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Policy Research Institutes**

# ANCIEN

**Assessing Needs of Care in European Nations**

## **THE SPANISH LONG-TERM CARE SYSTEM**

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## Table of Contents

<b>1</b>	<b>The LTC system in Spain</b>	<b>2</b>
1.1	Overview of the system (summary) (including the philosophy of the system)	2
1.2	Assessment of needs	4
1.3	Available LTC services	5
1.3.1	Which services?	5
1.3.2	Who is eligible?	8
1.4	Management and organisation (role of the different actors/stakeholders)	8
1.5	Integration of LTC	9
1.5.1	Integration within the LTC system	9
1.5.2	Integration with social services	10
<b>2</b>	<b>Funding</b>	<b>12</b>
<b>3</b>	<b>Demand and supply of LTC</b>	<b>14</b>
3.1	The need for LTC (including demographic characteristics)	14
3.2	The role of informal and formal care in LTC (including the role of cash benefits)	16
3.2.1	Demand and supply of informal care	16
3.3	Demand and supply of formal care	18
3.3.1	Introduction	18
3.3.2	Institutional care	18
3.3.3	Home Care	19
3.3.4	Semi-institutional care	21
<b>4</b>	<b>LTC policy</b>	<b>22</b>
4.1	Policy goals	22
4.2	Integration policy	22
4.3	Recent reforms and current policy debate	23
4.4	Critical appraisal of the LTC system	23

## 1 The LTC system in Spain

### 1.1 Overview of the system (summary) (including the philosophy of the system)

The Act 39/2006, of 14<sup>th</sup> December, on the Promotion of Personal Autonomy and Care for dependent people, *Ley de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia* (LAPAD) configures a new citizenship right, known as the “fourth pillar of the welfare system”. The Act establishes the universal nature of the benefits and the entitlement to access them under equal conditions, for all elderly or disabled people that need help in carrying out the basic activities of daily living (SAAD, Sistema para la Autonomía y Atención a la Dependencia). These principles can be considered the philosophy of the long term care system in Spain, whose main goals are the guaranty of the basic welfare conditions and the prediction of the protection levels for disabled people.

The SAAD is based on the respect for the constitutional framework of powers established by statute and is also based on collaboration, cooperation and participation of the different Public Administrations involved. *The Territorial Council of the System for Autonomy and Care for Dependency* created with the collaboration of the General State Administration and the Autonomous Communities, has as main functions to agree the framework of inter-administrative cooperation, the intensity of the catalog services, conditions and amount of financial benefits, the criteria for participation of beneficiaries in the cost of the services and to determine the scale for recognizing the situation of dependency. *The SAAD Advisory Committee* informs is a consultative body, within the SAAD. It advises and makes proposals on matters that are of particular interest to system operations. To ensure the participation of organizations representing people in a situation of dependency and their families, there are three additional advisory bodies: *The State Council of Senior Citizens*, *The National Disability Council* and *The State Council of Non Governmental Social Action*.

So far, provision of health care services to people in a dependent situation had traditionally been a family responsibility, whereas administration

had limited itself only to provide LTC services when family income were insufficient to provide such a care. Changes in family patterns, the higher rate of female labour market participation, and the emerging needs that all of this entails, have encouraged the development of the current long term care system.

It is expected that more than one million people will benefit from the services of long-term care (LTC) arising from the development and application of the law of dependence in Spain, a country where most of these services are provided by family, in other words, a country where LTC is mainly provided as an informal care service (70%). Moreover, it is estimated that the implementation of the Act will create 300,000 new jobs in the context of care to elders.

The Autonomous Communities have taken on the responsibility regarding the provision of benefits and services established by the Dependency Law, within the framework of the so called Network of Social Services of the Autonomous Communities. These responsibilities include not only the provision of services to dependent people, but also the provision of certain benefits.

The Service Catalogue includes the following social services to promote personal autonomy and dependency care:

- Prevention services of dependence and the promotion of personal autonomy.
- Personal Alert System
- Home help service (Addressing the needs of the household)
- Personal care
- Adult day-care centres
- Residential Care Service

When the competent administrations are unable to offer these services, the dependent person shall be entitled to receive financial benefits. There exist three types of financial benefits: financial assistance to access certain care services, financial assistance for informal caregivers, financial assistance to hire personal care givers. The amount of these aids is conditional on the degree of dependency and the economic situation of each individual.

## 1.2 Assessment of needs

There is not a legal definition of “need of care”. Instead the Act on the Promotion of Personal Autonomy and Care for Dependent persons defines the concepts of “dependency”<sup>1</sup> and “instrumental activities of daily living” (IADL)<sup>2</sup>.

The Act assesses needs of support and supervision on persons with intellectual or mental ill in connection with their performance of core activities. This assessment should take into consideration the technical aids and the environment in which the dependent person lives.

Acknowledgement of the situation of dependency shall be by made means of a decision issued by the Autonomous Administration corresponding to the applicant’s residence and shall be valid for the whole of Spanish State territory, because this is one of the conditions that guarantee equality. The degree and levels of dependency shall be determined by means of the application of a scale to be agreed upon by the Territorial Council of the System for Autonomy and Care for Dependency.

