Ageing & Society **36**, 2016, 586–612. © Cambridge University Press 2014
doi:10.1017/S0144686X1400138X

Ageing at home, co-residence or institutionalisation? Preferred care and residential arrangements of older adults in Spain

CELIA FERNÁNDEZ-CARRO*

ABSTRACT
This paper examines the opinions of Spanish older people regarding the ideal living situation in later life – living in their own home, co-residing in a relative's home or institutionalisation – differentiating between two hypothetical situations: healthy ageing and frailty. Data are drawn from the Instituto de Mayores y Servicios Sociales (Institute of Older People and Social Services; IMSERSO) survey Encuesta de Mayores 2010 (Older People Survey 2010), comprising 2,535 individuals aged 65 and over living in private dwellings. The results confirm that residential preferences vary depending on expected health conditions. Remaining in one's own home is preferred when older people foresee a healthy old age, whilst co-residence at a relative's home turns into the favoured solution if older people have to face some physical or cognitive limitation. The particularities of the Spanish context regarding family-oriented values about care responsibilities and the structural deficiency in the provision of formal support, in addition to other socio-demographic, psychological and attitudinal aspects, were explanatory factors of the lower desirability for ageing at home in the case of frailty. The findings question the uniform image of 'ageing in place' as a preference, inviting reflections on the need to distinguish between later-life stages and national contexts.

KEY WORDS– residential and care arrangements, stated preferences, discrete choice models, family-oriented values, Spain.

Introduction

The unprecedented increase of the older population in Europe has prompted the search for new formulas to manage the demands arising from demographic change. Among the new policy pathways, 'ageing in place'[1] appears as the mainstream guideline for housing and care measures

* Centre d'Estudis Demogràfics, Universitat Autónoma de Barcelona, Spain.

that seek to preserve and extend as long as possible the autonomy that allows older individuals to remain in their own home as an alternative to institutionalisation (Davey *et al.* 2004; Houben 2001; Sixsmith and Sixsmith 2008). A recurrent statement to back up the implementation of ageing-in-place policies is that older people want to stay in their own home (De Jong *et al.* 2012), a preference supported by studies that reveal low rates of residential mobility between private homes (Angelini and Laferrère 2011; Tatsiramos 2006) and into residential care (Laferrère *et al.* 2013). Additionally, the generalised decrease in the proportion of multigenerational households in Europe – currently ranging between 17 and 24 per cent in Italy, Spain and Greece, to less than 4 per cent in Sweden, Denmark and the Netherlands (Ogg and Renaut 2006) – has also supported the hypothesis that older people widely prefer to remain in their own home.

Nevertheless, whereas much empirical evidence validates that ageing in one's own home is the most extended living pattern among older adults *de facto*, little is known about their primary wishes in this respect. Surprisingly, despite a number of studies showing that to remain in an unwanted place, even if it is one's own home, may entail negative outcomes for wellbeing such as isolation, loneliness or a sense of confinement (Braubach and Power 2011; Oldman 2003; Oldman and Quilgars 1999), the *desirability* to stay at home can be questioned when the domestic environment has deteriorated over time (Heywood, Oldman and Means 2002), its facilities and location are perceived as inadequate by older dwellers (Clough *et al.* 2005; Oswald *et al.* 2010), or there is a lack of real alternatives in terms of preferred living and care arrangements (Hillcoat-Nallétamby and Ogg 2013). Although the attitudes of older people have been identified as an essential determinant to achieve a larger involvement of the older population in their own care (Bastiaens *et al.* 2007), the ideal dimension of residential and care choices has been rarely explored.

Even less attention has been drawn to residential choices in the context of macro-structural factors such as culture and welfare state organisation, which have been identified as the major determinants of elder-care arrangements in Europe (Lowenstein, Katz and Gur-Yaish 2009; Motel-Klingebiel, Tesch-Roemer and von Kondratowitz 2005; Suanet, van Groenou and van Tilburg 2012). If, as stated by the Second World Assembly on Ageing, to accomplish a successful promotion of independent living it is indispensable to pay special attention to individual preferences and create affordable residential options according with these preferences (United Nations 2002), it is essential to achieve a more realistic overview which integrates older people's perceptions, regardless of the residential situation they actually experience. Questioning the universality of 'ageing in place' as a desire is a first step in this direction.

Thus, the main objective of this study is to shed light on the preferred residential and care arrangements in later life by means of a case study of the older Spanish population (65+), exploring the willingness for each one of the alternatives considered: one's own home, the relative's home and institutions. The research aims to bring some innovative features to this field: (a) to distinguish the ideal preferences of older adults facing different health status: the preferred option in the case of healthy ageing and in the case of frailty; and (b) to explore the profiles associated with the selection of each one of the residential alternatives in the case of frailty. In addition, the focus on Spain allows the specificities under which residential and care choices in old age are made in Southern Europe to be approached. These specificities are a familiaristic conceptualisation of care and an insufficient supply of public housing and care services for people in need of social care, elements that seem to be forgotten at times in the creation of the European common policy guidelines (Genet *et al.* 2012).

Background

The study of residential choices in old age

Research on residential choices has a long tradition of investigating the factors of housing consumption from an economic point of view (Dieleman 2001). The assumption underlying these studies, which have treated individuals as consumers and dwellings as products, is that individuals configure their choices by valuating the housing attributes, location, facilities, price, *etc.*, in terms of part-worth utility (Molin, Oppewal and Timmermans 1996). Recently, motivational determinants have been assessed as explaining factors of choice, recognising the influence that personal attitudes and values display on the housing selection (Coolen and Hoekstra 2001; Sirgy, Grzeskowiak and Su 2005). The perspectives used to explore housing choices can be summarised in two main branches: the *revealed preferences approach*, which interprets the observed behaviours of individuals and households in the real market and the follow-on dynamics, *i.e.* move or stay in the same accommodation, ownership or tenure, *etc.*, as an expression of preferences in terms of utility-maximising and functionality (Clark and Dieleman 1996; Timmermans, Molin and van Noortwijk 1994); and the *stated preferences approach*, which is focused on the ideal choices that individuals and households would make to face hypothetical situations: the place where they would like to grow old, with whom they would like to live in five years, *etc.* (Timmermans, Molin and van Noortwijk 1994). From this perspective, the choices are not observational and do not imply an authentic decision, but they are informative opinions

about expectations, aspirations or goals not necessarily materialised at any time. It is this second notion of *preference* from which the subsequent analysis departs.

Concerning the research on ageing, the majority of studies exploring the residential choices by older people have adopted, directly or indirectly, the revealed preferences approach by focusing on factual behaviours. In this sense, residential mobility has been a leading subject of investigation, covering a wide range of topics: the characteristics of older movers (González-Puga 2004; Smits, Van Gaalen and Mulder 2010), the reasons that triggered the residential movements (Sabia 2008; Sergeant and Ekerdt 2008; Van der Hart 1998) or the associated life transitions of widowhood or retirement (Bonvalet and Ogg 2008; Kulu and Milewski 2007). The empirical evidence provided by these studies has confirmed the tendency of older people to age in their own home, varying in intensity depending on the country.[2]

Studies on ideal residential choices are much more limited, although the preference for one's own dwelling is perceptible in the opinions of older adults and their families, who declare that a private home would be a more suitable environment than institutionalisation (Burnholt and Windle 2001), even in the case of dependency (Davey 2006). In addition, co-residence in a relative's home is rejected as the prime residential-care arrangement when older adults construe that multigenerational households limit both their own and their children's independence (Olsberg and Winters 2005). The exception is when it is seen as place for palliative care. A combination of moral and practical factors explain the rejection of co-residence: people not wanting to be a burden to family or friends; doubts about the quality of care in relation to technologies and health care; or the presence of 'strangers' as professional care-givers in such an intimate setting make older people prefer to live their final days in hospitals or nursing homes (Gott *et al.* 2004).

