



Ageing and care

**How will we live and care
for ourselves when we get old?**



"la Caixa" Foundation

Credits

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There can be no doubt that increased longevity is one of the most prominent examples of the progress made by developed societies over the last century. In Spain, for example, life expectancy has increased on average by five years over the course of the last twenty.

This is a remarkable achievement, but one that also brings with it a series of economic and social challenges. In this sense, there are at least two questions that must be tackled without delay: the first is pensions, required to maintain quality of life for elderly people. The second asks what type of care is being received by those elderly people who need it.

To tackle these challenges it is important to be equipped with a clear diagnosis of the current situation and of the evolution envisaged for the future. This will make it easier to prioritise needs and plan strategically based on the policies and resources available. It is also a good idea to study how these issues are tackled by our peer countries, and what innovative ideas they are applying.

Even so, and beyond a view of the ageing of the population that focuses on the problems this might cause, it is also fundamental to recognise elderly people's capacity for contributing to society. Today, elderly people are healthier and have higher levels of education than past generations, with experience in relevant areas of life that enables them to aspire to remain active and involved in the support and wellbeing of their families and communities.

If we are capable of recognising and promoting all of the potential offered by elderly people, they themselves will help find solutions. The *Dossier* we are presenting here has also been conceived from this positive perspective for elderly people and aims to highlight some of their most significant social contributions.

Elderly people have always been a priority area for the Obra Social "la Caixa", which spares no efforts in promoting an active role and full social integration for them.

Summary

The Barometer in this issue of the *Dossier* starts off by presenting a series of general indicators that provide context for a set of more specific ones, focusing on some key aspects of the ageing of the population in Spain. In other cases, they allow us to get a more accurate picture of the elderly people's participation and contributions across various social spheres.

The articles that we present below tackle two main questions that hold special interest: loneliness in old age and changes in care for elderly people.

David Reher and Miguel Requena adopt a gender perspective when talking about living alone, a situation that is growing among elderly women. The data that they present indicate that, due to low fertility rates, the number of women living alone will expand in the future. This will require the provision and adaptation of protection and care services capable of responding to their needs.

Antonio Abellán and his colleagues, in their article on carers, underline the fact that, particularly among older couples living without children, men's contribution to care is very important. In these situations, where often one person who is already very old cares for a dependent partner, external formal support services are needed for the carers.

The interview with Tina Rostgaard explains to us what is involved in the *reablement* policies that are so successfully applied in her own country, Denmark, as well as other Scandinavia countries. The proposal is to teach people with dependency to become independent once more, through a process that helps defer the admission of elderly people into formal long-term care systems.

In a similar vein, the review proposes a critical comparison of two books that focus on the challenges of long-term care in Europe. From different perspectives, they analyse how such care is tackled in different European countries and what new course should be set to ensure sustainability for the future.

Lastly, the *Dossier* closes with best practices in the sphere of ageing, with the cooperation of the Obra Social "la Caixa": how we would like to be cared for ourselves if the need arises? What are the elements that define good care activity for elderly people? The aim is to identify them, firstly, and promote them subsequently, always bearing in mind that people are the priority.



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For more data see
www.socialobservatorylacaixa.org

General context indicators

Selection made by
Anna Villarroya,
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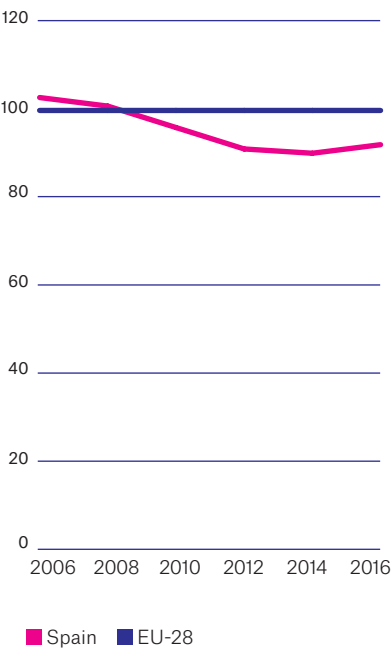
This section provides background context for the rest of data and indicators that are presented in the Barometer. Thus, based on a series of basic indicators and synthetic indexes on social, demographic and economic issues, this section offers a global and temporal view on the situation in Spain within the European or international context.

Global view



1. Level of economic development

Gross Domestic Product per capita in Purchasing Power Standards
SPAIN AND EU-28. (EU-28=100)



Since the year 2010, GDP per capita in Purchasing Power Standards in Spain has stood at below the European average



Source: Eurostat, 2018.

The data are expressed in Purchasing Power Standards (PPS) which allows the elimination of the differences in price levels that exist between countries and facilitates, therefore, a comparison of the GDP that better reflects the economic capacity of the citizens of each country. The volume of GDP per capita in

Purchasing Power Standards is expressed in relation to the average of the European Union (EU-28), which takes the value of 100. Thus, if a country's index is higher than 100, it means that the GDP per capita level of that country is higher than the average value of the European Union, and vice versa.

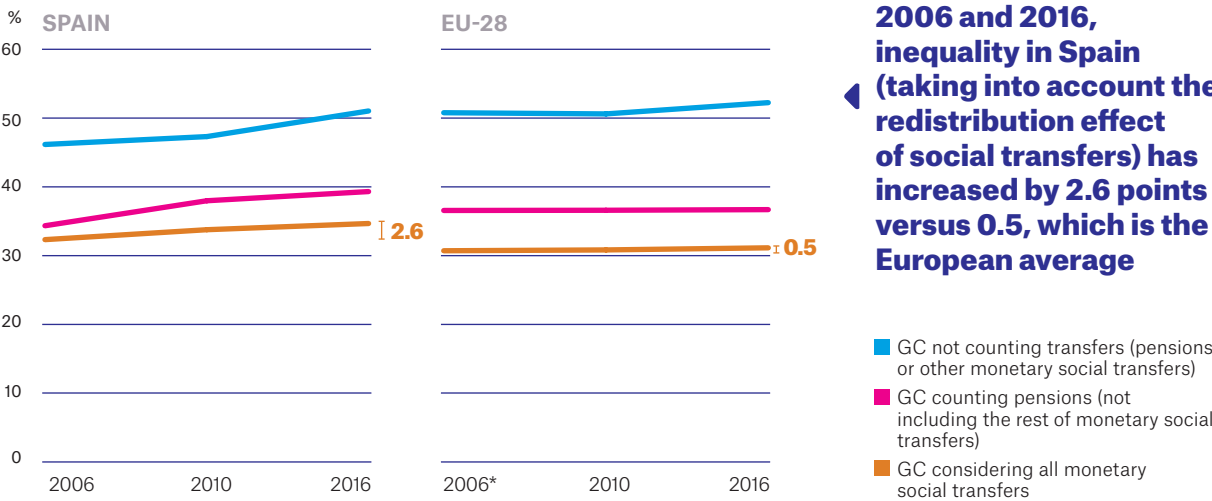


The **Gini coefficient** measures inequality in income distribution. To facilitate its interpretation, the values (from 0 to 1) are multiplied by a hundred, varying between zero and one hundred. A coefficient close to zero means that a more equal distribution exists, while a coefficient close to one hundred implies a high concentration of income in the hands of a reduced number of individuals and, therefore, greater inequality.

The **AROPE indicator** of risk of poverty or social exclusion contains a multi-dimensional view of poverty or social exclusion by accounting for the population that finds itself in at least one of the following three situations: 1) below the poverty risk threshold; 2) suffering severe material deprivation; 3) with low work intensity in the household.

2. Inequality in income distribution

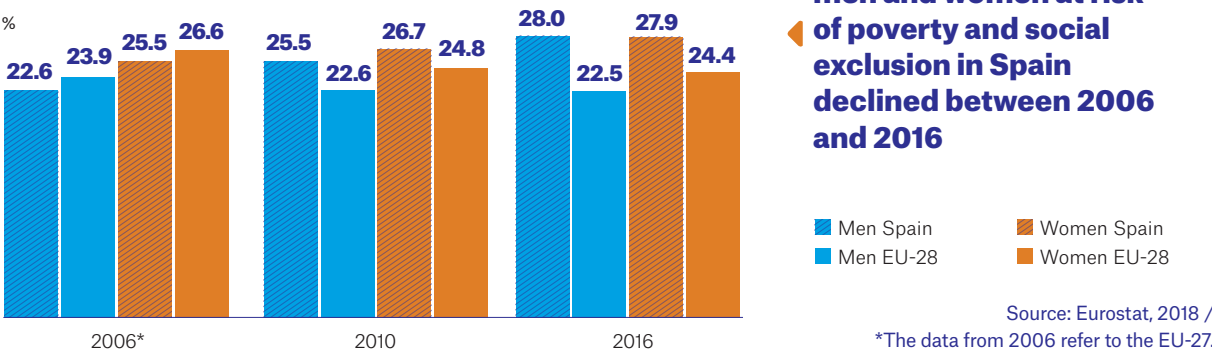
Gini coefficient (GC)



Source: Eurostat, 2018 / *The data refer to the EU-27.

3. People at risk of poverty and social exclusion

AROPE indicator for risk of poverty and social exclusion by sex
SPAIN AND EU-28

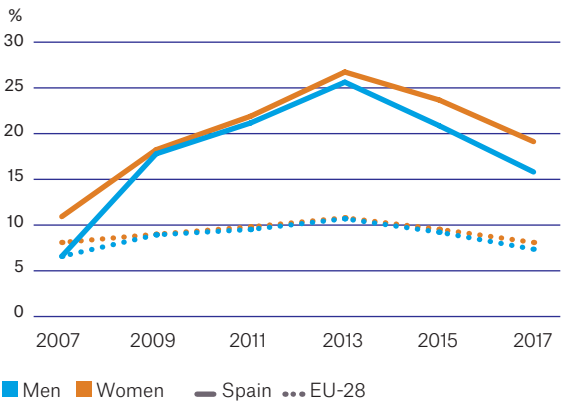


Source: Eurostat, 2018 /
*The data from 2006 refer to the EU-27.

Global view

4. Labour market exclusion

Unemployment rates by sex
ANNUAL AVERAGE, SPAIN AND EU-28



The difference between unemployment rates for men and women is higher in Spain (3.3 points) than the European Union average (0.5 points)

Source: Eurostat, 2018.

17.2%

Some 17.2% of the active Spanish population was unemployed in 2017 (EU-28: 7.7%).

38.6%

Nearly 4 out of every 10 Spanish young people (aged under 25 years) were out of work in 2017, a long way above the European average (EU-28: 16.8%).

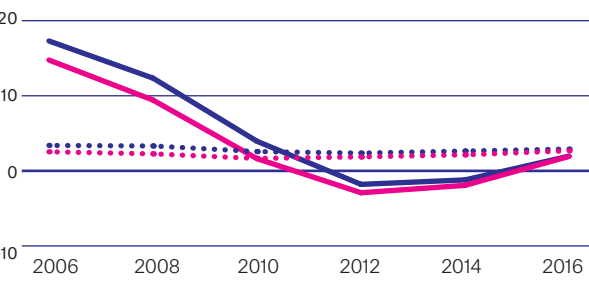
2.4 points

Difference between the long-term unemployment rates (in relation to the total active population) of men (8.4%) and women (10.8%).

Source: Eurostat, 2018.

5. Demographic conditioning factors

Gross rates of total population change and net migration
SPAIN AND EU-28



In 2016, the rate of migratory movements in Spain stood at 1.9, reverting the negative tendency initiated in 2012

Crude rate of net migration
Crude rates of total population change
Spain EU-28

Source: Eurostat, 2018.

