

THE ROLE OF NATIONAL GOVERNMENT IN THE SYSTEM FOR AUTONOMY AND CARE FOR DEPENDANT PERSONS



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The role of national government in the system for autonomy and care for dependant persons
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GLOSSARY OF ABBREVIATIONS

BADL	Basic activities of daily living
BVD	Baremo de Valoración de la situación de dependencia - scale of assessment of dependent adult status
CD	Comisión Delegada – delegate commission of the Territorial Council
CE	Constitución Española – Spanish Constitution
CTVD	Technical committee for the coordination and monitoring of the application of the scale of assessment of dependent adult status
Devolved regions	Comunidades Autónomas – the Devolved Regions of Spain
EELL	Local authorities
IMSERSO	Instituto de Mayores y Servicios Sociales – institute for the elderly and social services
MEPSYD	Spanish Ministry of Education, Social Policy and Sport
National Government	Administración General del Estado – the Spanish National Government
PAs	Public authorities
PIA	Plan Individual de Atención – individual action plan
RD	Royal Decree
SAAD	Servicio de atención domiciliaria – home care service
SAAD	Sistema para la Autonomía y Atención a la Dependencia - system for personal autonomy and care of dependent adults
SISAAD	Sistema Informático del Sistema para la Autonomía y Atención a la Dependencia – IT system for the system for personal autonomy and care of dependent adults
TC	Territorial Council for the System for Personal Autonomy and Care of Dependent Adults

CONCLUSIONS AND MAIN RECOMMENDATIONS

The enactment of the *Ley 39/2006*, concerning the promotion of personal autonomy and care of dependent adults [Dependent Adults Act 2006], involved the creation of a new entitlement capable of being reposed personally in a citizen, and erected a new pillar upholding the welfare state. The ultimate aim of the statute is to raise the quality of life of dependent adults and their caregivers, who in most cases are those persons' close female relations. Effective implementation of the Act is also expected to aid the achievement of some of the key objectives of the agenda of structural reforms toward higher economic growth and higher and better-quality employment in Spain in the medium and long term, including an increase in the rate of female participation in the job market.

To ensure that a citizen can enforce this new entitlement, the statute creates the SAAD, a 'System for Personal Autonomy and Care of Dependent Adults'. For the implementation of the system, the Act gives to the government bodies involved -- mainly the National Government and the Devolved Regions -- a number of specific functions and responsibilities, in accordance with the current distribution of powers, which ascribes to the regions the implementation and management of social services within the ambit of their respective territories. The statute creates a new entity responsible for channelling the required cooperation among those levels of government: the Consejo Territorial [Territorial Council], to which the Act gives a range of specific statutory functions.

Eighteen months after the enactment of the Dependent Adults Act 2006, as one of the evaluations to be conducted in 2008 by order of the Council of Ministers, the Government has given the Agency a brief to evaluate the National Government's intervention in the SAAD. This evaluation starts out by identifying the core elements of the National Government's intervention, and analyses them into the following three groups:

- the National Government's role as the ultimate guarantor of exercise of the new right, alongside its role as initiator and coordinator of the implementation of the system;
- its role in the development of an information system for the effective monitoring and evaluation of the implementation of the SAAD, which must include an effective mechanism for remote data transmission;
- the National Government's role in the funding of the SAAD.

Examination of these three elements has given rise to a range of conclusions and recommendations intended to enhance the National Government's effectiveness in the implementation of the SAAD, in furtherance of the ultimate aim of ensuring that all citizens can enforce this new entitlement on equal terms.

First, it was found that the National Government had contributed decisively to the setting in motion of the system by timely and properly introducing the basic regulations falling within its remit and bringing about resolutions of the Territorial Council of the System for Personal Autonomy and Care of Dependent Adults as needed to regulate such matters within the National Government's statutory scope of responsibility as require such prior consensus.

But the state of affairs is quite different as regards the matters lying within the remit of the Territorial Council. These matters include fundamental prerequisites for the implementation of the SAAD, such as a common criterion governing beneficiaries' share in the cost of services (copayment), a common basis of accreditation of care sites, and the objectives and minimum content for the establishment of the information system. But the Territorial Council has failed to issue regulations on many of these matters, or has done so only after much delay: almost two years after the passage of the Act. Scrutiny of the structure and functioning of the Territorial Council detects a number of problems and shortcomings which prevent it from being anything like the innovative governing body intended by the Act: an entity able effectively to channel the required cooperation among all levels of government involved. A number of potential improvements have been identified which the National Government, in consonance with its major role and degree of responsibility as the presiding member of the Territorial Council, could suitably promote.

Among the matters that fall to be resolved upon by the Territorial Council, special regard should be had to the creation of the framework of inter-administrative cooperation envisioned by the Act. The pace of establishment of this framework in 2007 in 2008 has fallen short of the target laid down in the statute: to establish the objectives, means and resources for the application of the services and benefits of the SAAD. The Territorial Council has done little more than stipulate the basis of distribution among the Devolved Regions of the funds allocated by the National Government to pay for the so-called 'agreed level'. These funds are additional to the amounts which the National Government has undertaken to contribute to the Devolved Regions in respect of each recognised beneficiary (the 'minimum level').

Another key aspect of the role of the National Government is to ensure that the guiding principles framed in the Act are observed in the process of implementation and extension of the SAAD. This task includes the monitoring and analysis of Devolved Regions' regulatory implementation in the exercise of their powers. The National Government has so far given priority to dialogue and to its will to see the Act put into practice; as part of this stance, it has waived the use of the legal instruments of which it might otherwise have availed itself to demand the rectification of a number of visible deviations. And, beyond the strictly legal dimension of the National Government's role of oversight, a number of important issues ought to be heeded as regards the administrative procedures for recognition of the new entitlement and for establishment of the specific services and benefits. These procedures should be followed in detail with a view to shortening waiting times as far as practicable and lightening the burden on the citizen in the exercise of his or her entitlement.

Recommendation 1

The National Government should promote the development of the structure of the Territorial Council such as to endow it with the means fully to discharge the duties ascribed to it by the Act; such development should include a review of the body's composition. The purpose of this would be to turn the Territorial Council into a genuine locus of cooperation among levels of government that facilitates the setting of common goals, multilateral supervision, peer review and the exchange of good practices.

