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AGEING AND IMPROVED PUBLIC MANAGEMENT: THE CASE OF BARCELONA AND SOCIAL SUPERBLOCKS¹

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1. Growth in the number of senior citizens

Barcelona is getting older. There are nearly 350,000 registered residents aged 65 or over in our city, and the forecasts say that there will be around 375,000 before 2030, or nearly 400,000: 25% of the population, when the *baby boom* generation, born between 1960 and 1975, become senior citizens.

¹ This note reflects the original communication presented by the author during the TransJus conference on “Ageing, the City and Rights” which took place on 9 April 2018 in the University of Barcelona's Faculty of Law.

Is this a problem or an opportunity? I would say that it is a challenge. We are not talking about an exterior threat, but about ourselves, and about a formidable challenge for the city, because it comes together with a complex context which is specific to Barcelona.

For example, as you can easily imagine, pensions will be lower and house prices will be higher. Furthermore, with the current accelerated rate of construction, it could take 100 years to get a stock of social housing big enough to have a decisive influence on the price of housing; and perhaps I am saying this because even cities that have much more affordable housing, owned either by the public sector or non-profit organisations, are starting to get worried about this matter.

The combination of low pensions and high rents, together with high energy prices, is similar to the situation experienced by young people: low wages, insecure contracts and an inability to emancipate themselves. Young people and senior citizens differ in two ways: the former want to create homes and even have children, while the latter need to downsize their homes while also getting access to more home-care services².

In Barcelona, there are 13,000 places in senior-citizen residencies, with a waiting list for public places that rose to nearly 6,000 people last month (and remember that there are currently 350,000 people over the age of 65 living in Barcelona). What does this mean? An obvious answer: most of us will live in our own homes —our present one or another—, until we die, rather than being institutionalised.

This leads us to another challenge of ageing: dealing with the fact that part of the population, and increasingly so with age, will need specialised home care, due to the deterioration of their physical and mental faculties, either because of a progressive deterioration or the appearance of chronic illnesses, or a combination of various factors.

2. Dependency and the home

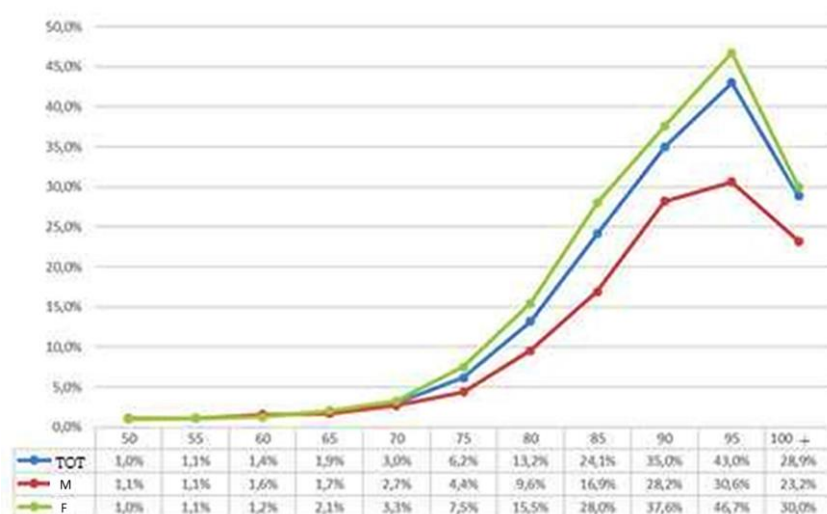
How many senior citizens in the city need care? We have different figures, some from surveys and others from administrative registers. The most recent is the Socio-demographic Survey, which is about to be presented. It indicates that there are 112,000 people in Barcelona who need help with their everyday activities, some on a regular basis (around 54,000) and some

² There is a common denominator. what is known as the caring economy, and which is unfortunately regarded as an economic activity with a high social value, but not very well paid and tremendously unfair to women. Remember that, if we add up all the hours that women work at home and at work, in relation to the money they earn, then throughout their lives, women work twice as much as men and earn half the money.

occasionally (around 58,000). The second source is the register of people who have a recognised degree of dependency, in accordance with the “Promotion of Personal Autonomy and Care for People in a Situation of Dependence Act”, or those who, although they do not have recognised dependency, already receive the city's home-care service (HCS). This is a total of 50,000 people (with a downward bias in upper classes), 41,000 or 82% of whom are aged 65 or over. As you can see in *Figure 1*, this group of people significantly increases with age.

