



# **NATIONAL RESEARCH SITUATION OF CARE IN SPAIN**

**Municipal Institute for  
Training and Employment  
(IMFE)  
Granada Council**

**May 2010  
SPAIN**

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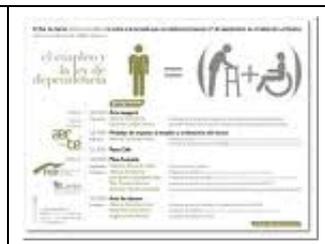
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Spanish research pretend an approach to knowledge of the different systems existing assistance at home services for dependent people with disabilities, especially for immigrant women and people temporarily working in assistance at home, good practice cases existing and its degree of transferability to the project.

We will analyze the social welfare system and the spanish legislation, we will develop a quantitative and qualitative analysis of the situation of the elderly and disabled, finally we will elaborate a quantitative and qualitative analysis of social welfare services and assistance at local level.

## I. SOCIAL WELFARE SYSTEM AND LEGISLATION

### PROGRAMS OF SOCIAL INTERVENTION WITH DEPENDENT PEOPLE. LAW 39/2006 OF PROMOTION OF PERSONAL AUTONOMY AND ATTENTION TO PEOPLE IN DEPENDANCE SITUATION



### SERVICES OF PROMOTION OF PERSONAL AUTONOMY, ATTENTION AND CARE

#### \*Normative Framework: law 39/2006

In Spain, this law has been developed as a new form of social protection, extending and supplementing the protective action of the State and the Social Security System already exist, to address areas dependent on their age either (aging of aging) or due to illness, disability or limitation in the other age groups.

For this reason the **System for Autonomy and Dependence Care** (in Spanish SAAD), which must ensure the basic conditions and forecast levels of protection referred to in this Act

It also creates a **Territorial Council of SAAD** to agree the framework for cooperation between public institutions, *the intensity of the catalogue services, conditions and amounts of financial benefits, criteria for participation of beneficiaries and the scale for the recognition of the dependency situation.*

#### Objective:

1. Recognize a new right of citizenship in national level: the right to the promotion of personal autonomy and care to people in a dependency situation, by creating the System for Autonomy and Care to Dependency (SAAD) with the collaboration and participation of all public administration and the guarantee of State General Administration.
2. To regulate the basic conditions to guarantee the citizenship equality in the right of promotion of personal autonomy and care to dependent people.

**Principales:**

1. Universal and public nature of benefits	
2. Access to benefits in equal conditions and no discrimination	
3. Participation of all public administrations in the exercise of its competencies	

**SYSTEM TO AUTONOMY AND CARE TO THE DEPENDENCY (SAAD)**

You must ensure basic conditions and the common content of this Law, to optimize the public and private resources and to contribute to improving living conditions of citizens.

The government will determine a minimum level of protection for the beneficiaries of the system, which may be increased by agreements between the National Government and the regional government.

The Territorial Council of SAAD shall establish criteria to determine the strength of protection for each of the catalogue services, and if they are compatible, the regional government (Autonomous Communities) can define additional levels of protection.

**System Benefits**

Attention should be directed to achieving a better quality of life and personal autonomy in a context of effective equality of opportunity.

The benefits of care to dependency may have the nature of services and economic benefits, and will be designed to promote personal autonomy and care for those with difficulty to carry out the everyday activities.

Catalogue Services are a priority and will be delivered through the public offer of the Social Services Network of each regional government (Autonomous Communities), through centres and public or private services accredited.

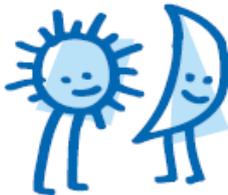
If care is not possible in any of these services, will join the economic benefit associated (article 17), which will be dedicated to covering the costs of the service foreseen under the Individual Care Programme (article 29).

Exceptionally, you may receive financial benefit to be attended by no professional staff, if exists the appropriate conditions of coexistence and habitability of housing

and it's established in the Individual Programme. It's possible to receive financial benefits of personal assistance.

The priority of access is determined by the degree and level of dependency, and then by the applicant's financial capacity (based on incomes and patrimony)

**Services Catalogue** consist of :

	<p><b>1. <u>Service of prevention of dependency situations and promotion of personal autonomy:</u></b> The aim is to prevent the appearance or worsening of illness or disability of the consequence. Should be conducted in coordination between health and social services, with actions of promotion of healthy living conditions, specific programs for prevention and rehabilitation. It will target the elderly, disabled and hospitalized people for complex processes.</p>
	<p><b>2. <u>TV care Service:</u></b> It provides assistance through the use of communication technologies and information, using personal resources needed to give a quickly answer for emergency situations as well as insecurity, loneliness and isolation.</p>
	<p><b>3. <u>Assistance at Home Service:</u></b> Actions carried out at the same address of beneficiary to meet their everyday needs (attention to domestic or household needs, personal care, activities of daily living).</p>
	<p><b>4. <u>Service of Day and Night Centre:</u></b> Comprehensive care during one of the two time periods. The aim is to improve or maintain the highest level of autonomy, and support families and carers. This service includes counselling, prevention, rehabilitation, and guidance needs to promotion of autonomy and welfare and personal care, always with a bio psychosocial approach.</p>
	<p><b>5. <u>Service of Residential Care:</u></b> They are continued services of personal and health nature, provided in centres set up for this purpose depending on the type of dependency, degree and intensity of care you need. This Benedit may be temporary or permanent and will be provided by public administration in its own centres or arranged.</p>