What the cited studies have in common is that they are case studies of countries pertaining to the so-called *weak-family societies* (United Kingdom (UK), Australia, United States of America (USA), *etc.*), characterised by weak family ties and more individualistic social norms (Reher 1998), revealing a gap of knowledge regarding the contexts of countries with family-oriented values. The research carried out by Costa-Font, Elvira and Miró (2009) is one of the few attempts aiming to examine the residential preferences in familiaristic societies from the stated preferences approach and focusing on the Spanish population aged 65 and over. This pioneer study concluded that, compared with institutions or relative's homes, one's own home was the most desired setting among older people (78%), observing a slight shift in the willingness for supportive environments as age increases. Furthermore, gender disparities were found in relation to the preferred

supportive environment, with men being more inclined towards collective homes and women opting for kin living arrangements. Those older Spanish people preferring nursing homes were already showing serious impairments at the moment of the survey but, moreover, they had a fairly comfortable economic situation, relatively high income and owned high-price dwellings, which would allow them to afford an eventual transition to residential care.

Another study using the stated preferences approach has shown that the preferred informal care-giver is conditioned by the reason that activates the support demand: when the need is related to domestic tasks, older Spanish people select the partner first, but also friends are preferred, and children or siblings would be chosen as a main option in the case of financial problems (Fernández Alonso 2012). Also studies approaching the issue of residential preferences in the Spanish context have put the focus on the ideal measures of formal care, showing that the preferences are conditioned by the pathologies that the older disabled population present: depressive symptoms increase the probability of preferring domiciliary assistance and physical limitations increase the willingness towards nursing care, day-care centres, tele-assistance, and information and communications technology (ICT) (Vilaplana Prieto 2009).

Understanding residential and care arrangements for older adults in Spain: the influence of contextual conditions

Residential choices in later life are inevitably linked to new physical and cognitive needs. A large part of the possibilities of covering these age-related demands comes from a combination of resources provided by family, State and market. In Southern Europe, these demands are clearly met mostly by the family, with a residual partaking of the State and the private sector. Notwithstanding the fact of regional and country differences (Dykstra and Fokkema 2010; Glaser, Tomassini and Grundy 2004), a *hierarchical compensatory model* of care predominates in Southern countries, in which informal care usually replaces formal. In Spain, Italy, Portugal or Greece, time-consuming support is principally assumed by kin, contrasting with the patterns in Scandinavian countries or the Netherlands, where it is mainly provided by care professionals (Brandt, Haberkern and Szydlik 2009; Kalmijn and Saraceno 2008). In the specific case of Spain, it is estimated that 88 per cent of home-based care received by older people comes from their social network (Durán 2002). The archetypical profile of informal care-givers is a female relative, aged around 55 years old, married with children and without paid employment (Tobío *et al.* 2010).

Occasionally, formal and informal support combine in Southern countries when the support demanded by the older person requires a high level of specialisation, *e.g.* nursing care (Bolin, Lindgran and Lundborg 2007; Haberkern and Szydlik 2010). Recent studies focusing on Spain have identified a mixed pattern that combines the prevalence of the *hierarchical compensatory model* – a partner or adult children assuming the main role as care-giver, with the *complementary model* – the probability of receiving public care services combined with informal increases as capabilities deteriorate (Rogero-García 2009; Rogero-García, Prieto-Flores and Rosenberg 2008).

Culture together with welfare state organisation have been identified as the most determinant explanatory factors of the cross-European divergences in the models of care (Geerts and van der Bosch 2012; Suanet, van Groenou and van Tilburg 2012). In the case of Spain, the pre-eminence of informal support is rooted in a family system characterised by a high proportion of multigenerational households, strong relationships, frequent contacts between members of the kin network and cultural norms that point to relatives as foremost care-givers of those in need. Traditional values linked to the high level of normative solidarity result in individual goals that are largely dependent on family expectations (Lowenstein and Daatland 2006). Thus, intergenerational solidarity becomes more of a social duty than an option, above all in cases of functional limitations or illness. An upward flow of support between relatives is expected by all generations, grounded in the idea of *reciprocity*; the support provided from parents to their children during early life stages is viewed to some extent as an investment for their future security, which adult children also assume as part of their obligation towards their older parents (Tobío 2008). Currently, this familiaristic conceptualisation of care responsibilities has been notably relaxed, although not eliminated. Both filial obligations and parental expectations in relation to care are now combined with the rising importance of individual aspirations and choices. The growing preference for formal assistance coming from the State and private providers reflects the fact that norms in familiaristic societies are turning into a mixed mode (Daatland and Herlofson 2003; Meil 2011).

In addition to socio-cultural values, the *hierarchical compensatory model* of care that characterises the Spanish context results from the historically deficient and auxiliary protection of the State for dependent persons. The connotation of care as a private activity has led to tightly rationing age-related costs, chiefly pension schemes and health services which are mostly orientated to individuals who cannot depend on their own resources or relatives to assist them (Comas-Herrera, Wittenberg and Pickard 2003). According to Eurostat (2014), while the average public expenditure on long-term care in the EU15 countries was 2 per cent of gross domestic

product in 2008 – considering allowance, accommodation and assistance in carrying out daily tasks – the Spanish public expenditure was situated among the lowest at 0.45 per cent.

A recent attempt to alleviate this deficiency was taken in 2006 by implementing the *Ley de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia y a las Familias de España* (Law for the Promotion of Personal Autonomy and Attention to People in Situations of Dependency and the Families of Spain). The regulation, presented as the pillar for the future National System of Attention to Dependence, was strongly criticised since its implementation did not co-ordinate new services with those actually provided. In addition, the reform gave prominence to cash transfers over benefits in kind, which perpetuated the role of the family as active care provider (López-Cumbre 2006). The cutbacks on social expenditure due to the economic crisis have resulted in an abrupt halt to the regulation, maintaining the deficient role of Spanish authorities in the social care supply.

Co-residence: between choice and a lack of alternatives

To remain at home in later life is the preferred living arrangement in Western countries, as confirmed by the very low rate of institutionalised older people (approximately 5% in Organisation for Economic Co-operation and Development (OECD) countries (OECD 2005) and 3% in the EU27 (Peeters, Debels and Verpoorten 2013). According to Spanish census data, during the period 1991–2011 the percentage of the population aged 65+ living in private accommodation remained relatively stable, exceeding 96 per cent every year, with a slight overall decrease between 1991 (97.1%) and 2011 (96.5%). However, what characterises the Spanish context is the exceptionally high rates of older adults living in private homes over the age 85 (89%), a time when the likelihood of institutionalisation increases (Laferrère *et al.* 2013). The percentage of older people living in the private domain remains particularly high compared to other European counties such as the Netherlands, Sweden or the UK, where the proportion of the population living in private homes at age 85 barely exceeds 80 per cent (Fernández-Carro 2013).

This picture should be interpreted with caution, because to reside in a private setting during old age in Spain is not necessarily associated with independent living in the same way as it could be considered in the Northern or Western part of Europe. Despite the decrease of multigenerational households in Europe (Festy and Rychtarikova 2008; Kohli, Künemund and Lüdicke 2005), co-residence does not necessarily imply a relationship of dependence between the older and younger member(s)

of the household. Relocating to a relative's home is a solution when physical and/or mental conditions impede an older adult living independently, especially in Southern Europe (Grundy and Tomassini 2003). In fact, the need for care and support has been identified as one of the most relevant triggering factors of parent–child residential movement (Malmberg and Pettersson 2007; Smits 2010).

In Spain, it is estimated that 40 per cent of the disabled population aged 65 and over are living in multigenerational households, out of which more than a half – 22 per cent – moved to their relative's home on a permanent basis, namely the adult children's home (Abellán, Esparza and Pérez-Díaz 2011). The proportion of older adults co-residing is even higher among older adults who were previously living alone; whether widowed, separated or never married (Pérez-Ortíz 2006). The contextual factors aforementioned – family-oriented values underpinning the care supply together with a limited range of housing and care alternatives resulting in the scant development of the Spanish welfare state – condition the available options for selecting a living environment that covers care demands. Thus, as Isengard and Szydlik (2012) note, co-residence with support aims is not only the outcome of traditions and habits, but also a reaction to socio-political and economic adverse circumstances.

