (11,6%)	0	199
Total	535	1206	337	33	943	**3054**

Table 1: Marital status of old men and women who during the seventeenth and eighteenth century registered at the proveniershuizen and charity-based provisions in Haarlem, Leiden and Amsterdam. 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; Zuijderduijn 2013.

While widowhood or singleness were important criteria for the charity-based provisions, the *proveniershuizen* ("service flats") of Haarlem and Amsterdam did not put forward any such requirements to new inhabitants. Actually, as appears from the above table, almost one third of the seventeenth and eighteenth century registrants were couples. Some inhabitants, whilst already living in the house, choose to (re)marry with another inhabitant or with someone from outside. In nearly half of the cases (45%) the wife was older than her husband, which suggests that in particular the declining health of the female partners was an incentive to look for an appropriate provision to spend the rest of one's life. If one of the partners died, the other was secured of free living and food for the rest of his or her life. The dependency of the male partner on his wife also becomes clear if we look at the information

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the Netherlands (for instance: Manneke 2001; Boschma-Aarnoudse 1993; Vis 1993; Van Wagenaar 1760-1767; Speet 2007; Kurtz 1979).

[10] By living together husband and wife could support still 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 home (Leidse Hofjes 1978, 34).

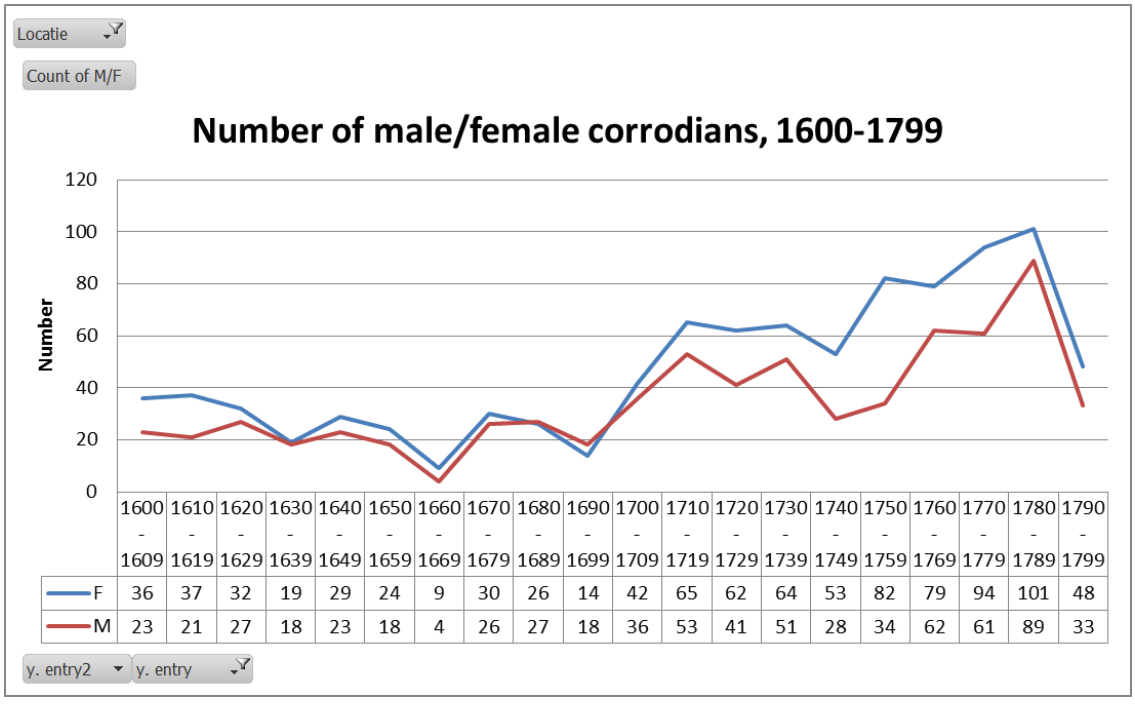
[11] Unfortunately, the marital status (single or widower) of men registering without a partner is often not clear because, in contrast to women, it was not explicitly mentioned. Though widowhood was much more often reported for women, it appears from comparison with the Amsterdam DTB-registers that there number must have been larger.

[12] Though still married, one female registrant in Haarlem went into the proveniershuis without her husband.

we have on a few widowers from the Amsterdam pre-marriage and baptism records. For 28% of the widowed persons (12 M; 49 F) among the paying guests of the Sint Joris proveniershouse 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 proveniershouse, showing a clear difference between widowed male and female paying guests. Eight widowers registered themselves within three years for the *proveniershuis*; four of them even within two months. For them, the relative small spousal age gap between the partners really created a need for external help as marrying a much younger wife makes it likely that she could take care of him longer.

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 *proveniers*-house. Almost two thirds of the widowed inhabitants were at least five years widowed before they registered for a place.[13] A possible explanation is the presence of in-living children: only after they had left the parental household for instance to marry or to work elsewhere, their widowed mother decided to register at the *proveniershuis.*

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 (as we already saw in figure X). This corresponds with similar trends in the development of almshouses (Looijesteijn and Van Leeuwen 2014). Especially in the course of seventeenth century almshouses gradually became women's resorts and even those that were founded as mixed institutions turned after a few decades in female accommodations (Looijesteijn & Van Leeuwen 2014, 21).



