



**Wellbeing and dependency among European elderly:  
The role of social integration\***

**by**

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**DOCUMENTO DE TRABAJO 2005-12**

May 2005

- \* Acknowledgements: I am grateful to Jose Antonio Herce for his valuable advice, to Namkee Ahn for his technical help and to the European Commission for financial support to Reviser project.
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Depósito Legal: M-13858-2005

**Abstract:**

This study aims at highlighting the importance of social integration on the well-being of dependent elderly living at home. This question is important because, as we can observe, favouring social activities is not a priority for social policies regarding dependent elderly in Europe. Now, social activities and contacts improve dependent elderly's well-being. Therefore, as depression is one of the factors leading to a dependency situation, to attach greater importance to social measures favouring dependent elderly social integration should allow to decrease their depression rate and, consequently, should allow to decrease their demand for care too. The data used in this study stem from the European Community Household Panel (ECHP). Major results are: health perception is strongly and positively correlated with satisfaction with the main activity. The importance of the correlation decreases however a little when social integration variables are included in the model. Except for "owning a phone", these latter variables have equally significant effects on satisfaction with the main activity. Dependent elderly who are member of a club, those who often meet their friends and relatives and those who often talk with their neighbours declare a higher satisfaction than the rest. Satisfaction is largely correlated with the country of residence. Dependent elderly from Southern countries and from Ireland declare to be less satisfied with their main activity than those from North or Central Europe. In terms of housing situation, having a comfortable dwelling leads to a higher satisfaction while living in a household composed by several persons leads to a lower satisfaction. The standard of living is linked with satisfaction: both household and personal income increase satisfaction. Lastly, dependency-related social transfers have no effect on satisfaction with the main activity.

**Key words:** dependent elderly, quality of life, satisfaction, well-being.

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## 1. Introduction

The current ageing of the European population has revealed other challenges besides well-known pension and health system financing problems. At present, almost 3 % of the total European population are dependent elderly (Pacolet et al., 1998), meaning those who have some difficulties to accomplish alone some elementary acts of the daily life. The dependence risk increases strongly at advanced age. In France for instance, while the proportion of dependent elderly among persons aged from 65 to 69 is only about 2 %, this proportion among those aged 85 and over is close to 25 % (Badeyan and Colin, 1999). Besides, the share of dependent elderly aged 80 among the elderly aged 65 and over increases strongly. Therefore, the dependent elderly population presents an important problem in terms of caretaking demand.

Indeed, because of the changes in family structures, dependent elderly are brought to live more and more often alone. As an example, at the beginning of the eighties, in Belgium, less than 30% of the elderly lived alone, at the beginning of the nineties, they were around 40 % (Jacobson, 1999). Accordingly the support provided by other household members has been reduced. Besides, the increase of the proportion of women having an occupation contributes to reduce the number of potential caregivers for dependent elderly.

To palliate decreasing family caretaking, the dependent elderly have then to turn towards the two other actors in that matter, public and private sectors.

This question is all the more important as demographic projections show clearly an increasing number of elderly. Although this imbalance already contributes to weaken the financial balance of pension and health systems, the question of the financing of dependent elderly care has arisen.

In terms of public sector, various European countries offer different answers to the problem of dependent elderly. Actually, three types of countries can be distinguished in Europe (Assous and Ralle, 2000). In Beveridge type countries, it depends amply on the collectivity, particularly with the development of community care services. In Bismark type countries, dependency is considered as a new “social risk” to be insured against by the State and in the southern European countries the logic of social help takes precedence over the others, with an important role still to be played by the family. In spite of differences as regards to the coverage system, they join on the idea that social measures have to allow the dependent elderly to preserve their autonomy and their dignity (Joël, 2003). The predominant idea is to provide dependent elderly with the means which enable them to live in their home.

The preference in favour of the keeping at home results from the fact that it is often less expensive than institutionalisation, at least for those with a low level of dependency. But it also results from a preference asserted by the concerned elderly. For many of them, entry to an institution is synonymous with loss of freedom of movement and loss of familiar company and even with a place where one is waiting to die (Tester et al., 2003). On the other hand, living at home is often the choice most desired by the elderly because it allows to preserve the environment and social network already established.

However staying at home can lead to adverse consequences, like isolation (Gilroy et al., 2004). As an example, it might be difficult to continue to visit friends or to continue to have social activities. Nevertheless, as it has already been shown (Gabriel and Bowling, 2004; Sharf et al., 2004; Strain et al., 2002), social activities, keeping active and busy, and meeting other people are important for retaining an interest in life, avoiding depression and, consequently, for well-being.

