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Current Challenges for Long-Term Care Management in Spain

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Abstract

Due to the demographic and social changes that have taken place in recent years, Spanish society is undergoing a progressive ageing process, with increasing numbers of dependent people thus requiring long-term care. The main purpose of the present paper is to analyze the challenges inherent in managing these healthcare services. We start by examining the last 'Survey on Disability, Personal Autonomy and Dependency' conducted by the National Institute of Statistics and the 'Dependency Law', which constitutes the greatest breakthrough there has been in the field of social protection in Spain in recent decades. As well as studying the participation of the General State Administration and the Regional Autonomous Communities, we highlight the cooperation, coordination and financial support demanded of these government entities. Effective management is only possible if this commitment is fulfilled, based on identifying current needs and establishing appropriate action towards the achievement of well-defined healthcare goals.

Keywords: Healthcare, Dependency, Public Entities, Long-Term Care, Management.

1. Introduction

In recent years, protection of the dependent population has become a major challenge. As a phenomenon that affects a significant number of people worldwide, dependency is now, more than ever, a critical issue for those who work and live with it.

Although dependency affects all age groups, it is more likely to occur amongst the elderly, and thus the plight of the elderly dependent population is attracting growing interest. This interest is evident in a great number of initiatives in the realm of social and economic policy that are designed to address what is fast becoming one of the greatest challenges for modern society.

As a matter of social priority, care for the dependent elderly is not only an inevitable challenge of healthcare systems, but also for social services, given that the demand for personal care is expected to grow significantly (Blanco & Callejón, 2011). It also represents a challenge from the economic viewpoint, due to the costs of service provision for this population – and all the more so given the changes taking place within the family structure, in which 'informal' care is on the decline.

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The present work aims to address these issues, in particular by studying the current challenges of care management. Starting with an exploration of the measures adopted to deal with the phenomenon of dependency both in Spain and internationally, we then provide an analysis of the most significant set of regulations to have been passed in Spain in this area, describing the role played by Government at both national and regional levels. We also present a quantitative study on the subject of dependency, drawing on the latest figures on the phenomenon in Spain, to identify the true challenges that exist in this field.

2. Measures adopted to address dependency

2.1. In the international sphere

The protection of people with disabilities or those who are dependent on others for their care has become the focus of increasing attention on an international scale. The United Nations' 1948 *Universal Declaration of Human Rights*, and the Council of Europe's *Convention for the Protection of Human Rights and Fundamental Freedoms* (1950) and *European Social Charter* (1961) were the first such international treatises to make explicit mention of people with disabilities and set out measures designed to achieve optimum support for their personal and professional wellbeing.

In the 1970s, the European Union began to focus its attention on improving the living conditions of people with disabilities, approving in 1974 the initial *Community Action Program for the Vocational Rehabilitation of Handicapped Persons.* This established a basis for cooperation between those entities responsible for this area, and outlined actions intended to establish and disseminate good practice in the field.

These texts, together with others promoted by the World Health Organization, were followed in 1982 by the United Nations' *World Program of Action Concerning Disabled Persons*. The UN also declared 1983-1992 the *Decade of Disabled Persons*, which was conceived as a vehicle for the World Program of Action. In more recent years, 2006 saw the UN introduce *The Convention on the Rights of Persons with Disabilities*, which aims to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities, ensure their fundamental freedoms, and protect their innate dignity.

Also worthy of note is the current *Council of Europe Action Plan to Promote the Rights and Full Participation of People with Disabilities in Society: improving the quality of life of people with disabilities in Europe 2006-2015.* This plan considers that non-governmental support organisations – that is, those charities and voluntary groups that are exclusively devoted to helping people with disabilities – are perfectly competent and qualified to make policy in this area, and that they should therefore be consulted when making any decision that may have repercussions for the lives of the people they represent.

2.2. In the Spanish national context

In Spain, the social realm experienced a significant turning point in 1971, when the national Service for the Care and Rehabilitation of the Handicapped (*Servicio Social de Recuperación y Rehabilitación de Minusválidos,* or *SEREM*) was established. By the 1980s, the treatment and care offered by various different bodies to people with disabilities or those in situations of dependency had achieved considerable visibility. In 1982, Spain passed the Social Integration of the Handicapped Law (*Ley de Integración Social de los Minusválidos,* or *LISMI)*, which made generalised reference to matters of care and integration relating to this collective and included preventative measures in the social, economic and educational realms.

