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Barcelona for older people. The social superblocks

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Barcelona is ageing. According to the forecasts, before 2030 there will be nearly 375,000 people over the age of 65 registered in the city, almost 25% of the total population. The social superblock stems from the convergence of two ideas: the need to improve the home care model and the need to tackle the social sustainability of ageing in our city. The idea is the so-called "distributed" or "virtual residence", according to which the flat of a dependent person receives the services of a room in a residential centre, while the neighbourhood supplies all the communal services that a residential block for older people would receive.

The challenge of growing numbers of older people

Barcelona is ageing: there are nearly 350,000 people over the age of 65 registered as living in our city. The forecasts say that before 2030 there will be around 375,000, heading to 400,000 – almost 25% of the total population – when the baby boomers born between 1960 and 1975 have joined the older age group. Is that a problem or an opportunity? I would say it's a challenge. We are not talking about an external threat, we are talking about ourselves. But it's true that it is a formidable challenge for the city, because it is combined with a context that is complex and. at the same time, specific to Barcelona.

For example, we could all guess that pensions will be lower and also that house prices will be higher. Even with ambitious municipal housing plans like the present one[2], we might take several generations to get a social housing stock that is big enough to have a decisive effect on the price of housing and guarantee the middle and lower classes, which will included most retired people, access to it. And I'm writing in the conditional because even European cities that already have much more affordable housing now (whether it is in the hands of the public sector, non-profits or private entities) are starting to be worried about accessibility to housing.

The combination of low pensions and high rents and energy prices is similar to what young people suffer now, with low wages, precarious contracts and unable to live on their own. Younger and older people differ in two aspects. The former want to set up a home and some even want to have children, while the latter would need to downsize their homes and, at the same time, access increasing home-help services. There is a common denominator between young and old which is called the *care economy* and which, unfortunately, is characterised by being an activity of very high social value but vastly under recognised economically, tremendously inequitable and particularly

1. This article is a revised and expanded version of a talk at the TransJus Conference, held at the University of Barcelona on 9 April 2018.
2. https://habitatge.barcelona/ca/estrategia/pla-dret-habitatge.

unfair to women. Let's remember that, using data from surveys on time use and salaries and pensions, if we add up all the hours women work at home and at their workplace and all the money they earn, over the course of their life, women work twice as much as men and earn half as much[3].

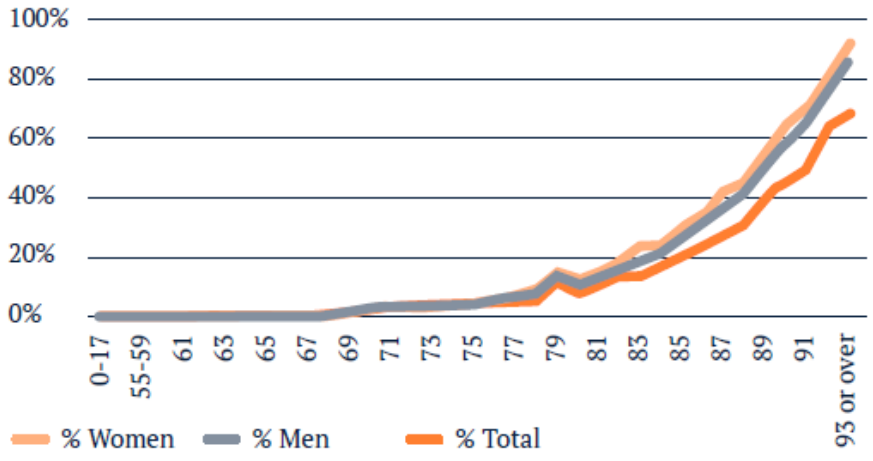
If we look into the needs of older people and the shortcomings of our inadequate social welfare system, we find a figure: in Barcelona there are 13,000 places in old people's homes, with a waiting list for public places of 8,000 people (they only have access to them if they have grade 2 or 3 dependency) of whom 4,000 are living in their own home. In relation to the Catalan average, Barcelona has a shortfall of almost 2,800 places[4].

But even if these figures were improved, what would they mean? Obviously, that the vast majority of our older people will live most of their time at either their current home or another one until they die, but only a small number in an institutionalised manner. And that brings us to one of the big challenges of ageing and our society as a whole: facing up to the fact that part of our population, increasingly with age, will need specialised care at home, due to the progressive deterioration in their physical and mental condition, either because they develop a chronic illness or due to a combination of various factors.