The ratio of dependent people according to age increases slowly until around 75 years old and then accelerates from then on, only falling in the group of people aged 100+ (218 out of 755) The same trend is observed in the degrees of recognised dependence. The proportion of people with stages II and III of recognised dependency or HCS users only starts to increase from the age of 80 years onwards.

Figure 1. % of Barcelona residents with a recognised degree of dependency or who are HCS users



Source: Barcelona City Council, administrative registers and census statistics.

In economic terms, if we assign the maximum potential HSC costs to the City Council for each dependent person³, the present cost in the City of Barcelona would be €379 million a year, a figure that, according to demographic forecasts, will rise to over €400 million by 2026 —not counting inflation. This is nearly €7,600 a year per recognised dependent or HSC user,

³ This does not mean that everyone is attended to by HCS; although they use other services, such as receiving care from non-professional carers or daytime or permanent residential services, we estimate the cost as if they all received HCS for the maximum number of hours ensured by the Dependence Act according to their recognised degree of dependency, and in cases where they have no recognised dependency, the equivalent of Stage I.

or €234 a year per city resident⁴ (*Table 1*). The cost of managing the benefit must then be added (assessing the degree of dependency, producing and monitoring individual care programmes, administrative costs, etc.). Of those €379 million, two thirds are concentrated in the 75 to 94 years age group, a proportion that can rise to 71% of that sum of money if we include people who are older than that. Furthermore, this figure must be increased for those people who receive specialised residential services (a residence accredited by the Dependence Act can cost anywhere from €1,800 to €2,300 a month in Barcelona), and it should be remembered that the Generalitat currently only “guarantees” access to residencies financed with public funds for people with stage II and III dependency (half of those who receive benefits).

Personally, I am neither a doctor nor a social worker, but as an economist, I venture to say that advances in social and healthcare matters have pushed the frontier of what we know as old age back to 75 years old. Indeed, as Table 1 shows, the 65 to 74 age group is more similar to the previous group, 55 to 64, than to the 75 to 84 age group.

Table 1. Maximum potential HCS costs for the City Council

| | Cost per registered resident | Cost per dependent person |
|-------------------------------|---|--|
| Until 49 years old | 48 | 8,959 |
| 50-54 | 77 | 7,345 |
| 55-59 | 82 | 6,948 |
| 60-64 | 111 | 6,956 |
| 65-69 | 166 | 6,988 |
| 70-74 | 271 | 6,927 |
| 75-79 | 575 | 6,817 |
| 80-84 | 1,156 | 6,969 |
| 85-89 | 2,063 | 7,374 |
| 90-94 | 3,084 | 8,250 |
| 95-99 | 4,187 | 9,545 |
| 100 or over | 5,055 | 11,226 |
| total | 234 | 7,575 |

Source: own estimate using Barcelona City Council data.

⁴ To put this in context, the Generalitat's per-capita health budget was €1,186 euros in 2017.

Going back to the impossibility of placing all those persons who need it into residential centres, it should be taken into account that in Barcelona there is a deficit, recognised by the Generalitat, of up to 2,300 places (according to the Generalitat's 2015-2018 territorial programming for specialised social services), a smaller figure compared with the lack of nearly 2,800 places, calculated using the ratio of places per inhabitant aged 65 or over using the previous territorial programming (2012-2015). Furthermore, those 2,300 places do not represent even 30% of all the stage II and III dependent people who currently receive the HCS service.

Residencies for dependent people fulfil a very clear social function. However, they are not the ideal place for senior citizens, but rather the last resort for a problem of deterioration which should be resolved using other means. Even other solutions tested in advanced countries, such as the famous Sun Belt residential areas in North America, or those of the “Golden Girls” in the famous TV series are not generally applicable or desirable for senior citizens, who mostly wish to continue living in their habitual environment. In a chapter of his recent book, *The Longevity Economy* (Coughlin 2017), the founder of MIT's AgeLab explains this well. He describes a utopian life for senior citizens in an aseptic community protected from children, compared to living in an environment where they are completely integrated with the rest of the population. In reality, it is precisely in this latter type of environment where new features would have to be introduced.