Some twenty years following the introduction of the LISMI, and coinciding with the *European Year of People with Disabilities,* in 2003 Spain passed the Law on Equality of Opportunity, Non-Discrimination and Universal Accessibility for Persons with Disability (*Ley de Igualdad de Oportunidades, no Discriminación y Accesibilidad Universal de las Personas con Discapacidad,* or *LIONDAU).* According to Lidón (2008), this law was the subject of much criticism due to its residing with the State, whilst the issue of accessibility was exclusively the domain of Spain's Autonomous Regional Communities, leading to conflicts between national and regional jurisdiction.

In more recent years, several major national measures and pieces of legislation have been implemented, the most recent being the Third National Plan of Action for Persons with Disability 2009-2012 (*III Plan de Acción para las personas con discapacidad)*. However, even more noteworthy is the Promotion of Personal Autonomy and Care for Dependent Persons Law (*Ley de Promoción de la Autonomía Personal y Atención a las personas en situación de Dependencia)*, passed in 2006, which constitutes the greatest advance to date in the sphere of protection for people living in situations of dependency. The following section provides an analysis of this Law.

3. The Dependency Law: Participation of national and regional government

The Promotion of Personal Autonomy and Care for Dependent Persons Law was introduced to meet the needs of those persons who, by virtue of their circumstances and resulting vulnerability, require special support to help them carry out their everyday activities, achieve greater personal autonomy, and fully exercise their rights as Spanish citizens.

This need to guarantee citizens a stable framework of resources and services to care for dependent persons led the State to intervene in this area, by means of the regulation contained within the Law. This legislation provides a new model of social protection that broadens and complements the protective roles of the State and the Spanish national Social Security System.

The Dependency Law operates via the Autonomy and Care for Dependent Persons System (*Sistema para la Autonomía y Atención a la Dependencia,* or *SAAD*), with the collaboration and participation of local, regional and national Government bodies. It sets minimum levels of protection, this being financially guaranteed by the General State Administration. In turn, a second tier of protection is provided by means of system of cooperation and co-financing between the General State Administration and the Autonomous Regional Communities, these having committed to formal agreements regarding the development and application of the other provisions and services covered by this Law. Finally, the Autonomous Regional Communities can also, should they so wish, provide a third, additional, tier of protection for citizens.

The very nature of the issues underlying the Promotion of Personal Autonomy and Care for Dependent Persons Law requires shared commitment and combined action on the part of all the public bodies, and, as such, coordination and cooperation with the Autonomous Communities are fundamental. For this reason, the Law establishes a series of mechanisms between the General State Administration and the Autonomous Communities, a noteworthy example being the Territorial Council of the Autonomy and Care for Dependent Persons System (*Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia*).

The SAAD responds to the coordinated, collaborative activities of the General State Administration and the Autonomous Communities, which are designed to address all and any issues that may affect people with disabilities and those living in situations of dependency. This may also involve the participation of other entities at local level. Within the framework of the SAAD, the Autonomous Communities are responsible for the following functions:

a) Within the sphere of their respective territories, the planning, organization, coordination and leadership of those services devoted to promoting personal autonomy and to the care of persons living in situations of dependency.
b) Again within their respective territories, managing the necessary services and resources for assessment and care in matters of dependency.
c) Establishing the procedures for coordinating social/care services and creating, where necessary, coordinating bodies that can guarantee effective care measures.
d) Ensuring that Individual Care Packages are implemented.
e) Periodically evaluating the care system in their respective territories.
f) Providing the General State Administration with the necessary information to ensure proper application of given financial criteria.

4. Healthcare for dependent persons in Spain

4.1. Quantifying the dependent population

According to the Spanish national Survey on Disability, Personal Autonomy and Dependency (*Encuesta de Discapacidad, Autonomía Personal y Situaciones de Dependencia*, or *EDAD)* published by the National Institute of Statistics (INE) in 2008, the number of dependents living in Spain is as follows:

Table 1. Spanish dependent population by age and gender (in thousands of people)

Age	Both sexes	Men	Women
From 6 to 44 years	376.8	201	175.8
From 45 to 64 years	656.3	249.5	406.8
From 65 to 79 years	905.4	302.2	603.2
From 80 years upwards	883.9	232.6	651.3
Total	**2,822.4**	**985.3**	**1,837.1**

In Spain, a total of 2,822,400 people over the age of five have some degree of impairment when it comes to carrying out everyday activities. By age group, the majority of these people are aged 65 or over – almost two thirds of the total. More specifically, this population comprises just over 1,789,000 individuals, this figure having increased by 22% compared to nine years ago. The population of 6-64 year-olds has also increased during this time period, by around 26%.

