



Attitudes, experiences and expectations on long-term care in Spain

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Key Findings

- Limited availability and high costs are commonly cited as barriers in access to care in Spain, suggesting a need for increasing financial protection and improved planning of care delivery
- Spanish respondents have very low trust that the long-term care system will be able to respond to their future care needs, especially regarding the capacity and accessibility of community-based care solutions
- Attitudes and preferences for care arrangements are shifting away from the traditional familialistic grounding of the Spanish care system, and towards a stronger role of the State and of professional services in long-term care provision

BACKGROUND

The Public Social Services System in Spain is one of the pillars of the Welfare State. In 2006, the Law on the Promotion of Personal Autonomy and Care for Dependent people was approved, establishing the long-term care system and recognizing the right of dependent people to receive care through services or economic benefits. The central government regulates the basic conditions that guarantee the equal exercise of these rights across the country, while the autonomous communities (regions) regulate and finance the provision of community-based care services. Services are provided through a public network of regional and municipal centres or accredited private centres managed by for-profit and/or non-profit organisations, subsidised by the public sector. Informal caregivers are also eligible for cash benefits. The Spanish long-term care system is financed mainly through taxation, and national, regional and local budgets. Co-payments are means-tested, and dependent on the type and cost of the service received. Recent data indicate that 1.2 million people receive care or services from the public service (1). Spain is a highly familialized country, with almost 39.5% of the beneficiaries receiving a financial benefit for family care, while around 10.7% live in residential facilities and 5.8% attend to day/night centres.

The results reported in this factsheet are based on unweighted data consisting of 375 responses from Spain and 2373 responses from across EU-27 countries, collected through an online survey between September 2021 and February 2022. Compared to the respective population proportions, adults aged 30 to 59 are overrepresented in the sample (62%) while younger (18-29) and older age groups (60+) are underrepresented. Gender representation is skewed strongly towards women (76% of respondents). The sample further overrepresents highly educated groups, with 84% of respondents having completed a tertiary degree. Lastly, the distribution of the sample according to level of urbanicity shows a higher concentration of responses among those living in small or middle-sized towns (57%).

(1) System for Autonomy and Care for Dependency (SAAD). Month Statistics from Feb 28, 2022. <https://www.imserso.es/interpresent4/groups/imserso/documents/binario/estsisaad2022228.pdf>



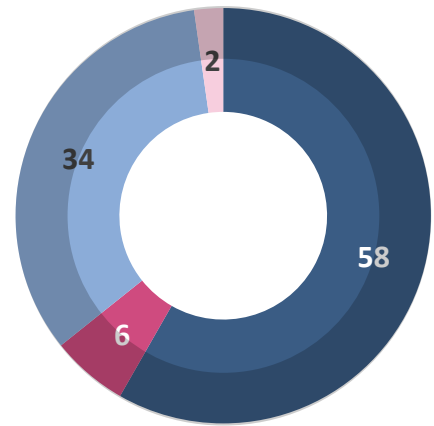
EXPERIENCES WITH CARE

A majority of Spanish respondents had personal experiences with care (7 in 10), which may reflect the bias of respondents to engage with data collection on topics in which they have direct experience. A relatively high portion of male respondents (66%) reported that they or someone close to them required care, not far behind the share reported by women (72%). Experiences with care, whether direct or through a loved one, were very evenly distributed among all age categories.

There are gaps between care perceived as needed and care received. 58% of those with care experience (either themselves or a loved one) considered that the appropriate help was available. One third of respondents reported that help was only partially received, while 6% reported it was not available at all. Women and men respondents shared similar experiences regarding the availability and suitability of the care received.

Was the appropriate help and care given to the person in need?