Dependency in Barcelona

How many older people are there who need care in the city? We have various figures, some from surveys and others from administrative registers. The first socio-democratic survey, carried out in 2017, tells us that in Barcelona there are 117,000 people who need help with their daily activity[5], half of them (some 56,000 people) on a regular basis, and the other half (some 61,000) sporadically. A second source is the register of people who have a recognised degree of dependency according to the personal autonomy and dependency care Act, or people without that who receive care at home. There are 67,000 of them in the city (fewer in the higher classes) of whom 57,000, or 84%, are 65 or over. It is useful to see how this group increases with age:

Graph 1. Percentage of Barcelona residents with a degree of dependency or SAD. Barcelona, April, 2019



Source: Barcelona City Council, administrative registers and residents' register statistics.

3.http://www.sinpermiso.info/textos/la-garantia-del-tiempo-libre-desempleo-robotizacion-y-reduccion-de-la-jornada-laboral-parte-

4.https://ajuntament.barcelona.cat/premsa/2018/07/06/barcelona-xifra-per-primer-cop-el-deficit-dinversio-de-la-generalitat-en-residencies-publiques-per-a-la-gent-gran-2-780-places-menys-i-18-milions-de-sobrecost/.

5. https://www.bcn.cat/estadistica/catala/dades/tvida/esd/esd17/persones/taxes/t0111d.htm.

We see that the ratio of dependent persons by age grows very slowly up to 75 and accelerates from that age on. The same happens with the recognised degrees of dependency: 2nd and 3rd degrees only start to increase their quota of the total number of persons recognised – or not recognised but who already receive the municipal Home Care Service (SAD) – from the age of 80, which is when ageing with physical or mental effects really starts to rise in a big way. Social and health-care advances have put the concept of elderly people back to at least 75. In fact, in terms of the effect on dependency, the 65-74 band resembles the lower 55-64 band more than the 75-84 band. If we add all the other people with a recognised dependency who receive benefits (residential centre, day centre, informal carer provision, monetary benefit for contracting services privately, etc.), we see a similar trend, although the growth soars from 80 onwards.

In economic terms, if we assign to each dependent person the maximum potential costs they would have for the City Council to be attended by the SAD[6], the cost of the service to the city of Barcelona would be €364 million a year, a figure which, according to the demographic forecasts, would be close to €400 million in 2026, not counting the increases in the unit costs of the provision. That means €5,432 a year per recognised dependent or €221 a year per citizen. (To put that in context, the Generalitat's health budget per capita was €1,186 in 2017.) Here we need to add the costs of managing the service (degree assessments, preparation and follow-up of individual care programmes, administrative expenses, etc.). That figure needs to be increased for people who receive specialised residential services (a residence accredited by the Dependency Act can cost between €1,800 and €2,300 a month in Barcelona). Let's remember that currently the Generalitat only "guarantees" accessibility to publicly funded residences to 2nd or 3rd degree dependent persons (half of those who receive benefits).

Not only that, assisted residencies for dependent persons that perform a very clear social function are not the ideal place for an elderly person. They are the final solution to a problem that, if it were possible, ought to be dealt with by other instruments. Even other tried and tested solutions in advanced countries, such as the housing developments for older people in the North American Sun Belt, are not generally applicable or even desirable, as most older people want to continue living in their normal environment. The book *The Longevity Economy*[7], by the founder of the MIT's AgeLab, explains it by describing the more dystopian than utopian life in a community like these, aseptic and armored children, compared to living in an environment fully integrated with the rest of the population.

