

# RESTRUCTURING LONG-TERM CARE IN SPAIN: THE IMPACT OF THE ECONOMIC CRISIS ON SOCIAL POLICIES AND SOCIAL WORK PRACTICE

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## **RESTRUCTURING LONG-TERM CARE IN SPAIN: THE IMPACT OF THE ECONOMIC CRISIS ON SOCIAL POLICIES AND SOCIAL WORK PRACTICE**

### **Abstract:**

Care needs of the aging population are increasing in Southern European countries. The purpose of this article is to explore the implications of meeting these needs taking into account the recent economic crisis, which has deeply affected countries such as Spain. This study is part of a European project (ISCH COST Action IS1102) and is based mainly on qualitative information that focuses on in-depth interviews from social service workers (n=19) providing the service and program recipients or their caregivers (n=14). In addition, two discussion groups were conducted with professionals (n=9) and program volunteers (n=5), as well as a workshop/discussion group (n=28) with politicians, service providers and participants alike. Six thematic premises were identified with differing views being highlighted relevant to the participants' roles in the program. Future research should explore social service strategies to deal with the increase in care needs as well as community-based responses.

**Key words: aging, economic crisis, long-term care, deinstitutionalisation**

## INTRODUCTION

Major demographic changes are affecting Southern European countries, and consequently, an increase in the older population is becoming an important social issue. For example, the following countries have high percentages of people over age 65: Greece 19.3%; Spain 17.1%; Italy 20.3%, and Portugal 19.1%.<sup>1</sup> These figures will increase in the coming years because of low birth rates and an increase in life expectancy. Although high rates of life expectancy can be considered a positive health-related outcome, it can have other implications because when people live longer, they need more services. As these individuals age and life expectancy increases, so too can the need for assistance to achieve functional dependency which requires other types of family and social supports to maintain independence.

In Spain, 2.4 million people, or 5.1% of the population, cannot carry out their own activities of daily living.<sup>2</sup> Caregivers are usually women between 45 and 64 years old who often have difficulties in performing this work because of its physical demands.<sup>3</sup> Given the high caregiving burden on this group, they often suffer from fatigue and have limited time for leisure activities. Moreover, they usually do not receive remuneration for their care activities and the time and effort required for meeting the obligation of caregiving leaves limited time for working outside the home and contributing to the family income (Arriba, & Moreno, 2009; Fantova, 2014; Kröger & Yeandle, 2014; Martínez-Buján, 2014).

In Spain, gender often denotes responsibility for caregiving. Traditionally in Southern European countries, these tasks have been performed by women (Carrasco, Borderías & Torns, 2011; Comas-d'Argemir, 2000; Finch, 1989; Häikiö & Anttonen, 2011). Furthermore,

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<sup>1</sup> Source: Eurostat 2011

<sup>2</sup> Source: FEAPS (2005). *Libro blanco de la dependencia. Resum elaborado por FEAPS*. Retrieved from [http://www.feapscv.org/v2/wp-content/themes/feapscv/descargas/documentos/libro%20dependencia\\_resumen.pdf](http://www.feapscv.org/v2/wp-content/themes/feapscv/descargas/documentos/libro%20dependencia_resumen.pdf)

<sup>3</sup> Source: INE (Spanish National Statistics Institute). *Módulo año 2010. Conciliación entre la vida laboral y la familiar*. [http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t22/e308/meto\\_05/modulo/2010/&file=pcaxis](http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t22/e308/meto_05/modulo/2010/&file=pcaxis)

gender inequalities continue into later life as women live longer and since they often engage in non-paid positions, they can only qualify for low pensions which limits their own financial stability if they should need care as they age. This continues to make women more dependent on social services and less able to use their own incomes to support themselves (Kröger & Yeandle, 2014; Lewis, 2007: 272).

Decommodification rests in the strength of social entitlements where an individual has some degree of independence from the market economy. Esping-Andersen (1990), however, reminds us that independence from the market economy does not always mean having full employment. For women that often work in the home, feminist theory helps to outline the disadvantages the societal expectation of carrying the burden of caregiving puts on women especially as it produces no outside income to help make them financially independent (Hernes, [1987] 1990; Huo, Moira & Stephen, 2008; Orloff, 1993;). When facing an economic crisis, the societal expectations can be challenged creating a climate that is ripe for change where new methods of decommodification can emerge.

In Spain, similar to other countries, several studies support that older adults prefer to remain at home as long as they can, and to continue to live in their own communities rather than in private facilities (Evans, et al., 2002; Fisher, et al., 2007; Fitzgerald & Caro, 2014; López-Doblas & Díaz-Conde, 2013; Martínez-Rodríguez, 2011; Pynoos, et al, 2008; Sheehan & Oakes, 2006; Smith, et al., 2012). In addition, in times of economic challenge allowing older adults to stay in the family system, rather than in private care, is more to do with monetary cost. Being able to live at home allows the older individual to preserve his/her own community ties and remain a part of the family system.

Despite the benefits of keeping older adults in the home, providing supportive caregiving services in the home can be challenging as support will be needed by the entire family including the family member providing the care, and this may also need to be supplemented

by private care workers. The resources for providing this support remain one of the greatest challenges in social welfare (Anttonen & Sipilä, 1996; Tobío, 2013; Daly & Lewis, 2000; Martín-Palomo, 2008).

The financial crisis has brought about important cutbacks in services provided or funded by different levels of government administrations, such as retrenchments in the recent Spanish Long-Term Care (LTC) law, commonly known as the *Dependence Law* (LAPAD).<sup>4</sup> At the same time, high rates of unemployment, 27.16% on average, especially among younger people, 57.22% (EPA, 2014)<sup>5</sup> have had important consequences on households' budgets. As a result of this, 27.7% of Spanish households are at risk of social exclusion – marginalization from society, because of a situation of disadvantage and poverty–, and 13.3% have unemployed members. In Spain, the proportion of people living in households that have experienced a major drop in income is around 28% (Eurofound, 2012).

The financial survival of each family unit is dependent on multiple types of contributions from its members. Forms of contribution include changing expectations with income pooling, working in family businesses and commitment to family solidarity in maintaining economic stability. Caregiving practices have been a topic of great debate since the economic crisis and there has been pressure to reduce the previous trend of supported home care and residential care to using private services secured from outside of the home. Home care involves more than a specific focus on providing the best, most inclusive care for the older dependent adult. What is offered and how it is provided is often linked to contextual factors (Da Roit, 2010; Lehmann & Havlikova, 2014). Furthermore, the public-private network of provision of services has a strong presence of the third sector (Castellano-Garrido et al., 2011; Da Roit, 2010; Rodríguez-Cabrero & Marban, 2013; Vara, 2014).

