

CEOQA

LTC network

Quality and cost-effectiveness in long-term care and dependency prevention



COUNTRY REPORT

Spain

Montserrat Guillen, Ramon Alemany, Manuela Alcañiz, Mercedes Ayuso, Catalina Bolancé, Helena Chuliá, Ana M. Pérez-Marín, and Miguel Santolino

September 2017

Contents

Introduction	1
Overview of the LTC system in Spain	1
Policies aiming to reduce dependency cost-effectively	3
Recent policy documents	
The meaning of prevention	
Prevention and the need for care coordination	
Maximising coordination in care provision	6
Recent policy initiatives	
Experimentation	
Policy measures to support unpaid carers	8
Innovative care models/technologies to improve outcomes for people	9
Appendices: Summaries of national policies	11
Andalusia	
Aragon	
Asturias	
Balearic Islands	
Basque Country	
Canary Islands	
Cantabria	
Castile And León	
Castile-La Mancha	
Catalonia	
Ceuta	
Extremadura	
Galicia	
La Rioja	
Madrid	
Melilla	
Murcia	
Navarre	
Valencia	
References	22

Introduction

In developed countries it is becoming more and more important to implement preventive and functional support policies to help older people stay healthy and autonomous. As their population ages, interventions aimed at maintaining health as far as possible for those aged 65 or older are crucial. Quality of life and wellness of the elderly population is a priority, so it is necessary to promote actions that would increase the possibilities of the elderly population to live independently.

In Spain, family composition dynamics is also having an impact on this change of behaviour. By tradition informal care (normally by the family) is the most important source of care for older people, but this is also facing the problem of low fertility rates (Ayuso and Holzmann, 2014); additionally, women have increasingly joined the labour force. Therefore population ageing is taking place at the same time as a change in the way care for older people is provided, with the result that formal care is becoming more important.

Increasing life expectancy for people 65 or over has resulted in an increase in life expectancy with good health or with moderate dependency levels (Ayuso and Guillen, 2011; Bolancé et al., 2013). For many people, reaching retirement age means starting a new period in their life without the responsibilities of work. Retirees look to maintain or improve their quality of life. Keeping their autonomy and staying in their own home are increasingly important. This change in the tendency has been noted in the literature. García Lizana (2013) and Sanchis et al. (2014) remark the importance of keeping autonomy in daily life for the wellbeing of older people, while Swift (2001) and Shalen et al. (2008) argue that preventive actions are very important to increase quality of life and autonomy of the elderly in advanced societies.

Of course, older people will also tend to suffer from ill-health and increasing longevity will increase prevalence of more severe dependency. Guillen and

Comas-Herrera (2012) have shown the high budgetary demands projected due to the high demand for and large expected costs of long-term care.

In Spain, the 2006 'Dependency Act' (39/2006, 14 December) created new public national care coverage as the 'fourth pillar of the welfare state', aiming to improve personal autonomy and care for dependent people. Despite financing problems, the new law represented great progress in consolidating long term care. Ten years have elapsed since this law came into force, and in order to evaluate its economic impact, it is necessary to look for cost-efficient policies, particularly policies aimed at preventing individuals from becoming dependent or moving to severe levels of dependency.

By 2064, 38.7% of the population of Spain will be over 65 years, as against 18.2% currently, according to estimates made by INE (2014). Such projections underline the need to continue developing policies to increase the number of years of healthy and independent life which older people enjoy. Otherwise, long-term care costs are likely to rise much higher.

The objective of this report is to summarize the evolution of dependency coverage in Spain, since law 39/2006 came into force, and the actions currently being implemented to promote active aging and autonomy of the elderly, as well as preventive actions, including:

- reducing dependency cost-effectively
- supporting unpaid carers
- use of innovative care models/technologies
- strategies for maximising care coordination.

Overview of the LTC system in Spain

The Dependency Act of 2006 established two types of long-term care benefits, those which are based on a service, and those of an economic nature, and

gives the former priority. Three types of dependency are defined¹:

Level I: moderate dependency – the individual needs help at least once a day to carry out the basic activities in daily life (ABVD)

Level II: severe dependency – the individual needs help two or three times a day to carry out those activities

Level III: great dependency – the level that corresponds to people who need help several times a day to carry out basic daily life activities.

The maximum amount per month established in the law (Real Decreto 1051/2013, of 27 December² and Real Decreto-Law 20/2012, of 13 July³) as a long-term care benefit for the service or personal assistance depends on the level of dependency that the individual is assessed to have: €300 at level I, €426.12 at Level II, and €715.07 at Level III.

The law establishes a minimum level of protection, defined and financially guaranteed by the national state. As a second level of protection, the law offers a cooperation and financing system between the state and the autonomous regions through agreements for developing and applying further benefits and services considered in the law. Finally, the regions may develop, if they want, an additional third level of coverage for their citizens.

The law lists social services which contribute to promoting independent living and long-term care:

- services for averting dependency and enabling personal independence
- tele-assistance services

- home care services (help with home tasks and personal care)
- day and night care centres
- residential services

All the benefits and services established in the law are integrated in the social services provided through the autonomous regions. Generally speaking, the network of services consists of public centres of the regional administrations, centres of the local governments (financed by city councils), centres which depend on the central state for promoting personal autonomy and long-term care, as well as private subsidized and accredited centres. Delegating these competencies to the regions has entailed differences in the access to benefits in different regions, and there are regions where the level of implementation is much higher than in others (Jiménez-Martín et al., 2016). Moreover, as argued by many authors, there exist clear discrepancies between the percentage of people with an officially recognized right to a benefit and the percentage of people actually receiving it. Overall, the percentage of people older than 65 who receive long-term care benefits in Spain is well below the OECD average (8.1% in Spain versus 11.4% in the OECD15,⁴ according to data obtained from OECD Statistics by Jiménez-Martín et al., 2016), even though its population is one of the most aging. The recipients of long-term care benefits also contribute to financing them, depending on the type and cost of the service and their personal financial situation.

Access to financial benefits is made with the objective of paying for a service or paying informal carers close to the family circle of the dependent person. Although the dependency law was supposed to generate employment in the social services sector, it has had little impact in the labour market, as the proportion of informal care is still very high.

¹ See Law 39/2006 at <https://www.boe.es/buscar/pdf/2006/BOE-A-2006-21990-consolidado.pdf>.

² Real Decreto 1051/2013, of 27 of December, regulating the benefits for the Personal Autonomy and Care for Dependent People, established in Law 39/2006 of 14 of December, of the Promotion of the Personal Autonomy and Care for Dependent People.

³ Real Decreto-ley 20/2012, of 13 of July, concerning actions to guarantee budget stability and to promote competitiveness.

⁴ Denmark, Estonia, Finland, France, Germany, Holland, Hungary, Italy, Luxembourg, Norway, Poland, Portugal, Spain, Sweden, Switzerland.

Implementation of services promoting independent living and long-term care, even though they are listed in the benefits 'catalogue', has been less frequent, as other type of actions became more relevant, such as home-care services and day-care centres. During the first years of the application of the law, tele-assistance services were very important, but budget constraints reduced their implementation. Nevertheless, the report *Libro Blanco del envejecimiento activo* (white paper on active aging, Imsero, 2011) emphasises the importance of preventive actions and the development of activities to promote the welfare of older people and their personal independence, as well as healthy life habits. Moreover, following some health interventions (such as the flu vaccine for the elderly), regions have developed their own laws for social services (Imsero 2011, pp 409-410). Social services for the elderly are part of the services for 'specialized attention', and vary between regions as to their format and level of implementation.

One of the most common services in Spain are pensioners' clubs. Older people attend these to take part in a wide range of recreational activities (among them memory games, computer classes and dancing). Volunteering services developed at the local level help to maintain these centres, while economy of scale makes it possible to reach high efficiency ratios.

Even though social services are managed, regulated and promoted by the autonomous regions, there are also programmes promoted by the central state. One example is the vacations programme (a subsidized holiday programme that provides accommodation and touristic activities to older people, who also have to pay part of the cost), which has a high take-up among older people, and makes a significant impact in the labour market and in the tourist sector (particularly on hotel occupancy, as the vacation programme is offered during the low season). The public financing of the programme is recouped by the public administration in the form of contributions to the social security system, savings in unemployment benefits and contributions to IRPF and VAT, among others.

