European
Commission

ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

Spain

2016

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February 2016

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EUROPEAN COMMISSION

Directorate-General for Employment, Social Affairs and Inclusion
Directorate C — Social Affairs
Unit C.2 — Modernisation of social protection systems

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European Commission
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EUROPEAN COMMISSION

European Social Policy Network (ESPN)

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Directorate-General for Employment, Social Affairs and Inclusion
2016

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Summary / Highlights

Spain has a wide range of policies to enable carers to achieve a work-life balance when looking after family members who require long-term care. As described in Part I, these policies can be grouped into: leaves (short and long-term leaves, reduction of working hours for caring for children affected by cancer or other serious illness and for self-employed carers of children below the age of 7), monetary benefits (non-contributory benefits, monetary benefits to support non-professional carers, for personal assistance and tax credits), services (day and night centres, home help and technical assistance and home adaptation.

The effectiveness and adequacy of these measures vary greatly and do not always meet their defined goal.

Of the overall measures for carers of family members who require long-term care, the services and technical assistance for dependent people should be highlighted, as it allows for a better work-life balance. However, the effectiveness of these measures is stunted when their design is deficient and the needs of the dependent person are not met, for example, when day centres do not offer transport or when home help is scarce and/or there is no nursing service for those requiring on-going healthcare.

Reduction of working hours for the care of family members is largely ineffective since hours of absence are not remunerated, except for the care of children with cancer or other illnesses, which is a disincentive for this measure when family income is modest, particularly in times of economic crisis. The limited use of leave by men is due to cultural reasons and to not being remunerated, even though the job position is guaranteed.

Cash benefits, whether direct (cash allocations) or indirect (tax credits), received by carers to care for their family members do not meet the principle of universality, with the exception of the Social Security cash allocation, which penalises the most disadvantaged families. Moreover, the amounts of cash benefits per child or older family member do not cover all costs and services (hygiene products, prosthesis, special education…) which are required by dependent persons. To this end, these measures need to be complemented by public services and by carers’ work flexibility.

But the most significant problem is the lack of labour activity for women caring for family members due to cultural reasons or because of a lack of public services for dependent persons or because of an inability to pay for them. Spain is one of the EU countries which invests least in helping families and in which the highest number of women dedicate the most amount of time to care.

The content of services should be improved in order to fully meet the needs of dependent persons, for example by increasing the number of hours of home help, providing specialist nursing units, including transport to day centres.

For cash benefits, the tax deduction for dependent disabled family member (negative tax) must be converted into a Social Security non-contributory cash benefit, which should be merged with the current cash benefit (for dependent child) and the reconstituted one (negative income tax).

Leave for the care of dependent family members should be remunerated and allow greater working flexibility. In addition, incentives should be provided for men to participate in the care of their dependent family members.

Technical assistance and home improvements should be included as a benefit in order to help to keep dependent people at home and to ensure that they are not excluded due to lack of economic resources.

We would recommend investing in the use of technology as a means of communication and training for carers and dependent persons. Prevention and rehabilitation programmes for dependent people need to be bolstered.

1 Description of main features of Work-Life Balance measures for working-age people with dependent relatives.

1.1 Overall description of long-term care regime

The current Spanish long-term care (LTC) system began in 2007 following the approval of Act 39/2006 (Law on the promotion of personal autonomy and the care for dependent persons– LAPAD[1]). The management of the system is decentralised. The central government regulates the basic conditions which guarantee the equal exercise of the right nationwide and the regions represent the operational structure of the system (management of dependency from the beginning of the process; responsibility for managing the register of providers, inspection, evaluation of dependency degree according to the official Evaluation Scale and recognition of the right to benefits).

This system grants universal rights to anyone who has been resident for at least five years, and who, regardless of their age, can demonstrate dependency according to the degrees of dependency set out in the Act (Degree I – moderate; Degree II – severe; and Degree III – high dependence). These degrees are determined by the frequency and intensity of assistance needed (intermittent support at least once a day – moderate; extensive support two or three times per day – severe; indispensable and continuous support several times a day – high dependence).