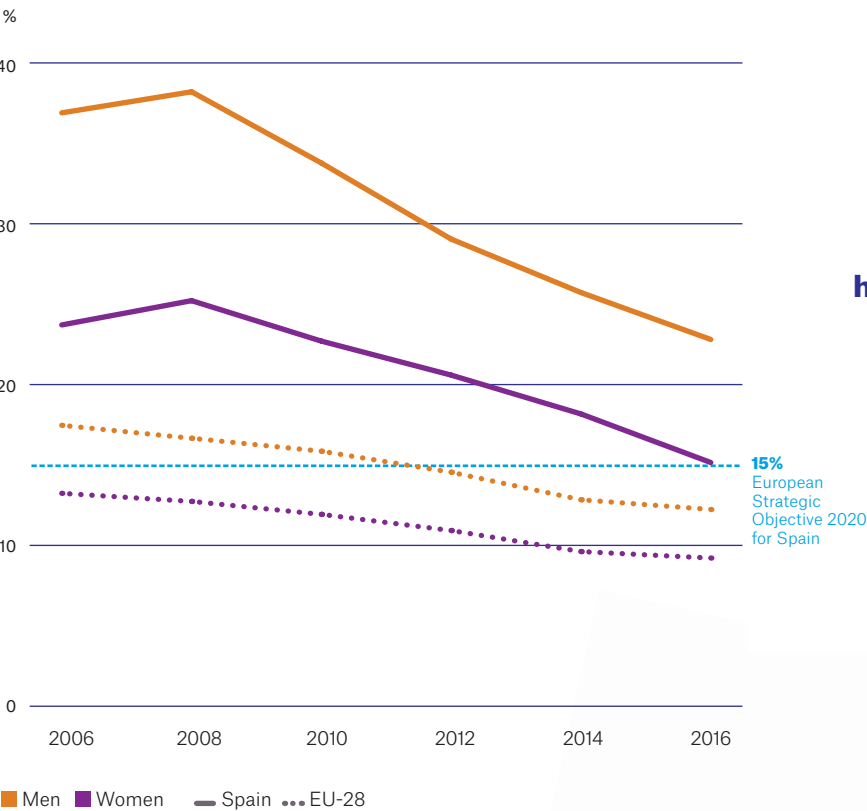
Total population changes, contained in the crude rates of total population change, can occur due to variations in the population

caused by natural changes (births and deaths) and migratory movements (crude rates of net migration).



6. Limitations to the training of human capital

Education and training early leaving rate by sex
SPAIN AND EU-28



The difference in education and training early leaving rates among young Spanish people with respect to the European average is higher in the case of men (with a deviation of 10.5 points with respect to the European average) than in that of women (5.9 points)

Source: Eurostat, 2018.

The **education and training early leaving rate** encompasses the percentage of people aged 18 to 24 years whose education level

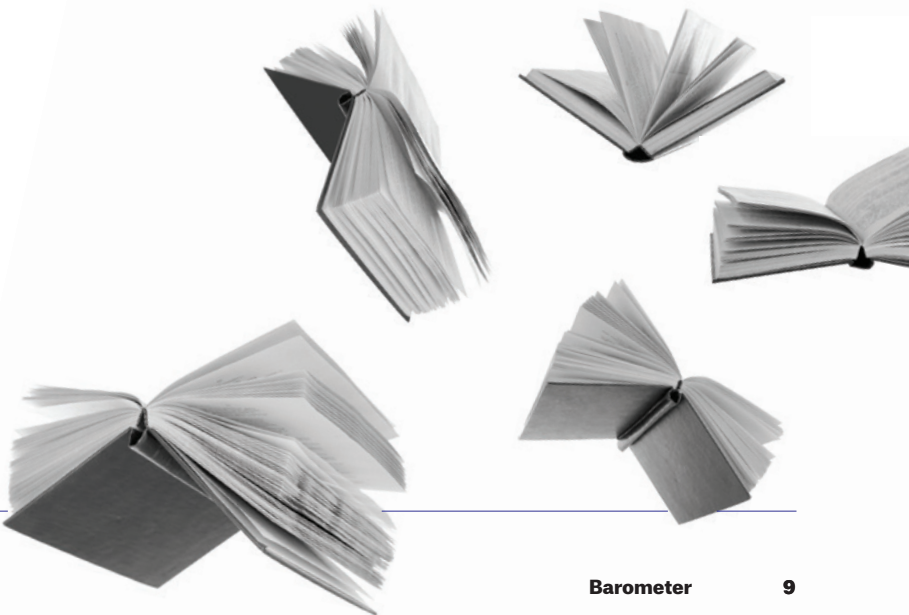
is at the most the first phase of Secondary Education and who are not following any type of education or training.

Early leaving is more common among men

7.6 points

Difference between the education and training early leaving rate among men (22.7%) and women (15.1%) in Spain (EU-28: 3 points).

Source: Eurostat, 2018.



Indicators on ageing

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This section presents a series of key indicators to find out mainly the social but also the economic and political dimensions of ageing in Spain.

The majority of them come from European databases such as the European Health Survey, the European Survey on Income and Living Conditions (EU-SILC), the European Quality of Life Survey (EQLS) and the Survey on Health, Ageing and Retirement in Europe (SHARE).

The ageing of the population

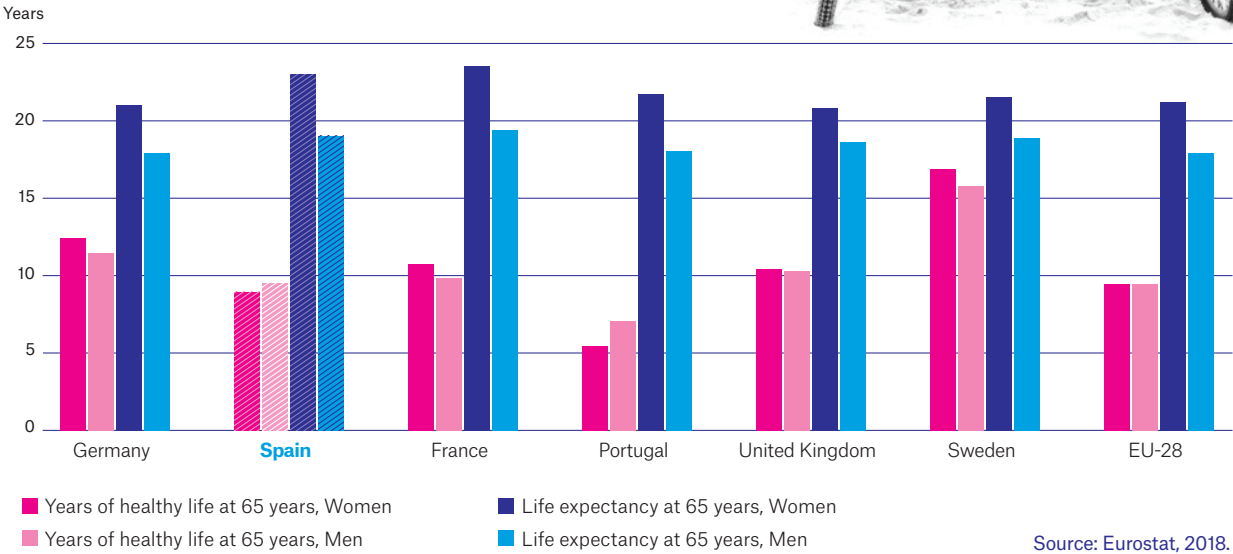


1. Is living more years synonymous with greater quality of life?

Life expectancy and healthy life years at age 65 years by sex, 2015

9 years

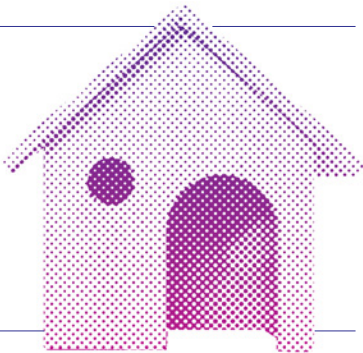
Average number of years that a person can expect to live free of serious or moderate health problems at age 65 years in Spain (8.9 women and 9.5 men), versus 16 years in Sweden (16.8 women and 15.7 men)



Ageing and living arrangements



As observed in graph 2, a differentiated pattern exists in living arrangements among elderly people in the countries of Southern Europe: lower than the European average in terms of the number of people living alone or with their partner only, and above the European average in the case of the number living with their partner plus others (children and other household members) or in other types of households.



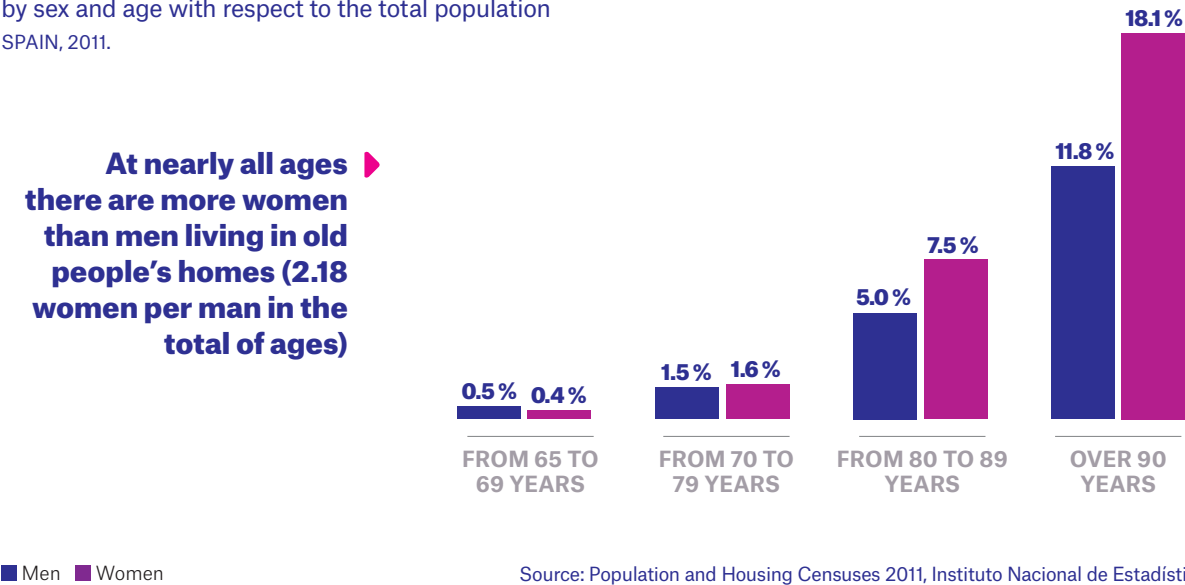
2. In what type of households do elderly people live?

Distribution of the population aged 65 years and over according to household type by sex, 2016, %



Proportion of the population living in old people's homes by sex and age with respect to the total population
SPAIN, 2011.

At nearly all ages there are more women than men living in old people's homes (2.18 women per man in the total of ages)

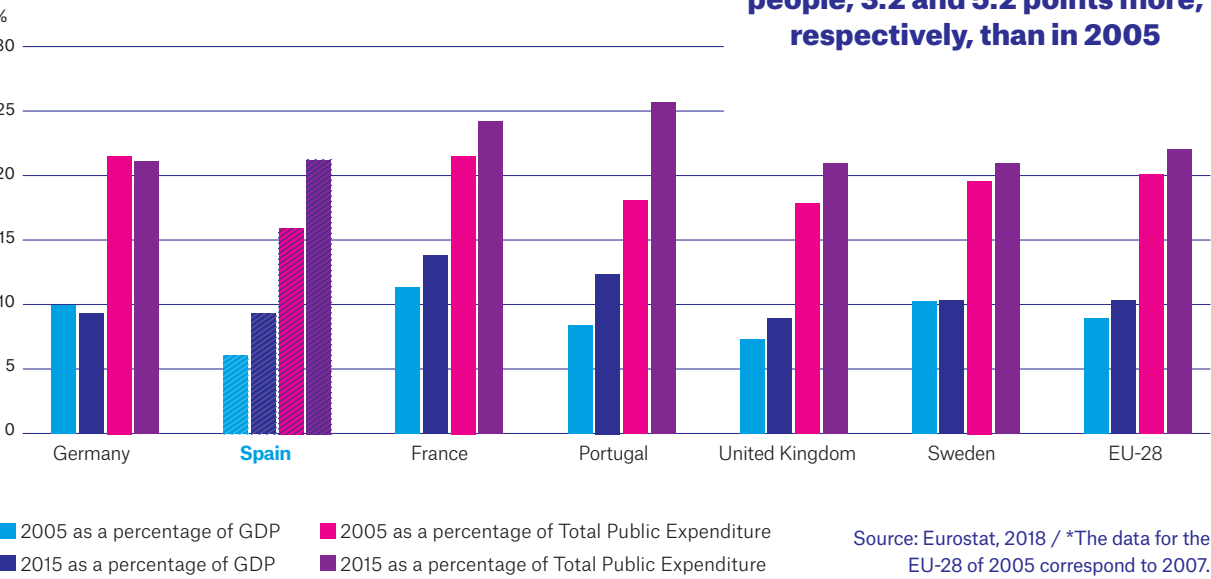




3. Public investment in elderly people

Public spending on elderly people as a percentage of Gross Domestic Product (GDP) and Total Public Expenditure.