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<sup>4</sup> Law 39/2006, 14 December, of Promotion of Personal Autonomy and Care for Elderly People and Disabled People. *Ley 39/2006 de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las Personas en Situación de Dependencia (LAPAD)*

<sup>5</sup> Source: Labour Force Survey (EPA, in its Spanish acronym)

Following Esping-Andersen's (2000) typology and Anttonen and Sipilä (1996), Spain is recognized as a Mediterranean welfare state that is committed to providing social assistance while keeping families together when providing both care to children as well as to older dependent adults. In Southern European welfare states, families are expected to provide mechanisms of *resource pooling* and *soft budgeting*, in other words, helping family members through a shared budget (Moreno, 2000, 2012; Petmesidou, 1996). Additionally, as a consequence of Spain's mortgage crisis, many people cannot afford their homes and there has been an increase in eviction orders with notable numbers of 1,218 cases in 2014.<sup>6</sup> In many cases, older adults used their homes as collateral, so that their adult children could get home mortgages. Therefore, if an adult child defaulted on their home mortgage, and the older adult parents put up their home as collateral, the older parents would also lose their home as well.

## **LONG-TERM CARE POLICIES FOR OLDER ADULTS IN SPAIN**

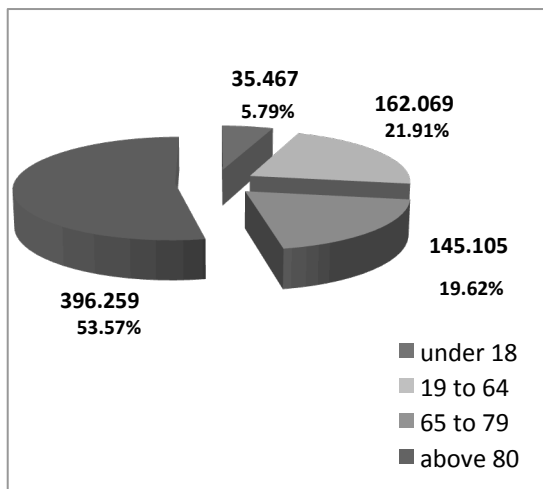
### **Historical Path**

The introduction of the LAPAD was designed to increase and standardize social service benefits for older dependent adults including people of all ages suffering from disabilities, as well as for their caregivers. As can be seen in Figure 1, people over 65 years old represent 73.27% of LAPAD beneficiaries (19.4% of people aged 65 to 79, and 53.63% people aged over 80). The prevalence of women needing services remains significant with 77.4% of people older than 80 years that received services were female (see Figure 2). The total number of beneficiaries of LAPAD at the end of 2013 amounted to 738,900.

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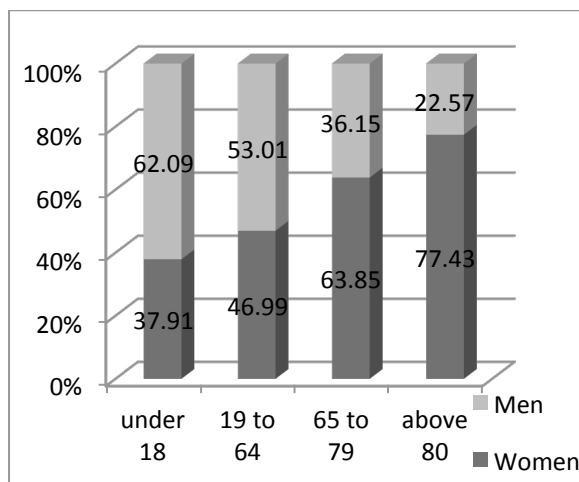
<sup>6</sup> Source: Bank of Spain

Figure 1.  
Beneficiaries of LAPAD by age. 31 December 2013



Source: Information System for Autonomy and the Care of Dependent Person (SISAAD). Figure constructed by the authors.

Figure 2.  
Beneficiaries of LAPAD by sex. 31 December 2013



Source: Information System for Autonomy and the Care of Dependent Person (SISAAD). Figure constructed by the author

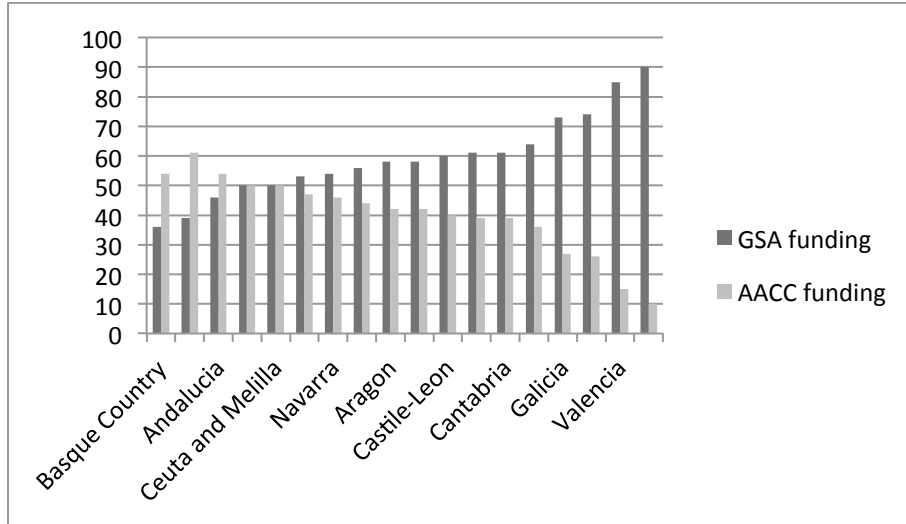
Before LAPAD was passed, there was a remarkable lack of policies on LTC in Spain (Álvarez-Gregori & Macías-Núñez, 2009; Hidalgo-Lavié, 2010; Pacolet, 2009; SMLSA, 2004). The LAPAD was introduced in January 2007 and generated public support with the hope of improving the conditions of people in need of assisted living.

This was the first law related to the provision of social services that was established to be common all across Spain. This program was the first to centralise long-term care services and require shared funding from both the state and the regional governments. In total, three administrations were involved in the implementation of the law: the general state administration, the Autonomous Communities and the local administration. These three agencies were coordinated by the Territorial Council (*Consejo Territorial*, CT), which provided oversight and guaranteed the quality of the service. The “System for the Autonomy and Care of Dependent Person” (*Sistema para la Autonomía y Atención a la Dependencia SAAD*) was also created to ensure successful implementation throughout the State. The SAAD held the responsibility for ensuring the integration of public and private services and coordinated services between the various administrations. SAAD was implemented by social workers at the local level that were employed in social service centres (Deusdad, 2013).

Benefits were funded by the General State Administration (GSA) from the Annual General Budget. Through cooperative inter-administrative agreements the budget was approved by the congress, the regional governments (Autonomous Communities, ACs), and the GSA. These agreements, were established and distributed based on need, taking into account social features such as the number of people requiring care assistance and other specific geographic conditions that mitigated the need for services (Sánchez-Maldonado, 2010). Furthermore, the ACs was mandated to provide funds matching those provided by the GSA. Several of the ACs, however, have not always fulfilled this obligation as can be seen in Figure 3. In examining the following figures of funding shared between ACs and the GSA, it becomes clear that only five regions are paying more than or the same as the GSA.



