

THE LONG-TERM CARE SYSTEM IN SPAIN: CHARACTERIZATION AND RESPONSES TO COVID-19

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ABSTRACT: *The present paper aims to reveal the main problems that the long-term care system in Spain faced during COVID-19, outline its main challenges, and reflect on how the response to the pandemic has been tackled to provide a basis, in terms of prevention, for future similar scenarios. For this purpose, two scoping reviews were conducted. The first identified the main socio-cultural characteristics of the care system in Spain, described the multi-level model regarding the institutional architectures, and exposed the consequences of the development of the Dependence Act and the impact of the 2008 crisis. The second established the main emergent topics in scientific production regarding long-term care and older people that have emerged due to COVID-19. The contrast in the results shows the structural deficiencies of the long-term care system and the need for profound changes, such as the restructuring of the retirement home system to adapt it to pandemic scenarios and the prioritization of the path of deinstitutionalization, as long as this is carried out with the reinforcement of social assistance mechanisms and appropriate community assistance resources.*

KEYWORDS: *public policies, aging, long-term care, care, COVID-19, Spain*

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INTRODUCTION

Population aging in contemporary societies is not a recent or novel issue. In the so-called developed West, it has been a major problem for decades and one that, due to its progressive nature, is gaining new meanings that require a permanent review of strategies and policies.

In Spain, progressive aging and the large proportion of dependent elderly have placed the long-term care system at the core of political, academic, and societal concerns. The figures show a significant increase in the dependency rate of the population over 64 years old.² Between 2008 and 2020, this increased from 24.19% to 30.19%, and according to the Instituto Nacional de Estadística (INE – National Statistics Institute), in 2070, it will reach 49.23% (INE 2022), posing significant challenges in terms of the sustainability of the system itself. More immediately, the health crisis unleashed by the COVID-19 pandemic had devastating effects on the elderly population.³ This has invigorated the debate on the state's role in protecting this group and sparked bitter controversies about neglect by public administrations and the role of the latter and families in caring for older people.

In relation to this scenario, a series of preliminary questions arise: What are the main characteristics of the long-term care system? What progress has been made concerning previous periods? What have the limitations of the system been in the contexts of the economic crisis in 2008 and the health crisis due to the pandemic in 2020? What elements of its institutional design have been stressed due to the pandemic? How has the crisis affected elderly dependent people and their caregivers? What changes will there be in the long-term care system due to COVID-19?

These questions outline the main objective of the paper: to show the problems and challenges that the Spanish long-term care system faced during the first stages of COVID-19 and to reflect on the approach to the pandemic within the framework of the Spanish long-term care system to lessen the impact of future pandemics of similar characteristics. For this purpose, a characterization of the Spanish long-term care system is carried out, pointing out the main elements that define it (progress and institutional consolidation, advanced regulations, its “familist” character, an increase in institutionalized environments, its multi-

2 The dependency ratio is a demographic index that expresses the ratio of the dependent population to the active population. The statistics corresponds to the population aged >64 years as a proportion of the total number of dependent persons in Spain.

3 More than 70% of the deaths due to COVID-19 in Spain occurred in the population over 65 years of age (GTM-MCI 2020).

level configuration, and the impact of the 2008 crisis). Subsequently, the emergent issues associated with the long-term care system during the COVID-19 health crisis are identified and contrasted with data from a pre-pandemic context. This highlights the system's limits and raises some proposals for its improvement as an original and relevant contribution.

The methodology used was the scoping review, an exploratory review that made it possible to identify the topics of interest regarding the initial questions and select the relevant papers. The results are structured into two main sections: *Characterization of the Spanish long-term care system*, and *The Spanish long-term care system in the early stages of COVID-19*. We have also included the main scientific debates on the topics addressed since this structure facilitates characterizing and contrasting the research object. Last, the conclusions synthesize the issues discussed in the text and expose those topics not sufficiently addressed by the scientific literature in the review.

MATERIALS AND METHODS

This paper presents a scoping review of the scientific production of public policies in Spain regarding aging, from which we extracted articles that address long-term care policies for older people. Furthermore, this methodology was applied when seeking articles that tackle the impact of COVID-19 on the Spanish long-term care system. This type of research makes it possible to compile the existing evidence on a topic to formulate innovative hypotheses, open new lines of research, or generate new working methodologies (Manchado Garabito et al. 2009).

