



Spain Fact Sheet on Social Care & Support Services Sector for Persons with Disabilities

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In Spain, the structure organising social care and support services for persons with disabilities is highly complex. First, from a territorial point of view, both the Central Government and the subnational governments, especially the seventeen regional governments (the so-called Autonomous Communities, ACs), have different powers on this issue¹. Second, there are several policy sectors involved in the provision of services for persons with disabilities, in particular, healthcare, education, long-term care, justice, employment, culture, public works and social services. While Social Services is an exclusive competence of the ACs, the rest of the mentioned policy areas are, in different proportions, shared competences between the two or three territorial levels. In this sense, all the national ministries as well as all regional ministries for these sectors are involved in the design and implementation of these policies.

Although the responsibility for the implementation of most of these policies and the provision of services is mainly in the hands of the regional authorities, the national ministries also provide some services directly. Among these ministries, the Ministry of Healthcare, Social Services and Equality (*Ministerio de Sanidad, Servicios Sociales e Igualdad*) offers the most important range of services for persons with disability. The Institute of Seniors and Social Services (*Instituto de Mayores y Servicios Sociales, IMSERSO*), attached to that Ministry, has powers in the management of important services: six State Reference Centres for persons with disabilities (*Centros de Referencia Estatal, CRE*); the five Recovery Centres for People with Physical Disabilities (*Centros de Recuperación de Personas con Discapacidad Física, CRMF*); and the six Centers for Attention to People with Physical Disabilities (*Centros de Atención a Personas con Discapacidad Física, CAMF*). All these centres provide a great variety of services for persons with different kinds of disabilities, trying to guarantee a territorial balance. The IMSERSO is also in charge of programs of tourism and hydrotherapy for people with disabilities, and the Telephone Intermediation Centre for people who are deaf or hard-of-hearing and/or phonation. In the mentioned Ministry, the Real Trusteeship on Disability (*Real Patronato sobre Discapacidad*) offers different services through the Spanish Subtitling and Audio-description Center (*Centro Español de Subtitulado y Audiodescripción, CESyA*).

Moreover, the great majority of private national or regional representative organisations of people with disabilities are organised in a non-for-profit organisation created in 1997, CERMI (Spanish Committee of representatives of people with disabilities).

This complex network needs coordination. There exist several institutional sectoral bodies in every policy sector. Moreover, the National Disability Council (*Consejo Nacional de la Discapacidad*) is an interministerial consultative body through which the representative organisations of persons with disabilities and their families participate in the planning, monitoring and evaluation of policies and services in the field of disability. Finally, attached to the National Disability Council, there is the Disability Assistance Office, OADIS, which provides advisory services, studies and analysis of queries and complaints presented by persons with disabilities.

¹In Spain, there are two main legal umbrellas that currently regulate the social protection system for persons with disabilities. Firstly, the 2013 General Law on the rights of persons with disabilities and their social inclusion (*Ley General de Derechos de las Personas con Discapacidad y de su Inclusión Social*) recognises that the person with disabilities is entitled to a series of rights and it is the Government who is responsible to protect these rights. There are also different services and benefits, mainly regulated under the 2006 Law on the Promotion of Personal Autonomy and Care for Dependent Persons (*Ley de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia*). A high number of additional regional laws regulate different rights, benefits or services in the seventeen regional governments (the so-called Autonomous Communities, ACs). The ACs are in charge of the implementation of most of these measures concerning persons with disabilities. There is also a central government plan, the so-called Spanish Disability Strategy 2012-2020 (*Estrategia Española sobre discapacidad 2012-2020*).

SUBSECTORS OF SOCIAL CARE & SUPPORT SERVICES AND THEIR CHARACTERISTICS

Early Childhood Intervention

In Spain, Early Childhood Intervention (ECI) is defined as the set of activities aimed at children with disabilities from zero to six years, to the child's family and his/her environment. These services aim to respond as soon as possible to the transitory or permanent needs of children with disorders in their development or at risk of suffering from them. These interventions, which consider all the dimensions of the child, are planned by a team of professionals with interdisciplinary orientation (*Real Patronato de la Atención a la Discapacidad*, 2000). There exists a national legislation on ECI but every regional government (Autonomous Communities, ACs) has developed sectoral norms regarding health-care, education and social services, which imply a unique approach in each territory that affect the implementation of ECI services, the age at which children are beneficiaries of different services, the kind and variety of these services, and even the degree to which they are subsidised.