The law distinguishes different degrees of dependency, which in turn establish the benefits and services that can be received:

- Degree I. Moderate dependency: when the person needs help in order to perform various basic activities of daily living, at least once a day or when the person needs intermittent or limited support for his/her personal autonomy.
- Degree II. Severe dependency: when the person needs help in order to perform various basic activities of daily living two or three times a day, but he/she does not want the permanent support of a carer or when he/she needs extensive support for his/her personal autonomy.

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<sup>1</sup> The permanent state in which persons that for reasons derived from age, illness or disability and linked to the lack or loss of physical, mental, intellectual or sensorial autonomy require the care of another person/other people or significant help in order to perform basic activities of daily living or, in the case of people with mental disabilities or illness, other support for personal autonomy.

<sup>2</sup> A person’s most elementary tasks, which allow him/her to live with a minimum level of autonomy and independence, such as: personal care, basic domestic activities, essential mobility, being able to recognize people and objects, being able to know where one is and find one’s way around, being able to understand and perform simple orders or tasks

- Degree III. Major dependency: when the person needs help in order to perform various basic activities of daily living several times a day or, due to his/her total loss of physical, mental, intellectual or sensorial autonomy, he/she needs the indispensable and continuous support of another person or when he/she needs generalised support for his/ her personal autonomy. Each of the degrees of dependency established in the previous paragraph shall be classified in two levels, depending on the person's autonomy and on the intensity of care that is required. The first level corresponds to those individuals that can perform the activity without the direct support of a third person, whereas the second level refers to those situations where some type of specific support is required.

People accredited as dependent persons shall be entitled to receive care and attention by means of services that are matched to their degree and level of dependency (Individual Care Programme).

### **1.3 Available LTC services**

#### **1.3.1 Which services?**

Acknowledgement of the situation of dependency shall be by means of a decision issued by the Autonomous Administration that corresponds to the applicant's residence and shall be valid throughout State territory. The services of assessment of the situation of dependency, the prescription of services and benefits and the management of the financial benefits shall be performed directly by the Public Administrations and may not be the object of delegation, hiring or subsidising private entities. In the event of a change of residence, the Autonomous Community of destination cannot change the assessment of the dependency situation, but on the basis of its network of services and benefits, may modify the Individual Care Plan.

The individual care programme shall be reviewed: at the request of the interested party and of his/her legal representatives; on an official basis, in the form and at the intervals foreseen in the regulations issued by the Autonomous Communities, on the occasion of a change of residence to another Autonomous Community.

The Catalogue of Services includes:

- 1) "Services for the prevention of situations of dependency and for the promotion of personal autonomy". The purpose of this service is to prevent the onset or aggravation of illnesses or disabilities and their side-effects, by means of the coordinated implementation by the social and healthcare services of initiatives to promote healthy living conditions, specific preventative and rehabilitation programs aimed at older and disabled persons and to those that are affected by complex hospitalization processes.
- 2) "Personal Alert System" provides assistance to beneficiaries by means of the use of communication and information technologies, with the support of the necessary personnel resources, in immediate response to emergencies, danger, loneliness and isolation. This service may be independent or complementary to the home help service and shall be provided to people that do not receive residential care services and whose Individual Care Program thus states.
- 3) "Home Help Service" is made up of a set of initiatives that are carried out in the home of the dependent person in order to cater for his/her everyday needs, provided by entities or companies that have been accredited for this function. It includes:
  - a) Housekeeping tasks. Services related to attending to domestic or home needs: cleaning, washing, cooking or others.
  - b) Personal care. Services related to personal care, in performing the activities of daily living.
- 4) "Day and Night Centre Service" offers comprehensive care during the day or night to the dependent person, with the objective of improving or maintaining the highest possible level of personal autonomy and supporting the families or carers. In particular, from a bio-psycho-social perspective, it covers the needs of counseling, prevention, rehabilitation, guidance for the promotion of autonomy, enablement or assistance and personal care. It includes:
  - a) Day Centre for older persons.
  - b) Day Centre for persons under the age of 65 years.

- c) Day Centre with specialized care.
  - d) Night Centre, which shall be adapted to the peculiarities and ages of the dependent persons.
- 5) "Residential Care Service", may be provided on a permanent basis, or temporary, when the person avails of temporary stays for the purposes of convalescence, during holiday periods or at weekends or if the nonprofessional carers are ill or availing of a rest period. It includes:
- a) Residence for dependent older persons.
  - b) Centre offering care for dependent persons, according to the type of dependency, degree of dependency and the intensity of care required by the person.

When the competent administrations are unable to offer these services, the dependent person shall be entitled to receive financial benefits. There exist three types of financial benefits:

- 1) "Financial benefit linked to the service" which shall be received on a regular basis, shall only be granted when it is not possible to access a public or subsidized attention and care service, depending on the degree and level of dependency and on the beneficiary's economic status, in accordance with the terms of the convention held between the General State Administration and the Autonomous Community in question. This personal financial benefit shall in any case be linked to the acquisition of a service. The competent Public Administrations shall supervise, in any case, the purpose and use of these benefits to verify compliance with the purposes for which they were granted.
- 2) "Financial benefit for care in the family setting and support for non-professional carers." A financial benefit for family care shall be acknowledged on an exceptional basis, when the beneficiary is being cared for in the family setting and as long as the home meets adequate requirements regarding co-habitation and habitability. The carer must comply with the rules on affiliation, registration and contribution to the Social Security that are laid down in the regulations.



