DISABLED PEOPLE FAMILIES. SOME PRELIMINARY RESULTS FOR THE BASQUE COUNTRY FROM THE DISABILITIES, DEFICIENCIES AND HEALTH SURVEY OF 1999

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ALUSTIZA, Ainhoa.- **Famílies amb persones discapacitades. Alguns resultats preliminars pel País Basc des de l'enquesta de discapacitats, deficiències i estat de salut, 1999.**

Resum.- El principal objectiu d'aquest treball ha estat estudiar la relació de les persones incapacitades amb el seu entorn immediat, el familiar i el de convivència, ja que hom considera que l'autonomia absoluta de tota persona respecte a l'entorn material i social no és possible i que és en l'entorn familiar on es proporciona el major benestar a les persones que necessiten atencions especials.
S'ha realitzat un estudi descriptiu de caràcter transversal utilitzant la *Encuesta sobre Discapacidades, Deficiencias y Estado de Salud* (EDDES) realitzada per l'Instituto Nacional de Estadística l'any 1999. S'hi ha estudiat la incidència de la incapacitat sobre el total de la població que resideix en llars familiars, el tipus d'ajuda (tècnica o personal) que reben i les característiques dels seus cuidadors.
Un dels factors que influeix sobre la incidència de la incapacitat és l'edat, essent molt baixa entre els més joves i augmentant en les edats adultes i, sobretot, en les més avançades. La diferent esperança de vida entre homes i dones provoca que el perfil més comú de la persona amb alguna incapacitat sigui el d'una dona, vídua i d'edat avançada. Moltes persones que pateixen alguna incapacitat viuen soles i no reben atencions especials, fet que confirma que incapacitat no és sinònim de dependència. Les atencions personals que es poden precisar són facilitades generalment per familiars, i són les dones més grans de 50 anys les que duen a terme principalment el rol de cuidador.

Paraules clau.- País Basc, incapacitat, persones grans, ajuda personal, salut, família.

ALUSTIZA, Ainhoa.- **Familias con personas discapacitadas. Algunos resultados preliminares para el País Vasco a partir de la encuesta de discapacidades, deficiencias y estado de salud, 1999.**

Resumen.- El principal objetivo de este trabajo ha sido estudiar la relación de las personas discapacitadas con su entorno inmediato, el familiar y convivencial, ya que se considera que la absoluta autonomía de cualquier persona respecto al entorno materia y social no es posible y que es en el entorno familiar donde se proporciona el mayor bienestar a las personas que necesitan cuidados especiales.
Se ha realizado un estudio descriptivo de carácter transversal utilizando la *Encuesta sobre Discapacidades, Deficiencias y Estado de Salud* (EDDES) realizada por el Instituto Nacional de Estadística en 1999. Se ha estudiado la incidencia de la discapacidad sobre el total de la población que reside en viviendas familiares, el tipo de ayuda (técnica o personal) que reciben y las características de sus cuidadores.
Uno de los factores que influye sobre la incidencia de la discapacidad es la edad, siendo muy baja entre los menores y aumentando en las edades adultas y sobre todo avanzadas. La diferente esperanza de vida entre hombres y mujeres hace que el perfil más común de la persona con alguna discapacidad sea el de mujer, viuda y de edad avanzada.
Muchas personas que padecen alguna discapacidad viven solas y no reciben cuidados especiales, hecho que confirma que discapacidad no es sinónimo de dependencia. Los cuidados personales que se puedan precisar son facilitados generalmente por familiares, siendo las mujeres mayores de 50 años las que desempeñan principalmente el rol de cuidador.

Palabras clave.- País Vasco, discapacidad, mayores, ayuda personal, salud, familia.

ALUSTIZA, Ainhoa**.- Disabled people familias. Some preliminary results for the Basque Country from the disabilities, deficiencies and health survey of 1999**

Abstract.- The main objective of this work has been to analyze the relationship between disabled people and their nearest environments, the family and the household. It is considered that the absolute autonomy of any person from their material and social environment is not possible. The family environment is the location of most of the support supplied to people who need special care.

We have undertaken transversal and descriptive research using the "Deficiencies, Disabilities and Health Survey" carried out by the National Statistics Institute in 1999. We have studied the effects of disabilities on people who live in family households, as well as the kind of help they receive and the characteristics of the helpers.

One of the factors affecting disability is age. Disability is very scarce in young people and increases with the age, being very frequent at older ages. Differences in life expectancy between men and women make old widowed women the most likely to be disabled. Many of the disabled live alone and do not receive any special personal care. This confirms that disability is not synonymous with dependence. The care they require is supplied by relatives, especially by women aged over 50.

Key words.- Basque Country, disability, elderly, personal care, health, family.

ALUSTIZA, Ainhoa.- **Les familles de personnes handicapées. Quelques résultats préliminaires pour le Pays Basque à partir de l'enquête d'handicaps, insuffisances, et état de santé, 1999.**

Résumé - L'objectif principal de ce travail a été d'étudier la relation des personnes handicapées avec leur entourage immédiat, la famille, et la vie en commun, puisque l'on considère que l'autonomie absolue de toute personne par rapport à son entourage familial et social n'est pas possible et que c'est dans l'entourage familial que la plupart du bien-être aux personnes qui ont besoin des attentions spéciales est donné.