The benefits are linked to the severity of the dependency of the person cared for and the main objective is to improve the well-being of the person being cared for and as well as the carer irrespective of whether they are of working age. In other words, the current Spanish LTC system does not contemplate benefits specifically geared towards working-age people with dependent relatives, but in general for people with a proven dependency and for carers, which obviously includes working-age carers.

The benefits of the LTC system for carers include training programmes, information and respite services. Respite services are offered through municipal or regional Social Services, with the aim of supporting family carers during relatively long periods of time such as holidays, or shorter periods, for the weekend or one-off periods due to a specific need (illness of the carer). According to the LAPAD (article 25.3), residential facilities can also offer these services to enable non-professional carers to have rest periods. As we mention in section 1.4, the Night Centre is also often used as a respite service.

The benefits for dependent persons which indirectly provide *support for families or carers* include, in particular: cash benefits, the monetary benefit linked to a contract or a service (art. 17 LAPAD), monetary benefit for care in the family setting and support for non-professional carers (art. 18 LAPAD) and the monetary benefit for personal assistance (art. 19 LAPAD) (more details in section 1.3). The amount received from these monetary benefits depends on the degree of dependency recognised and the economic capacity of the beneficiary. Of the in-kind services, the Day Centre, Night Centre, home tele-assistance and home help service (more details in section 1.4) are worthy of note. The Dependency Act (Act 39/2006) provides for co-payments by beneficiaries in the funding of services, in accordance with the type of service, and the beneficiary's income and assets[2].

LTC solutions combine several forms of care, although economic benefits and services are mutually exclusive; in other words, it is not possible for a family to receive monetary benefits and services at the same time. Nor it is possible to combine different types of

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[1] http://goo.gl/amWVXq.

[2] Income includes earnings from work, including pensions and social provision, yield on capital and property and from economic activities. With regards to assets, consideration is given to the age of the beneficiary, and movable and immovable capital. The beneficiary's home is not taken into consideration if the dependent person retains this as his or her domicile.

services, except home tele-assistance, which is compatible with the prevention service for dependence situations, personal autonomy promotion and day and night centres.

According to the System for Autonomy and Assistance for Situations of Dependency SAAD, in December 2015, there were 1,180,435 potential beneficiaries, although only 796.,109 were receiving benefits, while the other 384,326 (32.6%) were on the waiting list[3]. 72% of beneficiaries were over the age of 65, while 0.14% were below the age of 3. 64% were women and 36% were men. In December 2015, cash benefits represented 44% and in-kind benefits represented over 56% of all benefits.

With regards to informal care, according to the OECD (Colombo et al, 2011), Spain had one of the highest percentages of informal carers (15.3% of the population) and the number of hours devoted by family carers was among the highest in the OECD (more than 20 hours per week). The intensity of care was above the EU average: 14.1% of women (8.4% of men) spent multiple days or every day of the week caring for their elderly or disabled relatives (11.3% and 7.5% respectively in the EU). This was particularly prevalent among persons of lower income (15.1%; 10.5% in the EU) compared to those of higher income (8.2%; 8% in the EU). (Source: European Quality of Life Survey 2012)[4].

In Spain (2010), 62.4% of those who regularly took care of relatives/friends aged 15 or more in need of care were women (60.2% in the EU28). More than half (51%) had a low level of education and 47% were over the age of 50 (Source: LFS ad hoc module, 2010: Reconciliation between work and family life)[5] According to other sources, there were three times more female carers than male ones, a figure that rose to 4.5 times for the under 65s. Those between the ages of 30 and 65 assumed more than 80% of the burden of care (Durán, 2015).

1.2 Description of carers' leaves

The Spanish system of carers' leave arrangements provides three possibilities of leave under the Social Security institutional framework (Ministry of Health, Social Services and Equality, 2015):

a) Short-term leave. Two days, which can be extended to four if travel is required, in order to care for family members regardless of their age of up to the second degree of blood relation, who have suffered an accident or serious illness, hospitalisation or outpatient surgery. In this case, the leave is fully paid for by the employer[6].