Collective homes: the last resort

The trend of older people conserving good physical and cognitive health for longer periods, together with the family providing the bulk of care, has resulted in older Spanish people being kept inside the boundaries of the domestic sphere.[3] As a result, cases where Spanish older people move to institutions are unusual and normally prompted by the incapability of the older individual and their relatives facing a serious health decline or by the lack of relatives who assume a caring role. The strong negative connotations of institutionalisation as a personal, family or social failure mean that transitions to residential care are not usually a proactive choice, but the outcome of the lack of alternatives. One of the first qualitative studies focusing on the older Spanish population living in collective homes showed that the decision of institutionalisation was fundamentally taken because there was no other possibility (Bazo 1991). Almost 25 years later, the picture is rather similar for older adults, but also for their relatives, who see institutionalisation as the only chance when cognitive impairments make home-based care insufficient to assure wellbeing (Rodríguez-Martín *et al.* 2014). Also Lázaro-Ruíz and Gil-López (2005) found similar results among the non-institutionalised older population: 20 per cent declared that the

https://doi.org/10.1017/S0144686X1400138X Published online by Cambridge University Press

main reason for considering institutionalisation would be the absence of alternatives.

Familiaristic values, together with severe limitations impeding older people to choose on their own, have meant that younger members of the family, mainly adult children, but also adult grandchildren, daughters-in-law, sons-in-law, brothers or sisters if they are alive, participate actively in selecting the timing, type, location and facilities of the nursing home, leading to an implicit compliance of older people in family choices. In a survey carried out by the Instituto de Mayores y Servicios Sociales (Institute of Older People and Social Services; IMSERSO) in 2004, institutionalised people aged 65 and over were asked who was the person that took the final decision to move into a collective setting. Although the majority of respondents declared that it was decided only by themselves (64 per cent, out of which 8 per cent also declared not to have any relatives), it is noticeable that 17 per cent admitted that the decision was taken exclusively by their family, 12 per cent declared that it was a mutual agreement and 5 per cent affirmed that the choice was made by social services. This means that 34 per cent of institutionalised older people admitted that someone else took part in the final decision about their moving to a collective home.

Guilt about the loss of competence is a shared feeling of those residing in care institutions of their own free will. The data of the aforementioned survey reveal that 9 per cent of the older respondents declared that the reason for moving was that they did not want to be a burden for their families, increasing to 14 per cent in older generations (80+). In the case of older adults still living at home, the proportion is even higher (35 per cent) (Lázaro-Ruíz and Gil-López 2005). The relatives of nursing care residents expressed ambivalent feelings, ranging from guilt for not being able to assume the care duties to relief for thinking that collective homes are a proper environment to cover elder-care demands (Rodríguez-Martín *et al.* 2014).

Methods

The analysis of elderly peoples' residential preferences was undertaken using the data from the cross-sectional survey Encuesta de Mayores 2010 (Older People Survey 2010), implemented by the Instituto de Mayores y Servicios Sociales de España in 2010 (Institute of Older People and Social Services of Spain; IMSERSO), which collected information on several dimensions of older adults' lives: socio-demographic characteristics,

health status, living arrangements, residential situation, social participation, and opinions and attitudes about old age.

Sample and data collection

The survey was a representative sample at the national level, comprising 2,535 individuals aged 65 and over who were living in private households. The respondents were selected using a simple random sampling based on the National Telephone Directory, where the private home units are listed counting on a fixed telephone line. The eligibility criteria consisted of selecting those households with at least one permanent member aged 65 and older as a potential respondent. To avoid non-response, if no one in the household presented these characteristics or did not want to answer the questionnaire, the household was removed from the sample and replaced by another with the same characteristics. The interviews were carried out by telephone and conducted by a structured questionnaire with close-ended questions, which was previously evaluated by means of a pilot pre-test applied to a sample of 201 respondents.

A common criticism of the sampling methods based on telephonic directories lies in the possible bias resulting from the population excluded, such as subscribers who do not have a fixed telephone line, who asked specifically not to be listed in the directory or who have recently moved (Leuthold and Scheele 1971). Despite these limitations, the validity of this procedure for the Spanish context is supported by the high number of private households with a fixed telephone line. Another limitation of this type of sampling is the increasing substitution of fixed lines by mobile phones, although this does concern older households as much as younger households (Garcia-Continente *et al.* 2014; Pasadas del Amo, Uribe-Echevarría and Soria-Zambrano 2004). In sum, studies carried out in Spain comparing different methods sampling have not found significant differences between telephone and other samples (Díaz de Rada 2010; Díaz de Rada and Andreu-Abela 2004).

Data analysis

The analysis of the characteristics correlated with the ideal living preferences in the case of frailty was undertaken using a Discrete Choice approach by means of a multinomial logit model. The convenience of this strategy was extensively shown by Louviere, Hensher and Swait (2000), in economics and business research, and Costa-Font, Elvira and Miró (2009) and Vilaplana Prieto (2009) have applied it to housing preferences in old age. According to multinomial logit premises, the probability of preferring each

TABLE 1. *Choice set included in the questionnaire*

Question 16. Regardless of where you are currently residing…	1. Where would you prefer to live?	2. And if you needed some kind of support?
1. At home, even alone	1	2
2. In the children's or other relative's home	1	2
3. Sharing a dwelling with other people (non-relatives)	1	2
4. In a housing complex specially for the elderly or an institution	1	2
5. In another place	1	2
6. Refuse	1	2

Source: Encuesta de Mayores 2010 (IMSERSO).

one of the residential alternatives (y_i), which are mutually exclusive, takes the value of 0 for the preference of living in one's own home, 1 for the preference of living in a relative's home and 2 for living in an institutional setting. The probability of choosing a given residential mode is expressed by the function:

$$\Pr(y = j) = \frac{\exp(\beta_j x_k)}{1 + \sum_{j=1}^{2} \exp(\beta_j x_k)}$$

where x_i represents a vector of the explanatory variables and β is a vector of the parameters of the preference *j*. This analysis adopts the conventional normalisation in which $\beta_0 = 0$, which means that to opt for an 'ageing in place' mode is established as the reference category of the dependent variable. Marginal effects have been used to calculate the coefficients of the model, which summarises how the change in an independent variable is related to the change in a covariate. The results of the multinomial logit model expressed as marginal effects could be read in terms of probability of change.

To construct the dependent variable, the question about the preferred place to live during old age regardless of the current residential and care arrangement of the older respondent has been used. The question sets out two hypothetical situations: s*ituation I*: what would be the preferred setting in the case of not needing any kind of support/care, and s*ituation II*: what would be this setting in the case of suffering any disability which may impede the normal development of daily routines. As a response, the survey considers five categories: 'the same in both situations', and the respondent may select only one: 'in their own home', 'in the relative's home', 'in a home shared with other people' (non-relatives), 'in an institution or housing complex' and 'other places' (Table 1).

https://doi.org/10.1017/S0144686X1400138X Published online by Cambridge University Press

For methodological reasons, the five categories have been reduced given the low rate of response to the categories 'living in a shared accommodation with no relatives' and 'other places'. As a result, the dependent variable comprises three alternative options labelled as 'at home', 'co-residing with relatives' and 'institutionalisation'. The first category *at home* alludes to residing in one's own home, including living alone, managing and organising the activities of everyday life. The option *co-residence* refers to residing in a relative's home, mainly adult children. The third category is *institutionalisation*, which refers to institutions or housing complexes specially designed for older people.[4] The fact that the questionnaire presents both settings merged in the same response category, corresponding to images of housing solutions with care facilities as the traditional vision of collective homes, exemplifies the very limited range of supportive housing alternatives apart from residential care in Spain. The impossibility of separating both options requires that the study assumes that this category basically refers to collective homes.

The explanatory variables of residential-care preferences are sorted in clusters of characteristics: socio-demographic, income, health status, current living environment, psychological and attitudinal factors (Table 2).

