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THE NECESSARY RESHAPING OF SOCIAL SERVICES IN THE AGEING SOCIETY

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KEYWORDS

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ABSTRACT

The increase of dependency linked to population ageing represents a great challenge for public authorities, which must guarantee the well-being of citizens through the necessary benefits. Objective: analyse the state of the support system for autonomy and dependency and determine if it is evolving in line with the increase in care needs linked to population aging. Methodology: study of regulations and data associated with population aging, dependency benefits and care centres that make up the system. Results: network of healthcare services is evolving in line with the increase in needs linked to population aging. Conclusions: public authorities must take measures and increase this network of services, with creation of new centres and/or alternatives for community care such as robotic housing, collective housing, co-location, cooperatives, etc.

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1. Introduction

The concept of the Welfare State, which implies the protection of human rights and the effective satisfaction of citizens' basic and vital needs, is reflected in the Spanish constitutional text itself (De la Vila, 2015), which establishes the obligation of the public authorities to promote the welfare of citizens in old age through a system of social services that addresses their specific problems of health, housing, culture and leisure (Spanish Constitution, 1978, art. 50).

Ageing is defined as a continuous and irreversible process of multiple transformations throughout the life course that is influenced by genetic factors and the individual's lifestyle, but also by the social, economic, environmental and political conditions of the environment. This position is endorsed by the World Health Organisation (WHO), which asserts that "although some of the variations in the health of older people are due to genetics, the most influential factors are related to the physical and social environment, including housing, neighbourhood and community, as well as personal characteristics such as gender, ethnicity and socioeconomic status" (WHO, 2023).

Therefore, if the configuration of a broad system of care services that takes these factors into account has a positive impact on the physical, mental and social well-being of citizens, and vice versa, the attention to the specific needs of the elderly referred to in the Spanish Constitution must be adapted to the evolution of these. This adaptation is predicated on the premise that a favourable environment, characterised by the availability of buildings, care centres, or safe and accessible transport, among others, can facilitate the maintenance of optimal levels of well-being in individuals despite the loss or reduction of faculties and capacities associated with the ageing process.

According to the United Nations (UN), one in six people in the world will be over 65 in 2050 (16%), up from 9% in 2019. In some parts of the world, it is estimated that one in four people will be 65 or older. This is the case in Hong Kong (40.6%), South Korea (39.4%), Japan (37.5%), Italy (37.1%), Spain (36.6%), Taiwan (35.3%), Greece (34.5%) and Portugal (34.35%). Significant increases are also expected in other regions where ageing is currently less acute. Specifically, Sub-Saharan Africa is projected to increase by 218 %, North Africa and West Asia by 226 %, Central and South Asia by 176 %, East and South-East Asia by 120 %, Latin America and the Caribbean by 156 %, Australia and New Zealand by 84 %, Oceania excluding Australia and New Zealand by 190 %, and Europe and North America by 48 % (UN, 2019). Similarly, according to the WHO, the number and proportion of people aged 60 and over in all populations worldwide will increase from 1 billion in 2019 to 1.4 billion in 2030 and 2.1 billion in 2050, particularly in developing countries (WHO, 2023).

In Spain, the number of people over 65 has risen from 3.3 million in 1970, representing 9.7 per cent of the total population, to 36.6 per cent projected for 2050. Moreover, part of this percentage includes a large group of people who will not only be over 65 but will also be octogenarians. This is what has become known as the ageing of the elderly, i.e. the increase in the number of people aged over 80, which has doubled in just twenty years (Consejo Superior de Investigaciones Científicas. CSIC, 2023).

According to projections by the National Institute of Statistics, there could be more than 14.2 million elderly people in 2040, 27.4% of the total population, which will reach around 52 million inhabitants, especially after 2030 when the baby boom generation reaches retirement age. In other words, those born between 1958 and 1975. Moreover, with a percentage of octogenarians of 6% (INE, 2023)

It is evident that the demand for care services for dependent persons will continue the current trend and will increase in the coming years, thus creating one of the main challenges for social protection. This is particularly relevant when considering that, historically, the care of the elderly has been primarily undertaken by families, predominantly by women. However, this informal support has been reduced due to the increased participation of women in the labour market.