For the last 10 years, with the coming into force of the Dependency Act as a universal right, Barcelona's HCS has grown exponentially. There are currently 20,000 users receiving this City Council service, through three companies that provide stable employment for around 4,000 family workers and cleaning assistants, plus around 1,000 additional workers who cover absences due to sick leave and rotations. However, using the term “stable” doesn't really define the reality of the service, because its growth has led to enormous job insecurity, due to the service's inability to provide the 4 and a half million hours of service in a suitable way. Effectively, the vast majority of services are carried out in the morning (given that many include personal hygiene tasks, lifting and positioning in beds) with some peak working hours that make it impossible to plan complete working days for most of the family workers. 71% of HCS personnel work part time, while their wages, in accordance with the employment agreement, are very low (€950 a month for full-time family workers and €900 for cleaning assistants). Due to this combination of part-time work and low salaries, the monthly wages of

HCS workers vary between €600 and €800 in many cases; wages which are absolutely insufficient for surviving in Barcelona.

Meanwhile, entering 20,000 different homes every week creates additional problems if the HCS is treated as an invoicing machine. For example, the service does not provide for any difference between workers who attend to typical users and those with special needs, such as heavily dependent people or those with mental illnesses (cases which are becoming more and more frequent). The difficulties inherent in the service and job insecurity are a formidable disincentive to any strong vocation for service and end up producing high rates of work absenteeism and a high staff turnover. A recent qualitative study of the service supports this idea, affirming that 20% of the HCS staff are committed workers, 60% of them work through obligation and

20% are “questionable” workers. This forces the service into a vicious circle, as there is an increasing need to constantly replace personnel, reducing the quality of a service where a close relationship between the user and the worker is very important and the bonds of trust that are created are very strong.

Meanwhile, over 15,000 families use the services of non-professional carers for looking after a family member. Unfortunately, this is an entirely economic service paid for directly by the Generalitat, over which the City Council has no control. In this regard, Barcelona City Council can only offer its Respir programme, extended to Respir Plus, through which it provides help to up to one thousand carer families, by offering temporary respite care for their family members in a residency. Recently, the City Council has also announced the creation of a support centre for non-professional carers in the city.

All in all, it must be admitted that, while we lack sufficient information about HCS workers, we have even less concerning workers who are outside the circuit financed by public funds. I am referring to the thousands of home workers, internal or not, who provide care services for dependent people but have much more limited training and who in some cases complement public services, and also —and even more so— the social value of the dedication of family members, mostly women, in looking after their relatives. In the coming weeks, Barcelona City Council will initiate a research programme with the aim of trying to assess the cost of these services, which must obviously be added to the €379 million of public money calculated above.

There are two more factors to complete the scenario, albeit partially. Firstly, it must be stressed that 82,000 people in Barcelona over the age of 65 live alone (*Table 2*). This figure

has increased in recent years and it is combined with other phenomena, such as the increasing number of single-person households under the age of 65 (120,000) and single-parent families (69,000).

Table 2. Composition of households

| | ESDB 2017 | | CENS 2011 | |
|--|----------------|------------|----------------|------------|
| | Abs. | % | Abs. | % |
| TOTAL HOMES | | | | |
| WOMAN ALONE < 65 YEARS | 59.612 | 8,2 | 56.790 | 8,3 |
| MAN ALONE < 65 YEARS | 59.418 | 8,2 | 53.145 | 7,8 |
| WOMAN ALONE AGED 65 OR MORE | 58.402 | 8,0 | 70.505 | 10,3 |
| MAN ALONE AGED 65 OR MORE | 23.236 | 3,2 | 17.615 | 2,6 |
| FATHER OR MOTHER WITH CHILDREN LESS THAN 25 | 35.772 | 4,9 | 32.165 | 4,7 |
| FATHER OR MOTHER WITH ALL CHILDREN AGED 25 OR MORE | 33.707 | 4,6 | 35.140 | 5,1 |
| COUPLE WITHOUT CHILDREN | 185.724 | 25,5 | 153.005 | 22,4 |
| COUPLE WITH CHILDREN, AT LEAST ONE OF THEM AGED LESS THAN 25 | 159.580 | 21,9 | 137.645 | 20,1 |
| COUPLE WITH ALL CHILDREN AGED 25 OR MORE | 33.170 | 4,6 | 38.995 | 5,7 |
| OTHER TYPES OF HOME | 79.065 | 10,9 | 89.080 | 13,0 |
| N | 727.686 | 100 | 684.085 | 100 |

Source: 2017 Barcelona Socio-demographic Survey.