In the case of disability of a child, maternity leave is extended by two weeks; this extension may be used by either parent. The same improvements have also been introduced for the self-employed and other special Social Security regimes[7].

b) Long-term leave. These are reductions of the working day to care for family members, up to the second degree of blood relation, due to old age, accidents, serious illness or disability. The reduction can last for up to 2 years (unless where extended by collective bargaining). For public servants, this can be extended for up to 3 years.

This kind of leave is not remunerated, however the first year is fully included in the calculation of pension contributions. An employee's job is safeguarded for the first year of leave, after which a position of equal professional level is guaranteed[8].

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[3] Dependency portal: http://goo.gl/nJGEzZ

[4] See Statistical Annex in Synthesis report on Work-life balance measures for persons of working age with dependent relatives.

[5] See Statistical Annex in Synthesis report on Work-life balance measures for persons of working age with dependent relatives.

[6] Royal Legislative Decree 2/2015, of 23 October, on the Workers' Statute (BOE 24.10.2015) article 37.3, b).

[7] Royal Legislative Decree 2/2015, of 23 October, on the consolidated Workers' Statute (Art. 48.6).

[8] Workers' Statute article 46.3.

c) Reduction of working hours for caring for children affected by cancer or other serious illness that requires long-term hospitalisation. This also includes adoptive children or those in the stages prior to adoption[9].

This type of leave is only available to parents and enables them to reduce their working hours by up to 50% to care for children in the above indicated situation. Leave may last until resolution of the illness of until the child reaches 18 years of age. Moreover, in order to be eligible for this leave, both parents must be in employment or self-employed, and only one may benefit.

In compensation for loss of income, the carer receives a subsidy equal to 100% of the base salary established for the provision of temporary incapacity benefit from professional contingencies, or common contingencies when coverage of the former has not been chosen, in proportion to the percentage by which the working day is shortened.

The initial period of application will be one month, which can be extended for two-month periods for as long as the care of the minor is required, which must be certified by the national health system.

d) Reduction of working hours for those self-employed caring for children below the age of 7 or other dependent family members, who hire an employee for the continuity of their business activity. In force since 2015.

- **Requirements**: the self-employed with children below the age of 7 or other family members up to the second degree of blood relation, with a proven dependency, who hire a full or part time employee on a permanent or temporary basis (no less than 3 months; part time employees may not work fewer hours than 50% of a comparable full time employee) who remain employed for the duration of the benefit.
- **Payment**: 100% (50% where part time employees are hired) of the social security contributions of the self-employed person for up to 12 months.

1.3 Description of carers' cash benefits

These are benefits included in the Social Security or LTC systems.

In addition to those mentioned in section 1.2 (**benefit for caring of children affected by cancer** and **benefit for self-employed**) cash benefits include the following:

a) Non-contributory family benefits for children with disabilities. If the child is below the age of 18 and has a degree of disability above 33%, the family will receive EUR 1,000 per year. If the child is over the age of 18 years and has a degree of disability of 65% or more, or 75% or more and requires a carer, the family will receive EUR 4,415 and EUR 6,623 respectively per child per year[10]. The dependent child must live in the family home and his/her annual income must not exceed 100% of the official minimum wage.

b) Severe disability pension: This is a contributory Social Security benefit which includes an additional allowance to enable the disabled person under the age of 65 to remunerate their carer. It equates to 50% of the pension (Article 196.4 of the Social Security Act). This benefit is recognised as a dependency benefit by the 2006 LAPAD[11]

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[9] Royal Decree 1148/2011, of 29 July, for application and development in the Social Security system of monetary benefit for the care of minors affected by cancer or other serious illness.