■ Yes, totally ■ Yes, partly ■ No ■ Other

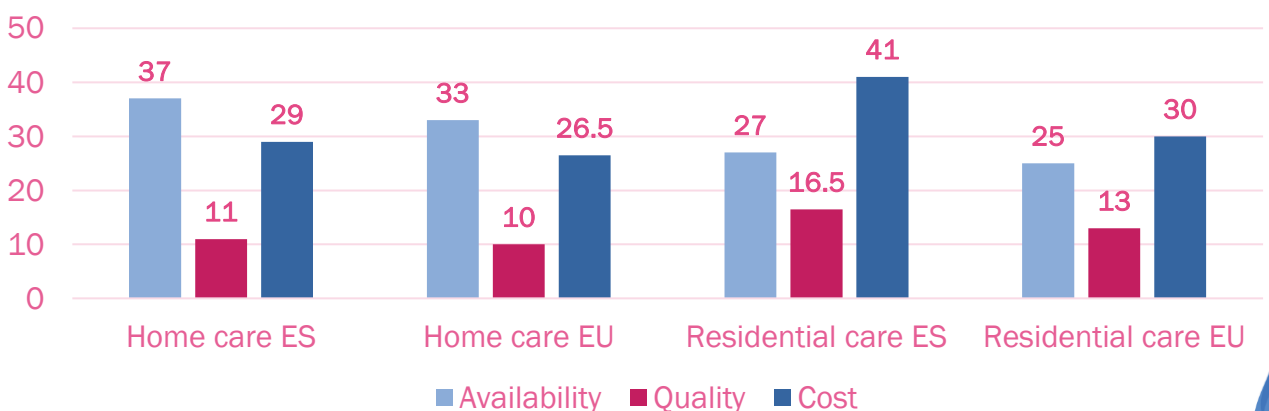


BARRIERS TO ACCESSING CARE

Barriers related to availability, affordability and quality of care are more common in Spain than at the EU-level for both residential and home care. About 1 in 3 participants in Spain reported availability issues in accessing home care and 1 in 4 for residential care. Cost remains a significant barrier for residential care (41%) and less so for home care (29%).

Lower income individuals are particularly disadvantaged. People with lower income were most likely to report availability barriers (49% for home care and 43% for residential care compared to 34% and 24% respectively for high income individuals) as well as difficulties accessing residential care due to cost. Such results suggest a pressing need for increased financial protection and improved planning of care services in Spain. Barriers to care also remain an issue in rural areas where 30% reported limited availability of residential care compared to 1 in 4 in large cities, while quality of care was more often perceived as a barrier in large cities for both residential (20% vs. 15% in rural areas) and home care (13% vs. 6% in rural areas).

Share of respondents reporting barriers to accessing care services (in %)



INFORMAL CAREGIVING

More than half of respondents report they have provided informal care to an older person, although **caregiving is more commonly reported by women (66%)** than by men (53%). Partly reflecting a bias towards participation in the survey for those with caregiving experiences and underrepresentation of younger individuals, we further find informal care provision is fairly evenly distributed across age categories in Spain- an attestation to the reliance on informal care in Spain's long-term care system.

Despite the balanced gender distribution of experiences with informal care, **the negative impact of informal care on labour market participation is more strongly felt by women.** Almost 30% of Spanish women in our sample have had to reduce working time or quit their jobs due to care responsibilities, a share comparable to the EU average (32%). In comparison, only 20% of Spanish men reported negative effects of caregiving on work (15% in the EU). **A responsibility to provide care despite negative health effects was felt by 3 out of 4 Spanish respondents, exhibiting a much smaller gender gap than in the EU as a whole and reflecting a higher than average male engagement in informal caregiving in the Spanish sample.**

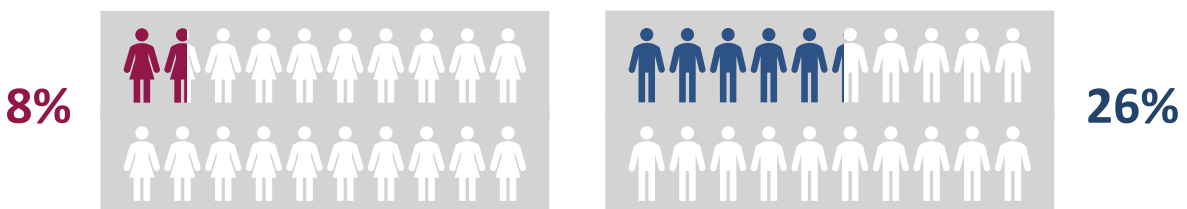
Obligations to provide care despite detrimental effects on health and wellbeing are more strongly felt by those living in small or mid-sized towns, while urban residents report a stronger detrimental effect on their labour market participation.