It is suggested that this change of structure involve the creation of standing technical committees reporting to the Delegate Commission, each of which would be concerned with a particular ambit of the Act. The committees would support the Territorial Council by providing information, putting forward proposals and monitoring the application of the Act within the ambit of the Council's responsibilities. It would also be expedient to reform the structure of National Government -- specifically the IMSERSO [the institute for the elderly and social policy] -- so as to align the distribution of powers and responsibilities with the content of the new statute.

Recommendation 2

The National Government should review the content and articulation of the framework of inter-administrative cooperation with a view to the new proposals for 2009. The framework should cover a period of several years, and make provision for the main issues identified in the Act (objectives, means and resources for application of the services and benefits). The vital point here is to stipulate a common basis for the Devolved Regions' implementation of the network of services in their respective territories.

The common ground established in that framework would then be transferable to the specific situation of each Devolved Region under bilateral agreements to be arrived at each year: these would fix the annual contribution of funds that each level of government would undertake to contribute.

Recommendation 3

After the avenues of bilateral and multilateral negotiation have been exhausted, the National Government ought to make use of its power to institute legal action in cases of flagrant breach by a Devolved Region of the basic provisions and principles of the Act.

An appraisal should be undertaken of how to reinforce the role of the National Government in the monitoring and overall supervision of the dependent adult services provided. The National Government ought closely to follow the timeframes and the burdens imposed on citizens desiring to exercise this new right, and fix limits to be observed by all Devolved Regions in their respective regulatory implementations.



The Dependent Adults Act 2006 makes provision for the creation of an information system for the effective monitoring and evaluation of the implementation of the SAAD, and confers on the Territorial Council the power to resolve upon the aims and content of the system. But the Territorial Council has made no resolution at all on this matter. The main reason for this is that, almost two years after the passage of the Act, the National Government has yet to present the Council with any proposal. The creation of the information system (SISAAD) by the National Government has so far focused on the development of an IT application for procedure management. If all Devolved Regions were to use this application, data could be collected on the procedures for recognition of the new entitlement and for implementing the benefits conferred on each beneficiary (assessment and decision-making processes). But in practice almost half of the Devolved Regions are using their own management applications. This means that the National Government and the Territorial Council are deprived of the opportunity of having full and reliable data about fundamental aspects of the implementation of the system.

Examination of the functioning of the National Government's IT application, and in particular the system of data exchange with those Devolved Regions that use different applications, suggests that the initial difficulties have been removed and the system now operates satisfactorily. All the same, a number of points have been identified where improvements can still be made.

At present there is no information system in place enabling any real monitoring and evaluation of the application in practice of the Act. The information published by SISAAD is clearly inadequate both for the general public and for the needs of social research.

Recommendation 4

The National Government should take urgent steps towards a decision on the purposes and content of the information that is to come within the compass of SISAAD in accordance with article 37 of the Act.

That decision should define and stipulate an extensive system of indicators for the monitoring and evaluation of the SAAD, in pursuance of effective planning and management of the available resources and services. That system of indicators should allow for systematic evaluations, including appraisal of fairness, coverage of needs, a simulation model capturing the effects of the structure of services and benefits and the copayment mechanism on beneficiary choices, cost-efficiency analysis, etc.

More comprehensive data, broken down into finer detail, should be made public by SISAAD so as to provide citizens and social researchers with more reliable information.

Recommendation 5

The National Government should consider improving the IT management application, particularly as regards the available tools for statistical exploitation of the data. Consideration should be given to the creation of a data exchange system for the Devolved Regions that have elected not to use the SAAD IT application so as further to facilitate the process of preparing data for export across platforms; for the purposes of data input and output and access to the common database, the system should not discriminate between Devolved Regions that have adopted the application and those that have not.

It was not among the purposes of this evaluation to assess the involvement of the various public bodies in the effort to fund the SAAD from the standpoint of whether such effort is sufficient and capable of ensuring the financial sustainability of the system. Such assessment can be made only after all the parameters are known that bear upon the total cost of the system, and data are obtained about the contributions of public bodies other than the National Government: the Devolved Regions and local authorities.

This evaluation does address the amounts, and the method for setting the amounts, promised by the National Government for the two funding tranches in which it is involved: the "minimum level", a fixed amount paid by the National Government to the Devolved Regions in respect of each beneficiary and his or her recognised degree of dependency, and the "agreed level" -- additional contributions distributed among the Devolved Regions under an inter-territorial consensus and released on the basis of bilateral agreements. Since the available information is still incomplete, no firm conclusion can be drawn. However, a number of theories can be entertained as to how the funding mechanism and the amounts fixed by the National Government may be affecting the configuration of the SAAD and its costs.

The main conclusion is that there is a need for the Territorial Council to reach a prompt decision about the key issues impinging upon estimates of the aggregate cost of the system and the principles guiding distribution of funds among the public bodies involved. Besides the matters about which the Territorial Council has recently arrived at a consensus (copayment, accreditation of care sites, etc) which the Devolved Regions are now called upon to implement, it is a fundamental requirement that a common catalogue be defined for the basic services under the SAAD. A further requirement is that the objectives and core data forming the information system discussed above allow for accurate knowledge of the entire network of services of which the SAAD is currently composed. If this progress is made, and if more comprehensive and higher-quality management data can be got for the purposes of more reliable estimation of service needs, more accurate plans could be laid over the medium and long term as to the required investment for the development of the network.



Recommendation 6

In the context of the Territorial Council, the National Government should move for the creation of a wider-ranging common catalogue of services, including standards of intensity and quality, as the basis for an accurate estimate of the real cost of the SAAD.

Moreover, as part of the evaluation function provided for in the Act, an in-depth assessment should be undertaken of the effects of the amounts allocated by the National Government, and the basis of that allocation, on the grounds of the varying degrees and levels of dependency, on the population of Dependent Adults Actually recognised by the Devolved Regions and on the model of services and benefits that the regions are conferring on those beneficiaries, so that any necessary correction can be made on time.



1. Introduction

The *Ley 39/2006*, concerning the promotion of personal autonomy and care of dependent adults¹ [Dependent Adults Act 2006], was passed in furtherance of the primary goal of making care of dependent adults a new entitlement capable of being reposed personally in a citizen, founded on the principles of universality and fairness. In order that all citizens may exercise the right on an equal footing, the Act makes provision for the establishment of a system of personal autonomy and care of dependent adults: the SAAD. The introduction and effective operation of the system calls for the application of new measures the implementation of which is a duty allocated across all the public bodies with powers in this domain.