Nous avons réalisé une étude descriptive transversale, en utilisant la *Encuesta sobre Discapacidades, Deficiencias y Estado de Salud* (Enquête sur les handicaps, les insuffisances et l'état de santé) réalisée par l'*Instituto Nacional de Estadística* en 1999. On y a étudié l'incidence de l'incapacité sur l'ensemble de la population qui réside dans des foyers familiaux, le type d'aide (technique ou personnelle) reçue et les caractéristiques de leurs soigneurs. L'un des facteurs qui influence sur l'incidence de l'incapacité est l'âge, celle-ci étant très basse entre les plus jeunes et augmentant entre les âges adultes et, surtout, aux âges plus avancés. La différence d'espérance de vie entre hommes et femmes entraine que le profil le plus commun de la personne ayant un handicap soit celui d'une femme, veuve et d'âge avancé. Grand nombre des personnes qui souffrent d'une quelconque incapacité vivent seules et ne reçoivent pas d'attentions spéciales ce qui confirme que incapacité est synonyme de dépendance. Les attentions personnelles qui peuvent être détaillées sont facilitées généralement par la famille, et se sont les femmes âgées de plus de 50 ans qui mènent à terme principalement le rôle de soigneur.

Mots clé.- Pays Basque, incapacité, personnes âgées, aide personnelle, santé, famille

DISABLED PEOPLE FAMILIES. SOME PRELIMINARY RESULTS FOR THE BASQUE COUNTRY FROM THE DISABILITIES, DEFICIENCIES AND HEALTH SURVEY OF 1999

Ainhoa Alustiza

1.- Introduction

The Basque Country has nowadays one of the highest life expectancy on the world. In 2001, men could live on average 76'4 years and women reached alive, also on average, 83'7 years. This fact makes interesting studying longevity in this area of the south of Europe and, above all, the effects of people who are reaching in a massive way to the very old ages. The evolution of births and migrations, together with the deaths are also going to cause a great increase of the absolute and relative number of old people. The backward of mortality is doing that every time more and more people are surviving till old ages. Every time is becoming more and more common to reach alive to very old ages, 90 or 100 years old.

On the other hand, there is also a general worry about the effects of that increase, of the growth of people aged 65 and over (that we call now, old people). The concern about this topic is above all, economic (related to the future of pensions) but also about all the care need that it can be generate from a big increase of elderly people and the problems, related to disability, which can come up on these ages.

There is also a historical context that emphasizes the concern and the study on disability. The increasing traffic accidents and its consequences, the change on the perception of the desirable and requirable levels of life-quality and, above all, the increase of survival and the percentage of people aged 65 and over are motivating the interest on disability research.

We can not forget that the absolute autonomy of any kind of people from their material and social environment is not possible, that is, we all need in a higher or a lower level from the others (family, friends, neighbors…) to live a complete and satisfactory life. When a disability problem emerges the requests can increase considerably and the nearest people are those who fulfill the care assistance task. In fact, the family environment is the location

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of most of the support supplied to people who need special care.

Taking into account those facts, the main objective of this article will be to describe the relationship between disabled people who received care assistance and their immediate environment, the family and household. People who need special care received the major support from the family institution and the household.

Within the family and the dwellings, women had been the traditional caregivers of all the people who need a special care: children, elderly and people in other special states (Bover, 2005; Campo Laredo, 2000; Concepción, 1990; Durán Heras, 2002; Emakunde, 2004; García Calvente, 1999 y 2000; IMSERSO, 2005; Jáuregui, 2001; López, 2004; Rodríguez Cabrero, 2002a; Yanguas et al. 2000). In accordance with Teresa Del Valle, many things had change in our societies, and in particular in the state of women: their access to formal education, their entrance to the labour market, the decrease of the number of children… In spite of all those changes, the situation related to the responsibility of the care assistance has changed not at all (Del Valle, 2004).

Due to this fact, this article tries to show what is happening with disability and dependence from a social and familiar (and no institutional) point of view.

2.- Data and methods

The data I present here are some of the preliminary results for the Basque Country of the 'Disabilities, Deficiencies and Health Survey of 1999' (DDHS). The DDHS is a macro-survey carried out by the Spanish National Statistics Institute in 1999. The survey covers a big part of the information on disability, dependence, ageing and the health state of Spanish population. Its main objective was to obtain information about the number of people who perceive any disability, their main characteristics, so as their situation.

The survey was carries out in 70.500 dwellings in Spain, where approximately 220.000 people were asked a series of questions related to their socioeconomic characteristics, household size ant typology, physical characteristics (such as weigh and length), habits, health, disabilities, deficiencies… In the Basque Country the sample was of 10.705 interviews carried out in 3.527 dwellings. All the answers about the health status or disability matters were based on the subjective perception of the interviewed person.