3) "Financial benefit for personalised care". The purpose of the personal assistance financial benefit is to promote the autonomy of the severely dependent persons. Its objective is to contribute to the hiring of a personal assistant, for a number of hours, in order to provide the beneficiary with access to education and employment, as well as a more autonomous life in the exercise of the basic activities of daily living.

The Government has chosen the option of attending dependency with services such as remote care, home help, adult care-centres and residences. For this reason, the Act clearly indicates the priority nature of the services over the financial benefits.

### **1.3.2 Who is eligible?**

An Individual Care Programme shall determine the services or benefits that best match the applicant's needs. This programme shall be established with the participation, by consultation and opinion-seeking, of the beneficiary and, where applicable, of his/her family or the supervisory entities that represent him/her.

## **1.4 Management and organisation (role of the different actors/stakeholders)**

The System is configured as a network for public use, that integrates public and private centres and services on a coordinated basis. The network of services in the System for Autonomy and Care for Dependency will be formed by the public centres and services in the Autonomous Communities and Local Entities, the state centres of reference for the Promotion of Personal autonomy and Care for Dependent persons, as well as the chartered private centres and services.

Unchartered private centres must obtain an accreditation for providing services to dependent persons. The Territorial Council will determine the common criteria for accreditation of centres and the quality plans in the System for Autonomy and Care for Dependency.

The Territorial Council on Dependency is expected to agree on quality criteria for the centres and services and quality indicators for the assessment, continuous improvement and comparative analysis of the centres and services in the System. The Act decidedly supports the quality of the System for

Autonomy and Care for Dependency with the objective of ensuring that the services are effective.

Without detriment to the competences of each of the Autonomous Communities, common criteria for accrediting the centres and quality plans of the System for Autonomy and Care for Dependency been established, within the general context of quality of the General State Administration.

Essential quality standards have been established for each of the services that are included in the Catalogue regulated in this Act, following agreement by the Territorial Council of the System for Autonomy and Care for Dependency.

Residential centres for dependent persons must have internal regulations governing organisation and functioning, including a quality management system and establishing the participation of users in the form that is determined by the competent Administration<sup>3</sup>.

Specific attention has been paid to quality in employment and for promoting professionalism and reinforcing training in entities that aspire to managing benefits or services that are part of the System for Autonomy and Care for Dependency. Basic and ongoing training shall be provided to the professionals and carers that attend to the dependent persons. In this regard, the public powers determine the professional qualifications that are required for the exercise of the functions that correspond to the Catalogue of services<sup>4</sup>.

## **1.5 Integration of LTC**

### **1.5.1 Integration within the LTC system**

The Ministry of Labour and Social Affairs, via the competent body, has established an information system in the System for Autonomy and Care for Dependency that guarantees the availability of information and reciprocal

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<sup>3</sup> Resolución de 2 de diciembre de 2008, de la Secretaría de Estado de Política Social, Familias y Atención a la Dependencia y a la Discapacidad, por la que se publica el Acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia, sobre criterios comunes de acreditación para garantizar la calidad de los centros y servicios del Sistema para la Autonomía y Atención a la Dependencia.

<sup>4</sup> Resolución de 4 de noviembre de 2009, de la Secretaría General de Política Social y Consumo, por la que se publica el Acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia, sobre criterios comunes de acreditación en materia de formación e información de cuidadores no profesionales.

communication between the Public Administrations, as well as compatibility and articulation between the various systems<sup>5</sup>.

The system contains information on the Catalogue of services and encompasses, as essential data, details referring to the protected population, human resources, network infrastructure, results obtained and quality in the provision of the services.

This information system specifically contemplates the drawing up of statistics for state purposes on the subject of dependency, as well as supra-community general interest statistics and those that are derived from commitments with supranational and international organisations. The Ministry of Labour and Social Affairs, by means of the preferential use of the common infrastructure of the communications and telematic services in the Public Administrations, shall place at the disposal of the System for Autonomy and Care for Dependency a communications network that shall facilitate and provide guarantees regarding the protection of the exchange of information between its members. The use and transmission of the information in this network remains subject to compliance with the terms of Organic Law 15/1999, of 13th December, on the Protection of Personal Data, and to the requirements regarding electronic certification, electronic signature and ciphering, in accordance with standing legislation. The aforementioned network is used to exchange information on the infrastructure in the System, the situation, degree and level of dependency of the beneficiaries of the benefits, as well as any other derived from the need for information in the System for Autonomy and Care for Dependency.

### **1.5.2 Integration with social services**

The text of the Spanish Constitution, in articles 49 and 50, refers to the care of disabled and older persons and to a system of social services promoted by the public powers for the welfare of citizens. If in 1978 the fundamental elements of this model of the welfare state focussed, for all citizens, on healthcare

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<sup>5</sup> Resolución de 4 de noviembre de 2009, de la Secretaría General de Política Social y Consumo, por la que se publica el Acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia, sobre objetivos y contenidos comunes de la información del Sistema de información del Sistema para la Autonomía y Atención a la Dependencia.

protection and the Social Security System, the social development of our country since then has given fundamental importance to the social services, mostly organised by the Autonomous Communities, in special collaboration with the third sector, as the fourth pillar of the welfare system, in care for the dependent population.