In order to address this issue, the relevant public authorities have implemented Law 39/2006, of 14 December, on the Promotion of Personal Autonomy and Care for Dependent Persons (hereinafter LPAAD). The purpose of this legislation is to regulate The LPAAD establishes a system for autonomy and care for dependency, whereby the General State Administration guarantees the provision of minimum rights for all citizens across the Spanish state (art. 1). All this is based on the principles of universality; equality and non-discrimination in access for all persons in a situation of dependency; comprehensive and integrated care; Mainstreaming of dependency care policies; assessment of people's needs on the basis of equity criteria to ensure real equality; establishment of appropriate prevention, rehabilitation, social and mental stimulation measures; promotion of the conditions necessary to achieve the highest

possible degree of autonomy; permanence of persons in a situation of dependency, whenever possible, in the environment in which they live; quality, sustainability and accessibility of dependency care services; participation of dependent persons and, where appropriate, their families and organisations representing them; cooperation between social and health services in the provision of services; participation of the private and third sectors in services and benefits to promote personal autonomy and care for dependent persons; inter-administrative cooperation; integration of the services established by law into the social service networks of the autonomous communities, within the framework of the responsibilities they have assumed, and recognition and guarantee of their provision by public or private centres and services; integration of the gender perspective and consideration of the different needs of both sexes; priority care for people in a situation of high dependency (art. 3).

In this way, a public model of social services is configured which, through coordination between public and private centres and services, strengthens the commitment of the public authorities to promote and provide the necessary resources to meet the needs related to dependency and the promotion of personal autonomy, quality of life and equal opportunities. Consequently, the aim of this study is to analyse the state of this public system of support for dependency and the promotion of personal autonomy in terms of its capacity to meet the increase in care needs associated with the ageing of the population. In other words, the aim is to determine whether the public authorities are effectively and efficiently implementing all the measures necessary to apply the content of the LPAAD, thus responding to the constitutional mandate to promote the welfare of the elderly through social services. This will also take into account the measures introduced by the Recovery, Transformation and Resilience Plan, which includes among its priorities for 2026 a crash plan for the modernisation and strengthening of all social services, with particular attention to the long-term care model and personalised care (component 22).

2. Service-Oriented Content of the System for Autonomy and Care for Dependency

As mentioned above, Law 39/2006, LPAAD, establishes a System for Autonomy and Care for Dependency (SAAD) to guarantee comprehensive and integrated care for all people, in accordance with their needs and the criteria of equity and effective equality (art. 3 c) and e)). All this through a catalogue of services aimed at achieving a better quality of life and personal autonomy, facilitating an autonomous existence in the usual environment for as long as desired and possible, as well as active integration into the life of the community (art. 13). It is therefore worth mentioning some structural aspects of this service model.

2.1. Conceptual Framework: Dependency and Autonomy

If the objective of the LPAAD is the recognition of a system that guarantees the necessary benefits to address situations of dependency and promote personal autonomy, the first aspect to be considered is what should be considered as such. In other words, what is meant by dependency and autonomy. These aspects are, of course, clearly defined in the legislation. Thus, in relation to dependency, it is defined as

> the permanent condition of persons who, for reasons of age, illness or disability and in connection with the lack or loss of physical, mental, intellectual or sensory autonomy, require the care of another person or persons or substantial assistance in carrying out basic activities of daily living or, in the case of persons with mental disability or mental illness, other assistance in maintaining their personal autonomy (Art. 2.2).

Furthermore, according to the individual differences between some people and others and the greater or lesser intensity of the need for care by third parties, different levels are distinguished, to be assessed according to a scale based on the International Classification of Functioning, Disability and Health (ICF) adopted by the World Health Organisation (articles 26 and 27):

- Grade I, considered as a moderate level of dependency. In this category, individuals require assistance in performing several basic activities of daily living at least once a day or have intermittent or limited support needs for personal autonomy.
- Grade II. Severe dependency: individuals require help in performing several basic activities of daily living two or three times a day, but do not desire permanent support from a carer or have extensive support needs for personal autonomy.