Policies aiming to reduce dependency cost-effectively

Recent policy documents

The economic difficulties of the public dependency system in Spain have increased the need to find cost-efficient policies, that is to say, policies that would guarantee the level of benefits recognized by law while reducing the cost. Increasing the level of personal autonomy, risk reduction in daily life activities and increasing quality of life are very important in defining these policies, which are intended to prevent situations of dependency.

Many social programmes have been established to increase the welfare of elderly people at home, in many countries (Lord et al., 2006; Heywood and Turner, 2007; Turner et al., 2011; Riskcenter, 2014). They tend to increase efficiency not just because of the reduction of the help required from other people, but also because they have a preventive effect against illness or accidents at home (Lord et al., 2006; Heywood and Turner, 2007; de Vicente and García, 2013). From an economic point of view the efficiency of many of these interventions has been established: they have a cost clearly lower than the benefit they report (IBV, 2008; Barberà et al., 2010; Riskcenter, 2014).

Actions carried out in social programmes in order to increase welfare at home, often involve functionally adapting the house or flat or providing specific products. In the former, we mean adapting or transforming the house, particularly in the places where the basic activities of daily life are carried out (improvements to kitchens or toilets or installing showers in place of baths). In the latter, specific products are provided, in particular those which make life easier for resident, such those related to mobility (handrails, height-adjustable bed, non-slip elements) and other types of actions (for example specially designed kitchen utensils or easy to use household appliances).

Measuring the effect of these types of programmes can be done by using different indicators, and all of

them show positive performance ratios, both from the economic and the social point of view. The methodology *Social Return on Investment* (SROI) is the usual method for measuring the social impact of investments: the cost of implementing the policy is considered (actuation costs) and balanced against all the benefits derived from the action. These benefits can be measured by using a wide scale; a huge range of benefits can be considered (lower needs of support from other people, but also improving the social life of the elderly person, who may for example attend more cultural activities, with an economic impact). Examples of the application of this method can be found in an analysis carried out by the Barcelona City Council (2013) where the social impact of the personal assistant service provided by the municipal institute of disabled people was assessed, as well as in other articles which can be found in the scientific literature (see Lingane and Olsen, 2004; Millar and Hall, 2013; Chandoevrit et al., 2014, among others).

A joint study by Riskcenter (UB) and the Centre for Independent Living (*Centro de Vida Independiente*, CVI) carried out in 2012 (Riskcenter, 2014) assessed the variation in the self-perception of dependency expressed by a sample of people over 65 years in Barcelona, who were beneficiaries of a programme providing support products and/or adaptations at home with the intention of increasing their independence in daily life.

The study is based on the valuation of the improvements reported by the beneficiaries in the different limitations associated in the basic activities (for example mobility, eating, bathing, dressing, or using the telephone), and quantifies in a personalized way for each individual the changes after the interventions. The auto perception indicator of the dependency which was created, makes it possible to quantify the changes in the higher or lower degree of autonomy in carrying out the activities of daily life. The performance of the actions is measured in terms of the reduction in the need for help from other people and also taking into account the prevention effect (delaying the time

when higher levels of dependency are reached) which can result from such programmes, (Riskcenter, 2015).

The valuations expressed by the beneficiaries themselves, or the people taking care of them, are especially relevant with respect to the results of such programmes. Particularly important are the auto perception of the individual with respect to improvements in feelings of autonomy, the advantages for the carer (frequently they are people from the family circle), and improvements in security when performing the basic activities of daily life. It is very important also to remark that the economic return will not be enough to justify this type of programme if they are not providing social welfare as well. As an example, the results presented in Riskcenter (2014, 2015) show very high percentages of satisfaction of the beneficiaries, higher than 90% in the different items evaluated (improvement in autonomy, advantages for the carers, improvement in security, carrying out the interventions without disturbing the beneficiaries, etc.).

The meaning of prevention

The effects of the preventive actions result not only in a reduction in the need for care from other people, but also in illness prevention and in general, in a improvement of welfare and health of the individuals. Prevention means to avoid dependency or at least to delay the moment when the person becomes dependent. It also means to reduce the risk of reaching higher levels of severity.

As an example, Brooks et al. (2013) remark that preventing slips and falls is a major concern for the public health system, due to their large cost. Elderly people increasingly use the internet to access advice and goods related to health, so the authors analyse whether the websites related to the topic are easy to understand and access. Additionally, Tinetti et al. (1994) show that thanks to these interventions (adjustment of their medication, behavioral instructions and exercise programs aimed at modifying their risk factors) slips and falls decreased. According to the report *Older people's*

houses: conditions and risks (“La vivienda del mayor, condiciones y riesgos”, Institute of Prevention, Health and Environment; Fundación Mapfre 2013), in Spain in 2013 some kind of accident occurred in six out of ten houses or flats lived in by people older than 65, and falls accounted for 80% of these. Falls can result in injuries of different severity, but let us assume that the person suffers a hip fracture. In that case, according to De la Torre et al. (2012) the average cost would be approximately €25,400. This is estimated by taking into account direct costs (hospital care, out-patient care, orthopedic material, professional carers, adapting accommodation, etc.) and indirect costs (for example loss of productivity of the carer, normally from the family circle, giving up a remunerated activity). If we consider, as a reference, the mean cost of the interventions published in Riskcenter (2014), of €1,197 per beneficiary (€758 in the case of support products, and €2,657 euros in the case of works at home), the preventive effect would be justified in economic terms. Additionally, of course, the positive effect on the health and psychological welfare of the person must be considered.

Prevention and the need for care coordination

Collaboration between sectors is fundamental for developing policies to prevent dependency. Apart from the participation of the health services, education and new technologies are especially relevant. The study of prototypes of adapted houses, transport and activities promoting the independence of the elderly population are especially important when designing social programmes (for example social networks, collaboration between departments, or volunteer schemes).

Improving the independence of elderly people and prolonging the feasibility of their living in their own home are important both from the point of view of personal welfare and also from an economic perspective.

To promote access (to homes and to transport, especially interurban) is one of the objectives of the

Ministry of Health, Social Services and Equality in Spain which it has promoted for more than 15 years (Imsero, 2011). Such preventive interventions have been promoted during recent years, due to progress in information and communication technology (ICT). There are many examples, but probably the most relevant is tele-assistance at home, as in many cases it makes it possible for elderly people to remain in their own home, by keeping them in contact with their social and family network, thus promoting family links and providing security to elderly people and their relatives. The programme has a high level of implementation throughout Spain, co-financed by Imsero and the corresponding local corporations (*Portal de la dependencia*, Imsero, www.dependencia.imsero.gob.es).

Additionally, building accessible houses or flats, adapted to the needs of older people is fundamental for promoting and maintaining independence. Elderly people in Spain are normally owners of the house or flat where they have lived all their life. When they reach advanced ages, it should be feasible to renovate and adapt their houses to increase their quality of life.

The law 39/2006 of dependency, regarding the economic benefits for promoting personal independence establishes that the central state and the regional autonomies can cooperate to provide subsidies addressed to help the person with technical support or equipment needed in their daily life and to support access and adaptation at home aiding the mobility of the older person. As well as this, there are state plans for housing and rehabilitation in which people over 65 years, dependent or disabled (and their family carers) are designated as beneficiaries with preferential protection.

Local corporations, through their regulations, have promoted adaptations for houses (for example improving the bath, or installing handrails, better lighting, or sound amplification) subsidized by the Ministry of Public Works which usually take the resident's income level into account. However, the programmes for adaptations and home support

materials have many limitations, and their budget allocation has been reduced during recent years, with a decreasing number of beneficiaries.⁵

Maximising coordination in care provision

As in many other countries, provision of LTC in Spain is fragmented, due to the intervention of many agents and the differences between the autonomic regions. In 2011 the Ministry of Healthcare, Social Policy and Equality published the White Book on the Coordination of the Social and Healthcare Fields in Spain (*Libro Blanco de la Coordinación Sociosanitaria en España*) which aimed to take advantage of the complementarity of the Nacional Healthcare System (SNS) and the Social and Health Services in order to increase efficiency.