As we can observe current social policy in Europe regarding dependent elderly aims at making it easier staying at home essentially by providing assistance in elementary activities of the daily life. It finances in particular housekeeping, bringing meals, improvements of the dwelling and technical helps as tele-alarm. Although this kind of help improves the quality of life of the dependent elderly at home, it does not improve social activities. Actually, some measures favouring social activities as activities at home exist, but they are not systematic and are far from being a priority (Gabriel and Bowling, 2004). Now, since social activities and contacts improve the well-being of the dependent elderly, the question of how to increase measures favouring the social integration appears important. Indeed, as certain studies in gerontology have underlined, to feel bad favours depressive status (Badger, 2001). Now, depression is one of the factors leading to a situation of dependence. Therefore, increasing depression rate among elderly contributes too to the increase of care demand.

Thus, this study aims at highlighting the importance of the social integration on dependent elderly's well-being and to what extent current social measures have effect on it.

Data stem from the European Community Household Panel. The analysis is realised using a linear regression model in which the satisfaction with the main activity is used as the dependent elderly well-being measure. In what follows, the first part presents the data, the dependent variable and the independent variables used in the model. The second part is related to the results. This part describes satisfaction with their main activity among the

dependent elderly. The last section presents the regression results and discussions.

## 2. Methodology

### 2.1. Sampling

Data from the European Community Household Panel (ECHP) are used for the analysis. The ECHP, which has been created so as to dispose of comparable social statistics across Member States and social indicators concerning living conditions of private households and persons, has been conducted each year from 1994 to 2001 on each of the fifteen Member States. However, in this paper, for methodological reasons, only the waves from 1994 to 2000 are used<sup>1</sup>. Besides, the analysis concerns only ten countries of the EU of fifteen, which are Austria, Belgium, Denmark, Finland, France, Ireland, Italy, Greece, Spain and Portugal and which represent quite well the European variety in terms of dependent elderly welfare system<sup>2</sup>.

The ECHP allows to distinguish the dependent elderly from the self-sufficient elderly through the following question: “Are you hampered in your daily activities by any physical or mental health problem, illness or disability?”

Some works have emphasised the limits of the use of this question in the approach towards dependency (Eurostat, 2003). Actually, the state of dependency includes the idea of the intervention of someone else for the fulfilment of the daily activities. Now, the previous question does not allow to isolate elderly with severe limitations who need the intervention of other persons for the fulfilment of their daily activities, from the rest. If this question does not correspond exactly to the dependency’s definition, it is nevertheless the case that, according to a comparison of the proportion of dependent elderly given by this question with the proportion of dependent elderly given by more precise definitions coming from national surveys, it is a good proxy of it (Table 1). As an example, according to the panel, 22 % of Danes aged 67 or more are severely limited in their daily life in 2000, while a Danish national survey indicates that, among this age bracket, they are 26 % to be considered as dependent. The difference between these two proportions can be explained by the difference of populations covered by the two surveys. The Danish national survey includes the population living in both private households and institutions, while the ECHP only interviews those living in private households.

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<sup>1</sup> For each wave, personal income reported corresponds to the previous year. However, so as to be more precise, it has been preferred to work with the personal income corresponding to the year contemporaneous to the wave. For this reason, the 2001 wave has not been kept.

<sup>2</sup> The five other countries have been dropped because some questions used in the analysis have not been asked or reported exactly in these countries as in the ten countries which have been kept.

Another reason explaining the discrepancy is the difference in the definition of dependency in the Danish national survey. As an example, in the French case, according to the panel, the ratio of dependent persons among the elderly aged 60 and over was about 24 % in 1999. According to the Colvez-indicator, calculated from the French national survey “Handicap, Disability, Dependency”, this proportion is about 12 % (Colin and Coutton, 2000). The limits of Colvez indicator can explain a part of the difference, even if there is no doubt that the ECHP overestimates the actual situation. Actually, Colvez-indicator doesn't take into account the psychic dependence, so a part of dependent elderly are not included in the corresponding figure.

The final sample size was 11,211 dependent elderly aged 65 and over, which corresponds to almost a 20 % of the elderly aged 65 and over, between 1994 and 2000 in Europe.

## 2.2. Dependent variable

One limitation of the Panel in terms of well-being is that it does not contain any question on general life satisfaction. It contains questions on the satisfaction with several domains, such as the financial situation, the housing situation, the main activity and with the amount of leisure time.

