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### Foreword

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In Barcelona in 2018, there were 1,169 city residents aged 99 years or over, most of whom were women (84%). Some estimates say that longevity increases by five hours every day, a figure totalling close to three months every year. Life expectancy in Catalonia, currently 83 years, is one of the highest in Europe and by 2050 the population over 65 years of age is forecast to be 30% of the total population. The ageing process, the so-called *longevity revolution*, is one of the main phenomena and challenges of our societies. Ageing is also a social advance and a challenge in terms of the care and promotion of people. It is an advance in the sense of the contribution and knowledge that elderly people can bring to society. However, in parallel with the many positive aspects, this demographic shift also presents risks and situations of exclusion and inequality. 'Ageism', discrimination for reasons of age, exists alongside situations of unwanted loneliness among elderly people. Around 22% of people aged 65 years and over in Catalonia live alone and three out of every four are women. Being alone is not a matter for concern if it is experienced in a positive way but, according to the association Friends of the Elderly, around 58% of elderly people who live alone express a sense of unwanted loneliness.

Moreover, while housing conditions, access to adequate housing and inequalities in income are all problems that transcend the age factor, they are also issues that create some specific situations in old age. Although elderly people are predominantly home owners, there are people aged 65 years and over who live in rented accommodation (almost 10% of this group in Catalonia) and have difficulties accessing adequate, comfortable housing, especially when health and mobility problems arise. There are currently 6,000 people in Barcelona waiting for housing (18,000 people in Catalonia). The inherent challenges of this situation are to take this as a serious issue, to shorten waiting lists and to improve housing conditions, and always under the assumption that what elderly people want above all is to age in their own home. Another worrying matter is inequalities in income: 60% of pensions in Catalonia are below €1,000 per month. The average contributory pension is €1,100 per month. These data, however, hide a huge gender inequality because women's pensions are 44% lower than men's. According to data provided by the Statistical Institute of Catalonia (Idescat) for 2017, widows' pensions average €660 per month, while non-contributory pensions average just €340. In this panorama, the forceful emergence almost two years ago of the pensioners' movement calling for dignified pension payments is understandable.

Last, the demographic challenge is not an issue just for elderly people, but one that must be met by all of society. A whole series of social changes such as growing urbanisation and the rural-urban dichotomy intercept with current demographic changes, conditioning the actions taken in response to this situation. New family structures, changes in gender roles and the care crisis, the weakening of community ties and greater individualisation, and the technological revolution are just

some of the huge paradigm shifts that affect people's daily lives. This context calls not only for a thorough public policy overhaul and new analyses and approaches to ageing (Subirats, 2018), but also for novel ways to redress unwanted loneliness and provide support to very elderly people. Within this context of accelerated change, three dimensions of the ageing process can be highlighted:

- Faced with the feminisation of ageing and the need for care, incorporating the gender perspective and feminism into public policies is essential. There are more elderly women than men and they inherit a situation in which conditions are unequal, a reality that has been called the 'feminisation of the conditions of ageing' (Ezquerro, 2017). There are also enormous social and gender inequalities in care provision, making finding a way for social and gender justice a priority.
- The diversity of ageing implies varying needs and demands, especially from the perspective of social inclusion and in terms of adequate care for specific groups: situations of unwanted loneliness, the ageing process linked to different cultural and geographical origins, and raising the profile of elderly LGBTI people. This situation inevitably requires a more complex set of policies for elderly people, which must also take their expertise and participation into account.
- Autonomy and active participation also become fundamental aspects of public policies, which must be more co-participatory, co-designed and co-produced. This challenge places elderly people at the centre of the process to make them a part of it and to hear their voices, not only when it comes to evaluating a service or knowing their opinion, but in all the areas and cycles of public actions. Public policies need to be redirected to make them more cross-cutting and intersectoral, like integrated health and social care. Innovative projects that take social entities' and organisations' experience into account, and which promote community action and elderly people's self-management, are also required. Some relevant examples are the health and self-care workshops in the neighbourhoods and co-housing experiences.