Share of respondents who perceive pressure to provide informal care despite negative effects on their health and wellbeing (by gender, in %)



The vast majority of respondents in Spain disagree that care should be provided by family members at the expense of their careers, although men are considerably more likely to support this statement than women. Similarly, **there is widespread support for an equal division of care tasks among all members of the family, especially so in rural areas (74% compared to 65% of the urban population).**

Share of respondents who agree that "Care should be provided by close relatives of the older person with care needs, even if that means that they have to sacrifice their career to some extent"



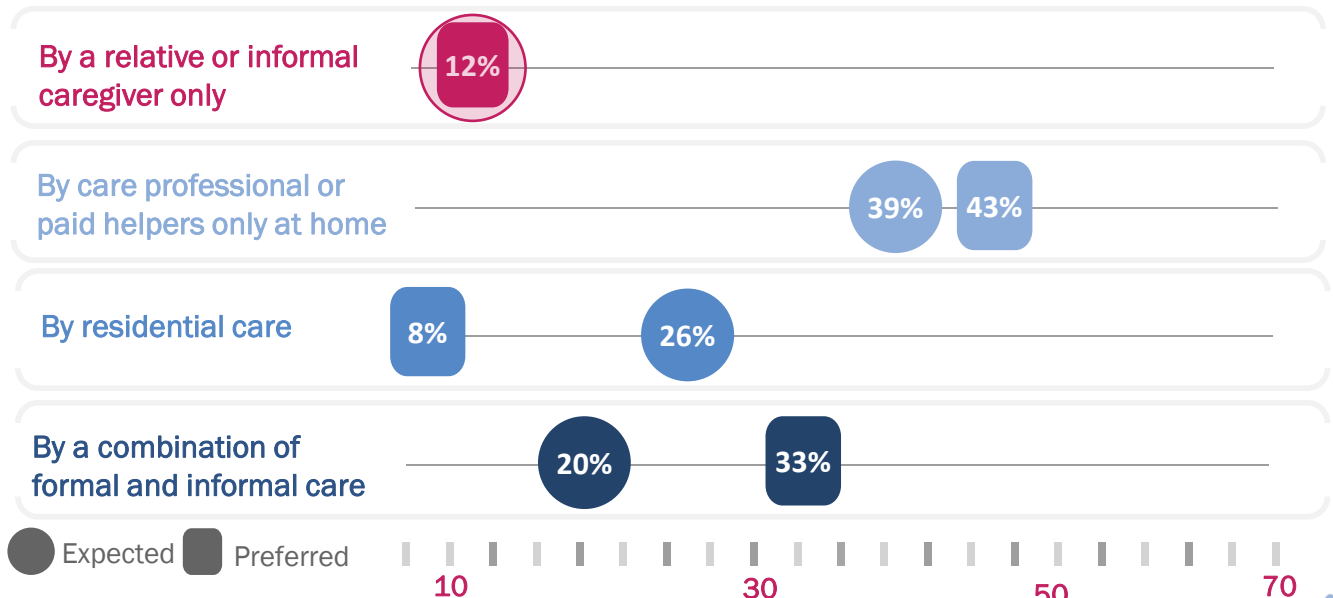
PREFERENCES & EXPECTATIONS OF LONG-TERM CARE

Trust in the ability of the long-term care system to appropriately respond to future care needs is lower in Spain compared to the European average. Only 1 in 20 Spanish respondents, but 1 in 10 at EU level, have high confidence that appropriate care will be provided if they need it in the future. A further 39% believe they will probably be able to access needed care while 39% do not expect that will be the case. **The lowest levels of trust are registered among urban residents**, where 45% think it is either likely or certain that appropriate care will not be available. Levels of trust vary further across gender - with a **higher share of women expressing confidence in long term-care systems** - and across age groups - with **older people, aged 60 and above, expressing the highest levels of confidence**.