Satisfaction corresponds to the fulfilment of needs (George and Bearon, 1980). The needs linked with the loss of self-sufficiency cover three of the previous domains : the financial situation, the housing situation and the main activity. Actually, the loss of self-sufficiency leads to inability to fulfil daily activities. For that reason, it involves resorting to other persons for the fulfilment of these, or to improve or to change housing conditions and equipment used in the house. So, it entails a financial cost for the concerned elderly. But, it can entail a change in the housing situation as well. For example, an elderly who loses his or her self-sufficiency might have to move to another house in which someone would be able to help him or her every day. Last, the loss of self-sufficiency can induce a decrease in the participation in the social life. An example is that dependent persons are not able to go by themselves to a place in which they used to meet their friends.

Thus, consequences of the loss of self-sufficiency on dependent elderly general life satisfaction can be defined in terms of financial situation, in terms of living arrangements and in terms of social participation. However, as the aim of this work is to highlight the importance of social integration on the dependent elderly's well-being, the satisfaction with the main activity is used as a proxy for well-being.

Respondents were asked to indicate how they were satisfied with their main activity using a scale from 1 “not satisfied” to 6 “fully satisfied”.

### 2.3. Independent variables

Standard socio-demographic variables as gender, age, marital status, level of education and country are included in the model. Besides, as some works have already underlined, the perception of own health is significantly correlated with well-being (Michalos, 2004), for that reason this variable is also included.

The other variables used concerned the financial situation, the housing situation and the social integration.

With regard to the financial situation three alternative measures have been considered:

- a) The logarithm of the personal annual income of the elderly; the personal income is the sum of all income components, as capital income, wage and salary earnings and social insurance receipts.
- b) The logarithm of the annual household income; for this variable, the income components collected at personal level are aggregated over all interviewed persons in the household.
- c) The logarithm amount of social transfers that dependent elderly received because of their dependency; this variable allows to take into account the help provided by public authorities to the dependent elderly. However, as the Panel has not been specially designed for studying the dependency of the elderly, it does not provide disaggregated information on social transfers. This quantitative variable is obtained by the sum of the amount received for invalidity or sickness, the amount of assigned social assistance, the amount assigned to housing allowance and the amount received for the other kinds of social transfers not specified.

Besides, to exclude the correlation effects between the income variables and the variable on social transfers for dependency status, the later is not included in the household and personal incomes.

With regard to the housing situation, two types of variables are used. One deals with living arrangements and the other with comfort of accommodation:

- a) Living arrangements.  
The concept of living arrangement is predominant in the dependent elderly question. Actually, dependency situation leads to be accompanied in daily life, but the responses given to this problem are quite different

according to the countries and for that reason it leads to different configurations of dependent elderly household. In some countries where the help to the dependent elderly is insufficient, they can not live alone and are obliged to live with their family. In that way, one variable, composed of three categories covering the different kinds of household arrangements, has been retained. These three categories are as follows: to live alone, with a spouse only and in another composition of the household. This later category includes those living with another person than a spouse and those living with several persons among whom a spouse can be included.

Another variable, more exhaustive, which allowed in particular to take into account the fact of living with own child has been tried. However, this variable contained a too small number of persons in some of its categories which distorted the results, so it was not kept.

b) Comfort of accommodation:

i) The Panel does not allow to know if the dependent elderly have, in their home, technical helps adapted to their handicap, such as helps for mobility (handles in the stair, sticks...). But it allows to identify whether the house is equipped to provide the minimum comfort required, hot water for instance, which installation can be financed by public authorities too. To take into account the concept of accommodation comfort, an aggregate scale is constructed and based upon 7 items assuming having the same weight: 1) Does the dwelling have bath or shower?, 2) indoor flushing toilet?, 3) hot running water?, 4) heating or electric storage heaters?, 5) enough space?, 6) is the accommodation too dark or not enough light? and 7) does the accommodation lacks adequate heating facilities? One comfort point was scored for each item giving a maximum comfort score of seven and a minimum of zero.

ii) A variable referring to the housing tenure has been added. Some studies have already specified that older people who rent the house they live in were more likely to be dissatisfied concerning their quality of life than owner-occupiers (Joseph Rowntree Foundation, 1995). It also seems to be due to the poorer housing quality of the rented sector. It seems to be equally due to the fact that, in a period of a fall in income because of the retired status, to be owner can be equated with having security, independence from others and freedom of choice (George and Bearon, 1980).

