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Policy implications of the greying of family diversity

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Overview

In many European countries and societies around the world, family diversity is increasing. Social scientists interested in population change have tended to view family diversification as a phenomenon that occurs in early and midlife. Yet, more people are experiencing diverse living arrangements at advanced ages. This 'greying of family diversity' is fuelled by two major processes. Firstly, the birth cohorts now reaching retirement age have often undergone separation, divorce or remarriage and family reconstitution at some point in their lives, resulting in more discontinuous family biographies. Secondly, patterns of family behaviour at advanced ages have changed: divorce and separation rates have increased disproportionately at later ages, heralding a 'grey divorce revolution'.

This greying of family diversity poses unprecedented societal challenges for social scientists interested in understanding how diverse living arrangements in old age affect health and care needs. Since health declines with age, family transitions at older ages can have a greater negative impact than in midlife. Medical research is often criticised for neglecting social determinants of health outcomes, and for failing to capture the effects of diversity in living arrangements on public health. The questions raised by the greying of family diversity can best be answered by a coordinated interdisciplinary approach that bridges sociological and medical research. By combining disciplinary insights, and by examining policy processes in countries facing similar issues in different parts of the world, researchers are better equipped to advise governments on the design and implementation of cross-departmental public policies that respond to the impact of changing sociodemographic phenomena in ageing populations.

Key evidence

Demographic statistics highlight trends in family diversification that require policy responses:

- Divorce rates at advanced ages are gradually increasing in many European countries. For example, the divorced population aged 65–69 in England and Wales rose from 11% in 2008 to 15% in 2018. Similar trends occurred in France, Germany and the USA.
- In the Global North, rising unmarried cohabitation and remarriage at older ages are resulting in more complex family structures and an increase in step-grandparenthood.
- Family diversity is an emerging issue in the Global South. Marked increases in divorce and cohabitation rates, and extramarital childbearing are reported in Colombia, Mexico and Brazil. Crude divorce rates more than doubled between 2000 and 2022 in Mexico. As these cohorts reach older ages, they will contribute to a greying of family diversity.
- Evidence from medical research shows that the risk of being diagnosed with depression in old age is higher for women than for men, whereas men are at greater risk of developing cardiovascular diseases. The risks are increased by divorce and separation.
- The risk of being institutionalised after being diagnosed with dementia is strongly related to marital status, suggesting that demand for institutional care will increase as family patterns change.
- Social norms may dictate that spouses support each other if one partner is in need of care. In countries such as Germany, legal obligations enforce this support. Conversely, caring duties may increase the risk of union dissolution. In Canada, for example, these risks are higher for cohabiting couples than for married couples, and they depend on whether the woman or the man (in a heterosexual relationship) is the carer.

- Spouses act as a primary family care system, providing financial, emotional and physical support. Increased family diversity poses challenges to this care arrangement. Since caring puts a strain on a relationship, it may increase the risk of union dissolution.
- By reducing general wellbeing, divorce and separation can adversely affect specific health conditions, thereby offsetting positive developments towards increasing life expectancy and healthy life years for older people.

Policy context

Despite variations between and within different geopolitical contexts in policy objectives and the ways in which policy measures are implemented, the greying of family diversity raises similar challenges across modern societies and opportunities for cross-border policy learning.

Questions arise about the capacity of less institutionalised partnerships to meet the socioeconomic and medical needs of older people. Policies that influence economic wellbeing, old-age care and intergenerational solidarity were generally designed against the backdrop of the traditional family model, where old age care was essentially family care, and where the primary caregiver in old age was often the spouse.

As cohorts with more diverse family structures enter middle and older ages, demographic shifts are predicted to intensify the risks in later life of economic vulnerability and isolation. They create more complex intergenerational relationships, where spouses or children are no longer available as caregivers, and are unable or unwilling to provide support to a wider range of more biologically and physically distant family members. The question of who will care for the future cohorts of frail elderly people is on policy agendas of most governments in democratic societies.

Many welfare states have implemented long-term care insurance. Although countries like the Netherlands, Germany and Japan have established systems in place, they nevertheless often cover only parts of the costs for those in need of care. These systems depend on intergenerational solidarity between the working and inactive populations in societies, thereby generating challenges for ageing populations with a shrinking workforce. In times of economic recession, the financial resources of local governments – typically responsible for delivering care for those who cannot bear the costs of care themselves – are being stretched to their limits. This can lead to increased reliance on family and informal care, raising questions of social inequality and of the governance of informal care arrangements.

Recommendations

The following recommendations are designed to assist policymakers in formulating effective responses to the impact of family diversity on health outcomes in aging populations.

- More research is needed that sheds light on the relationship between family behaviour and health at older ages to provide a basis for targeted preventive health interventions.
- Governments need to work across departmental boundaries to identify risk groups at an early stage using reliable indicators of health, including measures of family behaviour.
- Evidence from longitudinal studies that capture changes in family behaviour and living arrangements combined with information about health determinants at older ages should be drawn on to design policies targeting the most vulnerable groups.
- Governments should use evidence from socio-medical research in countries facing similar challenges to identify good policy practice, to understand why these policies work and to determine how they might work in a different welfare context.