Moreover, like in other areas of public policy, the global-local connection has also helped lay the foundations of local policies and strengthen them. The turning point came with the presentation of the World Health Organisation's (WHO) document on active ageing at the United Nations' Second World Assembly on Ageing in 2002. The active ageing paradigm has become consolidated as a world-scale intervention strategy from a perspective of prevention and social inclusion. The Age-Friendly Cities movement emerged in 2010, from which a network aimed at identifying and advancing towards improving elderly people's quality of life has emerged. Five-hundred world cities and communities currently make up the Global Network for Age-Friendly Cities, the aim of which is to design safe, accessible environments to promote mobility and participation. Networks and cooperation agreements have also been made on a European scale to boost new policies, among which are the 2013 Dublin Declaration on cities and communities in Europe adapted to elderly people, and the Demographic Change Plan. The Eurocities network of cities has also been proactive in this area, creating a working group on urban ageing in which Barcelona City Council takes part, the aim of which is to exchange good practices between cities and advance the local political agenda on ageing. This exchange also led to a group of eight cities winning a European project to investigate how these cities are responding to their populations' ageing process. Nonetheless, the problems elderly people face linked to income and accessing adequate housing and health and social services may worsen in the future. Obviously, other spheres of government with powers in these and other related areas must intervene decisively to strengthen both current and future welfare policies for elderly people. A case in point is old age pensions, an extremely serious issue if we consider that this is one of the pillars of the welfare state and that many people do not have access to anything like a decent income once they reach retirement age.

Both the active ageing paradigm and the age-friendly cities network are held up as benchmarks in the area of elderly people's policies. As with all interpretative frameworks, their approaches can emphasise different aspects. The different interpretative frameworks are important because they impact on the way problems are defined and the political options chosen. The active ageing

paradigm, which is also a reference for age-friendly cities, can prioritise the area of health, the sustainability of the system, labour market participation or the citizenship rights of elderly people (Alfama and Cruells, 2016). Its approach can also focus on elderly people or on society as a whole, on the understanding that everyone must age in a healthy way. In short, the concept of 'active ageing' can be interpreted in different ways depending on whether the emphasis is placed on a more 'productivist' approach or if the perspective of the contribution made by elderly people based on voluntary work and knowledge transfer is defended. To this effect, some approaches consider that it is a concept that does not include diversity and the situation of the most vulnerable groups, and so as a model it must be re-examined to incorporate the idea of 'active ageing' in which diversity is acknowledged (Del Barrio *et al.*, 2018). As David Harvey sustains, what is required is a different type of citizenship which guarantees the active right to collectively construct a city with shared spaces and common goods. Based on these proposals, the idea of the right to the city suggested by Henri Lefebvre more than 50 years ago has been re-visited.

While the concept has been incorporated into the Housing III and New Urban Agenda process approved in 2016, and has been defended by urban social movements, it also sparked some controversy at the UN summit. The right to the city emerges as an alternative approach which places social, economic, cultural and environmental rights at the centre of political action. Faced with the accelerated process of urbanisation and the injustices that take on a local dimension and are specific to world cities, the right to the city calls for more power for local institutions and more local democracy. The objective is to reverse the neoliberal model, which allows capital to transform cities and their services into just another commodity for private benefit. The defence of common goods and the right to the city acknowledge the ongoing urban conflict that should be managed by creating neighbourhoods, villages and cities capable of responding to their social needs. And what is more, this should be done in a cooperative and participatory way.