The DDHS consist of four questionnaires:

1. Disabilities and Impairments Questionnaire (for people aged 6 years and over)
2. Limitations and Impairments Questionnaire (for children aged under 6 years)
3. Household Questionnaire
4. Health Questionnaire

The methodology follows the World Health Organisations recommendations, and particularly the International Classification of Impairments, Disabilities and Handicaps of 1980, in force in 1999, when the survey was carried out.

The data presented here are some preliminary descriptive results obtained analyzing by the SPSS 12.0 statistic program. In this way got frequencies of disabled people and their caregivers.

3.- Results

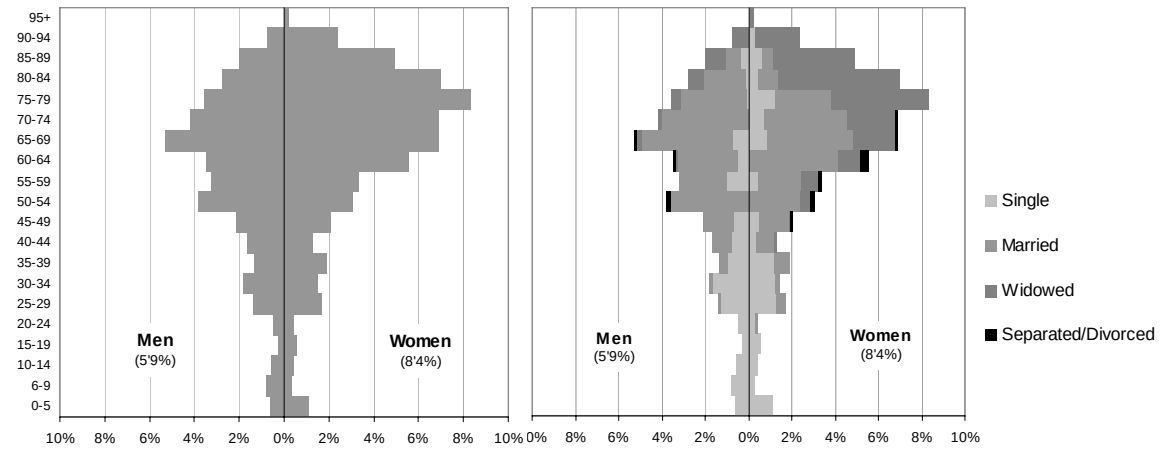
3.1.- Characteristics of disabled people

According to the DDHS people aged 6 and over suffering from any kind of disability in the Basque Country added up to 143.601 persons, around the 7'4% of the whole population. About the 60% (86.677 people) of them suffered from a severe or a total disability, what supposes that they have great difficulties to carry out that particular activities or even that they are not able to perform them.

As it can be seen in the graphic 1, the profile of the distribution of disable people draws a reverse pyramid, where the bulk of the people bring together in the old ages, over 65 years.

The proportion of disability also increases with the age. The percentage of disabled in each age goes growing on as people get older. The proportion becomes meaningful from the maturity on and especially in the very old ages, between people aged 70 and over. More than a half of the men and women aged 85 and over suffer from a disability. The graphic 1 also shows the distribution of disabled people by age, sex and marital status.

Graphic 1.- Distribution of disabled people, by age, sex and marital status. Basque Country, 1999



Source: DDHS.

We have to take into account that all of those who declare suffering from a disability do not necessarily require help from another person or assistance from a caregiver to carry out the affected activities. In fact, the effects of each type of disability and the several levels of severity upon the life quality are different.

Table 1.- Activities of the Daily Living (ADL)

Mobility inside the house	Change or hold up body positions	BDLA
	Get up, go to bed, remaind sit or stand up	BDLA
	Move inside the house	BDLA
Personal care	Get whased	BDLA
	Go to the toilet / incontinence	BDLA
	Get dressed and get undressed	BDLA
	Eat and drink	BDLA
Mental basic functioning/operation	Recognized people, objects and get ones bearings	BDLA
	Understand and carry out easy orders/tasks	BDLA
Get out of the house	To stroll without different means of transport	IDLA
Housework	To buy and control social provisions	IDLA
	To cook	IDLA
	Cleaning the clothing	IDLA
	Cleaning and maintenance of the house	IDLA
	Taking care for the well-being of the rest of the family	IDLA

BDLA: Basic Daily Living Activity

IDLA: Instrumental Daily Living Activity

Source: Own development through DDHS.

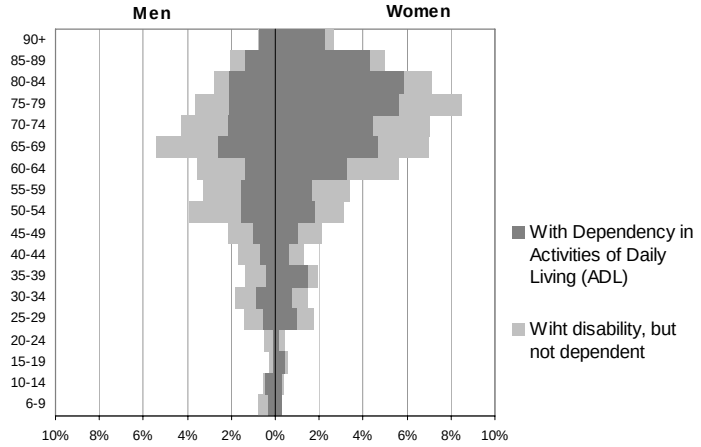
Taking into account those disabilities, specially the most severs, that is, those who require care assistance from another person, we have estimated people in dependency situation. We calculated different levels of dependency, depending on those variables. The concept

of dependency has been built using the so-called Activities of the Daily Living. I followed the methodology used by other Spanish experts on disability that has been working on the White Book on Dependency, published last year by the Ministry of Labour and Social Affairs (MTAS, 2005).