In 2015, European governments allocated 9.2% of GDP and 20.9% of public spending to elderly people, 3.2 and 5.2 points more, respectively, than in 2005



4. The economic position of elderly people

Percentage of people aged 60 years and over at risk of poverty, by sex.



Over the last ten years, gender inequality in poverty risk rates among the Spanish population aged over 60 years has practically disappeared

Source: Data extracted from Eurostat (2018) based on EU-SILC.
* The data from 2006 refer to the EU-27.

Ageing of households

17.9%

Households maintained mainly by the resources of an elderly man, in Spain, in 2016.

11.6%

Households maintained mainly by the resources of an elderly woman, in Spain, in 2016.

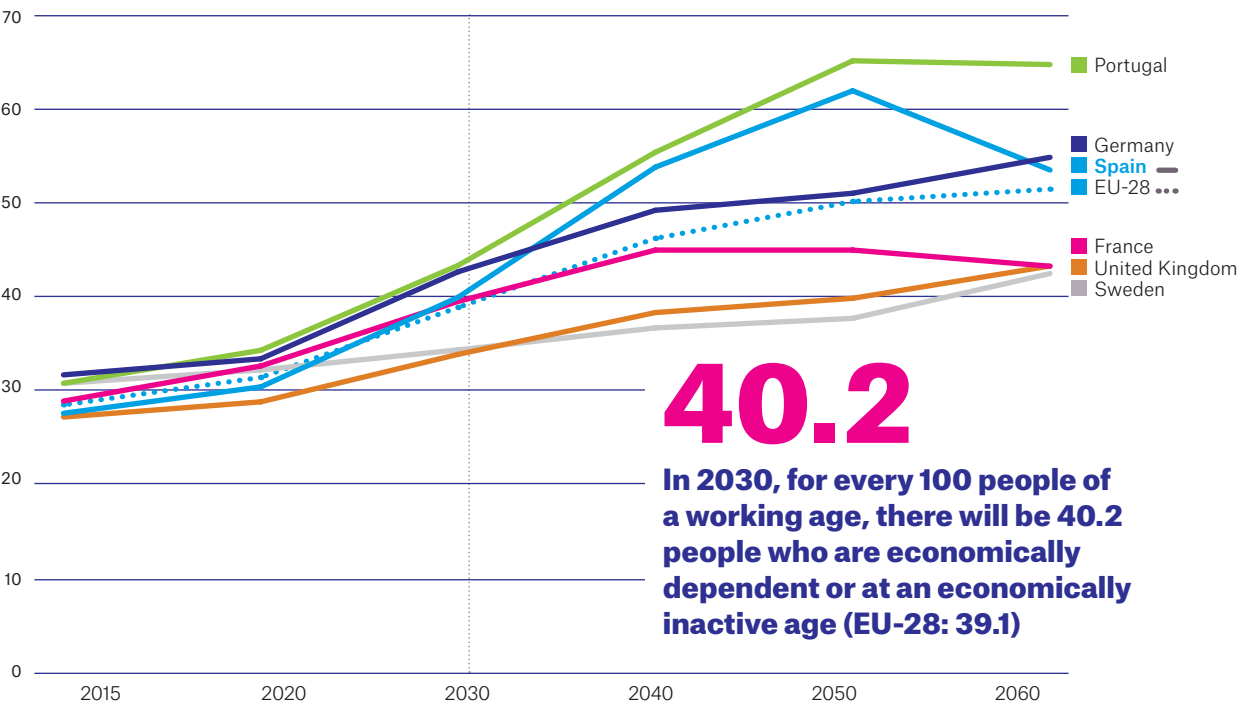
Source: Survey on Family Budgets, Instituto Nacional de Estadística.

Ageing and dependency



5. Economic dependency of the elderly population with respect to the younger generations

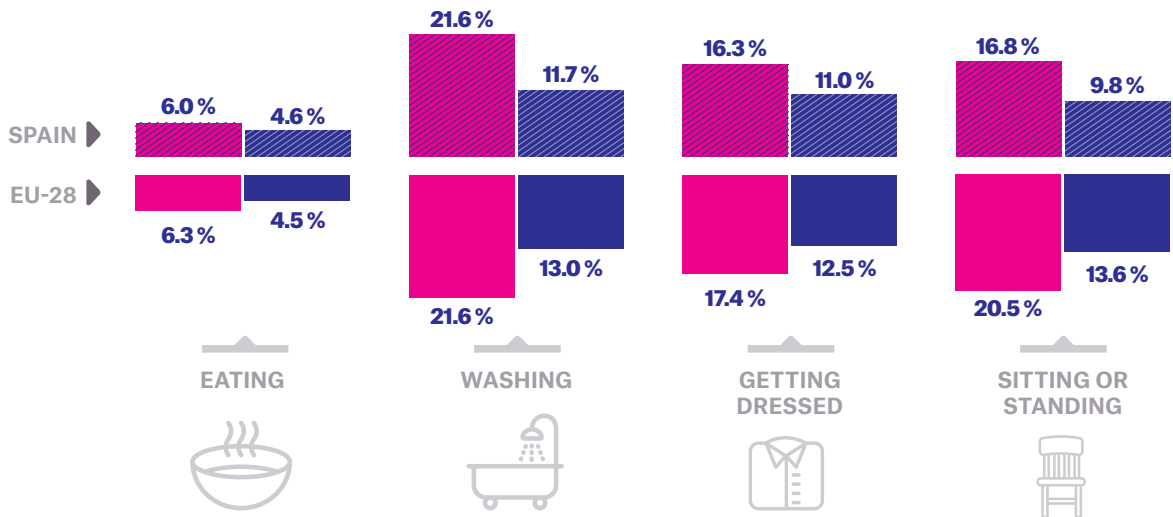
Demographic old-age dependency ratio (2015) and projections (2020-2060) (per 100 persons).



Source: Eurostat, 2018.

6. Dependence for personal care

Percentage of people aged 65 and over who have difficulty carrying out any basic everyday life activity, by sex, 2014.



Women Men

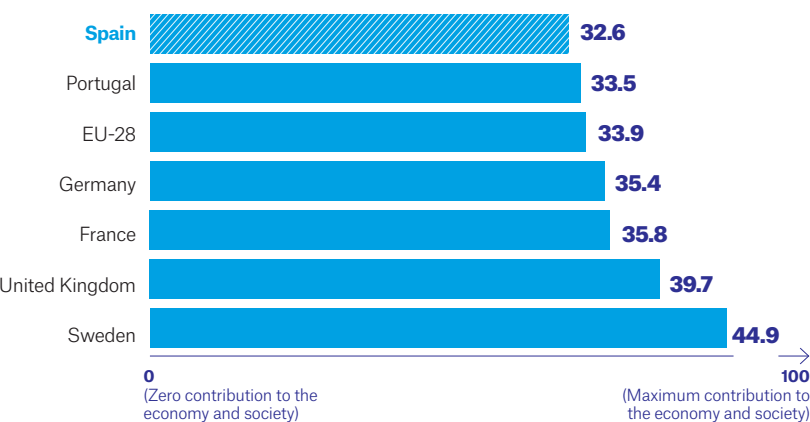
Source: European Health Survey, 2014.



The **Active Ageing Index** measures the level of independent living among elderly people, their participation in paid work and in social activities and their capacity for active and healthy ageing. It is made up of 22 indicators grouped into four

domains: employment, social participation, independent and secure living and capacity for healthy ageing. The values of the index range between 0 and 100. The highest values indicate a greater degree of use of the potential of older people.

7. Active Ageing Index (2014)



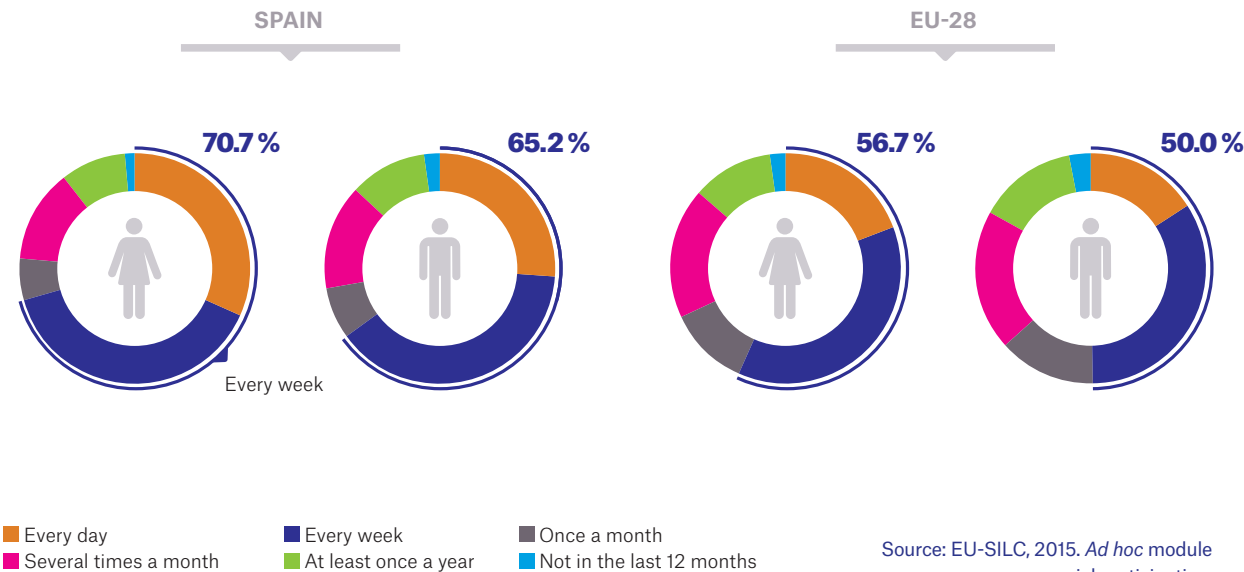
32.6

◀ The possibilities for elderly people to enjoy active and healthy ageing in Spain are lower than those of the average for the EU-28 (33.9)

Source: United Nations Economic Commission for Europe (UNECE), 2015.

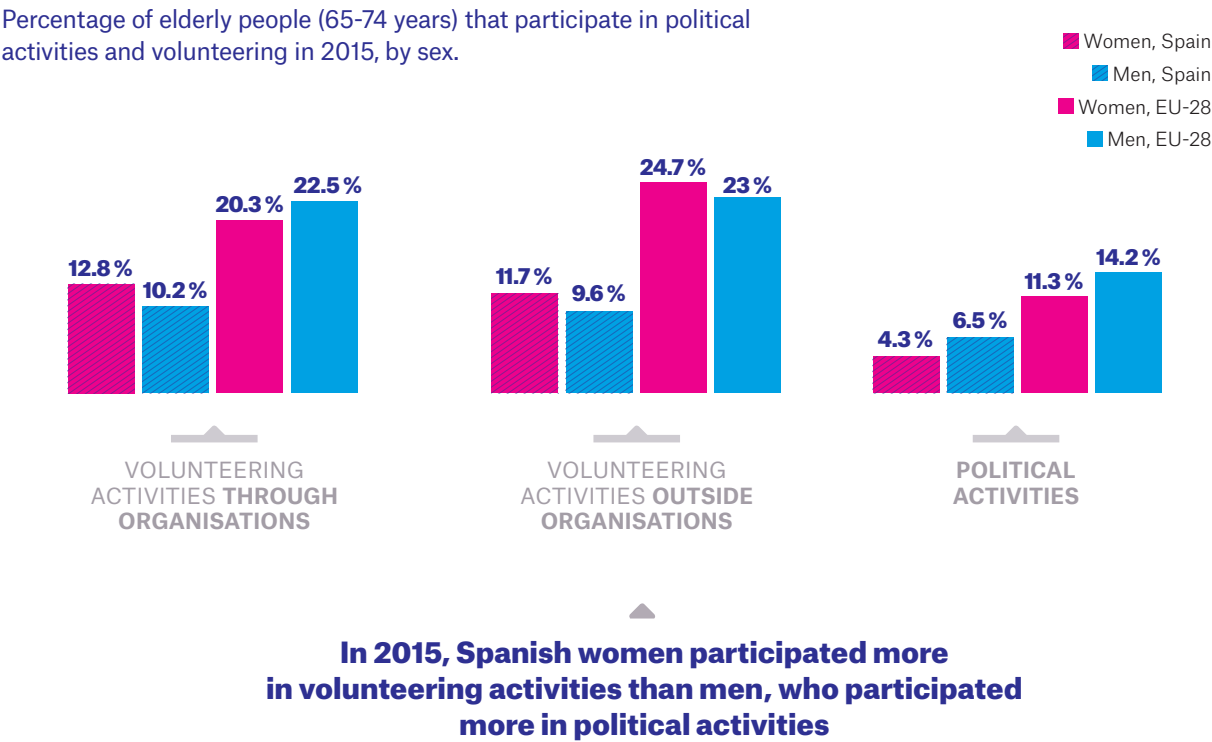
8. Relations with family, relatives and friends

Frequency with which elderly people (65-74 years) got together with their family, relatives or friends in 2015, by sex



Source: EU-SILC, 2015. *Ad hoc* module on social participation.