Several ACs (for example, Basque Country, Aragon and Andalusia) have recently modified their ECI. As an example, in April 2016, Andalusia passed the Decree 85/2016, which regulates a comprehensive system of ECI in the region. As in the rest of the ACs, this network is composed of different sectoral services of health, social services and education that need coordination. But specifically in the case of Andalusia, the ECI network has four different elements:

- the existing resources within the Public Health System of Andalusia;
- the so-called Early Childhood Intervention Units (*Unidades de Atención Infantil Temprana*), which work in the field of health-care and consist of paediatricians and psychologists. (The aim of these units is to evaluate children who are referred from the paediatric services, and to explain the situation of such children to the family. Both social services and educational centres are also responsible for the detection of children at high biological, psychological or social risk: in both cases, they must contact the Early Childhood Intervention Units);
- the Early Childhood Intervention Centres (*Centros de Atención Infantil Temprana*, CAIT) are responsible for receiving the children referred from the Units already mentioned and for providing comprehensive care to the child, their family and their environment. There are 163 CAIT in Andalusia. They comprise both public and private, and both for and not-for-profit; but in any case they must be authorised, registered and publicly funded, in accordance with the provisions of current regulations regarding health centres. The CAIT have a generalist character. However, exceptionally, there are specific CAIT intervening on specific development disorders in certain situations;
- the Provincial Teams of Early Childhood Intervention (*Equipos Provinciales de Atención Infantil Temprana*, EPAT) that operate in each of the eight Andalusian provinces. They have, as their purpose, the coordination of the ECI, which is carried out by different sectoral areas in the province.

Education Support

The main providers of education support in Spain are the regional governments. There exists a national legislation about education support for disabled people, but every regional administration can develop its own laws. Therefore, there could be differences among territories. However, the basic structure of the whole Spanish system consists of two ways through which education to persons with disabilities is provided: mainstream schools, and the so-called "Special Education Centres". According to the law, these centres are those that offer education aimed at students with Special Educational Needs² that cannot be met within the framework of measures to attend to the diversity of mainstream schools. Pupils with special educational needs are those who require specific support and educational attention due to different degrees and types of personal abilities of a physical, psychological, cognitive or sensory nature, or serious behavioural disorders. The term "special educational needs" focuses on the students but also on the educational context and the support, aids and adaptations necessary to achieve its maximum possible development from an inclusive school model.

²The concept of "Special Educational Needs (SEN)" arose in the UK. In the case of Spain, it was included for the first time in an education law in 1990.

In recent academic years, around 75-80% of students with special educational needs attended mainstream schools, and 20% went to special education centres. Only a number of disabled students from the former group (about half of them) enjoy specialised support in mainstream schools. This special support consists of assistance of professionals with a general or specialised expertise on special needs and different kinds of adapted educational material resources. A great number of the mainstream schools (91%) which students with special needs attend, belong to the public education network (Díaz Velazquez, 2017).

Regarding the special education centres, around 60% of them are private, although they enjoy public funding. They are owned by associations of families of persons with disabilities who seek a greater specialisation of teaching towards that specific disability.

Employment Support

In Spain, all beneficiaries of an employment integration program for persons with all kinds of disability have to be legally recognised. The Recognition of the Degree of Disability is a certificate that certifies that the person who owns it has a physical, intellectual, mental or sensory alteration of a permanent or transitory character. The competence to recognise the degree of disability according to a national scale falls in the remit of the corresponding administrative public bodies of the ACs, so-called Centro Base in most regional governments (in two ACs, Catalonia and Extremadura, they are called "Centro de Atención a la Discapacidad"). This recognition is based on a technical-facultative opinion elaborated by the assessment and guidance teams, which comprise, at least, a doctor, a psychologist and a social worker, according to interdisciplinary criteria. Since the 2013 General Law on the rights of persons with disabilities and their social inclusion came into force, there have been two basic modalities of labour placement: in a company in the mainstream labour market, and in protected employment. The protected employment is aimed at people who, due to their disability, cannot access the mainstream labour market. It is carried out in special employment centres and through the so-called "employment settlements" (*enclaves laborales*).