Last, with regard to social integration four questions are considered:

- a) To be member of a club;
- b) The frequency of “talking to the neighbours”;
- c) The frequency of “meeting of friends or relatives”;
- d) The possession of a phone;

The reply to the two “frequency” questions is divided in three categories, 1) often, 2) sometimes and 3) rarely.

Last, the two other variables, being a member of a club and possessing a telephone, are dichotomous.

Therefore, two degrees of social integration are captured, social participation with the question on the membership to a club and social connections with the other questions.

### **3. Results**

#### **3.1. Descriptive results**

The average satisfaction with the main activity of the dependent elderly is about 3.35 (not satisfied: 1 to fully satisfied: 6).

Graph 1 shows that those who declare a score of satisfaction less or equal to 3 are a slim majority (52 %), which means that dependent elderly are more inclined to be unsatisfied with their main activity. However, the concentration is higher for the intermediate scores (3 and 4 with 20 % and 21 % respectively).

Table 2 presents the average satisfaction with the main activity for each category of the socio-demographic characteristics and variables related to the quality of life previously described.

While satisfaction does not depend on gender and marital status, it is seemingly correlated with age, level of education and country in which the dependent elderly live. Therefore, the younger the dependent elderly are or the more educated, the more satisfied they are. Last, dependent elderly from South of Europe, on average, declare to be less satisfied than elderly from North and Central Europe.

A perception of good health is linked with a higher satisfaction with the main activity. Actually, dependent elderly who declare a good health have a

satisfaction index of 4.4, while those who declare a bad health have an index close to 3.1.

Living arrangements have some impact on the satisfaction. Indeed dependent elderly who live alone or in a single couple declare a satisfaction higher than the average satisfaction (3.54 and 3.46 respectively against close to 3.35).

Accommodation conditions seem also to impact on satisfaction. The level of comfort of the dwelling affects satisfaction: the more comfortable is the dwelling, the more satisfied are the dependent elderly. The satisfaction index difference between the lowest level of comfort and the highest is close to 0.7 points.

Contrary to previous findings (Joseph Rowntree Foundation, 1995), homeownership does not affect positively the satisfaction with the main activity. Indeed, while the dependent elderly who are owner-occupier declare an average satisfaction of 3.3, those living in a rented house declare, on average, a satisfaction of 3.4.

The material standard of living appears correlated to the satisfaction. Higher income, both household or personal, is associated to the fact of being more satisfied. For instance, dependent elderly who live in a household with an income below 500 €per month declare a satisfaction close to 3, while dependent elderly living in household of highest income group (1500 €and more) declare a satisfaction level of 3.7.

Social transfers received due to a dependency situation seem to affect negatively the satisfaction with the main activity. However, this result has to be viewed in perspective insofar as it can be explained by correlation with other variables affecting the satisfaction, health status or general economic situation for instance. And indeed, logically, receiving these transfers means having a degree of dependency that should increase with the transfer itself. Now, as we know, the higher is the dependency level, the more difficult is it for elderly to conserve activities.

Last, all variables dealing with social integration seem to affect positively the satisfaction. Being member of a club, having a phone or speaking with neighbours and meeting friends or relatives regularly are associated to a higher satisfaction. The difference of satisfaction is about 0.9 points and 0.4 points respectively in favour of those who are member of a club and those who have a phone relative to those who are not member of a club or have no phone. A

similar difference of 0.4 points exists between those who often talk to their neighbours or meet friends or relatives and those who do it rarely.

All the previous results have to be interpreted cautiously. Indeed, as it has already been mentioned, the result given for each variable can depend on correlation with other variables. Therefore, so as to avoid these biases, an OLS regression is used.

### 3.2. Regression results

Several regressions are presented in which each group of variables is added successively (Table 3). This method allows to study the importance of each group of variables relative to the others. The first column in Table 3 presents the effects of socio-demographic variables on satisfaction. The second adds the variable dealing with health perception. The third includes characteristics on housing situation. The fourth takes into account the standard of living and the fifth includes social integration variables.

The impact of socio-demographic characteristics on satisfaction with the main activity depends then on whether other variables are added. To have never been married is associated to a lower satisfaction with the main activity. The effect of this marital status disappears nevertheless when adding social integration variables, which means that the marital status and social integration variables are correlated.

When income variables are not included in the model, education has a positive effect on satisfaction. Economic situation and education are also correlated, as it is well known.

