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SOCIO-ECONOMIC LITERATURE REVIEW REPORT ON CARE REGIME AT COUNTRY LEVEL

SPAIN

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Funding, regulatory instruments and outcomes of home care and cleaning services for the case of Spain

1. Funding

Public and social insurance funding

1.1. Which policy instruments are used in your country to finance home care and cleaning services (for the elderly and disabled adults) (tax relief, cash for care, conditional home care allowance, prepaid vouchers for services, services provided directly by public authorities)?

The key policy instrument of long-term care services in Spain is the 'Law reform to promote the personal autonomy and the care of dependent people' (2006), also kwon as 'Dependency Law' (or the acronym LAPAD). This Dependency Law was originally designed in the context of a crisis of dependency care provision, traditionally based on the informal caregiving provided by women within families. The changes in family arrangements and the women inclusion in the salaried labour market motivated to the reform of the social care system to entitle to dependent people through public services. The new legislation introduced the possibility to create a social care model being the public sector the care services provider or at least financing a certain social organization of daily care (Torns et al., 2012). Thus, the approval of this law was a turning point to recognize subjective care rights.

The preamble of the LAPAD established the political will to professionalize the long-term care sector. For that purpose, the law determines several LTC services to guarantee that right:

- Prevention services for dependency situations.
- Teleassistance service.
- Home help service.
- Day and night center service.
- Residential care service.

Particularly regarding Home Help Services, these are a set of actions carried out in the homes of individuals in situations of dependency to address their daily living needs. These services are provided by public entities or companies accredited for this function. Specifically, it refers to the joint provision of services related to personal care in daily living activities and services related to domestic or household needs (cleaning, washing, cooking, and others). Exceptionally, these services can be provided separately if justified in the Individual Care Program of each beneficiary.

Alternatively, beneficiaries can request allowances to directly contract these services provided by private companies, hire professional caregivers, or even pay/compensate informal caregivers (officially within the family). The law also regulates the validation of professional qualifications for caregivers with proven long experience but lacking credentials. Most of these initiatives were highly anticipated within the sector (Rodríguez-Cabrero, 2007). However, the categorization of caregiving by family members (registering them in the social security system) as an adequate care service was an impediment to the professionalization of the sector.

1.2. What are the conditions under which this funding can be provided?

**From the beneficiary's side: Are there any eligibility conditions? If so, what are they? Are there income test requirements? Other conditions?*

To access these benefits and services, the beneficiary must be recognized as a dependent person. There are three gradual levels of dependency, each with an increasing level of coverage for benefits/services:

- Grade I, moderate dependency: needs help to perform some basic activity of daily living at least once a day or has intermittent or limited support needs for personal autonomy.
- Grade II, severe dependency: needs help to perform several basic activities of daily living two or three times a day but does not require the permanent support of a caregiver or has extensive support needs for personal autonomy.
- Grade III, high dependency: needs help to perform several basic activities of daily living multiple times a day and, due to the total loss of physical, mental, intellectual, or sensory autonomy, needs indispensable and continuous support from another person or has generalized support needs for personal autonomy.

The degree and level of dependency are determined by applying the scale agreed upon by the Territorial Council of the System for Autonomy and Care for Dependency (Royal Decree 504/2007). The criteria for determining the degree and level of dependency based on the scale include:

- Existing health reports related to the person's health condition.
- The environment in which the person functions.
- Prescribed technical aids, orthoses, and prostheses.
- Assessment based on a questionnaire and direct observation by the assessor.
- For individuals with intellectual disabilities, mental illness, or impaired perceptual-cognitive capacity (such as deaf-blindness, brain injury, etc.), the assessment must be conducted in the presence of a person familiar with the applicant's situation.

- The dependency assessment scale (BVD) evaluates the individual's ability to perform basic activities of daily living independently and the need for support and supervision for these activities in individuals with intellectual disabilities or mental illness.
- The assessment is conducted by professionals with a socio-health profile.
- For individuals with intellectual disabilities, mental illness, or perceptual-cognitive impairments, additional activities such as decision-making are also assessed.