The activities considered as the most essential and basic for surviving (ADL) include those specific activities shown in table 1. The ADL would be the sum of the Basic Daily Living Activities (BDL) and the Instrumental Daily Living Activities (IDLA).

We have to take into account that these kinds of disabilities require the most care assistance from other people, and therefore, they are those who could affect upon the different aspects of the nearest environment, that is, the family and the household memberships. They can have influence on their work time availability, the time spent on their social and leisure activities or even they can affect psychologically or economically to the person assuming the responsibility of the care.

Graphic 2.- Distribution of disabled and dependent population, by age and sex. Basque Country, 1999



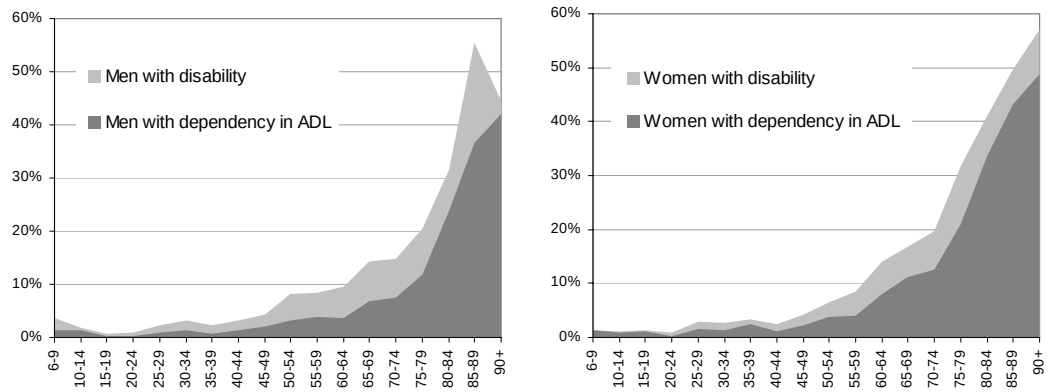
Source: DDHS.

This graphic 2, nevertheless, shows all the people who can be involved in any of those different states of dependence. There, we can see the distribution of disabled and dependent people. This reverse pyramid reflects how disability and dependency are going concentrating every time in older ages. In fact, more than the 77% of disabled and 82'4% of dependent people are 50 and over. More than a half (55%) of the entire affected by a disability and the 64% of people with autonomy problems are 65 and over. The bulk of disabled and dependent people are concentrated between 60 and the 84 years old. Between

those elderly are congregated more than a half (54%) of the entire affected by a disability and the 57% of all those who are in a dependent situation.

The next one (graphic 3) shows the proportion of people that in each age show problems to keep their autonomy without any other help. Here, we can see very clear how disability and dependency situations increase together with the age. Before 40 years old, these two situations are not very common, as the affected in each age group are less than the 3%. From this age on, the proportions begin rising, but until 65 years old (except the group of women of 60-64 years old) those proportions are below the 10%. From the 65 years old on disability and dependency start growing meaningfully, reaching the maxim percentages at the oldest ages. Men and women of 90 years old with disability arrive 44% and 57%, respectively, and those with dependency problems are up to 42% and 48'7%, respectively.

Graphic 3.- Proportion of disabled and dependent population, by age and sex. Basque Country, 1999



Source: DDHS.

The fourth graphic shows the different ways of living of people with and without dependency in any of the Activities of Daily Living[1]. In both cases, the major differences are due to the age and to the different stages of the life cycle.

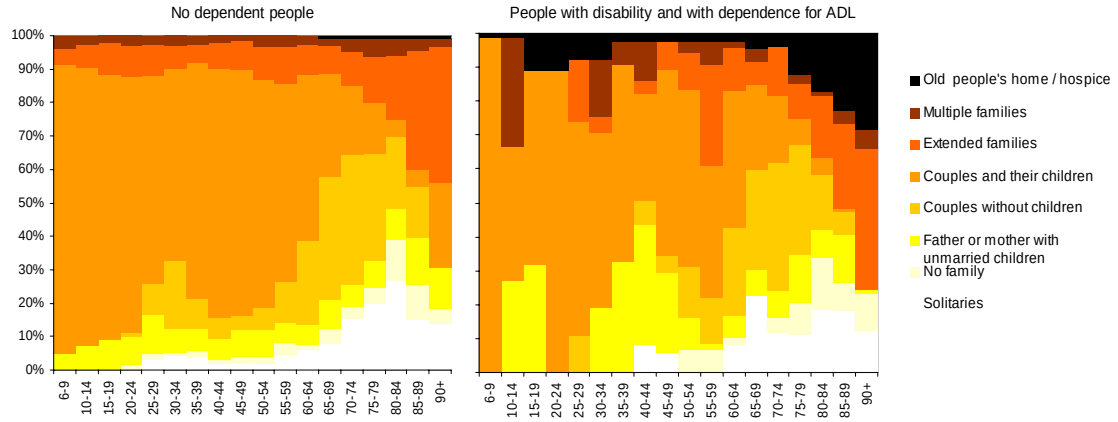
We can notice that in some age groups the percentage of each type of household varies.