Last, satisfaction is largely correlated with the country of residence. Besides, the magnitude of each coefficient increases as other variables are included in the model. Dependent elderly in Italy show the lowest satisfaction, while those in Finland and Austria show the highest satisfaction. Generally, dependent elderly from Southern countries and Ireland are the less satisfied, unlike those from Northern and Central countries are the most satisfied. This is also a well-established fact for the population at large that inclusion of country dummies in the regression helps to control for the fact that satisfaction is subjectively asserted by individuals in the sample and that perhaps it follows a national pattern.

Health perception is strongly correlated with the satisfaction with the main activity: the better the health is perceived, the higher the satisfaction is. However, the magnitude of the health perception effect on satisfaction decreases

when social integration variables are included (column 5). Indeed it is close to 0.48, 0.47, 0.47 and 0.42 for column 2, column 3, column 4 and column 5 respectively. That highlights the fact that social integration and health perception are correlated. In that way, since health perception depends on psychological wellbeing, at least for a large number, it also indicates that psychological wellbeing and social integration are really linked, as already mentioned in the introduction.

Both living arrangements and the accommodation situation affect satisfaction with the main activity. Dependent elderly living with another person than a spouse or living with several persons among whom a spouse can be included show the lowest satisfaction level.

The more comfortable is the dwelling, the more satisfied are the dependent elderly. Contrary to what the descriptive results suggested, home-ownership is associated with higher satisfaction, unless social integration variables are included in the analysis. In this last case tenure regime is not significant. Thus, regarding wellbeing in terms of main activity, social integration variable appears to be more important than the housing situation.

With respect to the financial situation, both household and personal income increase satisfaction. Coefficients corresponding to the logarithm of the income variables are positive and significant.

Besides, dependency-related social transfers have a negative effect on satisfaction with the main activity, although this effect is not statistically significant.

Lastly, except for the possession of a phone, the variables of social integration have significant effects on satisfaction with the main activity. Dependent elderly who are member of a club, those who often meet their friends and relatives and those who often talk with their neighbours declare a higher satisfaction than the rest.

To see more precisely how the effects of dependency related social transfers work an interaction term is constructed and included in the empirical model. This interaction term is made of two components: the social transfer variable (ST) times a proxy for social integration (SI) chosen as “frequency of meeting friends or relatives” among the several variables of this kind included in the ECHP. Thus, let:

$$Y = a + b_1ST + b_2SI + b_3ST \times SI + b_4X_4 + \dots + b_nX_n$$

be the empirical model previously used extended now to include the interaction term just described, where:

- $Y =$  Satisfaction with the main activity  
 $ST =$  Social transfers  
 $SI =$  Frequency of meeting friends or relatives  
 $ST \times SI =$  Social transfers  $\times$  Frequency of meeting friends or relatives  
 $X_4 \dots X_n =$  Other variables included in the model

Now,  $\frac{\partial Y}{\partial ST} = b_1 + b_3 SI$  gives the marginal effect of social transfers on satisfaction with the main activity where  $b_1$  captures the effect of social transfer in the absence of social integration activities by the individual ( $SI = 0$ ) while  $b_1 + b_3$  represents the effect of social transfers when social integration activities are being carried out by dependent individuals ( $SI = 1$ ). The results are shown in the last column of Table 3 where it is apparent that the negative effect that receiving dependency related social transfer has on wellbeing of the dependent person ( $\partial Y / \partial ST = -0.028$ ) gets considerably reduced if this person keeps active interactions with relatives or friends ( $\partial Y / \partial ST = -0.016$ ).

As we know, the amount of social transfers is generally adapted to the dependency level. So, we interpret that the negative effect of social transfers on satisfaction comes from this correlation with the latter. However, the higher is the dependency, the more difficult is it to carry out other social activities.

Our results above suggest that if dependency related social transfers were geared towards enhancing the social activities of the dependent persons, and not just only to cope with material needs out of a given dependency status, wellbeing could increase.

#### 4. Discussion

The first thing to be noted is the positive effect that social integration variables exert on satisfaction with the main activity. The magnitude of the health perception effect on satisfaction with the main activity has to be noted too. However, as it has already been said, this effect decreases when social integration variables are inserted in the model. As it has already been said, that highlights the link between social integration and psychological wellbeing.