**Basic Concept of law 39/2006**

This law lay down the following definitions:

<p>1. <b>Autonomy:</b> the ability to control, manage and take their own initiative, personal decisions about how to live according to the rules and preferences and to develop the basic activities of daily living.</p>	
<p>2. <b>Dependency:</b> The permanent state in which they find people who, for reasons connected with age, illness or disability, and related to the lack or loss of physical, mental, intellectual or sensory autonomy, requiring the attention of another or other persons or important aid for basic activities of daily living or in the case of people with intellectual disabilities or mental illness, other support for personal autonomy.</p>	
<p>3. <b>Basic Activities of daily living:</b> Most Basic tasks of the person, allowing to function with a minimum of autonomy and independence, such as personal care, basic household activities, essential mobility to recognize people and objects, bearings, understand and execute commands or simple tasks.</p>	
<p>4. <b>Support needs to personal autonomy:</b> needs that require people with intellectual or mental disabilities to enforce a satisfactory degree of personal autonomy within the community.</p>	
<p>5. <b>Non-Professional care:</b> attention to persons in a dependent situation, by members of the family or its environment, not linked to a professionalized service.</p>	
<p>6. <b>Professional Care:</b> those provided by a public institution or entity with or without profit, self-employed or whose purposes are the provision of services for dependent persons, whether at home or in a centre.</p>	
<p>7. <b>Personal assistance:</b> service provided by staff that makes or collaborate in tasks of daily life of a person in dependency situation, in order to promote their independent living, promoting and enhancing their personal autonomy.</p>	

8. **Tercer sector:** private organizations have emerged from the civil or social initiative, under different modalities that meet criteria of solidarity, for purposes of general interest and no profit, that boost the recognition and exercise of social rights.



This law likewise provides a series of rights, being necessary to hold them satisfies some requirements:

- To be in dependence situation in one of the established levels (if less than three years will have a specific assessment)
- To live in Spanish territory and have done for five years, of which two must be immediately prior to the date of submit the application form.
- People without Spanish nationality are governed by Spanish Law 4/2000 on Rights and Freedoms of Foreigners in Spain and their social integration, international treaties and agreements established with their country of origin.
- Likewise, the Government may adopt protective measures in favour of the Spanish non-residents in Spain and the access conditions for returning Spanish immigrants.

### Economic Benefits

Can be of three types:

1. Linked to service: Its periodically character, is recognized only when it's not possible to access a service, and depending on the degree and level of dependency and economic capacity of the beneficiary. It is a personal services related to the purchase or a service, which will be supervised by public administrations.
2. For care in the home environment and support for carers non-professionals: Is exceptional and it depends on the degree and level of recognition and economic strength. If granted, the carer must register with Social Security and contribute according to certain rules. The Territorial Council shall promote actions in support for these carers with training, information and measures to take holiday's periods.
3. Personal assistance: It aims to promote the autonomy of the high-dependency, with the aim of helping to hire a personal assistance to facilitate access to education and work and live more independently in carrying out activities of daily living.

### Dependency Degree

- **Degree I - moderate dependence:** when people need help to carry out several basic activities of daily living, at least one time a day or have got needs of sporadic support or limited to personal autonomy.
- **Degree II – strict dependence:** when people need help to carry out several basic activities of daily life two or three times a day, but not require the constant support of somebody who care.
- **Degree III – heavy dependency:** when people need support to carry out several basic activities of daily live several times a day and, due to total loss of physic autonomy, mental, intellectual or sensorial, needs the essential and constant support of other people or have got widespread support needs for personal autonomy.

## Grados de dependencia

Las situaciones de dependencia se clasificarán en los siguientes grados:

GRADOS		NIVELES	
<p>a) <b>Grado I.</b> Dependencia moderada</p> 	<p>Cuando la persona necesita ayuda para realizar varias actividades básicas de la vida diaria, al menos una vez al día.</p>	Nivel 1	<p>En función de la puntuación obtenida en la valoración.</p>
		Nivel 2	
<p>a) <b>Grado II.</b> Dependencia severa</p> 	<p>Cuando la persona necesita ayuda para realizar varias actividades básicas de la vida diaria dos o tres veces al día, pero no requiere la presencia permanente de un cuidador.</p>	Nivel 1	
		Nivel 2	
<p>a) <b>Grado III.</b> Gran Dependencia</p> 	<p>Cuando la persona necesita ayuda para realizar varias actividades básicas de la vida diaria varias veces al día y, por su pérdida total de autonomía mental o física, necesita la presencia indispensable y continua de otra persona.</p>	Nivel 1	
		Nivel 2	

## **DEFINITION OF PUBLIC SYSTEM OF SOCIAL SERVICES**

The public system of social services is the core, the basic instrument of social policy directed to all citizens and especially the most difficulties have got.