As a methodological framework of reference, we followed the proposal of Arksey and O'Malley (2005). In the first phase, we identified two themes. (1) In the general review of aging policies, we acknowledged the specific weight of scientific literature devoted to the long-term care system. (2) Regarding the situation caused by the pandemic and its consequences for the elderly population, we understand that the relationship between this phenomenon and long-term care policies regarding older people is of interest to research.

In the second phase, the identification of the relevant studies, the following search criteria in English and Spanish were used: (Spain OR Spanish) AND (Ageing OR Aging) AND (Public policies OR Law) in the search engines Scopus Web Of Science, Google Scholar and JSTOR and (España OR Española OR Español) AND (Envejecimiento) AND (Políticas públicas OR Ley) in the search engines Dialnet, Scielo, Índices CSIC and in the database specialized in

legal literature, Aranzadi. The searches were conducted between March 31 and April 1, 2020, and the result was 35,032 articles (Figure 1).

The search for materials of use in the analysis of how the long-term care system coped with COVID-19 was conducted in the search engines mentioned above with the following criteria (Spain OR Spanish) AND (Long-term care OR Dependency) AND COVID-19 and (España OR Española OR Español) AND Dependencia AND COVID-19, giving a general result of 33,540 articles. These searches were conducted between December 12 and 17, 2020.

Information on the date of the publication, country, type of the study, results, limits, and interesting material that responded to the research questions were extracted from all the documents.

The third stage was devoted to the selection of papers. To characterize the long-term care system, the articles come from indexed journals, starting in 2015, when the social and economic indicators seemed to point to an exit from the 2008 economic crisis until March 2020. Three reviews were performed: title, abstract, and reading. The following exclusion criteria were applied: not making a significant contribution to public policies on aging in any form and not referring to Spain, Mediterranean countries, Southern European countries, etc. The total number of articles related to public policies on aging was 68, of which 18 had the main topic of long-term care policies concerning older people in Spain or Southern European countries.

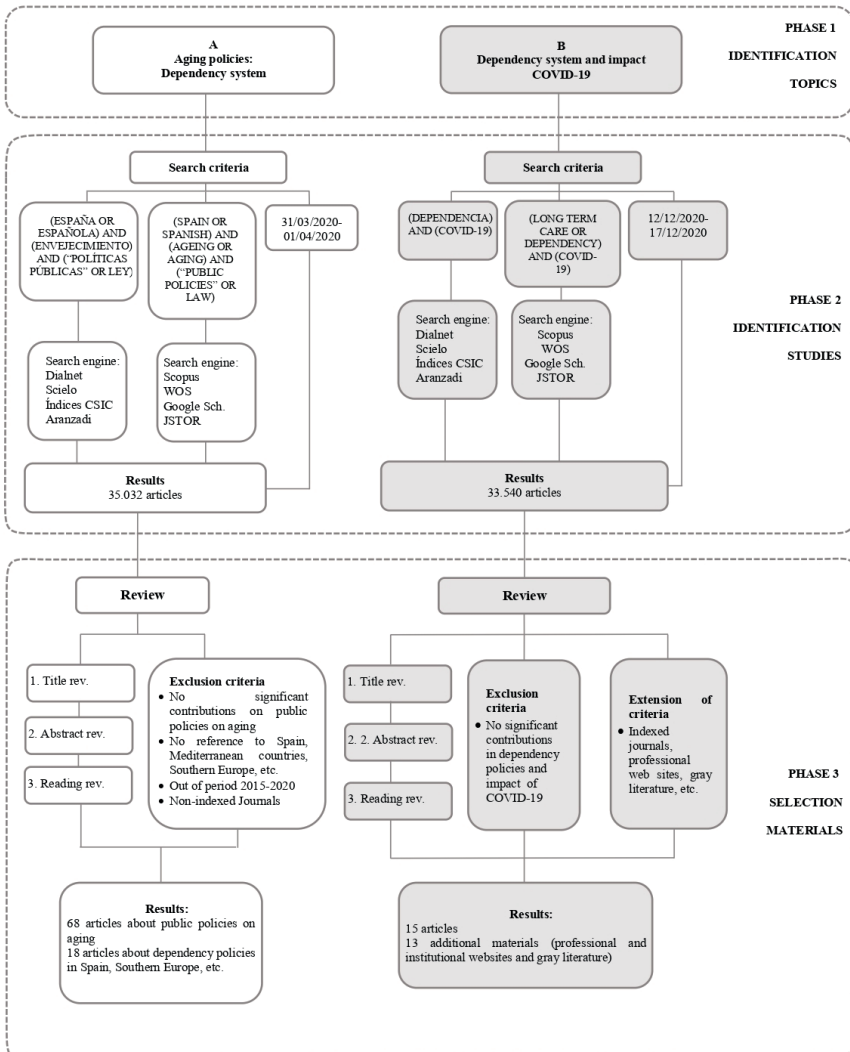
On the other hand, the materials used to analyze how the long-term care system dealt with COVID-19 were selected using broader criteria. Not only were indexed journals taken into account, but also professional websites and gray literature. Reviews of the titles, abstracts, and reading were conducted, and papers making no significant contribution to long-term care policies and systems in any form or the impact of COVID-19 were excluded. A relational method was also used to identify authors and papers in the analyzed materials. This search type resulted in 15 scientific articles and 13 other materials from professional and institutional websites and gray literature.