[10] More details in http://goo.gl/0hrJ6y; http://goo.gl/CEkS24

[11] Act 39/2006, of 14th December, on the Promotion of Personal Autonomy and Care for Dependent persons: "Ninth additional provision. Effectiveness of major invalidity and acknowledgement of the situation on major invalidity and of the need for third-party assistance".

c) Monetary benefit for care in the family setting and support for non-professional carers[12]. This is a carer allowance to compensate the informal carer for their work and the costs of care in the family setting. At-home care must be provided by family members[13] and only in exceptional circumstances by non-family members. The amount depends on the recognised degree of dependency and economic capacity. In 2015, the amount varied between EUR 153 and EUR 387.64 per month (Ministry of Health, Social Services and Equality, 2015)[14]. There is a possibility for non-professional carers to make voluntary Social Security contributions (until 2012 contributions were paid by Social Security[15]).

d) Monetary benefit for personal assistance[16]. This benefit is for hiring a personal assistant, for a number of hours, to increase the autonomy of the dependent person, regardless of their degree of dependency (until 2012 this was only allowed for Degree III dependent people). The amount of the benefit depends on the recognised degree of dependency and the economic capacity of the beneficiary. In 2015, the amount varied between EUR 300 and EUR 715 per month (Ministry of Health, Social Services and Equality, 2015).

e) Monetary benefit linked to contracting a service[17]. This monetary benefit is linked to contracting the service allocated in the Individual Care Programme (which may be home help services, day centres, night centres or residential care services). It is given when there is no care available by a public care service and it is used to buy private services. The amount varies between EUR 300 and EUR 715 per month, depending on the degree of dependence and the economic capacity of the beneficiary. These benefits represented 8.4% of all LTC benefits (December 2015).

Monetary benefit for personal assistance and monetary benefit linked to contracting a service are provided directly to the beneficiary, although in practice they enable, even if only indirectly, the family carer to improve their work-life balance.

f) In terms of exemptions or tax credits, the following are worth mentioning[18].

- Tax credit per child or dependent family member with a disability of 65% or more. This is deducted from taxable income[19]. The credit is EUR 9,000 per person with a disability of 65% or more, or EUR 12,000 if also requiring third party help (Article 60 Act 35/2006). Part of the credit (EUR 3,000) is for expenses, which must be substantiated. In practice, the full amount is deducted as there are always expenses for hygiene products, pharmacy, prostheses, etc.
- Tax deduction per child or dependent family member with a disability (negative tax). This is deducted from the tax amount[20]. This is a deduction for taxpayers who are employed or self-employed, and who have made social security contributions during the financial year. The deduction is up to EUR 1,200 annually per disabled person (Article 81bis Act 35/2006).
- Some Autonomous Communities also apply tax deductions for disabled family members' expenses. Regional deductions are not applied to everyone, and as they

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[12] More details in http://goo.gl/7WPCRu

[13] Spouse and family members up to third degree of relation, living in the same home as the dependent person before requesting the benefit.

[14] The corresponding co-payment must be deducted from the amount of the monetary benefit.

[15] The measure of suspending government-paid contributions to Social Security for non-professional home carers in July 2012 led to a reduction in contributors of 180,000 in July 2012, down to just 11,351 contributors in November 2015 (90% of whom are women) http://goo.gl/bnRGh1.

[16] More details in http://goo.gl/s8kIih

[17] More details in http://goo.gl/UWF3YQ

[18] Act 35/2006, of 28 November, on Personal Income Tax (updated on 30 November 2015). https://www.boe.es/buscar/act.php?id=BOE-A-2006-20764&tn=1&vd=&p=20151030

[19] The amount to be deducted is the minimum rate of joint deduction of the state and regional tax rates.

[20] It can be received monthly, before submitting the tax return, with proof of the amount of social security paid in the period.

are only granted in certain Autonomous Regions, their amount varies greatly[21]. These deductions depend on the taxpayer not surpassing certain levels of taxable income.