Barcelona currently leads the field in social investment and innovation policies, and the city also aims to contribute with a new approach to population ageing. This strategy has a long-term perspective and aims to align all municipal policies with the right to the city for all cycles of life as the driving idea. One of the ensuing priorities has been to strengthen the set of policies for elderly people and to meet the new social and demographic challenges head on. Following a year of shared analysis and planning, with the participation of Barcelona Advisory Council for the Elderly and the Municipal Council for Social Welfare, Barcelona City Council approved the 2018 Demographic Change and Ageing Strategy: a City for Every Stage of Life (2018-2039)<sup>1</sup>. The strategy is based on a demographic diagnosis and forecast enabling effective, evidenced-based policies to be planned for now and for the future. First, maps were produced to identify current facilities and to locate elderly people and their needs on a micro-territorial scale. Among other indicators, the elderly people living in each block in the city were identified and information about their level of autonomy, the home care services they receive, and whether or not they have a carer was compiled. These data are an invaluable source of information to plan local services and community action.

The ageing strategy includes 77 actions organised into four lines: a) the right to live in the city at all stages of life; b) intergenerational community living; c) active ageing; and last, d) planning demographic change and innovation. It also presents a balance sheet with the objective of knowing the existing elderly people's policies and strengthening the services: a catalogue of 62 municipal services specifically for the elderly people living in Barcelona, to which the district services and actions can be added. A comprehensive, complex catalogue that describes a very active area of municipal policy, a fact that is further verified by the budgetary increase. In 2018, the Area of Social Rights was allocated €138 million in policies for elderly people, a 65% increase on the previous four-year term. From among the innovative aspects of the strategy, one of the most notable actions is the creation of the so-called 'social superblocks'. Taking the mobility superblocks as a reference, pilot projects have been launched to improve the home care provided to elderly people and to test

1. It can be downloaded at the following link: <https://ajuntament.barcelona.cat/gentgran/ca/canal/estrategia-sobre-canvi-demografic-i-envelliment>.

the integration of the social and health services, with the aim of progressively extending them to the rest of the city. The strategy also embraces the intergenerational perspective, strengthening already existing projects and incorporating the idea of the right to the city at all stages of life. Last, the municipal strategy aims to promote the capacity for innovation, which should encompass not only the planning and rigorous, participatory evaluation of policies, but also the metropolitan perspective and inter-institutional cooperation. The answers to some of the challenges of the ageing process must necessarily be based on a broader knowledge: for example, increased knowledge to be able to take action to meet the needs of the eldest members of society and those with cognitive disorders and dementia; more knowledge about the situation of people with different cultural origins; and more knowledge about how to facilitate the participation of the most vulnerable people.

The agenda of policies for elderly people is complex and encompasses a very varied set of issues. Some of the emerging areas that are being addressed at a local level, often with innovative approaches such as lifelong education and culture, are: employment, work skills and social contribution; promoting the social and solidarity economy and the third sector linked to ageing; integrated social and health care; new types of home care and community support; alternative housing; the fight against unwanted isolation and loneliness; and mobility, transport and friendly public spaces. And it is precisely at the local level that demand is multiplying and solutions must be found. Moreover, if the answers to these challenges must involve participation and community action, this can only be done from within the territory, in the neighbourhoods, through promoting elderly people's self-management. As already pointed out, this means strengthening local governments and providing them with more resources, while ensuring that other spheres of government are involved in implementing policies that are fundamental for generating well-being. Both the opportunities and the risks that emerge from the process of ageing and demographic change need planning and effort that is not yet being made and that local governments cannot do alone. To this effect, it is essential to reinforce mutual support, cooperation, community ties and care support, core values of feminism.

In short, to achieve greater social and gender justice, we must be capable of making the right to the city at all stages of life a reality. The 5th Elderly People's Voices Conference (2019)<sup>2</sup> ended with a call to promote an alliance among the generations to respect and reinforce the rights that are especially violated among groups such as women, youths and elderly people. Following Nancy Fraser, we need public policies that tackle not only the distributive dimension but also the recognition dimension, making the fight against social and gender inequalities the focal point of the local agenda. And above all, everybody's voice must be heard, with real community empowerment and participation.

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2. The material from the Convention can be found at the following link:

<https://ajuntament.barcelona.cat/gentgran/ca/content/convencio-les-veus-de-les-persones-grans>