The registration and cross-checking of these materials resulted in identifying emerging topics in the two fields of analysis: the Spanish long-term care system and the handling of the COVID-19 pandemic within the long-term care system. Afterward, these results were compared to obtain conclusions. The present paper presents the results and conclusions.

However, it should be noted that the nature of the methodology that was used presents some limitations that may be identified in the research. In the case of the present study, search engines linked to biomedical databases such as PubMed or CINHALL were intentionally not considered to avoid possible bias towards these disciplines, given that the present work has an eminently sociological

orientation. Regarding the language, as the research is focused on Spain, the selection of search criteria in English and Spanish is considered sufficient because there is substantially less scientific production in other languages that refers to Spain.

Figure 1. Scoping review, methodological process



The search criteria used to examine the impact of COVID-19 primarily focused on the institutionalized care system, potentially excluding relevant texts on informal care within families or the informal economy. Due to the higher risk of transmission and mortality in residential facilities for older adults during the early months of the pandemic, these settings became priority subjects of study for researchers due to the easier access and controlled study of groups. Consequently, there is limited scientific literature on the impact of the pandemic on informal care provided at home. Furthermore, the study's main limitation is that the literature review only covers the period from March to December 2020, primarily the first two waves of COVID-19 and the onset of the third wave. Therefore, the scientific production on the impact of COVID-19 on the system of dependency was influenced by the prevailing health situation during that time, which included high mortality rates in non-medicalized nursing homes, mobility restrictions hindering care for elderly dependents at home, and the absence of adequate vaccines.

RESULTS AND DISCUSSION

Characterization of the Spanish long-term care system

Historical perspective on the Spanish long-term care system⁴

It is necessary to go back to the nineteenth century to identify the first institutional developments in the Spanish public long-term care system. At this point, religious assistance was gradually replaced by public charity, mainly of a municipal character. However, it was not until the 1970s that a state strategy was created for elderly dependents: the passing of the *National Plan of Assistance to the Elderly* (Puga González et al. 2011) and the creation, in 1978, of the Institute of the Elderly and Social Services (IMSERSO) that still exists today with different attributes (Sánchez 2013).

The arrival of the Spanish Socialist Party in government in 1982, with an ambitious program of social reform, also meant a change in the understanding of dependency as reliant on public charity. This was characterized by the move from an “assistance-based” model to a “social welfare system” with a rights-

4 Although this section does not directly refer to the content of the exploratory review, it was relevant to include it because it provides the historical context necessary to understand the nature of the policies and the dimensions of the institutional architecture of the Spanish dependency system.

based approach (Sánchez 2013). Thus, the decade of the eighties was one of consolidating the long-term care public system for older adults (Sancho Castiello – Rodríguez Rodríguez 2001; Sánchez 2013). During these years, there was a notable increase in the number of homes for older people. Likewise, home-based care services began in the eighties, designed with a generalist vocation that would extend throughout the country through implementation by municipal services (Sancho Castiello – Rodríguez Rodríguez 2001).