1.4 Description of carers' benefits in kind

Carer support services are included in both the "Social Services Reference Catalogue" (2013)[22], and the System for Autonomy and Care for Dependency (SAAD) of the LAPAD. The services available include the following:

a) **Information, guidance, advice, diagnosis** for disabled and dependent people in primary care and specialist services. Although the Social Services Reference Catalogue mentions this service as a dependency benefit, in practice it is an administrative support service.

b) For the support of personal autonomy for dependent persons, **day-time and/or night-time care for dependent persons**, although these services are also accessible to the elderly and the disabled in general. Although they are aimed at dependent people, family carers are also beneficiaries. Within these services there are three in particular to be highlighted:

- The **Day Centre**. This service has a double objective: "improving and maintaining the highest possible level of personal autonomy and *supporting the families or carers*" (article 24 LAPAD). The day centre enables care to be reconciled with labour insertion or training for the informal carer. Since 2007, this service has spread significantly, although availability varies across the different Autonomous Regions.
- The **Night centre** is a **respite service**, much less widespread than the day centre, but is considered primarily a support service for the carer. This service, like the Day Centre, has "the objective of improving and maintaining the highest possible level of personal autonomy maintaining and supporting the families and carers" (article 24 of the Dependence Act).
- Another kind of respite service is that offered by the residential care service under the form of temporary convalescence stays, holidays and illness, or rest for non-professional carers (article 25 LAPAD).
- The **home help service** can be considered a support service for the carer, for persons with a high degree of dependency (article 23 LAPAD).
- **Technical help**, to promote personal autonomy and access to housing. Technical help includes home tele-assistance, one of the most requested benefits provided by the Act, when the dependent person lives in the home. This is a good instrument when the disability of the individual is not very high, but is less so when the person is greatly deteriorated or has a serious mental deficiency. This benefit can reassure the family carer in the knowledge that they will be informed of any incident, allowing greater work-life balance.
- Another group of technical assistance aims to facilitate personal autonomy and accessibility in the home of the dependent person, though the Act does not recognise these as a citizen's right. They are subsidies that the beneficiary must use for purchasing technical assistance, products, instruments and/or adapting the home for better access.

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[21] By way of example, in the Balearic Islands this is generally between EUR 80 and EUR 150 a year, in Cantabria EUR 200 a year only for disabled children under the age of 3.

[22] The Social Services Reference Catalogue was approved by the Territorial Social Services Council and the System for Autonomy and Care for Dependency on 16 January 2013.

Care services can be provided by centres run by the public social services network or those contracted out to the private sector. In the absence of any centres, a dependent person may access another centre and pay for this using the dependency benefit and their own financial resources[23].

Although the supply of care services for dependency has grown with time, the total amount available is not known precisely since, in addition to the public network and the contracted private supply, there is a private supply that is not included in this network.

2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives.

2.1 Assessment of individual measures

Spain has a wide range of policies enabling the carer to achieve work-life balance when looking after family members who require long-term care. As has been described in the above section, these can be grouped into: leave, monetary benefits, services, technical assistance and home improvements. The effectiveness and adequacy of these measures vary greatly and they do not always meet the defined goal.

2.1.1 Carers' leaves

In theory, the most appropriate policy for work-life balance is long term leave, flexibility of working hours and reduction of contract hours (part-time work), complemented by a solid network of services for dependent family members. In Spain, the balance between work flexibility and services for the dependent family member does not meet its objective, as can be seen in the active population survey (EPA)[24] in the question "why have you chosen part-time hours?". The response of practically all respondents was that they found there were no adequate care services for dependent people, or because they were too expensive. Leave from work has a clear gender profile.

The number of working people who benefited from a reduction in worked fewer hours to care for a dependent family member was very low, despite approximately 42% of workers having the possibility of reducing their hours. In 2014 there were 283,000 beneficiaries, of whom only 2.74% (7,000 workers) reduced their hours to care for ill or dependent family members. Practically all of these were women aged between 45 and 65 years. The average duration of the reduction was low. Only 20.89% of women and 2% of men reduced their hours for more than one month; 10% of working women cared regularly for dependent family members.

Moreover, the number of leaves taken for the care of a dependent family member declined to 39,611, of which only around 30% (11,573) were taken for the care of an elderly, ill or dependent family member and the majority of leave-takers (85%) were women. It is estimated that one of the causes for the limited use of this right[25] is that it is unpaid leave, i.e. the salary is reduced in proportion to the hours no longer worked, though Social Security still counts the duration of the leave towards incapacity and retirement pensions. Those with low salaries cannot waive a significant part of their income and they do not have the economic capacity to buy-in care services for their family members. As such, the low proportion of workers that make use of flexible working hours, reduction of working hours and leave, together with the limited offer of

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[23] This is known as a “monetary benefit linked to service”and is purely a form of public financing of services.
[24] INE. EPA. Sub-sample 2014.
[25] The Workers' Statute recognises this right.

public services for dependent persons[26], have negative impacts on the welfare of dependent family members.