[1] Types of households:
Solitary: People living alone.
No family: Family composed by two or more people (relatives or not) which are not part of a familiar nucleus. A familiar nucleus is composed by people with close kinship ties, that is, paternal and filial ties.
Only father or mother with unmarried children
Only couples (without children). Couples with unmarried children
Extended families: A familiar nucleus with other people (relatives or not)
Multiple families: Two or more familiar nucleus, with or without other people (relatives or not).

For example, at the adult ages, just after the most frequent ages for marrying and starting a family, that is, between the 30 and 49, those dependent who live in couple (with or without children) are less than in the rest of the population. Nevertheless, the percentage of dependent adult people who live in a household composed by one of the parent and her/his single children are more common.

We can think on the inability that some disable people find to meet a couple or star a family but the most reasonable is that those households are composed by a disabled parent, probably widowed, who lives together with his/her single adult son or daughter. If this hypothesis would be true, that would be mean or reveal a certain kind of familiar solidarity towards people with autonomy limitations.

Graphic 4.- Proportion of people with or without dependence for Activities for Daily Living (ADL), by age and type of household. Basque Country, 1999



Source: DDHS and own development through Eustat (Basque Statistics Office).

The major differences in the type of dwelling turn up in the oldest ages, after the 75 years. In those cases, people who live in old people's homes and hospices due to autonomy problems are meaningful, as it can be seen in the graphic 4. Between those dependent that live in familiar households, the percentage of single households is, obviously, much lower than in the rest of the population. Anyway, there are some old people, especially between 80 and 90 years old who live alone, even if they are unable to carry out some of the Activities of Daily Living.

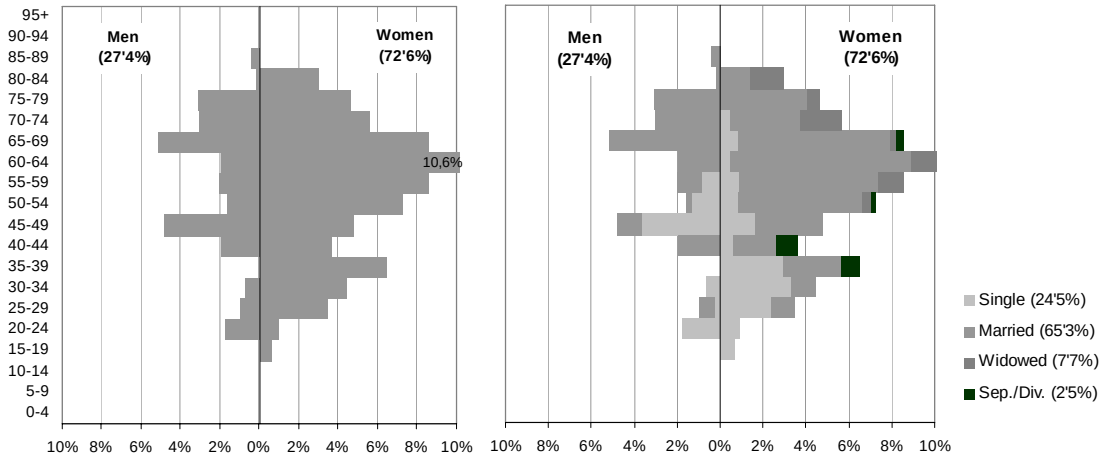
The data could be revealing, again, a familiar solidarity towards people in dependent situations. In those cases, the main caregivers would be moving into the disabled person's

house to pay and give the requested attention and care. Further on, there will be shown data linked to those cases in which the mentioned people are living in single households and need assistance care.

3.2.- Characteristics of Main Caregivers

The graphic 5 shows the distribution by age and sex of the Main Caregivers (MC) of disabled people. There are two features that attract our attention about the MC. On the one hand, the large number of female caregivers, and on the other hand, and I think that is one of the aspects that it's not being taken into account, the high age of the caregivers.