The organisation of care in Barcelona

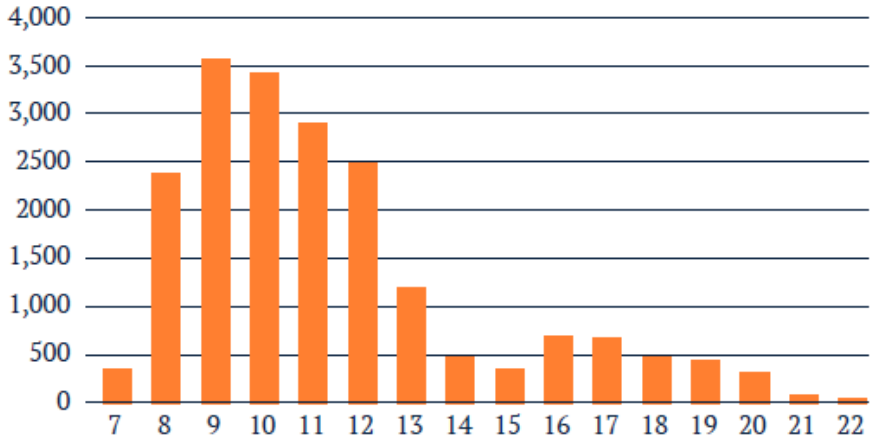
And this is where we have to introduce new elements. First, the Home Care Service (SAD) has grown exponentially in the last ten years, with the coming into force of the Dependency Act making care a universal right. Almost 20,000 people currently receive this City Council service through three companies, which provide stable employment to approximately 4,000 family workers and cleaning assistants, and nearly 1,000 additional workers who cover absences and staff turnover. However, "stable" does not really define the service, whose growth has generated enormous insecurity due to its inability to adequately supply the 4.5 million hours of service offered. Most of the services are provided during the morning (as most are related with personal hygiene tasks, getting users up and bed rest) with some peak times that make it impossible to plan full working days for most family workers. Consequently, 71% of the SAD staff work part-time. In addition, the collective bargaining agreement sets low wages (about €950 net a month for family workers for a full working week and €900 for cleaning assistants) and that, combined with the fact it is part-time,

6. That does not mean that everyone is attended to by the SAD, rather that even if they make use of other services, such as provision for non-professional carers, or day or permanent residential services, we estimate the cost as if they all received the maximum number of hours assured by the Dependency Act according to the recognised degree – and if it is not recognised, the 1st degree equivalent –from the SAD.

7. Joseph F. COUGHLIN (2017), *The Longevity Economy*, Public Affairs.

means the most frequent wages are between €600 and €800 a month, nowhere near enough for surviving in Barcelona, where two thirds of the workers live.

Graph 2. Daily service hours the SAD per time band (over 19,817 services). Barcelona, 2018



Source: Municipal SAD administrative registers.

Moreover, attending to 20,000 different homes each week poses additional problems if the service is seen in organisational terms as a billing machine, where the SAD is funded by the public authorities for each hour of service actually carried out. That is almost the only thing that counts, not the results obtained in terms of quality or the impact on the independence of the people attended to. Neither the service (nor the collective bargaining agreement that regulates sector workers) takes into account any differences between the workers who deal with users with standard needs and those that have special needs, for example, heavily dependent persons or people with mental illness (increasingly numerous). The difficulties of the model and the insecurity act as a formidable disincentive to any strong service vocation (although a large part of the staff have this) and this results in high levels of time off work and staff turnover). That means the service enters a vicious circle, as the need to constantly replace staff lowers the quality of the care, where a close personal relationship between user and carer is very important because the bonds of trust and intimacy that are created are very strong.

At the same time, over 15,000 families receive the non-professional carer's (CNP) allowance for attending to a relative. Unfortunately, that is a purely monetary benefit paid directly by the Generalitat, which should be an exceptional resource and on which, as the City Council, we have no control.

To the families benefiting from the CNP benefit from the city council we only offered the Respir program until recently, extended to Respir Plus, with which up to a thousand caring families received financial support to temporarily enter their relatives in a residence. Additionally, self-help groups of carers have been set up in some parts of the city. And in 2019, Barcelona Cuida, a support centre for the city's non-professional carers, was set up as an essential part of Barcelona's innovative carer family support strategy[8].

And if we have little information about this group of dependents, we still have less than those outside of publicly funded care and their carers. I am referring to the thousands of home workers, interns or not, who provide dependency care services with much more limited training, often without any work contract and who supplement the public services in some cases. And also, even

8.https://ajuntament.barcelona.cat/dretssocials/sites/default/files/arxius-documents/estrategia_familiars_cuidadors.pdf. This strategy is also part of the measures for democratising care work approved by the City Council in 2017. https://media-edg.barcelona.cat/wp-content/uploads/2017/06/05124906/MGDCures_web.pdf

more strongly, the social value of the dedication of family members, basically women, who take care of their relatives.

In an effort to assess the scale of these services in relation to the real needs, we present the results of a survey of 600 people who used the SAD or are cared for by non-professionals[9], which can be summarised as follows: a dependent person who uses the SAD receives on average one hour of service per working day, while people who subjectively feel well looked after and, therefore, receive care from family members or other paid carers who supplement the SAD, receive 17. Those who do not feel well cared for receive 12. The SAD only represents 8% of the care they receive. Multiplying public spending by 12 or 17 is clearly beyond the capacities of the system.