It comprises a series of actions aimed at achieving full development of individuals and groups that are integrated to ensure social welfare and improving the quality of life.

### **Legislative Framework**

Law 2/1988, April 4th Social Services of regional government provides its classification of social services in communitary and specialized services, defining the alter as the basic structure of public social services in Andalusia, and its aim to achieve a better living conditions for the full development of individuals and groups to which they belong, through integrated and versatile care.

Subsequently approved Decree 11/1992, of 28 January which identified the nature and basic benefits of social communitarian services, among which include the assistance at home service in order to homogenize its implementation in Andalusia and to promote decentralization in local administration, as competition for the management of community social services accounted for delegation of the regional government to municipalities over 20.000 inhabitants.

The Order 15th November 2007 regulate the assistance at home service in Andalusia.

### **Definition of Assistance at Home Service**

*Assistance at Home Service is directed towards providing the necessary services to citizens, in order to allow to remain in their usual way of life, avoiding situations of uproots.*

### **Characteristics of benefits**

Preventive, training, assistential and rehabilitation.

### **Services and actions offered to citizen:**

Actions:

- a) Support of domestic character, consisting of household cleaning, personal hygiene, food, laundry and similar.
- b) Support of social character, providing communication channels between disabilities citizenship and familiar and communitary dynamic.
- c) Support of personal support, trying to resolve specific situations of difficulty in interpersonal and family relationships

Law 39/2006 of December 14, of Promotion of Personal Autonomy and Care to people in dependency situation establish the possibility of access to a Catalogue Service (including assistance at home) and benefits for those people which World have recognized the situation of dependency.

## System funding

The implementation of the Community Social Services could be carried out from 1998, with the financial contribution of Ministry of Social Affairs through the Agreement – Programme for the development of Basic Benefits of Social Services of Local Administration (approved by Resolution May 25, 1988), signed between the Ministry and regional government (Autonomous Communities, known as *Concertad Plan*, which aims to ensure basic benefits to citizens from Andalusia in need.

In Andalusía, the Decree 203/2002, of July 16, regulate the system of funding of social communitarian services in Andalusia, distinguishing the credits from the State and those from the Autonomous Community, but without setting the assumed share of funding local entities.

The reality is that the contributions from local corporations have been increasing in a much more important (from economic point of view) to the national government than the regional government.

## **PROFESSIONAL: TYPES OF STAFF AND JOBS EXISTING IN SOCIAL SERVICES FIELD, SKILLS, TRAINING AND KNOWLEDGE, ORGANISATIONS IN CHARGE OF ITS TRAINING**

According to Order of November 15, 2007, which regulates the assistance at home service in the autonomous community of Andalusia, the assistance at home is public and their organization is the responsibility of Local Authorities in Andalusia, which can manage directly or indirectly.

In the direct management, organization, monitoring and supervision of service is carried out by local corporations, recruiting also directly to the staff who will performance the service (direct contracting of assistants staff as municipal staff).

In the indirect management, Local Entity provides to the user the resources to make him/her hire staff directly to get assistance.

In the case of Granada Council, the management is mixed, as the functions of coordination, monitoring, supervision and overall evaluation of the service and staff that develops, correspond to the local government, while the provision of services at home, is contracted with a company, according to the regulations concerned.

## Staff of Social Services

In the Department of Social Welfare are working staff of different profiles, with specific actions on their profile and sector of intervention, but with a common goal which is to reach to citizens the Social Services offered by Granada Council in accordance with the rules governing it (Statute on Local Government, Law of Social Services in Andalusia, Decree regulating the basic benefits of Social Services ...).

Similarly, in each of the Municipal Centres of Social Services, work interdisciplinary teams, consisting of Social Workers, Psychologists, Educators ... the qualifications and knowledge needed to develop adequately its functions, performing the necessary action to make available to the entire population and each of the specific area, the basic benefits of Social Services.

Within these basic benefits is included the offer of assistance at home, aimed at providing the necessary services to citizens, in order to allow to remain in their

usual way of life, avoiding situations of uprooting. This Service provides, through specialized staff, a range of preventive, educational and rehabilitative care to people who have difficulties in carrying out their usual domestic and daily activities, in order to facilitate their autonomy in the usual way maintaining the family structure or attend both.