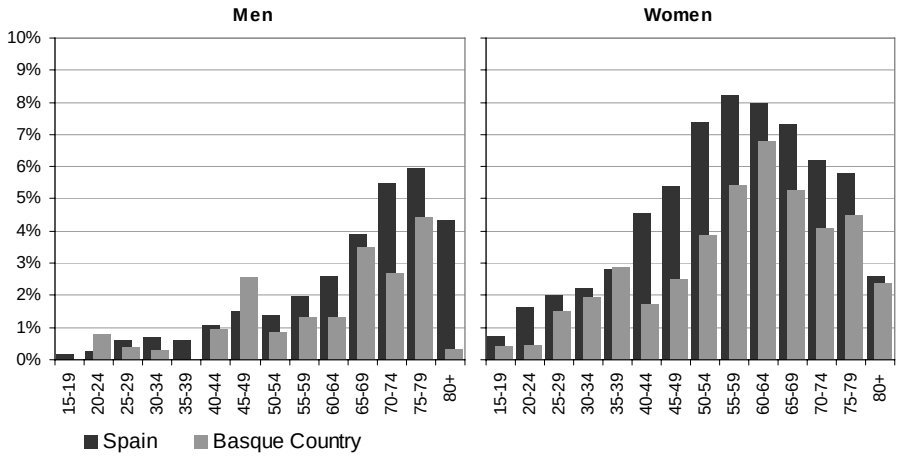
Graphic 5.- Distribution of the Main Caregivers, by age, sex and marital status. Basque Country, 1999



Source: DDHS.

Those entire MC represent the 1'8% of the whole Basque population. The 2'6% of all women assist to someone with disability and in the case of men, the percentage arrives to the 1% of the entire male group. If we take into account the household, the percentage of dwellings where a MC live is of 5'4%. That means that in more than 5 of 100 Basque households there is someone who is responsible of giving assistance to a person suffering from a disability.

Graphic 6.- Proportion of people who practice at each age as Main Caregiver, by sex. Basque Country and Spain, 1999



Source: DDHS.

As it can be seen in the graphic 5 almost half of the main caregivers are women aged 50 and over and 2/3 parts are people over 50. The average age of the main caregivers is of 55'1 years. When those caregivers are female, their age average is of 53'5 years, and in the case of the males it's higher, 59'5. So, male caregivers are, in general, older than those women who fulfil caregiver functions.

Although most of the MC are women, there are two groups of males that practise the role of caregiver: those who are very old, and those adult men, especially single men, between 40 and 49 years. As we will see later, the firs group supplies help to their wives, while those adult men look after for their patents, above all for their old mothers.

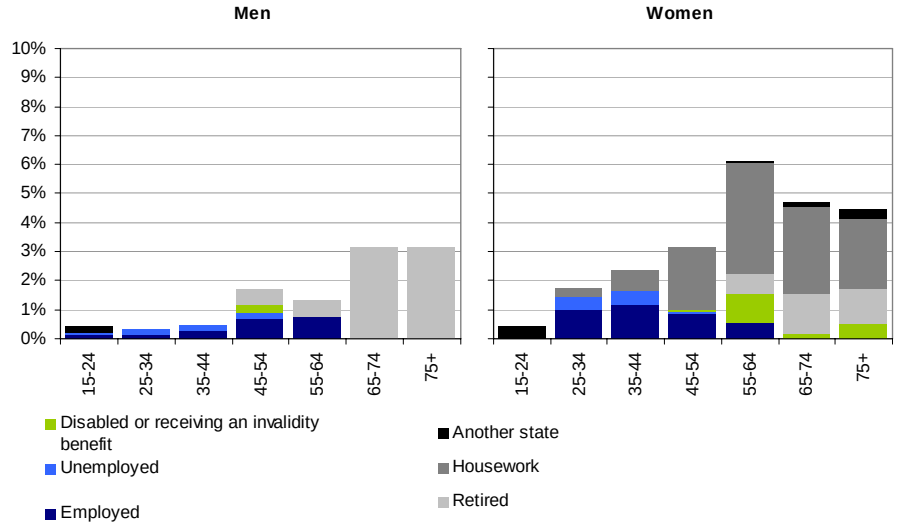
The effect that the practice of this role has upon the different ages is very clear in both cases, between men and women in the Basque Country and also in the case of Spain. These proportions are higher at any ages between females, and in both cases, the intensity of those who have to practice as a caregiver increases parallel with the age. The maxim proportion of people looking for disable people reach at the mature and old ages between women and between elderly men. Both men and women have a higher proportion of caregivers at the adult ages in the Basque Country.

With respect to some social characteristics of those MC, it is meaningful that most of them are inactive, that is, they are housewives or they are retired because of their age. The economic activity status of seven of every 10 caregivers is inactive. Only about the 7% is unemployed and the rest, about the 22% is employed. Most of the employed caregivers,

about the 65% are women (graphic 7).