- Grade III. Severe dependency. In this final level, the individual requires assistance with several basic activities of daily living multiple times a day and, due to the complete loss of physical, mental, intellectual or sensory autonomy, necessitates indispensable and continuous support from another person or experiences generalised support needs for personal autonomy.

Autonomy is defined as the "ability to control, cope with and take on personal decisions about how to live according to one's own rules and preferences and to carry out the basic activities of daily living". These activities are understood as the most elementary tasks. These tasks are considered the most fundamental for ensuring basic levels of autonomy and independence. They include personal care, basic domestic activities, essential mobility, recognition of people and objects, orientation, and the understanding and execution of simple commands or tasks (arts. 2.1. and 3).

2.2. Nature of Benefits: Economic and Care-Related

However, there are also several exceptions that permit this order to be modified. This applies to the financial benefit for care provided by non-professional carers, provided that suitable conditions of cohabitation and habitability in the dwelling are met and that this is specified in the Individual Care Programme. Additionally, there is the financial benefit for personal assistance, intended to fund a set number of hours of personal support to facilitate the beneficiary's access to education and employment, as well as to enable a more autonomous life in performing basic daily activities (Articles 14.4-5, 18, and 19). Consequently, these are not abstract economic benefits; rather, they are tied to specific services. It is the duty of the competent public authorities to oversee the allocation and use of these benefits, ensuring compliance with the purposes for which they were granted (Article 17).

Regarding the provision of services, which, as previously noted, takes priority, a comprehensive catalogue of services is established, including (Article 15):

- Services for the prevention of dependency situations and the promotion of personal autonomy. These aim to prevent the onset or worsening of illnesses, disabilities, or their aftereffects through the coordinated development of social and health services. This includes initiatives to promote healthy living conditions, as well as specific preventive and rehabilitation programmes targeting the elderly, individuals with disabilities, and those impacted by complex hospitalisation processes.
- Telecare Service. This is a service that, either independently or as a complement to another —except residential care—, is designed to provide assistance through the use of communication and information technologies, offering an immediate response to emergencies or situations of insecurity, loneliness, and isolation.
- Home Help Service. This encompasses the full range of activities carried out at the homes of individuals in a situation of dependency, aimed at addressing their daily living needs. Accordingly, this service may include both personal care services and those related to domestic or household needs: cleaning, laundry, cooking, or others.
- Day and Night Centre Service: This service is responsible for providing comprehensive care — biopsychosocial, covering needs for advice, prevention, rehabilitation, guidance for promoting autonomy, skills training, or personal and care assistance—, with the aim of improving or maintaining the highest possible level of personal autonomy and supporting families or caregivers. Furthermore, it operates both during the day, through day centres, and at night. Thus, the following are distinguished:
    - Day Centre for Older People.
    - Day Centre for Individuals Under 65.
    - Specialised Care Day Centre.
    - Night Centre.
- Residential Care Service. This service addresses needs, also from a comprehensive perspective, through what is termed sociosanitary provision. That is, a service encompassing both personal and healthcare aspects, delivered in residential centres designated for this purpose, depending on the type of dependency, its degree, and the intensity of care required by the individual (Martín Ayala, M., 2020). Thus, the following are distinguished:
    - Residence for Older People in a Situation of Dependency.

- Care Centre for Individuals in a Situation of Dependency, based on the types of disability.

According to Law 16/2003 of 28 May on the Cohesion and Quality of the National Health System, this provision, included in the catalogue of services within the common basic portfolio of care services of the National Health System (art. 8 bis), is considered as the following:

the set of care measures aimed at those patients, generally with chronic conditions, who, due to their particular characteristics, can benefit from the simultaneous and synergistic action of health and social services, to enhance their autonomy, alleviate their limitations or suffering, and facilitate their social reintegration (…) at the levels of care determined by each autonomous community (art 14).

Furthermore, this is a service that can be provided either permanently, when the residential centre becomes the individual's habitual residence, or temporarily, during short-term stays for convalescence or during holidays, weekends, illnesses, or rest periods for informal caregivers.