And, to complete the picture, at least partially, let's look at the population distribution by household and its relation to the care of dependent people.

According to the Socio-demographic Survey, 82,000 people over the age of 65 live alone in Barcelona. That figure has been growing in recent years and is combined with other phenomena such as the growing number of households with just one person under 65 (119,000) or single-parent families (69,000). And, with the phenomenon of tourist rooms and apartments (legal or not), the city's extraordinary population dynamism (last year the equivalent of 20% of the population moved home, taking natural moves, migrations and changing municipality into account) and foreign investments in property as a safe haven help to increase the property shortage we are suffering and the rise in rents. With the same population we need more housing, and Barcelona suffers a shortage of small homes adapted to demographic changes, so under-use of the housing stock is increasing.

Table 1. Structure of the households, 2011 and 2017

	ESDB 2017		CENS 2011	
Structure	Absolutes	Percent	Absolutes	Percent
Woman under 65 living alone	59,612	8.2	56,790	8.3
Man under 65 living alone	58,418	8.2	53,145	7.8
Woman aged 65 or over living alone	58,402	8.0	70,505	10.3
Man aged 65 or over living alone	23,236	3.2	17,615	2.6
Father or mother with a son/daughter under 25	35,772	4.9	32,165	4.7
Father or mother with all children aged 25 or over	33,707	4.6	35,140	5.1
Couple without children	185,724	25.5	153,005	22.4
Couple with a son/daughter under 25	159,580	21.9	137,645	20.1
Couple with all children aged 25 or over	33,170	4.6	39,995	5.7
Other types of household	79,065	10.9	89,080	13.0
Barcelona	727,687	100.0	684,085	100.0

Source: 2017 Barcelona Socio-demographic Survey (ESDB).

As a reference, the average surface area of a flat in Barcelona is 80 m^2, while a place in an individual room in a municipal home for older people or flats with services for older people with use of all the shared spaces is 35 to 40m^2 per place. Second, the growing phenomenon of loneliness, which derives from increasingly less extended families, relatives moving away and the combination of this trend with the problems of dependency and reduced mobility they often generate. Just one more figure: a couple of years ago, more than 4,200 people with 2nd and 3rd degree dependency were living in flats without a lift.

9. The results are provisional and have still not been published.

The social superblocks

What is the future of care? We have initially dubbed it "social superblock". The social superblock adapts the mobility superblock[10], an innovation already introduced in some city neighbourhoods, to the fact already explained that older people – us, now or in the future – will not want or be able to leave our homes but will gradually be demanding more social and health services, as well as emotional ones, at an increasing rate depending on our age, and in a context where resources, being optimistic, will not be growing. The basic superblock stems from the convergence of the two main ideas expressed in the two previous section: the need to improve the home care model, for the people who use it as well as the staff, and the need to disruptively tackle ageing in our city.

The basic idea is what we call "distributed" or "virtual residence", a concept according to which the flat of a dependent person receives the services of a room in a residential centre, while the neighbourhood, on a scale small enough for people with reduced mobility, supplies all the communal services that a residential block for older people would receive.

Francesco Tonucci, a renowned Italian pedagogue, promoted the concept of the "tribe" having shared responsibility for children's education. The social superblock extends that idea to looking after our elderly. This implies a radical change in how we deal with the challenge of ageing. The superblock takes into account the potential advantages of the population density of a city such as Barcelona, one of the highest in the world. Density in terms of people, facilities and, in short, proximity and immediacy. That means we can divide a large part of the city into social superblocks (with a surface area equivalent to between 3 and 6 Eixample blocks) where, from a fixed point inside or nearby (a logistics base, or what would be the equivalent to a warden room on a floor of a hospital or a home), each dwelling attended to would be 5 minutes walk at most. That way we can create superblocks which, in an initial operational deployment phase, would attend to between 40 and 60 SAD users, with teams of between 10 and 14 professionals who could work full time, planning and personalising the care given to users, and making it more flexible.