The inclusion of these explanatory variables relates to the connection between ideal residential choices in old age with the real conditions that older people are experiencing. The different circumstances of individuals in later life shape residential and care demands. Individual features such as age or health status are important determinants of the evaluation that older people make about the characteristics that a living environment must have to ensure their wellbeing and comfort (Davey 2006). The availability of social networks as a primary source of informal care is a key aspect. The possibility of receiving informal support, which does not necessarily mean care, but help with cleaning tasks or paperwork, a source of additional income or simply the psychological benefit of 'being there', also influences the perceived adequacy of a given residential environment. In this sense, the economic resources of the household are determinant: higher income would facilitate the purchase of home-based assistance, allow a change of dwelling or a move towards residential care (Costa-Font, Elvira and Miró 2009), to adapt the housing facilities to the individual's needs. As a proxy of financial situation, the analysis adds two variables regarding the respondent's current source of income: strictly private, which includes savings and assets, and mostly public, which is income of his/her own pension or from the partner.

In addition, the influence of psychological factors such as loneliness or isolation is observed when older people perceive residential care more positively, suggesting that this solution would facilitate social integration. In this

TABLE 2. *Description of the variables included in multinomial logit regression model*

Variable	Variable's specifications	Mean	N
Socio-demographic:			
Gender	Male = 1	1	2,535
Age 65	Age group 65–69 = 1	0.25	2,535
Age 80	Age group 80 and over = 1	0.25	2,535
Never married	Never married = 1	0.05	2,535
Widowed	Widowed = 1	0.28	2,535
No education	No formal studies or illiterate = 1	0.36	2,535
Primary studies	Primary studies completed = 1	0.14	2,535
University studies	University studies completed or incomplete = 1	0.03	2,535
Income:			
Savings	Income from personal savings = 1	0.13	2,535
Pension	Income from a private or public pension = 1	0.84	2,535
Health status:			
Self-reported health status	Very good or good health status = 1	0.46	2,535
ADL limitation	More than three ADL limitations = 1	0.59	2,535
Current living environment:			
Living at one's own home	Living at home (alone, with a partner or children) = 1	0.81	2,076
Living at children's home	Living at children's home (alone, with a partner) = 1	0.10	2,076
Psychological factors:			
Loneliness	Older person feel loneliness = 1	0.60	2,522
Satisfaction with family relationship	Low level of family satisfaction = 1	0.90	2,522
Attitudes and opinions:			
Receiving formal care	Using tele-assistance, meals-on-wheels, home adaptations, or cash transfers to undertake housing reforms or install ICT	0.11	2,535
Preference for informal care	Yes = 1	0.67	2,535
Preference for paid care	Yes = 1	0.06	2,535
Older people cannot take care of themselves	Agreement with the statement = 1	0.30	2,535
Older people are a burden	Agreement with the statement = 1	0.05	2,535
Older people are active and enjoy life	Agreement with the statement = 1	0.16	2,535
Older people support other family members	Agreement with the statement = 1	0.10	2,535

Notes: All variables are dummies. ICT: information and communications technology. ADL: activities of daily living.

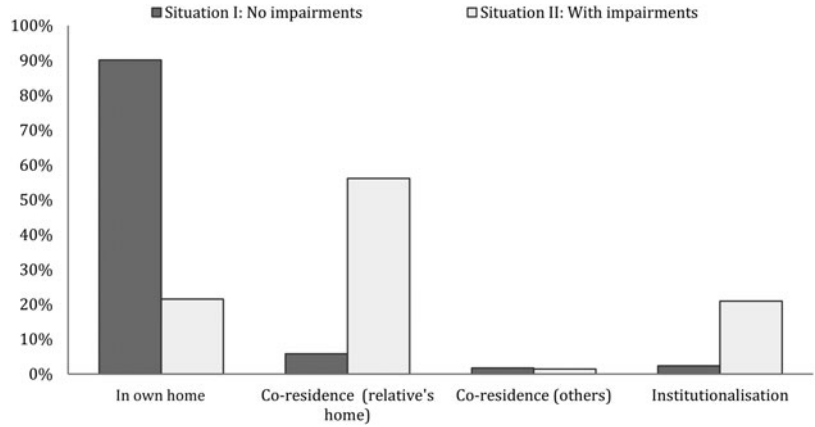

Figure 1. Preferred residential solution in old age in the case of presence/absence of impairments, 65+ population, Spain, 2010.
Source: Encuesta de Mayores 2010 (IMSERSO).

sense, the images that society constructs about ageing and older people also influence aspirations regarding living environments. Older people who refuse to admit their own ageing are more likely to transform their opinions so as to distinguish themselves from old-age stereotypes, which vary across cultures and generations (Minichiello, Browne and Kendig 2000). For this reason, the last cluster of explaining factors adds the attitudes and opinions of older adults about the ageing population to the model.

Results

The starting point: frailty as a conditioning factor of the preferred living environments in old age

In the case of a good health status, to stay in one's own home is by far the preferred living situation for older Spanish persons, not only in reality but also as an ideal choice. About 90 per cent of respondents declared that they would prefer to live in their own home as long as they retain good physical and cognitive functioning, even if during this time they live alone (Figure 1).

When good health permits, opting for supportive environments is fairly unlikely: to move to a relative's home represents the main choice for only 6 per cent of the sample, and to live with non-relatives and relocate to a collective home is the main choice for 2 per cent. However, when older adults are asked about their preference should impairment arise, the order of preferences radically changes, and the share of preferred residential

https://doi.org/10.1017/S0144686X1400138X Published online by Cambridge University Press

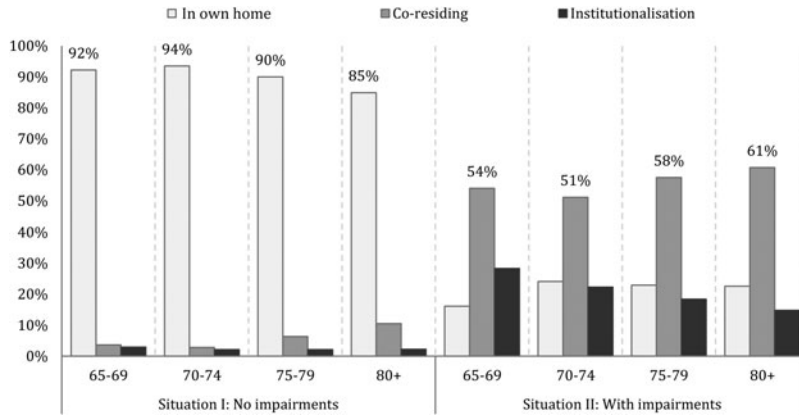

Figure 2. Preferred residential situation in old age by age group, 65+ population, Spain, 2010. Question: 'Regardless of your current living environment, where would you prefer to reside in the case of no impairments/impairments in old age'
Note: The category 'co-residing (others)' has been deleted from the figure due to the low number of cases to be disaggregated by age.
Source: Encuesta de Mayores 2010 (IMSERSO).

arrangements becomes more equally distributed, increasing in those categories with supportive environments (co-residence and institutions). It is noticeable that more than half of older respondents (56%) would prefer to move into the home of a relative in the case of frailty, confirming the weight older adults confer to co-residence as a mechanism to receive assistance. It is also noticeable that institutions as a preference in the case of frailty increase (21%). Overall, almost 80 per cent of the respondents ideally opt for supportive settings, private or collective, viewing them as the most suitable solution to receive support instead of ageing at home if their health status deteriorates. In addition, the low proportion of older Spanish people that would opt for a shared home with non-relatives reflects the preference for kin living arrangements in both situations.