On behalf of the Public Administrations, the needs of the older persons and in general, of those that are affected by dependency, have been catered for up to now essentially at Autonomous Community and local levels, and in the context of the Concerted Plan on the Basic Benefits in Social Services, in which the General State Administration also participates and at state level, the Plans of Action for Disabled and Older Persons. On the other hand, the Social Security System has been taking responsibility for some elements of care, both in the care for older persons and in situations linked to disability: major invalidity, third-party benefits in non-contributory invalidity pensions and family benefits for dependent children, as well as social service benefits in re-education and rehabilitation for persons with disability and care for older persons.

The Social Security System has been taking responsibility for some elements of care, both in the care for older persons and in situations linked to disability: major invalidity, third-party benefits in non-contributory invalidity pensions and family benefits for dependent children, as well as social service benefits in re-education and rehabilitation for persons with disability and care for older persons. Social and Healthcare services collaborate in providing the services to the users of the System of Autonomy and Care for Dependency that are laid down in this Act and in the appropriate regulations issued by the Autonomous Communities and those that apply to the Local Entities.

The System of Care for Dependency is one of the fundamental instruments for improving the situation of social services in Spain, responding to the need for care in situations of dependency and the promotion of personal autonomy, quality of life and equal opportunities. Consequently, benefits in kind are provided by the social services networks of the Autonomous Communities, in the scope of the competences that they have undertaken.

## 2 Funding

Between 2007 and 2015, the period calculated for the gradual implementation of the System for Autonomy and Care for Dependency, the General State Administration will contribute almost 13,000 million Euros, and a similar amount will be contributed by the Autonomous Communities. The SAAD's budget has grown steadily since the commissioning of the Law of dependence in 2006<sup>6</sup>. The only reliable information available to date is about the contributions made by the General Administration of the State, whereas is not possible to get comparable data on the amounts involved by the Autonomous Regions and Local Authorities to finance SAAD.

Chapter V in Title II of the LAPAD regulates the funding of the system and contributions of beneficiaries. The Article 32 states that SAAD funding should be sufficient to ensure compliance with the obligations incumbent on the competent public administrations. Such funding should be determined annually in the budgets. It also emphasizes that the General Administration of the State should fully finance the costs derived from the guaranty of the minimum level, while the Autonomous Communities should provide each year, an amount at least equal to that amount provided by the General State Administration.

In the context of inter-administrative cooperation stated in Article 10, the General State Administration and each of the administrations of the Autonomous Communities may determine bilateral agreements where the obligations of each of the parties for the funding of services and system benefits may be stated. These Conventions, which may be annual or multi-criteria for allocating resources, should take into account the dependent population, geographic dispersion, insularity, returnees and other factors, and may be reviewed by the parties (General Fund). There is an additional fund in the framework of administrative cooperation, which aims to offset income differences of dependant population by CCAA, based on household disposable income and the average pension for those dependent people with level III of dependence.

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<sup>6</sup> Fund designed to SAAD by General Administration of the State amounted to 400 million euros in 2007, whereas it will amount to 1500 million Euros in 2010.

Additional levels of care-services provision may be established by the Autonomous Communities, and should be fully funded by them. All autonomous communities develop systems of public-private cooperation through indirect management of certain services and agreements for the provision of services. In general, tele-assistance services and home care are managed through the Councils at different levels of participation of local authorities.

Article 33 provides that beneficiaries must contribute financially to the funding of services by means of a copayment. The dependent person's acquisitive level and their relatives', and the cost and nature of the care service provided, should be considered to determine this private level of contribution. The LAPAD established that no citizen can be outside the scope of the system because of lack of economic resources.

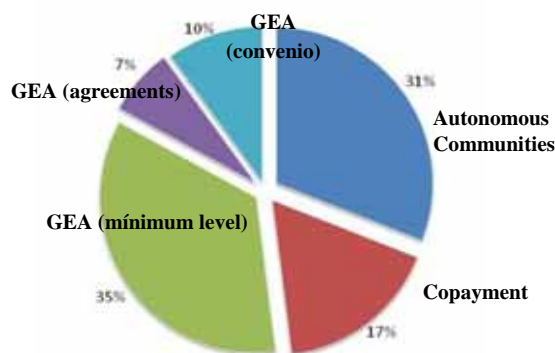
Criteria determining the amount of copayments that have to be paid, have recently been defined and have not retroactive characteristics, but mandatory. It has been decided that those who already receive a benefit or service derived from the rights recognized in the dependency law pay, shall pay the copayment if and only if, by doing this, they are better-off respect to the situation prior to the definition of these principles. Copayment are not equally defined for all the services provided:

- Old people's homes: Member pays 90% of the cost as long as possible within its acquisitive level, so that nobody will pay more than 90% of their income or less than 70%. Furthermore, all users should have at least 60 euros for their expenses after they afford the copayment.
- Day care centres: regarding this service, the copayment is a percentage that varies depending on the dependent person's acquisitive level. Copayment should be in a range between 10 and 65% of their income.

Funding from General State Administration to the SAAD is perfectly known because is determined annually in the budgets (59 % in the year 2009). However the disparity of models, the opacity of the data and the lack of a unified financial tracking system make such conjectures about regional financing impossible. Meanwhile the average user input to the system

(copayment) amounts around 17% of total SAAD expenditure in 2009. It allows to estimate the funding from the Autonomous Communities<sup>7</sup> as a residual.