	1600-1609	1610-1619	1620-1629	1630-1639	1640-1649	1650-1659	1660-1669	1670-1679	1680-1689	1690-1699	1700-1709	1710-1719	1720-1729	1730-1739	1740-1749	1750-1759	1760-1769	1770-1779	1780-1789	1790-1799
F	36	37	32	19	29	24	9	30	26	14	42	65	62	64	53	82	79	94	101	48
M	23	21	27	18	23	18	4	26	27	18	36	53	41	51	28	34	62	61	89	33

Table 4: distribution of male and female paying guests in the Haarlem and Amsterdam proveniershuizen and the Leiden hospitals. Source: Sources: NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv.nr. 4, 5; Zuijderduijn 2013.

[13] One third of the widows registered within 3 years after the death of their husband, 4 of them within two months.

In the first decades after foundation, entrance to the old men's home was almost free for those who met the criteria. The only requirement to be admitted was that the applicants had to pay two guilders and bring a bed, linen, clothes and other small furniture. In addition, the old men in turn had the weekly obligation to go around all households to collect money for the institution. From the 1640s the old men had to pay a contribution of twelve guilders. At the end of the seventeenth century however the incomes from the door-to-door collection greatly diminished (NHA, inv. 3295). The regents put a request to the town council to abolish these weekly go-rounds. They pointed to the decline of 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*). The willingness to contribute to the financing of the old people's home had apparently diminished. As a consequence, the contribution new inhabitants had to pay increased to fifty guilders, a sum comparable to the money women had to pay for a place in an almshouse. In the course of the eighteenth century this became even more expensive: by the end of the eighteenth century the old men had to pay 300 guilders to be allowed to a charity-house (Polman 1990).

Some more well-to-do inhabitants choose to pay an extra contribution to pay off the obligation to bring 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 inhabitants also choose to pay off the obligation that their whole legacy would fall upon the house after their death. Most of those payments were done by life annuities, stocks and obligations. In a few cases, the new inhabitant paid from the selling of his possessions, like a house or a ship. Some old men still had some income from labor which they handed over to the regents of the house.

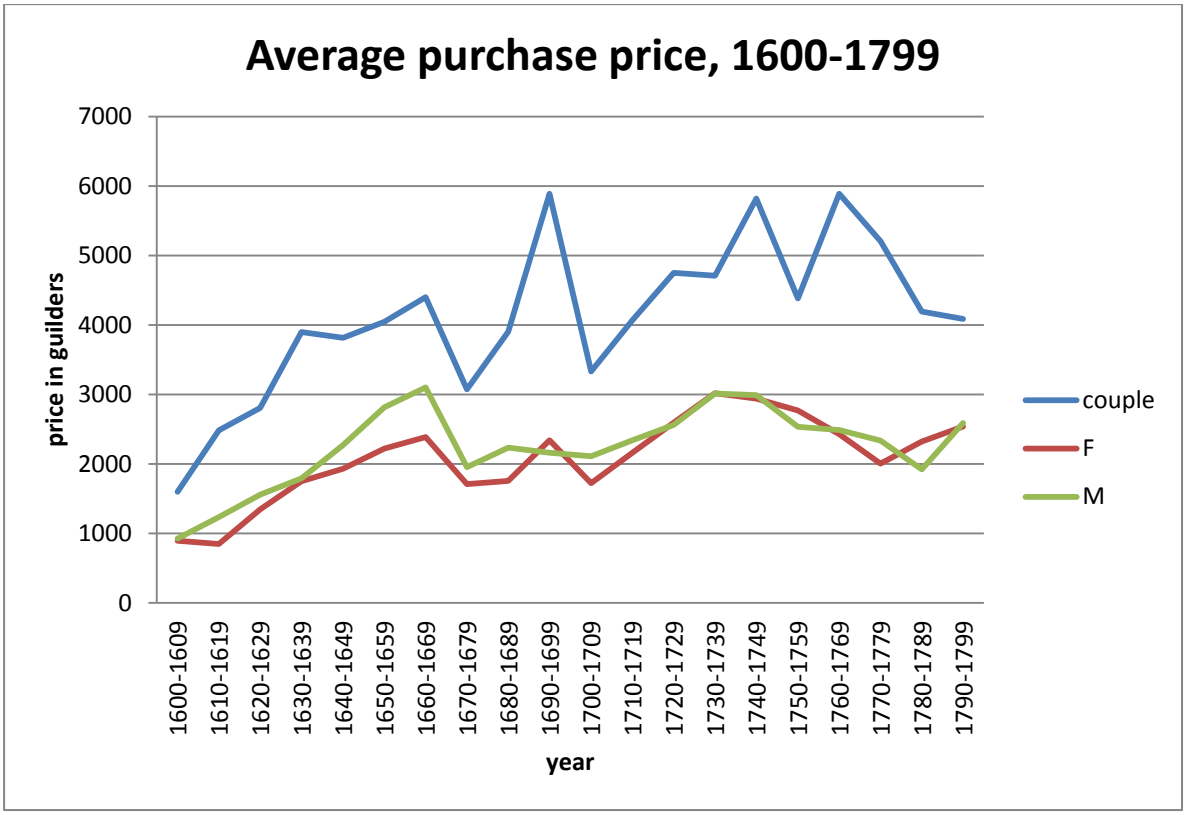


Figure 5: Average price paid by couples and male/female registrants for entry in a *proveniershuis*. Sources: NHA, Vergrote of Sint Joris Proveniershuis te Haarlem (1570), inv.nr. 4, 5; Zuijderduijn 2013.