As we commented in the first section, there is an exception to unpaid leave: when both parents work and make social security contributions and one of them requests leave for the care of a child (or adopted minor) suffering from cancer or other serious illness. In this case, Social Security pays a subsidy[27] to the parent carer wherever working hours are at least halved. There were 2,401 beneficiaries of this subsidy[28].

2.1.2 Carers' cash benefits

The second package of measures for carers of family members is cash benefits. There are various types: a) regular cash allocations per disabled child, which may come from Social Security, in certain cases from the State (negative tax) or both; b) tax credit per disabled child or older family member, which is also compatible with cash allocations.

Direct cash benefits[29] will be more effective the more universal[30] they are and the more they contribute to covering the "extra costs" occasioned by the dependent person. In practice, the only universal benefit is the "Social Security cash allocation per dependent child[31]" (non-contributory); conversely, the cash allocation paid by the State through personal income tax (negative tax) is only received if the family member[32] has made social security contributions[33] and, as such, this makes it a contributory benefit. This penalises low income families[34] or those excluded from the labour market who receive care subsidies not subject to tax. Moreover, the benefit amount is tied to the contributed amount, and is capped at EUR 100 per month, per child or per older family member with a disability who lives with the beneficiary and is economically dependent[35].

If negative tax were to become a universal cash allocation, its beneficiaries would also include persons who, due to their exclusion from the labour market, cannot make social security contributions or cannot be beneficiaries of a benefit or contributory pension. The “unified” amount of these two benefits (non-contributory and contributory) which the beneficiary would receive for each disabled child would be the sum of the current cash allocation and the amount of “negative tax”. Therefore, in 2015, the monthly amount would be: EUR 183.33, EUR 466.90 and EUR 650.40 depending on whether the child was below the age of 18 with a disability of 33% or more, greater than 65%, or greater than 75%, respectively.

This rise in the public budget resulting from transforming the negative tax into a cash allocation will depend on the number of families with disabled children who are unemployed and do not receive any kind of benefit or contributory pension. The estimated amount of negative tax, taking into account the same beneficiaries who receive the cash allocation,[36] would be EUR 358 million, of which it is likely that more

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[26] The number of service benefits for dependent persons at 31/12/2015 was 637,479, meaning that there were 509,983 beneficiaries if we assume a ratio of 1.25 benefits per beneficiary. The estimated total number of dependent persons is 1,373,248.

[27] The subsidy is equivalent to the regulatory basis for temporary incapacity benefit.

[28] Data until December 2015, Employment and Social Security Ministry , http://goo.gl/LC7uj8

[29] Direct cash benefits are those which aim to fully or partially compensate for "extra" costs borne by the dependent family member, provided they are financially dependent on the recipient and the two parties live in the same home.

[30] When all carers are entitled to receive them regardless of income, and they are not subject to Social Security contributions.

[31] The amounts vary according to the degree of disability and age. See section 1.3.

[32] One or both members of the couple.

[33] Also if they are beneficiaries of unemployment subsidy or pension from Social Security.

[34] If payments made to Social Security are below EUR 12,000, the amount received is capped at the contribution amount.

[35] Income below EUR 8,000 per year.

[36] At 31/12/2015 there were 297,932 beneficiaries with disabilities.

than half is already allocated in the General State Budgets[37] as “negative tax”. The unification of the two benefits in the same Administration should be considered, whether this be in Social Security or in the State.

The total amount of cash benefits rises when “credit tax” is taken into account (personal and family minimum). Credit taxes per dependent child or older family member are cash benefits insofar as they generate greater available income by saving a certain amount of personal income tax. The total monthly amount of “unified” cash benefits would rise per disabled child by EUR 50, EUR 100 or EUR 200, according to the degree of disability[38]. In short, the total amount of cash benefits would be between EUR 233.33 and EUR 850.40 per month.