Firstly, the purpose of the special employment centres is to carry out a productive activity consisting of the production of goods or services to participate in the market and to ensure a remunerated employment for persons with disabilities. They are considered a mechanism to facilitate the later placement of these persons in a company in the mainstream labour market. These special centres can adopt any legal form and they are created by public bodies as well as by private organisations. At least 70% of the centre's staff must be constituted by people with disabilities. There are 2,215 special centres in Spain and their staff reaches around 64,400 workers (Odismet, 2018).

Secondly, the "employment settlement" aims at facilitating the transition from protected employment to the mainstream one. They work through a specific kind of contract between the special centre of employment and the so-called "partner company" (*empresa colaboradora*) which work within the mainstream labour market. These contracts allow for the progressive incorporation of disabled people into the mainstream company by establishing a temporary "settlement" of at least three workers with disability in the partner company. The duration of these "employment settlements" have to be between 3 months and 3 years.

Regarding employment in the mainstream labour market, it is the one provided for workers with disabilities in companies in the private or the public sectors. It reaches 2.6% of the workers (2.3 in the private sector and 3.3 in the public one) (Novo-Corti, 2017). It is characterised by the adoption, by public authorities, of a series of measures of positive action aimed at promoting the integration of the worker with disabilities into the mainstream labour market. There are several of these measures:

- First, the promotion of employment, which is the biggest part of the budget devoted to promote ordinary employment and mainly consisting of a variety of subsidies of social security contributions for companies.
- Second, there is the obligation for companies to adapt jobs to the needs of workers with disabilities, although the company can benefit from a public subsidy in the case it hires a worker for an indefinite period of time.
- Third, both private companies and public administrations with more than 50 workers have the obligation to reserve a quota for people with disabilities. In some regions, a quota for people with intellectual disabilities is specifically reserved.

- Fourth, the “employment with support” in the workplace consists of the presence of a professional “job coach” (*preparadores laborales*) who guides and advises the worker with disability. These coaches have to be hired by the companies or the centres with the help of funding by public administration.
- Finally, there are also some labour contracts that allow for the incorporation of workers to do internships and training. These contracts have some specificities (for example, the number of hours devoted to training) in the event that workers have some type of disability.

Day Care

In Spain, there exists a long-term care policy that was embodied in the Law 39/2006 on the Promotion of Personal Autonomy and Care for Dependent Persons (also known as the Dependency Act) and launched the Long-term Care System (LTCS). Access to LTCS implies a citizen’s entitlement or right to a basic level of protection, and occurs at the request of the beneficiary or its family. The LTCS offers a range of cash benefits or services (home-help services, tele-aid, residences, day-centres or occupational centres) which are managed by the regional governments. To access this group of services and benefits, people with disabilities must have their disability status recognised and then also request the assessment of the degree of dependence. It is the regional government who, according to a scale, recognises and assesses both the degree of disability and the degree of dependence. Each “degree” gives entitlement to a series of services and benefits. There are important differences between the Autonomous Communities in the way they have developed the Long-term Care System and its services (LTCS).

The Day Centre Service for people with disabilities is intended for those persons who, due to the seriousness of their condition and the need for continued care, cannot be cared for by their family environment during the day, or those who, due to their disability, cannot integrate, temporarily or permanently, in a special or standardised work environment. In 2015, 10% of the LTCS users attended Day Centres.

In recent years, an important effort has been made by regional governments and the central government to agree on some quality criteria for all LTCS services. However, Day Centres can be more numerous in some Autonomous Communities than in others, and they can be organised in different ways and even require different types of co-payments for the services they provide. In the case of Andalusia, for example, there are different kinds of Day Centres according to users’ age (centres for people over 65 and for people under 65) and the characteristics of their disability (centres for people with intellectual disabilities, with physical/visual disability or cerebral paralysis; with disability and behavioural disorders; with different kinds of autism disorders; centres with occupational therapy; centres for people with mental illness). The ownership and management of a great number of Day Centres is private, but the regional government funds or subsidises a big share of the cost of these places. Important differences remain among regional governments regarding the subsidisation of the fees of the service and the contributions that the users of these centres must disburse. However, there are similarities in the way these co-payments are established, taking into account the nature and cost of the service and the economic capacity of the user.