9. Participation in volunteer activities and active citizenship

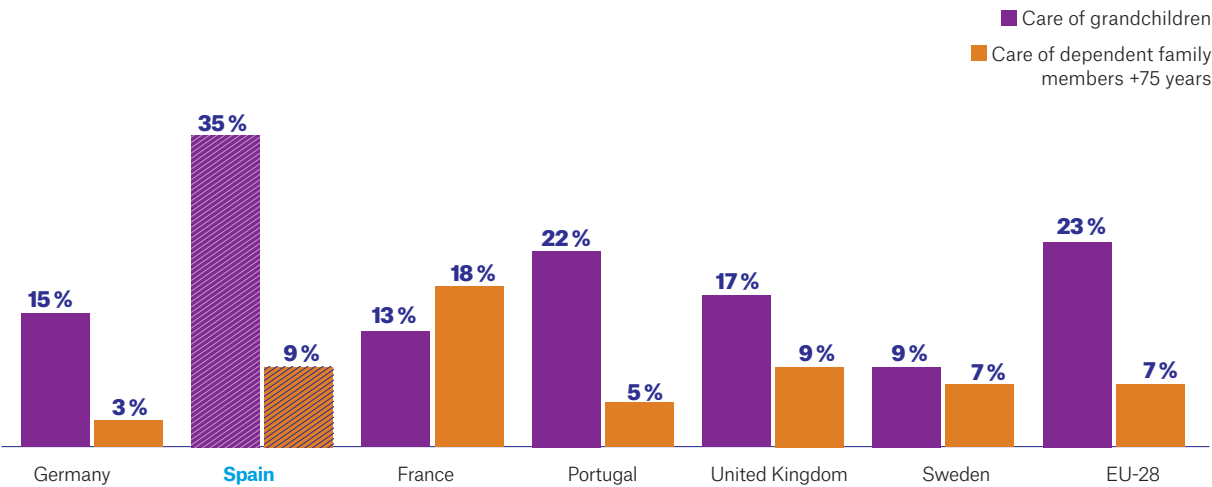


Contribution of elderly people to intergenerational care



11. Contribution of elderly people to the care of family members

Percentage of elderly people aged over 65 years that, in 2016, had cared regularly for their grandchildren or for a dependent family member aged over 75 years.



In 2016, some 35% of elderly Spanish people aged over 65 years had cared regularly for their grandchildren and 9% had cared for dependent family members aged over 75 years, versus 23% and 7% of the European average



Source: EQLS, 2016.

Family and social context of people aged over 65 years

46%

Percentage of elderly people who feel extremely satisfied with their social network (persons of trust).

3 people

Average size of elderly people's social network (number of people with whom they interact most frequently and speak with about important things).

8 points

Level of satisfaction of elderly people with their family life (score from 1 to 10).

Source: CEMFI exploitation of data from SHARE, Wave Five (2012-2013).

Source: EQLS, 2016.

A

Articles

Summary

18 Growing numbers of elderly women will live alone: how should we respond?

David Reher, chair professor of Sociology, Complutense University of Madrid

Miguel Requena, chair professor of Sociology, UNED

25 The new carers

Antonio Abellán, Alba Ayala i Julio Pérez, Spanish National Scientific Research Council (CSIC), Centre for Human and Social Sciences (CCHS)

Rogelio Pujol, National Institute of Statistics (INE)

Gerd Sundström, Jönköping University

Growing numbers of elderly women will live alone: how should we respond?

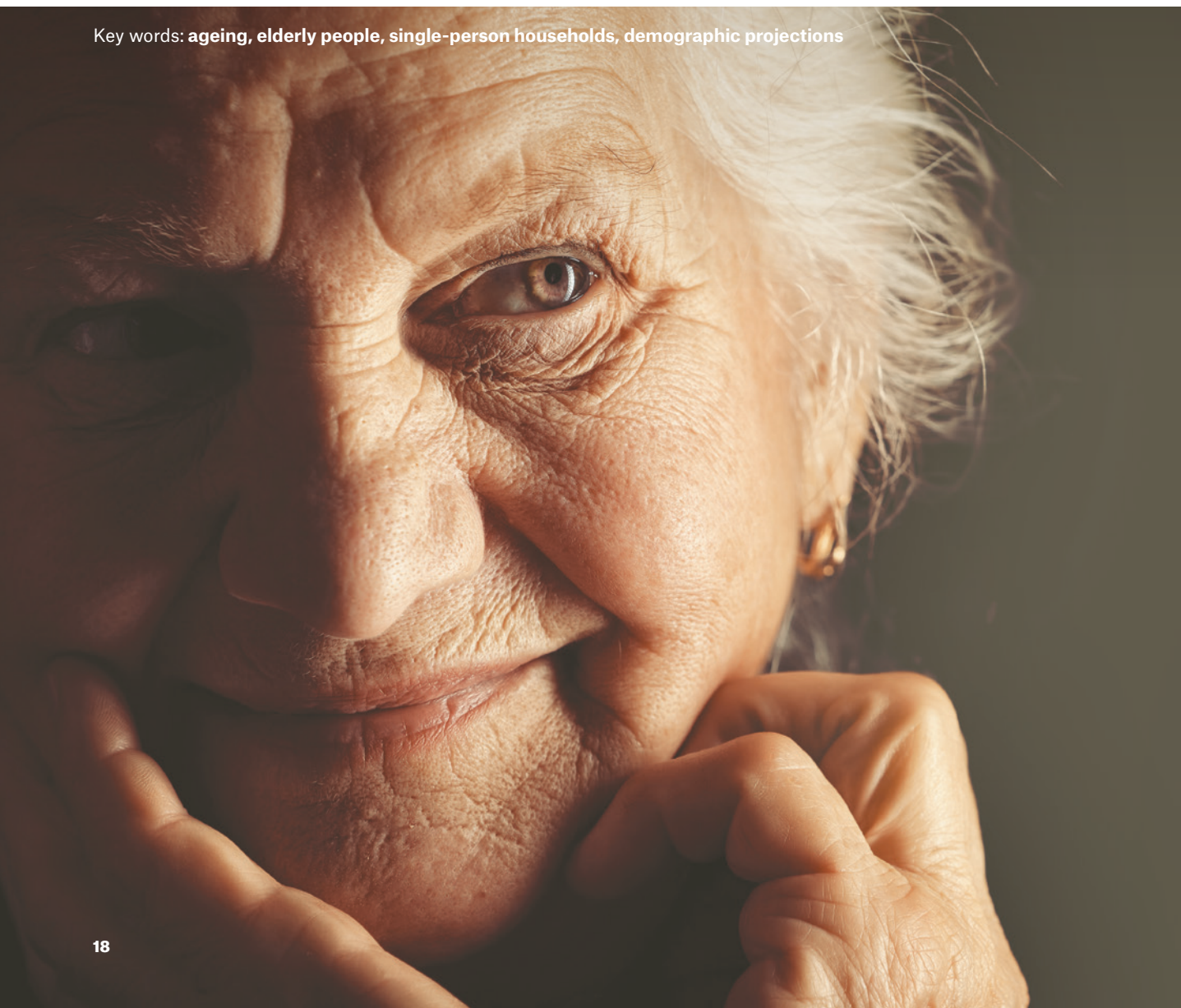
David Reher, chair professor of Sociology, Complutense University of Madrid

Miguel Requena, chair professor of Sociology, UNED

Adaptation: **María Ramos**, post-doctoral researcher at the Carlos III University of Madrid

There are increasingly more women aged over 65 years who are living alone. In the year 1981, barely 19% of elderly women lived in single-person households, that figure is today close to 30%. In these changes, fertility patterns have played a prime role. Independently of civil status, women without children have more probabilities of living alone at advanced ages than those who have children. For this reason, as we are living more years and having fewer children, in coming years the number of elderly women who live alone can only increase.

Key words: ageing, elderly people, single-person households, demographic projections



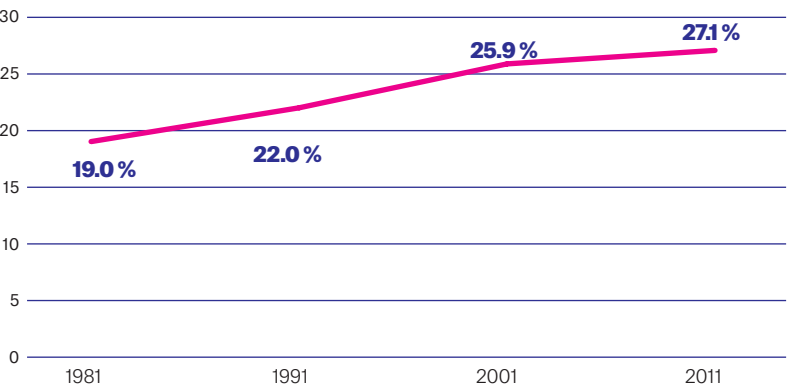
There are increasing numbers of elderly women living alone

In the year 2011 in Spain, there were over 1.2 million elderly women living alone. In other words, three out of every ten Spanish women aged over 65 years have no company at home. And, just as in surrounding countries, this figure has not ceased to grow in recent decades. If in 1981 barely 19% of elderly women lived in single-person homes, by 2011 they represented 27.1%. More recent data confirm this tendency, because in 2016 women aged over 65 years who lived alone totalled 28.8%, according to the ongoing Households Survey produced by Spain’s National Statistics Institute.

With these figures it is possible to get an idea of the social transformations and changes in family patterns that are coming about in all European societies. In this sense, nearly 56% of Spaniards consider that today, elderly parents are more poorly cared for than in the past (Study 3.109 of the CIS, from September 2015). Moreover, the same study shows that many of those surveyed recognise that they have very little contact with family members aged over 65 years who do not live with them: a third say that they talk never, or only occasionally (33% by telephone and 30.3% in person; the answers of those saying “never”, “only weekends and/or bank holidays” and “occasionally” are grouped together. And there are many more who have little relationship with el-

Graph 1. **Elderly women who live alone**

Women aged over 65 years who live alone in Spain (percentage)



In the 1980s, one in every five women aged over 65 years lived alone. Since then, the proportion of women living alone has not ceased to grow and today stands at nearly one in every three.

Source: INE, population censuses.

derly family members in other activities, such as walking (68.6% never, or only occasionally do this), going to the cinema or leisure activities (85.5%), helping them with personal care (82.6%) or sharing housework and personal care tasks (87.2%).

In addition to the cultural and family-related changes, these percentages reflect demographic and economic transformations. Improvements in health and increases in life expectancy and material wellbeing mean that older people increasingly opt for personal autonomy. However, living without company at advanced ages is not always a choice. Behind this tendency there are changes in the family structure and the fact that today families are smaller. Specifically, the decreasing size of families is crucial for understanding that today many more elderly women live alone by comparison to just a few decades back, even in societies like that of Spain, where the family has traditionally played a central role.

There can be no doubt that this question has great social relevance. Elderly women who live alone are a vulnerable social collective: this situation is associated with more social isolation and a higher risk of illness, but also with lower levels of psychological welfare, personal satisfaction and perceived quality of life (Golden *et al.*, 2009; Yeh and Lo, 2004).