Disaggregating these data by age, in a situation without impairment, living at home as a clear preference is present in all age groups (Figure 2). Even so, a slightly higher percentage of respondents aged 80 and above who prefer to co-reside with relatives even with a fair health status is observed. Looking at the preferences in the case of impairments, there is a change in the second preferred option among the younger elderly cohorts, who prefer institutionalisation to living in their own home: 28 per cent of older respondents aged 65–69 in contrast to 15 per cent for those aged 80 and over. Given the larger difference between the factual behaviour and preferences of older people regarding each one of the alternatives in situation II (with impairments), the following section explores the profiles associated with the

https://doi.org/10.1017/S0144686X1400138X Published online by Cambridge University Press

TABLE 3. *Multinomial logit regression model of Spanish elderly home-residential/care preferences in the case of frailty (marginal effects)*

	Preference for co-residence		Preference for institutionalisation	
	Coefficient	SE	Coefficient	SE
Gender	0.04	0.02	−0.06**	0.02
Age 65	−0.01	0.03	0.06**	0.02
Age 80	0.04	0.03	−0.05*	0.03
Married	−0.05	0.09	0.03	0.07
Never married	0.00	0.12	−0.01	0.10
Widowed	0.09***	0.09	−0.05**	0.07
Living at one's own home	0.02	0.05	−0.05	0.04
Living at children's home	0.14**	0.06	−0.04	0.05
No studies	0.01	0.03	0.02	0.02
Primary school	0.15***	0.04	−0.01	0.03
University	0.06	0.07	0.07*	0.05
Savings and assets	0.28**	0.10	−0.05	0.09
Pension	−0.04	0.09	0.04	0.08
Health status	0.11***	0.02	−0.08***	0.02
ADL limitations	0.02	0.02	0.01	0.02
Receiving formal care	−0.03	0.04	0.09**	0.03
Loneliness	−0.02	0.02	0.06**	0.02
Family satisfaction	0.07	0.04	−0.09**	0.03
Preference for informal care	−0.07**	0.03	−0.14***	0.02
Preference for paid care	−0.04	0.06	0.07*	0.04
Older people need constant support	−0.12***	0.03	0.06**	0.03
Older people are a burden	0.07	0.07	0.09*	0.05
Older people are active and enjoy life	−0.19***	0.03	0.03	0.03
Older people support other family members	−0.14**	0.04	0.04	0.04
Older people do not have the support of society	−0.08*	0.04	0.08**	0.03
N	1,638			
Pseudo-R^2	0.15			

Notes: SE: standard error. ADL: activities of daily living.
Significance levels: ***$p<0.01$, **$p<0.05$, *$p<0.1$.

preference of supportive environments – co-residence and institutionalisation – compared to the preference of remaining in one's own home.

Profiles associated with the ideal living environments in the case of frailty

Table 3 shows the probability of choosing each of the alternatives regarding supportive environments (co-residence and institutions) compared to the willingness to reside in one's own home. The goodness of fit shown in the model is acceptable despite the low value of the McFadden's pseudo-R^2. According to Bateman, Carson and Hanemann (2002), the adjustment of a discrete choice model applied to the study of stated preferences is satisfactory when this indicator surpasses 0.1.

https://doi.org/10.1017/S0144686X1400138X Published online by Cambridge University Press

Profiles associated with the preference for co-residence

The aspects significantly related to the choice of co-residence are current living arrangements, socio-economic characteristics and opinions about ageing. To be widowed increases the probability of selecting co-residence as a better option in the case of impairments compared with staying at home. When older Spanish people lose the protective effect of a partner they tend to prefer an adult child's or other relative's home.

Another factor associated with co-residence as a preferred setting is a low educational and financial profile. If the older person has only completed primary studies, the probability of choosing co-residence increases by 15 per cent. The same occurs with older Spanish people who receive their income from a private source, *i.e.* savings or assets. In this case, the likelihood of preferring co-residence increases by 28 per cent. Probably, the less stable nature of these kinds of financial resources affects the willingness towards residential environments which do not imply a regular outlay as do paid home-care or private collective homes.

Concerning physical and cognitive capabilities, older adults reporting a bad or very bad health status are more inclined towards co-residence than those reporting a very good/good health status (11%). In this case, the prospective aspect of their preferences is evident as the need for care is a reality at the moment of the survey. Likewise, older people who are already living in a relative's home are more prone to identifying this arrangement as the preferred one. Older Spaniards who do not prefer to receive informal care in their own home are those more likely to choose co-residence as well. In this respect, the representation that older people in Spain have of old age in terms of independence and activity also shows a significant association with their living preferences. In the case of co-residence, individuals who do not agree with positive statements about old age where older people are active and support their families show higher probabilities towards co-residence.

Profiles associated with the preference for institutionalisation

Regarding institutionalisation as the preferred choice in the case of impairment, demographic characteristics, health status and psychological factors are those more significantly associated. Results support the gender and age pattern found by Cost-Font, Elvira and Miró (2009), with women 6 per cent less prone to preferring relocation in a collective home than men. The choice of collectives homes is also associated with age both negatively and positively for the 'younger' respondents (65–69) – the likelihood of choosing institutionalisation compared to residing in their own home is 5

per cent higher, whereas for those aged 80 and over the inverse relationship is observed: to select a nursing home is 5 per cent less probable. This means that among those age groups which are more prone to suffer some impairment, the desire to stay in their own home is higher compared to the desire to relocate to residential care. In this respect, to be widowed (a circumstance highly linked with increasing age) decreases the probability of preferring institutionalisation compared to remaining at home. The results for the younger elderly cohorts could be interpreted as a reflection of the incipient shift in the traditional vision towards institutional care. This generational effect is also visible in the educational profile associated with those older adults who prefer institutionalisation. As the level of education increases, and the younger cohorts of older people are those more skilled, the willingness to choose nursing homes as an ideal setting also increases; for those older adults who attended college, the probability of nursing homes as an ideal setting is 6 per cent higher.

In the health domain, those older adults who report a bad or very bad health status are more inclined to choose institutionalisation compared to staying in their own home. Also those older Spanish people who are using, or used in the recent past, some kind of formal assistance for a loss of independence (tele-assistance, meals-on-wheels, home adaptations, or cash transfers to undertake housing reforms or install ICT), also prefer collective homes as an ideal setting. The effect of family satisfaction over elderly preferences is fairly intuitive. Older adults who report a satisfactory relationship with their kin are less likely to opt for a nursing home compared with the 'ageing in place' mode. The other psychological indicator introduced in the model, loneliness, indicates that those older people who consider being alone are 6 per cent more likely to choose institutionalisation. The combination of both factors, low satisfaction with family relationships and loneliness, reduces the size of social networks and restricts the real options of informal care-givers, which as observed, negatively affect the choice for 'ageing in place'.

The preferred type of care at home is also linked with the choice for institutionalisation: older adults who prefer to receive informal care also are less likely to choose institutionalisation, while those who prefer paid support at home are more willing to select collective homes. This association shows coherence between preferences: older adults who value nursing professionals over informal care-givers are inclined to prefer collective homes. Regarding attitudinal factors, older Spanish people who show a pessimistic opinion about the role that older people play in society are more inclined to choose institutionalisation as their preferred residential option. To think that older people are constantly needing support, that they are a burden to their families or that they are not socially supported

are the assertions that increase the probability of opting for this type of setting compared to independent living.

Conclusion

The hypothesis that staying at home is the almost-universal desire of older people has been used to advocate ageing-in-place policies undertaken in Europe. However, whereas research on the manifest residential choices of the older population has been profuse (Bonvalet and Ogg 2008; Kulu and Milewski 2007; Sabia 2008; Sergeant and Ekerdt 2008; Smits, Van Gaalen and Mulder 2010), little empirical evidence supports this assumption in relation to ideal preferences. To contribute to filling this gap, the goal of this research has been to examine the validity of the *desirability hypothesis* of ageing at home in the Spanish context, examining the willingness of the older population towards three living environments, their own home, a relative's home or institutions, and in two different scenarios, in healthy old age and in frailty. By doing so, a range of personal features, socio-demographic characteristics, health status, current living arrangements and attitudes towards old age were assessed using survey-based data to outline the profiles associated with each preference in the case of frailty.