In comparison, commercialized institutions –the *proveniershuizen*- could be rather expensive. The price new inhabitants had to pay to get a place at the Haarlem St. Joris proveniershuis and the Amsterdam St. Jorishof varied from 800 to 3500 guilders, depending on the age of the applicant and requested extra services (see figure 5). Around 1720, people at age 55 paid 2200 guilders, the equivalent of 7 year wages of a skilled worker. In return they got 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 dinner room) or the help of an in-living servant.[14]

When you can't rely on your family: the limited importance of childrens' contributions to the care of the parents

In a permission letter of 1410, the city council of Delft –well-known for its delicate pottery but also one of the largest Dutch towns at that time- motivated her support for the foundation of an old men's house stating:

> *'… that we, because of the interest of our burghers who have been falling in poverty, and because family and friends got easily weary of taking care of them, and our hospitals only take up bedridden people […] …''*[15]

This ordinance presented the foundation as a necessary solution for those without means or without the help of their family, not in need of medical help but no longer fit enough to work either. Apparently, in the town, which at that time counted around 6500 inhabitants, lived a substantial number of old men who did not meet the criteria of institutions such as hospitals though their family network also failed in the provision of the necessary support. After three months' probation, they were allowed to live the rest of their life in the old men's house. In the 16th century a similar institution was founded for Delft's old women.

The above mentioned example from Delft, formulates nicely what is in most of the other ordinances and foundation acts of the several elderly care institutions in Haarlem, Amsterdam and Leiden implicitly referred to. While the availability of a partner is explicitly mentioned, none of the institutional ordinances and local regulations, however, mentioned 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 to take care of 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 a responsibility for children younger than 25 could be admitted (ordinance cited in: Wagenaar 1760-1767). The same requirement was stated in several Leiden ordinances (Ligtenberg 1908).

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 the mutual responsibilities in Dutch law, 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 (Van Leeuwen 1667; mentioned in: Van der Heijden 2004, 364-365).

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[14] 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.

[15] The original charter has not been preserved; the text however survived through a eighteenth century copy cited in the town chronicle of Reinier Boitet: Beschrijving der stadt Delft […] (1729). …dat wy overmits oirbaer onsen mede Poorteren die vermpt werden, vrunden, magen, lichtelycken moede werden, ende onse gasthuysen gaende niet en ontfangen eer zy beddevast zyn…

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

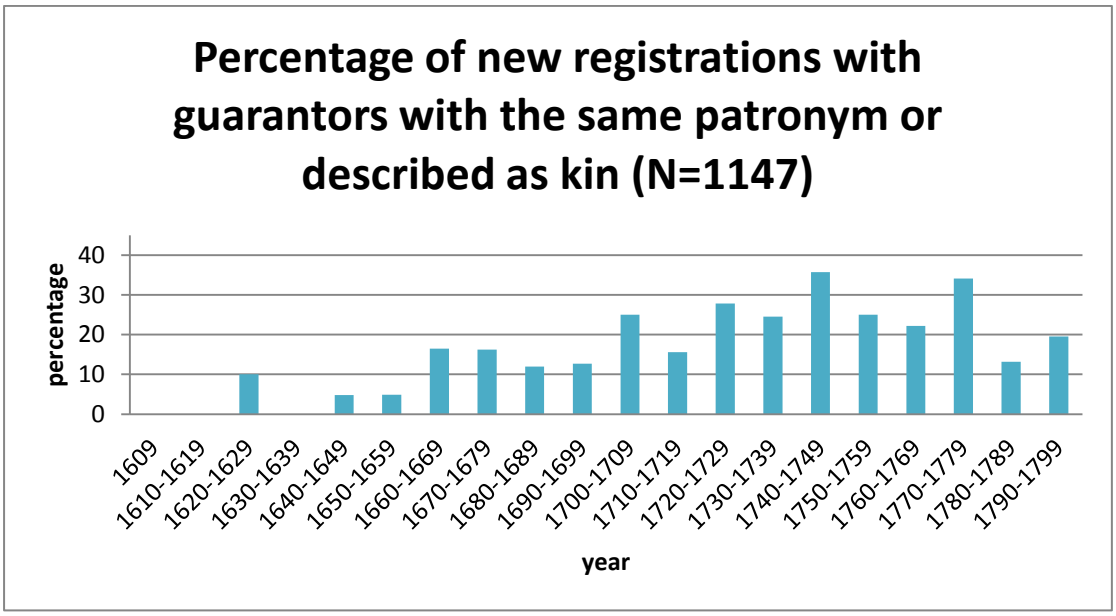

Figure 4: Percentage of new inhabitants of the Haarlem old men's home registering with guarantors that can be identified as kin. Source: NHA, Oudemannenhuis te Haarlem (3295), inv.nr. 35, 36