Assistance at Home Service requires the intervention of different professionals, with the necessary skills to ensure an optimal level of quality and efficiency in the delivery of it.

The basic equipment for the service will consist of social workers and auxiliary assistants at home. In addition, to enable a comprehensive action, may participate other staff of social services (psychologists, educators...), plus staff is required for administrative and organizational tasks.

In the case of Granada Council, and as was mentioned above, being a mixed management in which the service is carry out by a lending company that is contracted and develops its service within existing legislation, it must available throughout the term of their accreditation as an entity providing the service of a very stable workforce to make the service viable.

#### Social Workers

This staff will have got functional skills listed below:

- a) Respect to the users, in each case:
  - 1<sup>a</sup>, To study and to assess the demand
  - 2<sup>a</sup>, To elaborate the diagnosis
  - 3<sup>a</sup>, To design a project of intervention suitable
  - 4<sup>a</sup>, To plan, to manage and to supervise in each case
  - 5<sup>a</sup>, To make the monitoring and to assess their adequacy and effectiveness
  - 6<sup>a</sup>, To favor the participation of members of the unit of coexistence as support of service.
- b) Respect to service:
  - 1<sup>a</sup>, To take part in the planning, management and supervision of service.
  - 2<sup>a</sup>, To carry out the monitoring and to asses its suitability and effectiveness. 3<sup>a</sup>. To advice, to carry out the monitoring and evaluation of interventions in relation to voluntary service.
  - 3<sup>a</sup>, To facilitate and to promote training and retraining of assistance at home staff.
  - 4<sup>a</sup>, To coordinate with the rest of services and resources of Social Services Network or with other systems of social protection.

#### Assistance at Home Staff

They are people in charge of carry out the tasks by social workers of Local Organizations. These staff should have the specific professional qualification to develop its functions, according the Real Decree 29572004, February, 29, that develops el Professional Certificate of "Social and Health Care at Home" (repeals the Certificate of Assistance at Home).

Auxiliar staff of Assistance at Home have got the competencies, between other, listed below:

- a) To carry out the actions of domestic and personal character.
- b) To pay attention to users' people according their needs, making education work and contributing to the integration and standardization in individual situations or in groups.
- c) To stimulate the leading of user, not replacing it on those tasks that can develop autonomously.

- d) To facilitate to the users communication channels with their environment and with the technical staff in charge of the service.
- e) To fill in the documentation the register that corresponds in the model for the service.
- f) To participate in the coordination and monitoring service, providing the necessary information about users.

With the Royal Decree 122472009, July, 17, of recognition of professional skills acquired through work experience; open the possibility of regional government recognize through calls the qualification to people who have worked as careers no professionals.

#### Other staff

##### *Psychologist*

Work in family situations deemed necessary by the existence of problems amenable to intervention by this professional, so as to achieve comprehensive and integral attention of the user and/or families

##### *Educational Staff*

Guidance and training in the creation or modification of convivial habits to support integration and socialization of the user of Assistance at Home Service. Specifically, within the service planning, we refer to those personal actions to promote and maintain their personal autonomy, to encourage adequate habits of behavior and to acquire basic skills for both personal developments as the family unit, at home and in their relationship with the community.

##### *Administrative Staff*

Make possible all processing, besides the regManagement, set up, monitoring, supervision and assessment of Assistance at Home Service, need a administrative staff to mister of this procedure.

### **PROFESSIONAL STAFF TRAINING**

All professionals working within interdisciplinary teams of municipal social services, have the qualifications and knowledge necessary for the appropriate development of its functions.

As for the Degrees, we have graduates (psychologist, sociologist, lawyers...), Graduates Media (social workers, educators, ...) and other administrative staff. The qualifications need to fill the jobs they occupy within the hierarchy of the Granada Council, they are required both for access to such positions as to develop the functions that are appropriate (degree in psychology or sociology, law, social work or other social sciences and graduate school, high school...).

The local authorities through the several training plans, facilitate and promote the participation of professionals who depend on them in the training activities carried out in general.

Similarly, promoting and facilitating the participation of professionals in training activities not organized directly by the entity to which they belong, but are related to the tasks to develop within their jobs. This allows the acquisition of knowledge, improving the quality of professionals and the service provided to citizens.

As for the auxiliar staff of assistance at home or, and according the Order November 15 of 2007, must be at least the degree in Compulsory Secondary

School, Diploma in Education Secondary School or Certification Primary Studies and have the professional qualification for the exercise of their functions, as laid down by Royal Decree 331/1997 of 7 March, laying down the Certificate of professionalism of the occupation of auxiliary staff of assistance at home or Royal Decree 295/2004 of 20 February that develops professional certification for "Social and Health Care at Home".

In the case of Granada Council, and as was mentioned previously, being a mixed management in which the service is carried out by a lending company that is contracted and develops its service within existing legislation, it must have a staff with qualified staff with special training in assistance at home that ensures an optimal level of quality and efficiency in service delivery.