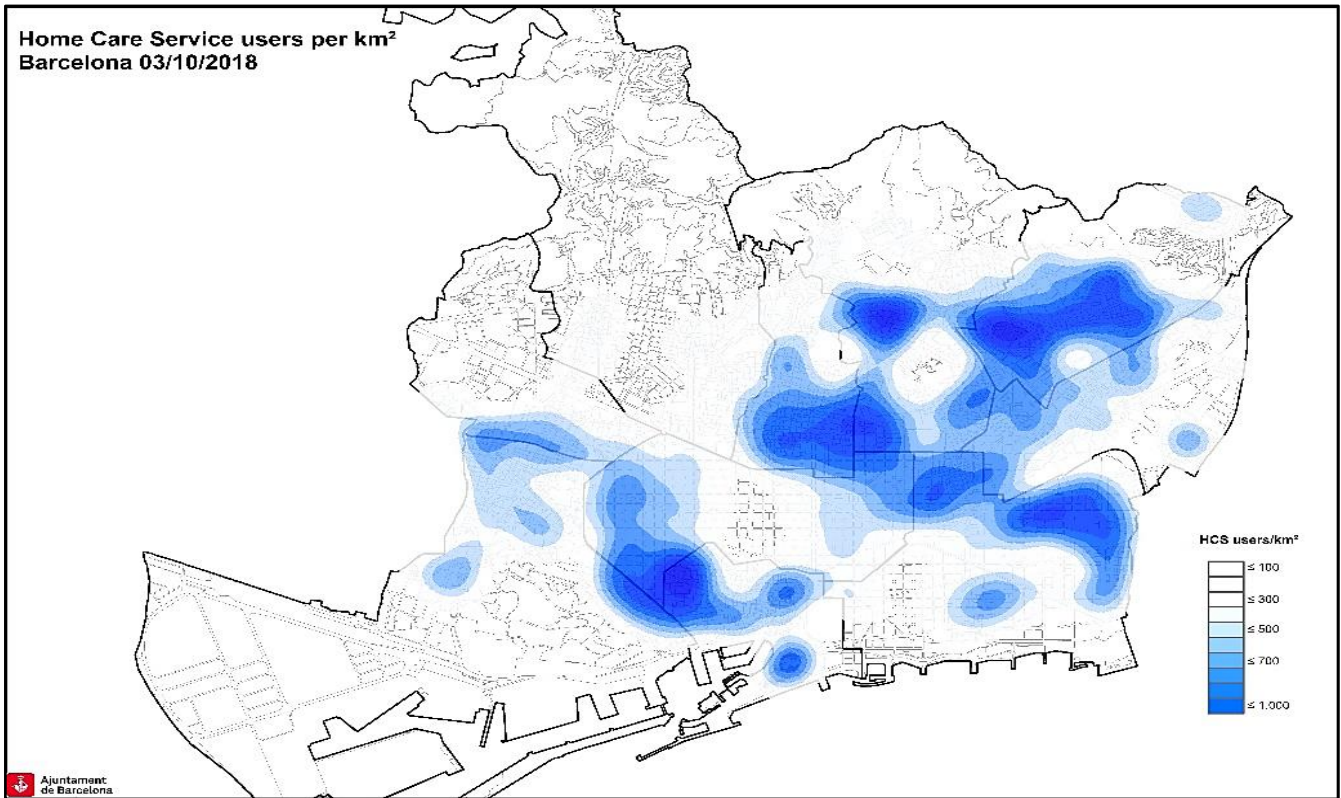
The phenomenon of tourist flats (legal or not) and foreign investments in housing add force to the cyclogenesis of the housing bubble we are suffering. Considering the same population, this factor reduces the available housing or, from another perspective, increases the under-utilisation of the city's housing stock. As a reference, it could be stated that the average surface area of a dwelling in Barcelona is around 80 m², while a place in an individual room in a municipal senior-citizen residence or in apartments with services is between 35 and 40 m² per place, factoring in all of the communal areas.