**Sources of funding, 2009.**



Source: Asociación Estatal de Directores y Gerentes en Servicios Sociales

### 3 Demand and supply of LTC

#### 3.1 The need for LTC (including demographic characteristics)

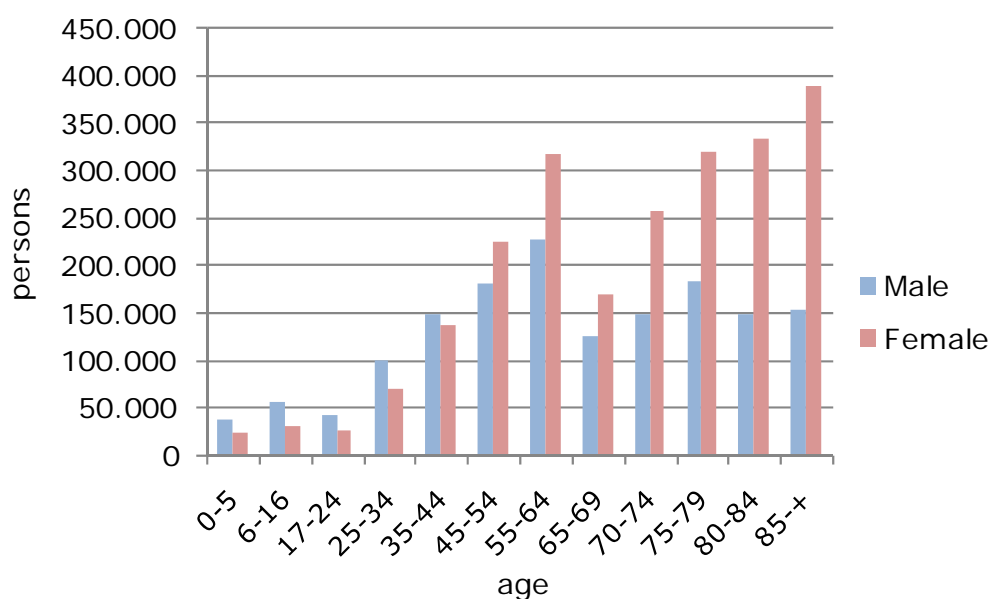
Demographic and social changes are leading to a gradual increase in the number of dependent population in Spain. On the one hand, the significant growth in the population aged over 65 years, which has raised from 7,3% of total population in 1950 to 16,5% in 2008, and it is expected to reach 30,8% by 2050. On the other hand we have to add the demographic phenomenon known as «ageing of ageing», i.e., the increase in the sector of the population aged over 80 years: from 1% in 1950 to 4,6% in 2008 and demographic forecasts predict an increase amounted 11,1% by 2050. (Source: INE)<sup>8</sup>

<sup>7</sup> "Financiación y costes de la ley de promoción de la autonomía personal y atención a las personas en situación de dependencia", Asociación Estatal de Directores y Gerentes en Servicios Sociales (Octubre 2009)

<sup>8</sup> Spanish population was 28.117.873 in 1950. Spanish population was 44.687.483 in 2008. Population projections estimate that the total number of inhabitants in Spain will be around 53.159.991 by 2050

The process of ageing in Spain has been driven by an increase in life expectancy<sup>9</sup> and by a reduction in fertility rates<sup>10</sup>. According to the 2008 Disabilities, Personal Autonomy and Dependency Situations Survey, 8,5% of the Spanish population has some disability or limitation that has caused, or may cause, dependency for activities of daily living or a need for support towards personal autonomy under equal conditions. This percentage increases 31,2% for people between 65 and 79 years and 26,7% for people older than 80 years. Total number of persons in need of care in 2008 amounts to 3.276.500 (figure 1).

**Figure 1: Total number of persons in need of care, in 2008 by age and sex.**



Source: Encuesta de Discapacidad, Autonomía personal y situaciones de Dependencia 2008

<sup>9</sup> Life expectancy in 1975 was 73,5 years (70,7 for male and 76,3 for female). In 2005, it was 80,23 years (76,96 for male and 83,48 for female). (Source: National Institute of Statistics).

<sup>10</sup> Birth rate (number of births per 1000 inhabitants): has decreased from 18.76 in 1975 to 11,38 in 2008. Average households size has decreased from 3.36 people in 1991 to 2.74 in 2007. (Source: National Institute of Statistics).



It is needed to distinguish "disability" from "dependency". As the Ageing Report 2009 remarks in its Chapter 8, the former refers to some "functional impairment" of the individual, whereas the latter refers to the "share of the population having some disability that requires the provision of a care service".

It is also essential to differentiate the concept of functional dependence, that has been analysed here, from the concept of old age dependency, that shows the balance between the inactive elderly and the economically active (employed) population, what is called old age dependency ratio. According to the Ageing Report 2009 done by the Working Age Group (WAG), the economic old age dependency ratio -defined as the ratio of inactive population aged 65 and over to the population aged 15 to 64- was 36 % in Spain during the 2007. They expect that this ratio increases slightly in the first period of projection to 37 % but the expected increase will be huger by the year 2020 (projections estimate that this ratio reach a value around 79 % by 2060). Even if it is not necessarily true that people over 65 years old need long term care, this figure can be used as an upper bound proxy of the demand of long term care services in the long run in Spain.