Eighteen months after the enactment of the Dependent Adults Act 2006, the Government has given the Agency a brief to evaluate the National Government's intervention in the SAAD. This commission is set out in the workplan for the Agency adopted by the Council of Ministers on 1 August 2008.

The purpose of this evaluation is to appraise the National Government's intervention in the SAAD in terms of its alignment with its ascribed role within, and its contribution to the goals of, that system, with a view to the later adoption of measures to enhance certain aspects of that intervention. This is not, therefore, an evaluation of the outcomes attained in implementing the Act. This matter will be addressed in 2010 by the entity that channels cooperation among the public bodies involved, the Territorial Council, as prescribed by the Dependent Adults Act 2006 itself.²

The Spanish model of care of dependent adults and the need for the Act

The gradual rise in the number of people older than 65 in both absolute terms and relative to other age groups, far-reaching changes in family structures, and the increasing incorporation of women to the world of paid work threw into relief the shortcomings of the Spanish model of care of dependent adults prior to the passage of the Act, and the need to reinforce the system of social protection aimed at dependent adults.

Care of dependent adults is not a new issue in the Spanish system of social protection. The *Ley de Bases de la Seguridad Social* of 1963 [Social Security Act] made provision for a range of benefits intended to cover states of hardship arising

¹ Article 2.2 of the Act defines dependent adult status as "the permanent state of a person who, by reason of age, illness or disability and in connection with a lack or loss of physical, mental, intellectual or sensory autonomy, requires the care of one or more others, or significant aid, to carry on basic activities of daily living or, in the case of persons with intellectual disability or mental illness, other forms of support for his or her personal autonomy."

² Final provision 1, paragraph 3, of the Act provides that, "Three years after the gradual application of the Act, the territorial Council of the system for personal autonomy and care for dependent adults shall conduct an evaluation of the outcomes of such application..."



from disability.³ These benefits were later given a wider scope. One milestone was the enactment in 1982 of the *Ley de Integración Social de los Minusválidos* [LISMI -- the 'law for social integration of disabled people'], which made great strides in the dependent adults field by recognising wider rights for disabled people. The *Ley 14/1986 General de Sanidad* [Health Act 1986] extended and enhanced healthcare, while the *Ley 26/1990 de Prestaciones no Contributivas* [Non-Contributory Benefits Act 1990] extended a system which had hitherto been primarily contributory. Before the enactment of the Dependent Adults Act 2006, then, the Social Security benefits and economic support relating to dependent adults chiefly comprised the following:

- a contributory 'major disability' pension;
- a non-contributory disability pension and third-party aid;
- contributory and non-contributory economic assignments per dependent offspring over 18 years of age having a disability.

The National Government has also dealt with dependent adults in the exercise of its powers relating to taxation -- tax deductions for disability -- and employment and health care regulations.⁴ Finally, the National Government has initiated and lent its support to plans and policies at the national level. In the 1990s and 2000s, a number of national plans have been implemented: the National Gerontological Plan of 1993; the Action Plan for Elderly People 2003-2007; the Alzheimer's Plan; the INSALUD Strategic Plan 1998-2001; and the Partnership Plan for the Implementation of Basic Social Service Benefits in Local Communities.

In parallel to this, from the early 1980s onwards, the Devolved Regions began to make use of their powers in the field of social services by creating specific content for their systems of care of dependent adults, running concurrently with the services and benefits provided by Social Security in the exercise of its own powers. As a result, when the Dependent Adults Act was passed in December 2006, the situation was one of coexistence of seventeen systems of care, each involving different contents, entitlements, access requirements, quality, benefits and resources. The problem was compounded by a background of the Devolved Regions designing their social service policies in isolation from one another (Sarabia Sánchez, 2007).

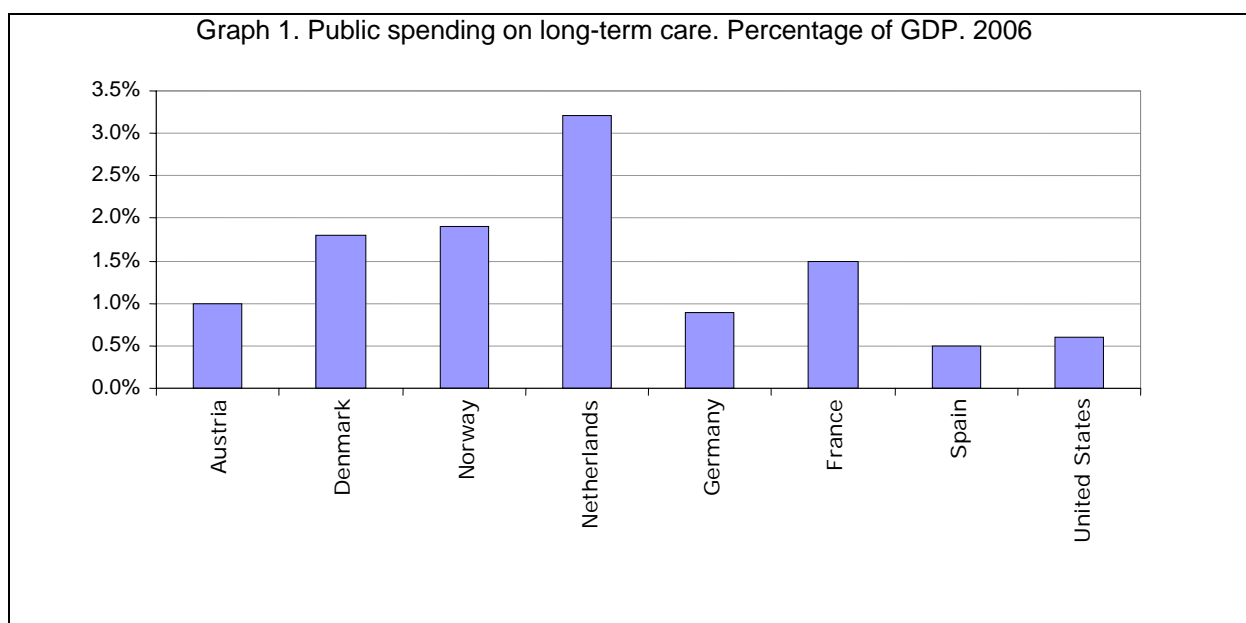
In addition to the major difficulty of fragmented systems and what this implied as regards unequal treatment of citizens' fundamental rights, the nationwide Social Security coverage suffered from significant gaps. Large sectors of the population (those under 18 and above 65) were excluded, and the amount of benefits was problematically pegged to a reference pension amount, instead of being set on the basis of objective dependent-adult status. Another key feature of the pre-2006 system of care was that it was essentially a form of healthcare. Access was

³ Social services were defined by the *Ley de Bases de la Seguridad Social* [Social Security Act] of 1963 as supplementary benefits, and their management was commended to IMSERSO [the institute for the elderly and social services].