Both nursing homes and home care experienced an extraordinary boost in the following decade with the development of new resources such as daycare centers and remote assistance. In 1993, the IMSERSO Gerontological Plan became the reference framework for aging care policies, including long-term care. This had an innovative character insofar as a service coverage rate would be established, socio-healthcare and socio-community actions would be coordinated, and the advantages of home care would be highlighted. As a complement to this offer of care from the public sector, a wide range of private entities rapidly emerged in the 1990s, but especially in the following decades, linked to a process of market liberalization in many sectors of the Spanish economy. This took the form of a dense network of elderly care entities that still operate today, ranging from nursing homes to home-care services such as caregivers, telecare, food catering services, laundry, chiropody, and hairdressing, all oriented around the care of dependent older people (ibid.).

Entering the twenty-first century, Spain harmonized its long-term care framework with very good action guidelines in line with the international context in matters of aging and long-term care. The changes were specified in the 'White Book' on care for people in situations of long-term care in Spain and, afterward, in the *Act for the Promotion of Personal Autonomy and Care of People in a Situation of Dependence* (LAPAD) (Alzás García – Fondón Ludeña 2012).

The entry into force of LAPAD was a historical moment of enormous importance regarding the rights of dependent people in Spain due to its universal character and the extent of its coverage (Rodríguez Cabrero et al. 2014). It specified a definite catalog of services of an extent similar to that of the most advanced European countries. Also, this act redefined the institutional organization of the long-term care system. The System for Autonomy and Long-Term Care (SAAD) was created, a network that hosts public, private, and dedicated resources to optimize long-term care services. The interinstitutional coordination of SAAD is carried out through the Territorial Council of Social Services and the System for Autonomy and Long-Term Care, which is an organization of multilateral cooperation similar to that of sectoral conferences involving the participation of the state, autonomous communities and, where

appropriate, local entities (Gobierno de España 2006). This meant consolidating a multi-level model of long-term care in Spain, with the participation of the three levels of administration: state, autonomous, and local, highlighting the broad delegation of competences to the latter two (Davey 2020). In addition, the Act decisively boosted the role of social services in long-term care and had a reforming effect on a large part of the autonomous legislation that regulates them (Rodríguez Cabrero et al. 2014). Consolidating long-term care policies in Spain as the fourth pillar of the welfare state has generated significant political, social, and academic interest. Three key elements stand out: the “family-based” (familialist) care system, the multi-level nature of the long-term care system, and the impact of the 2008 economic crisis on it and its caregivers.

The familist care system

Many articles that tackle long-term care address the care system within the welfare system, either contextually or as a priority object of study. There seems to be a consensus about qualifying the former as “familist,” whereby the most defining characteristic is the care of older people within the family environment (Abellan et al. 2017; Casanova et al. 2017; Esteban Herrera – Rodríguez Gómez 2015; Fernández-Alonso – Ortega 2018; García-Faroldi 2015; Lorenzo Carrascosa 2015; Moreno-Colom et al. 2017; Di Novi et al. 2015; Recio Cáceres et al. 2015; Spijker–Zueras 2020). This system is typical of Southern European and Mediterranean families (Flaquer 2004; Sánchez Castiñeira 2020) and is based on two main elements: on the one hand, cultural inertia, and on the other, the weakness of the welfare system.

Despite the considerable socio-cultural changes within Southern Europe’s societies regarding kinship relationships and the role of women in the family, the nuclear family continues to function as the axis around which much care is based (Fernández-Alonso – Ortega 2018). Di Novi et al. (2015) speak of a “social expectation” in care, considered a “moral duty” for the family, pointing out that the literature that analyzes social relationships in this context shows that women bear the burden of this task.

This cultural anchoring of the familistic Spanish care system is perpetuated by the need for intergenerational solidarity within the family environment because the institutional developments for long-term care do not cover the real needs of an increasingly aging population (Moreno-Colom et al. 2017; Di Novi et al. 2015; Spijker–Zueras 2020).