Figure 3.  
*Funding of LTC Law by Autonomous Communities, by Percentage. 2011.*



Source: Spanish Government report, 2011. Figure constructed by the authors

The ACs that have invested the most funding are La Rioja (2,183.12 €), Basque Country (2,160.23 €), and Cantabria (1,818.77 €), while the Canary Islands (436.47 €), Galicia (688.26€) and Valencia (805.25 €) have invested the least. Not surprisingly, the regions with the least investment in LTC (Valencia, Madrid and Galicia) have had a leadership by a neoliberal party, referred to as the Spanish conservative party (*Partido Popular*), which was in office in these regions from the 1980s until the 2015 elections and is still in Galicia. Despite previous legislative commitment to support the programs, this reluctant leadership may account for the huge differences in the implementation of the LAPAD among the regions. The system does not assure equal access to services or allowances, because program guidelines are based on the social eligibility factors outlined earlier. There is an enormous difference amongst regions in terms of their investment with 2.5% benefits being honoured in

Cantabria to 0.54% in the Canary Islands as many of these services are proportional to number of inhabitants.<sup>7</sup>

### **Overview of the LTC system**

The term “dependency” was defined in the LAPAD as a lack of physical, psychological or intellectual autonomy due to age, illness, or disability resulting in the need for supportive care from others or help in performing the activities of daily living. Furthermore, the law supported that caregiving activities were central to the health and maintenance of frail older adults and could be covered as part of the program. The law was envisaged as a radical change from what was to a universal system that recognized the subjective right of care for citizens with dependency (Ranci & Pavolini, 2013). The Spanish LTC law (LAPAD), in principle, did not directly foster aging in place, but implemented free choice of benefits through cash transfers made under the supervision of social workers. This program was not designed to reduce the number of older people in institutional care (people could choose this option), but rather provide incentives for providing in-home care as an alternative.

Consequently, one of the aims of the law was to foster female caregiving as a form of employment. This coverage was initiated by providing a monthly allowance for family care known as the Economic Benefit Associated for Family Care (*Prestación Económica para Cuidados en el Entorno Familiar*), and although written into the law, it was an ‘exceptional measure’. By providing this monthly allowance, caregiving within the family system could actually benefit the total family income and reduce public expenditures with it.

When first envisioned the LAPAD stipulated a gradual implementation of benefits, according to the different degrees and levels of autonomy. Three different degrees of dependency (moderate, severe and major) were noted and each degree had two levels of

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<sup>7</sup> Source: Information System for Autonomy and the Care of Dependent Person (SISAAD, in its Spanish acronym).

dependency, in relation to a person’s autonomy and the intensity of care needed. The intent was that when assistance was needed at the highest level, more support would be offered to help keep the parent in the home as opposed to the lower levels. Unfortunately, since application was flexible and there were cutbacks in financial support, it was determined in many areas that providing assistance for lower degrees of dependency would not be implemented until July 1<sup>st</sup>, 2015. Only one Autonomous Community supported this provision and that was the Basque Country. The law also distinguished between the provision of services and cash transfers. Table 1 shows the various benefits and cash transfers provided by the LAPAD (Deusdad, 2013: 12; Vilà, 2009: 100).

Table 1  
*Benefits and allowances provided by the LAPAD*

SERVICES	CASH TRANSFERS	
	MONTHLY ALLOWANCES	SINGLE PAYMENTS
-Prevention of disabilities and promotion of autonomy -Telecare -Home care: housework and personal care -Day care centres for older people -Day care centres for people under 65 -Specialized day care centres -Night care centres (not implemented) -Residential care: Older people Disabled (different types of dependency)	-Benefit related to the service provided when no other access to a service was possible (to be chosen among residential care, day care or home care) - Economic Assistance for Family Care -Personal assistance	-Cash transfer for buying technical equipment -Adapting homes to the requirements of the disabled

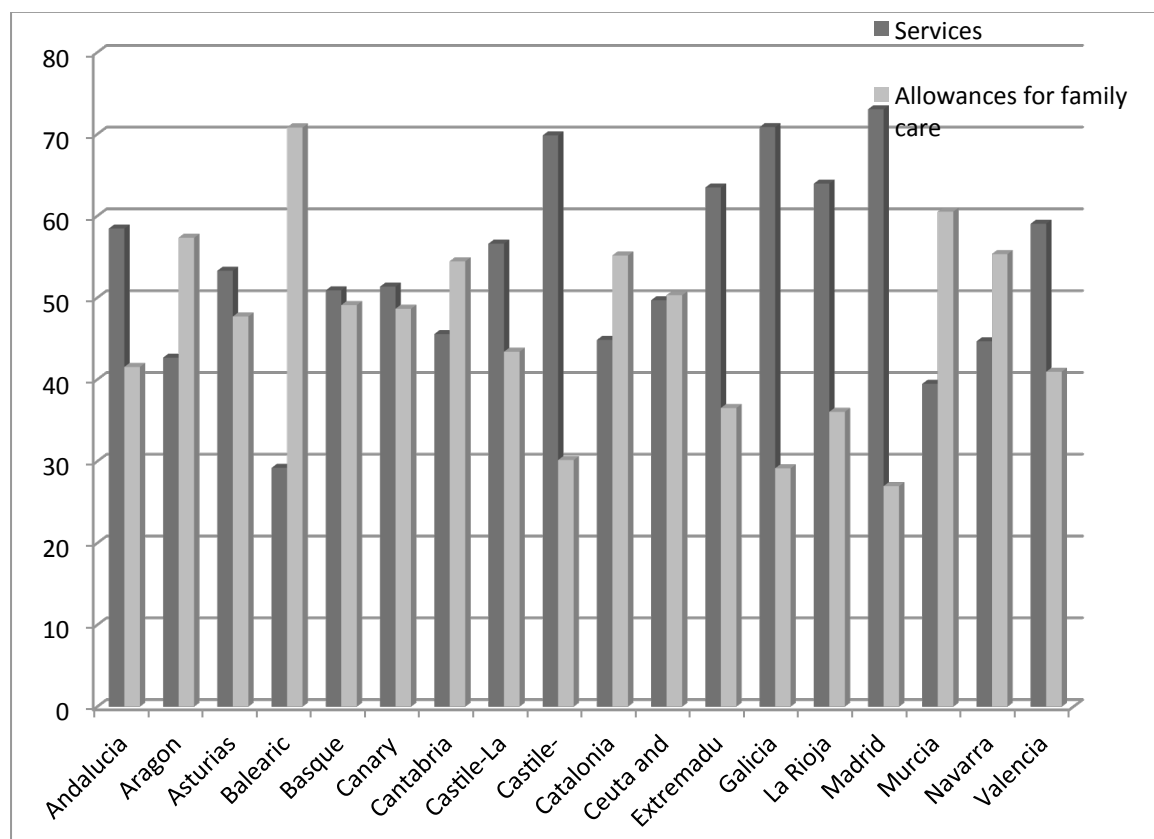
When looking specifically at how services were distributed and provided, a monthly allowance for family care is recognized as a crucial benefit provided by the law (Barriga, et al. 2014; Martínez-Buján, 2014; González-Ortega, 2013). A close relative, in most cases the wife or daughter of the older adult person, received a monthly allowance. When needed to provide this supportive care, the female caregiver was also included in the social security system thereby receiving credit for these home care activities.