The proportion of women over 65 living alone is constantly increasing: in 1981 they numbered barely 19% and today number nearly 30%

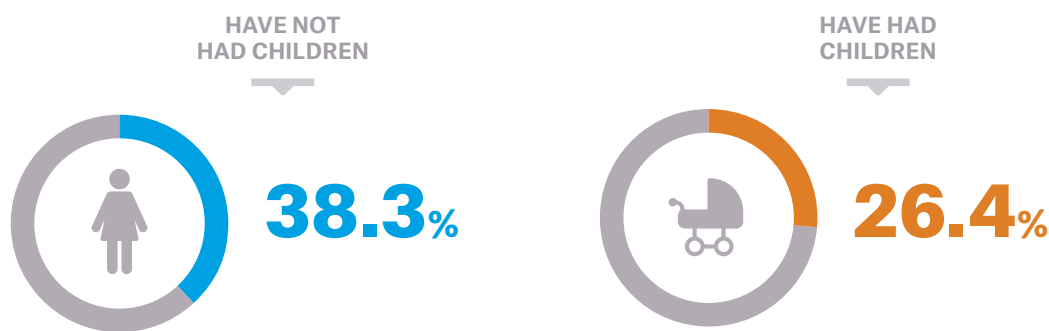
It is true that there are now also more elderly men who live alone than in the past, but the study is focused on women if only for two reasons. One is strictly numerical: in this age group, there are more women than men because they enjoy greater longevity, i.e. they live more years. Furthermore, and unlike what happens in other countries, from the age of 65 years women live alone in a higher proportion (27.1%) than men (12.6%). However, there is also a second more practical reason that makes us focus on women. The study is based on population censuses that include information on the number of children that women have had. That enables us to study more precisely the impact of family size on the probability of living without company at advanced ages, and also makes it possible to predict the size of the phenomenon in the future.

What factors explain the fact that elderly women are living alone? The importance of having children

The factors that explain why women live alone at advanced ages are diverse: the economic situation, state of health, place where they live, educational level, whether they are foreign or not, whether they have a partner, whether they have children, etc. Even though all of these can influence to a certain extent the probability of women living alone

Graph 2. **Elderly women who live alone according to their fertility history**

Women aged over 65 years who live alone in Spain (percentage)



Source: INE, population censuses 2011.

at advanced ages, the most relevant factor is whether or not they have had children. Specifically, among the elderly women who have not had children, in 2011 some 38.3% lived alone, while among those that had had children, the sum was considerably lower, standing at 26.4%. This difference between those that have had children and those that have not had them is considerable. But not only is it important whether or not they have had children; how many children they have had also matters. As we could imagine, the probability of living alone at an advanced age is lower the higher the number of children.

The clear relationship that we observe between the fact that they live alone at advanced ages and their fertility history is a strong association and a significant one in statistical terms. In other words, it is a relationship that is maintained even in more sophisticated analyses that simultaneously take into account demographic and social characteristics that may also bear an influence, such as age (it is not the same to be 65 as to be 100 years old), educational level, place of residence, migratory status, home ownership or current civil status.

We could think that, in addition to the number of children, the civil status of elderly women is a very relevant factor for understanding this phenomenon. In fact, as it is easy to imagine, there are very few elderly women who are currently married and live alone (under 2%), whereas among widows the figure exceeds 50%. In other words, it is much more probable for an elderly woman to live alone if she is single or a widow than if she is married and her partner still alive, because in the latter case, the immense majority live with their husband and/or with other family members.

However, even though civil status is important, the number of children continues to be the most relevant factor for explaining the probability of living alone at advanced ages. And the fact is that, independently of civil status, women with children have a lower probability of living alone at advanced ages in comparison with those who have never had children.

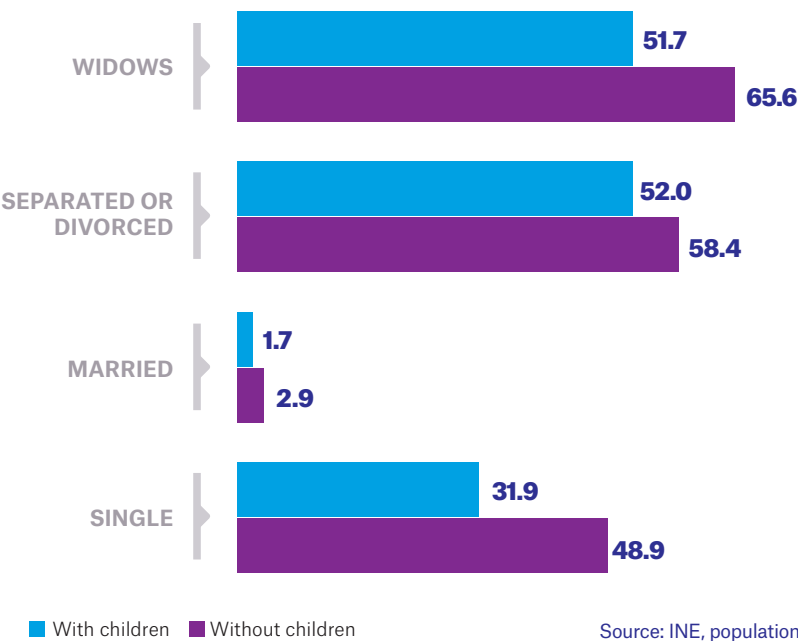
For example, we know that in general terms, some 53% of widowed older women live alone, but within this group there are many more that live alone if they have not had children (66% of widows) by comparison with those who have had children (52%). And the same thing happens with other civil statuses. In other words, as much among single women as among married, separated, divorced or widowed women, it is more probable that they will live alone at advanced ages if they have not had children.

This regularity that we find between number of children and living arrangements at advanced ages is quite intuitive and easy to understand. The more children women have had, the more probable that they will live accompanied in their old age because, in general terms, large families establish more family bonds than small ones. It is important to bear in mind, however, that although the number of children is a very important factor in causing the probability of living alone to fall, it is not completely *determinant* to make this so. In fact, the data also permit an alternative reading: children tend to reduce the probability of living alone, but there are quite a lot of elderly women who, although they have had children, live alone (26.4%) and, to the contrary, there are many more that have not had children and live accompanied (61.7%).

We can consider, therefore, that in the phenomenon of living unaccompanied at advanced ages, there is a combination of elements that are related with individual decisions, but also with more structural impediments or restrictions. With the data from the census it is impossible to distinguish whether any particular behaviour (in this case, living alone)

Graph 3. Women who live alone according to civil status and number of children

Women aged over 65 years that live alone in Spain (percentage)



is voluntary or involuntary. Also, everything points to a certain simultaneity of factors: on the one hand, personal autonomy is an increasingly significant value, for elderly people too; on the other, the objective conditions are present to do so, because now elderly people have more social and economic resources to live alone than in the past.

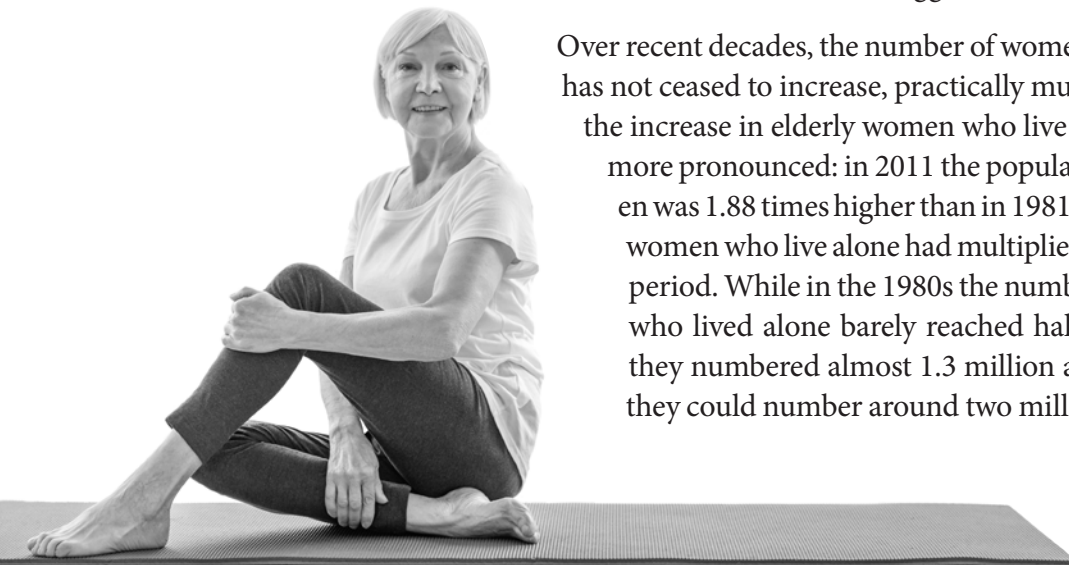
Anticipating the future

The confirmation that there is a clear association between number of children and the possibility of living alone without company at advanced ages is, in itself, a significant result right now. It informs society and those in charge of the formulation of policies to act to resolve the specific needs of this collective, such as the risk of social isolation and loss of quality of life. However, it is not only relevant for understanding the present. Identifying this relationship is crucial, also, because it helps us to predict the evolution of the phenomenon in the future and to be one step ahead, therefore, of the needs that will present themselves.

The probability of living alone at advanced ages is higher among women who have not had children (38.3%) than among those who have (26.4%)

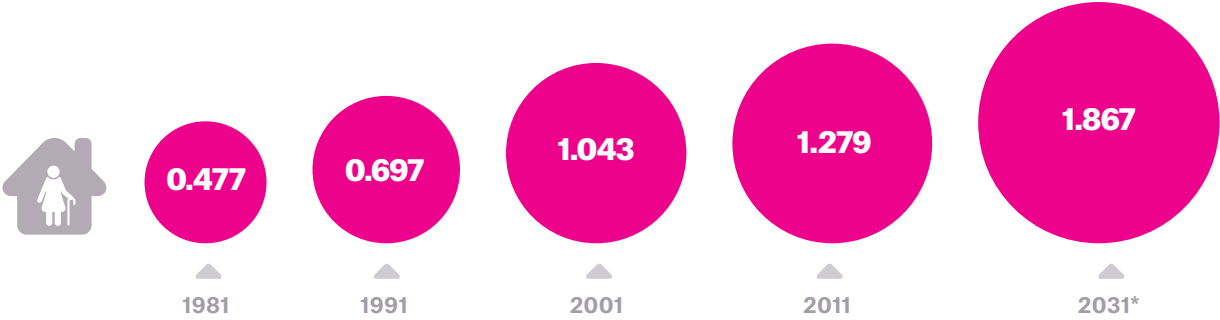
At present elderly women who live alone form a numerous and vulnerable group and this will be accentuated in the future. There are two demographic phenomena pointing in this direction. The first is increased longevity and, with it, increased life expectancy. The second is the fall in fertility rates. People are having increasingly fewer children so families are getting smaller. If women have to live more years – many of them in good health – and, as we have shown above, a lower number of children increases their probability of living alone, everything indicates that in coming years the size of the phenomenon of elderly women who live alone will become even bigger.

Over recent decades, the number of women aged over 65 years has not ceased to increase, practically multiplying by two. But the increase in elderly women who live alone has been even more pronounced: in 2011 the population of elderly women was 1.88 times higher than in 1981, while that of elderly women who live alone had multiplied by 2.68 in the same period. While in the 1980s the number of elderly women who lived alone barely reached half a million, by 2011 they numbered almost 1.3 million and in 15 years' time they could number around two million. The estimate for



Graph 4. **Demographic projections of the number of women who will live alone**

Number of women aged over 65 years who live alone in Spain (millions)



*Estimate based on INE population censuses.
Source: Reher and Requena (2017).

Independently of civil status,
women without children face higher
probabilities of living alone at advanced
ages than those with children

2031, specifically, is that 1.87 million elderly women will live alone. This projection has been made based on information available in the population censuses on women aged over 45 years who have already completed the reproduction cycle. At this age, the majority will be unlikely to go on to have children and, therefore, if we make a projection of current tendencies and the effect of the number of children on the probability of living alone at advanced ages (as described in the previous section), it is possible to estimate how many will live alone in the future.

All of this has important implications for the design of social policies and for the organisation of welfare services. Elderly people who live alone present a higher probability of exclusion and social isolation, and they require more attention, care and monitoring. For this reason it is important to know and anticipate social and demographic changes to social and political responses. Only this way will it be possible for welfare services and society to adapt and be capable of responding to needs that are already a reality and that will be even more so in the coming decades.