⁴ A milestone here was the passage of the *Ley 16/2003* [National Health System Cohesion and Quality Act 2003] which introduced significant measures regarding disability and dependent adult status.

mediated by a scale weighting elements such as health, dependency and social and health care situation, but the economic resources of which potential beneficiaries could avail themselves was still of vital importance. The public funds applied were discretionary, and sometimes of uncertain amount. There was a striking failure of integration of the various social and healthcare dimensions, as pointed out by Rodríguez Rodríguez (2006) and Rodríguez Cabrero (2004).

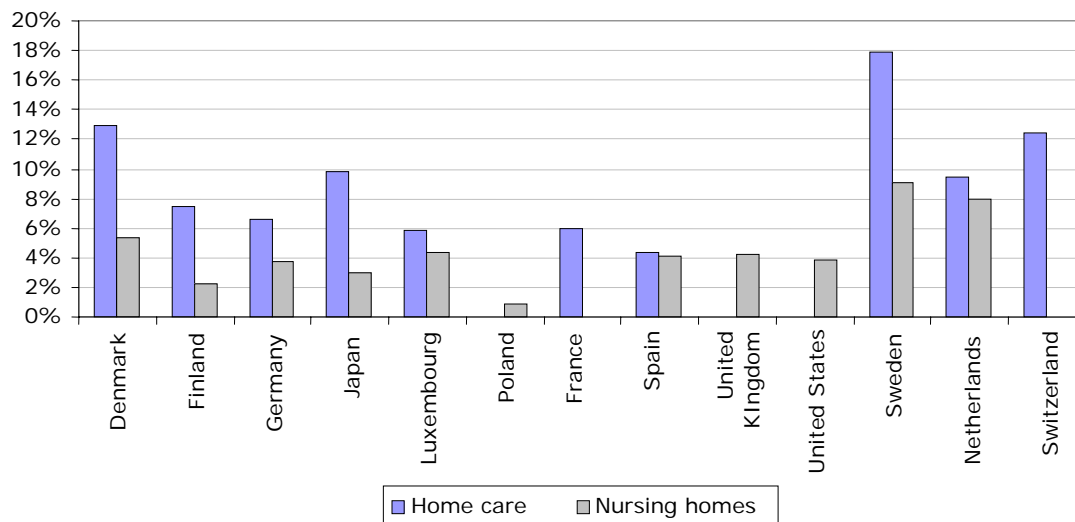
Social protection for dependent adults prior to the enactment of the Dependent Adults Act 2006 was, crucially, sustained by a level of public spending considerably below the average among Spain's peers (see graph 1).



Source: Prepared by the authors on the basis of Health Data 2008, OECD.

This insufficient expenditure meant that the supply of social services and the care network both fell far short and attained to a lower standard of protection, as shown in graph 2. Moreover, services were unequally distributed: community services and home care (Spanish 'SAD') were relatively underdeveloped. However, as reflected in graph 3, from 1999 Spain saw a gradual increase in the network of social services targeting the elderly and the disabled.

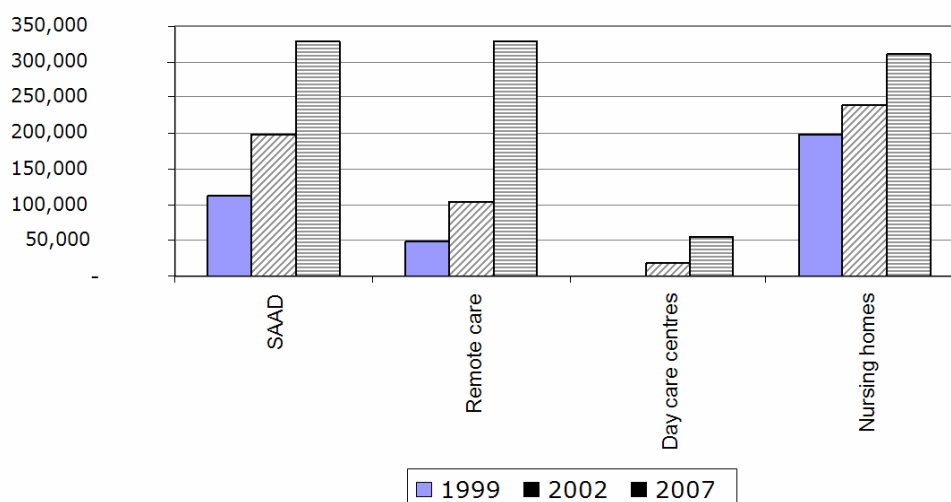
Graph 2. Percent of the population over 65 in receipt of long-term care at nursing homes and at their own homes. 2006*



* Data for the United Kingdom and the United States come from a 2004 estimate. Poland and France exhibit methodological differences as to GDP calculation. Data for Sweden and the Netherlands refer to the late 1990s.

Source: Prepared by the authors on the basis of Health Data 2008, OECD.