Another point to be underlined is the magnitude and significance of the country variables. Their effect is quite consistent with the conventional grouping of European countries under different models of care for dependent elderly and

get clearer as other variables are included in the regressions. Countries from Southern Europe and Ireland are well known for being less generous with dependent elderly than the other European countries as families support most of the burden. Elderly participation in the financing of home care, for instance, is higher for those living in these countries (Table 4). Dependent elderly from these countries also declare to be less satisfied with their main activity. Another particularity of these countries is that, because of insufficiency of public support, dependent elderly have to rely more on informal help. Table 5 shows that informal help is more widespread in the Southern countries and in Ireland. Between 1994 and 2001, the time spent looking after persons (other than children) who need special help because of old age or illness or disability by the population, exceeds 30 hours per week in Spain, Portugal and Ireland. In terms of hours, informal help is far less available in Denmark (15), Finland (16), France (16) and Belgium (18). Moreover, the informal help is often provided by persons living in the same household. That may imply that public help insufficiency forces dependent elderly to live accompanied by other persons. Dependent elderly from Southern Europe and those from Ireland live more often accompanied than those from the North or Central Europe (Graph 2).

This logic can be found in living arrangements variable. Actually, living with several persons leads to a lower satisfaction with the main activity. If there is no doubt that household members may help dependent elderly with their elementary acts of the daily life, they do not make them happier with their main activity. Having a comfortable dwelling contributes to a higher satisfaction. This result thus contributes to encourage public authorities efforts in favour of the adaptation of dependent elderly dwellings to their handicaps. However, OLS regressions do not reveal a statistically significant influence from dependency-related social transfers provided to the elderly on satisfaction with the main activity, unless this variable is interacted with social integration variables. In this case it has to be specified that the aim of this study is not to question social measures aiming at keeping dependent elderly at home. In particular, it does not question the fact that social measures make easier the elementary acts of daily life or improve the financial situation of dependent elderly. But the previous results show that in order to optimise its effects, social policies have to integrate also measures allowing the elderly to preserve and enhance their social integration. Such measures could take the shape of financial encouragement to set up activities adapted to dependent elderly or the financing of vocational training of community workers in social and cultural activities for dependent elderly, for instance.

**Tables**

**Table 1:  
Comparison between the dependency indicator of the ECHP and the dependency  
indicator coming from national survey**

| Country  | Age   | ECHP |  | National survey <sup>(1)</sup> |                   |   |                            |
|----------|-------|------|--|--------------------------------|-------------------|---|----------------------------|
|          |       | Year | Share of persons who declare to be Severely hampered in the daily activities | Year                           | Population        | Measuring instrument of dependency  | Share of dependent elderly |
| Belgium  | >=60  | 1997 | 12   | 1997                           | All               | Katz-indicator<br>Classification according to 3 categories of assistance's need on the daily life activity  | 17                         |
| Denmark  | >=67  | 2000 | 22   | 2000                           | All               | Persons with very long-standing illness   | 26                         |
| Greece   | >=65  | 1999 | 19   | 1999                           | All               | Number of persons receiving a disability related benefit  | 14                         |
| Spain    | >=65  | 1999 | 14   | 1999                           | Private household | The definition of disability is based on the international classification of impairment, Disabilities and handicaps (ICIDH)                           | 15                         |
| France   | >=60  | 1998 | 25   | 1998/1999                      | All               | Colvez-indicator  | 12                         |
| France   | >=60  | 1999 | 24   | 1998/1999                      | All               |   | 12                         |
| Ireland  | >=65  | 2000 | 9  | 2000                           | Private household | Older people who have difficulties with activities of daily living, which was measured using by the Stanford health assessment Questionnaire          | 14                         |
| Italy    | >=65  | 2000 | 15   | 1999/00                        | Private household | Use of the International Classification of Impairments  | 12                         |
| Austria  | >=65  | 1996 | 16   | 1996                           | All               | Frequency of help provided by persons   | 26                         |
| Portugal | >=65  | 1995 | 21   | 1995                           | All               | Persons with a severe reduction or limitations concerning activities of daily living  | 14                         |
| Finland  | 65-84 | 2001 | 9  | 2001                           | All               | Persons who feel unable to fulfil the demands of everyday life. 4 responses: 'never', 'seldom', 'every now and then' and 'often and most of the time' | 12                         |

<sup>(1)</sup> These data stemmed from a paper (Eurostat, 2003).