Two major conclusions can be drawn from the research. Firstly, the perceptions about the most suitable living environment in later life vary depending on the circumstances that older people expect to undergo, confirming findings of previous studies that show how the preferred type of formal care varies depending on the pathologies presented by older adults (Vilaplana Prieto 2009). On the one hand, the study revealed that the vast majority of older Spanish people – 90 per cent – prefer ageing in their own home if such a situation would imply a sufficient level of autonomy. This result confirms the findings of the study by Costa-Font, Elvira and Miró (2009) (the only that has so far focused on Spain), as well as similar studies carried out in other national contexts such as Australia or the USA (Davey 2006; Olsberg and Winters 2005). On the other hand, when Spanish older people were asked about their preferences should they suffer from some physical or cognitive limitation, more than half – 56 per cent – identified co-residence with a relative, principally the adult children's home, as the ideal living environment. In this case, the influence of the *hierarchical compensatory model* of care entrenched in Spain, in which informal support substitutes formal (Brandt, Haberkern and Szydlik 2009; Rogero-García, Prieto-Flores and Rosenberg 2008), also becomes visible in the preferences of older people, reinforcing the familiaristic conceptualisation of care responsibilities in which relatives are viewed

as the most secure source of support. According to these findings, it is possible to question the generalisation of ageing at home as a universal desire, since this option is only prioritised when older people do not anticipate any care-related demand. At the moment, the reality is that older people in Spain do not perceive that the options to remain in their own home, public or private, are suitable alternatives to ensure their wellbeing in situations of frailty. The most plausible explanations of the limited choice for ageing at home are the structural constraints of a high level of normative solidarity between family members that imbues the Spanish care model (Rogero-García 2009), in combination with the deficit of home-based measures to facilitate older people to stay at home despite impairments (Genet *et al.* 2012).

The second conclusion is that a preference for each type of supportive environment in the case of frailty – co-residence or institutionalisation – depends on the potential vulnerability displayed by the older person's profile and the degree of attachment to socio-cultural familiaristic norms. In short, this could be explained by a combination of age and generational effects. The model showed that disadvantaged older adults were more inclined to prefer co-residence: widowers, persons with a low educational and financial status, and those who present a bad self-reported health status. When the hypothetical situation of frailty is not so far from their reality, older people prefer to turn to their kin networks for their ideal living arrangement. In turn, the willingness for institutionalisation follows a different pattern, being stronger among younger-old people and those more educated, which precisely coincides with those aged between 65 and 69. As observed by Meil (2011), the changes that Spanish society is undergoing away from a traditional vision of normative solidarity and filial obligations link with increasing personal autonomy and the possibility of choice, permeating above all to the opinions of younger elderly cohorts about how, where and with whom they prefer to live. At the same time, the higher inclination towards institutionalisation of younger-old people is driven by an understanding of the personal investment that taking care of others means, the so-called *sandwich generation*, interpreting that institutional settings and housing complexes with care facilities do not jeopardise adult children's personal projects in the case of co-residence. Other factors associated with the choice of institutions converge with previous studies that observed that psychological aspects such as loneliness also increased the willingness towards selecting nursing homes as ideal places to age, viewing this housing solution as an opportunity to achieve a more satisfactory social integration (Oldman 2003; Rodríguez-Martín *et al.* 2014).

The study presents some limitations related to the data characteristics that should be mentioned. Firstly, the cross-sectional design of the

survey does not allow an investigation of the factors that motivate the shift of preferences as individuals grow older. At the same time, qualitative data are essential to achieve a deeper understanding of the role that ideal preferences play in the decision-making process about care arrangements in old age. Secondly, the present data-set does not provide detailed information about the attributes displayed by each residential environment, *e.g.* facilities or location, which would allow a more rigorous analysis. The fuzzy categorisation of some response options included in the questionnaire, *e.g.* the merging of the housing complexes with care facilities in collective homes, the non-specification of the option of remaining at home with adaptation of the domestic space, restricts a deeper analysis of ideal choices. Thirdly, the effect of the social desirability bias should not be underestimated given the existence of cultural stereotypes, which tend to favour kin living arrangements and penalise the preference for institutionalisation due to their image as an individual, family and societal failure.

At this point, it is difficult to discern whether formal support at home could be supplied in a more efficient way, when preferences are in favour of staying in one's own home. What this study can confirm is that the preference for ageing at home is not generalised when structural conditions do not ensure a sufficient level of assistance. This aspect should be taken into account to avoid over-simplifications when elaborating ageing-in-place policies. The usual formulation of the housing dilemma for older Europeans that contrasts ageing at (their own) home *versus* institutionalisation is not so straightforward in Southern Europe at the present time, because it neglects the third important option for older people and their families that co-residence still represents. Consequently, to design effective measures that actually contribute to the enhancement of later life wellbeing is crucial to distinguish the preferences not only between life situations, but also among national contexts, respecting the population's priorities. This means integrating socio-cultural norms and practices, and their changes over the time, into a fundamental axis of policy implementations, not only in terms of the importance that families have in the care provision in the older person's home, but also the relevance of the social networks when they turn their own dwelling into a space of care.

Acknowledgements

I am especially grateful to Dr Athina Vlachantoni for her comments and suggestions during the preparation of the final version of the manuscript. This study has been

carried out as part of the R&D&I Project 'Demographic Analysis of Housing Needs in Spain, 2005–2015' funded by the Ministry of Science and Innovation of Spain (SEJ2007-60119). This study has also been funded by the 2013 call of the Centro de Investigaciones Sociológicas Research Programme 'Ayudas a la Investigación'. There is no conflict of interest in submitting this work for publication.

NOTES

1 For a summary review of the conceptual meanings given to 'ageing in place' by different disciplines, *see* Wiles *et al.* (2012).
2 The majority of the studies focused on elderly residential mobility refer to national contexts that, as in the Netherlands, UK or USA, are characterised by residential systems with stronger rental markets that favour residential moves. On the contrary, the production of studies regarding Mediterranean countries, characterised by widespread home-ownership, are much more limited due to the scant residential variation of the overall population (Allen *et al.* 2004).
3 The National Gerontological Plan of Spain (1969) was a regulation that recognised the social needs of the Spanish elderly population beyond the economic support offered by the pension system implemented in the 1950s. This regulation established the promotion and construction of diverse modalities of collective homes and domiciliary assistance as priority actions, being the ground for the development of the current system of public services focused on old age.
4 Housing complexes with a specific design for elderly people are a relatively recent residential initiative implemented as an alternative to institutionalisation above all in Scandinavian countries. These kind of edifications consist of apartments with structural adaptations for physical impairments, with eventual health services and assistance in the daily living activities (eating, getting dressed, making the bed, *etc.*), but preserving the intimacy of a private dwelling (Houben 2001).

References

Abellán, A., Esparza, C. and Pérez-Díaz, J. 2011. Evolución y estructura de la población en situación de dependencia [Evolution and structure of the dependent population]. *Cuadernos de relaciones laborales*, **29**, 1, 43–67.

Allen, J., Barlow, J., Leal, J., Maloutas, T. and Padovani, L. 2004. *Housing and Welfare in Southern Countries*. Blackwell Publishing, Oxford.

Angelini, V. and Laferrère, A. 2011. Residential mobility of the European elderly. CESinfo Economic Studies, Institute for Economic Research, Munich, Germany.

Bastiaens, H., Van Royen, P., Pavlic, D. R., Raposo, V. and Baker, R. 2007. Older people's preferences for involvement in their own care: a qualitative study in primary health care in 11 European countries. *Patient Education and Counseling*, **68**, 1, 33–42.

Bazo, T. 1991. Institutionalización de las personas ancianas: un reto sociológico [Institutionalisation of older people: a sociological challenge]. *Revista Española de Investigaciones Sociológicas*, **53**, Jan–Mar, 149–64.