In other words, while the law’s initial objective was to improve gender equality in employment and develop the care provision sector, it ultimately had the opposite effect, and reinforced family caregiving with the traditional role of women as caregivers (Comas-

d'Argemir, 2015; Deusdad, 2013; Rodríguez-Cabrero, 2011; Vara, 2014;). Female caregiving in Spain has always been the focus both before and after the crisis.<sup>8</sup>

Nevertheless, there were some males that did qualify to assume this role of caregiver. With the rise of long-term unemployment affecting men over age 45, a monthly allowance helped to provide an income as well as fulfil the role of a compensated family caregiver. Therefore, male caring activities were provided through the program but only when there were no other possible options. Figure 4, outlines the balance between family care and the rest of benefits. With regards to the use of a personal assistant from outside the family unit, this benefit is rarely used in most regions. The only regions that made use of personal assistants were Castile-Leon and Galicia which both have around 50 each. Basque Country employed 1,270 personal assistants at the end of 2013.

Figure 4  
*Services and allowances for family care by Autonomous Community. 31 December 2013*

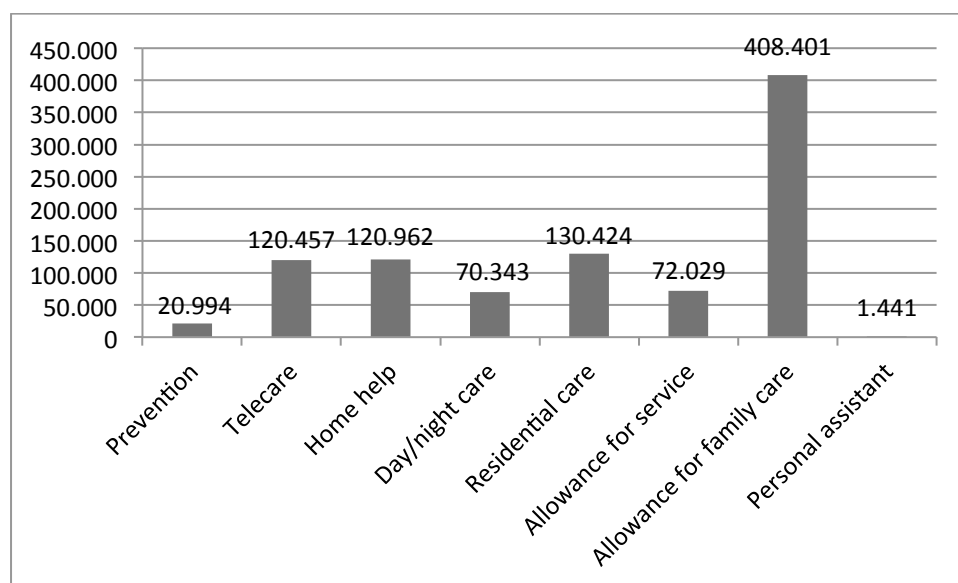


<sup>8</sup> According to the Spanish Association of Directors and Managers of social services, only after 2014, Andalucía's new regional government has worked against this tendency of family care support and instead has allocated resources for an increase in residential care services.

Source: System for the Autonomy and Care of Dependent Person (SAAD). Figure constructed by the authors

As can be seen through the figures, there are clear differences among regions in the number of services implemented. However, there is a common element in all regions related to the importance of the cash transfer for family caregiving, and in some regions financial support for this activity is more important than the rest of services provided (see specific areas: Aragon, Balearic Islands, Cantabria, Catalonia, Murcia, and Navarra). Even though the law considered this financial support to be a discretionary measure, it turned out to be the most widely used benefit. This increased usage may have been due to not only the present economy but also the way the program was implemented. Since the program is viewed as a public social service, it may also be used to help mitigate female unemployment and a lack of employment skills and reduce costs from implementing other services. A way to reduce public expenditure while trying to cope with an increasing demand. It is also seen as a “social right” for families that desire and express need of help and support without clear qualification guidelines. The total implementation of services and allowances in all Spain through the LAPAD is shown in the following figure:

Figure 5  
Services and allowances. Spain, 31 December 2013



Source: System for Autonomy and the Care of Dependent Person (SISAAD). Figure constructed by the authors.

The data collected showed regional differences in the implementation of the law and it was not clear based on flexible application there was total agreement on what services were most important. One trend that remains clear, however, is the emphasis on females filling the role of caregiver (Vara, 2014). The options that home care can provide for older individuals support deinstitutionalization in that if care is provided in the home, the number of services required by public or private sectors will continue to decrease.

### **Restructuring process and austerity measures**

The implementation of the LAPAD in Spain began in 2007, and despite the economic and financial crisis, the LTC system was supported until the end of 2011. At this time, the government introduced the first cutbacks, postponing the LAPAD implementation timeline for moderate dependency.<sup>9</sup> The *National Reform Program* (2012)—which the Spanish Government submitted to the European Commission—announced the main reforms of the LTC system which included adapting the implementation schedule to the available funding, reducing allowances for family care, increasing beneficiaries' co-payments, and fostering the expansion of the private sector. From previous versions of the law, these revisions can undermine the rights of beneficiaries by reducing incentives to keep older adults at home as well as returning the responsibility for those who want to keep their relative at home back to the family. The reform hits women particularly hard, because based on program data females remain the primary caregivers and older women were the main care-receivers.

The priority of austerity policies meant a serious setback for the implementation of the LAPAD and required important structural changes in the LTC system similar to what existed

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<sup>9</sup> Royal Decree-Law 20/2011, of 30 December, on urgent measures concerning budget, tax and finances to redress the public deficit.

before the implementation of this law. New restrictive measures were introduced for moderate dependents and in order to receive benefits by January 2013, they had to have been assessed for their level of dependency before the end of 2011. Those that were considered moderate dependents that missed this deadline had to wait until January 2014 to be eligible to receive any reinstatement of benefits.<sup>10</sup>

Ironically, the amount of money saved was inversely proportional to the degree of efficiency with which the Autonomous Communities assessed applicants. Those who assessed fewer applicants before the December 31<sup>st</sup> 2011 deadline saw greater savings because there were fewer allowances to pay in 2013 (González-Ortega, 2013). When moderate dependence was not recognized by public administrations, the services they required simply did not go away and for the people who continued to require some hours of home care, they did not receive any public funding to support it.

The reduction of allowances, the withdrawal of the social security payment by the State to informal carers, the restrictions on who could be considered as having an informal career, and the extension of the deadline for the disabilities' assessment were other important setbacks which had dramatic negative consequences on care.<sup>11</sup> More strict measurements of autonomy were employed and the ultimate consequence of this change is that it is becoming more and more difficult to be assessed at the highest degree of dependency as assessments depend on the discretion of the Autonomous Communities' evaluation teams.