**From the provider's/worker's side: are there specific conditions for funded workers/provider organizations that are different from those for unfunded ones? If so, which ones (it could be requirements concerning the skills needed, the quality of the service, the type of provider (profit or non-profit).*

> *Note: a non-profit provider can be defined as any organization whose profits are used only to pursue the statutory objectives of the organization and are not distributed to its members.*

The Dependency Law establishes that Regional Governments must determine the legal framework and operating conditions for private contracted centres. Meanwhile, private centres and services that provide services for people in dependency situations must have the proper accreditation from the corresponding regional government.
In any case, the law stipulates that third-sector providers must be given special consideration. The law defines the third sector as those private organizations arising from citizen or social initiatives, under various forms that adhere to solidarity criteria, with aims of general interest and non-profit purposes, promoting the recognition and exercise of social rights.
Additionally, for those dependent individuals receiving an economic benefit for personal assistance, the person responsible for this assistance must meet the following requirements:

- Be over 18 years old.
- Legally reside in Spain.
- Meet the suitability conditions to provide services derived from personal assistance.
- Prove compliance with affiliation and registration obligations in the corresponding Social Security Regime when the relationship with the person in a dependency situation is based on a service provision contract.

1.3. How is the amount of home help financially supported determined?

There are two types of economic benefits:

1. Economic benefit for personal assistance: This is intended to help cover the expenses of hiring a personal assistant. A personal assistant is someone who, under the direction of the person with a disability, performs certain basic daily tasks and/or accompanies them to facilitate access to employment, education, leisure, and social participation.
2. Economic benefit linked to the acquisition of a service: This is intended for cases where it is impossible to access an appropriate public service for the person in a situation of dependency. The amount of these benefits can vary significantly depending on the region, the degree of dependency, and economic capacity. For example, in Andalusia, the minimum possible amount is €300 and the maximum is €833.96, while in the Basque Country, the minimum possible amount is €100 and the maximum is €520.69.

1.4. How much choice do disabled adults and elderly care recipients have in choosing the services/workers financed by the previous policy instruments?

Beneficiaries of the Dependency Law have some capacity to choose the type of service they desire from the options of services and benefits offered by the System for Autonomy and Care for Dependency (SAAD). However, this choice is often limited by the availability of services in the area where the beneficiary resides, as well as by the assessment of the dependency situation and the final decision of the competent social services authorities. Additionally, the process for accessing benefits can be complex and subject to periodic evaluations and reviews, leading to a waiting list initially for evaluation and subsequently for accessing a service. For this reason, many families opt for the economic benefit once the dependency is recognized.

1.5. Which authorities are responsible for the implementation of these different policy instruments?

The Government of Spain created the System for Autonomy and Care for Dependency (SAAD) encompassing a set of services and economic benefits aimed at promoting personal autonomy and providing care and protection to people in situations of dependency. The Dependency Law stipulates that these benefits and services must be integrated into the social services network of the respective regional governments, as it falls under regional jurisdiction.

Thus, the network of centres comprises:

- Public centres of the Autonomous Communities.
- Local Entity centres.

- State reference centres for promoting personal autonomy and for the care and attention to dependency situations.
- Properly accredited private contracted centres.

Private sector

1.6. Is home care covered by private insurance, life insurance or other private schemes?

In Spain, private long-term care insurance can cover home care as part of their services. Although the marketization of private long-term care insurance has been limited, some insurance policies offer coverage for assistance services, which may include home care for dependent individuals. These insurances are designed to complement the public protection system against dependency situations, offering an additional layer of security for those who require help with basic activities of daily living due to a loss of physical, mental, intellectual, or sensory autonomy (Martínez-Gijón, 2022).
Long-term care insurance is marketed both individually and linked to life insurance, offering benefits that may include monetary payments (such as annuities or initial capital intended to cover dependency-related expenses) as well as assistance services directly related to home care. The provision of assistance services can be carried out by the insurer through the organization and management of services, hiring specialized companies or professional caregivers to perform the required care at the insured's home. It is important to note that specific coverage, including home care, will depend on the particular conditions of each long-term care insurance policy. The definition of dependency, the type of services covered, and the conditions for the provision of such services are detailed in the insurance contract and may vary among different insurance companies.

2. Regulatory instruments for home care / cleaning services

2.1. What general conditions must be met in order to be authorized to provide home care and cleaning services (distinguishing, if necessary, between long-term care and care for disabled adults), even in the case of care not financed by public authorities?