That is why, in addition to the training requirements specified in Royal Decree 331/1997 to which reference was made before, the company will also provide additional and specific training considered appropriate to provide adequate service to citizens.

## **POSSIBLE ECONOMIC PARTICIPATION OF USERS AND THEIR FAMILIES FOR SERVICES RECEIVED**

As stated in art. 22 of Order of November 15, 2007, which regulates the assistance at home service in Andalusia, to calculate the contribution of the individual user in the cost of the service, after determining the personal economic capacity, shall apply the table set out in Annex III of the mentioned Order:

**TABLE TO ESTABLISH THE PARTICIPATION OF USER IN SERVICE COSTS**

<b>PERSONAL ECONOMIC CAPACITY</b>	<b>% CONTRIBUTION</b>
≤ 1 IPREM	0 %
> 1 IPREM < 2 IPREM	5 %
> 2 IPREM < 3 IPREM	10 %
> 3 IPREM < 4 IPREM	20 %
> 4 IPREM < 5 IPREM	30 %
> 5 IPREM < 6 IPREM	40 %
> 6 IPREM < 7 IPREM	50 %
> 7 IPREM < 8 IPREM	60 %
> 8 IPREM < 9 IPREM	70 %
> 9 IPREM < 10 IPREM	80 %
> 10 IPREM	90 %

IPREM means the minimum salary

For the purpose of implementation of Annex III, the annual per capita income, defined as the sum of income from each of the members of the family unit, as determined by the criteria in the following article, divided by the number of members.

The personal economic capacity is determined by income and patrimony (according to the provisions of Articles 22 and 23 of the Order of November 15, 2007). The period to compute for the determination of income and wealth will be for the calendar year prior to recognition of the Assistance at Home.

The regulation that governs the assistance at home in Granada Council, includes among the duties of users of Assistance at Home Service, the "co-responsibility in the cost of service based on their personal financial capacity". Likewise, article 16 refers to the provisions of the Order of November 15, 2007, in regard to the calculation of the economic capacity of the individual user as well as their economic contribution (referred to in the preceding paragraphs...).

The economic contribution of the user will be made by paying the public price as provided for in the regulations.

## II. STATISTIC DATA COMPARATIVE

### a) Life expectancy of women and men at national level and short description of aging processes.

Spanish women have got the life expectancy highest of UE, (87, men 83). Spain has one of the lowest fertility rates in the UE and higher net migration.

The high longevity rates have created a situation in which approx. 1.1. million people between 75 and 80, begin to suffer disability and even get into a situation of dependency.

The aging population is a "demographic success" is starting to raise new and many challenges to Spanish society. Early twentieth century the number of people in Spain who reached the age of 65 years each month slightly exceeded 10.000, while at the beginning of the century this figure had tripled in 20 years was 50.000 in the 2040s reached a maximum of 67.000 people per month, which will account for over 30% of the population and over 16 million individuals.

The most common disease in people over 65 years in Spain generating dependency is Alzheimer, affecting approx. 5-7% of those over 65 years. About 700,000 people are affected in our country and were used more than 1,000 new cases per year. It is the cause of disability, dependence and mortality more common in the elderly population of Spain. According to latest estimates, 8 million European people are affected by Alzheimer's disease. Given the aging population and the future increase in people over 80 years, it is expected that the number of patients will double by 2020 and triple by 2050. One of the challenges that will be face the Spanish population in this S XXI.

## EVOLUTION OF SERVICE OF DEPENDENCY CARE AND MANAGEMENT BY REGIONAL GOVERNMENT

*Evolution applicants, Grade and level of dependency; expedients requested;*

PERIOD: June 2008 – December 2009

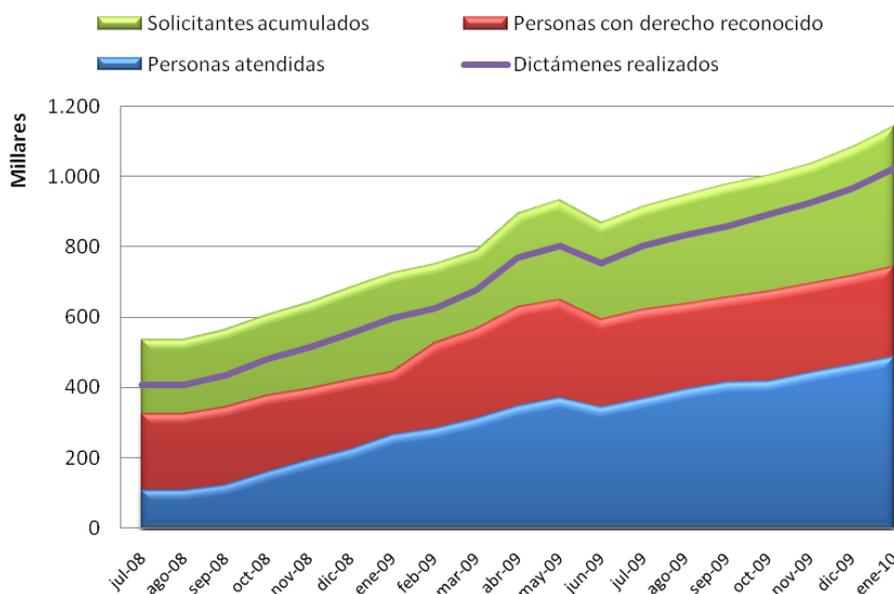
SOURCE: Own elaboration from data of SAAD-IMSERSO (Statistic Service of Quality and Assessment Department) and data of National Institute referred to population.