Moreno-Colom et al. (2017) mention that the services that address long-term care are designed to take advantage of the “family culture” of the country. These

authors point out the “hybrid” character of the Spanish long-term care system, with political proposals that are in line with the social democrat tradition of the welfare states, while their development has been subject to liberal policies in which family and culture are what matters in terms of care provision. García-Faroldi (2015) identifies the system in Spain as entirely “familist,” typical of the conservative and Mediterranean systems, with a high degree of informality, in contrast to liberal and social democratic systems based on professional care. Also, Sánchez Castiñeira (2020) identifies the limits of the familist system in Spain, highlighting the inefficiency of solidarity networks based on kinship in the most impoverished homes that favor the persistence of institutional familism.

In the area of the implementation of long-term care policies, it is also found that in the Spanish system, there is a coexistence of public resources and a wide array of private services, especially companies and freelancers and, to a lesser extent, the third sector (ONG, associations, foundations, etc.) (Durán Bernardino 2015; Osorio Bayter et al. 2018; de Souza Minayo 2019). This involves a sort of mixed model wherein, due to the social changes in family relationships, the private sector occupies the role that used to be occupied by intergenerational responsibilities based on kinship, which is where the state does not reach (Rodríguez Cabrero 2007). Within this system, the provision of care by hired domestic employees stands out. Normally, these are precarious services within the informal economy and of a flexible nature; here, migrant women have played a leading role. The notable increase in the migratory flow that Spain has experienced since the beginning of the twenty-first century has been driving this (Martínez Buján 2011). Likewise, this is the context within which care resources in the form of nursing homes have been increasing, in line with the coexistence of public and private resources described above and the preference of Spanish families for this type of care, primarily for people over 80 years of age or with severe functional limitations (Osorio Bayter et al. 2018).

The multi-level character of the Spanish long-term care system

Due to the decentralized characteristic of the structure of the Spanish state, the different levels of administration (state, regional, and municipal) are involved in the implementation of long-term care policies (Atarodi et al. 2019; Casanova et al. 2017; Fernández-Alonso – Ortega 2018; Lozano Peña – García Bustos 2018).

Some lines of study identify complementarity between the administrations, particularly at regional and local levels (Atarodi et al. 2019; Casanova et al. 2017).

Lozano and García (2018) are less optimistic when analyzing the imbalances between the fiscal balances of the central and regional governments. Their main idea is that the state provides insufficient budgetary resources to the regional governments. As the latter are limited in their financial autonomy due to their weak revenue-raising capacity and the demanding deficit targets they must meet, a vertical imbalance is produced that seriously affects the implementation of long-term care public policies and their sustainability. They note that there has been a turning point in this imbalance due to the entry into force of LAPAD (Long-Term Care Act), as regional treasuries must now handle serious expenditure without adequate compensation from central administration and also with the prospect that this expenditure will increase due to the progressive aging of the population. The situation worsened with the 2008 economic crisis when all kinds of income decreased. Thus, the authors state the need to correct these imbalances to create a sustainable long-term care system in the face of a demographic scenario that demands it. To this end, changes must be made in the competency architectures that improve the adequacy of tax collection systems in relation to meeting social needs, such as long-term care.

The long-term care system and the 2008 crisis

The entry into force on January 1st, 2007, of *Act 39/2006 on the Promotion of Personal Autonomy and Care for Dependent Persons* (LAPAD) meant a substantial improvement in the development of long-term care in Spain (Moreno-Colom et al. 2017; Peterson 2015; Spijker–Zueras 2020). However, without denying the progress made by the regulatory and institutional developments linked to the LAPAD, it should be noted that the full development of the universal application of the Long-Term Care Act has been obstructed by the significant tightening of the requirements for accessing its benefits. This has created huge waiting lists for accessing the economic aid, resources, and services dependent on the LAPAD. This has led to forced situations of work in the informal economy and precariousness among caregivers, especially severe for women who were, again, those sustaining the care that, according to the law, was supposed to be provided by the state. This scenario considerably discredited the system in public opinion, which should be understood as including the development of the Long-Term Care Act in Spanish society (De La Fuente Robles et al. 2016).