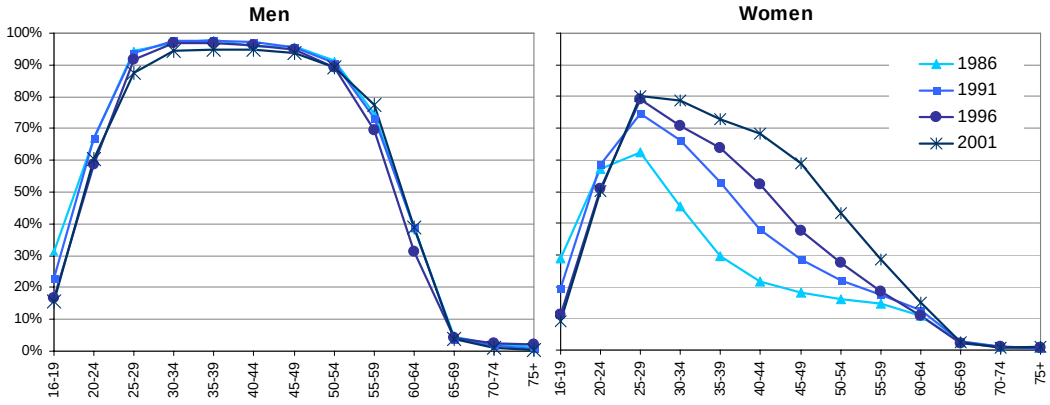
As you can also see, the higher proportion of caregivers takes place on the mature women, women who are less than 65 years old and, above all, carry out the housework, as they historically have got low activity rates. Nevertheless, this situation can change and already is changing, as it can be seen in graphic 8. Women activity rates are increasing in the last decades and introducing in a massive way in the formal labour market. All these changes are happening in a very short period of time and can affect the availability of time of this entire group, the traditional caregivers of everyone requiring assistance, and therefore, the informal answer to the care supply.

Graphic 7.- Proportion of people who practice at each age as Main Caregiver, by sex and economic activity status. Basque Country, 1999



Source: DDHS.

Graphic 8.- Evolution of the activity rates, by age and sex. Basque Country, several years



Source: Population census, several years (Eustat, Basque Statistics Office).

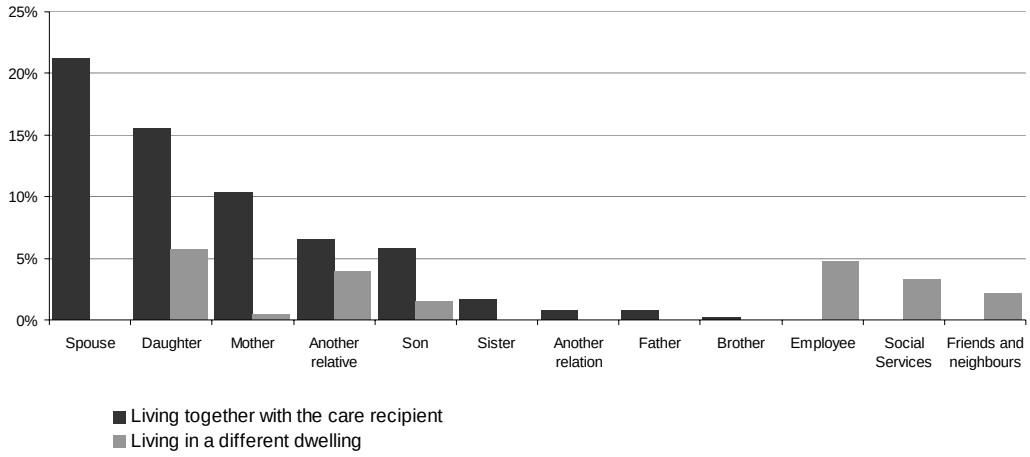
3.3.- Who cares for who

As mentioned at the beginning of the presentation, the family in the Basque Country, as well as in Spain, is one of the major suppliers of the care assistance. To check this statement, the graphic 9 shows the kinship tie between the main caregivers and the care recipient.

The direct family, the one who is nearest of the disabled person, is the main care supplier. The spouses, in the case of those who are married, are the most frequent caregivers. Then the female of the families adopt the responsibility: depending on who is the disabled person, the daughter and the mother play this role. They usually live together with the affected person, but if it's not the case, these women scroll where the disabled person is. The direct familiars are followed by other members of the family.

As it can be seen in the graphic 9, the private employees and especially the social services play a minimal role on the responsibility of the care of those who have dependency problems.

Graphic 9.- Kinship tie between the Main Caregiver and the care recipient. Basque Country, 1999



Source: DDHS.

In the next table (table 2) we can see the kinship tie between the MC and the care recipient taking into account some of the characteristics of the MC, specifically the sex and the age. Thus, we can see who is looking after whom.

We can see how women, independently of their age, usually look after of everyone who requires any care: their spouses, daughters, mothers, siblings, other relatives and even of

people who have not any kinship relationship.

Men, on the other hand, usually take responsibility when the person who needs care is their wife, especially in the case of old men. There is a noticeable difference between men aged over 50 or those who are under this age. The mature and elderly men usually see to assist their spouses (70%), while the adult men under 50 usually have to take the responsibility to look after their parents (more than the 65%), and to a lesser extent, other direct and close familiars, like their spouses or their children.

As mentioned before, there is a remarkable group of single men assisting disabled people. Statistically they are not a large group of caregivers, but taking into account the traditional role difference between men an women in these kind of activities and the percentage of adult people (until 50 years old) playing this role, this MC men group can be consider an atypical and extraordinary group. Those adult men who are not married practice as caregivers when one of their parents, usually their mother, needs assistance.