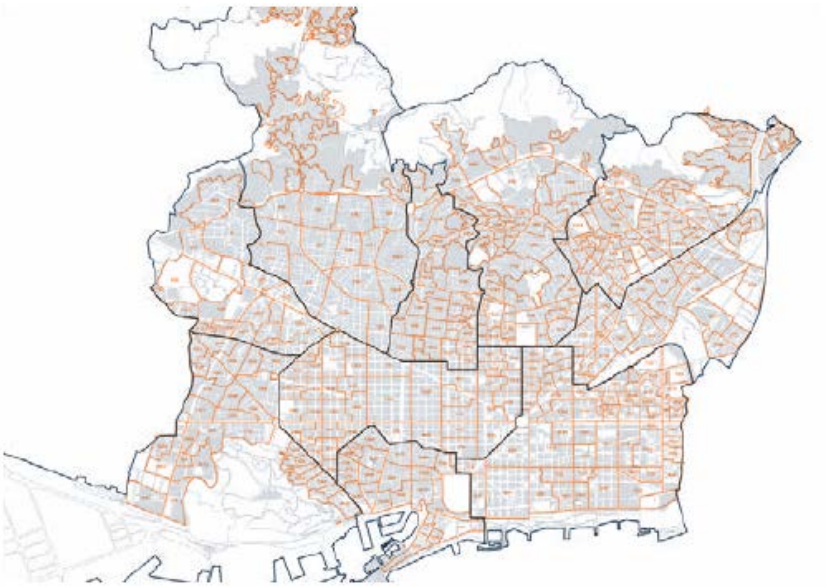
The map below is a first, provisional division showing how the city could be divided into 316 social superblocks, where most of these include between 1,400 and 1,800 hours of SAD services a month that could be provided by local teams of 10 to 14 professionals. The biggest superblocks are those areas with low user density. The excluded zones (no hours assigned) are uninhabited areas and account for approximately half the municipal surface area (green zones, industrial areas and facilities), while the low density zones are such for various reasons: low density neighbourhoods (in the foothills or part of the Collserola range, for example), wealthy neighbourhoods with low SAD penetration, gentrified neighbourhoods (such as part of Ciutat Vella or the Passeig de Gràcia axis) or young neighbourhoods such as the Vila Olímpica and other parts of Sant Martí. For each social superblock there is basic information on the demand (SAD users as a base data) as well as other possible service claimants (people with non-professional carers, older people, etc.) and the services available (public health and civic facilities, among others).

The superblock teamwork model is adapted from an existing one in Holland developed by Buurtzorg[11], a social care company which works with a thousand teams of up to 12 nurses that enjoy a high degree of self-management and which, in 10 years, has become the undisputed home care leader in Holland. Now it is spreading the model to other countries such as Sweden, the United Kingdom, the United States and Japan. In the Barcelona model, users keep a family worker as their regular contact but they also meet the rest of the superblock team, so if that person is absent, they will know whoever replaces them, who, in turn, will be familiar with the user's particular characteristics. Moreover, the proximity of the homes means the services can be more flexible (adapting to unforeseen situations) and broken down to shorter, more frequent periods if

10. https://www.slideshare.net/Barcelona_cat/mesura-de-govern-oomplim-de-vida-els-carrers-lla-implantaci-de-les-superilles.
11. https://www.buurtzorg.com/.

necessary (as happens in the day-to-day life of an old people's home). That way, the total monthly hours agreed are maintained and the working day is fuller.

Figure 1. Provisional map of superblocks with SAD hours a month. Barcelona, 2019



N°. hours a month: Family worker (TF) and Cleaning Servicie (NET) by superblocks

Source: Original map by Department of Rsearch and Knowledge (Direction of Barcelona City Council's Social Innovation) with data provided by the Urban Ecology.

Barcelona City Council launched four pilot experiences in November 2017 with the idea of learning how the model works and so it could be replicated across the city, both in territorial terms (which will surely mean diverse models adapted to different densities, for example, those found in more rural areas like those closer to Collserola – something which could provide valuable lessons for other parts of Catalonia) as well as extending the services that the SAD can offer. After one year it was decided to expand the experimental superblocks to the four closest areas (which now attend to over 500 users with 8 teams of almost a hundred professionals), and the plan is for a minimum of 60 social superblocks to be rolled out in 2021-2022 under the new SAD contract, to the point where, in the coming years, most of the city will be covered.

Expanding the functions: towards a comprehensive social superblock

The social superblock, as the smallest territorial intervention unit, has great transformative potential and makes it possible to gradually incorporate new functions, either by taking advantage of the existing SAD teams, or by coordinating with other services or creating new ones. As early as 2018, work began in one of the first pilot zones on a programme to coordinate the superblock team with the local primary healthcare home team. First of all, the project involves training for the SAD team of professionals on health matters so they can spot changes in a user's state of health early and are better able to treat users with chronic diseases. Secondly, a direct relationship, of trust is established between the family workers and the health teams, where the former feel they have more recognition and support in case of doubt, while the latter have some privileged eyes visiting their patients daily.