Furthermore, in Table 2, a major factor is the growing phenomenon of solitude, caused by increasingly less extensive families, the mobility of relatives and the combination of this trend with problems of dependency. An additional fact: over 4,200 people with stage I or II dependency live in high rise flats without lifts.

3. Social superblocks

What is the future? We have given it a nom de guerre and called it Social Superblocks. Social superblocks transfer the innovation of mobility superblocks to the fact that our senior citizens, in reality ourselves, neither want nor are unable to leave their homes. So we will increasingly ask for more social and healthcare services, as well as for emotional services, at an increasing rate in proportion to our age, in a social context where resources are not growing. The

fundamental idea is what we call the virtual distributed residence: a concept in which a person in their own home receives the same services as they would in a room in a neighbourhood residence, on a small enough scale for people with reduced mobility, supplying all the normal services that they would receive in a residential centre.



While Francisco Tonucci, a renowned Italian educator, promoted the concept of the tribe as being co-responsible for educating children, the social superblock extends this idea to care for senior citizens. This involves a radical change in how we deal with the challenge of ageing.

Firstly, we should be aware of the potential advantages of Barcelona's demographic density, one of the highest in the world. A density of people, facilities and, in short, high levels of proximity. This means that we can divide the city into hundreds of superblocks (the equivalent of 3 to 6 Eixample blocks) where there is a fixed location (a logistical base, or what would be an emergency room of a hospital floor or residency) that would be 2 or 3 minutes away from every household. That way we could create superblocks which, in an initial operational deployment phase, could attend to between 40 and 60 HCS users, with teams of up to 12 professionals, who could work full-time, planning users' care and making it more personalised and flexible.

Social superblocks are an adaptation of the model that is already being used in Holland, popularised by *Buurtzorg*. In just a few years, this company, which works with teams of self-managed nurses, has become the undeniable leader in home care in its own country and it is expanding its model to other countries, including Sweden, the United Kingdom, the USA and Japan.

Last November, Barcelona City Council began four pilot projects using this social-superblock model for HCS, with the aim of learning how it works, being able to replicate it in the city and fostering its expansion in terms of both territory and services⁵.

Figure 1. Example of social superblocks



⁵ This will certainly involve the creation of various models adapted to different densities. Furthermore, the superblocks that are in more rural areas, near Collserola, may lead to valuable learning experiences for other parts of Catalonia.

Figure 2: Plan of a residential centre



4. Expanding functions: towards a comprehensive social superblock

In one of the first pilot experiments, Barcelona City Council has started a coordination programme between the superblock team and the primary care and social-healthcare team in the area. Firstly, this involves improving healthcare training for the HCS team of professionals, so that, for example, they are able to detect changes in a user's health early on. However, the deployment list is much longer: support for non-professional carers and other workers attending the users, coordination with all the other City Council intervention programmes, including “Radars i Vincles” [Radars and Connections] (for detecting and dealing with cases of loneliness), home delivery of meals and meals in the company of others, telecare, etc.

As an aside, I would like to emphasise the potential of new technologies as tools for improving home social and health care and cost-saving while improving the quality of the care. I'm thinking, for example, about the development of technological equipment connected to homes, which send alarm signals or monitoring data to a decentralised system of emergency rooms in each superblock, where social and healthcare services watch over users day and night, in a coordinated way. Likewise, we could consider the coordination of local

teams that provide services to senior citizens: social services centres, day centres (often underused), civic centres and neighbourhood centres for senior citizens, residential centres and libraries, cultural centres, sports centres and urban allotments, as well as health centres, pharmacies and other shops or businesses frequented by senior citizens.