The Ministry has made proposals to improve coordination between health and social care, based on the contents of the White Book on the Coordination of the Social and Healthcare Fields (2011), on the Strategies for Approaching Chronicity of the National Healthcare System (2012), and the Report of the Advisory Council on the Social and Health Attention Coordination (2013). Working groups in the different autonomous regions have been set up, although the economic difficulties facing public administration prevent the speedy achievement of the objectives, and there are also differences with respect to the integration of both systems depending on the geographical area.

Recent policy initiatives

The National Healthcare System and the Social Services System have been developing collaboration programmes with the aim of integrating their services. These programmes vary in many cases between the autonomous regions. As an example, the Inter-ministerial Social Health and Healthcare Services and Interaction Plan (PIAISS) created by the Catalan Government can be

downloaded at: http://presidencia.gencat.cat/web/.content/departament/plans_sectorials_i_interdepartamentals/PIAISS/PIAISS_resum_executiu_i_casos_model_angles.pdf.

A detailed analysis can be found in chapter 7 of the White Book on Dependency (*Libro Blanco de la Dependencia*, 2004) where the social and healthcare plans carried out are presented chronologically. Many of these plans have been updated and others newly created (for example strategic social and healthcare assistance plans in the Basque Country, Andalusia, Navarra and the Balearic Islands).

While there are differences between the plans, the objectives of these initiatives can be summarized as: to promote coordination, cultural integration and the creation of common languages between the professionals of both systems. This in turn should improve clients' quality of life of people and contribute to extending healthy life years and life expectancy free of disability; improve accessibility to the healthcare and social services; improve the effectiveness and efficiency of both assistance programmes; and improve the quality of the services provided and user satisfaction with them, increasing professional competence with a bio-psycho-social orientation of the care given⁶.

The objectives have been pursued through the creation of social and healthcare coordination structures, the implementation of shared information systems, improving the comprehensive assistance in social centres, promoting the creation of hospital assistance units of continuity, and promoting the increase of hospital convalescence resources.

The creation of a catalogue of projects and collaboration initiatives in different geographical regions is one of the objectives of the social and healthcare coordination strategy engaged by the Ministry of Healthcare. It has a precedent in the

⁵ See, for example, the data presented in the report of the programme "Adaptació funcional de la llar de les persones grans i/o dependents" carried out by Barcelona City Council and CVI.

⁶ Objectives drawn from the Social and Healthcare Attention Plan of the Autonomous Region of Castilla y León <http://www.saludcastillayleon.es/profesionales/es/coordinacion-sociosanitaria/planes-sociosanitarios-estrategias/planes-sociosanitarios/ii-plan-atencion-sociosanitaria-castilla-leon>

Reference Catalogue of Social Services approved by the Social Services Territorial Council and the System for the Personal Autonomy and Care for Dependent People in January 2013.

Experimentation

There are many examples in Spain of projects aiming to promote independent living and autonomy for older people. In 2008, in Barcelona, the Association for Independent Life (AVI) created the Centre for the Independent Life (CVI), a prototype digitalized house promoting autonomous living.⁷

In this centre a group of professionals analyse which type of service is more suitable for dependent people (by taking into account the wide range of limitations they could suffer), in order to support the independence of the elderly person in their home. The support offered to carers through designing new products and technology is also important. The centre of independent life provides personalized assistance with social assistants who assess the needs of the person *in situ*. These needs are measured from a physical and psychological perspective, by analysing the social conditions and personal environment.

The CVI offers support products for mobility limitations, activities of daily living, communication, security, etc. Moreover, it has a well-established relationship with university research groups which directly or indirectly collaborate in the projects' development (one example is the Riskcenter, which collaborates in the quantification of the cost-benefit effect of the centre's projects). The programme selects a sample of people aged 65 years or more with some limitations on their capacity to live independently at home, where some of them are receiving the public benefit for dependency. The selection is not made at random. Participants must not have higher levels of income and have to be receiving a tele-assistance service; assessments are made by the social services and by the social

assistants of the Centre for the Independent Life, which estimates in advance if the person could improve their autonomy through to the interventions. In that sense, people with severe limitations are not considered, as such limitations are difficult to overcome with the planned interventions. A complete analysis of the results obtained in this project for years 2012 and 2013 can be found in Riskcenter (2014 and 2015).

The Municipal Personal Assistant Service of the City Council of Barcelona is similar to the CVI programme previously defined, but aimed at physically disabled people who do not want to live in a residential institution nor depend on family, and for them the personal assistant is someone able to assist with independency and autonomy when the person wants. This service is offered to people between 16 and 64 years and, therefore, does not correspond to the same groups as the one offered to old people. According to the conclusions of the study (Barcelona City Council, 2013), the social return on investment methodology suggests that for each euro invested in the service between €2.7 and €3.2 are generated as a social return. This return includes the cost of the service (also taking into account public administration costs) and also the social changes that the improvement in autonomy generates in the contacts of the persons involved, mainly the institutions providing the personal assistant or people from the family network. One of the most striking aspects of the service is the improvement in the quality of life reported by the users and the reduced burden on the carers.

In Andalusia, elderly people have access to a smart card (*tarjeta Junta sesentaycinco*). The smart cards record individual information for card users, including their personal portfolio of social and health care services, to promote personal autonomy.

In the autonomous cities of Ceuta and Melilla, there are additional services to the catalogue of services included in the Law of Dependence. These aim to promote the personal autonomy of elderly people and include services providing personal assistance (personal hygiene, hairdressing, companionship,

⁷ As part of the Inter-ministerial Social Health and Healthcare Services and Interaction Plan (PIAISS) of Catalonia with the pilot project Adaptación del hogar.

podiatry, cooking and shopping, cleaning and small repairs) as well as courses for non-professional carers and subsidies for the promotion of autonomy.

Similarly, in Extremadura services associated with the promotion of independent life and autonomy of older people include a food and laundry club service, podiatry, excursions, talks and workshops for old people, memory training, reading clubs, music therapy and other services. Regarding economic benefits, for all levels of dependency there are benefits for care in the family, and also subsidies available for services and personal assistance. Personal assistance is aimed at helping people with disability that have special needs for support not exactly included in the strict activities of daily living. An example would be a young person, with a severe disability due to an accident that would need help to attend courses.

In the Valencian Community, the policy of Active Aging Action launched by the Regional Ministry includes services additional to the catalogue of the Law of Dependency, such the home care programmes 'Menjar a Casa' and 'Major a Casa'. Both programmes cover 4,500 elderly people in the Region of Valencia, offering an integrated service providing meal delivery, household laundry and home cleaning. Finally, in addition home meal delivery and laundry, Murcia has a special programme of early care⁸ for children under 6 with dependency levels of II and III.

Policy measures to support unpaid carers

In Spain, the coming into force of Law 39/2006 concerning the promotion of personal autonomy and attention to dependent people, represented an important change in recognizing the work carried out by informal carers (carers belonging to the family or friendship network of the dependent person). Informal care has been, without doubt, the most

common kind of care in Spain, and it remains so despite the new law. In fact, the latest results presented by the National Institute of Statistics show an increase of 1.2 percentage points in people employed part-time because they cannot pay for the services required by disabled, ill or elderly people, from 2.5% in 2014 to 3.7% in 2015 (INE, 2016, *Encuesta de Población Activa*). This significantly affects women, mainly those between 45 and 54 years. In 2015 59.9% of women who only work part-time because they are taking care of an elderly person are in this age range, followed by women older than 55 years (30.4%).

Law 39/2006 recognizes that benefits can be of different natures: services or economic benefits. A beneficiary can, exceptionally, receive an economic benefit in order to receive assistance from non-professional carers, if their house has suitable living conditions and this is recognized by their Individual Assistance Programme. Other economic benefits allow the dependent person to directly contract the service or assistance in the private sector. The economic benefits for the informal carer depend on the degree of dependence which the cared-for person is assessed to have and their financial position. The regulations on affiliation, registration and contribution to the Spanish Social Security are applicable to the carer, by a special voluntary agreement signed between the non-professional carer and the Social Security General Treasury, and the carer is included in the General Regime of the Social Security, in a similar situation to a registration. From July 2012 (when the Real Decreto-ley 20/2012 took effect) signing the agreement is voluntary for non-professional carers; if they do sign, the contributions to social security are –paid exclusively by the carer.