The majority of Spanish respondents identify their preferred care arrangement as receiving support from professional carers in their own home, either through a professional care service only (34%), or through a personal carer (9%). The second most common expressed preference is for a combination of professionally provided care and informal support from a relative, either in the user's own home or in the home of a relative (33%). Despite the high reliance of the Spanish long-term care system on informally provided care, **only 1 in 8 respondents would prefer to be cared for by informal carers only**. Preference for informal care only are much higher among men (18%) than women (10%).

Significant gaps are apparent between preferences and expectations for formal care provision in Spain. A lower share of respondents expect they will receive formal care services or a combination of formal and informal care than those that would prefer these care arrangements. Conversely, while only 8% would prefer to receive residential care, more than 26% expect they will be cared for in residential facilities. This indicates a **marked concern among Spanish respondents on the capacity and accessibility of community-based care solutions**, further strengthened by the expectation that the availability of mixed care arrangements will not raise to the level of future demand.

Preferred and expected care arrangements (share of respondents, in %)



ATTITUDES TOWARDS CARE PROVISION

One in two Spanish respondents believe that **the best option for an older person who can no longer manage to live without regular support is to receive regular care visits in their home either from a public or private care service provider.** The second-best option is viewed as residential care (18%), while 13% believe that regular visits to the older person's home by their own children would be best. The discrepancy between respondents' own preferences and what they believe the best option would be for an older person in need of care may indicate awareness of the changing nature of attitudes and preferences in the population.

Our results point to **very strong support among Spanish respondents for expanding social rights and financial support for informal carers.** More than 9 out of 10 survey participants believe the State should financially compensate informal carers who reduce working time or who have to give up their jobs to provide care (93.3%). Similarly high levels of support are reported for recognizing informal caregiving as work and associating the same benefits to it as is the case for formal employment (89.6%). This indicates that current carer support policies align with public preferences but should be expanded in order to fully reflect them.

Gendered attitudes towards informal care provision are considerably less common in Spain as compared to the other countries contributing to the European average estimate. Whereas 1 in 8 Spanish respondents believe that caregiving roles are more natural for women than for men, a share closer to 1 in 3 in the pooled European sample hold the same belief, which reflects in part the concentration of the sample in Southern and Eastern European countries.

Share of respondents who agree that "Caregiving roles are more natural for women than for men"



FINANCING LONG-TERM CARE

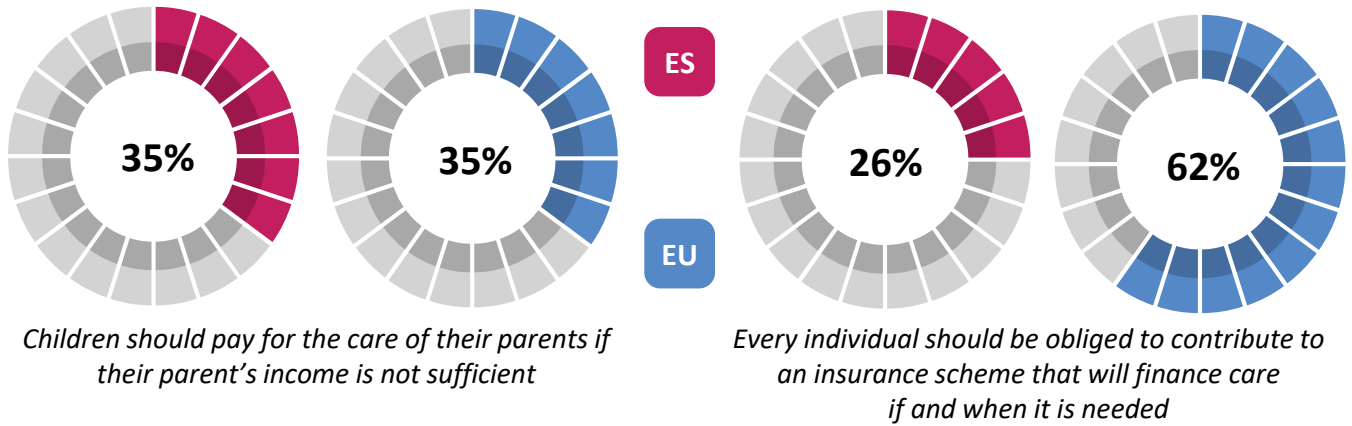
Virtually all respondents in Spain (99%) agree with the statement that public authorities should organize and provide care for older people, reflecting widespread support for increased investment and a key role of the State in long-term care delivery. In this regard, Spain aligns with the EU average (97%), even as it diverges considerably from it with respect to the mechanism through which long-term care services should be funded. While only 26% of Spanish respondents agree that every individual should contribute to a social insurance scheme for long-term care, the share is significantly higher in a European perspective (62%).