Graph 3. Development of the various services 1999-2006



Source: *Las personas mayores en España. Informe 2006*. IMSERSO

However, the Spanish model of care is based chiefly on informal help -- care is provided mainly by the dependent adult's own family. In this family-based model,

the burden of care rests principally on women. This phenomenon has been termed the 'feminisation' of care of dependent adults. This fact has caused and continues to cause major social costs, dragging down the welfare of households in general and women in particular. On the basis of the classification of care models in the specialist literature -- looking to the type of benefit, the criteria for access to benefits, the funding and coordination of resources and authorities -- the Spanish model is a 'Mediterranean' model, in contradistinction to other models prevailing among Spain's peers, as outlined below:⁵

- Liberal model. The characteristic feature of the liberal model is that it is healthcare-based. Access to the system of care is accordingly subject to means-testing, such that access to the public system is restricted to the poorer segment of the population. Services and economic benefits coexist, but the latter are predominant, and it falls to the beneficiary to choose the form of provision (public or private).
- Conservative or continental model. Care for dependent adults is treated as a entitlement that is reposed in the individual citizen, such that access to the system of care is not subject to means-testing. In the tradition of social insurance, this form of protection is regarded as one among the several pillars of Social Security. Government intervention is not intended to replace care-giving family members but to operate as a means of support. Beneficiaries can choose between the provision of services and purely economic benefits.
- Social-democrat or Scandinavian model. A long tradition in the recognition of citizen entitlements has meant that social and health care are recognised as universal rights. The system of care is based chiefly on the direct provision of services. Care is given to dependent adults in both their family and social settings, and community services are strongly present. One of the specific objectives of the model is to aid employment growth; economic benefits therefore play only a marginal role.
- Mediterranean model. Care of dependent adults is a burden borne by the family. Entitlement to care is not universal, but subject to means-testing mechanisms. The underdevelopment of public care services and underfunding means that economic benefits predominate over service provision. Non-profit and private organisations are strongly present.

⁵ In essence, these models are consistent with the various states of welfare identified by G Esping-Andersen. See G Esping-Andersen (1993) *Los tres mundos del bienestar* [Spanish translation of *The Three Worlds of Welfare Capitalism*]. Alfons el Magnànim. Valencia. 304 Págs. and G Esping-Andersen (2000) *Fundamentos sociales de las economías postindustriales* [*The Social Foundations of Postindustrial Economies*]. Editorial Ariel. Barcelona. As regards the appropriateness of a "Mediterranean" model, we refer the reader to the wide-ranging debate that has arisen on this issue. A more detailed analysis of the models of care for dependent adults is provided in S Sarasa (2006) and Rodríguez Cabrero (2004) and (2005).



The Dependent Adults Act 2006 as a response to the shortcomings of the Spanish model of care of dependent adults

Economic and social changes and a growing awareness among the public and in the institutional sphere of the shortcomings in the model of care of dependent adults came together to spark a debate on the need to improve and intensify government intervention in the personal, family-related and social issues surrounding dependent adults.⁶ As a result of this process, in December 2006 a wide parliamentary consensus crystallised around the enactment of the *Ley 39/2006*, concerning the promotion of personal autonomy and care of dependent adults [Dependent Adults Act 2006]. The new statute completed the Spanish welfare state with a fourth pillar (the other three being education, pensions and healthcare).

The hoped-for effects of suitable application of the Act go beyond the ambit of social policy alone. The move was part of an agenda of structural reforms toward greater economic growth and higher and better employment in the medium and long term. Specifically, the new statute was part of the National Reform Programme presented by Spain in 2005 in the framework of the new Lisbon agenda in connection with the objectives of the priority axis 'labour market and social dialogue' (axis 6). The Act was intended to 'help encourage an improved balance between personal and work life..., foster new sources of employment and aid a considerable increase in the employment rate by creating jobs for and raising the rate of activity of women.'⁷

The power giving ground for this national-level primary legislation is contained in article 149(1)(1), which gives to the National Government exclusive powers to regulate the fundamental conditions securing equality among all Spanish citizens in the exercise of their rights and the discharge of their duties under the Constitution. This signified a change of approach from that hitherto underlying the core of the National Government's efforts as to social protection of people with disabilities and the elderly -- the primary legislation and the economic regulations governing Social Security (article 149(1)(17) of the Constitution).

The Act draws upon the distribution of social services powers now prevailing in Spain among the various levels of government, and leaves it unchanged (see table 1). For the new entitlement promoting personal autonomy and care of dependent adults to be given effect, all the public authorities involved must accordingly contribute and cooperate. Reflecting an awareness of this fact, the statute articulates such participation by creating a system for autonomy and care of dependent adults (SAAD) in the form of a network for public use consisting of a coordinated mesh of public and private facilities and services.

⁶ An example here is additional recommendation 3 of the renewed text of the Pact of Toledo endorsed by the Spanish national parliament in October 2003, which marked the beginnings of the framing of the Act, formally begun with the issue of the White Paper in 2005.

⁷ Several projections have been made of the effects of an increase in social services directed at care for dependent adults in general and, in particular, the effects of implementation of the Act. See the financial schedule to the parliamentary Bill and the preliminary supporting research on the effects on employment published by IMSERSO (Herce, Labeaga *et al*). That paper includes the effects on employment of capital investment (chiefly in terms of the construction of new facilities).

Table 1. Distribution of social services powers

National Government	Comunidades Autónomas – the Devolved Regions of Spain	Local authorities
<ul style="list-style-type: none"> ○ Regulation of the basic conditions securing equality for all Spanish citizens in the exercise of their rights and the discharge of their duties under the Constitution (article 149(1) of the Constitution) ○ Labour legislation ○ Social Security legislation, economic regime of Social Security, and social services under the umbrella of Social Security ○ Taxation (tax deductions) 	<ul style="list-style-type: none"> ○ Social services powers ○ Recognition of degree of disability ○ Recognition of the support of another person for carrying out basic activities of daily living and of difficulty with using mass public transport ○ Other functions relating to the diagnosis, assessment and guidance of states of disability ○ Executive functions regarding employment and labour relations ○ Legislative and regulatory implementation and execution of primary legislation on healthcare and social security (other than the economic regime) 	<p>(Under regional social services legislation)</p> <ul style="list-style-type: none"> ○ Programming, coordination and provision at the primary level (general, community or primary social services) <ul style="list-style-type: none"> - Information - Diagnosis - Guidance - Home care - Households and day centres (only in some Devolved Regions) - Helplines

Source: Prepared by the authors.

The Act classifies dependent adults into three degrees on the basis of a person's autonomy and the intensity of care required for him or her to carry on the basic personal and instrumental activities of daily living: major dependency (degree III), severe dependency (degree II) and moderate dependency (degree I). These degrees are further subdivided into two sub-levels each. The Devolved Regions' assessment bodies are required to appraise dependent adult status on the basis of a common scale of criteria,⁸ and to have regard to the reported facts about the health and environment of the candidate dependent adult. Once a beneficiary's

⁸ The assessment scale sets the scoring intervals for each of the degrees and levels of dependency. In addition, a protocol is stipulated for the procedures and techniques underlying dependent adult status assessment.

degree and level of dependency have been determined, the relevant social services must negotiate an individual care program (Spanish PIA) that configures the forms of intervention best suited to the beneficiary's degree and level of need.