The special agreement of non-professional carers with social security includes retirement benefit, and insurance for permanent disability, death and injury due to accident of any kind, and illness of any kind. Temporary disability and unemployment are not included. Detailed information about providing care within the family can be found in the *Portal de la*

⁸ The main objective of the early care programme is to facilitate the integration in the family, school and social environment of younger dependent people (usually up to 6 years old), promoting their personal autonomy and ensuring the necessary care.

Dependencia of the Ministry of Healthcare, Social Services and Equality.⁹

The Law promotes support for non-professional carers, such as training programmes, information and respite periods. The training activities supporting non-professional carers, according to the Territorial Council of 22 November 2009, are decided by each autonomous region with general guidelines on training and information.¹⁰ Essentially these involve:

- provide basic skills to the carer to improve the social and health care of dependent people
- help carers apply the most suitable strategies and procedures to maintain and improve personal autonomy of the cared-for people and their relationships with others
- offer information on support products to promote self-care of the dependent person and their independent life
- encourage emotional support to carers through self-care actions
- provide information and social and health resources to improve care, assistance and autonomy for dependent people

promote the social recognition of carers, with help for entering into the labour force in the future. Training plans carried out in the framework of the Carers programme are an example (see, for instance, the training programme *Los cuidados a personas con dependencia* given at the University of Barcelona-IL3¹¹).

Innovative care models/technologies to improve outcomes for people

Care models for the dependent people are significantly affected by the development and implementation of new technologies which are intended to improve the quality of life and access to the assistance services of dependent people and their carers. Nevertheless, there are also very relevant interventions, benefits and actions which are more traditional, but have been proven to improve the autonomy of elderly people, by reducing the support required from another person.

The Centre of Independent Life (CVI) has focused on the technical design of support materials associated with different disabilities or limitations (mobility, activities of basic daily life, etc.). A complete study of the different innovations created in the CVI can be found in Riskcenter (2014); the coverage is wide, including actions to improve functionality (mobility, transfers, communication and security), personal hygiene, and basic activities of daily life (cooking, dressing, eating). Examples are given in Table 1.

The development of new technologies in social and healthcare integration is more and more important. They aim to make the new technological developments and new information systems accessible to the dependent person and the carer. For example, developing an intelligent system based on sensors and actuators integrated in clothes which would prevent, detect and protect against falls (Instinto programme carried out by IBV, Biomechanics Institute of Valencia, <https://instinto.ibv.org>), as well as projects in biomechanical and interface design (including the application of ergonomics and emotional and sensory engineering).

⁹ www.dependencia.imserso.gob.es/dependencia_01/documentacion/preguntas_frecuentes/prestaciones/pres_cuidados/index.htm

¹⁰ Resolution of 4 November 2009, of the General Secretariat of Social Policy and Consumer Affairs, publishing the Agreement of the Territorial Council for the Autonomy and Care for Dependency, regarding the common criteria for the certification in training and information to non professional carers www.boe.es/diario_boe/txt.php?id=BOE-A-2009-18959

¹¹ <http://sid.usal.es/docs/F8/FDO25078/conde-cuidados-01.pdf>

Table 1. Examples of aids and adaptations provided

Category	Examples
Mobility	handrails, multifunctional benches, walkers, ramps and reachers / long clamps.
Transfers	elevator cones (to elevate the home furniture as sofas and beds), pillows, rotary dials (to rotate people in a smooth and stable way),
Communication	fixed telephone with large keys, easy to use mobile phones
Security	bell amplifiers, security alarms
Personal hygiene and personal care	swivel chairs and small tables in the bathroom, elevated toilet seat and support bars, cream applicators, flexible handled sponges, long handled combs and toothbrushes
Activities of daily life	kitchen tools (can and bottle openers, non-slip cloths), tools for eating (ergonomic glasses, wide side dishes), accessories for self-dressing (long shoehorn)
Home adaptations	bathroom: substitution of the bath for a shower, changing taps, bath installation, making showers more accessible, adaptation of the WC and the sink, improving the use of the bath (substitution of the shower partition by curtains and removing bidets) general: changing the location of power sockets, switches, and heating circuits kitchen: ergonomic glasses, special cans and bottle openers, non-slip material

Appendices: Summaries of national policies

Administratively, Spain is organized in 19 main regions (17 autonomous communities and two autonomous cities, Ceuta and Melilla). The administrative regions are shown in Figure 1.

Figure 1. Map of Spanish administrative regions (autonomous communities)



ANDALUSIA

The Law of Dependency is developed by the Agency of Social Services and Dependency of Andalusia, part of the Regional Ministry of Equality and Social Affairs. The public system of social services for the care of dependent people provides basic social services (promotion of personal autonomy, home care services and tele-assistance)

and specialized social services (day and night care centres for the elderly and residential care).

When these services cannot be directly provided, financial benefits are given to relatives for care of dependent people. In Andalusia 67% of the benefits are related to services and 33% for care in the

family environment. This percentage is three points above the national average, at 64% and 36% respectively (2015).

In 2015, the expenditure for social services of the Autonomous Community of Andalusia for the System for Autonomy and Care for Dependency was €1,071 million, distributed as follows: home care services (€310 million), tele-assistance (€6.3 million), residential care (€329 million), day-care centres (€86 million), economic benefits (€331 million) and other expenses (€10 million).

The Dependency Law establishes that the beneficiary has to cover part of the cost of a service. The amount paid by the beneficiary depends on their financial situation.

Social and health services coordination: Andalusia has promoted a card for elderly people (*tarjeta Junta sesentaycinco*) which coordinates social and health care services, including the promotion of personal autonomy and long-term care prevention. More than one million people are card users.

ARAGON

The benefits and services established in the law 39/2006, 14 December, of personal autonomy promotion and attention to dependent people are integrated in the catalogue of social services of Aragon. The services offered are: promotion of personal autonomy, tele-assistance, home help service, day-care centres, and residential services (for severely dependent people). The economic benefits are: those linked to a service, those provided for care within the family and to support non-professional carers, and benefit for personal assistance.¹² In Aragon there are also courses for non-professional carers, agreements to improve access to the accreditation of professional competencies regarding the caring for dependent people, adapted transport and special programmes for family respite.

The catalogue of social services of Aragon is available in www.aragon.es/iass.

In 2014 the contribution of the central state at the minimum level of protection was €28.5 million, and the contribution of Aragon was €184.4 million.

Except for residential care, those whose income is below a certain level (calculated with reference to the per-month amount of the IPREM (Public Income Indicator of Multiple Effects)) are exempt from payments for services. The contribution to the cost of services is progressive up to a maximum of 90% of the cost of the service. The economic benefits are set as at least 10% of the maximum amount established for each dependency level.

Social and health services coordination: There is a collaboration arrangement between the Social Services System and the Health System for care of elderly people during convalescence, with the provision of places in residential centres. Providing branches of hospital pharmacies in public centres for old people has contributed to the quality of the system and also reduced costs.

ASTURIAS

The relevant regulation for dependency matters is the resolution of 30 June 2015 of the Department of Social Welfare and Housing, regarding the services and economic benefits of the System for Personal Autonomy and Care of Dependent Persons (SAAD) in Asturias (BOPA 2-VII-2015). The local social services networks provide information and advice, and also process applications and documentation. There are also agreements with local providers to manage home help and tele-assistance services for dependent people.

The services of the SAAD include the promotion of personal autonomy, tele-assistance, home help, day and night care centres and residential care. The economic benefits of the SAAD are: those linked to a service, those provided for care within the family and to support non-professional carers, and benefit for personal assistance. Additionally, there is a programme for the individual evaluation of the

¹² Remember that economic benefits allow the dependent people to receive care from relatives but also to contract the service or assistance in the private sector.

personal needs for technical support and benefits for removing architectural barriers and purchasing support products. There is also a month of residential care (allowing respite for the carer) and a home help service. Day-care centres include maintenance and transport service. The catalogue of social services of Asturias is available at www.asturias.es/portal/site/webasturias/menuitem.f6d8fb00dc819a6bd9db8433f2300030/?vgnnextoid=a8344faf08ad210VgnVCM1000002f030003RCRD

In 2012 the contribution from the central state was €26 million (14.49% of the total), the contribution from Asturias was €139 million (72.14%) and the contribution from users was €27.7 million (14.37%).