There is a consensus regarding the importance of the entry into force of the Long-Term Care Act. There is also general agreement regarding the significance of the adverse effects of the 2008 economic crisis in relation to the execution of

LAPAD-related long-term care policies (Casanova et al. 2017; Moreno-Colom et al. 2017; Peterson 2015). The economic slowdown, with its detrimental impact on employment, production, and the revenue collection capacity of the state to invest in public policies, harmed the long-term care system. To this challenge may be added the strategy for dealing with the crisis, with severe cuts in social policies both by the European Union and the Spanish government during the crisis and the years that followed, which deepened the deficient implementation of the LAPAD (Casanova et al. 2017; Peterson 2015). In Spain, this resulted in the partial and insufficient application of the Long-Term Care Act, leading to one of the most important consequences; the labor informality of caregivers (De La Fuente Robles et al. 2016; Moreno-Colom et al. 2017; Spijker–Zueras 2020), which is one of the most critical issues in the field of long-term care studies – i.e., concerning the professionalization of care.

Indeed, one of the main contributions of the LAPAD regarding improving the situation of long-term caregivers was stressing the government's responsibility for providing long-term care, which should have had the effect of a broadening professionalization of the sector (Moreno-Colom et al. 2017). The regulation of the employment situation of non-professional caregivers (generally female relatives) should have added to this, which would have had very positive effects in alleviating the gender inequality that the overload of caregiving entails. However, it did not reach the scope expected after the crisis (Spijker–Zueras 2020), with the care sector in particular suffering from the precariousness of the labor market, which was further accentuated by the 2012 labor reform⁵ (Rodríguez Cabrero et al. 2014).

Obstacles to professionalizing caregivers include the familistic care system, which expects women in the family to provide long-term care to older people (Moreno-Colom et al. 2017). The persistence of informal caregiving is also influenced by living in rural areas, being a woman, and having a low income, according to Cantarero et al. (2019). Age is another factor, with informal care being more prevalent for individuals aged 65–79, typically involving partner care within households, occasionally supplemented by professional home care (Spijker–Zueras 2020).

Regarding the exit from the crisis, the Spanish long-term care system began to show clear recovery signs in mid-2015. However, despite the progress, some limitations still need to be overcome, such as the weak coordination between

⁵ *Royal Decree-Law 3/2012*, of February 10, on urgent measures for the reform of the labor market, commonly called the “Labor Reform” was a law of a marked neoliberal character that implemented simpler forms of dismissal and the facility for making changes in working hours, shifts, functions, and salaries, made collective dismissals possible, and, in general, decreased protection for workers.

social and health services, the unbalanced structure between economic benefits and services, the deficit of governance and institutional cooperation between the different levels of administration, the varied development of the long-term care system among the regional governments and, as mentioned above, the quality of employment and the impact on gender equality (Arriba González de Durana et al. 2019).

The Spanish long-term care system in the early stages of COVID-19

It is interesting to confront the latter theoretical production with that which addresses emerging ideas about long-term care due to the appearance of the last pandemic. To this end, some of the elements inherent to the system, such as its familist nature, the extraordinary increase in institutionalized care in nursing homes, its multi-level configuration, and the precariousness of the working environments in care, are taken up again. The impact of COVID-19 on these is studied to address some of the challenges that arose in the fight against the former pandemic and concerning preventive matters for future scenarios similar to the former.

Retirement homes as the epicenter of the pandemic – a questioned model

Earlier, it was mentioned that the pattern of institutionalized residences for older people is linked to socio-cultural changes within the Spanish familist system, where the tendency has been to have out-of-home care after the age of 80 or in cases of severe dependency. With the outbreak of the last pandemic and the magnitude of the mortality rate in nursing homes, this topic emerged as a major theme in scientific studies on long-term care and COVID-19.