Close to 44% of respondents think the State should cover either all or basic costs of residential and home care. **The highest levels of support for strengthening financial protection for long-term care is registered among younger people (18-29)** more than half of whom support either full or basic state financing for care. But despite envisioning a strong role for public financing of care, **one third of Spanish respondents also believe children should bear some financial responsibility for their parents care costs,** if such cannot be covered from the parents' income alone.



An asset-tested cost-sharing arrangement that would ensure the State covers care costs for those who need it, up to a certain level of individual wealth, has the highest support among Spanish respondents. 40% would prefer this type of financing for both home-based and residential care, outstripping the EU average at 35%. A small minority believe that all care use should be subject to user co-payments, regardless of their income or assets (10%).

Share of respondents who agree with the statements ...



DISCUSSION

Barriers related to the availability and cost of care remain prominent for a large portion of Spanish respondents, particularly among those with lower income or living in rural areas. This raises concerns with respect to the accessibility of care for important segments of the population and highlights the need to invest in improving access and the geographical distribution of services. Particularly concerning is the high share of respondents that expect to be cared for in a residential facility, despite having a clear preference for community-based care arrangements, preferably delivered by formal carers. Such results indicate attitudes and preferences towards care are rapidly changing in Spain and that the long-term care system must respond both by significantly increasing investment in community-based care but also by developing more modern, alternative care options.

The results we presented are also pointing to declining preferences for informally provided care in Spain, although there is no evidence of a parallel decline in intergenerational solidarity norms nor of a lack of appreciation for the contributions of informal caregivers. On the contrary, there is wide agreement among Spanish respondents that social rights and financial support for informal carers need to be significantly strengthened, a priority that should be pursued with urgency in order to address pressing equity and sustainability concerns for long-term care.

Finally, there is wide agreement among our respondents that the State should continue to take a prominent role in financing, organising and delivering long-term care. Nonetheless, levels of trust in the responsiveness of the care system remains low. Moving forward, it is essential that users' preferences are more closely considered in decision-making, and that financial protection and care provision are planned in a way that takes into consideration gender, income and regional inequalities.



COMMUNITY VOICES



“Long-term care is the obligation of society. [...] Care should be directed by the people, not only centred on them. [We need to] empower citizens; Promote professional training, competences and skills; Increase staff ratios and salaries, and above all work/family/leisure balance. There is a lot of work to be done.” – Man, 55 [excerpt, translated]

“Take care of the carers! Because this is a task that we do with love, but it is very hard and involves many sacrifices.” – Woman, 69 [excerpt, translated]

“Since my mother has become highly dependent, I have seen how badly the public system works. And I am a social services educator. It is very frustrating, believing so much in the value of public services and being confronted with the reality that they are getting worse and worse.” – Woman, 46 [excerpt, translated]

“Residential spaces that function as assisted living flats, where you have your own space and the necessary professional help, should be promoted more. For people of my age, the current facilities are not well seen, but we don't have the cultural need to be always at home. An intermediate solution would be very interesting.” – Woman, 41 [excerpt, translated]



The InCARE survey on attitudes, experiences and expectations on long-term care was carried out with the support of funding from the European Commission's EaSI Programme (VS/2020/0258) and a network of project collaborators throughout Europe (from September 2021 to February 2022).

It contributes to the evidence-base building activities of the **InCARE project**, which aims to design a coordinated approach to developing long-term care policy and services through socially innovative and participatory decision-making processes. We work with care users, care providers and policy-makers in Spain, Austria and North Macedonia to design, implement and scale-up socially innovative care services.

For updates on our progress and publications please visit <https://incare.euro.centre.org/> or subscribe to our newsletter [here](#) or by sending an email to cc@eurocarers.org.

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