Dependency entitlements and benefits are recognised on a graduated basis, following this timetable:

Table 2. Timetable for implementation of the Act

Year	Degree	Level	Classification under the Act
2007	Degree III	Levels 2 and 1	Major dependency
2008-2009	Degree II	Level 2	Severe dependency
2009-2010	Degree II	Level 1	Severe dependency
2011-2012	Degree I	Level 2	Moderate dependency
2013-2014	Degree I	Level 1	Moderate dependency

Source: Prepared by the authors.

One of the key features of the statute is that it elects to deal with persons recognised as dependent adults with the provision of services. The SAAD must therefore have a properly developed network of social services capable of providing the services stipulated under the Act to the required standards of intensity and quality. Until the network of care services has been fully implemented, access to care will be subject, first, to the degree and level of dependency, and, secondly, to the applicant's purchasing power.

The catalogue of services is set out in article 15 of the Act, which itemises the services comprised within the minimum level of protection for dependent adults. Each of the services in the catalogue is to be provided to a core standard of quality, to be set and implemented subsequently (table 3). It is only as an exception that the statute allows that a beneficiary may receive an economic benefit, in one of three different forms (table 4). And, of these, only the economic benefit for the purpose of care in the family setting can be regarded as a pure economic benefit, in so far as the other two are tied to the payment of services or the employment of care staff.

Table 3. Catalogue of services under the Act

1. Services for the prevention of states of dependency and promotion of personal autonomy	
2. Helpline services	
3. Home care service	(i) Household chores: cleaning, washing, cooking and others
	(ii) Personal care in carrying out activities of daily living
4. Day and night care centres	(i) Day care centres for the elderly
	(ii) Day care centres for under-65s
	(iii) Specialist day care centres
	(iv) Night care centre
5. Nursing home care	(i) Nursing home for elderly dependent adults
	(ii) Care centre for dependent adults based on the various types of disability

Source: Prepared by the authors.

Table 4. Forms and amounts of economic benefits

Type of benefit	Object
Economic benefit tied to services	If access to a public or grant-maintained service is impracticable, the beneficiary is given this economic benefit for the purpose of having the service provided privately.
Economic benefit for care in the family setting	As an exception, an economic benefit may be granted for the purpose of care by non-professionals, provided that the requirements are satisfied of cohabitation and of habitability of the dwelling, and that this arrangement is compatible with the beneficiary's PIA.
Economic benefit for personal care	This benefit is intended to assist a person suffering from 'major dependency' in the employment of personal care staff for a given number of hours, in order to enable the beneficiary to access education and work and lead a more autonomous life.

Source: Prepared by the authors.

The Act contemplates three levels of protection: a 'minimum level', stipulated and funded by the National Government; an 'agreed level' by arrangement between the National Government and the Devolved Regions and funded by both on the basis of bilateral agreements; and an 'additional level' to be stipulated in the discretion of each Devolved Region.



The structure of this report follows the logic of the evaluation process. Chapter 2 addresses the objectives of the SAAD, identifies the main provisions in the Act in furtherance of those objectives, and describes the distribution of powers of implementation. Once the role of the National Government has been identified and delimited, the functions within that role, for the purposes of the analysis undertaken in chapter 4, are classified into three main areas: The National Government's role as coordinator, initiator and guarantor of the application of the Act; its role in the creation of a system of information for the SAAD (SISAAD); and its role in the funding of the system. Chapter 5 sets out the conclusions and recommendations toward improving the National Government's role in aid of the better achievement of the objectives of the SAAD.

Evaluation team

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2. The Intervention of the National Government in the System for Personal Autonomy and Care of dependent adults (SAAD)

2.1. The System for Personal Autonomy and Care of dependent adults (SAAD)

Under the the Dependent Adults Act 2006, the SAAD is "a network for public use consisting of a coordinated mesh of public and private facilities and services." The network is based on the existing social care networks of the Devolved Regions, and the regions are responsible for the planning, regulation, coordination and management of the system within their respective territories.

The objectives of the system, the ultimate goal of which is to enhance living conditions by creating a new citizen entitlement to the promotion of personal autonomy and care of dependent adults, are the following:

- to secure the basic conditions and the common content of the new entitlement so as to ensure equality for all citizens in the exercise of that right;
- to serve as a channel for the required cooperation and involvement of all levels of government so that they exercise the powers devolved upon them in relation to the subject matter of the new entitlement;
- to channel and manage the necessary resources to ensure coverage for the new entitlement, optimising the available public and private resources.

Title I of the Act makes provision for the components of the system and the measures to be taken for its effective deployment and implementation.

As seen from the description of the distribution of powers regarding social services in Spain, the putting in place of the basic conditions for the new entitlement requires agreement among all levels of government involved -- chiefly the Devolved Regions and the National Government, though an important role is also to be played by local authorities, particularly in connection with the management of certain services. The purposes of the system therefore include its function of channelling the required cooperation and involvement of different levels of government in the exercise of their powers.

To this end, the Act creates the Territorial Council of the SAAD (the TC). This is the governing body in charge of channelling inter-administrative cooperation. The Act prescribes that the TC must comprise one representative from each Devolved Region, the holder of the National Government cabinet portfolio with responsibility for social policy (presently MEPSYD), and an as yet unspecified number of representatives of the various departments of National Government. The Act



further prescribes that the representatives of the Devolved Regions must form a majority of members.

To secure the basic conditions and the common content of the new entitlement, the Act ascribes to the TC the duty to reach agreement and adopt resolutions as to the procedures for recognition of the entitlement and its attendant benefits, the terms on which such benefits are to be provided, the extent to which they are to be paid for by beneficiaries, and other central issues (see detail in table 5). The TC is also called on to reach decisions as to a number of matters to be regulated by the National Government under statutory instruments in the *Real Decreto* [Royal Decree] form. These points include the stipulation of the scale of assessment of dependent adult status, the amount of economic benefits, and the intensity of protection afforded by the services under the Act.

With regard to giving life to the basic conditions and common content of the new entitlement, the Act reserves to the National Government the power to regulate the social security regime of non-professional caregivers.