References

GOLDEN, J., R.M. CONROY, I. BRUCE, A. DENIHAN, E. GREENE, M. KIRBY and B.A. LAWLOR (2009): "Loneliness, social support networks, mood and wellbeing in community dwelling elderly", *International Journal of Geriatric Psychiatry*, 24(7).

REHER, D., and M. REQUENA (2017): "Elderly women living alone in Spain: the importance of having children", *European Journal of Ageing*, 14(3).

YEH, S.C.J., and S.K. LO (2004): "Living alone, social support, and feeling lonely among the elderly", *Social Behavior and Personality*, 32(2).

The new carers

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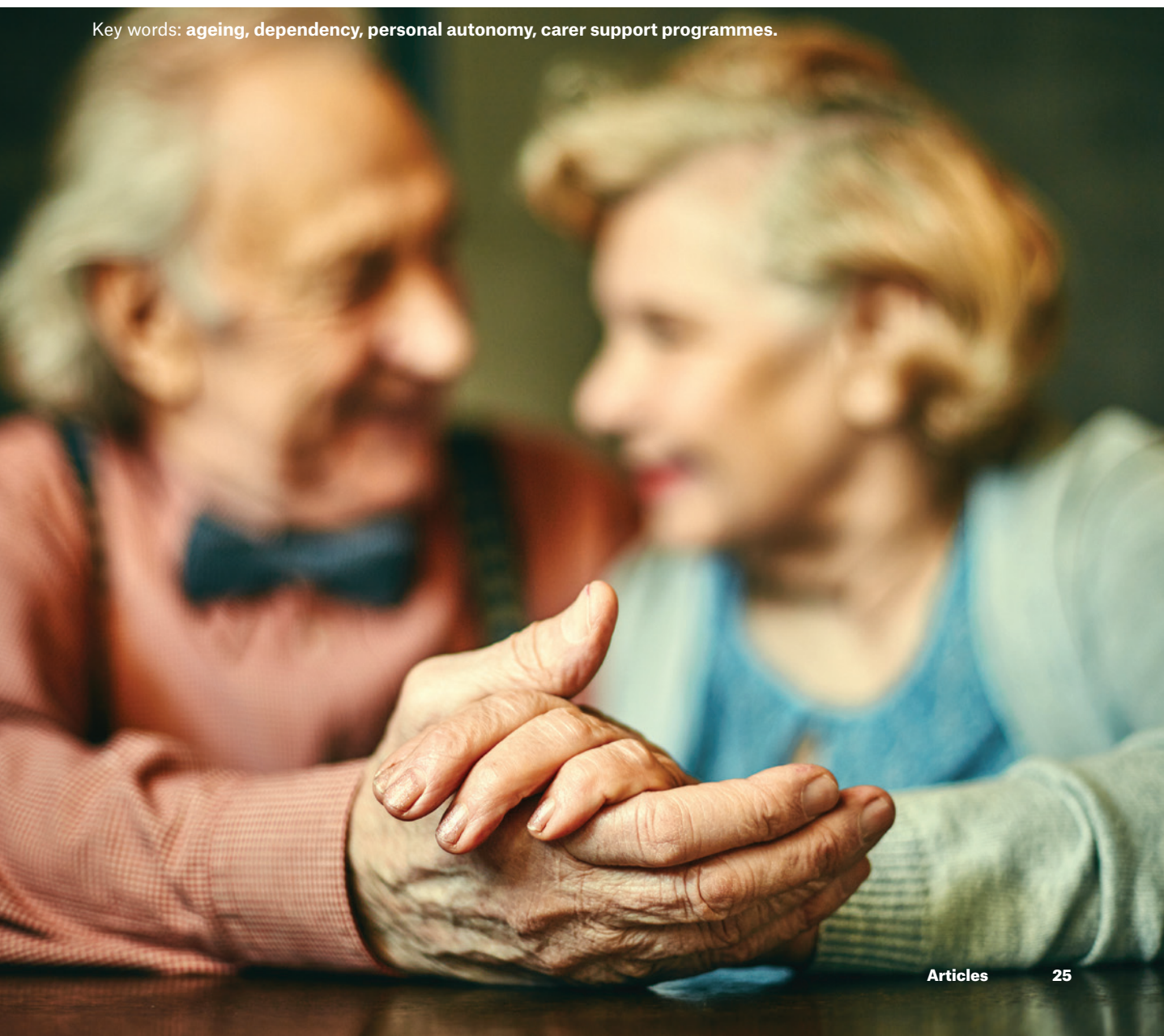
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and **Gerd Sundström**, Jönköping University

Adaptation: **María Ramos**, post-doctoral researcher at the Carlos III University of Madrid

Usually it is women who take care of family members in the home, but with age, gender differences become less pronounced and, from 80 years onwards, there are more men caring for a family member – generally their partner – than women. Social and demographic changes are presenting new challenges for public services. In particular, in two-person households with elderly inhabitants, one of whom is dependent, it is necessary to tackle not only the needs of the dependent partner but also those of the carer partner. For this reason, carer support programmes are needed.

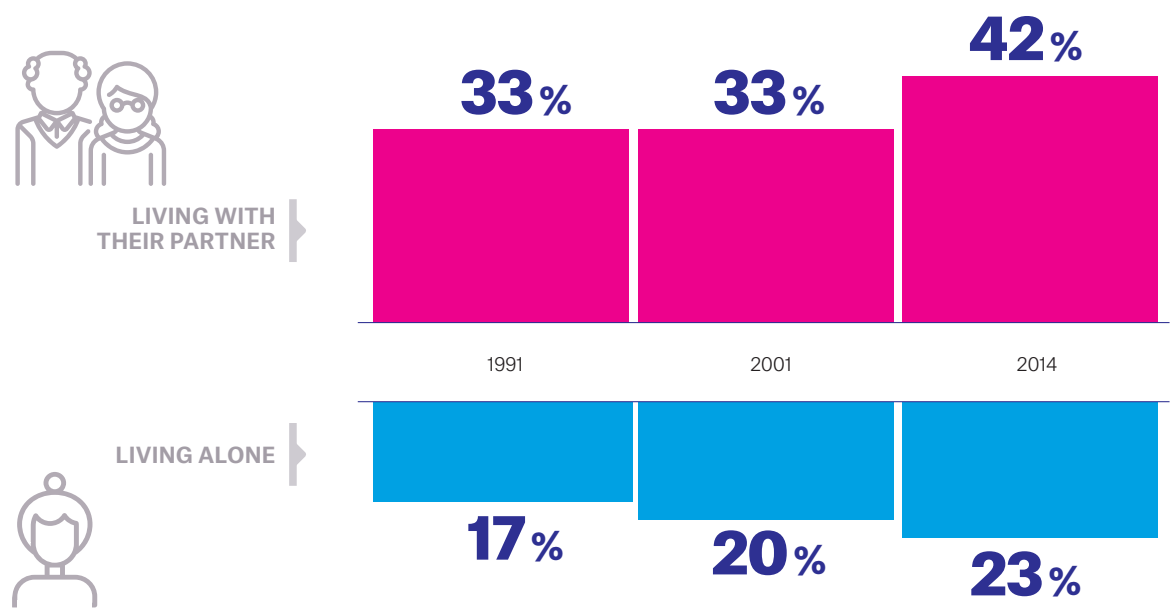
Key words: ageing, dependency, personal autonomy, carer support programmes.



If we think of someone who is a carer for family members of an advanced age, most probably the first image that comes into mind is that of a middle-aged woman caring for her parents or grandparents. In part, this stereotype corresponds with reality, but it is also true that, increasingly, the profile of the person caring for a family member is more diverse. There are four elements that explain this diversity. First, gender, because there are growing numbers of men who are carers and, in some age groups, the proportion of male carers is even higher than that of women. Second, age, because there are increasingly more carers of advanced age. Third, kinship, as although there are many carers looking after parents or parents-in-law, it is increasingly more frequent for one member of a couple to care for his or her dependent partner. And finally, that of the directions of generational connections; vertical or intergenerational (children-parents) because these are most prevalent, and horizontal or transversal (partner-partner), which are starting to acquire importance.

Behind this growing diversity in the profiles of people responsible for taking care of elderly family members, we find changes in the patterns of the families. In particular, there are increasingly more elderly people living in two-person households, in which caring for the partner is a habitual situation. It is necessary to identify the demographic characteristics of this population group and its specific needs. Households with two elderly people have to tackle a dual set of needs: those of the dependent person, firstly, and those of the carer partner, secondly. Many elderly people require attention and support, but their carers do too.

Graph 1. **Proportion of people aged over 65 years who live alone or with their partner**



Source: Population and Housing Censuses, Continuous Households Survey (INE).

Households where elderly people live: what has changed?

The structure of the households of elderly people has been transformed considerably in recent decades. At the start of the 1990s, approximately half of people aged over 65 lived alone or with their partner, while the other half lived with other family members. Over time, the dimensions of households have fallen, so families with members of various generations living together are less frequent. So much so that, in 2014, 65% of elderly people lived alone or with their partner. Today, two-person households are, in fact, the most frequent among people older than 65 years and they are also the households that have most increased in recent times.

Improvements in the housing and the financial situation of elderly people have a great deal to do with these changes in household structure, but they are also influenced by the fall in mortality and the consequent increase in life expectancy. Today men and women live more years, with greater autonomy and a better quality of life than in the past. This means that partners live together more years and, therefore, give each other more support and take care of each other in the case of need or dependency.

With age, gender differences
in care become less pronounced and,
from 80 years onwards there
are more men acting as main carer
for a family member than women.

The increase in male carers

The stereotyped idea of a middle-aged woman as principal carer of a big family is largely confirmed if we consider Spanish households in general. In all age groups there are many more female carers than male ones, above all between the ages of 45 and 65 years. In these intermediate age groups the carers – mainly women – take care above all of their parents or parents-in-law. As age advances, however, care for partners progressively increases, this being the fundamental type of care between elderly people.

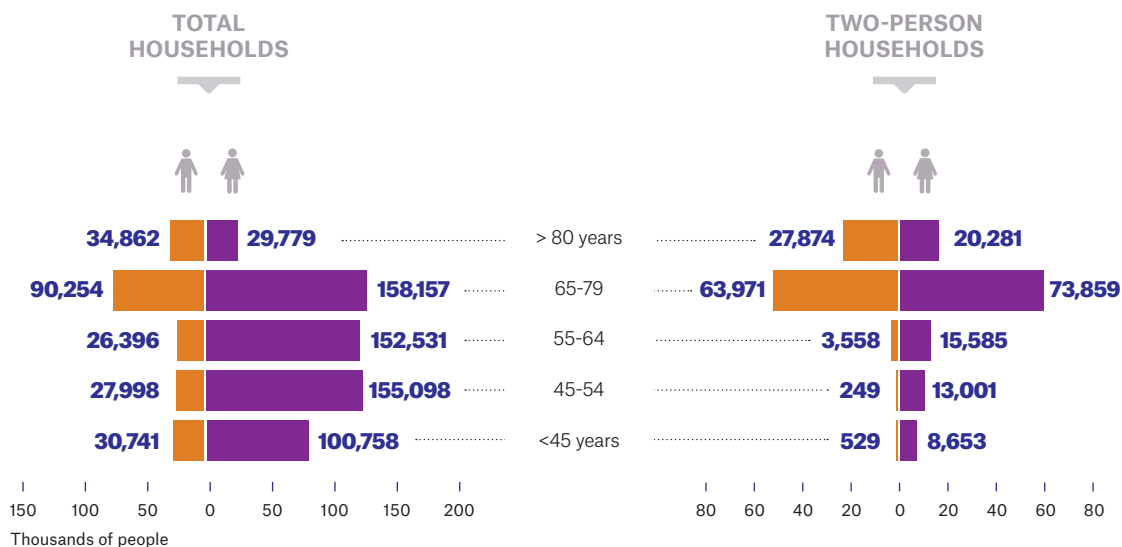
Effectively, the panorama changes considerably if we focus on those households where couples live. In these two-person households, which are increasingly frequent among elderly people, partner care and support is especially relevant. With this kind of household, the number of male and female carers is much more balanced: there are practically the same number of male carers as female. In fact, in two-person households where the partners are aged over 80 years, there are more male carers (27,900 people) than female carers (20,300 people). One part of the explanation is related with the different ageing patterns of men and women. Women do, on average, live longer than men, but they need more help for daily activities than men do.