The contribution of the user is progressive, up to a maximum of 90% of the costs. The contribution to the cost of the home help service for dependent people is a maximum of 75% of the cost per hour.

Social and health services coordination: the Social and Health Services Coordination Plan for this autonomous region is currently being developed.

BALEARIC ISLANDS

The Balearic government manages the application of the Dependency Law, in cooperation with the island council (as they manage jointly the access to the services).

The services offered for the two most severe dependency levels ('great' and 'severe') are day-care centres and residential care. For the moderate dependency level there is a day-care centre service. Regarding economic benefits for great and severe dependency, it covers care within the family and financial benefits linked to the service. For the moderate level of dependency it covers benefit for care within the family and benefit linked to the service for day-care centres. In the Balearic Islands day-care centres and residential care include maintenance and, in most care homes, also the laundry service. The catalogue of social services of the Balearic Islands is available at: www.caib.es/govern/organigrama/area.do?lang=ca&coduo=3349

The total cost for 2013 was €95.8 million. The contribution of the central state was approximately €15 million, 15.7% of the total.

Copayment is made according to the autonomic regulation Decree 84/2010, 25 June, BOIB N. 99. The economic resources of the dependent person and his/her partner (if they have one) is determined by assessing their income from employment as well as capital gains and income from property investments. There is a maximum copayment in the case of day-care centres and residences, so that the dependent person never pays more than 65% of the reference cost index of the day-care centre, or 90% of the reference cost index of the residence. The reference cost indices can be found in the appendix of the Decree 84/2010.

Social and health services coordination: the Balearic Government is in contact with the Health Care System of the island to avoid duplication in the provision of services.

BASQUE COUNTRY

In the Basque Country, the Law of Dependency is developed by the Department of Employment and Social Policies of the Basque Government. Most of the services provided by the Law of Dependency were previously offered from the Basque administrations according to their competences. In the provinces, the administrations dealing with social services for dependent people are the Regional Institute of Social Welfare of Alava, the Regional Administration of Gipuzkoa and the Regional Administration of Bizkaia.

In Bizkaia, as in the other regions of the Basque Country, there has been a significant bias towards economic benefits to caregivers in the family environment, representing almost 40% of the total resources provided for long-term care services.

Long-term care patients participate in financing the cost of the service. However, the design of the system ensures that no one is excluded from receiving long-term care services by reason of their financial position.

There is a collaboration agreement between the Basque Government, the Regional Administrations of Alava, Gipuzkoa and Bizkaia, and the Association of Basque Municipalities (EUEDEL), for the development of the health care system. The Basque Socio-Health Care Council has been created as a higher body for coordinating the health and social systems. The functions of the council are to develop the Strategic Plan for Socio-Health Care, to guarantee the provision of services, to define competencies, to promote common programmes and to coordinate evaluation mechanisms.

The Basque Country has created a body dedicated to innovation in the area of socio-health coordination. The Basque Foundation for Socio-Sanitary Innovation, which involves the Department of Health and Consumer Affairs and the Department of the Employment and Social Affairs of the Basque Government, plans to develop a research and innovation centre for the social and health care of dependent people and those with disabilities or chronic conditions.

CANARY ISLANDS

The Law of Dependency is developed by the Directorate General of Social Policies of the Government of the Canary Islands, part of the Regional Ministry of Employment, Social Policies and Housing. The public system of social services for the care of dependent people provides basic social services (promotion of personal autonomy, home care services and tele-assistance) and specialized social services (day and night care centres for the elderly and residential care). When services cannot be directly provided, financial benefits are available for relatives for the care of dependent persons.

The Dependency Law establishes that the beneficiary has to cover part of the cost of a service received. The amount paid by the beneficiary depends on their financial situation according to Order BSF/130/2014, 22 April.

Social and health services coordination: the Care System for Dependent People is coordinated by the

Insular administrations (*cabildos*). The *cabildos* are the administrations in charge of the portfolio of socio-health services in each island, which avoids the duplication of services in an island.

In 2001, the government of the Canary Islands agreed to approve the Social and Health Infrastructure Plan for the care of the elderly (PCAMD), signing agreements between the Regional Administration of the Canary Islands and the individual *cabildos*. It includes a unified portfolio of long-term care services for the whole archipelago. More information at www.gobiernodecanarias.org/politicassociales/dependencia

CANTABRIA

The Dependency Law is implemented by the Department of Health and Social Services, and

the Cantabrian Institute of Social Services (ICASS) manages the provision of social services in general, and particularly provision for dependent people.

Tele-assistance, home help, day and night care centres, and personal assistance are available for all levels of dependency. For great and severe dependency residential care is also an option. The transport service is for free for people with great dependency. There are also financial benefits provided for care in the family, and support for non-professional carers. The catalogue of social services of Cantabria is available at: www.serviciosocialescantabria.org

In 2013 the total cost for tele-assistance, home help and transport services was €12 million, for subsidized stays €66 million, and for economic benefits €34.8 million. Additionally, there are management costs of around €20 million and other services cost around €1.8 million. Moreover, Cantabria has agreements for the provision of care for disabled people at a cost of €513,505. Finally, every year there are public grants for promoting autonomy (€2 million in 2013). In 2012, the amount for the minimum level of protection paid by central government was approximately €19 million.

In Cantabria, the contribution of the users is regulated in the Order SAN/28/2012, of 13 September. The contribution is progressive and depends on the economic resources of the user and it is never higher than 90% of the total cost of the service.

Social and health services coordination: the residential centres operated by the Cantabrian government provide coordination for receiving patients from hospitals. A special programme for patients with chronic conditions is now in progress, and it will take into account social and health care coordination at all levels.

CASTILE AND LEÓN

In Castile and León, the application of the dependency Law is integrated in the social services. For all levels of dependency there are the following services: tele-assistance, home help, promotion of personal autonomy, day and night care centres, prevention (included with the other services). There is also residential care for people in the great and severe dependency categories, as well as for moderate dependency when it is the best service in view of the social and family situation of dependent person. When these services are not available in the public sector, a corresponding linked benefit payment is offered. The benefit payments for all levels of dependency are: benefit linked to the service, benefit for personal assistance and for care within the family. Additionally, in Castile and León there are complementary benefits that some residences and day-care centres provide, and can be provided in the centre or at home (catering, laundry, hairdresser, podiatry). For disabled people, there is a second benefit for those receiving residential care or attending a day-care centre, in order to promote autonomy or for those requiring personal help. In Castile and León there are also subsidies for purchasing technical support in order to promote autonomy. The catalogue of social services of Castile and León is available at: www.serviciosociales.jcyl.es/web/jcyl/ServiciosSociales/es/Plantilla100/1284585482135/_/_/_

There is no information available regarding the cost of dependency and the contribution of the central state. The maximum amount for the benefit linked to a service and the benefit for personal assistance established in the Royal Decree is increased by 20% for people with less economic resources. For severe dependency, the increase can reach 75%. Then, a formula is applied so that the amount of the benefit is reduced as the economic resources increase. Those users with higher economic resources than the annual amount of the non-contributory pension must make a part payment for the service, but this is never greater than 90% of the total cost of the service.

Social and health services coordination: the Health Care Department, the Family and Equal Opportunity Department and the Social Services Department have signed a coordination protocol which made possible a new care service, the social and health care convalescence unit. Provision of hospital pharmacy facilities in public centres is another example of coordination with excellent results in terms of quality and efficiency. Finally, the coordination of the centre of dual pathology (intellectual disability and mental illness) is also being consolidated.

CASTILE-LA MANCHA

In Castile-La Mancha information to the citizens is provided by local social workers and the social services are also responsible for the follow-up of each case. This is possible because of integration at the municipal level and the financial support of Castile-La Mancha. . The Social Services Law of Castile-La Mancha establishes the duties of the local entities regarding social services and primary care as well as regarding the follow-up of each case, particularly for dependent people.