Both the Dependency Law and regional regulations stipulate that care services can be provided not only by the Public Administration but also through the development of business activities, professional services, or by a non-profit entity. However, this activity must always be carried out in accordance with the

accreditation standards established by the competent Directorate-General in each region or city.
For this, there are three general conditions for a private company to provide home help services (Prados, 2015). First, the company requires an Activity, Opening, and Operating License issued by the city council where it intends to set up. The granting of this license can take between 3 and 12 months. Second, the company requires a prior Visa. This procedure verifies that the business project complies with the operational criteria set by the city council and/or the regional government regarding home help services. The company must submit the application to the relevant delegation along with an explanatory report of the activity to be carried out, an economic-financial study, a proposed staff project, and the statutes of the owning entity. Finally, the company must obtain an administrative Authorization, for which it must present additional documentation, such as the Register of Social Action and Social Services Entities.

2.2. Are there any conditions to be met in order to be authorized to work as a home care worker or cleaner for elderly/disabled adults, even in the case of care not funded by public authorities? Are there requirements for specific tasks/jobs?

As mentioned above, in the case of dependent individuals who receive an economic benefit for personal assistance, the person responsible for providing this assistance must meet the following requirements: be over 18 years old; legally reside in Spain; meet the suitability conditions for providing personal assistance services; and demonstrate compliance with the obligations of affiliation and registration in the corresponding Social Security Regime when the relationship with the dependent person is based on a service provision contract.

2.3. How and by whom is the quality of services controlled (role of national/local authorities)?

The authority to accredit centres, services, and entities in the provision of home care falls to the regional governments (Article 16 of the Dependency Law). However, it is the 'Territorial Council of Social Services and the System for Autonomy and Care for Dependency' that is responsible for establishing common accreditation criteria. This Territorial Council was created as a cooperation instrument for the articulation of social services and the promotion of autonomy and care for dependent persons. It is attached to the Secretary of State for Social Rights of the Ministry of Social Rights and Agenda 2030 and is composed of the Minister and the heads of the social services and dependency departments of each of the regional governments.

Based on this, in 2008, the Territorial Council agreed on minimum common criteria for accreditation to ensure the quality of the System for Autonomy and Care for Dependency (SAAD), which have governed regional regulation. This agreement has been modified several times slightly, mainly regarding professional qualifications and accreditation processes. In January and July 2021, the Territorial Council approved a foundational agreement and a roadmap for modifying the common accreditation criteria to ensure the quality of the centres and services of the system for autonomy and care for dependency. It was also agreed to incorporate contributions made in Social Dialogue bodies, as well as those made by civil society entities, scientific societies, or professional entities in a participation process promoted by the Secretary of State for Social Rights.

Upon the completion of this process, the "Agreement on Common Criteria for Accreditation and Quality of Centres and Services of the System for Autonomy and Care for Dependency" (Ministry of Social Rights and Agenda 2030, 2022) transcended and expanded the 2008 Agreement, adapting it to the current reality and establishing common minimums that not only ensure the quality of services received by dependent persons but also support the rights contained in Article 4 of the LAPAD. This agreement established a minimum ratio for first-level direct care personnel in home help services. Specifically, the Territorial Council agreed that for every 1,000 effective hours/month of home help, at least 7.20 full-time workers must be employed.

2.4. Are prices regulated (for subsidized and non-subsidized care)?

Public administrations regulate the prices of public and subsidized home help services, although the price of these services varies by region. For example, the hourly rate in Andalusia is €15.45 (Agency of Social Services and Dependency, 2023). In any case, the price varies within a range between €12 and €19 (Cronoshare, 2024; Aiudo, 2024).

2.5. Are there any regulations regarding market intermediaries in the home care and cleaning sector in your country?

Yes, placement agencies are regulated by Royal Decree 1796/2010. This law establishes that public employment services will monitor and evaluate the activities of authorized agencies operating in their territory. Public employment services will coordinate these monitoring and evaluation actions through the bodies and instruments of the National Employment System.
In the case of agencies specializing in the domestic work sector, these entities act as intermediaries between the worker and the hiring family. In some cases, the agencies also function as authorized centres to provide home help services (Digital Future Society, 2021). According to the National Association of Placement Agencies (ANAC), there are 1,781 authorized placement agencies in Spain, of which 125 are specialized in the domestic work sector.