Indeed, just as there exists a regime of incompatibility between care services and economic benefits —except for services aimed at preventing dependency situations, promoting personal autonomy, and telecare—, it must be noted that this also applies among care services themselves. The exception is the telecare service in relation to services for preventing dependency situations, promoting personal autonomy, home help, and day and night centres (art 25 bis). Nevertheless, Public Administrations may grant compatibility between provisions for support, care, and assistance that facilitate the individual in a situation of dependency remaining in their home, provided that the combined total of these provisions does not exceed the maximum intensity recognised for their degree of dependency, with all such provisions considered as a single benefit (art 25 bis).

2.3. Competence Aspects

The LPAAD delineates a catalogue of benefits. In this context, it should be noted that the content and scope of this catalogue, as stipulated by the LPAAD, are determined by the distinct institutional levels of the Administration responsible for their delivery. This arrangement stems from institutional collaboration, which is structured according to the distribution of competences between the State and the Autonomous Communities, as established by the Spanish Constitution in relation to Social Assistance—a competence devolved to the autonomous regions (Alonson, J.M. and Alemán, C., 2017). Nevertheless, while respecting the competences of the Autonomous Communities, the State retains the ability to develop general coordination programmes aimed at ensuring and promoting equality across different territories (STC 146/1986, 25 November, cases 50/84 and 465/85). This possibility is explicitly reflected in the LPAAD, which distinguishes two levels of provision—those of the State and the Autonomous Communities—while mandating the involvement of the General State Administration to secure a minimum level of protection applicable uniformly across the entirety of Spanish territory. This framework is supported by cooperation between the two administrative levels, facilitated through the Territorial Council of Social Services and the System for Autonomy and Care for Dependency (Article 8).

Consequently, the Autonomous Communities bear responsibility for implementing these benefits (Spanish Constitution, Article 148.1.20), albeit on the foundation of the minimum benefit assured by the State. In other words, the suite of benefits outlined in the law represents a minimum threshold guaranteed by the State Administration for all individuals meeting the eligibility criteria, irrespective of their place of residence. This is financed by the State and administered via IMSERSO—the Institute for the Elderly and Social Services—though the Autonomous Communities may enhance these provisions at their own budgetary expense (Article 11.2).

It is also worth highlighting that the Act provides for the participation of local authorities in managing care services for dependent adults, in accordance with the regulations of their respective Autonomous Communities and within the competences assigned to them by prevailing legislation. These local bodies are further permitted to engage in the Territorial Council of the System for Autonomy and Care for Dependency, subject to the terms and conditions determined by the Council itself (Article 12).

A primary outcome of this regulatory framework is the emergence of seventeen distinct autonomous social service models, characterised by significant contrasts and inter-territorial disparities. This development raises questions about one of the core principles enshrined in the law: the notion of effective equality in the application of social protection.

3. Results: The System for the Promotion of Personal Autonomy and Care for Dependent Persons in Figures

As previously stated, the aim of this study is to examine the evolution of population ageing in relation to the number of benefits recognised under the LPAAD and the institutional structure of public services responsible for their provision. This analysis spans from 2006, the year the law was enacted, to 31 December 2022, which, at the time of writing, corresponds to the most recently published data on the state of benefit provision.

With regard to the first variable, that is, the one referring to population ageing, in 2006, the proportion of individuals aged 65 or older stood at 16.64% of the total population. By 2022, this figure had risen to 19.97%. Geographically distributed, the most aged populations were found in Ourense, with 31.86%, followed by Zamora, with 31.58%, and Lugo, with 29.90%. This contrasts with Almería, 15.41%, Murcia, 16.16%, and Las Palmas, 16.27%. Furthermore, Ceuta and Melilla exhibited the lowest proportions of aged populations, with 12.50% and 11.17%, respectively (INE, 2023).