ELABORA: Luis Alberto Barriga Martín. National Association of Directors and Managers of Social Services.

### EVOLUTION AT NATIONAL LEVEL:

At present (data to January 1, 2010) exist in Spain accumulative total of 1.277,806 persons seeking evaluation of dependency, of which 1.141,608 people would file in force. In May 2009 there was a cleansing of the data that led to the elimination of more than 60.000 cases of SAAD (primary low death). So in all the graphics for autonomy is decreasing in June of that year.

## TOTAL: Evolución jul 2008-ene2010



**Gráfico: Evolución jun-08 / ene-2009. Total España Solicitudes, dictámenes, resoluciones y PIAS, con datos depurados a partir de mayo de 2009. Elaboración propia a partir de datos SAAD.**

The green area represents the evolution of the system integration applications. The purple line represents the opinions of evaluation of dependence, as shown, have been attached to the entry applications relatively quickly. As at January 1, 2010 advice 1,021,830 has been made, so are pending dependency assessments totaling 119,778 people (10.5% of total applications). The graphic is also used to obtain **approach to the waiting times** from one phase to another of the process from application to receipt of a benefit or service.

The current average time for the assessment of dependency would be about **three months**, representing a relative "agility". It is estimated within 12 to 18 months from application form to the perception of the service in the case that obtain an assessment of dependence with an enough degree and level.

That is, the new beneficiaries of services and benefits in January 2010 could have submitted your application in September 2008.

### How define the Law, "Dependency"?

Dependence is the permanent state in which they find people who, for reasons connected with age, illness or disability, and related to the lack or loss of physical, mental, intellectual or sensory autonomy, require care one or more other persons or substantial benefits to carry out basic activities of daily living or in the case of people with intellectual disabilities or mental illness, other support for personal autonomy (article 2.2.).



CONVENIO ESPECIAL DE CUIDADORES NO PROFESIONALES DE PERSONAS EN SITUACIÓN DE DEPENDENCIA  
1 DE FEBRERO DE 2010

ÁMBITO TERRITORIAL	RESUELTOS				
	OBLIGATORIOS	VOLUNTARIOS *	SEXO		
<b>ANDALUCÍA</b>	<b>42.761</b>	<b>32</b>	HOMBRES		5.966
ALMERIA	5.055	9	MUJERES		98.437
CÁDIZ	8.596	10			
CÓRDOBA	3.798	5			
GRANADA	3.523	1			
HUELVA	3.692	1			
JAÉN	4.635	2			
MÁLAGA	7.435	4			
SEVILLA	6.027	0			
<b>ARAGÓN</b>	<b>3.247</b>	<b>30</b>			
HUESCA	584	8			
TERUEL	362	2			
ZARAGOZA	2.301	20			
<b>ASTURIAS</b>	<b>2.591</b>	<b>45</b>			
<b>ILLES BALEARS</b>	<b>744</b>	<b>11</b>			
<b>CANARIAS</b>	<b>1.400</b>	<b>1</b>			
LAS PALMAS	734	1			
S.C. TENERIFE	666	0			
<b>CANTABRIA</b>	<b>2.771</b>	<b>29</b>			
<b>CASTILLA Y LEÓN</b>	<b>5.584</b>	<b>30</b>			
ÁVILA	401	0			
BURGOS	345	1			
LEÓN	1.274	9			
PALENCIA	455	2			
SALAMANCA	845	4			
SEGOVIA	294	1			
SORIA	234	5			
VALLADOLID	915	2			
ZAMORA	821	6			