In addition, among the measures under Title II of the Act to assure the quality and effectiveness of the SAAD, the National Government is made responsible for creating a system of information (SISAAD) in order to secure "the availability of information and reciprocal communication among public authorities and compatibility and articulation across the various systems" (article 37). The Act requires that the Territorial Council set the objectives and contents of the information for these purposes.

Furthermore, the statute requires that the National Government make available to the SAAD a communications network that facilitates and protects the exchange of information among SAAD components. That communications network is to serve as a platform for exchanging information about at least two central topics: system facilities, on one hand, and the state, degree and level of dependency of beneficiaries, on the other. Any other information required for the purposes of the SAAD is expected to be communicable over that same network.

To provide sufficient resources for the functioning of the SAAD and to optimise the available public and private resources, the Act defines a specific funding model by the National Government and the Devolved Regions, tied to each of the levels of protection contemplated under the statute:

- a) To secure the minimum level of protection, which the Act postulates as the basic condition assuring the new entitlement, the National Government is empowered to set that level for each beneficiary in accordance with his or her degree and level of dependency, with the advice of the Territorial Council and funded out of the national budget (article 9 of the Act).



- b) For the level of protection agreed between the National Government and the Devolved Regions, bilateral agreements are to be reached under which each party assumes certain funding obligations (article 10 of the Act). These amounts are to be congruent with the framework of inter-administrative cooperation previously laid down by the Territorial Council, to which the statute commends the role of establishing the objectives, means and resources for the application of the services and benefits of the SAAD.
- c) The additional level of protection is to be set in the discretion of the given Devolved Region, which funds the entirety of this tranche of the benefit.

The statute provides that the Devolved Regions' annual contributions should at least match the amount appropriated by the National Government to the minimum and the agreed levels of protection combined.

As a supplement to funding by the National Government and the Devolved Regions, article 33 of the statute makes provision for beneficiaries' copayment towards the cost of benefits. The criteria for beneficiary copayment and means-testing are to be set by the TC.

The following table shows how the responsibilities for implementing SAAD measures are distributed across public authorities.

Table 5. Distribution of powers and responsibilities for implementing SAAD measures

National Government	<ol style="list-style-type: none"> 1) Implementation of regulations within its scope of authority, with prior advice to the TC (regulations on the minimum level of protection and the social security regime for non-professional caregivers). 2) Funding of the minimum level of protection and setting of the national budget appropriation to the agreed level of protection. 3) Creation of the SISAAD and the network of communications. 4) Active involvement in the TC and in the conclusion of bilateral agreements with the Devolved Regions. 5) Subject to prior resolution by the TC, regulation of matters reserved to the ambit of the national-level statutory instruments [<i>Real Decreto</i> or 'Royal Decree' regulations]. 6) Monitoring of the regulatory implementation and the putting into practice of the SAAD so as to ensure that the core principles of the new entitlement are followed.
Territorial Council	<ol style="list-style-type: none"> 1) To decide upon regulations stipulating the minimum contents of the entitlement and reserved to National Government regulation by <i>Real Decreto</i> (see above). 2) To decide upon regulations stipulating the basic conditions and common content of the entitlement as regards: the composition and operation of assessment bodies; the procedures for recognition of the dependent adult status; the accreditation of care facilities for dependent adults; common criteria for quality and safety at facilities; criteria for copayment by beneficiaries towards the cost of benefits; and other matters. 3) To set the objectives and common content of SISAAD information. 4) Regulation of the inter-administrative framework of cooperation. 5) Evaluate the outcomes of the Dependent Adults Act 2006 after the three first years of gradual introduction of its measures.
Devolved regions	<ol style="list-style-type: none"> 1) Planning, regulation, coordination and management of services for the promotion of autonomy and care of dependent adults in their respective territories. 2) Introduction of the regulations governing the procedure for recognition of dependent adult status and entitlements to system benefits; application of that procedure. 3) Regulations governing the requirements for access to economic benefits, the rules on incompatibility of benefits, the criteria for beneficiary means-testing, and the implementation of the table of infringements and penalties. 4) Creation of individual care programmes (PIAs) for beneficiaries such as to determine the forms of intervention best suited to their needs on the basis of their degree and level of dependency. 5) Involvement in the TC and in the conclusion of bilateral agreements with National Government. 6) Definition and funding of additional levels of protection.
Local authorities	<p>Management and funding of social services within their remit. Involvement in the TC in such manner as that body shall determine.</p>

Fuente: Source: Prepared by the authors.

2. The Intervention of the National Government in the System for Personal Autonomy and Care of dependent adults (SAAD)

2.2. The involvement of the National Government in the SAAD

Having identified the main measures under the Dependent Adults Act 2006 towards the objectives of SISAAD and having described the distribution of responsibilities for their implementation among the public authorities involved, this section explains the approach by which this evaluation will analyse the involvement of the National Government in the SAAD in 2007 in 2008 with a view to ascertaining its contribution to the attainment of the objectives of that system.

The measures that fall to be implemented by the National Government have been classified into three major areas (see table 6):

- The National Government's role as coordinator, initiator and guarantor of the implementation of the SAAD and the application of the Dependent Adults Act 2006. The National Government's role is assumed to be directed primarily to securing the basic conditions and common content of the new entitlement recognised under the Act. The analysis that follows takes as its starting point the regulatory and implementing powers given by the statute to the National Government. However, given the large number of key issues the responsibility for which is reposed in the TC, this analysis will focus on the functioning of the TC and the extent to which the National Government, in its capacity as a major member of that interterritorial governing body, has furthered the objective of channelling the cooperation and involvement of all the public authorities concerned. This section of the analysis also addresses the National Government's general responsibility for ensuring compliance with the underlying principles of the Act in the course of its implementation by the other levels of government.
- Discharge of the duties which the statute devolves upon the National Government as regards the creation of an information system for the SAAD (SISAAD). An examination is undertaken of the extent to which the National Government has helped establish a system that allows for the monitoring and systematic evaluation of the implementation, outcomes and effects of the SAAD.
- The involvement of the National Government in the funding of the system. This section looks at how the implementation of the funding mechanisms falling within the remit of National Government (minimum level and part of the agreed level) help assure coverage of the entitlement and contribute to the objective of optimising available resources.

The National Government body primarily responsible for implementing these measures is the IMSERSO, the institute of elderly people and social services, a division of the Ministry of Education, Social Policy and Sport (MEPSYD).