Bateman, I. J., Carson, R. T. and Hanemann, H. 2002. *Economic Valuation with Stated Preferences Techniques. A Manual*. Edward Elgar Publishing, Cheltenham, UK.
Bolin, K., Lindgran, B. and Lundborg, P. 2007. Informal and formal care among single-living in Europe. *Health Economics*, **17**, 3, 393–409.
Bonvalet, C. and Ogg, J. 2008. The housing situation and residential strategies of older people in France. *Ageing & Society*, **28**, 6, 753–77.
Brandt, M., Haberkern, K. and Szydlik, M. 2009. Intergenerational help and care in Europe. *European Sociological Review*, **25**, 5, 585–601.
Braubach, M. and Power, A. 2011. Housing conditions and risk: reporting on a European study of housing quality and risk of accidents for older people. *Journal of Housing for the Elderly*, **25**, 3, 288–305.
Burnholt, V. and Windle, G. 2001. "Literature review for the strategy of older people in Wales social inclusion for older people." http://www.wales.gov.uk/subisocial-policy/content/ssg/LR3.pdf. accessed 02/02/2014
Clark, W. A. V. and Dieleman, F. 1996. *Households and Housing. Choices and Outcomes in the Housing Market*. State University of New Jersey, Rutgers, New Jersey.
Clough, R., Leamy, M., Miller, V., Bright, L. and Brooks, L. 2005. *Housing Decisions in Later Life*. Palgrave, Basingstoke, UK.
Comas-Herrera, A., Wittenberg, R. and Pickard, L. 2003. Long-term care for older people in the UK. In Comas-Herrera, A. and Wittenberg, R. (eds), *European Study of Long-term Care Expenditure: Investigating the Sensitivity of Projections of Future Long-term Care Expenditure in Germany, Spain, Italy and the United Kingdom*. LSE Health and Social Care, London, 77–87.
Coolen, H. and Hoekstra, J. 2001. Values as determinants of preferences for housing attributes. *Journal of Housing and the Built Environment*, **16**, 3/4, 285–306.
Costa-Font, J., Elvira, D. and Miró, O. M. 2009. Ageing in place? Exploring elderly people's housing preferences in Spain. *Urban Studies*, **46**, 2, 295–316.
Daatland, S. O. and Herlofson, K. 2003. 'Lost solidarity' or 'changed solidarity': a comparative European view of normative family solidarity. *Ageing & Society*, **23**, 5, 537–60.
Davey, J. 2006. Aging in place: the views of older homeowners on maintenance, renovation and adaptation. *Social Policy Journal of New Zealand*, **27**, 128–41.
Davey, J., Nana, G., De Joux, V. and Arcus, M. 2004. *Accommodation Options for Older People in Aotearoa/New Zealand*. Center for Housing Research, Christchurch, New Zealand.
De Jong, P., Rouwendal, J., Hattum, P. v. and Brouwer, A. 2012. Housing preferences of ageing population: investigation in the diversity among Dutch older adults. Netspar Discussion Paper 07/2012–024, Network for the Study of Pensions, Aging and Retirement, Tilburg, The Netherlands.
Díaz de Rada, V. 2010. *Comparación entre los resultados proporcionados por encuestas telefónicas y personales: el caso de un estudio electoral [Comparing the results of telephonic and personal interviews: an electoral study]*. Volume 66, Centro de Investigaciones Sociológicas, Madrid.
Díaz de Rada, V. and Andreu-Abela, J. 2004. ¿Resulta apropiado usar la guía telefónica como marco muestral en sondeos? Un estudio piloto en la Comunidad de Navarra [Is it appropriate to use the telephone directory as a sampling frame in surveys? A pilot study in Navarra]. *Revista Española de Investigaciones Sociológicas*, **108**, 4, 123–49.
Dieleman, F. M. 2001. Modeling residential mobility: a review of recent trends in research. *Journal of Housing and the Built Environment*, **16**, 3/4, 249–65.

Dysktra, P. and Fokkema, T. 2010. Relationships between parents and their adult children: a West European typology of late-life families. *Ageing & Society*, **31**, 4, 1–25.

Durán, M. A. 2002. *Los Costes Invisibles de la Enfermedad [The Invisible Costs of Disease]*. Fundación BBVA, Bilbao, Spain.

Eurostat 2014. *Expenditure on Care for Elderly* [tsdde530]. Available online at http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&plugin=1&language=en&pcode=tsdde530 [Accessed 11 June 2014].

Fernández Alonso, M. 2012. Social support networks in Spain: the factors that determine models of choice. *International Sociology*, **27**, 3, 384–402.

Fernández-Carro, C. 2013. Ageing in place in Europe: a multidimensional approach to independent living in later life. PhD thesis, Department of Geography, Autonomous University of Barcelona, Barcelona.

Festy, P. and Rychtarikova, J. 2008. Living conditions for elderly in the late twentieth century. In Gaymu, J., Festy, P., Poulain M. and Beets G. (eds), *Future Elderly Living Conditions in Europe*. Institut National Etudes Démographiques, Paris, 41–56.

Garcia-Continente, X., Pérez-Giménez, A., López, M.J. and Nebo, M. 2014. Potencial sesgo de selección en las encuestas telefónicas: teléfonos fijos y móviles [Eligibility Bias in the Telephonic Surveys: Fixed and Mobile Phones]. *Gaceta Sanitaria*, **28**, 2, 170–2.

Geerts, J. and van den Bosch, K. 2011. Transitions in formal and informal care utilisation amongst older Europeans: the impact of national contexts. *European Journal of Ageing*, **9**, 1, 27–37.

Genet, N., Boerma, W., Kroneman, M., Hutchinson, A. and Saltman, R. B. 2012. *Home Care across Europe*. Observatory Studies Series 27, Observatory on Health Systems and Policies, London.

Glaser, K., Tomassini, C. and Grundy, E. 2004. Revisiting convergence and divergence: support for older people in Europe. *European Journal of Ageing*, **1**, 1, 64–72.

González-Puga, D. 2004. El comportamiento residencial de los mayores. Análisis biográfico de la movilidad en la vejez [The residential behaviour of older population. Biographical analysis of old age mobility]. *Revista Española de Investigaciones Sociológicas*, **105**, Jan–Mar, 72–102.

Gott, M., Seymour, J., Bellamy, G., Clark, D. and Ahmedzai, S. 2004. Older people's views about home as a place of care at the end of life. *Palliative Medicine*, **18**, 5, 460–7.

Grundy, E. and Tomassini, C. 2003. El apoyo familiar de las personas de edad en Europa: contrastes e implicaciones [Family support to older people in Europe: challenges and implications]. *Notas de Población*, **77**, 219–50.

Haberkern, K. and Szydlik, M. 2010. State care provision, societal opinion and children's care of older parents in 11 European countries. *Ageing & Society*, **30**, 2, 299–323.

Heywood, F., Oldman, C. and Means, R. 2002. *Housing and Home in Later Life*. Open University Press, Buckingham, UK.

Hillcoat-Nallétamby, S. and Ogg, J. 2013. Moving beyond 'ageing in place': older people's dislikes about their home and neighbourhood environments as a motive for wishing to move. *Ageing & Society*. Published online, doi:10.1017/S0144686X13000482.

Hillcoat-Nallétamby, S. and Ogg, J. 2013. Moving beyond 'ageing in place': older people's dislikes about their home and neighbourhood environments as a motive for wishing to move. *Ageing and Society*, (Available on CJO 2013).

Houben, P. P. J. 2001. Changing housing for elderly people and co-ordination issues in Europe. *Housing Studies*, **16**, 5, 651–73.

Isengard, B. and Szydlik, M. 2012. Living apart (or) together? Co-residence of elderly parents and their adult children in Europe. *Research on Aging*, **34**, 4, 449–74.

Kalmijn, M. and Saraceno, C. 2008. A comparative perspective on intergenerational support: responsiveness to parental needs in individualistic and familialistic countries. *European Societies*, **10**, 3, 479–508.

Kohli, M., Künemund, H. and Lüdicke, J. 2005. Family structure, proximity and contact. In Börsch-Supan, A., Brugiavini, A., Jürges, H., Kapteyn, A., Mackenbach, J., Siegrist, J. and Weber, G. (eds), *Health, Ageing and Retirement in Europe. First Results from the Survey of Health, Ageing and Retirement in Europe*. Mannheim Research Institute for the Economics of Ageing, Mannheim, Germany. 88–99.

Kulu, H. and Milewski, N. 2007. Family change and migration in the life course: an introduction. *Demographic Research*, **17**, 19, 567–90.

Laferrère, A., Van den Hende, A., Van den Bosch, K. and Geerts, J. 2013. Entry to institutional care: predictors and alternatives. In Börsch-Supan, A., Brandt, M., Litwin, H. and Weber, G. (eds), *Active Ageing and Solidarity Between Generations in Europe. First Results from SHARE after the Economic Crisis*. De Gruyter, Berlin, 253–64.