### **3.2 The role of informal and formal care in LTC (including the role of cash benefits)**

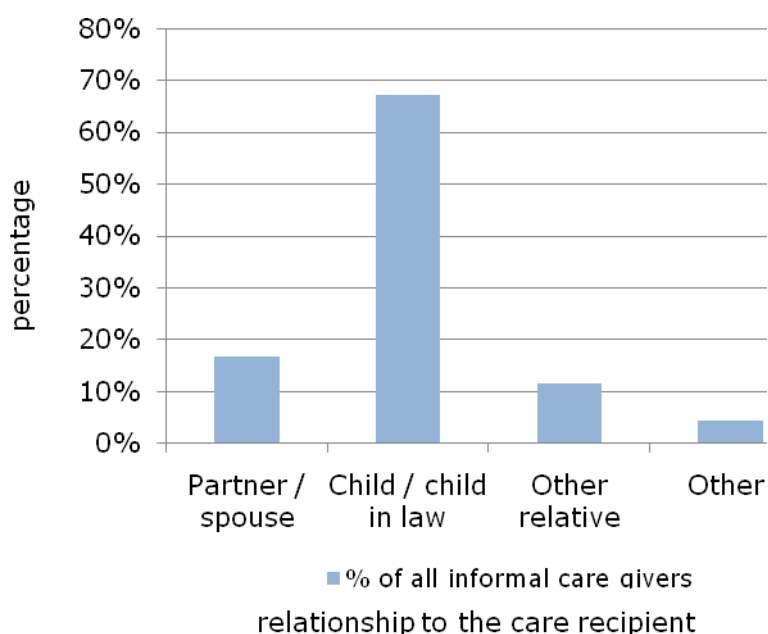
#### **3.2.1 Demand and supply of informal care**

An informal carer is considered to be a person, such as a family member, friend or neighbour, who provides regular and sustained care and assistance to the person requiring support, usually on an unpaid basis. It is hard to obtain reliable data about informal carers. According to OECD Health data 2009, there are around 2.709.305 in Spain, 77% of them are women.

Nearly 70% of Spanish older people with dependency receive exclusively family care. According to a study of carers by CIS ("Informal aid to the elderly") in 12.4% of the Spanish homes there is a person who gives informal support to the elderly. In Spain, the responsibility for caring lies in most of the cases in one person (47,20% ). Informal carer are usually women (83% of the carergivers), with an average age of 52 years, who are related to the dependant: generally, mothers, daughters or wives (see figure 2). Carers are

generally people with little education, low income, they do not receive any remuneration and are not included in labor statistics. The proportion of immigrant female caregivers (household employees) has also increased significantly<sup>11</sup>. However, the patterns of care in Spain are expected to change significantly due to the ageing process and social change<sup>12</sup>. Changes in the family models and the gradual incorporation of almost three million women into the job market in the last decade introduce new factors in this situation<sup>13</sup>, which mean that it is indispensable to review the traditional care system in order to ensure adequate capacity to care for the people in need of such assistance

**Figure 2: Percentage of informal care givers by relationship to the care recipient**



Source: Encuesta de Discapacidad, Autonomía personal y situaciones de Dependencia 2008

<sup>11</sup> In 2004, 30.1% of household employees of dependent people older than 65 years were immigrants. (Source: Informal Support Survey, IMSERSO)

<sup>12</sup> Divorce rate (number of divorces per 100 marriages) has increased from 4.7 in 1980 to 69.01 in 2007. On the other hand, the number of households composed by a single individual older than 65 years has increased from 712.800 in 1991 to 1.420.600 in 2007. (Source: National Institute of Statistics).

<sup>13</sup> Female labour participation has increased from 28.76% in 1976 to 51,51% in 2009 (3<sup>rd</sup> term). (Source: National Institute of Statistics).

### **3.3 Demand and supply of formal care**

#### **3.3.1 Introduction**

The benefits and services laid down in this Act are part of the Social Services Network of the respective Autonomous Communities in the scope of the competences that they have undertaken. The network of centres shall be formed by the public centres belonging to the Autonomous Communities, the Local Entities, the state reference centres for the promotion of personal autonomy and care and attention to situations of dependency, as well as accredited, subsidised private centres.

The Autonomous Communities shall establish the legal regime and the operating conditions for the subsidised private centres. Particular attention shall be paid to those that belong to the third sector (private organisations arising from citizen or social initiative, under various modalities that meet criteria of solidarity and general public interest and are not for profit) in the process of incorporation into the network. Unsubsidised private centres and services providing services to the dependent persons must be in possession of the appropriate accreditation from the Autonomous Community in question. Finally, public powers shall promote the voluntary collaboration of the public with the dependent persons, by means of participation in voluntary organisations and entities belonging to the third sector.

#### **3.3.2 Institutional care**

Institutional care is a long term care service provided in residential centres that are enabled for this purpose according to the type of dependency, degree of dependency and the intensity of care required by the dependent person. This service may be provided on a permanent basis, when the residential centre becomes the person's usual residence, or temporary, when the person requires a temporary stays for the purpose of convalescence, during holiday periods or at weekends, or if the nonprofessional carers are ill or have a respite period. The residential care service shall be provided by the Public Administrations in public and subsidised centres.