Furthermore, from 2010 to 2013 the number of cases decreased by -98.82% (from 16,217 cases in 2010, to 6,724 in 2011; 1,080 in 2012, to 191 in 2013). In 2013, 961,830 people were named eligible for benefits, but only 736,777 received them in 2014 (-23.39%) (Barriga, et al. 2014). As a result, there are long waiting lists and some people have died without ever

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<sup>10</sup> Law 2/2012, of 29 June, on state general budget.

<sup>11</sup> Royal Decree-Law 20/012, of 13 July, on measures for ensuring budgetary stability and fostering competitiveness.

receiving benefits. Moreover, there have also been restrictions on stop-gap benefits that were supposed to be available when no other service was possible.

Additionally, the schedule of recognition of moderate dependency (Degree I) was postponed again until 1<sup>st</sup> July 2015.<sup>12</sup> Table 2 shows the major changes on the implementation calendar of the LAPAD, as affected by the cutbacks of these two degrees.

Table 2  
*Changes in the schedule of recognition of the different degrees of dependence*

1 <sup>st</sup> year	2 <sup>nd</sup> and 3 <sup>rd</sup> year	3 <sup>rd</sup> and 4 <sup>th</sup> year	5 <sup>th</sup> and 6 <sup>th</sup> year	7 <sup>th</sup> and 8 <sup>th</sup> year
2007	2008-09	2009-10	2011-12 <i>Postponed until 1st July 2015</i>	2013-14 <i>Postponed until 1st July 2015</i>
<b>DEGREE III</b> Major dependency	<b>DEGREE II</b> Severe dependency	<b>DEGREE II</b> Severe dependency	<b>DEGREE I</b> Moderate dependency	<b>DEGREE I</b> Moderate dependency
<i>Levels 2 and 1</i> (Cancelled)	<i>Level 2</i> (Cancelled)	<i>Level 1</i> (Cancelled)	<i>Level 2</i> (Cancelled)	<i>Level 1</i> (Cancelled)

Moreover, the allowance of compensation for family caregiving allowed many caregivers (who are mostly women) to enter the social security system for the first time making them eligible to receive a pension upon reaching retirement age. It also helped to decrease the high rate of unemployment and recognized the (formerly unpaid) work that caregivers were already providing. Despite the great impact of this provision, social security payments for this work have been totally abolished.

New regulations are still being introduced.<sup>13</sup> Now the household income is taken into account to calculate the benefits for users with LTC needs making it a means-tested program. Applicants' inheritance is also included in calculations and after this means-testing is applied, the amount of money they are eligible to receive is calculated (*minimum guaranteed*) for their personal expenses (pocket money).<sup>14</sup> There are also other possible reductions on their

<sup>12</sup> This was not the case of two Basque Country provinces, Alaba and Guipuzkoa, where Degree I was recognized and paid up to €300 per month before that date.

<sup>13</sup> Order /130/2014, 22nd April and Order 339/2014, 19<sup>th</sup> November. Catalan Autonomous government.

<sup>14</sup> The insufficient money allocated for personal spending has been denounced by organizations of people with disabilities ECOM (Federation for People with disabilities association).



payment when the user has dependents. This regulation has increased the co-payment of users and reduced their pocket money, for example, from €197 to € 132 per month.

### **Scope of the Problem**

In the Mediterranean countries, the European economic crisis has had a specific impact on LTC policies that has resulted in numerous reductions in benefits for those that qualify. Traditionally LTC policies were meant to encourage, support and economically reinforce in-home caregiving. In Spain, the variation in program implementation provided fertile ground for substantially decreasing benefits during the fiscal crisis. To cut costs and address the needs of this population, many different types of outsourcing services and competitive tendering were introduced along with stricter means-testing standards (Anttonen & Karsio, 2013).

This study will focus on the consequences the fiscal crisis has had on the already weak Spanish welfare state by reviewing the opinions of those most affected by these policy changes, the stakeholders and the care providers. Special attention is given to interviewing social workers that were responsible for implementing the LAPAD as program eligibility was determined by social service departments as opposed to health departments. This study examines the recent introduction of a LTC policy in Spain and the effect this policy has had on older adults within the context of a severe economic crisis. In addition, individual interviews with program recipients utilizing the program were gathered to examine the scope of the problem and program changes.

## **METHODOLOGY**

### **Research Sample**

This study recruited individuals from the city of Tarragona, a Spanish/Catalan city, over a two year period, from 2013 to 2014. Interested individuals were recruited through e-mails,

invitations sent directly to the agencies and forwarded to potential participants or by snowball sampling. For the program recipients and caregivers “word-of-mouth” by social service workers, program administrators or other service recipients and their caregivers was the primary recruitment strategy.

To learn more about the actual implementation of the program 19 social workers responsible for determining eligibility for the program were invited to participate and individual interviews were conducted. In addition, a discussion group was conducted with other social workers and care workers (n=9) that were directly involved in the implementation of the Spanish LTC law (LAPAD), and either provided or were familiar with the assessments for frail older adults and their families. These social workers came from public social services agencies and from the for-profit and non-profit sectors (outsourcing services). In the discussion group of social service workers (n=9), 4 were directly working in public social services, 4 more with NGOs in some capacity and one from a private company of social and health services provision.

In addition, program participants were also invited. This invitation resulted in 14 interviews with older adult participants age 75 or older that lived with a caregiver that was receiving program support. Recruitment for these semi-structured interviews was carried out using snowball sampling, and referrals came from those either administering or involved in the program. In addition, a small focus group with program-related volunteers was also conducted. This small group consisted of 5 individuals who volunteered their time to assist in the program.

Lastly, a Stakeholders’ Workshop was funded by the European project ISCH COST Action IS1102<sup>15</sup>, and 28 participants were recruited from a variety of sources including social services managers, political officials familiar with the program, program volunteers, and one

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<sup>15</sup> ISCH COST Action IS1102. National pages. Tarragona Action Unit. Retrieved from <http://www.cost-is1102-cohesion.unirc.it/national-pages/spain/tarragona-action-unit>

direct caregiver. In summary, this study encompassed individual interviews and focus groups involving a variety of program recipients, caregivers, and other professionals aware and active in program implementation.