For the period before 1700 we may have missed a lot of potential kin acting as guarantor as only from then onwards the mentioning of surnames became more common practice. The above figure 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. But it also shows that there were 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 around 65 percent of the 60+ had at least one surviving child (Horden 1998; Ben-Amos 2008, 29). 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 the old men's home. However, in contrast to the strict requirement of singleness, having children was not at all an obstruction to get entry into the old men's home. Even when children were present, and financially capable to support their old father, one could be admitted to elderly care institutions. Applying for a place in an elderly care institution increasingly became a normal option for the elderly, both with and without children already 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 whilst the actual users of these provisions frequently did have children alive living in the same town. The linkage of the information of the registration lists with the pre-marriage and the 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 (53) and Elisabeth Arbman (54) moved to the Haarlem St. Jorisproveniershuis for which they paid more than 6500

guilders. That they had adult children living in the same town appears from the premarriage and baptism records: their son Johannes Hoop married in 1775 and son Jonas in June 1778 (DTB 146, 178; DTB 750, 290). Both times Leendert and Elisabeth acted as witnesses, as they did at the baptism of three of their grandchildren (DTB 258, 123; DTB 259, 101; DTB 262, 120) in the subsequent years, but their efforts were not returned by their children in the form of elderly care.

Leendert and Elisabeth were no exception. From the couples and widowed persons who registered in Amsterdam proveniershuis in the eighteenth century we could directly link 120 registrants (60%) to the marriage records of Amsterdam. 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% of those registrants had children living Amsterdam at the moment they chose to register for the *proveniershuis*, and we find similar figures for Haarlem. Apparently, this implies that in principle adult children were available, but that nevertheless parents made or had to make the decision 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 in the care for their old parents in residential care institutions. They contributed to the care costs of their old father or made complaints about the level of service their mother received as appears from the records of the Haarlem *proveniers* (NHA, inv. 1570, nr. 101).[16] In fact, it shows how close the early modern Dutch household, especially concerning elderly care, could be interwoven with external welfare solutions.

What becomes clear from the analysis of the social ties of the registrants of the Haarlem old people's homes combined is the emphasis on individual characteristics as the starting point of eligibility for provisions. The system of elderly care does not primarily take the family or household as 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. Contrary to what we may think, being accepted to an elderly care home was linked to what the elder had done him- or herself in life, and was not connected to the possibilities of direct kin, such as children, to provide in the 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 men 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 at old age.

Explaining specialization: changes in the household formation process

Understanding the way in which households were formed may help us to understand why the early modern Dutch society dealt with its elderly as described above. There are a number of demographic factors which are important in our explanation. Elsewhere (Bouman and De Moor 2012) we have already demonstrated that the share of households who took in (grand)parents was extremely small, not more than 2 or 3 percent in the 17th century case-study we did on Leiden and the vicinity. Dutch society was clearly a predominantly nuclear society (Van der Woude 1972; Haks 1985), with little 'room' for more than 2 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 after marriage instead of moving in with the

[16] In 1766, for instance, Christina Sprado requested another place for her old mother, because of the extra help she needed which she did not receive until then.

parents(-in-law). This in itself made the taking in of parents in the own household less obvious than in areas where extended households were the rule and it may have reduced the likeliness of physical nearness of parents and their (adult) children and thus reduced also the potential capacity to help out eachother when needed. This reduction of the likelihood of reciprocal support relations (Wall 2010; Laslett 1988) creates a need to develop elderly care solutions outside the circle of the family.

While neo-locality as such directly influences the geographical distance between the households of parents and children, there are other related side-effects. The vulnerability of individual members and the impact of events like the loss of a partner is potentially much higher than in non-EMP regions (De Moor & Van Zanden 2010; Laslett 1988). 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 towards both directions in multi-generational households. As such, it contributes to a weakening of the strength of upwards family ties. As De Moor & Van Zanden (2010) argues, neo-locality of married children makes households most and for all forward-looking 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 old parents.

Of course neo-locality as such does not per definition exclude the possibility of kin support. In the early nineties, Tamara Hareven (1994) already used the expression 'intimacy from a distance' to describe the intensive support relationships that could exist among kin not living in the same building. Neolocality does not always imply emotional distance between parents and their grown-up children (see also: Ottaway 2004). In addition, married children could live in the vicinity, and support their parents during daily visits. Moring (2006), for instance, argues that family members may live in separate but often close enough households to care for eachother (see also: Smith 1979). On the other hand, as studies on intergenerational support in Eastern European regions have shown the existence of co-residence of old parents with their (married) children as such is not necessarily a guarantee for social contact and the exchange of support (De Jong Gierveld & Tesch-Römer 2012). Indeed, co-residence in complex households increases the likelihood of conflict and competition between family members (Manfredini & Breschi 2013; Hammel 2005). And even if there were meaningful relationships between parents and children, it is still likely that both parties have to negotiate about the distribution of available means (Fontaine & Schlumbohm 2000). Nevertheless, though not the only one, residential arrangements remain an important indicator for the likelihood of intergenerational support (Mönkediek & Bras 2014; Wall 2010), especially in times when possibilities for travel and thus mobility levels were much more limited compared to today.

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 in very specific types of elderly care which we have characterized as 'specialisation' towards specific target groups. Here again we belief we need to turn to a number of features of the EMP, in particular the small spousal age gap which in itself decreased the likelihood that couples could help eachother at a later age.