In terms of work-life balance, the cash benefits discussed would incentivise the continuity (or inclusion) of the parent into the labour market more if there were specialised services for disable children, and if prices were affordable for families. The public offering of services for those with disabilities and work-life balance measures plays an important role in incentivising carers (particularly mothers) to remain in active employment. To date, there is no detailed information on the effectiveness of these measures.

Concerning monetary benefit for care in the family setting and support for non-professional carers, although the Dependency Act[39] recognises various cash benefits, in reality, this is the only cash benefit directly for the carer. The Act recognises and rewards carers for their personal effort but does not link it to compensation for loss of income incurred by the carer. The benefit amounts are "symbolic"[40] if you consider that the carer must pay his/her Social Security instalments[41] and has to contribute[42] (user charges) to financing this benefit. Despite the benefit amount being small, the public authorities incentivised this benefit until 2013. Since then, the number of beneficiaries of the cash benefit for family carers granted by the Dependency Act has been declining; in 2015 there were 349,033 (35.7% of all benefits), which shows a drop of nearly 4% on the previous year. This cash benefit for family care does not meet its objective of achieving work-life balance because it is such a paltry amount that it does not compensate for reduction of working hours (non-remunerated) in order to care for the family member. It also fails to alleviate the burden of personal and domestic care given the low amount, since beneficiaries with low income do not have the financial capacity to acquire private services. This leads to increased stress for the carer and the likelihood of illness. This is clearly perceptible when the carer is the spouse of a similar age to the cared-for person; the physical and psychological burden for the carer raises the possibility of both spouses becoming dependent. Currently, the Government disincentivises[43] demand for this benefit because it considers it more effective to receive help at home or in a day centre. However, there is a debate on whether the family carer benefit should be minimised or reformulated since alternative benefits for at-home care do not seem to fully satisfy the needs of the dependent person given that the dependent person receives very few hours of home help – an average of 1 hour per day for severe dependent persons, and there are no complementary services to substitute the need for the family carer.

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[37] See the report on tax benefits for 2016.

[38] The tax credit amount is the result of applying the average rate of the state share plus the regional share (average 20%) to the annual amounts of EUR 3,000, EUR 6,000EUR or EUR 12,000.

[39] Act 39/2006, of 14 December.

[40] VII Foessa Report, chapter V.

[41] The Act does not force the carer to be registered with Social Security.

[42] Payment must be made once their economic capacity is above EUR 6,390.13 annually; this is 100% of the minimum wage index (IPREM).

[43] The disincentives include: 2 year delay in starting to receive the benefit with no right to claim retroactively, minimum amounts of the benefit and reduced funding of regional governments which continue to grant this benefit.

2.1.3 Carers' benefits in kind

These services indirectly favour family carers since they bolster work-life balance, provided they cover the needs of the dependent persons (effectiveness). A glance over existing services shows that there are faults in the design of these services, making them ineffective. For example, "home help" is insufficient since it offers very few hours (an hour and a half per day on average for major dependent (i.e. dependants with the highest degree of dependency), which barely relieves the carer.

The day centre service is not effective for various reasons: it does not cover transport from home to the centre and back, opening hours are very restricted, generally coinciding with the work day. This means that the carer needs additional help to take the family member to the centre. This is one of the reasons why there is little demand for this service.

The main problem of respite services is the lack of supply, causing long waiting lists, even though municipal services are more flexible and offer a greater variety of other relevant services, for example home meal and laundry services. It is geared to those with limited economic or social resources, and does not demand there be a situation of dependency.

The few services for the family carer include information and training. The first is geared towards managing help requests, and, accordingly, is administrative in nature, and the second has barely been developed since it is intended to train family carers whose benefits are being disincentivised by the Government.

There is a clear deficiency of attention for those with a high degree of health dependency (social-healthcare), particularly when the person lives at home. The home help service does not include nursing care, and there is no great dedication of personal assistance for these people. Carers do not receive specific training for this type of care.