2.6. Are there specific regulations for care platforms in your country?

While the long-term care and domestic work sectors have specific laws and agreements regulating their activities, there is no specific regulation for care platforms. Nevertheless, the Ministry of Work and Social Economy has begun regulating platform work at an inter-sectorial level. Specifically, in May 2021, the Ministry promoted Royal Decree-Law 9/2021, which establishes workers' (and their representatives') right to information on algorithms or AI-based systems that influence decision-making and affect access to employment, working conditions, and the measurement of efficiency across all sectors of the economy. Specifically, the law regulates the collective right to access the parameters, rules, and instructions on which algorithms and AI systems are based that affect decision-making and may impact working conditions, access to and maintenance of employment, including the profiling of workers and applicants. The law also reinforces the role of collective bargaining at the company level (particularly the role of workers' representatives) to supervise the use of these technologies (Godino, Junte and Molina, 2022).

3. Migration

3.1. Are there any specific regulations in your country concerning migrant home care workers or organisations employing home care workers (specific residence permit, regularization procedures...)?

In Spain, specific reform regulations were implemented in 2022 to better integrate migrant workers into the labour market (Real Decreto 629/2022), which also impacts those employed as home care workers. Key aspects of this reform include allowing migrants who have lived in Spain for at least two years to regularize their status if they are trained or skilled, particularly in sectors with labour shortages. This facilitates more flexible processes for granting work permits and includes provisions for family reunification and social integration (Pasetti, 2022).

3.2. Must immigration status be controlled by the employer and under which conditions?

Employers are responsible for verifying the immigration status of their employees. Before applying for a work and residence visa, the employer must obtain a work authorization that is granted by the Provincial Aliens Affairs Office (Delegación Provincial de Extranjería) if the job falls within the activities registered in the labour Shortage Occupations List or if no suitable candidate is found within Spain. Once this authorization is granted, the residence permit is issued along with the work permit (European Commssion, 2024). Additionally, the employer must register the employee with the Social Security System if the employee is

going to reside in Spain for over six months. This registration is part of the employer's obligations to ensure that their employees are legally authorized to work in Spain (European Commssion, 2024).

4. Outcomes

4.1. Indicators on the % of people over 75 living at home / in institutional care?

In January 2024, there were 4,924,941 people aged 75 or older living in Spain, representing 10.14% of the total population (Instituto Nacional de Estadística, 2024). Unfortunately, the Population and Housing Census (Instituto Nacional de Estadística, 2024) does not provide a breakdown of the number of people over 75 living in households or nursing homes. However, data provided by the Instituto de Mayores y Servicios Sociales (Elderly and Social Services Institute) in 2023 show that 27.19% of the beneficiaries of the System for Autonomy and Care for Dependency (SAAD) are between 65 and 79 years old, and 47.54% are over 79 years old.

Of the total beneficiaries of institutional care services and benefits, 343,152 people were served by institutional home care services, representing 18% of the beneficiaries (Imserso, 2023). Additionally, it is interesting to note that 11.04% of these beneficiaries receive economic aid to contract institutional care services directly (3.53% contracting home care services) and 29.29% of beneficiaries receive this economic aid to compensate family care (see Table 1).

Table 1. Distribución del número de beneficiarios del sistema institucional de cuidados (SAAD).

	2019	2020	2021	2022	2023
Dependency prevention	60.438	61.411	62.214	65.642	69.697
	4,28%	4,30%	3,96%	3,80%	3,66%
Telecare	246.617	254.644	292.469	351.993	427.677
	17,48%	17,84%	18,64%	20,38%	22,44%
Home care	250.318	253.202	291.129	322.595	343.152
	17,74%	17,74%	18,55%	18,67%	18,00%
Day/Night centres	96.748	88.465	91.795	97.929	104.917
	6,86%	6,20%	5,85%	5,67%	5,50%
Residential care	170.785	156.437	169.990	175.956	181.817
	12,10%	10,96%	10,83%	10,19%	9,54%
Economic aid linked to proffesional services	151.340	154.547	170.517	187.214	210.403
	10,73%	10,83%	10,87%	10,84%	11,04%

Economic aid linked to proffesional services (Home care)	37.073	46.805	56.289	61.732	67.194
	2,63%	3,28%	3,59%	3,57%	3,53%
Economic aid for family assistance	426.938	450.517	482.545	517.053	558.234
	30,26%	31,57%	30,75%	29,93%	29,29%
Economic aid for personal assistance	7.837	7.984	8.546	9.047	10.154
	0,56%	0,56%	0,54%	0,52%	0,53%
People covered by SAAD benefits/services	1.411.021	1.427.207	1.569.205	1.727.429	1.906.051
	100,00%	100,00%	100,00%	100,00%	100,00%

Source: Imserso (2023).