Figure 1. Change in the percentage of persons aged 65 and over by province, 2006-2022

	2006	2022	Variation
National Total	16,64	19,97	20%
Albacete	17,83	19,65	10%
Alicante	16,29	20,62	27%
Almeria	12,57	15,41	23%
Álava	16,34	21,88	34%
Asturias	21,88	27,14	24%
Avila	24,97	26,32	5%
Badajoz	17,86	20,11	13%
Balearic Islands	13,77	16,41	19%
Barcelona	16,34	19,34	18%
Vizcaya	18,95	23,67	25%
Burgos	20,76	24,66	19%
Cáceres	21	23,76	13%
Cadiz	12,71	17,58	38%
Cantabria	18,68	23,06	23%
Castellón	16,35	19,82	21%
Ciudad Real	19,09	20,57	8%
Cordoba	17,15	20,14	17%
Coruña, La	20,34	25,53	26%
Basin	24,15	22,97	-5%
Guipúzcoa	18,16	23,12	27%
Girona	16,1	18,56	15%
Grenada	16,02	18,59	16%
Guadalajara	17,06	16,37	-4%
Huelva	14,72	17,30	18%
Huesca	22,38	22,63	1%
Jaén	17,93	20,00	12%
Leon	24,62	28,08	14%
Lérida	18,96	19,66	4%
Lugo	27,7	29,90	8%
Madrid	14,29	18,32	28%
Malaga	14,05	18,16	29%
Murcia	13,78	16,16	17%
Navarre	17,45	20,26	16%
Orense	28,3	31,86	13%
Palencia	22,41	26,69	19%

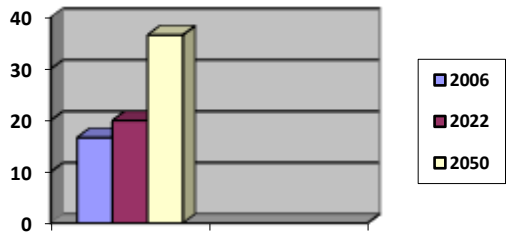
Palmas, Las	11,04	16,27	47%
Pontevedra	17,91	23,58	32%
Rioja, La	18,33	21,54	18%
Salamanca	23,47	27,24	16%
S. C. de Tenerife	13,52	18,10	34%
Segovia	22,13	22,90	3%
Seville	13,75	17,28	26%
Soria	25,86	25,53	-1%
Tarragona	16,12	19,52	21%
Teruel	25,23	24,07	-5%
Toledo	17,51	18,07	3%
Valencia	15,93	19,58	23%
Valladolid	17,54	24,06	37%
Zamora	28,34	31,58	11%
Zaragoza	19,05	21,63	14%
Ceuta	11,32	12,50	10%
Melilla	10,75	11,17	4%

Note: population with annual census as of 1 January 2022.

Source: own elaboration based on INE data, 2023.

Thus, in contrast to WHO forecasts, which indicate that in 2050 Spain will have a percentage of 36.6% of the total population aged 65 or over, with respect to the year 2022 this represents an increase of 83%.

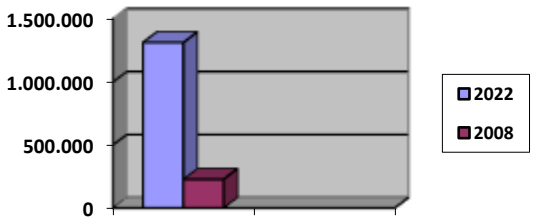
Figure 2. Percentage of people aged 65 or over



Source: Own elaboration based on data from INE, 2023 and WHO, 2023.

As at 31 December 2022, the number of persons receiving any of the benefits provided for in the LPAAD was 1,313,437, after cross-checking with the cancellation files. Death was thus identified as the main cause of cancellation of entitlement in the system. In 2008, this figure stood at 422,846 persons (IMSERSO, 2008).

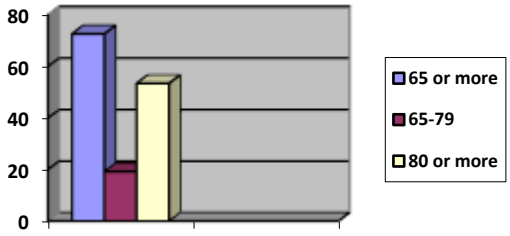
Figure 3. Number of persons benefiting from LPAAD benefits in 2008 and 2022



Source: own elaboration based on data from IMSERSO, 2023.

With regard to the age demographic of the beneficiaries as of 31 December 2022, 72.65% were aged 65 or over. Specifically, 19.25% were aged between 65 and 79, while 53.40% were aged 80 or over.

Figure 4. Percentage of persons benefiting from LPAAD benefits by age in 2022



Source: own elaboration based on data from IMSERSO, 2023.