But the list of possible new functions that can be rolled out is very long: giving support (training, temporary breaks) to non-professional carers and other workers who attend to service users; coordination with the other City Council intervention programmes to help older people such as "Radars" and "Vincles" (to detect and treat loneliness); coordination with the meals at home and in company service; "Baixem al carrer"; telecare, etc. It is also worth pointing out the potential of new technologies as a tool for improving public health care at home and cutting costs while improving care quality. For example, developing technological equipment connected to houses (such as sensors or social robots) that send alarm or monitoring signals to a decentralised system of emergency rooms in each superblock where social and health services keep an eye on their users day and night. In addition, coordination with nearby public and private facilities that provide a service for older people: social services centres, day centres (sometimes under-exploited), civic or old people's centres, residential centres or libraries, cultural or sports centres, urban allotments, and so on. And also with the health centres, pharmacies or other shops or businesses frequented by older people.

Moreover, social superblocks have to enable new, local occupations to arise. I offer three I think would be very useful:

- A housing expert with the task of analysing and facilitating the functional adaptation of all the homes of older or dependent persons for dependency, mobility, energy efficiency and domotics.

- That of a housing stock "mobiliser" who, in collaboration with the sector, could push for more rational use of the housing stock in the superblock with actions such as promoting flats shares among older people or proposing intergenerational solutions, spotting and reusing accessible ground floor properties for housing, improving the occupancy of large flats that are underused by dividing them into smaller subunits or putting them on the social housing market, putting more pressure on investment funds to buy the flats of older people and offering them alternative solutions for getting more liquidity or a greater return on their asset to tackle new needs, etc.

- The figure of a social "animator" (something we are already trying out in the Vincles project) who can bring together residents, communities of property owners, the business community and associations (shops and other businesses, pharmacies, schools, etc.) in projects of interest to the community, while also taking advantage of the social media (the neighbourhood website, for example) and helping to develop community services such as time banks or voluntary systems for helping older people in their everyday tasks (such as going shopping, taking their rubbish out, going out for a walk, or doing little repair or maintenance jobs).

Thus, in the same way we think of the Business Improvement Districts or Urban Economic Promotion Areas (BIDs in English or APEUs in their Barcelona version) for boosting business in our city on the basis of public-private collaboration in specific areas on a small scale, why not think about social superblocks for care work, for establishing public-private collaboration frameworks and the possibility of co-funding these occupations and services?[12].

It should be mentioned that in a city such as Barcelona, the size of a superblock will include between 5,000 and 7,000 inhabitants, a size which in socio-political terms allows for very direct citizen intervention in very local affairs. Therefore, the next steps for the superblocks could also include the creation of participation and governance bodies where the residents and service users themselves could have their say and which the various bodies and authorities would be accountable to. It is unsurprising that surveys tell us the highest levels of stated subjective well-being (happiness) are usually among people who live in towns of between 10,000 and 50,000 inhabitants or that the greatest affinity with people in the neighbourhood or town is in those with under 2,000 inhabitants. Social superblocks enable big city challenges to be confronted on a human scale. When problems that affect thousands of people are divided by 300 they become

12. This model was started in Boston almost two decades ago https://www.beaconhillvillage.org/.

problems that can be tackled, concerning people with names and faces, seeking ways of involving each community's assets.

By way of example, in each superblock, there are up to 700 families caring for older people, with or without public support, and on average, 12 children from 0 to 2 years old, who cannot attend a public nursery due to the lack of places. In each superblock, there could be between dozens empty flats and hundreds of flats and premises that are underused, as well as dozens or hundreds of people living in sublet rooms, without even having the right to a kitchen and, therefore, in need of communal spaces. There is not one census section out of the 1,068 (there would be 3 or 4 per superblock) into which Barcelona is divided where there is not at least a minimum of 4 households living below the poverty threshold who also need the support of their closest community.

A social superblock, horizontally coordinated with the other superblocks, vertically with the reference neighbourhood and district social centres and with other units and entities, would have a degree of granularity to enable volunteers to be channelled to public and private projects focused on the specific problems of each one, making the most of its assets. Let's not forget that 300 social superblocks can be turned into 300 urban social laboratories for testing and innovating on a small scale and, in that way, tackling with renewed energy the city's challenges, striving to ensure greater well-being for the whole population, while searching for and replicating the best practices that are generated.