4.2. Indicators on the % of tax/social insurance/private funding dedicated to home care/institutional care?

The 2006 Dependency Law reform initially aimed to professionalize the sector, although including several gaps like the informal family support within the portfolio of services of the sector. After this reform, National and regional Governments increased substantially the long-term care expenditure due to the bigger number of people entitled to these services. Although the initial years of the economic crisis did not imply an expenditure decrease, first steps of budgetary cuts were applied in 2011 by the Socialist Government. Moreover, the new People's Party Government approved in 2012 the National Reform Program, including some restructurings for the long-term care services: adapting the implementation schedule to the available funding, reducing allowances for family care, increasing the beneficiary co-payments, and fostering the expansion of the private sector (Deusdad et al., 2016), together with the cancellation of contribution payments to register family caregivers in the social security system. With the implementation of these measures, the National Government reduced expenditure by €599 million in 2012 and expected to reduce €1,108 million for 2013 (Ministerio de Hacienda, 2013). Therefore, its expenditure was reduced until 2013 and only recovering the expenditure prior cuts in 2016. The arrival of the Pedro Sanchez's Socialist Government in 2018 recovered measures as the social security payment for informal carers.

These measures implemented during the crisis reduced drastically long-term care subsidies and implied a large decline in LTC services provision. For example, the reduction of the number of delivered home care hours (Costa-Font, 2017), the initial decrease of people generally entitled to LTC services and the consequent increase of waiting lists while the number of beneficiaries remained similar (Directoras y Gerentes de Servicios Sociales, 2022). These figures did not change substantially until the increase of the percentage of beneficiaries covered in 2018. Moreover, compared with other EU countries, the share of long-term care expenditure in Spain is particularly low, only 0.7% of GDP, while other

countries such Netherlands or Sweden dedicate around 2.7%. (PwC, 2020). In that regard, Spain has a shortage of places to reach the coverage ratio recommended by the WHO (5 places for every 100 persons over 64 years of age), which only 7 autonomous communities comply with (PwC, 2020).

4.3. What is the structure of the home care and cleaning sectors for elderly/disabled adults in your country?

– % of declared / undeclared care workers or hours worked in these sectors

The percentage of (legally recognized) dependent people accepting economic benefits for their family-based caregiving, instead of professional services, raised to 51% in 2009 and has remained around 40% nowadays (Table 1). This benefit was an important economic support for many families during the recession. However, it implied a blockage for the elderly care professionalization, reinforcing even more the family-based model of care. Many poor families counted with their dependent members to increase their incomes during the crisis: the retirement pensions of residential care users are generally transferred directly to residential centres to pay its service. During the 2008 economic shock, families got their elderly members (these mostly with lower dependency scales) back to their households to get their pensions together with the public aid to care them. This has reinforced the trend of Spanish long-term care arrangements with informal caregiving: 57% of elderly people receive informal caregiving (Barczyk & Kredler, 2019). Respecto a la situación laboral de las trabajadoras realizando tareas de cuidados, no existen datos oficiales sobre cuántas personas sin contrato hay. No obstante, algunas investigaciones apuntaban a un 30% de las trabajadoras de servicios domésticos y cuidados en el hogar en 2017 (Díaz-Gorfinkiel & Martínez-Buján, 2018).

– % of solo workers, % of workers employed by private profit providers, % of workers employed by private non-profit providers, % of workers employed by public providers and % of workers employed by families (for elderly and disabled adults)

Non available data on this.

– Do you have data on the size of providers in your country (% of companies with <10 employees; <50 employees; 250 employees, >250 employees)

Table 2. Company size according to activity.

		Small (-50)	Medium (50-249)	Large (+249)
2018	*Domestic workers*	78,3%	21,7%	
	Home help service	77,5%	18,6%	3,9%

	All sectors	36,3%	21,5%	42,2%
2020	*Domestic workers*	99,8%	0,0%	0,1%
	Home help service	78,4%	14,8%	6,7%
	All sectors	59,3%	14,5%	26,2%

Source: INE microdata (INE, 2018, 2020)

– How are the main providers organized (franchise, private equity financing…)?

In terms of industrial relations, main providers are organized in regional employers' organizations, that belong to the current most representative employer organization: Círculo Empresarial de Atención a Personas – CEAPS (Business Circle of People' Support). Employers are a mixed profit and non-profit organizations, mostly employing at local level. Although, there is an increasing of multinational companies operating in the sector. That is the case of the Spanish multinational Clece.

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