It is important to bear in mind that here we define *carer* as a person who principally cares for another person “with a disability” and that disability is understood as recognition of difficulty in any of these six basic activities: cooking, showering/bathing, lying down/getting up, dressing, going shopping and eating. The definition, therefore, is based on the answers of the people surveyed. The case may arise where there are people who feel that they are helping their partner with some of their day-to-day limitations but that do not identify these limitations with a disability or alternatively do not define themselves as a “principal carer”.

In two-person households, which is the type of household that has increased most in recent years among elderly people, one member of the couple takes care of his or her dependent partner



Graph 2. **Profile of main carers according to types of household**



The data in graphs 2 and 3 originate from a macro-survey drawn up by the INE in the year 2008, the Survey on Disability, Personal Autonomy and Situations of Dependency (AGE). It compiles information on the health, disabilities and care needs of over 250,000 people, of whom nearly 50,000 were older than 65 years.

Male carers Female carers

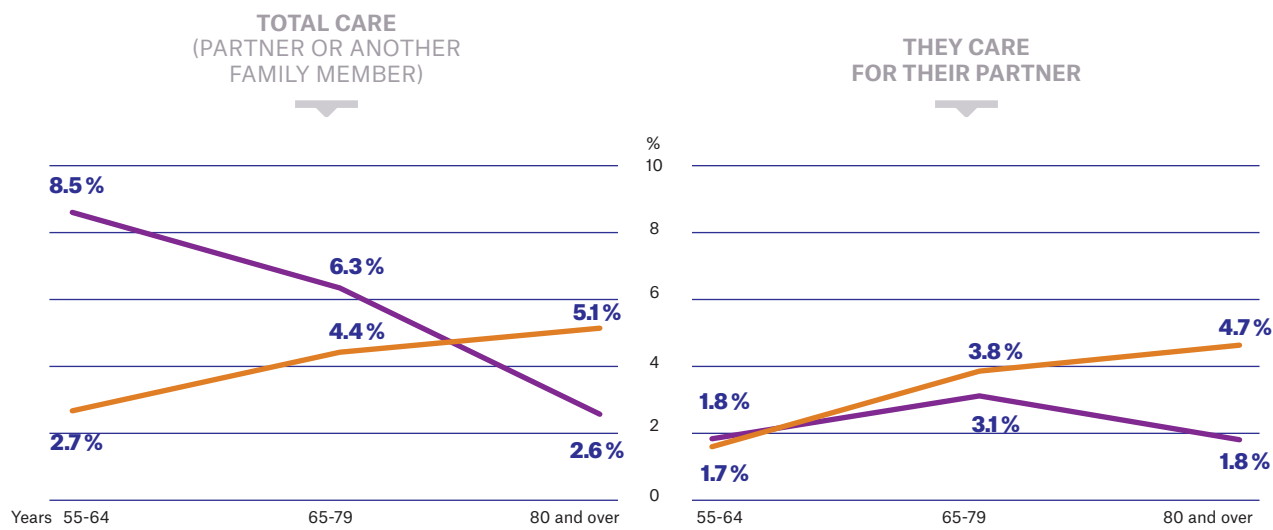
Source: Survey on Disability, Personal Autonomy and Situations of Dependency (INE).

With this precision in mind, another way of seeing these gender differences in care is by analysing the proportion of male and female carers in each age group. The proportion of male and female carers of family members gradually declines as age increases. Proportionally, there are many more women aged up to 65 years, but the differences fall with age. In fact, from 80 years onwards, there is proportionally double the number of men than women who are carers of a family member. Furthermore, if we focus attention on the partner, the proportion of male carers is even more evident. Up to the age of 65 years it is quite similar, and after the age of 65 there are increasingly proportionally more men than women who are the main carers of their partners.

In short, the data show that, effectively, care for family members within the family is taken charge of by women to a larger extent. That is true up to the age of 65 years, both in absolute numbers (total quantity of male and female carers in each age group) and in proportion (percentage of carers in each age group). However, gender differences in care for others become smaller as age increases until they invert the tendency at advanced ages: from 80 years onwards there are more male carers than female, for all types of households and in all types of care.

Graph 3. **Profile of the main carers according to which person they are caring for within the family**

Percentages



The data in graphs 2 and 3 originate from a macro-survey drawn up by the INE in the year 2008, the Survey on Disability, Personal Autonomy and Situations of Dependency (AGE).

Source: Survey on Disability, Personal Autonomy and Situations of Dependency (INE).

Men Women

Public services and families must take into account the needs of households with two elderly people: not only those of dependent people, but also those of their carers

Caring for carers

Households formed by two elderly people in which one of the partners has a chronic illness and the other partner is the first’s carer, are increasingly numerous. Both families and public services should be alert to this tendency. Elderly people living with a partner resort less to public services, and in the same way, public services usually prioritise the needs of elderly people who live alone. However, elderly couples in which one partner is dependent and is taken care of by the other are not only increasingly numerous, they are also highly vulnerable. In particular in countries like Spain, where informal care is very widespread and carers do not enjoy much formal support.

It is evident that elderly people with illnesses or disabilities that limit their autonomy require support. But their carers, who are often also elderly, require it too. The act of taking care of a family member in a

situation of dependency can have positive aspects related with personal satisfaction. It is no less true, however, that it can also have many negative repercussions on the wellbeing of the carers themselves, both on their social relations and on their physical and emotional state (Crespo and López, 2007). There is a broad repertoire of possible actions for supporting carers, which range from strictly educational interventions for family members, to psychoeducational guidance programmes for carers, both in an individualised and a group setting (Torres Egea *et al.*, 2008). Extending the formal care networks for elderly people is as necessary as strengthening these types of support programmes for informal carers.

References

CRESPO LÓPEZ, M., and J. LÓPEZ MARTÍNEZ (2007): <i>El apoyo a los cuidadores de familiares mayores dependientes en el hogar: desarrollo del programa "Cómo mantener su bienestar"</i> , Madrid: Instituto de Mayores y Servicios Sociales (IMSERSO).	ROGERO GARCÍA, J. (2009): <i>Los tiempos del cuidado: el impacto de la dependencia de los mayores en la vida cotidiana de sus cuidadores</i> , Madrid: IMSERSO.
ESCUREDO, B. (2007): "Las políticas sociales de dependencia en España: contribuciones y consecuencias para los ancianos y sus cuidadores informales", <i>Revista Española de Investigaciones Sociológicas</i> , 119(1).	TORRES EGEA, M., E. BALLESTEROS PÉREZ and P. D. SÁNCHEZ CASTILLO (2008): "Programas e intervenciones de apoyo a los cuidadores informales en España", <i>Gerokomos</i> , 19(1).

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“Reablement is a new way of working, with the aim of improving elderly people’s independence.”

Reablement is a re-learning process designed for people with moderate dependency, its aim being to help them to perform the activities of their daily life independently so that they can remain in their homes for the longest time possible. The programmes are run prior to the person concerned being assigned an assistance resource (home help service, day centre, long-term care home, etc.). Recently, the European Commission has highlighted Denmark’s efforts to implement reablement policies as an innovative initiative that reduces the challenges that care systems must tackle. Tine Rostgaard is a co-creator and one of the foremost promoters of this programme, which is being applied with notable success in several northern European countries, Australia and New Zealand.

In recent years, the sustainability of care systems for dependency has been thrown into question and there is talk of a future care crisis. What, in your opinion, are the factors that may endanger the current system?

The real challenge is ageing. Demographic changes – fewer children are being born and people’s lives are getting longer – mean that there will be more people needing care during the last stages of their lives. We calculate that by the year 2060, the cost of caring for elderly people will have increased by 100% with respect to the cost today. This is a notable increase that represents a major challenge.

We also have a challenge with regard to who should be caring for elderly people. Ageing also affects the sector’s workers, whether formal (professional care staff) or informal (families who are carers for their elderly members). We have to improve staff recruitment and retainment. Few young people are seeking work in this sector and those who do so rarely remain in their position for long, as this work is not attractive to them, even in countries with an efficient dependency care system.

There has been a sea change in the mindset of women and of elderly people. Traditionally

women have taken on the burden of caring for elderly family members. But today it is no longer as common for families to live together: young people leave home earlier and emigrate or move to other cities. Meanwhile elderly people frequently prefer to look after themselves and not depend on other family members. This is a common finding in all cultural systems.

So in summary, yes, we do have a lot of challenges.

Which are the policies that we should be prioritising today in order to be able to tackle future situations?

The policies that we must concentrate on are along the lines of reablement (time-limited home rehabilitation policies). To prevent dependency, it is necessary to invest in elderly people so that they are capable of managing their life situations during the longest time possible. It is also necessary for informal carers to be able to care for their loved ones but at the same time keep their jobs. For this, new work policies must be promoted that allow people to take a few hours or even a whole day off to care for their parents or grandparents. And formal carers must receive a fair wage and obtain greater social recognition for the work that they do.

What is reablement? In what sense is it an innovative policy with respect to more consolidated practices in this sphere?

Reablement is a new form of working whose main aim is to improve the independence of elderly people. Along the traditional lines of providing care within the home, a social worker visits the elderly person at home and assists them with basic needs: getting out of bed, washing, dressing and cleaning the house. With reablement policies, the first thing is to ask the elderly person what their needs and goals are and what they would like to achieve: Would you like to be able to leave the house? Go shopping? How can we assist you in managing your daily tasks, in such a way that you do not have to depend

on someone coming to help you? It is a programme aimed at achieving objectives.

What does reablement consist of? How is it applied technically?

The programme consists of an intervention that lasts 12 weeks. We keep the figure of a carer who travels to the person's home, but in this case it is an occupational therapist. The physical condition of the elderly person is worked through muscle-strengthening exercises. At the same time, they are shown how to use personal assistive devices (walkers, bed hoists and other ergonomic objects). We are not talking about digital devices but about very simple technologies actively used by elderly people. In contrast, they reject more complex devices because they believe they will not be capable of using them.

To improve quality of life for the elderly, we need to help them become more independent

The programme's focus is on doing things differently: learning routines, doing tasks according to the resources available and, in short, going one step beyond the traditional form of providing home care, which basically consists of having another person do things for you.

What are the benefits of reablement? What advances does it offer with respect to rehabilitation, which is practised at day centres and residences?

It is oriented towards specific objectives. One of the people that I talked with told me that her daughter's family lived on the second floor of her building, but that she could not climb the stairs to visit them. Improving her physical fitness paved the way to ensuring that she could fend for herself and also be able to visit her grandchildren more often. We also ensured that she was capable of performing personal hygiene and household tasks on her own.

This improvement in the beneficiary’s capabilities, rather than an advantage, might seem to be a drawback...

Yes, that’s true. On this point the system may be too ambitious and it receives some criticism. The programme’s beneficiaries often say to me: “I can appreciate the benefits of getting out of bed on my own, getting dressed, washing, etc., but what is the benefit for me of cleaning the house again like I used to?” I understand that stance, it is normal to find it rather odd.

The truth is that the fact that municipal services aspire to the system’s beneficiaries being able to do their own household cleaning, although generating controversy, is important with regard to the sustainability of dependency care systems. If elderly people are capable of performing these tasks through their own means, then the municipal services will save money. Thus, ideally, these policies provide a dual benefit: firstly, achieving elderly people who are more independent and have a better quality of life; and secondly, serving to save money in public services.

Is there any proof of the efficiency of launching reablement policies with respect to quality of life and gaining control and independence?

We know that the programme has a major effect in terms of gaining in quality of life. People gain independence and feel more confident about performing tasks autonomously. This is shown by the results of some Norwegian research studies.

In Denmark, we do not yet have specific results because we are still at a very early phase of implementation of the programme on a national level, but we have indicators that show that these systems help people to become more independent and, therefore, they need less help once the programme has concluded.

Is there any evidence available on the effects of the programme in terms of the costs of care systems?

Some provisional results suggest that 20% of the elderly people who have benefited from reablement programmes require no other service after the 12-week intervention. This allows us to get an idea of the saving that it represents in social services costs.

However, it will be important to calculate properly what the return on investment is and the costs of re-implementing the programme. Initially it costs a lot of money because it is quite intensive. Therefore we must be meticulous when it comes to evaluating whether the programme continues costing as much in the subsequent phases of implementation, or alternatively whether it is costly at the start then subsequently expenditure decreases. This analysis will give us the key to knowing whether reablement represents savings for government or not.