Regarding the variable relating to benefits recognised, the total number was 1,727,429. Of this figure, more than two thirds corresponded to services, 1,210,376, constituting 70.07% of the total. Conversely, the Economic Benefits for Care in the Family Environment were 517,053, representing 29.93%.

In addition, the data pertaining to residential centres, which in 2022 amounted to 393,581 places, is noteworthy. This equates to 4.2 places for every 100 elderly individuals, with an occupancy rate of 86%. In contrast to previous data, the total number of centres has increased "very slightly", although there has been a "notable change in size", with an increase in centres with more than 100 places at the expense of small centres with fewer than 25 places. In terms of places, there are almost 10,000, more than 52% of which are in these large centres. By territories, Extremadura stands out as the Autonomous Community in which the number of centres has increased the most, with an increase of 121, followed by Galicia, with 47, and Asturias with 24 (Ministerio de Economía y Competitividad and Centro Superior de Investigaciones Sociológicas, CSIC, 2023).

Figure 5. Change in the number of residential centres between 2006 and 2022

2006 vs 2022									
	Total centres				**Distribution of centres according to size. 2022**				
	2022	**2006**	**Increase**	**%**	< 25	25 - 49	50-99	>= 100	TOTAL
TOTAL	1.669	1.199	470	39	471	444	453	301	1.669
Andalusia	162	138	24	17	21	66	47	28	162
Almeria	19				1	7	4	7	19
Cadiz	18				2	8	4	4	18
Cordoba	28				3	15	9	1	28
Grenada	22				2	6	9	5	22
Huelva	5				1	3	0	1	5
Jaén	28				4	10	12	2	28
Malaga	17				5	4	3	5	17
Seville	25				3	13	6	3	25
Aragon	84	66	18	27	12	19	39	14	84
Huesca	20		0		2	4	11	3	20
Teruel	21		0		5	4	11	1	21
Zaragoza	43		0		5	11	17	10	43
Asturias	50	26	24	92	13	4	19	14	50

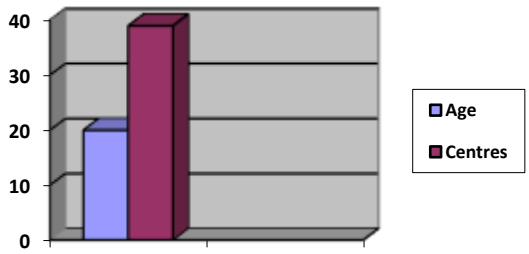
Balearic Islands	30	26	4	15	4	12	9	5	30
Canary Islands	57	33	24	73	12	19	15	11	57
Palmas Las	23				2	9	7	5	23
Santa Cruz de Tenerife	34				10	10	8	6	34
Cantabria	11	6	5	83	3	1	4	3	11
Castilla y León	206	155	51	33	53	73	50	30	206
Avila	11				1	4	3	3	11
Burgos	17				1	6	3	7	17
Leon	37				4	18	11	4	37
Palencia	11				3	3	3	2	11
Salamanca	58				35	16	4	3	58
Segovia	15				2	3	8	2	15
Soria	17				1	8	6	2	17
Valladolid	18				4	6	4	4	18
Zamora	22		0		2	9	8	3	22
C. La Mancha	286	232	54	23	169	61	21	35	286
Albacete	28		0		13	6	2	7	28
Ciudad Real	61		0		38	13	4	6	61
Basin	69		0		57	6	1	5	69
Guadalajara	47		0		34	4	5	4	47
Toledo	81		0		27	32	9	13	81
Catalonia	174	135	39	29	16	34	92	32	174
Barcelona	104		0		10	14	56	24	104
Girona	20		0		0	1	15	4	20
Lleida	27		0		5	13	9	0	27
Tarragona	23		0		1	6	12	4	23
C. Valenciana	71	62	9	15	6	15	32	18	71
Alicante	16		0		0	1	8	7	16
Castellón	16		0		4	2	7	3	16
Valencia	39		0		2	12	17	8	39
Extremadura	215	94	121	129	97	70	39	9	215
Badajoz	90		0		41	24	21	4	90
Cáceres	125		0		56	46	18	5	125
Galicia	84	37	47	127	28	22	19	15	84
Coruña, La	20		0		5	3	5	7	20
Lugo	28		0		10	11	5	2	28
Ourense	25		0		11	4	8	2	25
Pontevedra	11		0		2	4	1	4	11
Madrid	72	59	13	22	2	8	20	42	72
Murcia	14	13	1	8	2	2	5	5	14
Navarre	34	30	4	13	4	16	10	4	34
Basque Country	108	77	31	40	29	20	30	29	108
Álava	27				10	8	4	5	27