### ***Instruments***

The purpose of the focus groups and individual interviews was to examine aspects of care provision for older adults living at home, and whether notable changes had taken place in previously existing services relative to cutbacks stemming from the economic crisis. The primary purpose of the stakeholders' focus group was to give feedback on the actual living conditions of the aging population and their needs.<sup>16</sup>

To gather this information the individuals interviewed and the focus groups were asked specific questions related to the role of the LTC, and whether these new LTC policies affected the services that were provided. The individual interviews focused on questions related to the services participants received and any changes that had become evident with the updated policies. The focus groups' questions were related to program policies in reaction to service changes and in what ways they believed that the economic crisis was impacting the services provided. Specific questions were geared to better understand the program changes in terms of what was provided before and what was provided now. General questions related to family demographic changes were the focus of the interviews of participants and service providers, gathering information related to the biggest changes in family supports and how to best address the care needs of aging parents. Participants were asked if the recent economic climate affected family solidarity. If so, they were asked which of the family members were most involved, which were expected to provide caregiving and whether this affected opportunities for outside employment. For caregivers, questions determined what their primary role was and what the greatest challenges were that they experienced. Information

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<sup>16</sup> ISCH COST Action IS1102. National pages. Tarragona Action Unit. Retrieved from <http://www.cost-is1102-cohesion.unirc.it/national-pages/spain/tarragona-action-unit>

was also gathered to answer the following additional questions: 1) Was there an increase/decrease in family support and community participation? 2) What was their perception and expectation for female relatives as the designated caregivers? 3) How often were females expected to serve as the primary caregiver, and why did they believe it was the case?

### ***Procedure***

All individual interviews with the professionals and the program participants and affiliates lasted approximately one hour, were conducted in a private place and recorded for transcription. The first discussion group session for program volunteers lasted approximately 1 hour and 20 minutes and was held at a convenient location to facilitate attendance. Light refreshments were served and the discussion points for the group were program related. The focus group with volunteers from NGOs giving support to older adults (+75) provided a deeper analyses of the issues that concerned older adults from those directly involved with program implementation. The volunteers expressed that most of the older adults they worked with were living alone and they brought attitudes, values and issues out into the open which were frequently hidden to the rest of their relatives and friends, but not to the volunteers themselves.

In the second discussion group for professionals (n=9) the information covered was most relevant to the implementation of the program and methods of improvement. This professional discussion group lasted 2 hours and was also conducted at a convenient location to facilitate attendance.

The Stakeholders' Workshop and discussion group lasted approximately 4 hours. The first portion of the group was dedicated to a presentation on aging and the second part was open to discussion of the topics where feedback from the group members was solicited. In the final stage of this field work, the Stakeholders' Workshop which included both professionals and

volunteers, produced feedback that helped to give a balanced perspective to the information and opinions provided. This group allowed for discussion of the situation of older adults in the province and helped to identify the most salient issues faced during the social crisis, including opinions from those in public social services, for-profit and non-profit organizations.

## **RESULTS**

Data was gathered from multiple formats related to the effects the economic crisis was having on program services. The interview and focus group data was first analysed separately prior to making global analysis and conclusions. After collecting all the data, the interviews and discussion groups were coded for six main themes (see Table 3). Differences among participant viewpoints were mainly based on the position and role they played relative to the program and, therefore, at times the perceptions and expectations were considerably diverse. Surprisingly enough, adults and their caregivers were more positive and resigned to the situation they were living in, while professionals were complaining more and had a more combative attitude about it. Furthermore, the older adult was reluctant to pay for care, not wanting to spend money on his/her own needs, but was willing to help out the rest of the family. They stated to help the family they would go without fulfilling their own care needs and necessities.

Table 3  
*Older adults and the crisis in Spain*

CODIFICATION THEMES	
<i>Restructuring</i>	LTC Law Increase in needs Decrease in services implemented Role of third sector Service limits Changes in the type of services Marketisation/privatisation/co-payment
<i>Older adults' strategies in the face of the economic crisis</i>	Increase in informal care Decrease in residential care New households Cohabitation Family solidarity Savings on energy Volunteers
<i>Crisis consequences</i>	Carers' giving up Mistreatment Economic abuse and situations of neglect Situation of scarcity and deprivation Reluctance to have carers Decrease in wellbeing
<i>Community involvement</i>	Community solidarity Community work Volunteer work
<i>Services</i>	Telecare Home food delivery Home help Dependency allowance
<i>Care provision and organisation</i>	Immigrant care workers Family care Private care Choosing informal care/residential care Neglected and self-neglected care

After the thematic codification, the main analytic categories were chosen: *family solidarity to overcome the economic crisis, strengthening of care burdens by women, male presence, false deinstitutionalization, aging-in-place, and situations of neglect and self-neglect*. These analyses helped to identify the changes that resulted as a consequence of the economic crisis related to adult well-being, gender-related expectations and consequence, and new solidarity concerns and issues when facing the economic crisis.

### **Codification: Facing the crisis: new strategies and new consequences**

The LAPAD budget cuts appear to have had the biggest impact on services for older adults. Societal circumstances related to the economic downturn such as high rates of unemployment and fiscal program cutbacks have resulted in new ways for ensuring family solidarity. For example, in 2013, 40.4% of pensioners used their pensions for helping relatives and friends, whilst only 15.1% of them did so in 2009. Moreover, households in which all members were unemployed have learned to survive sharing resources by using retiree pensions and in 2013, 300,000 survived using this strategy. On average, 19.9% of Spanish household budgets are based on pensions (Laparra & Pérez-Eransas, 2012; Martín-Patino et al., 2013; Nasarre-Aznar, 2015; Observatorio Social de las personas mayores, 2014; Simón-Moreno, 2010)

Therefore, the only regular income that families have is, in many cases, a retiree pension from the grandparental generation. With this income, older adults help to pay their adult children's high mortgages and feed these children and grandchildren. One of the most common solidarity attitudes is cooking for the entire family; this is more frequent than cohabitation, as we will see. Older adults even prefer asking NGOs for food (*Caritas. Banc dels aliments*), which permits them to save money for other needs. They offer different sorts of help to their children and grandchildren.

This information was supported through our individual interviews and focus groups and examples of the solidarity can be seen in the following comment by a social worker:

Since...October until now (April, 2013), is that there are a lot of older adults that have to help their children (...). People that used to spend money from their pensions to travel from time to time or to renovate their homes; they do not consider this to be a possibility anymore. They have their son or daughter that is unemployed. They need to pay their mortgage, other circumstances...not to mention those who have lost their

homes and are living in their parents' homes again. They think "where three can eat [on a budget], four can eat [on a similar budget]." That's not true..., but they have to help [each other]....(Social worker, public sector).