It is hard to get data available about institutional care workers since care is frequently provided by professionals of health that are not specifically

included in the statistics exclusively as long term carers. There are around 5,000 old- residential centres in Spain (80% are private), mostly placed in Cataluña, Castilla y Leon, Andalucía y Madrid.

Regarding the characteristics and number of dependent persons receiving institutional care, most of them are older than 80 (62 %) and for the most part, women (66%). They start to receive this service at age 81, four years later than the average men.

### **Institutional Long Term Care. Dependent persons Living in Institutions.**

	65 to 79 years	older than 80
Residential homes	50847	157355
Homes for disabled if 65+	3689	716
Nursing homes	4991	4923
<b>Total, institutional care services</b>	<b>59527</b>	<b>162994</b>

Source: Encuesta de Discapacidad, Autonomía personal y situaciones de Dependencia 2008.

### **3.3.3 Home Care**

Home help service is made up of a set of initiatives that are carried out in the home of the dependent person in order to cater for his/her everyday needs, provided by entities or companies that have been accredited for this function: services related to attending to domestic or home needs (cleaning, washing, cooking or others) and services related to personal care.

More than seven million people received home care services in Spain in 2008, what amounts to 9.4 % of the population older than 65 years. 52.2 % of them were attended by SAD (Home care Service) and the others by the tele-care service. The average person that receive home care services is a woman (67%), aged 79 (51% are older than 80), living with somebody else (only 31% live alone)<sup>14</sup>.

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<sup>14</sup> IMSERSO, 2008

### People receiving home care by region.

Region	Population older than 65	Users attended	Coverage ratio
Andalucía	1196354	46924	3.92
Aragón	262113	11316	4.32
Asturias	235428	10712	4.55
Baleares	145675	4738	3.25
Canarias	263027	9251	3.52
Cantabria	107342	3826	3.56
Castilla y León	570559	27624	4.84
Castilla-La Mancha	362087	28111	7.76
Cataluña *	1196294	57034	4.77
C.Valenciana	813214	22305	2.74
Extremadura	207081	20506	9.90
Galicia	602986	10018	1.66
Madrid	895583	71343	7.97
Murcia	194003	4699	2.42
Navarra	107020	3660	3.42
País Vasco	401688	21891	5.45
La Rioja	57187	3001	5.25
Ceuta	8640	828	9.58
Melilla	7526	291	3.87
<b>España</b>	<b>7633807</b>	<b>358078</b>	<b>4.69</b>

(1) Coverage ratio: (users served/population older than 65)\*100

The number of Home Care hours received by month has been established according to the grade and level of dependency<sup>15</sup>:

	Hours/month
Grade III. Great Dependence	
Level 2	79-90
Level 1	55-70
Grade II: Severe Dependence	
Level 2	40-55
Level 1	30-40

<sup>15</sup> Real Decreto 727/2007, de 8 de junio, sobre criterios para determinar las intensidades de protección de los servicios y la cuantía de las prestaciones económicas de la Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia.

Average home care intensity according IMSERSO data was around 17 hours/month in 2008. However, there are significant differences among regions not only in home care intensity (average home care intensity ranges from 28 hours/month in Galicia to 8.39 hours/month in Andalucía) but also in the public prices of home care services (it ranges from 6.8 €/h in Extremadura to 22.77 €/h in Navarra)

#### **3.3.4 Semi-institutional care**

The Day or Night Centre service offers comprehensive care during the day or night to the dependent person, with the objective of improving or maintaining the highest possible level of personal autonomy and supporting the families or carers. In particular, from a bio-psycho-social perspective, it covers the needs of counselling, prevention, rehabilitation, guidance for the promotion of autonomy, enablement or assistance and personal care. There were around 63,500 vacancies in public (39%), semi-public (25%) and private Day or Night centres (36%) during 2008.

There exists Day Centres for persons under the age of 65 years, Day Centres for older persons, Day Centres that are specialised due to the specific nature of the care they provide, and Night Centres, which are adapted to the peculiarities and ages of the dependent persons. Regarding vacancies in day care centers they have tripled: 14,925 new places were provided each year during the period 2002-2008.

An additional formal care service that is beyond the previously analyzed is the accommodation of older people in residential apartments, in Protective Houses and under foster care. Almost all Autonomous Communities have Protective Housing. In January 2008 there were 850 Protective's homes supervised a total of 7285 seats, the which 78% are on the Communities Castilla-La Mancha (1,504), Catalonia (2,065), Galicia (943) and the Basque Country (1,167). Only five autonomous communities provide residential apartments services and only six provide foster care services. Galicia ranks first in both.

## **4 LTC policy**

### **4.1 Policy goals**

The text of the Spanish Constitution, in articles 49 and 50, refers to the care of disabled and older persons and to a system of social services promoted by the public powers for the welfare of citizens. The main aim of the System is to guarantee the basic conditions and predict the levels of protection. It serves as a common ground for the collaboration and participation of the Public Administrations and to optimise the available public and private resources. Thus, it configures a subjective right that is based on the principles of universality, equality and accessibility.