Most of the specialists that have addressed the issue agree on the high risk of transmission of the pandemic in these spaces, as was conceived before the pandemic outbreak (Davey 2020; Deusdad 2020; Fantova 2020; García Rada 2020; MDSA, 2020). In this sense, it is necessary to stress the lack of preparation of the retirement homes to face such a pandemic, as the vast majority lacked contingency plans for this scenario (García Rada 2020; Inzitari et al. 2020; Miralles et al. 2021). This was reflected on many occasions in the lack of materials and healthcare resources for infection control (Deusdad–Riccò 2018; Inzitari et al. 2020) and the scarce availability of diagnostic tests for detecting the illness (García Rada 2020; del Pino et al. 2020). To this, the vulnerability of the

residents should be added because of their advanced age and the comorbidities they present, a fact that led not only to the high rate of infection but also to the extremely high fatality rate of the virus in retirement homes (Amblàs-Novellas – Gómez-Batiste 2020; Bernabeu-Wittel et al. 2020; Miralles et al. 2021; Pinazo-Hernandis 2020; Porcel-Gálvez et al. 2020; Tarazona-Santalbina et al. 2020).

Another factor that facilitated the spread of the virus is the design of the residential buildings. They are characterized by an abundance of shared spaces that are not appropriate for the application of social distancing, with even intimate living spaces having to be shared, such as bedrooms and bathrooms, which accelerate viral transmission (Inzitari et al. 2020; MDSA, 2020; Miralles et al. 2021). Furthermore, the presence of continuous ventilation with outdoor air is paramount because it is essential to diminish the viral load in such buildings (Martínez–Perpiñá 2020). Some studies observed a correlation between the size of the residential home, the number of occupied places, and the risk of pathogen dissemination. In Spain, where half of all nursing homes have a capacity of over 100 people (MDSA 2020), the pandemic highlighted the need for a change of model that would reduce the number of residents sharing space (T. Martínez 2020).

In addition, the lack of personal protective equipment (PPE) and specific training for medical responders, particularly in the first phase of the pandemic, meant a massive risk of contagion (Comas-Herrera 2020; García Rada 2020; Inzitari et al. 2020). These factors, together with the social pressure at work, the lack of personnel, and high-level exposure to suffering, also resulted in significant stress among workers at retirement homes, demonstrating the need not only for PPE and training but also for psychosocial protection strategies (Blanco-Donoso et al. 2021)

Intergenerational relationships and technological solutions for overcoming isolation and loneliness

Another of the main topics in the debate on long-term care is the dispute about the familist care system, the importance of cultural values in its sustenance, and the analysis of the transformations of the model due to socioeconomic changes during recent years. With the outbreak of the pandemic, we find that the intensity of the relations between different generations in the household (which Bonilla and López (2012) call “intergenerational families”) materialized as both cohabitation at home and a high number of visits to parents, grandparents and other relatives of older age, which is typical of such Mediterranean models and conflicts with the isolation and security measures recommended for older

people during the pandemic. It would be interesting to study the correlation between intergenerational cohabitation and the transmission of the virus to identify how this may have affected Southern European societies. Thus, in a system where the weight of tradition in terms of family responsibilities for the care of older people is high and where the institutionalization of nursing homes often triggers traumatic situations in the family environment, COVID-19 disrupted family relationships. The impossibility of making visits because of the risks attached to this exacerbated the emotional tension that both residents and families experienced.

Because of the restrictions on family visits, attempts were made to counteract isolation and loneliness with the use of communication technologies such as video conferences, calls, or instant messaging applications (Amblàs-Novellas – Gómez-Batiste 2020; MDSA, 2020; Porcel-Gálvez et al. 2020). The rush to train older people in the use of these technologies during the first months of the pandemic indicated a strategy of improving technological literacy (Porcel-Gálvez et al. 2020) and developing accessible telematic systems (MDSA, 2020). During the pandemic, this type of communication was incorporated into the daily life of nursing homes in a natural way, without replacing face-to-face visits, which were resumed relatively generally with the end of the restrictions.

The familistic care system and deinstitutionalization as the preferential option during the pandemic

In terms of other matters, COVID-19 encouraged a focus on deinstitutionalizing older people, given that the care scenario associated with the familist system could facilitate its adoption. This is not a new idea, but the fact that the (family) home options for older adults allowed for better containment of the virus (Inzitari et al. 2020) and that this was a means of reducing the pressure on nursing homes in times of pandemic outbreaks or similar situations (Fantova 2020) placed them at the forefront of public policy priorities. This implied a reinforcement of attention by community services and the development of new strategies coordinated by social services, families, primary and specialized healthcare, the care employment sector, volunteering, and associations (T. Martínez 2020).