Vizcaya	37				5	5	12	15	37
Guipúzcoa	44				14	7	14	9	44
Rioja, La	9	8	1	13	0	2	1	6	9
Ceuta	1	1	0	0	0	0	1	0	1
Melilla	1	1	0	0	0	0	0	1	1

Source: Prepared by the authors based on data from the Ministry of Economy and Competitiveness and Centro Superior de Investigación Sociológicas, CSIC (2023).

From the above, and taking the national average as a reference, it can be seen that the number of centres is increasing in line with the data on population ageing, even above this, with an increase of 20% in the population aged 65 and over between 2006 and 2022 and an increase of 39% in the number of residential centres for these same years. Nevertheless, the most substantial challenge is anticipated to occur in 2050, when it is projected that the population will rise by 83%.

Figure 6. Contrast of previous data: percentage increase of persons 65+ and residential facilities between 2006 and 2022 for the national average.



Source: Own elaboration based on data from INE, 2023 and WHO, 2023.

4. Recovery, Transformation and Resilience Plan 2021-2026

In addition to the above, and as an illustration of the significant challenge facing the social protection system with regard to the care of older individuals, one of the components of the Recovery, Transformation, and Resilience Plan for the period 2021-2026 is the shock plan for the care economy and the strengthening of inclusion policies (Component 22). Its primary objective is the modernisation and reinforcement of the entire range of social services, with particular emphasis on a long-term care model aimed at promoting innovation and person-centred care, preferably delivered in the home. Thus, more specifically, it seeks to:

- Improve the System for Autonomy and Care for Dependency (SAAD).
- Transform the model of support and long-term care into a deinstitutionalised model focused on home-based care.
- Modernise public social services and provide them with a new regulatory framework.
- Promote innovation and new technologies in social services to enhance the quality of care, ensure adequate information systems, identify care needs, and strengthen the training of professionals.
- Improve support for families.
- Enhance the system of non-contributory economic benefits provided by the General State Administration to, among other aims, reduce the high number of individuals on waiting lists. That is, those who have already been recognised as “dependent” but have not yet received the

benefits to which they are entitled—in 2021, there were 234,000 people in this situation across Spain, representing 17% of all individuals entitled to benefits. Of these, approximately 60% had been recognised as having Grade I dependency, around 25% Grade II dependency, and the smallest group, less than 15%, were classified as highly dependent.

5. Conclusions

It is a fact that population ageing entails a shift in care needs and dependency that public authorities and the social protection system must address. In this regard, it is worth noting that the number of residential centres is increasing, even surpassing the percentage of individuals aged 65 or older. However, the greatest challenge will emerge over the coming decades, when the growth of this demographic group significantly exceeds current levels. This challenge is compounded by the fact that, traditionally, the care of older individuals has been undertaken by families—primarily women—but today, due to factors such as women's entry into the labour market, this informal support has diminished. Consequently, it is necessary to drive a transformation in the model of social service provision, introducing new approaches that adapt care to emerging needs, particularly by promoting the highest possible degree of autonomy within the environments where these individuals live, wherever feasible, as a means of preventing institutionalisation. Thus, new community-based care models must be designed, such as housing with robotic assistants and monitoring systems, collective housing and cooperatives.

Undoubtedly, the inclusion of this reality in the Recovery, Transformation, and Resilience Plan represents a significant step towards this goal. This is not only because it acknowledges the issue and the challenge facing the social protection system, but also because it implements measures to address this scenario of population ageing. However, a separate matter is whether its provisions will be applied in real and effective terms. It remains, therefore, to wait until the end of its reference period to assess the state of the social protection system before and after its implementation.

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