Living Support

Also in the frame of the Dependency Act and the Long-term Care System (LTCS), there are two kinds of services aimed at keeping people with all types of disabilities living in their own home. Firstly, people with disability can receive the provision of home-help services (HHS: personal help at home and/or specific housekeeping services to individuals whose personal independence is restricted or who are undergoing a personal or family crisis). Secondly, the so-called tele-aid is a technological device that enables hands-free communication from home via a remote control with a contact centre that operates 24 hours a day, 365 days a year. These services allow individuals to be cared for and to live in their usual environment with a certain degree of autonomy. They are provided by the regional governments through social entities, small or big companies. Due to the strong impact of the financial crisis, these long-term care services have undergone several adjustments from 2010 to 2014. Among others, the requirements for access to benefits and services were tightened; the intensity of services and the amount of benefits were reduced; and a system of incompatibilities

between services and benefits that were previously compatible was applied. There has been also an increase of the financial contribution by users. In 2016, 20% of the LTCS users utilised home-help services. Regional Governments and City Councils are in charge of these services in Spain, which are provided through NGOs and private companies.

As a part of the Long-term Care System established in 2006, there are three more cash benefits:

- Benefit for Care in the Family Environment and support for non-professional caregivers: it is a personal benefit, of an exceptional nature, whose purpose is to contribute to the expenses derived from the care of the dependent person at his/her home;
- Benefit linked to the Service: personal benefit intended to contribute to the financing of the cost of a service of the System for Autonomy and Care for Dependence, provided by a centre or private entity duly certified by the regional government;
- Benefit for Personal Assistance, whose purpose is the promotion of the autonomy of people in a situation of dependency, to contribute to the hiring of a personal assistance that facilitates access to education or work and favours a more autonomous life. As has been mentioned above, to access this group of benefits, people with disabilities must have their disability status recognised and then also request the assessment of dependence by its regional government. The amount of these benefits depends on the degree of dependence.

Finally, although it is a less frequent option, there are also so-called supervised houses (*viviendas tuteladas*), aimed at adults with light intellectual disabilities and with a high level of autonomy and personal self-management. They are intended for accommodation, coexistence and social assistance for people with difficult family backgrounds or social integration. According to the Ministry of Social Services, in 2006 there were around 508 centres and 3,603 places. In the case of the Autonomous Community of Madrid, the number of places in 2017 was 400.

Long-Term Institutional Care and Respite Care

As we have seen above, according to the Spanish Dependent Long-term care Law, to access residential care, people with disabilities must have their disability status recognised and then also request the assessment of dependence by the regional governments. In 2016, 18% of the LTCS users received residential care, which consumes 52.4% of the economic resources of the system.

The residences provide integral attention to persons with disabilities, that includes: accommodation; maintenance; care for carrying out daily life activities; personal, family and social support; integral rehabilitation activities; and leisure promotion. They can provide permanent or temporary assistance (because some temporal help is needed after an illness or as a respite home). A distinction must be made between residences for people with disabilities under 65 and those for people over 65. Likewise, these residences have different characteristics, depending on the type and degree of disability, and whether the disabled person is dependent or not.

Most residences for people with disabilities are privately owned. Only around 25% are public, both in the case of the elderly and those under 65. However, in many cases, most of the services are financed by the regional administrations, and the users contribute based on their economic capacity. The number of residences for people with disabilities under 65 was around 900 centres and 28,000 places in 2006. Without being able to distinguish between people with disabilities or not, the number of residences for people over 65 reached almost 4,500. In all cases, it is very likely that these figures have grown thanks to the implementation of the LTCS from the 2006 Dependence Law. As was explained above, the Central Government also manages seventeen Centres for persons with disabilities.