Lázaro-Ruíz, V. and Gil-López, A. 2005. La calidad de las viviendas de los ancianos y sus preferencias ante la institucionalización [Elderly housing quality and their preferences about institutionalisation]. *Physchological Intervention*, **14**, 1, 21–40.

Leuthold, D. A. and Scheele, R. 1971. Patterns of bias in samples based on telephone directories. *Public Opinion Quarterly*, **35**, 2, 249–57.

López-Cumbre, L. 2006. Fisuras de una ley histórica en materia de protección social: el Proyecto de Ley de Dependencia [Flaws in a historical law of social protection: the Dependency Law Project]. *Revista General de Derecho del Trabajo y de la Seguridad Social*, **11**, 9–16.

Louviere, J. J., Hensher, D. A. and Swait, J. D. 2000. *Stated Choice Methods: Analysis and Applications*. Cambridge University Press, Cambridge.

Lowenstein, A. and Daatland, S. O. 2006. Filial norms and family support in a comparative cross-national context: evidences from the OASIS study. *Ageing & Society*, **26**, 2, 203–33.

Lowenstein, A., Katz, R. and Gur-Yaish, N. 2009. Cross-national variation in elder care: antecedents and outcomes. In Szinovacz, M. E. and Davey, A. (eds), *Care Giving Context. Cultural, Familial and Societal Implications*. Springer, New York, 93–112.

Malmberg, G. and Pettersson, A. 2007. Distance to elderly parents: analyses of Swedish register data. *Demographic Research*, **17**, 23, 679–704.

Meil, G. 2011. *Individualización y Solidaridad Familiar* [Individuation and Family Solidarity]. Obra Social, Fundación 'La Caixa', Barcelona.

Minichiello, V., Browne, J. and Kendig, H. 2000. Perceptions and consequences of ageism: views of older people. *Ageing & Society*, **20**, 3, 253–78.

Molin, E. J. E., Oppewal, H. and Timmermans, H. J. P. 1996. Modeling consumer response to new housing: a stated choice experiment. *Journal of Housing and Built Environment*, **11**, 3, 297–312.

Motel-Klingebiel, A., Tesch-Roemer, C. and von Kondratowitz, H. J. 2005. Welfare states do not crowd out the family: evidence for mixed responsibility from comparative analyses. *Ageing & Society*, **2**, 6, 863–82.

Ogg, J. and Renault, S. 2006. The support of parents in old age by those born during 1945–1954: a European perspective. *Ageing & Society*, **26**, 5, 723–43.

Oldman, C. 2003. Deceiving, theorizing and self-justification: a critique of independent living. *Critical Social Policy, 23*, **1**, 44–62.

Oldman, C. and Quilgars, D. 1999. The last resort? Revisiting ideas about older people's living arrangements. *Ageing & Society*, **19**, 3, 363–84.
Olsberg, D. and Winters, M. 2005. Ageing in place: intergenerational and intra-familial housing transfers and shifts in later life. AHURI Documents 88, Australian Housing and Urban Research Institute, Melbourne.
Organisation for Economic Co-operation and Development (OECD) 2005. *Long Term Care for Older People: OECD Study (2001–2004)*. OECD, Paris.
Oswald, F., Jopp, D., Rott, C. and Wahl, H. W. 2010. Is aging in place a resource for or risk to life satisfaction? *The Gerontologist*, **51**, 2, 238–50.
Pasadas del Amo, S., Zarco Uribe-Echevarría, M. and Soria-Zambrano, M. 2004. Telefonía móvil: un nuevo reto para las encuestas telefónicas [Mobile phones: a new challenge for thelephonic surveys]. IESA Working Paper Series 15–04, Instituto de Estudios Sociales de Andalucía, Córdoba, Spain.
Peeters, H., Debels, A. and Verpoorten, R. 2013. Excluding institutionalized elderly from surveys: consequences for income and poverty statistics. *Social Indicators Research*, **110**, 2, 751–69.
Pérez-Ortíz, L. 2006. *La estructura social de la vejez en España. Nuevas y viejas formas de envejecer*. IMSERSO, Madrid.
Reher, D. 1998. Family ties in Western Europe: persistent contrast. *Population and Development Review*, **24**, 2, 203–34.
Rodríguez-Martín, B., Martínez-Andrés, M., Cervera-Monteagudo, B., Notario-Pacheco, B. and Martínez-Vizcaíno, V. 2014. Preconceptions about institutionalisation at public nursing homes in Spain: views of residents and family members. *Ageing & Society*, **33**, 4, 1–22.
Rogero-García, J. 2009. Distribución en España del cuidado formal e informal a las personas de 65 y más años en situación de dependencia [Formal and informal care provision to the older dependent population]. *Revista Española de Salud Pública*, **83**, 3, 393–405.
Rogero-García, J., Prieto-Flores, M. E. and Rosenberg, M. W. 2008. Health services use by older people with disabilities in Spain: do formal and informal care matter? *Ageing & Society*, **28**, 7, 959–78.
Sabia, J. J. 2008. There is no place like home. A hazard model analysis of ageing in place among older homeowners in the PSID. *Research on Aging*, **30**, 1, 3–35.
Sergeant, J. F. and Ekerdt, D. J. 2008. Motives for residential mobility in later life: post-move perspectives of elders and family members. *International Journal of Ageing Development*, **66**, 2, 131–54.
Sirgy, M. J., Grzeskowiak, S. and Su, C. 2005. Explaining housing preference and choice: the role of self-congruity and functional congruity. *Journal of Housing and the Built Environment*, **20**(4), 329–47. doi: 10.1007/s10901-005-9020-7
Sixsmith, A. and Sixsmith, J. 2008. Ageing in place in the United Kingdom. *Ageing International*, **32**, 3, 219–35.
Smits, A. 2010. Moving close to parents and adult children in the Netherlands: the influence of support needs. *Demographic Research*, **22**, 31, 985–1012.
Smits, A., Van Gaalen, A. and Mulder., C. 2010. Parent–child co-residence: who moves in with whom and for whose needs? *Journal of Marriage and Family*, **72**, 4, 1022–33.
Suanet, B., van Groenou, M. I. B. and van Tilburg, T. G. 2012. Informal and formal home-care use among older adults in Europe: can cross-national differences be explained by societal context and composition? *Ageing & Society*, **32**, 3, 491–515.
Tatsiramos, K. 2006. Residential mobility and housing adjustment of older households in Europe. Discussion Paper Series 2435, Institute for the Study of Labour, Bonn, Germany.

Timmermans, H., Molin, E. and van Noortwijk, L. 1994. Housing choice processes: stated versus revealed modelling approaches. *Journal of Housing and the Built Environment*, **9**, 3, 215–27.
Tobío, C. 2008. Redes familiares, género y política social en España y Francia [Family networks, gender and social policy in Spain and France]. *Política y Sociedad*, **45**, 2, 87–104.
Tobío, C., Agulló, M. S., Gómez, M. V. and Martín-Palomo, M. T. 2010. *El Cuidado de las Personas. Un Reto para el Siglo XXI [People's Care: A Challenge for 21st Century]*. Obra Social, Fundación 'La Caixa', Barcelona.
United Nations 2002. *Second World Assembly of Ageing. Political Declaration and Madrid International Plan of Action on Ageing*. United Nations, Madrid.
Van der Hart, P. G. 1998. The housing decisions of older households: a dynamic analysis. *Journal of Housing Economics*, **7**, 1, 21–48.
Vilaplana Prieto, C. 2009. Dependencia y cuidados informales: un modelo de preferencias de ayudas a la dependencia [Dependency and informal care: a model of preferences]. *Presupuesto y Gasto Público*, **56**, 183–204.
Wiles, J. L., Leibing, A., Guberman, N., Reeve, J. and Allen, R. E. S. 2012. The meaning of 'aging in place' for older people. *The Gerontologist*, **5**, 3, 357–66.

Accepted 7 November 2014; first published online 17 December 2014

Address for correspondence:
Celia Fernández-Carro, Centre d'Estudis Demogràfics,
Universitat Autónoma de Barcelona,
Campus UAB, E-2, 8193 Bellaterra, Barcelona, Spain

E-mail: cfernandez@ced.uab.es