This social worker was referring specifically to program participants and their families. Another interviewee said, "The government is relying too much on families and [requiring] older people who had some savings for their retirement [to use it now]." Since older adults often own their homes or pay low rent, taking in other family members may be expected. In addition, they earn a small pension, and when they use it to help support close relatives, they can expect to get care from them in return. This requires that small pensions be stretched to include medicines and electricity or gas that aids other family members as well. Leaving little for home or residential care designed to help them to survive. When this is coupled with using the older adult home as collateral for the younger adult child's mortgage, dramatic consequences can result.<sup>17</sup>

Cohabitation and having extended families live together was identified as one strategy. For many families, re-familiarization has been highlighted, as a consequence of the economic crisis. Some members did not see this as a strong alternative but rather a situation of necessity when unemployed adult offspring in desperation returned to their parental homes. In some cases, there has also been a divorce and/or there are grandchildren that need care. As a consequence, the household is larger than the immediate family and composition has changed with all being forced to adapt to his/her habits, losing space, independence, and above all, economic resources and purchasing power. This means that they do not have the same quality of life as before, as can be seen in the following social service worker participant comment:

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<sup>17</sup> Although there is no precise official data available for mortgage eviction orders, the National Spanish Bank and the General Court report 65,778 since 2012 and 35.5% *daciones en pago*, payment agreements with banks in 2013. However, one estimate is about 371,000 evictions from 2008 to 2012 (Matthews, Laura, 2012, November. 18. Spain Suicides: New Law Prevents Eviction But Mortgagers Still Indebted For Life. *International Business Time*. Retrieved from <http://www.ibtimes.com/spain-suicides-new-law-prevents-eviction-mortgagers-still-indebted-life-887626>)



We have detected in the cases where the children have come back home that the situation of older people has not improved. On the contrary, their situation has deteriorated...Do you think their children really want to come back home? They come from a situation of economic crisis, an eviction order, a divorce, with three kids, and I don't know what else...In other words...this only puts more pressure and work on the older adults and I think that their situation and health conditions get worse. Difficult situations existed before, but [when] they lived separately the older adult could watch TV, [and] relax at home... Now, they have to be in the middle of a quarrel with their children... there are also the grandchildren around...I don't think they have come back home to care for the older adult...they are coming back with a lot of problems and this means more pressure for the older adult (social worker, NGO).

Also, a volunteer from an NGO in the group also stated that when the adult children come home, it can make the situation of the older adult get worse. In the past older adults in need of care received an allowance to support their care (LAPAD). Before the fiscal cutbacks, this could be used to pay for home care, residential care or service in a day care centre. One suggestion made by group participants was to allow a family member to become an informal caregiver and use the cash benefit to supplement the income of the family system. The group recommended that an outside-the-family caregiver only be employed in extreme cases and used with families that have more resources to avoid institutionalization. Although there are not official figures related to the increase in outside of the family givers, since the economic crisis the professionals in the group reported that they perceived a decrease in their numbers and their remuneration. Moreover, older adult interviewees reported that they hesitated to

spend money on their own care; instead they preferred to use their money to pay for their children's and grandchildren's well-being.

When asked about the perceptions of care given within the home, the responses were not always positive. Some participants felt that the family might not be a supportive environment and the older adult could be neglected. After receiving the allowance for a period of time, caregivers are permitted to take one-month unpaid leave. However, because during that period the allowance is stopped and there is sometimes a delay in reinstatement, caregivers often reject this possibility, choosing instead to work without a break.

The social work professionals reported that when family members are stressed there is a greater possibility that this stress might result in neglect and possible mistreatment. There are also cases of financial mismanagement/abuse in which older adults will not have money to secure their own services because the funds are used for family care. The Catalan government and several municipalities have launched procedures for detecting elder abuse, because of concerns that abuse may increase in times of economic crisis.<sup>18</sup>

Another common response was related to the need for older women that fear running out of money to hoard the funds that they have and not use it accordingly to meet their needs. This is often the case where the widow receives a small pension and fears it will not last. Some go to municipal day homes for pensioners (leisure centres called *Llars de Jubilats*), in order to have heating during winter days. For others, especially those with mobility problems, they can become isolated at home or simply be forced to live in poor conditions. In Spain, the majority of the oldest population are women and in the city of Tarragona, 42% of them have a pension of between €501 and €700 and 18% earn a pension of €300 to €500.<sup>19</sup>

The following quotation by a social worker, clearly illuminates this sort of situation:

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<sup>18</sup> The Catalan Lawyers Association has observed between 2011 and 2014 an increase of 26% of abuse of older adults, using a specific assessment for economic abuse. (Turch, R. 2011, November 29. La explotación de los ancianos aumenta con la crisis. *El Periódico*). Consequently, procedures for preventing older adults' abuse have been launched by the Regional government: (*Plan for Older Adults' Security 2015-2018*).

<sup>19</sup> Source: Tarragona Local Plan of Housing 2012-2018. Tarragona City Council.

“Unpaid rent, unpaid electricity?...Never. They will tell you that they prefer to stop eating, not turn on the heat, even not have a warm shower or “I use candles,” before not paying a bill. They have that very clear in their minds. They work wonders with pensions of €400 when they are paying rents of €300. (Social worker, public sector).

### **Social work practices in the face of older adults’ increasing needs**

Many of the social workers in the group were concerned with how to best help program participants especially in assessing needs and finding ways to best assist recipients at-risk. Some NGOs, such as Caritas, have increased the number of social worker and volunteer home visits. Additionally, social workers and volunteers complained about an unfathomable and unstoppable increase in users. Tarragona’s Caritas chapter received 170 or 180 new cases daily in 2013. Social workers expressed deep concern about the future. The social service system does not provide adequate response to the dramatic economic situations of families.

There is a change in practice, from “service-led” and providing public resources, to using NGOs’ resources and fostering volunteers’ involvement. They prioritize, selecting as objectively as they can, citizens at risk for use of NGO programs. Different emergency services by NGOs have been implemented as a first response to the crisis. For instance, Caritas and the Red Cross run a food bank which is provisioned through campaigns lunched by social services throughout Catalonia and organised at municipal level. The Red Cross offers a food home delivery service (*Servei de Menjar a Domicili*) two days per week for older adults with almost no resources and a lack of mobility. Users have only to warm the food up. Nevertheless, it is only delivered at lunchtime and helps to provide a very basic need.<sup>20</sup>

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<sup>20</sup> 71 women and 17 men use this service in Tarragona. Source: Tarragona City Council, 2014.

Apart from the services described above, the city councils have given emergency benefits to the population to solve urgent economic problems, such as rent payments and other basic needs. In the case of Tarragona from 2008 (when the economic crisis started) to 2014 there has been an increase of approximately 73%, 28 times more *emergency benefits* given to citizens in need.<sup>21</sup>

For older adults there are long waiting lists for receiving cash transfers for care (LAPAD). This implies the use of discretion in the way in which social services are implemented (Lipsky, 1980). Social workers have to decide who will receive it first, giving preference to their degree of dependency and economic resources. The lack of specific criteria makes the job of the social worker more stressful. Determining service eligibility is not the only service needed to assist older adults and the lack of clear guidelines makes determining eligibility even more difficult. All respondents felt there was a limited array of services available to support those that qualify for eligibility.

## **DISCUSSION**

When examining the comments from the individuals related to changes in the program since the economic crisis, most agree that strategies to cope with the changes have resulted in an increase in privatization, and those with limited resources cannot afford private care services. The LAPAD was intended to provide universalistic services that address the needs of older adult participants, yet as eligibility criteria became stricter many needed services are going unmet. Nowadays, neither private residential care nor home help or domiciliary care is affordable for a large number of older adults. In addition, many program participants are more concerned with their children than their own well-being. Also, in some cases family

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<sup>21</sup> Estimate made by authors based on a City Council of Tarragona source.

stressors may not make the home the best place for the older adult in need of care to live and can end in neglect or self-neglect.