**Table 2:**  
**Average satisfaction with the main activity by characteristics dependent**  
**elderly over 65, all countries**

|                     |   | Distribution (%) | Average of satisfaction with the main activity (3.36 on the whole) <sup>(a)</sup> |
|---------------------|---|------------------|---|
| Gender              | Male  | 36.74            | 3.38  |
|                     | Female  | 63.26            | 3.35  |
| Age                 | From 65 to 74                                 | 46.16            | 3.39  |
|                     | From 75 to 84                                 | 38.41            | 3.40  |
|                     | 85 and more                                   | 15.43            | 3.15  |
| Marital status      | Never married                                 | 6.68             | 3.25  |
|                     | Widowed                                       | 38.94            | 3.33  |
|                     | Separated-divorced                            | 3.09             | 3.83  |
|                     | Married                                       | 51.29            | 3.37  |
| Education           | Less than second stage of secondary education | 86.26            | 3.35  |
|                     | Second stage of secondary level education     | 10.38            | 3.86  |
|                     | Recognised third level education              | 3.36             | 4.06  |
| Country             | Denmark                                       | 4.92             | 4.15  |
|                     | Finland                                       | 6.13             | 4.48  |
|                     | Belgium                                       | 5.32             | 4.01  |
|                     | France  | 21.23            | 3.93  |
|                     | Austria                                       | 5.43             | 4.30  |
|                     | Ireland                                       | 2.53             | 3.53  |
|                     | Italy   | 17.46            | 2.31  |
|                     | Portugal                                      | 15.71            | 3.01  |
|                     | Spain   | 10.08            | 3.09  |
|                     | Greece  | 11.18            | 3.02  |
|                     | Health perception                             | Good health      | 2.28  |
| Normal health       |   | 19.94            | 4.15  |
| Bad health          |   | 77.78            | 3.13  |
| Living arrangements | Composition of the household                  |                  |   |
|                     | Alone   | 28.61            | 3.54  |
|                     | Only couple                                   | 40.71            | 3.46  |
|                     | Other composition                             | 30.68            | 3.08  |

<sup>(a)</sup> The used scale is ordered from 1 “not satisfied” to 6 “fully satisfied”.

**Table 2 continuation:**  
**Average satisfaction with the main activity by characteristics,**  
**dependent elderly over 65, all countries**

|                            |  |                          | Distribution (%) | Average of satisfaction with the main activity (3.36 on the whole) <sup>(a)</sup> |
|----------------------------|--|--------------------------|------------------|---|
| Condition of accommodation | Tenure                                     | Owner                    | 71.47            | 3.33  |
|                            |  | Not owner                | 28.53            | 3.44  |
|                            | Comfort indicator                          | 0                        | 1.47             | 2.81  |
|                            |  | 1                        | 3.27             | 3.05  |
|                            |  | 2                        | 3.95             | 2.93  |
|                            |  | 3                        | 7.16             | 2.80  |
|                            |  | 4                        | 12.81            | 2.94  |
|                            |  | 5                        | 15.75            | 3.29  |
| 6                          |  | 9.49                     | 3.36             |   |
|                            | 7  | 46.11                    | 3.74             |   |
| Standard of living         | Household income                           | Less than 500 €per month | 23.6             | 3.03  |
|                            |  | 500-999 €per month       | 31.52            | 3.3   |
|                            |  | 1000-1499 €per month     | 20.11            | 3.5   |
|                            |  | 1500 €and more           | 24.78            | 3.7   |
|                            | Personal income                            | Less than 500 €per month | 53.78            | 3.06  |
|                            |  | 500-999 €per month       | 31.54            | 3.6   |
|                            |  | 1000 €and more           | 14.68            | 4.07  |
|                            | Social transfer for a dependence situation | Have not                 | 77.29            | 3.36  |
|                            |  | Less than 250 €per month | 13.79            | 3.59  |
|                            |  | 250-499 €per month       | 6.58             | 2.9   |
| 500 €and more              |  | 2.34                     | 3.2              |   |
| Social integration         | Member of a club                           | Yes                      | 17.9             | 4.09  |
|                            |  | No                       | 82.1             | 3.2   |
|                            | Possession of a phone                      | Yes                      | 89.98            | 3.41  |
|                            |  | No                       | 10.02            | 2.99  |
|                            | Frequency of talking to neighbours         | Often                    | 59.87            | 3.4   |
|                            |  | Sometimes                | 18.45            | 3.56  |
|                            |  | Rarely                   | 21.67            | 2.95  |
|                            | Frequency of meeting friends and relatives | Often                    | 69.11            | 3.43  |
| Sometimes                  |  | 13.44                    | 3.48             |   |
| Rarely                     |  | 17.45                    | 3                |   |

<sup>(a)</sup> The used scale is ordered from 1 “not satisfied” to 6 “fully satisfied”.