In situations where large age gaps between partners are normal, with the women usually being the youngest of both, it is quite likely that the wife is still fit enough to take care of her already ageing husband (see also: Drefahl 2010). When the spousal age gap is small, due to the high marriage ages of in particular women, 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, one can suppose that a limited spousal age gap will lead to a higher chance that there is a need for extra-familial support of some kind at a later age, in particular for couples.

Furthermore, the typical 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

in EMP-areas (Bouman, Zuiderduijn & De Moor 2012). Peter Laslett (1988) already pointed to the negative consequences of high marriage ages on the likelihood of intergenerational support because of squeezing household cycles. Marriage at a relatively high age of 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 with setting up their own household. As such, it puts an extra burden on the household of married children. As their own spousal age gap was also small, married children were confronted with the request for support from both male and female parents as the limited spousal age gap makes it likely that the parents of both sides are at the same time in need of support (Bouman, Zuiderduijn & De Moor 2012). One could therefore argue that the combination of "double squeezed household cycles" with the reduced likelihood of spousal support at old age creates a need for the development of elderly care solutions outside the circle of family directed at the care of both old widows and widowers, but that there will also be a clear demand from couples as small spousal age gaps reduce the likelihood of partner support at old age, whilst not being able to fall back on married children.

In societies where getting children is normatively restricted to those people being married, marriage ages also influenced the timing of reproduction and thus the number of births per woman. As such, one could expect that marrying at a higher age as normal in EMP-societies reduces the reproductive period, limits the number of children and reduces the likelihood that children could act as a potential resource at old age. Timing of marriage thus influenced the fertility rate of women and thus the possibilities to build a potential resource for help at old age. Estimations for pre-industrial England, for example, suggests that one third of women aged 65+ had no surviving children to call upon for support (Laslett 1991, 15), thus for whom alternative solutions were needed.

Another consequence linked to high marriage ages is the higher percentage of women and men staying single throughout their lives, which creates in itself 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 as a very important source of informal care. Already in the late Middle Ages the number of singles living in towns could rise to 30-40 percent of the population (Kowaleski 1999; cited in De Groot et al 2015). Single women can also help to reduce the need for support mechanisms for elderly by living in with e.g. their parents or other elderly family members in need of help. However, becoming old themselves, 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 could be available, for instance co-residing at the household of siblings or other kin, one could state that singleness as such reduces the range of options for family support at old age and make 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 (Weir 1994; De Groot et al 2015)) who could carry the 'burden' of the elderly, a phenomenon we also see in present-day societies. As such, it 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 (2010) described other factors that are characteristic for EMP-societies which may indirectly also effect the relations between parents and children, such as geographic mobility and migration levels. These are much higher in EMP-regions (see also: Alesina 2010; Lynch 2003) thus reducing de facto the likelihood of intergenerational support as children are simply not permanently present to take care of their old parents. In addition, as Catherine Lynch has argued, migration in itself often had a positive effect on the age of marriage and likelihood of remaining single, thus aggravating the effects related to these EMP-characteristics (Lynch 1991).

Another factor to be mentioned is the possibility of wage labor which gives one 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 in EMP-regions, young men and especially women working in the household of someone else earning their own income and

saving for their marriage. As such, it influences the relationships and power inequalities within the household by decreasing dependency levels between generations. Young adults had the possibility to escape the authority of their parents and found other options to obtain income weakening the bargaining position of the older generation towards their children (see also: De Moor & Van Zanden 2010).

Another issue which may have had a considerable effect on the demand for elderly care in general, though it is so far hardly ever 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. Literature on the area we look at has been fairly silent about this but a recent most interesting article by Manfredini & Breschi (2013) demonstrates that the life expectancy of Italian elderly living in complex households was negatively affected by the household type they were living in. Blood relationships with those living in the same household do not seem to offer a competitive advantage to the elderly. Although we can as yet not offer specific evidence that the situation of elderly living in northern European complex households would be the same, the idea that societies with predominantly nuclear families would have shorter-living elderly is an interesting hypothesis. The data for this are scarce but do point to a potentially relevant difference between North and Southern Europe. 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 a few years extra life expectancy may have created for elderly care on both individual households and 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, both in a quantitative (rising number of institutions and available places) but also a qualitative (diversity in target groups) way. The analyses of the early modern ordinances and registration lists has shown how external elderly care institutions, like almshouses, old people's homes and *proveniershuizen* were not even taking into account the role children could play in their parents' care. Such responsibilities were expected of the partner and if there was no (longer) a partner, all sorts of parties could act as guarantor. Even if children were available and lived in the same town, relying on external provisions was not a strange solution or something people had to be ashamed of. Instead, making use of institutional care had become a 'normal' option, also for those people who in theory could also 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 clear negative side-effects, especially at old age. Specialisation according to target groups however also came at a price: commercialisation of the elderly care sector was setting in already early on. The findings show the importance of savings and self-help strategies and the role of connections outside the circle of the family.