Table 2.- Kinship tie between the Main Caregiver and the care recipient, depending on the age and the sex of the MC. Basque Country, 1999

	Main Caregiver									
	Women under 50 (24%)		Women aged 50 or more (48%)		Men under 50 (10%)		Men aged 50 or more (17%)		Single men aged 30 or more (6'5%)	
Care recipient	Mother	50,1%	Spouse	36,3%	Mother	48,1%	Spouse	77,0%	Mother	87%
	Father	14,1%	Mother	15,5%	Father	17,0%	Mother	12,4%	Father	13%
	Daughter	11,7%	Another relative	13,2%	Spouse	26,1%	Father	2,4%		
	Son	8,5%	Son	12,0%	Son/daughter	4,9%	Son/daughter	4,6%		
	Another relative	13,7%	Daughter	11,8%	Sister/brother	3,8%	Another relative	3,6%		
	Spouse	1,0%	Sister	5,4%						
	Another relation	0,8%	Father	3,4%						
			Another relation	2,3%						

Source: DDHS.

If we take into account the way they live, that is, the type of household where they live those who require any assistance from another person to carry out certain activities, we can notice some remarkable differences between each and every one of them (table 3). The different members of the family play a more important role when the disabled person lives together with other relatives and the household composition is more complex. In the extended or multiple families the presence of private employees or Social Service's employees are not as common as in the solitary or no familiar households. Actually, the households composed by children (adult or minor), the importance of those professional caregivers is smaller than in the other cases. In this way, the dwellings consisting of a father or a mother with unmarried children, couples with their children and the extended

and multiple families where a disabled person need personal care, enjoy a professional aid in a lower proportion than in the rest, in about the 5% of the cases. In those cases, the closest members, especially the female ones (daughter, mother) are those who take the responsibility of the care.

Otherwise, disabled people requiring personal care living along, with their couples or in no familiar households get a professional assistance more frequently, about 17% in the first cases, more than in a 9% of the cases between couples without children and in the 11'4% of the cases where the person live in a no familiar dwelling. In any case, some of the family members also provide personal care to those having a disability and living in a different house. In these cases, those called as 'other relatives' assist most frequently to disable people. Otherwise, the female and the close members of the family (daughters, sisters, and mothers) see to give the required help (table 3).

The friends and the neighbours play a meaningful role in those cases where the disabled person lives in simple types of households: alone, in a no familiar one or when one of the parents lives with his/her unmarried children (table 3).

Table 3.- Kinship tie between the Main Caregiver and the care recipient, depending on the type of household of the disabled person. Basque Country, 1999

	Type of household of disable people					
	Solitaries	No family	Father or mother with unmarried children	Couples without children	Couples and their children	Extended or multiple families
Main Caregivers						
Spouse	-	-	-	72,1%	30,2%	6,1%
Daughter	22,3%	3,5%	27,3%	6,8%	16,8%	37,4%
Son	9,3%	1,2%	22,2%	-	2,6%	8,9%
Sister	-	19,0%	-	-	-	1,0%
Brother	-	-	1,7%	-	-	-
Mother	-	7,3%	21,1%	-	26,4%	4,4%
Father	-	-	-	-	3,4%	-
Another relative	24,9%	17,3%	-	3,8%	-	21,7%
Employee	15,3%	7,9%	1,1%	8,3%	-	2,1%
Friends and neighbours	5,4%	7,3%	6,1%		-	-
Social Services	2,1%	3,6%	4,4%	1,1%	5,4%	2,7%
Another relation	-	2,0%	-	-	-	2,8%
Can not be determined	20,7%	30,9%	16,1%	7,9%	15,2%	12,9%
Total	100%	100%	100%	100%	100%	100%

Source: DDHS.

4.- As conclusion and for discussion

As mention at the beginning of this paper, there is a big concern on the effects of demographic ageing on the rest of the population, especially on the sustainability of the

informal care system, so common and necessary in the Basque society.

We have seen that every time more people are living until very old ages. Although reaching alive till very old ages and meeting a hundred years old person was a very exceptional fact in the past, nowadays is becoming common. Having grandparents and great-grandparents alive is not an extraordinary fact for today's children as it was in the past. So, every time, fortunately, we can live together with our parents, even if they are very old.

On the other hand, we've seen the positive correlation between age and disability and between age and dependency: as we become older, the probability of suffering any problem that affects our functions and activities are higher.

The increase of the absolute number of old people entails also an increase of the absolute number of disabled people. Nevertheless, the correlation between ageing and increase of dependent people is not so clear (Robine, 1998).

The results of the research on this area are not still reaching the same results, but it seems, as J.M. Robine studies show (1998, 2001, 2004), that we can be in front of a healthy active ageing. People suffering from any kind of disability are increasing together with old people. But those disabled people would be affected by slight disabilities, so this could mean that the proportion of dependent people will not necessarily increase.

The presented data show the great importance of the informal care system, based on the family and its member's time and resources, especially on its female member's means. We have to take into account that Basque women are increasing their activity rates in the last decades and they are introducing massively in the labour market in a short period of time. Although between the female caregivers a large number is aged over 65 and therefore, they are retired, there are a great number of mature women whose activity status nowadays is the housework. Data suggest that in the future, this situation could probably change and there could be a higher pressure upon those women, that in the future will be immersed in the labour market, but at the same time, have been the traditional caregivers of everyone who has required any assistance.

In this point, the future development of the social services, especially those that release the main caregivers from a mount of hours of assistance, will be crucial.

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