The Royal Decree 3/2016, of 26 January, establishes the services and benefits in Castile-La Mancha for dependent people, and includes all the services established in the Law 39/2006. The economic benefits are the same as those established in the Law 39/2006, but with some limitations for the case

of benefits for care within the family, as they are considered as exceptional (professional services are preferred). This has the objective of professionalizing care of dependent people. The catalogue of social services of Castile-La Mancha is available in www.castillalamancha.es/gobierno/bienestarsocial.

In Castile-La Mancha the contribution of the regional government is 60% of the total cost. The contribution of the central state is 20%, and the contribution of the users is 20%. Regarding copayment, Castile-La Mancha will apply the criteria established by the Territorial Council, to be published in a Royal Decree.

Social and health services coordination: Castile-La Mancha considers the simultaneous intervention of the social and health care services for people who require both. Coordination of the social and health care services is being designed, promoting unique management units for social and health services. As a result, it is possible for hospitals to manage residential assistance.

CATALONIA

The Law of Dependency is integrated in the Social Services Act and in the System of Catalan Autonomy and Care for Dependency, itself integrated in the public system of social services. In this way, the same system is responsible for social services and long-term care services.

The public system of social services caring for dependent people provides basic social services (promotion of personal autonomy, home care services and tele-assistance) and specialized social services (day and night care centres for the elderly and residential care). When services cannot be directly provided, economic benefits are provided to relatives for care of dependent persons. There are supporting services to non-professional caregivers. The catalogue of social services in Catalonia is available at: <https://dps.gencat.cat/ccs>.

In the year 2015 the amount allocated by the Department of Social Welfare and Family to the

promotion of personal autonomy and support for dependent and/or disabled individuals was €1,426 million. Between the implementation of the Law of Dependency in 2007 and 31 December 2014, the regional government spent €5,168 million, the Spanish government spent €1,670 million and users contributed €933 million as copayment. In 2014, the regional government covered 82.5% of the total cost and the Spanish government the remaining 17.5%.

Copayment terms in Catalonia are defined in the Order BSF/130/2014 of 22 April. There is a progressive contribution regime according to the economic resources of the user.

Health coordination: Catalonia has a network of public social-medical services. The Department of Social and Family Welfare and the Department of Health, through the Interdepartmental Plan of Care and Social Care (PIASS, http://presidencia.gencat.cat/ca/el_departament/plans_sectorials_i_interdepartamentals/PIAISS) coordinate their efforts to provide and integrate social and long-term care for citizens (see, for instance, the Executive summary and cases in the Catalan model for people-centred, comprehensive social health and healthcare services at http://presidencia.gencat.cat/web/.content/departament/plans_sectorials_i_interdepartamentals/PIAISS/docs/PIAISS_resum_executiu_i_casos_model_angles.pdf)

CEUTA

In Ceuta the Dependency Law is not integrated with the network of social services, as it is directly provided by Imsero (Institute of the Elderly and Social Services) through its territorial management. For that reason, there is close collaboration with the social affairs department of Ceuta to avoid duplication, through regular coordination meetings and information crossover.

There is residential care for people in severe or great dependency, and for people with physical disabilities. For all levels of dependency there are home help services, tele-assistance, services

promoting autonomy and day-care centres. For severe and great dependency there are economic benefits for care within the family and for personal assistance and benefits linked to a service. Additionally, in Ceuta, personal assistance services are available (personal hygiene, hairdresser, companion, podiatry, cooking and shopping, cleaning and small repairs) as well as courses for non-professional carers and subsidies for the promotion of autonomy. A list of social services of Ceuta is available at: <http://sid.usal.es/centrosy servicios/discapacidad/265/2-1-1-1/centro-de-servicios-sociales-ciudad-autonoma-de-ceuta.aspx>

Imsero provides 100% of the budget required. The total amount required for economic benefits is €2.8 million, for home help services €1.5 million, for day-care centres €400,000 and for residential places €280,000.

Regarding copayment, Ceuta applies the Order TAS 2455/2007: users pay 75% of the costs for residential care and 25% of day-care centre costs. There is no charge for the home help service and tele-assistance.

There is a coordination protocol on early care social and health services coordination.

EXTREMADURA

The Dependency Law is integrated in the network of social services. In order to avoid duplication, the work is coordinated with the General Direction of Family and Social Policy, which belongs to the same department as the Service of Promotion of Autonomy and Dependency Services of Extremadura (SEPAD).

The services and benefits are established for each level in the Order of 30 November 2012, which defines the catalogue of services and economic benefits of the System for Personal Autonomy and Care of Dependent Adults (SAAD), DOE 05-12-12. The services offered for the severe and great levels of dependency are: prevention of situations of dependency, promotion of personal autonomy, tele-assistance, home help service, day and night care

centres, residential care and temporary residential stays. For the moderate level of dependency, services promoting personal autonomy, tele-assistance, home help service and day and night care centres. Additionally in Extremadura there are the following services: food and laundry club service, podiatry, excursions, talks and workshops for old people, memory training, reading clubs, music therapy and other services. Regarding economic benefits, for all levels of dependency there are benefits for care within the family, benefits linked to specific services and personal assistance.

The catalogue of social services of Extremadura is available at: www.gobex.es/ddgg005/14

For 2013 the cost of services and benefits was €280 million (€207 million for services and €73 million in benefits). The contribution of the Ministry of Health Care, Social Services and Equality at the minimum level of protection was €37 million (approximately 13.25%).

The contribution of the user in the cost of the service is progressive, calculated by applying a percentage established according to the user's economic resources, and it is never higher than 90% of the reference cost of the service.

Social and health services coordination: in Extremadura coordination is effected through the joint evaluation of the health care and social services needs of the dependent person. Therefore, each sector establishes the responsibilities and competencies that each one must assume, and accordingly the services that they need to offer. The delimitation of the competencies of each sector makes it possible to provide the necessary care without duplication. Coordination examples are the Comprehensive Plan for Social and Health Care for Cognitive Impairment (PIDEX) and the Regional Plan for Palliative Care of Extremadura.

GALICIA

The System for the Autonomy and Care for Dependent People is integrated in the social services system of Galicia, and specific coordination

committees have been created to provide the services.

The following are the services provided for all levels of dependency (except for residential care, which is not offered for the moderate level of dependency): services for promoting personal autonomy, tele-assistance, home help service, day and night care centres and residential care. Finally, there are other care services for dependent people according to their level of disability. Moreover, Galicia tops up the benefit for personal assistance to a maximum of €1,495 per month, a higher amount than that established by the central state. Other services which are offered in Galicia are: food delivery service, adapted transport, training for non-professional carers, phone service for the support for non-professional carers, and respite family programme for family carers, among others. For all levels of dependency there are benefits for care within the family, benefits linked to services and personal assistance. The catalogue of social services in Galicia is available at: www.xunta.gal/tema/c/Saude_asistencia_sanitaria_e_servizos_sociais

The 2017 budget for dependency was €337.6 million. The regional government assumed approximately 74% of the budget, and the central state 26%.

The terms of copayment in Galicia are established in Decree 149/2013, 5 September. There is a progressive participation regime depending on the financial resources of the user, also taking into account the intensity of the service provided.

Social and health services coordination: there is a Committee for the Planning of Social and Health Attention in Galicia (which was created through the joint Order of 7 August 2009 of the Department of Health Care and the Department of Work and Welfare). This has developed a Social and Health Care Framework Plan, and made plans for establishing how to approach care for chronic conditions and how to reduce dependency and detect it earlier in Galicia.

LA RIOJA

The System for the Autonomy and Attention to Dependent People in La Rioja is integrated with social services provision. The services of the System for the Autonomy and Attention to Dependent People in La Rioja are offered as a guaranteed right to all dependent people, and are included in the Law 7/2009, of 22 December, on Social Services and developed in the Decree 31/2011, of April 29th, where the catalogue of social services and benefits of the public system of La Rioja is set out.