In conclusion: the cultural 'translation' of a shift in intergenerational responsibilities

In this article we have tried to specify the nature of the relationship between social welfare – in particularly elderly care- institutions- and the changes on the household level to understand how far off the 'default-option' –that of relying on your family- in Dutch society was, already in the 17th century. The combination of reduced likeliness of family support in combination with increased trust in more "anonymous" extra-familial institutions (De Moor & Van Zanden 2010), was translated in a cultural change: children were not held primarily responsible for the care of the old parents, but the elderly themselves were responsible, both via their agency as former "contributors to society", as via providing a budget to support themselves, in order to 'buy' their own "support/care package" in the mentioned *proveniershuizen*, which is comparable to the current day service-flats for elderly, and can be considered a form of particular institution strictly confined to EMP-areas. As appears from the ordinances, the early modern system of elderly care did not primarily take the family or

household as unit, but individual characteristics, such as age, physical condition, religion or working past. In addition, in case of the poor elderly, these norms about individual responsibility were backed by communal values emphasizing the duty to take care of the weaker members of society.

These findings are in fact also confirmed by several cultural rules regarding intergenerational exchanges as can be found in literary texts and prints. Socio-cultural rules as stated in educational and didactic texts emphasize of course the duty of children to take care of their old parents. Catechetical texts, confession books and other religious instruction work elaborated on the fourth commandment: 'Honour your father and your mother, that your days be long in the land which the Lord your God gives you.'[17] In this context, children are pointed at their obligation to honor and respect their parents. In addition to those scriptural references, care for old parents was presented as something corresponding to natural law. Examples of animals such as the young eagle carrying his weak parent on his wings had to illustrate this idea. Parental care was also presented as 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' (Boele 2013). At adult age you had to compensate the care you had received from your parents during childhood. An important premise that was often made was that children were able to provide the necessary help.

However, another voice is often also stated in the same text. Parents are urged to maintain independence from their children. An illustration 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 (Clark 1982). Such behaviour would result in a loss of agency and made them dependent of 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 make their own living (Pleij 1991; Boele 2013).

This viewpoint is also reflected in several sixteenth and seventeenth century paintings and prints depicted the so called 'rich children – poor parents'-theme (Van Thiel 1987; Janssen 2007). This rather popular topic depicts how old parents asked their children (often represented together with their spouse and children) for support, but in vain. In accompanying rhymes the children mentioned the responsibility they had for their own household which made it impossible to take care of their elderly father and mother. Of course, this merciless behaviour is strongly disapproved, but in the same rhyme parents too generous to their children are warned, because they make themselves unnecessary independent of their children (Van Thiel 1987). So, on the one hand several texts mentioned the obligation to take care of old parents thereby referring to scriptural, natural or reasonable considerations. On the other hand, these texts emphasized the importance of independence and self-sufficiency, especially during old age (Boele 2013).

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 circle of the family. As described above, support by children was not absent in areas with several non-kin alternatives but family care definitely took other forms in comparison to elderly care provided in multi-generational households. In a certain sense, these institutions draw the outlines for the care provided by children and family to old relatives. Family and institutional care were intermingled: partners took care of each other in the context of a proveniershouse, children paid for the maintenance of their old father living in an old people's home.

As such, these elderly care institutions clearly had a different function compared to the relief institutions in southern European regions. Cavallo (1995; 1998) describes for Italy

[17] See for instance: Cancellierboeck (fifteenth century) f. 33v-34r; Des conincs summe (Haarlem 1984); *Der zielen troost* (Haarlem 1484), f. 55r-61r.; Cancellierboeck (fifteenth century; Kessen ed. 1931).

how until the first half of the seventeenth century hospitals took in those elderly who were terminal ill (two or three months to live) and had no family able or willing to support them. The new hospitals founded in the second half of the seventeenth century were used by poor families to temporarily house one or two of their children or by wealthy families to educate young daughters preparing them for a respectable wedding. In the eighteenth century several elderly poor, and especially women, also applied for the services provided by these large institutions. As such, the stereotype of the 'caring family' and self-evident family responsibilities is too simplistic. However, with the exception of the increase of elderly poor women in the eighteenth century, institutions in non-EMP regions specialized in very different target groups. Specialized elderly care institutions like almshouses or 'proveniershuizen' were unknown. 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, rich and poor, also for those people who could in theory rely on their children and had enough financial means to buy alternative forms of support.

Bibliography

Aasve, Sironi & Bassi 2013. Explaining attitudes towards demographic behavior. European Sociological Review, 29, 316-333.

Alesina, A. & P. Guiliano (2010). The power of the family. Journal of Economic Growth 15, 93-125

Alings, H.W. (1965). Amsterdamse hofjes. Amsterdam: Gemeentelijke Commissie Heemkennis Amsterdam.

Ben-Amos, I.K. (2008). The culture of giving. Informal support and gift-exchange in Early Modern England. Cambridge: Cambridge University Press.

Boele, A.H. (2013). Leden van een lichaam. Hilversum: Verloren.

Bos, S. (1998). *"Uyt liefde tot malcander". Onderlinge hulpverlening binnen de Noord-Nederlandse gilden in internationaal perspectief (1570-1820)*. Amsterdam: IISG.

Boschma-Aarnoudse, C. (1993). Sint-Pietershof te Hoorn: bedelnap en preuve, kruisheren en proveniers aan het Dal. Hoorn: Gemeente Hoorn.

Bouman, A., J. Zuijderduijn en T. De Moor (2012). From hardship to benefit: A critical review of the nuclear hardship theory in relation to the emergence of the European Marriage Pattern. Working paper 28. Center for Global Economic History.