SEXO		
HOMBRES		5.966
MUJERES		98.437

EDAD		
MENOS DE 50		46.749
ENTRE 51 Y 55		17.800
ENTRE 56 Y 60		17.050
MAYORES DE 60		22.804

ÁMBITO TERRITORIAL	RESUELTOS	
	OBLIGATORIOS	VOLUNTARIOS *
<b>CASTILLA-LA MANCHA</b>	<b>6.823</b>	<b>14</b>
ALBACETE	1.884	5
CIUDAD REAL	2.782	1
CUENCA	728	2
GUADALAJARA	289	1
TOLEDO	1.140	5
<b>CATALUNYA</b>	<b>11.985</b>	<b>109</b>
BARCELONA	8.741	68
GIRONA	903	11
LLEIDA	739	8
TARRAGONA	1.802	22
<b>COMUNITAT VALENCIANA</b>	<b>4.901</b>	<b>18</b>
ALICANTE	1.574	7
CASTELLÓN	399	1
VALENCIA	2.928	10
<b>EXTREMADURA</b>	<b>876</b>	<b>0</b>
BADAJOS	540	0
CÁCERES	338	0
<b>GALICIA</b>	<b>6.210</b>	<b>74</b>
A CORUÑA	2.294	38
LUGO	717	11
OURENSE	1.179	12
PONTEVEDRA	2.020	13
<b>MADRID</b>	<b>1.023</b>	<b>10</b>
<b>MURCIA</b>	<b>3.960</b>	<b>14</b>
<b>NAVARRA</b>	<b>1.055</b>	<b>24</b>
<b>PAIS VASCO</b>	<b>6.866</b>	<b>77</b>
ALAVA	885	12
GUIPÚZCOA	2.729	11
VIZCAYA	3.272	54
<b>LA RIOJA</b>	<b>979</b>	<b>12</b>
<b>CEUTA</b>	<b>351</b>	<b>0</b>
<b>MELILLA</b>	<b>276</b>	<b>0</b>
<b>TOTAL ESTADO</b>	<b>104.403</b>	<b>530</b>

\* Convenio voluntario, no se suma por estar el suscriptor contado en el convenio obligatorio

FUENTE: Tesorería General de la Seguridad Social

ELABORACIÓN: Instituto de Mayores y Servicios Sociales (Imserso)

One must consider that this World be an average, so depending on how you manage the Autonomous Community (regional government) of residence the Service of Care to Dependency this period may decrease or even increase.

Its clear that the **“agility” of the system is broken at the time between the assessment of dependency and the development of PIA**, e.g. what we have come to call **“THE LIMBO OF THE DEPENDENCY”**, a strip in which people have a degree and level of dependence enough to be deserved of the right to receive support and that, however, are victims of a policy “to limit the expedients” in an excessive waiting, abusive, without possible explanation. The red area of graphic indicates the default (waiting) at all times.

**Since mid-2008 and at all times, has kept an estimated 240,000 people in a situation of dependency** recognized (Grade and level enough according to the timetable of Law) **not receive any type of attention** derived from the Law 39/2006.

Three years after the entry into force of the law there is no explanation by responsables of regional government that can mitigate the indignation and the illegality of maintaining permanent stand by people-now over a year ago to illustrate their assessment request. The chain of administrative delays in evading

even the obligation to settle by way of administrative silence, is a practice morally reprehensible, legally punishable must be denounced and persecuted. This is one of central issue of associations concerned (see the case of the platform of Alcorcon in Madrid or the actions of the platform in defence of the Law in Valencia).

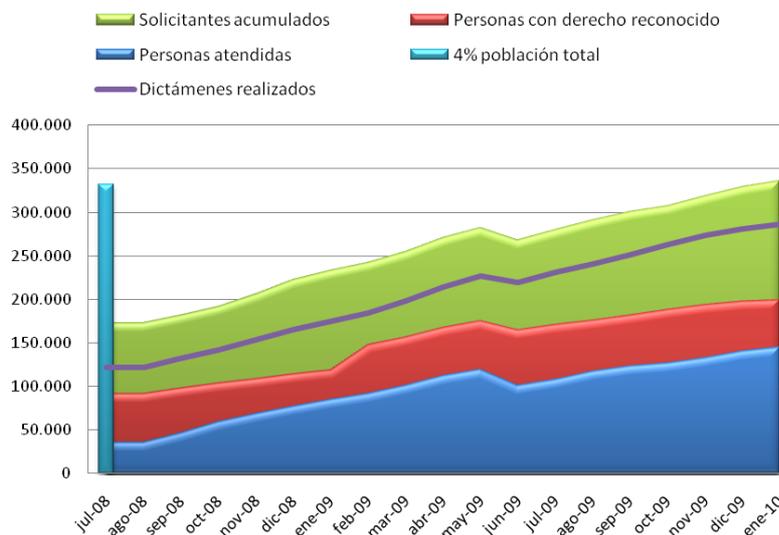
But as we said, this is not the situation in all regions. In many of them we see an effort to reduce the “red stripe” through the implementation of services and benefits to be determined through the PIA. Therefore, this issue deserves to be valued geographically discriminating what is happening in each territory.

Clearly, after three years in dependency law in Spain, the expectations generated initially (perhaps excessive) in the population have been largely disappointed by the slow rhythm of management.