The services in the first level of protection include support to the cohabitation unit and home help. In the second level there are services providing dependency assessment, tele-assistance, residential care, temporary residential stays, day and night care centres, and services for disabled people. There are also economic benefits for care within the family, subsidies for services and personal assistance. There are other services for disabled people such as early care, legal and economic protection, etc., and benefits to help with mobility and communication, technical support, accessibility, etc. In La Rioja tele-assistance and early attention services are provided free of charge, and if it is not possible to offer the early attention service, there is a benefit that covers 100% of the standard cost of it. The catalogue of social services in La Rioja is available at: www.larioja.org/servicios-sociales/es.

The approximate annual budget is €79.25 million, with the largest amounts allocated to public places in residences and day-care centres (€25.9 million), public places for disabled people (€11.5 million) and economic benefits for dependent people (€19 million).

In La Rioja the level of copayment depends on the financial resources of the user. The difference with respect to other regions is that in the residential centres the user must sign a document acknowledging debt when he/she does not pay the total amount of the public price. This means that the total debt is accumulated and the heirs assume it.

Social and health services coordination: La Rioja has special protocols between hospitals and primary health care for submitting medical and social reports. When a person receives residential care, the reports are also sent to the residence.

MADRID

In the Community of Madrid, the Directorate General (DG) for Care of Dependency and Elderly People, part of the Regional Ministry of Social Policies and Family, is in charge of the assessment of dependency and its degree of severity for citizens from the municipalities of Madrid, Coslada and Meco. In the other municipalities the DG supervises the application and evaluation process.

The public system of social services for care of dependency provides basic social services (promotion of personal autonomy, home care services and tele-assistance) and specialized social services (day and night care centres for the elderly and residential care). Social Services of the Community of Madrid offer additional social benefits to promote personal autonomy and accessibility which are not included in the portfolio of services established in the law 39/2006, 14 December, of personal autonomy promotion and attention to dependent people.

When services cannot be directly provided, economic benefits are given to relatives to provide care of dependent persons. In general, all services and benefits are incompatible with each other (no more than one service or benefit can be taken at any moment), except in the case of prevention, promotion and tele-assistance services.

In 2013, the regional budget for long-term care services was €197.12 million. Of this, €23.6 million was used to finance services from private entities, €91.44 million went to local corporations and €82.07 million to caregiver benefits in the family environment and other services.

The Dependency Law establishes that the beneficiary has to cover part of the cost when he or she uses a service. The amount paid by the

beneficiary depends on their financial situation (Article 37, Chapter IV, Decree 54/2015, of 21 May).

Social and health services coordination: the Community of Madrid has a network of 500 long-term care centres where professionals design an individualized social and health care programme for dependent patients.

MELILLA

As in Ceuta, in Melilla the dependency Law is not integrated with social services provision, as it is directly provided by Imsero (Institute of the Elderly and Social Services) through its Territorial Direction. For that reason, there is a close collaboration with the Social Affairs Department of Melilla to avoid duplication, through regular coordination meetings and information crossover.

Residential care is available for people with severe or great dependency, and also for people with physical disability. A home help service, tele-assistance, promotion of autonomy service and day-care centres are available for people with all levels of dependency. For those with severe and great dependency there are economic benefits for care within the family, for personal assistance and benefits linked to a service. In addition there are personal hygiene services (hair dresser, companionship, podiatry, cooking and shopping, cleaning and small repairs) as well as courses for non-professional caregivers and subsidies to promote of autonomy.

Imsero provides 100% of the budget required. The total amount required for economic benefits is €2.8 million for home help services €1.5million for day-care centres, €400,000 and for residential places €280,000. Regarding copayment, Melilla applies Order TAS 2455/2007: as a rule, the dependent person never pays more than 75% of the total cost for the residential centres, and 25% for day-care centres. These percentages are the maximum portions of the cost financial funded by the dependent person. Home help services and tele-assistance are provided free of charge.

Social and health services coordination: there is a coordination protocol on early care programmes.

MURCIA

The System for Personal Autonomy and Care of Dependent Persons (SAAD) is completely integrated into social services, both basic services (municipality) and specialized services (Autonomous Community). The Institute for Social Action of Murcia (IMAS), a regional body of the Department of Family and Equal Opportunities, is responsible for the development of the Dependency Law. Murcia has a regional coordination system for healthcare and social services.

The public system of social services for care of dependency provides basic social services (promotion of personal autonomy, home care services and tele-assistance) and specialized social services (day and night care centres for the elderly and residential care). When services cannot be provided directly, economic benefits are available for relatives for care of dependent persons. Residential centres provide palliative assistance to dependent people. The Integral Plan for Palliative Care in Murcia provides for such care through palliative teams which cover all the region, as well as providing continuing training to the staff of residences.

Murcia offers complementary services to those included in the SAAD catalogue, including home meal delivery, laundry, early care for children under six with dependency severity levels of II and III, family assistance programmes, etc. In relation to the incompatibility of benefits, as a particularity of the region of Murcia, III severity level dependent people in residential care are also eligible for grants (of up to 50%) for personal assistance if they are studying or working.

In 2013, IMAS allocated €201.6 million for the promotion of personal autonomy and supporting people in situations of dependency and people with disabilities. The regional government provided 71.5% of the funding and the Spanish government the remainder. The largest expenditure items were benefits for non-professional caregivers in the family

environment (€64 million), residential centres (€65.2 million) and day-care centres (€63 million). The rest of the budget was addressed to benefits linked to services (€6.7 million), tele-assistance service (€1.1 million) and home care services (€1.6 million).

Copayments are regulated by Law 6/2012, 29 June, on tax, economic, social and administrative measures of the Region of Murcia. The amount of copayment is based on the recipient's financial capacity, assessed regarding income and assets, and the type of service or economic benefit to be provided.

NAVARRRE

In Navarre, the Law of Dependency is put into practice by the Agency for Personal Autonomy, part of the Regional Department of Social Services. As a consequence, the network of social services is also in charge of the provision of long-term care services. The public system of social services for care of dependency provides basic social services (promotion of personal autonomy, home care services and tele-assistance) and specialized social services (day and night care centres for the elderly and residential care). When services cannot be directly provided, economic benefits are available to relatives for care of dependent persons. In addition to the basic catalogue, the Regional Department of Social Services also offers a catering at home for dependent people. Care centres also provide complementary services to residential and day-care services.

In 2014, the budget to promote the promotion of personal autonomy and support people in a situation of dependency and people with disabilities was €116 million. Most of this amount was addressed to day-care and residential centres (€106 million). The remaining €10 million was allocated to promote personal autonomy, prevention and social health care services.

Copayments are regulated by Regional Law 17/2000, 29 December, which sets the financial contribution of users of day-care and residential centres.

Social and health coordination: there is a pilot project in two areas of Navarre for the care of patients with health and social needs, with the aim of providing integrated care. More information at: www.navarra.es/home_es/Temas/Assues+sociales/Dependencia

VALENCIA

The Law of Dependency is put into practice by the Directorate General of Social Services and People with long-term care needs, under the Regional Ministry of Equality and Inclusive Policies. The public system of social services for care of dependency provides basic social services (promotion of personal autonomy, home care services and tele-assistance) and specialized social services (day and night care centres for the elderly and residential care). When services cannot be directly provided, economic benefits are available for relatives for care of dependent persons.

The policy of Active Aging Action launched by the Regional Ministry includes additional services additional to the catalogue of Law of Dependency, such the home care programmes 'Menjar a Casa' and 'Major a Casa'. Both programmes cover 4,500 elderly people in the Region of Valencia, offering an integrated service of meal delivery at home, household laundry and home cleaning.

In 2015, the Regional Ministry of Equality and Inclusive Policies allocated a total expenditure of €541 million to long-term care services and economic benefits (of which €352 million went towards long-term care services in the catalogue of the Law of Dependency 39/2006 and €189 million towards economic benefits to non-professional caregivers defined in Law 39/2006).

The Spanish Ministry, through Imsero, provided €66.4 million in 2015, 12.3% of the total social services expenditure on long-term care.

The Law of Dependency establishes that the beneficiary has to cover part of the cost when he or she uses a service. The amount paid by the beneficiary depends on their financial situation, regulated by the Law 10/2015, of 29 December, on fiscal measures, administrative and financial management, and organization of the Generalitat (regional government).

Social and health coordination: coordination mechanisms have been established between health care services and social services to provide integrated care. An initiative was launched in which a range of specialized health care services provided by the regional government are now directly given by the municipality. The goal is to improve the access to health care services for dependent people.