Leisure and Social-Life Support

The Survey about Social Integration and Health (2012) showed that 83% of people with disabilities perceive important obstacles for their participation in social life through leisure and cultural activities. The most important reason to not attend cultural events is the economic one, but there are also other reasons, such as the lack of information, not having anyone to go out with, the difficulties of accessing facilities, and the distance or lack of transport, among others (Díaz Velazquez, 2017).

The provision of services linked to leisure and social life is highly fragmented. The National Ministry of Healthcare, Social Services and Equality (*Ministerio de Sanidad, Servicios Sociales e Igualdad*) offers subsidised programmes consisting of tourism and hydrotherapy for people with all kind of disabilities. This programme has been in existence since 1995. In 2017, 10 representative organisations of people with disabilities were managing these services. There is also a National Strategy of Culture for All and an Integral Plan for Physical Activity and Sport that includes measures for people with disabilities. Both of them entail the adaptation of general public services (Museums, theatres, etc.) for people with disabilities³. Along with the mentioned initiatives by the Central Government, there is a very high number of initiatives by regional governments and municipalities throughout Spain. Usually, different associations of people with disabilities or NGOs are involved in their implementation. For example, the City Council of Madrid collaborates with several NGOs in organising summer camps for adults and children.

FUTURE TRENDS

The following are the major current projections in the SCSS sector in Spain:

- Policies, benefits and public services aimed at people with disabilities in Spain in relation to employment, access to social services, education or leisure have not stopped growing since the approval of the first sectorial legislation on this issue approved in 1982. However, main social policies and long-term care suffered important cuts during the crisis. Only some political parties and lobbies are urging to recover the investment in these policies and services.
- In recent years, there have been two important milestones for people with disabilities. The Law on the Promotion of Personal Autonomy and Care for Dependent Persons (*Ley de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia*) passed in 2006; and the “Spanish Strategy on Disability 2012-2020” which was approved in 2010. Although in both cases, the crisis stopped their implementation, it is foreseeable that the economic recovery will now drive a speedier implementation of these policies.
- It is very possible that the third sector and the private sector involved in the provision of services for people with disabilities continue to develop, due not only to the economic recovery, but also to demographic trends and the pressure of public opinion in favour of these policies.
- In recent years, the care sector for the elderly has increasingly attracted profit-driven companies. However, experts believe that due to its greater complexity and lower profitability, the role of NGOs will continue to be important in the services for people with disabilities. In any case, there are important debates in the sector about the need of innovative management and the search for new financing mechanisms.
- Some demographic projections suggest that although a large increase in the group of people with disabilities is not expected in Spain (currently 9% of the population, slightly less than 4 million people), the aging of the group will occur. A growing trend towards the implementation of programmes for elderly people with disabilities has been detected.

³There is a Spanish Integral Strategy for Culture for All, whose implementation has been in charge of the Central Government through the Ministry of Culture and the Ministry of Healthcare. This plan, which consists of 10 strategic objectives, has been evaluated in 2015 (SIIS 2017). The result of the evaluation shows that 2,637 specific actions have been developed, with an approximate cost of EUR 2,256,428 and an estimated number of beneficiaries of 1,009,456 people. The greatest progress has been made in the first strategic objective (consisting in guaranteeing full accessibility in all the spaces, actions and cultural services, both temporary and permanent, managed by the Ministry of Education, Culture and Sport and its autonomous agencies) and in the ninth strategic objective (to carry out information and cultural outreach campaigns, in accessible formats, to promote attendance and participation in cultural offers by people with disabilities). The Ministry of Education, Culture and Sport has an Integral Plan for Physical Activity and Sport that includes specific measures for people with disabilities. The process of developing this plan revealed the scarcity of data on the practice of sports by people with disabilities. The Plan designed three objectives related to the support to the practice of sport: guarantee access and enjoyment of sports facilities, improve the training of sports managers, and citizen awareness.

- Some experts believe that the organisations representing the interests of people with disabilities are too institutionalised, that is, they are excessively involved in the decision-making bodies of the government and have an excessive dependence on public funding. The sector is being currently debated with regards the need of more autonomy and diversification of financial sources.

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