Nearly 1.3 million Spanish have had the legitimate expectation of receiving any service or provision of the Law of Dependency. 35% of applicants have found that does not have enough grade level at the moment of application of the law or valuation is simply outstanding. The other 65% that would be in a situation of dependency continues for a tortuous path of negotiations and waitings that means that for every three dependents recognized degree and level enough, no one is without care. Each month since a year and half, this exasperating disappointment affects **100.000 people waiting for assessment and 250.000 pending services.**

The implementation of a system of care of such proportions could not be simpler, but the worrying thing is that the general trends, with few exceptions.

### ANDALUCÍA



The **Andalusian case** should be examined more particularly. The volume of management is the highest of Spain. 4% of total population of Andalusia has requested assessment of dependency and real attention is currently reaching 145.000 people. This means that **one of three dependent applicants, valued and cared in Spain is from Andalusia**. Obviously this will mean a high absolute figures in terms of “red zone” because the volume of the management of this community is huge compared to the rest of the state.

Until December 2008, the time to deliver services / benefits to persons with right recognized (Grade II – Level 2) decreased significantly. It's seen in the graphic the logical increase in cases of services expected by the incorporation of the Grade II – Level 1 which joined in January 2009. The trend is this direction (last 6 months of 2009) is to decrease the red band of people who are waiting for attention but are still 54.719 people. It also noted a slight increase of people who have no right valued at attention at the moment. The line of assessments has been uniform to applications, still pending assessment of degree and level 50.189 people.

The period of waiting in assessment is high, between 4 and 5 months and waiting in PIAS from 9 to 12 months. These data are not good but the answer capacity has been absolutely important and trends are slightly improved.

The following is a report which further clarifies the situation of dependent people in our country.

### **III. ANALYSIS OF LOCAL WELFARE SYSTEM AND SOCIAL SERVICES**

Spanish Population to short term, 2008-2018 according to National Institute of Statistic.

Population will live in Spain will be over 49 million of people in 2018. According to the hypothesis considered, births from 1983 to 2009 are very high and decline gradually from 2010.

In recent decades the population projections have been consolidated as an exercise that allows review of recent demographic trends and provides users with results on the major demographic magnitudes in the immediate future. These projections were obtained by establishing a starting point a scenario of assumptions in three areas: mortality, fertility and migration. The validity of the results is conditional, of course, that in the future empirically confirm these hypotheses. In order to adapt to the changing demographic Spanish situation and to answer to user demands, the National Institute of Statistic will now take place annually about population projections to 10 years (known as short term), which supplement the traditional projections long term (60 years) will be updated every three years.

Slowing the rate of population growth in Spain

Short Term projection of population elaborated by National Institute of Statistic, under assumptions of fertility, mortality and net migration which is then mentioned, expected to slow the rate of population growth in Spain, from 1.8% a year recorded in 2007 to 0.7% in 2010. Thereafter, until 2018, is expected to stabilize this rate.

If during the period 2002-2008 the population residing in Spain Grez at an average annual rate of 720 thousand inhabitants in the next 10 years is expected according to the most plausible scenario an average annual growth at around 380.000 mil. However, given the high demographic dynamism in recent years, Spain will go beyond of 49 million residents in 2018.

Vegetative growth

According to estimates made, Spain will have reached maximum growing dynamism of the last two decades in 2008, with a favourable difference of 122.2 births over deaths of thousands. From that point would experience a decrease to a surplus growing of 40.2 thousand people in 2017.

It is estimated that births will reach a maximum level in 2009, slightly up from 500,000 a year. It will be the highest since 1983, although below the maximum data reached in 1976 of 677,456 births.

From 2010 it is expected a gradual reduction of the number of children born as a result of the entry into the fecund ages less numerous generations of women. And this effect is not offset by foreign immigration flow.

Deaths continue its moderate growth to be around 420 thousand in 2017. The average annual deaths of the projection period will increase by about 20,000 in the average observed in the years 2002-2007, despite the assumptions that have been raised about continued improvement in life expectancy.

#### Migratory Growth

The external migration in Spain has been the key factor in growth in recent years, as has accounted for between 84.4% and 92.8% annual population growth during the period 2002-2007. But it's important to emphasize that foreign immigration is the most volatile and uncertain in the near future.

Immigration in Spain will suffer a severe correction over the years 2009-2011, from the 958,3 registered thousands of immigrants during 2007 to 442.8 thousand in 2010. From that point, and taking into account both the inertia set as the number of recent immigrants living in Spain, the assumptions of projection assumes that there will be a stabilization of foreign inflows, so that arrivals to Spain during the next decade will be below the five million immigrants.

#### Evolution of age structure

According to the parameters of this projection exercise, the population between 16 and 64 years will grow by 4.7% since 2008 and will increase 1.44 million people in 2018. Children under 15 years increased by 13.1% (921,000 people). This increase would result from the combined effect of increased and more effective fecundities in the age groups of potentially fertile women.