Finally, there is an extensive offer of voluntary organisations (non-profit) complementing public services and performing other activities such as personal accompaniment (walks, trips to the bank, administrative tasks, etc.).

2.1.4 Technical help, to promote personal autonomy and access to housing

Technical assistance and access to housing make an important contribution to the dependent person continuing to live at home, in a safer environment with less dependence on the family carer, which favours work-life balance. The effectiveness of this help is limited as the person must bear a significant part of its cost, thus preventing the most disadvantaged from access. In general, information and communication technologies for dependent persons and family members are under-developed.

2.2 Assessment of overall package of measures and interactions between measures

Of the overall measures for carers of family members who require long-term care, the services and technical assistance for dependent people should be highlighted, as they support a better work-life balance. However, the effectiveness of these measures is stunted when their design is deficient and the needs of the dependent person are not met, like when day centres do not offer transport or when home help is scarce and/or there is no nursing service for those requiring on-going healthcare. Outreach services (meal delivery, laundry, etc.) are the most flexible and best satisfy the needs of dependent persons.

Reduction of working hours for the care of family members is largely ineffective since hours of absence are not remunerated (except for the care of children with cancer or other illnesses), which is a disincentive for this measure when family income is modest, particularly in times of economic crisis. The limited use of leave by men is due to cultural reasons and to not being remunerated, even though the job position is guaranteed.

Cash benefits, whether direct (cash allocations) or indirect (tax credits), received by carers to attend to their family members do not meet the principle of universality, with the exception of the Social Security cash allocation, penalising the most disadvantaged families (low income or with care subsidies). Moreover, the amounts of cash benefits per child or older family member do not cover all costs and services (hygiene products, prosthesis, special education…) required by dependent persons. To this end, these measures need to be complemented by public services and greater work flexibility of carers.

But the most significant problem is lack of labour activity for women caring for family members due to cultural reasons or because, as has been mentioned previously, there is a lack of public services for dependent persons or an inability to pay for them. As the UGT Union (2015) says: "*Women's unpaid work is a loss for salary remuneration on the whole, and heightens the impoverishment of women in our country*". The rate of women not in active employment is high, reaching nearly half the female population (46%). Nearly 14% regularly care for dependent family members.

Spain is one of the EU countries which invests least in helping families and in which the highest number of women dedicate the most amount of time to care.

2.3 Policy recommendations

Proposals aim to improve and complement the help already established for family carers with dependent disabled children/older family members without exception.

- The content of services for those with disabilities should be improved in order to fully meet the needs of dependent persons, for example, by increasing the number of hours of home help, providing specialist nursing units and including transport to day centres. Greater offering of public services would reduce the number of hours not worked (through leave and reduced working hours). It is estimated that 30% of all leave and 2.74% of working hour reductions are for the care of dependent family members, and there is a clear gender component, as nearly all leave was taken by women. This would improve the welfare of the disabled and would reduce the double working day (home and work). 10% of working women regularly care for dependent family members.
- For cash benefits, the tax deduction for dependent disabled child/older family member (negative tax) must be converted into a Social Security non-contributory cash benefit, which should be merged with the current cash benefit (for dependent child) and the reconstituted one (negative income tax) . This would enable a greater number of people, particularly the most vulnerable, to have access to a higher cash benefit for their disabled children. This would improve the welfare of families and would enable parents to dedicate more time to job seeking.
- Leave for the care of dependent family members should be remunerated and greater working flexibility accepted. In parallel to this, incentives to promote men's participation in the care of their dependent family members should be provided. Persons with low income cannot afford to give up a portion of their income. Only 20.89% of women and 2% of men reduced their working hours for more than one month.
- Technical assistance and home improvements should be included as a benefit of the Dependency Act, in order to help to maintain dependent people at home and to ensure that they are not excluded due to a lack of economic resources. Also, it would be recommendable to invest in the use of technology as a means of communication and training for carers and dependent persons.
- Prevention and rehabilitation programmes for dependent people need to be bolstered. Delaying and reducing the dependency period will improve wellbeing and reduce the number of working hours lost.

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