The standard user of reablement programmes is a person who suffers from a moderate degree of dependency

What is the typical profile of reablement beneficiaries?

The standard user is a person suffering from a moderate degree of dependency. In other words, they are not people with severe problems or serious disabilities, nor people with early dementia, but people who live in their own homes and are in need of intermittent support or have other limitations affecting their personal autonomy.

What happens if the person reaps no benefit from the reablement programmes or cannot participate in them?

It is problematic applying these programmes to people suffering from senile dementia or another type of cognitive disability, because an essential part of reablement consists of talking to them and finding out their objectives. The person must be capable of

fulfilling their daily routines and of being committed to cooperating with their carers. And this requires a certain level of cognitive competencies.

However, we are trying to expand the programme to include people suffering with dementia. And we have even started to use it quite successfully with terminally ill patients, helping them to improve their quality of life in the last days of their lives.

Since when have these reablement programmes been applied in Denmark?

By 2007, the system was already up and running in 98 municipalities in Denmark. But since 2015, all Danish municipalities have been obliged to use it. Now it is included in the legislation.

In which other countries has the programme been applied? Are there similar experiences in countries in the Mediterranean area?

Norway has quite a lot of experience in the use of reablement; it is also applied in England, Scotland, the Netherlands, New Zealand and Australia.

As for Southern European countries, it is worth highlighting that quite a large divide exists with respect to the Scandinavian countries, not only with regard to the use of these programmes, but to the way of organising dependency care systems in general. In countries in the north of Europe, we have a more solid formal structure of the care system. We trust that our Government will contribute solutions for our wellbeing. That is the reason we pay taxes. We have much more generous social services: around 14% of people aged over 65 years receive home care, free of charge. This does not occur in many countries in Southern Europe.

Is this attributed to cultural or economic reasons?

I would say it is a combination of both. I don't know which came first, the chicken or the egg.

Moreover, we live in more individualised societies. We do not expect families to look after their elderly. This does not mean that they do not matter to us. In fact, in some of the research that I have conducted on loneliness among elderly people, I have observed that, although in countries of the North elderly people live alone more often, there are higher rates of loneliness in countries of the south, including Spain.

Living with the family does not always imply that you feel like a participant in affective relations that are significant for you....

Of course. Another factor that contributes to loneliness is that in countries like Spain there are many people of advanced age obliged to care for their spouses, who are often ill. These people feel lonely because they cannot leave their homes nor have a life of their own.

In your opinion, what strategies can we follow to humanise care?

I believe that reablement is a very good strategy, because it puts the person at the core of the care process. We focus on people's preferences and goals, thus we offer them the possibility of making decisions relating to their lives. It is a system with a highly individualised focus, which is the best way of dignifying people care.

Juan Manuel García Campos,
Journalist, *La Vanguardia*

Tine Rostgaard is a lecturer on Citizenship and Elderly People at the University of Aalborg in Denmark. Her research focuses on social care policies for elderly people, and she has special interest in understanding care practices and their implications for care quality. She chairs the Danish Gerontology Society and is also editor of *Elderly and Society*.

The challenges of long-term care for the elderly in Europe

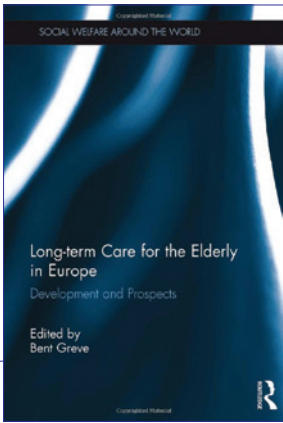
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Within a demographic scenario of an ageing population and an increase in longevity, long-term care (LTC) for elderly people poses a series of significant challenges for the Europe of welfare states. These challenges are related with the sustainability of the care system, the dual nature of the physical environment where care is provided (home-based or institutional), the social setting (formal provision by professionals or informal provision by relatives, immigrant carers and volunteers) and the origin of funding (public, private, subsidised). All this ties in with the very definition of LTC, its component elements (fragility, illness, dementia, chronicity, acute episodes, etc.) and the need for adequate coordination between the health services and the social services in the dependent care area. This is the context surrounding the two books reviewed here.



Kai LEICHSENRING, Jenny BILLINGS and Henk NIES (eds.): *Long-Term Care in Europe. Improving Policy and Practice*

New York: Palgrave Macmillan, 2013



Bent GREVE (ed.): *Long-term Care for the Elderly in Europe. Development and Prospects*

New York: Routledge, 2017

The first of the two, *Long-Term Care in Europe* (2013), focuses on the search for answers to the challenges of LTC arising from demographic change, from transformations in social and family structures, and from the technological revolution, along with the need to evaluate and, where applicable, guarantee or improve the quality of the care provided. With authors from a wide variety of disciplines the book defines the fundamental principles that characterise LTC. It considers prevention and rehabilitation in LTC as a basic and vital need for elderly people and the importance, within the legislative framework, of adequately tackling issues

such as the rights of informal carers, including immigrant workers, and family ethics. Other issues covered in the book are related with the need to deal with the problems that appear in the relationship established between formal and informal care and between health and social care. Finally it assesses the usefulness of reviewing solutions offered based on the progression and improvement of policies designed for this purpose.

The book deals with these issues in cross-cutting and comparative thematic chapters, as a result of approaching the question studied through a work plan based on a research project, funded by the European Union's 7th Framework Programme, with a consortium formed by 13 EU member states. This work has been possible because both objectives and methods were established in advance, and the outcomes of the practical examples were evaluated following a standard template, all coordinated from an inter-governmental organisation affiliated to the United Nations (The European Centre for Social Welfare Policy and Research, www.euro.centre.org) which is based in Vienna.

In contrast, *Long-term Care for the Elderly in Europe* (2017) is articulated around a chapters structure that responds to a selection of countries, following the classic welfare state typologies, with examples from the Nordic, Central-European, Liberal and Southern and Eastern European models. Also the product of a multi-disciplinary group of authors, in this book the objective is to analyse the organisation, structure and provision of LTC, and the social investment perspective, for each country. This involves examining how they have tackled the challenges and what type of transformations the states have undergone, above all, following the economic crisis. An increase in the elderly population and in the number of fragile elderly people is reflected

as spending pressure on the public sector, so privatisation and commercialisation have been part of the evolution of the welfare state, also in the case of LTC, and one of the explicit objectives of social policies, above all in the Nordic and liberal models. Thus, to date, LTC has not been as highly institutionalised as other social services because, despite differences between countries, it has been shouldered to a large degree by civil society, especially families.

Long-term care has been shouldered to a large degree by civil society and, above all, by families

According to the results offered by the book, in all countries analysed the tendency is converging towards civil society's participation as a supplier of LTC, with the use of new technologies to favour elderly people remaining in their homes. However, despite all the positive implications of civil society's participation in the system, it is highlighted that this could lead to inequalities in the provision of LTC, especially among the more fragile receiving population. It could also lead to gender inequalities, given that women have a greater life expectancy, therefore it is more likely that they will not have a partner to care for them when they become dependent. Thus, the balance between individual and bespoke solutions and the ability to remain as long as possible in one's own home and maintain a satisfactory social life without overburdening a relative continue to be the challenges of LTC.

Whereas in Leichsenring *et al.* (2013) the classical welfare state model typologies are used, in this case (Greve, 2017) an adaptation has been made from five basic

types to four, with demand and formal and informal provision for LTC, defining a standard or mixed care type, a second, Nordic care type, a more family-oriented type and finally, a type called “transition-based”. In the work, following the comparative study, it is recognised that, in addition to not being an exclusive typology and having different degrees of overlap, notable differences also exist according to the degree of implementation of LTC. Thus, it is highlighted that the United Kingdom, Denmark and the Netherlands would show significant elements of

Trusting almost exclusively in the family as long-term care provider entails the risk of increasing inequalities

approaches based on holistic, person-focused care; Central European countries such as German and Austria, would still be in the phase of discussion regarding these approaches; while the countries of Eastern and Southern Europe would still be in the search process for the general development of their LTC systems.

In short, these two interesting books coincide on tackling the LTC challenge, taking into account numerous dimensions as well as the points of view of both receiver and supplier of the service. However, the first (Leichsenring *et al.*, 2013), based on a cross-cutting and comparative approach, offers a more conceptual view, with the idea of planning a European LTC model with evidence-based results from joint research. Meanwhile the second book (Greve, 2017) is geared more towards the characteristics of LTC in each of the countries analysed (Denmark, Finland, Germany, United

Kingdom, Greece, Italy, Portugal, Hungary, Lithuania and Poland), and follows the classical typology of diverse welfare state models, describing the particularities of LTC in each state, to conclude with a chapter containing reflections on the elements common to all the states.

The fact that there is a gap between the publication dates of the two books, 2013 and 2017 (more significant when one bears in mind that the first is based on a project that ran from 2008-2011), adds interest to following the evolution of this area of knowledge and tackling the challenges that are raised. In the 2013 publication, the impact of the economic crisis is not a core aspect and is barely made explicit, thus meaning that the aim of the research is the overcoming of the challenges presented by LTC. Meanwhile in the 2017 publication, it appears as unquestionable that LTC continues to be a newcomer element in social policy and is often only recognised as an element of social pressure, highlighting the fact that the economic crisis has brought with it austerity measures and recourse to private systems (families, and above all women) or commercialised ones, in order to tackle its funding within a scenario of growing expenditure.

P

Best practices

Elderly People’s Programme

A programme that helps to improve quality of life for elderly people, promoting their autonomy and social participation, especially in situations of greater vulnerability.

Matia Gerontological Institute

1	2	3
Challenge	Action	Results
Living longer and better is excellent news but brings with it new and inevitable challenges to which society must respond, prominently including the future of care.	“Putting people first: caring as we would like to be cared for ourselves” is a participatory research-action process relating to the future of care in Spain.	The “Putting people first: caring as we would like to be cared for ourselves” charter is the result of this wide-ranging process that aims to raise awareness regarding care that affects our lifestyles and coexistence.
In 2014, the European Health Survey reported that 20.73% of people aged 65 and over have difficulties carrying out certain basic everyday life activities, with the percentage of people needing help increasing to 53.68% among people aged over 85 years. Among people aged 65 and over, women have a greater life expectancy than men (23.4 against 19.2 years), but a lower healthy life expectancy (9.0 against 9.7 years). In Spain, the percentage of people older than 65 years who live in single-person households increases through the ageing process, with 21.1% of men and 40.9% of women aged over 85 years eventually living alone. There are over 4.5 million people who care for others altruistically (with 15.5% of these carers being aged over 65 years) in addition to hundreds of thousands of household helps (majority of immigrant women).	Obra Social “la Caixa”, with the collaboration of the Matia Gerontological Institute, has launched various actions to study the opinions and social perceptions that exist relating to care and dependency in old age, through: 1. An exhaustive review of the scientific bibliography that exists, as well as various international experiences in the world of care. 2. A qualitative study on care in relations of dependency. 3. A study with a sample of 4,784 people through an online questionnaire for professionals and carers on their opinions regarding responsibilities in care processes. 4. Various in-depth interviews with academic experts, professionals and staff from the non-profit sector. 5. Four sessions for reflection and debate in Girona, Malaga, Madrid and Bilbao.	“Putting people first and caring for them as we would like to be cared for ourselves” means we should: · Put ourselves in the place of others (whether the carer or the person receiving care). · Treat them with dignity and respect for their rights, which are the basis of good treatment. · Encourage their autonomy, respect their self-determination, maintain their responsibilities regarding their own lives and the right to receive support. · Encourage co-responsibility in care tasks. · Treat people taking into account not just their physical, but also their cognitive, emotional and spiritual needs, etc., all of which form the basis for comprehensive care. · Train, accompany and support carers, also in the dispensing of palliative care. · Encourage participation and raise the visibility of care.



"la Caixa" Foundation

**Nothing should stop us from living as we wish,
not even age**

Every day is an opportunity to take on a challenge, a concern or a need. As we grow older we make dreams come true, and the best thing is being able to share them.

Through the Elderly programme of "la Caixa" Foundation we offer information and support to promote an active role and social integration for the elderly, guaranteeing their wellbeing and quality of life.

***Time to live.
Time to share.***