Deinstitutionalization may be a favorable response to scenarios such as those generated by COVID-19. Still, it must be accompanied by a reinforcement of measures that do not place the burden of care at home on women and mainly informal caregivers, in what del Río Lozano and García Calvente (2020) have called a “refamiliarization” process of care during the pandemic. In

relation to this scenario, Deusdad (2020) reminds us that the long-term care system, strongly hit by the 2008 crisis, left behind a volatile sector with a high level of worker precariousness, which was then suddenly affected by the COVID-19 crisis, with a horrible impact on such a fragile sector of the labor market. Thus, the pandemic caused significant stress on nursing homes, even causing collapses on numerous occasions. This revealed the deficits of a system that was heavily struck by the 2008 crisis cutbacks.

Conflicts within the multi-level system and the response from the state

The multi-level model of the Spanish long-term care system, with its wide delegation of competences to the regional and local levels, revealed some contradictions during the pandemic. These include conflicts of competence among the different administrations that directly affect the long-term care system, noting the wide dispersion of regional regulations, especially applied to nursing homes, and the absence of consensual and uniform protocols. To this end, the actions of the different elements of the administration at the national level were homogenized through ministerial orders published in the BOE (Official State Gazette) (Gobierno de España 2020b, 2020c; Martín Ayala 2020). Likewise, the state's economic response was to inject resources into the long-term care system to alleviate the burden on regional and local governments whose nursing homes, home care, or telecare services were highly stressed due to the pandemic. First, with the creation of a fund of 300 million euros to finance a special fund for COVID-19-related difficulties through transfers to the autonomous communities (Gobierno de España 2020d), and subsequently, with an increase in the general state budget of more than 600 million euros additional to the previous one (an increase of more than 34%), to €2,353,542.31 (ibid. 2020a).

The COVID-19-related impact on caregivers

Last, the situation of caregivers, which occupied a prominent place in the scientific debate on long-term care in Spain, continued to play a significant role when the pandemic broke out. Deusdad (2020) denounces the structural scarcity of care workers in Spanish nursing homes. Manzano (2020) agrees, highlighting the impact of sick leave on a deficient system. The respective workers, mainly women, are employed in precarious conditions, even in the formal environment. This situation worsened during the pandemic, with exhausting working hours under extremely stressful conditions (Blanco-Donoso et al. 2021; Deusdad 2020). In the case of

informal caregivers, the invisibility of their situation makes it difficult to know the impact of the pandemic on their sector. It seems evident that women assumed greater responsibility for informal care during the pandemic, which meant a greater risk of contagion and less opportunity to care for themselves. Thus, in addition to the danger of infection by COVID-19, it is crucial to take into account the consequences on the health of informal caregivers, such as anxiety, stress, depression, chronic morbidity, the irregular consumption of drugs, unhealthy diets, little physical exercise and insufficient rest (del Río Lozano – García Calvente 2020). All of this was aggravated by the vulnerability of a group that already does not enjoy the minimum safe labor conditions because they operate within the informal economy (T. Martínez 2020). In the face of such a situation, it has been recommended that those responsible for long-term care policies develop strategies that incorporate informal caregivers (Inzitari et al. 2020) so that they can obtain access to protection and be trained in security protocols – something that ultimately did not happen.

CONCLUSIONS

COVID-19 highlighted the structural deficiencies of the Spanish long-term care system. When pre-existing nursing homes are remodeled and new ones constructed, planners should aim for one resident per room, shared spaces for safe distancing, open and green areas, and well-lit and ventilated enclosed spaces. Authorities should address understaffing and precarious staffing and prepare contingency plans for future pandemics, including purchasing PPE, creating worker replacement systems, and coordinating protocols with healthcare institutions. Digital training is proposed to alleviate the emotional impact of isolation on older people, increasing contact with their families. Deinstitutionalization is viable but should not burden caregivers, especially women, or increase informal care work. It should also be noted that some issues, such as overwork and vaccinations, were initially absent from scientific accounts but gained importance later. The Spanish long-term care system requires significant public investment and political will to avoid further deterioration. The conclusions drawn during the pandemic have become the basis for intervention strategies, supported by increased budgets and the Next Generation EU (NGEU) funds.

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