References

- Ayuso, M. & Holzmann, M. (2014). Natalidad, pirámide poblacional y movimientos migratorios en España: su efecto en el sistema de pensiones, Documentos de trabajo Instituto BBVA de Pensiones, 8, 1–18.
- Ayuso, M. & Guillén, M. (2011). “El coste de los cuidados de larga duración en España bajo criterios actuariales: ¿es sostenible su financiación?”, in *El Estado del Bienestar en la Encrucijada: Nuevos Retos ante la Crisis Global*, Serie Ekonomi Gerizan, XVIII, Federación de Cajas de Ahorro Vasco-Navarras, Vitoria-Gasteiz, 213–228.
- Ayuso, M., Del Pozo, R. & Escribano, F. (2010). “Factores sociodemográficos y de salud asociados a la institucionalización de personas dependientes”. *Revista Española de Salud Pública* 84(6), 789–798.
- Barberà, R., Poveda, R., Ródenas, F., Carretero, S., Bollaín, C., Cordero, L., Castelló, P., Gómez, J.A. (2010). “Análisis coste-beneficio de la incorporación de productos de apoyo como extensión de los servicios de atención a domicilio para personas mayores dependientes”. *Biomecánica* 54, 49–51.
- Barcelona City Council (2013). *Evaluación del impacto social del servicio de asistente personal del Instituto Municipal de Personas con Discapacidad*, Barcelona. Available at <http://riberdis.cedd.net/handle/11181/4186>.
- Bolancé, C., Alemany, R. & Guillén, M. (2013). “Sistema público de dependencia y reducción del coste individual de cuidados a lo largo de la vida”. *Revista de Economía Aplicada* 21 (61), 97–117.
- Brooks, Ch., Ballinger, Cl., Nutbeam, D. & Adams, Jo. (2013). Literacy levels required to understand regularly accessed falls prevention websites aimed at the public. *Journal of Physical Therapy and Health Promotion*, 1, 8–14.
- Chandoevwit, W., Thampanishvong, K. & Rojjananukulpong, R. (2014). Social return on investment: health promotion programs. *TDRI Quarterly Review* 29 (2), 2–10.
- Comas, A. (2013) “Dependencia: financiación público-privada y sostenibilidad”. *Actas de la Dependencia*, Fundación Caser para la Dependencia, 9, 1–21.
- De la Torre, M., Rodríguez, J.C., Moreno, N., Jacinto, R.L., Hernández, A., Deive, J.C. (2012) *Estudio del impacto económico de las fracturas de cadera en nuestro medio*. Trauma Fundación Mapfre 23 (1), 15–21.
- Del Pozo, R., Escribano, F. (2013) “Coste agregado e individual esperado de la Ley de Dependencia en España a partir de los modelos de simulación de Monte Carlo y Multi-Estado de Discapacidad”. *Hacienda Pública Española* 204, 85–110.
- De Vicente, A. & García, C. (2013). *La vivienda del mayor: condiciones y riesgos*. Instituto de Prevención, Salud y Medio Ambiente; Fundación Mapfre.
- Escribano, F., Pardo, I. & Moya, P. (2012) “Análisis empírico del coste del tiempo dedicado a mayores dependientes”. *Presupuesto y Gasto Público* 66, 149–166.
- García Lizana, F. (2013). “Cooperación para la innovación europea en el envejecimiento activo y saludable: de la política a la acción”. *Gaceta Sanitaria* 27 (5), 459–462.
- Gómez, M., Hernández, J. & Martín, E.M. (2012). “La atención a la dependencia: estimaciones del gasto presupuestario y de sus efectos macroeconómicos”. *Presupuesto y Gasto Público* 66, 127–148.
- Guillen, M., & Comas-Herrera, A. (2012). “How much risk is mitigated by LTC protection schemes? A methodological note and a case study of the public system in Spain”. *The Geneva Papers on Risk and Insurance - Issues and Practice* 37, 712–724.
- Heywood, F.S. & Turner, L. (2007). *Better outcomes, lower costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment - a review of the evidence*. Office for Disability Issues, Department of Work and Pensions, HMSO, UK.
- IBV (dir: Poveda, R.). (2008). *DISAD-Desarrollo de soluciones innovadoras para la mejora de los servicios de atención domiciliar para personas con dependencia, mediante análisis de coste-beneficio*. Proyecto FIPROS, Ministerio de Trabajo e Inmigración.
- INE (2014). *Proyección de la Población de España 2014–2064*, Instituto Nacional de Estadística.
- INE (2016). *Mujeres y hombres en España 2016*. Instituto Nacional de Estadística, Madrid.
- Imsero (2004). *Libro Blanco sobre la atención a las personas en situación de dependencia en España*. Ministerio de Trabajo y Asuntos Sociales, Madrid.
- Imsero (2011). *Libro blanco sobre el envejecimiento activo*, Ministerio de Sanidad, Política Social e Igualdad, Madrid. http://imsero.es/InterPresent2/groups/imsero/documents/binario/8088_8089libroblancoenv.pdf

Jiménez-Martín, S., Vilaplana, C., Viola, A. (2016). *Informe 2016 observatorio de dependencia*. Estudios sobre la Economía Española, 2016/05, Fedea.

Lingane, A. & Olsen, S. (2004). "Guidelines for Social Return on Investment". *California Management Review* 46 (3), 116–135.

Lopez Casasnovas, G. (2009). "Una visión de las políticas de salud". *Gaceta sanitaria*, 23, 458–461.

Lord, S., Menz, H.B., Sherrington, C. (2006). "Home environment risk factors for falls in older people and the efficacy of home modifications". *Age and Ageing* 35-S2: ii55–ii59.

Millar, R. & Hall, K. (2013). "Social return on investment (SROI) and performance measurement: the opportunities and barriers for social enterprises in health and social care". *Public Management Review* 15 (6), 923–941.

Ministerio de Sanidad, Política Social e Igualdad. (2011). *Libro Blanco de la Coordinación Sociosanitaria en España*, Madrid.

Montserrat, J. (2009). "La tercera vía de financiación: la contribución económica del usuario". *Presupuesto y Gasto Público* 56, 127–143.

Riskcenter (2014). *El programa Adaptació funcional de la llar de les persones grans i/o dependents durant l'any 2012: avaluació del seu impacte social i econòmic*. Centre de Vida Independent, Ajuntament de Barcelona i Fundació Vila Casas.

Riskcenter (2015). "Impacto económico de la adaptación funcional del hogar en la ayuda a domicilio y la prevención de caídas". *Workshop in Evaluation for public policies for sustainable Long Term Care in Spain*, Valencia, 3 July 2015 (<http://www.ub.edu/rfa/docs/BIRMSS2015-6.pdf>).

Sahlen, K-G., Löfgren, C., Hellner, B.M., Lindholm, L. (2008). "Preventive home visits to older people are cost-effective". *Scandinavian Journal of Public Health* 36 (3), 265–271.

Sanchis, E., Blasco, M.C., Igual, C., Sánchez, J. (2014). "Estrategias de envejecimiento activo: revisión bibliográfica". *Fisioterapia* 36 (4), 177–186.

Sosvilla, S., Moral, J. (2011). "Estimaciones de los beneficiarios de prestaciones de dependencia en España y del gasto asociado a su atención para 2007–2045". *Gaceta Sanitaria* 25 (2011), 66–77.

Swift, C.G. (2001). "Care of older people: falls in late life and their consequences—implementing effective services". *British Medical Journal*, 322 (7290), 855–857.

Turner, S., Arthur, G., Lyons, R.A., Weightman, A.L., Mann, M.K., Jones, S.J., Lannon, J.A. (2011). *Modification of the home environment for the reduction of injuries (review)*, The Cochrane Collaboration, John Wiley & Sons.

Tinetti, M.E., Baker, D.I., McAvay, G., Claus, E.B., Garrett, P., Gottschalk, M., Koch, M.L., Trainor, K., Horwitz, R.I. (1994). "A multifactorial intervention to reduce the risk of falling among elderly people living in the community". *New England Journal of Medicine* 331 (13), 821–827.