Buursma, A. (2009). 'Dese bekommerlijke tijden': armenzorg, armen en armoede in de stad Groningen 1594-1795. Assen: Koninklijke Van Gorcum.

Cavallo, S. (1989). Charity, power and patronage in eighteenth-century Italian hospitals: the case of Turin. Lindsay Granshaw and Roy Porter eds. The Hospital in history. London and New York: Routledge, 93-122.

Cavallo, S. (1991). Conceptions of poverty and poor relief in Turin in the second half of the eighteenth century. Stuart Woolf ed., Domestic strategies: work and family in France and Italy 1600-1800. Cambridge: Cambridge University Press, 148-199.

Cavallo, S. (1998). Family Obligations and Inequalities in Access to Care in Northern Italy, seventeenth to eighteenth Centuries. In: P. Horden and R. Smith (eds.), *The Locus of Care. Families, Communities, Institutions and the Provision of Welfare since Antiquity* (pp. 90-110). London and New York: Routledge

Cavallo, S. (1995). Charity and power in early modern Italy. Benefactors and their motives in Turin, 1541-1789. Cambridge: Cambridge University Press.

Clark, E. (1982). Some aspects of social security in Medieval England. Journal of Family History 7, 207-320.

De Moor, T. en J.L. van Zanden (2010). Girlpower. The European marriage pattern and labour markets in the North Sea region in the late medieval and early modern period. *Economic history review* 63 (1) (pp. 1-33)

De Groot et al (2015). The Lure of the city. Comparative perspectives on singles in towns in the Low Countries, 1600-1900. To be published.

Fontaine, L. & J. Schlumbohm (2000). 'Household strategies for survival: an introduction. L. Fontaine and J. Schlumbohm eds., Household strategies for survival 1600-2000: fission, faction and cooperation. International review of social history, supplement 8. Cambridge, 1-17.

Gaarlandt-Kist (1981). 400 jaar St. Elisabeth's of Groote Gasthuis te Haarlem.

Goose, N. & H. Looijesteijn (2012). Almshouses in England and the Dutch Republic circa 1350-1800. A comparative perspective. Journal of Social History 42.4, 1049-1073.

Grell, O.P & A. Cunningham (1997). Health care and poor relief in protestant Europé, 1500-1700. London: Routledge.

Haks, D. (1985). Huwelijk en gezin in Holland in de 17de en 18de eeuw. Utrecht: HES Uitgevers.

Hammel, E.A. (2005). Chayanov revisited: A model for the economics of complex kin units. Proceedings of the National Academy of Sciences, 102, 7043-7046.

Hareven, T.K. (1994). Aging and generational relations. A historical and life course perspective. Annual Review of Sociology, 20, 437-461.

Heijden, M. van der (2004). 'Contradictory interests. Work and parent-child relations in Early Modern Holland. History of the Family 9, 355-370.
Horden, P. and R. Smith (eds.) (1998), *The Locus of Care. Families, Communities, Institutions and the Provision of Welfare since Antiquity*. London and New York: Routledge
Hulzen, A. van (1986). Utrechtse kloosters en gasthuizen. Baarn: Bosch & Keuning
Jansen 1982.
Jordan, W.K. (1959). Philantropy in England 1480-1660. A Study of the Changing Pattern of English Social Aspirations. New York: Russell Sage Foundation.
De Jong Gierveld, J. & C. Tesch-Römer (2012). Loneliness in old age in Eastern and Western European societies. Theoretical perspectives. European Journal of Ageing, 9, 285-295.
Jütte, Robert (1994). Poverty and Deviance in Early Modern Europe. Cambridge: Cambridge University Press.
Klerk, M. de, J. Timmermans and A. de Boer (2010). Uitwisseling van steun tussen kinderen en hun oude ouders. In: A. van den Broek, R. Bronneman and V. Veldheer (eds.). Wisseling van de wacht: generaties in Nederland. Sociaal en Cultureel Rapport 2010. Pp. 221-233.
Klerk, M. de (2011). Zorg in de laatste Jaren. Gezondheid en hulpgebruik in verzorgings- en verpleeghuizen 2000-2008. Den Haag: SCP.
Kowaleski, M. (1999). 'Singlewomen in Medieval and Early Modern Europe'. In J.M. Bennett and A.M. Froide eds. *Singlewomen in the European Past, 1250-1800*. University of Pennsylvania Press.
Kurtz, G.H. (1979). Het proveniershuis te Haarlem. Haarlem: Vereniging "Haerlem".
Laslett, P, (1988). Family, kinship and collectivity as systems of support in preindustrial Europe: a consideration of the "nuclear hardship" hypothesis. *Continuity and Change* 3 (pp. 153-175)
Laslett, P. (1995). Necessary Knowlegde: Age and Aging in the Societies of the Past. D.I. Kertzer and P. Laslett eds. Aging in the past. Demography, Society and Old Age. Berkeley and Los Angeles: University of California Press.
Leeuwen, M.H.D. van (2011). Guilds and middle-class welfare, 1550-1800: provisions for burial, sickness, old age and widowhood. Economic History Review 65.1, 61-90.
Leeuwen, M.H.D. van, E. van Nederveen Meerkerk & L. Heerma van Voss (2014). Provisions for the elderly in north-western Europe: an international comparison of almshouses, sixteen-twentieth centuries. Scandinavian Economic History Review 62 (1) 1-16.
Ligtenberg, C. Armezorg te Leiden tot het einde van de 16e eeuw. Den Haag: Nijhoff.
Lis, C. & H. Soly (1979). Poverty and Capitalism in Pre-Industrial Europe. Atlantic Highlands: Humanities Press
Looijesteijn, H. & M.H.D. van Leeuwen (2014). Founding large charities and community building in the Dutch Republic, c. 1600-1800'. 'Provisions for the Elderly in North-Western Europe: Almshouses around the North Sea. Sixteenth-Twentieth Centuries'. Special Issue Scandinavian Economic History Review 62.1 (2014), 17-34.
Looijesteijn, H. (2012). Funding and founding Private Charities in the Netherlands. A case study of Leiden almshouses and their founders, 1450-1800. Continuity & Change 27.2, 199-239.
Lynch, K. "The European Marriage Pattern in the Cities: Variations on a Theme by Hajnal," *Journal of Family History* 16,1 (1991): 79-96.
Lynch, K.A. (2003). *Individuals, families and communities in Europe, 1200-1800. The urban foundations of western society*. Cambridge: Cambridge University Press
Manfredini, M. & M. Breschi (2013). Living arrangements and the Elderly: An analysis of old-age mortality by household structure in Casalguidi, 1819-1859. Demography 50, 1593-1613.
Manneke, N. (2001) Het Heilige Geest-Huis te Rotterdam sinds 1434. Rotterdam: Koppel.
McIntosh, Marjorie Keniston (2012). Poor relief in England, 1350-1600. Cambridge:

Cambridge University Press.
Mönkediek, B. & H. Bras (2014). Strong and weak family ties revisited: reconsidering European family structures from a network perspective. The History of the Family 19:2, 235-259.
Moring, B. (2006). Nordic retirement contracts and the economic situation of widows. *Continuity and Change* 21 (3) 383-418
Ottaway, S.R. (2004). *The Decline of Life: Old Age in Eighteenth-century England*. Cambridge: Cambridge University Press
Parker, C.H. (1998). The reformation of community. Social welfare and Calvinist Charity in Holland, 1572-1620. Cambridge: Cambridge University Press.
Pleij 1991, H. (1991). 'Inleiding: op belofte van profijt'. In: idem e.a., Op belofte van profijt. Stadsliteratuur en burgermoraal in de Nederlandse letterkunde van de middeleeuwen. Amsterdam: Prometheus.
Polman, M. (1990). Het Frans Halsmuseum: van Oudemannenhuis tot kunsttempel, bouwgeschiedenis en rondwandeling.
Reher, D.S. (1998). Family Ties in Western Europe: Persistent Contrasts. *Population and Development Review* 24 (2), 203-234
Smith, R.M. (1979). 'Kin and Neighbors in a Thirteenth-Century Suffolk Community'. *Journal of Family History* 4.
Solar, P.M., 'Poor relief and English economic development before the industrial revolution', *Economic History Review*, 48 (1995), pp. 1-22.
Thiel, P.J.J. van (1987). 'Poor parents, rich children' and 'Family saying Grace'. Two related aspects of the iconography of late sixteenth and seventeenth-century Dutch Domestic Morality. *Simiolus: Netherlands Quarterly for the History of Art* 17 (2/3) (pp. 90-149)
Tomassini and Lamura 2009. Population ageing in Italy and Southern Europe. P. Uhlenberg (eds.) International handbook of population aging (pp. 69-89). Dordrecht: Springer.
Viazzo, P.P. & Zonatelli, F. (2010). Welfare as a moral obligation: changing patterns of family support in Italy and the Mediterranean. H. Grandits eds. Family, kinship and state in contemporary Europe, vol 1. (pp. 47-92) Frankfurt: Campus Verlag
Viazzo, P.P. (2010), Family, kinship and welfare provision in Europe, past and present: commonalities and divergences. Continuity and change, 25 (1).
Viazzo, P.P. (2013). An ageing population, institutional context and family values in Southern Europe. J. Troisi en H.-J. von Kondratowitz eds. Ageing in the Mediterranean (pp. 57-73). Bristol: Policy Press.
Vis & Van Kersbergen (2014). Comparative Welfare State Politics. Development, Opportunities and Reform. Cambridge: Cambridge University Press.
Vis, G.N.M. (1994). Oud en arm: hervormde bejaardenzorg in Alkmaar 1744-1994.
Wall, R. (2010). Economic collaboration of family members within and beyond households in English society, 1600-2000. Continuity and Change 25 (1), 83-108.
Weir, D. (1994). "Rather Never Than Late: Celibacy and Age at Marriage in English Cohort Fertility, 1541-1781," *Journal of Family History* 9
Woude, A.M. van der (1972). 'Variations in size and structure of the household in the United Provinces of the Netherlands in the seventeenth and eighteenth centuries". In Laslett e.a. Household and family in past time: comparative studies in size and structure of the domestic group over the last three centuries in England, France, Serbia, Japan and Colonial North America with further materials from Western Europe. Cambridge: 1972, 219-318.
Zuijderduijn, J. (2013). What did retirement cost back then? Commercial old age provisions in St. Jorishof Amsterdam and St. Catherine's and St. Cecilia's hospitals Leiden, 17th-18th centuries. Unpublished paper.