Furthermore, social superblocks could favour the emergence of new local jobs. The three that I consider to be most useful include the figure of housing technician, who would be responsible for analysing and facilitating functional adaptations for dependency, mobility, energy efficiency and automation in all the homes of senior citizens or dependent people. Secondly, there is the figure of the housing-stock supervisor, who, for example, would promote the rationalisation of how the housing stock in the superblock is used, promoting shared flats for senior citizens and proposing inter-generational solutions; detecting and redeveloping ground floors that are accessible as dwellings; improving the occupation of large, underused flats by subdividing them into smaller units or putting them on the market as social housing; pre-empting the pressure of investment funds by buying the flats of senior citizens and proposing alternatives in order to provide them with liquidity or profit from their assets, etc. And finally, it is necessary to create or reinvent the figure of the social facilitator (already tested in the “Radars and Connections” programmes), who involves residents with the economic and association network (shops and other businesses, pharmacies, schools, etc.) in projects of community interest, making full use of social networks (e.g. the neighbourhood website) and helping to develop community services such as time banks or volunteer systems for helping senior citizens with everyday tasks (e.g. doing the shopping, taking the rubbish out, going for a walk, doing small repairs or maintenance). So, in the same way as we think of the Business Improvement Districts in the Anglo-Saxon world, for revitalising our city's commerce based on small-scale public-private partnership (BID in English, APEU in the Barcelona version), wouldn't it be possible to think of social superblocks for care (SSC) as a way of establishing areas of public-private collaboration and co-financing the above-mentioned jobs and services?

In a city like Barcelona, the size of a superblock would be between 6,000 and 8,000 inhabitants; in socio-political terms, this is a size that would enable very direct intervention with city residents. Therefore, with a view to future superblocks, we are also considering the creation of participation and governance bodies where local residents and users can give their opinions and where organisations and administrations can be held accountable. In reality, it should come as no surprise that, according to surveys, the highest levels of declared subjective

well-being (happiness) are achieved among people who live in towns with a population of between 10,000 and 50,000 people, or that the highest degree of affinity with other neighbourhood residents or members of the population are in towns of under 2,000 inhabitants.

5. The tribe

Lastly, it is necessary to underline the importance of coordinating the community network: associations, organisations and volunteers, in order to co-create and co-produce complementary strategies and actions. As another aside, and regarding this point, we have spoken about the 50,000 dependent people, but there is also another essential part of the tribe. These are the dependent people and over 260,000 non-dependent people aged between 65 and 80 (taking them as a demographic group), the vast majority of whom are retired and are in possession of all their faculties. In recent years in the United Kingdom, the concept of community has been expanded, based on assets (asset-based places) where, instead of putting needs at the top of the list, emphasis is placed on what people can offer the community. It is a well-known fact that giving provides more satisfaction than receiving!

In the City of Barcelona, there are various areas that need many more resources than they can pay for: therefore, the help of volunteers, their experience, motivation and organisation, could make up for many shortcomings. At first sight, these are areas that affect up to 30% of the employed population: services for people (including services for vulnerable groups), education, advice and/or communication. In approximate figures, and as an indication of the demand for complementary services, a social superblock could have 180 children aged between 0 and 2 years old (and solutions must be found for the 4,000 children aged 0 to 2 who cannot go to nursery school due to a lack of places), 550 primary-school children, 340 secondary-school children, 1,300 people between the ages of 64 and 75, 275 aged 85 or over and also 300 people with over 64% recognised disability (including 160 people with psychological or mental disability of 33% or over). In each superblock there will also be up to 700 families looking after older people, with or without public support. There may also be between 30 and 50 empty flats and hundreds of underused flats and commercial establishments, as well as dozens or hundreds of local residents living in re-let rooms, with access to only the kitchen and therefore with a need for communal areas. In conjunction with this, it must be emphasised that, according to AEAT data, in all the 1068 census areas that

Barcelona is divided into (3 or 4 per superblock) at least 4% of the households are below the poverty threshold.

A social superblock, coordinated horizontally with other superblocks and vertically with major neighbourhood and district social centres, as well as with other operations and organisations, would have sufficient granularity to enable the channelling of volunteers towards public and private projects. Furthermore, it is worth remembering that 300 or more social superblocks can become 300 urban social laboratories to test and innovate on a small scale, so that the challenges facing the city can be tackled with renewed vigour, and greater well-being can be provided for the entire population, by seeking the best practices.

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