The objective of The *EDAD* survey (2008) is to provide a broader overview than previous surveys of the state of health of the dependent population. Therefore when referring to the restrictions that individuals may face in carrying out their day-to-day activities, it alludes to the severity of these restrictions – that is, the degree of difficulty the person has relative to each individual activity. It applies three levels of severity:

- *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.
- *Degree III. Total 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 above is classified into two levels, depending on the person's autonomy and on the intensity of care that is required.

If for each person we take into account the maximum degree of severity of limitation, the Spanish dependent population is distributed as follows:

Table 2. Dependent population by gender, according to the maximum degree of severity of their limitation (in thousands of people)

Level of dependency	Both sexes	Men	Women
Moderate dependency	560.8	214.9	345.9
Severe dependency	702.3	232.9	469.4
Total dependency	1,383.6	464	919.6
No data available	175.7	73.5	102.2
Total	**2,822.4**	**9,85.3**	**1,837.1**

These data suggest that around half of the Spanish dependent population has total dependency. Of the remainder, 55% are severely dependent. Although there are just over 175,000 cases for which no data on the level of severity are available, these only account for 6% of the total.

4.2. Current challenges in long-term care management

Empirical evidence suggests that per-capita expenditure on health is higher for persons in situations of dependency and for those in their declining years. This expenditure increases in line with age, as the older people become, the more likely they are to find themselves in at least one of these categories (Bryant, Teasdale, Tobias, Cheung and McHugh, 2004). This, combined with the increasingly ageing population, suggests that demand for care amongst the elderly dependent will become a socio-economic issue of growing concern.

To estimate the cost of care for the elderly dependent, we can draw on the number of dependents that appear in Tables 1 and 2, together with the unit cost of services that may be used, such as home helps, day care centers, residential care homes and telephone-based remote care services ('telecare').

Information on the individual costs relating to care for the elderly dependent can be derived from the 'Report on the Elderly in Spain', published by the Spanish national Institute for the Elderly and Social Services (*Instituto de Mayores y Servicios Sociales*, or *IMSERSO*). Since 2000 IMSERSO has been publishing these reports every two years, with a view to raising awareness about the realities faced by the elderly population and providing analysis based on statistics taken at both State and regional levels.

Using the 2009 IMSERSO report as our basis, the following table reflects the average cost of the social services provided in Spain.

Table 3. Cost of social services in Spain (in Euros)

Service	Cost
Home help (per hour)	12.71
Telecare (per month)	253.90
Day care center (per year)	7,873.27
Residential care home (per year)	17,295.6

There are many different ways to assign long-term care options to each degree of severity for the elderly dependent. Some of these permutations are reflected in various works on this question, such as those of Moragas and Cristòfol (2003), Montserrat (2005), Gutiérrez, Jiménez, Vegas and Vilaplana (2010), and Blanco (in-press). Following the assertions of the latter author, services could be assigned as follows, for example: for the moderately dependent person, telecare and home help (one hour per day); for the severely dependent person, a place at a day centre and home help (one hour per day); and for the person who is totally dependent, a place in a residential home.

On the basis of these figures, the costs of long-term care can be said to be high. Given the budget cuts being made in response to the current economic climate, these costs need to be managed more effectively than ever. In addition to private interventions and the informal care that is given to the elderly dependent, the estimated expenditure on long-term care does not sit in its entirety with the General State Administration and the Autonomous Regional Communities. Rather, the Dependency Law determines that the user must also contribute to meeting the costs of the services they receive.

5. Conclusions

The changing social and working patterns – such as women increasingly working outside the home – mean that informal care measures may find themselves under threat. It is therefore important to anticipate and organize, via a formal system, the resources required to address appropriately the needs of dependent persons. In view of this, care for this section of the greater population is becoming an inevitable challenge for public entities.

In Spain the General State Administration assumes the entire cost of providing a minimal level of protection for dependent persons, while formal agreements with the regional governments require them to, as a minimum, match this funding.

In this regard, estimating the costs of future long-term care is important, as this provides the basis for creating predictive systems capable of identifying the context in which public and private policy needs to be shaped, in order to guarantee that requirements for the dependent population are suitably covered.

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