**Table 4 :**  
**Elderly participation in the financing of home care**

|          | Year | Percentage paid by individual |
|----------|------|-------------------------------|
| Austria  | 1994 | 20-30                         |
| Belgium  | 1995 | 20                            |
| Denmark  | 1995 | 0                             |
| Finland  | 1992 | 7                             |
| France   |      | Depends on resources          |
| Ireland  | 1996 | 33(1)                         |
| Italy    |      | Depends on local agreements   |
| Spain    | 1995 | 30                            |
| Portugal |      | Depends on resources          |

Source: Pacolet et al. (1998)

(1) Varies according to the area

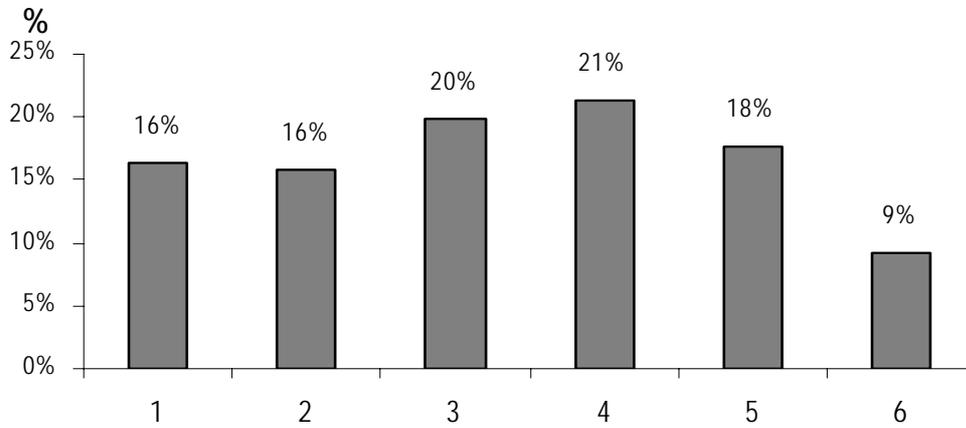
**Table 5 :**  
**Number of hours per week spent looking after persons because of old age, illness or disability (other than children), by the population as a whole by country.**

|                | Number of hours |
|----------------|-----------------|
| Denmark        | 15              |
| France         | 16              |
| Finland        | 16              |
| Belgium        | 18              |
| Italy          | 20              |
| Greece         | 22              |
| Austria        | 23              |
| Ireland        | 31              |
| Portugal       | 32              |
| Spain          | 39              |
| <i>Average</i> | <i>24</i>       |

Source: ECHP, from 1994 to 2001

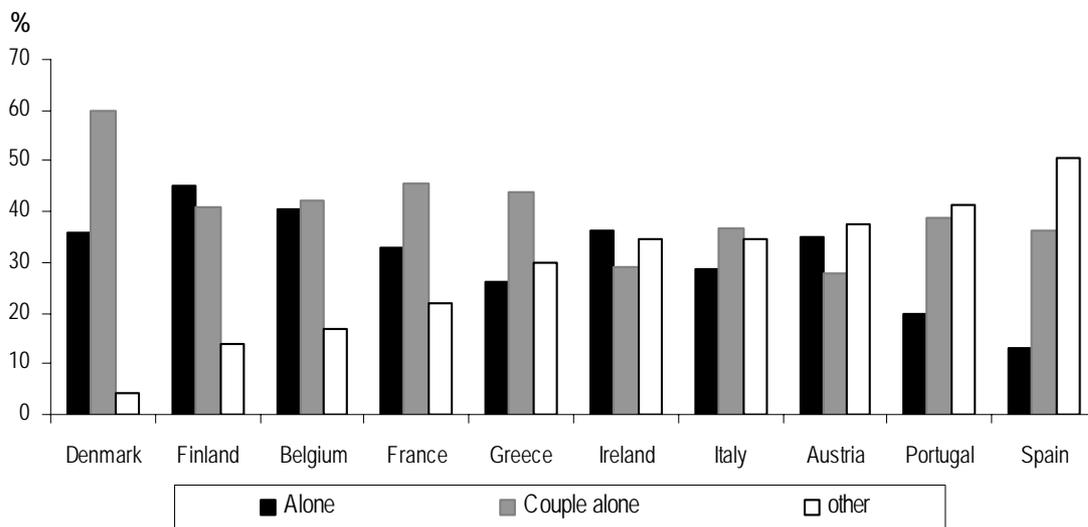
**Graphs**

**Graph 1: Distribution of the variable “satisfaction with the main activity”, dependent elderly over 65, all countries.**



Source: ECHP, from 1994 to 2001

**Graph 2 : Distribution of the living arrangements by country**



Source: ECHP, from 1994 to 2001

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