### **4.2 Integration policy**

The Act establishes a minimum level of protection, which is defined and financially guaranteed by the General State Administration. Moreover, as a second level of protection, the Act contemplates a regime of cooperation and funding between the General State Administration and the Autonomous Communities, with conventions for the development and application of other benefits and services that are contemplated in the Act. Finally, the Autonomous Communities shall be able to develop an additional third level of protection for citizens, if they deem it to be opportune.

The very nature of the purpose of this Act requires the commitment and combined action of all of the public powers and institutions, which means that coordination and cooperation with the Autonomous Communities is a fundamental element. Therefore, the Act establishes a series of mechanisms for cooperation between the General State Administration and the Autonomous Communities, including the creation of the Territorial Council of the System for Autonomy and Care for Dependency. It shall be responsible for developing, by means of agreement between the administrations, the functions of agreeing on a framework of inter administrative cooperation, the intensity of the services in the catalogue, the conditions and amount of the financial benefits, the criteria for the participation of the beneficiaries in the cost of the services or the scale for assessing the situation of dependency, aspects which should allow for the

System to be deployed at a later stage through the corresponding agreements with the Autonomous Communities.

#### **4.3 Recent reforms and current policy debate**

During the period that elapse between 1st January 2007 and 31st December 2015 and with the purpose of promoting the progressive implementation of the System, the General State Administration shall establish on an annual basis in its Budgets, credits for entering into conventions with the administrations of the Autonomous Communities.

After the first three years of progressive application of the Act have elapsed, the Territorial Council of the System for Autonomy and Care for Dependency shall assess the results of the latter and propose any changes that it deems to be necessary in the implementation of the System. Moreover, the Government is authorised to issue any provisions that may be necessary for the implementation and enforcement of this Act.

The right to dependence aid is taken effect progressively beginning from 1st of January 2007, according to the following schedule:

- 2007: people graded as Degree III -Major Dependence, levels 2 and 1.
- 2008-2009: people graded as Degree II -Severe Dependence, level 2.
- 2009-2010: people graded as Degree II -Severe Dependence, level 1.
- 2011-2012: people graded as Degree I -Moderate Dependence, level 2.
- 2013-2014: people graded as Degree I -Moderate Dependence, level 1.

#### **4.4 Critical appraisal of the LTC system**

During the short performance of the System for Autonomy and Care for Dependency, it has shown several drawbacks. First, there is not a predetermined benchmark that defines the necessary investment to give response to the Catalogue of Services offered to dependent people. Second, there exists lack of harmonization with respect to the participation of the beneficiary. Autonomous Communities have legislated different thresholds of cost-sharing according to the economic capacity of the dependent individual.

Third, public and private prices of social services are very different across Autonomous Communities. This implies that depending on the



Community cash benefits may enough or not to buy the required formal help. Finally, the implementation of a third level of protection, which has already started in certain Communities, may enlarge regional disparities and break the principal of equal opportunities for all dependent people.

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# ANCIEN

## Assessing Needs of Care in European Nations



*FP7 HEALTH-2007-3.2-2*

**L** launched in January 2009, ANCIEN is a research project financed under the 7th EU Research Framework Programme. It runs for a 44-month period and involves 20 partners from EU member states. The project principally concerns the future of long-term care (LTC) for the elderly in Europe and addresses two questions in particular:

- 1) How will need, demand, supply and use of LTC develop?
- 2) How do different systems of LTC perform?

The project proceeds in consecutive steps of collecting and analysing information and projecting future scenarios on long term care needs, use, quality assurance and system performance. State-of-the-art demographic, epidemiologic and econometric modelling is used to interpret and project needs, supply and use of long-term care over future time periods for different LTC systems.

The project started with collecting information and data to portray long-term care in Europe (WP 1). After establishing a framework for individual country reports, including data templates, information was collected and typologies of LTC systems were created. The collected data will form the basis of estimates of actual and future long term care needs in selected countries (WP 2). WP 3 builds on the estimates of needs to characterise the response: the provision and determinants of formal and informal care across European long-term care systems. Special emphasis is put on identifying the impact of regulation on the choice of care and the supply of caregivers. WP 6 integrates the results of WPs 1, 2 and 3 using econometric micro and macro-modelling, translating the projected needs derived from WP2 into projected use by using the behavioral models developed in WP3, taking into account the availability and regulation of formal and informal care and the potential use of technological developments.

On the backbone of projected needs, provisions and use in European LTC systems, WP 4 addresses developing technology as a factor in the process of change occurring in long-term care. This project will work out general principles for coping with the role of evolving technology, considering the cultural, economic, regulatory and organisational conditions. WP 5 addresses quality assurance. Together with WP 1, WP 5 reviews the policies on LTC quality assurance and the quality indicators in the EU member states, and assesses strengths, weaknesses, opportunities and threats of the various quality assurance policies. Finally WP 7 analyses systems performance, identifying best practices and studying trade-offs between quality, accessibility and affordability.

The final result of all work packages is a comprehensive overview of the long term care systems of EU nations, a description and projection of needs, provision and use for selected countries combined with a description of systems, and of quality assurance and an analysis of systems performance. CEPS is responsible for administrative coordination and dissemination of the general results (WP 8 and 9). The Belgian Federal Planning Bureau (FPB) and the Netherlands Bureau for Economic Policy Analysis (CPB) are responsible for scientific coordination.

*For more information, please visit the ANCIEN website (<http://www.ancien-longtermcare.eu>).*