With regards to the implementation of the LAPAD, the family care allowance is the most implemented cash benefit in Spain that responds to a needed demand (Casado & Fantova, 2007; Fantova, 2008; Doyle & Timonen, 2007; Lehmann & Havlikova, 2014). For women, the role as caregiver continues to limit them and often goes unquestioned as a traditional role (Comas-d'Argemir, 2015). Even though these laws help participants gain care that is reflective of choice, receiving an allowance is limited.

On one hand, the law caters to users' and carer's demands, and on the other hand, prioritises cash-for-care schemes. All in all, the implementation of the law squanders the opportunity to blaze a trail toward greater gender parity by professionalizing the sector. Additionally, there is a clear increase in eligibility requirements (Pavolini, & Ranci, 2008), a growing trend in Spain's context of crisis and neoliberal policies. At the same time, the decrease in the purchase of care services by end-users and their relatives has affected the emerging quasi-markets in home care (Bode, Gardin, & Nyssens, 2011).

The process of LTC restructuring since 2011 has created an increased need for informal care, by not only immigrant carers (Anderson, 2012; Bettio et al., 2006; Comas-d'Argemir, 2009; Parella, 2004; Simonazzi, 2008; Torrens-Bonet, 2012, Vaiou, 2013; Williams, 2012), but also—and above all—family carers. Affordability is not the only advantage of residential care. Public care homes have long waiting lists and not everyone is eligible—access is income-related/means tested. Thus, there is an increase of marketisation processes through privatisation and co-payment, and, consequently, the use of residential care is now decreasing. Moreover, the cutbacks on lower degrees of dependency are also affecting preventive measures and lower degrees of care, because people do not want to pay for them.

They believe their money is better spent on other family needs and the older adults ignore their own needs associated with aging.

Moreover, the new social situation with regard to the deep economic crisis in Spain is bringing about new family strategies and household compositions. This new crisis situation necessitates cohabitation or other forms of solidarity among family members, as the best or even the only solution to their economic problems. The incorporation of male caregivers is also seen as a possible way of coping with older parents' needs, especially among those long-term unemployed carers in their fifties. They choose caring for their parents as the best solution to deal with a situation of low incomes or even none.

In summary, this study was one of the first to examine the consequences of the economic crisis on older adults in Spain, by analysing retrenchments on LTC and its social impacts. It was part of a European project which was to analyse all changes at the European level (ISCH COST Action IS1102). The individual interviews, task groups and the stakeholders' group helped to outline some of the central issues relative to service provision. This study, is one of the first to use field work and opinions to evaluate program service effectiveness. Further information is needed to prove if all these tendencies underlined would be prevalent in the future and to what extent, and to draw a clear picture from it. As well as, the importance of introducing best social work practices through the use of emergent IC Technologies.

The marketisation process of care and important retrenchments in LTC are also having negative effects on the middle classes. The fact that the welfare state is becoming more residual, and covering only those populations without resources, is having negative effects on those populations that are not eligible for benefits. In other words, after the crisis, the middle class is no longer eligible for services but cannot afford to purchase them independently. Marketisation and free choice are increasing class and gender inequalities. Further research in this area is vital, so as to address all the social groups affected by the economic crisis and its

consequences, the class gap among older adults with (or without) resources, and how they have been treated by their families, caregivers, not to mention the prevalence of ageism stereotypes. At the same time, introducing new patterns of care such as male caregivers and community-based services.

## **CONCLUSIONS**

One of the main conclusions is that the LAPAD can be considered a *false deinstitutionalisation* that does not respond to the evolving and often dramatic situations that family members face in caring for older dependent relatives. Fueled by the economic crisis, so many relatives feel they cannot cope with the resulting enormous care burden. Families may care for older adults but they still need assistance, and as services become more limited, the services that are available may not be enough to reduce the pressure of caring activities on their family caregivers. Limited services can lead to inadequate family home caring or long waiting lists. As a result, people have no other choice than to be at home living together with their older relatives as a way to secure their own income.

Therefore, the trend toward cohabitation (Jensen & Moberg, 2011) may not be that of choice but rather brought on by the economic crisis making family caregiving a necessity rather than a choice. Economic downturns are not unique to Spain, as there has also been an increase of family support with the decline of public care services in Nordic countries (Jolanki, Szebehely, & Kauppinen, 2014). Family caregiving can lead to a decreased standard of living, particularly for the older generation, as they redistribute their incomes/pensions among all members of their family (soft budget and resource pooling). On the positive side, the cutback in services has led to intergenerational and family solidarity to face the consequences of the economic crisis.

Furthermore, all group participants agreed that there are not enough care services to permit older people to live at home alone and maintain quality living standards. There is a large gap between those older adults who are able to use their pensions for their own needs and those with lower incomes who are also expected to use their income to cover their families' basic needs. As the number of external caregivers increases so does the disconnect from the family system as a source of care and family connection.

Lastly, just providing money is not the answer, despite common misconceptions that generous welfare provision does not result in the lack of family support (Albertini, 2014). For family caregivers free time or relief from their care duties can be rare. This can lead to stress and, in some cases, to elder abuse. This can also be the case of family caregivers who are overwhelmed with caring duties. When the family caregiver works outside the home, the older adult spends most of his or her time alone and can have deep feelings of solitude. An older adult being cared for by relatives does not always receive the appropriate care. Care workers estimate that about 4.5% of older adults are mistreated in Spain, and most cases occur within the home, mainly at the hands of family carers (Iborra-Marmolejo, 2008; Pérez-Rojo & Chulián, 2013;). Therefore, elder abuse is one issue to focus on in future research.

Another consequence of the crisis has been that social work practices have changed enormously; the increasing needs and the lack of resources force social workers to depend on community resources, volunteers, and NGOs. Whereas in the past their efforts focused on disadvantaged target groups, now they must respond more broadly to the lower and middle classes impoverished as a result of the crisis.

The economic crisis has also directly affected social workers' working conditions and has placed great pressure on them to solve generalized social problems. Following the typology of Rodríguez-Cabrero (2004), a new phase in Spanish social work has emerged, especially since 2008. This phase involves new complexity, as social work incorporates new players



(non-profit organizations and volunteers) and grapples with the need to coordinate and optimise resources.

The context of this crisis has transformed a more “institutional” social work practice to a more “hands-on” operation, introducing mechanisms of *informal marketization*. Social workers have responded to emerging needs and the lack of public resources through unregulated collaborations with third sector organizations. The increase of charity organizations, volunteer work, and bottom-up initiatives shows an expanding process of decommodification that avoids the use of market services. Paradoxically, another important feature is the increase in marketization (Anttonen & Meagher, 2013) where citizens have to fully pay, or co-pay, for care services. This burden has decreased living standards among older adults and people with disabilities. These parallel processes of commodification and decommodification have enormous consequences on access to services and widen the class gap. This article closes with a comment from one of the participants in the individual interviews: To the question, “*What would you like?*,” she answered, “*I would like to help*”.

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