Table 6. The involvement of the National Government in the SAAD as ultimate guarantor of the new citizen right

Ambit of involvement of the National Government	National Government measures in the SAAD	SAAD objectives associated with each measure
1. National Government's role as coordinator, initiator and guarantor of the implementation of the SAAD and the application of the Dependent Adults Act 2006	1.1 Regulatory implementation of the SAAD in those matters within its scope of responsibility or which, with prior advice from the TC, are reserved to regulation under national statutory instruments (<i>Real Decreto</i> enactments)	Secure the basic conditions and the common content of the new entitlement so as to ensure equality
	1.2 Involvement in the TC and in the definition and implementation of the framework for inter-administrative cooperation with the Devolved Regions	Channelling the required cooperation and participation of all public authorities concerned
	1.3 Control and monitoring of the proper regulatory implementation of the SAAD	Secure the basic conditions and the common content of the new entitlement
2. National Government involvement in the information system for the SAAD (SISAAD)	2.1. Creation of an information system, SISAAD	Facilitating systematic monitoring and evaluation of the implementation, results and effects of the SAAD
	2.2. Creation of the SISAAD computer application securing the network of communications among public authorities concerned	
3. Involvement of the National Government in the funding of the system	3.1 National funding of the minimum level of protection	Secure the basic conditions and the common content of the new entitlement
	3.2 National funding of the agreed level of protection	

Source: Prepared by the authors.

3. Evaluative approach

This evaluation of the National Government's involvement in the SAAD has sought to ascertain the extent to which, based on the functions ascribed to the National Government specifically under the Dependent Adults Act 2006 and more generally by the current legal order, its actions during this initial phase of implementation (January 2007 to December 2008) have furthered the attainment of the objectives of the system. In particular, an assessment has been made of the SAAD computer system (SISAAD) in terms of its compatibility and interconnection with the management applications developed by the Devolved Regions.

This evaluation therefore examines the implementation and the results achieved so far.

The purpose of this evaluation is to provide reliable information as a preliminary step for the subsequent adoption of measures to improve the functioning of the SAAD.

The following tools for gathering and analysing information have been used:

- Statutory analysis: First, a review was conducted of the national and regional regulations implementing the Dependent Adults Act 2006.
- Documentary analysis: Secondly, a compilation was made of a range of documents, articles and published papers, as listed in the references section attached to this report. A range of interviews with the actors concerned allowed for a compilation of a series of internal documents on the National Government's performance and its coordinating role.
- The National Government's funding contributions to the system were analysed with reference to both the minimum and the agreed level of protection.
- An assessment was made of SISAAD, and, in particular, of its management application, developed for the IMERSO and made available to the Devolved Regions.
- Interviews were conducted with officials and managers at the IMERSO and the social policy ministry, with academic experts in the field of dependent adults, and with social actors. A total of six interviews were conducted: three with policy managers; two with academics; and one with a representative of the beneficiary group. A full list of the entities interviewed is available on request.



An external technical report was commissioned with respect to the following issues:

- Analysis of the information coordination mechanisms available to the National Government in relation to the SAAD. An assessment was undertaken of SISAAD as a means to collect standardised and relevant information for system operation, and of the IT and telematic aspects of the information transmission application for the purposes of SISAAD.
- Analysis of services actually provided by the Devolved Regions for the purposes of drawing up a proposed standard catalogue of services.
- Development of a proposed set of indicators for the purposes of monitoring and evaluating the implementation and outcomes of the SAAD.

Annex I sets out the questions underlying the evaluation.

4. Analysis and interpretation

4.1. The National Government in its role as coordinator, initiator and guarantor of the SAAD and proper application of the Dependent Adults Act 2006

In order to secure the basic conditions and the common content of the new entitlement and thus ensure equality in the exercise of that right, the National Government's means of action are constrained by the prevailing of powers. That distribution lends structure to the mechanisms of regulatory implementation of the SAAD and, in turn, to the means of supervising the proper implementation of the system. Two distinct levels are discernible:

- In matters lying within the purview of National Government, the latter issues regulations in the form of *Reales Decretos* [Royal Decrees], with a prior report being laid before the TC. Such matters include the minimum level of protection and the social security regime for non-professional caregivers.
- In matters lying within the purview of the Devolved Regions, agreement must be reached on uniform criteria of application throughout the entire SAAD so as to secure the basic conditions and common content of the new entitlement, and for this purpose the Dependent Adults Act 2006 creates a new body, the Territorial Council, to channel the required cooperation among the various levels of government towards the attainment of such agreement. Within this level, a distinction can be drawn between two domains:
 - The domain in which the statute provides that the National Government must set down the common criteria underpinning such resolutions in a Royal Decree, thus making such criteria applicable throughout Spain.
 - The domain where the statute does not make provision for any specific mechanism to lend legal force to the content of such resolutions. In the absence of any specific provision, it might be presumed that it falls to the Devolved Regions to transpose such content into their regional law. But, if this is right, the question remains unanswered as to what happens when a Devolved Region fails to transpose the contents of a resolution, either because it did not support it to begin with or because it has neglected to honour its original undertaking.

The means of action of which the National Government can avail itself to secure the basic conditions and common content of the new entitlement differ for each of the above cases.

The assessment of this initial ambit of intervention of National Government in the SAAD has focused on two points: first, its actions as regards regulatory implementation; secondly, its role in the oversight of the application of implementing regulations and of the putting into practice of the SAAD.

4.1.1 The involvement of the National Government in regulatory implementation

a) Matters within the remit of National Government

In matters lying within the purview of National Government, the latter has issued regulations within the proper timeframes and according to the correct procedure, with prior reports to the TC. In May 2007, the National Government issued regulations on the social security regime for family caregivers and on the minimum level of protection.⁹

Table 7. Matters for regulatory implementation by National Government

National government regulation, with prior reports to the TC	
Regulation of the social security regime for family caregivers (article 18.3)	RD 615/2007 regulating the social security regime for caregivers for dependent adults
Definition of the minimum level of protection (article 9.1)	RD 614/2007, concerning the minimum level of protection under the SAAD assured by National Government

Fuente: Source: Prepared by the authors on the basis of national regulations.

b) Matters within the purview of the Territorial Council

As set out in the preceding section, the Territorial Council is the body in charge of the regulatory implementation of a range of topics within the scope of authority of the Devolved Regions with regard to which uniform criteria of application must be agreed upon for the entire SAAD so as to secure the basic conditions and common content of the new entitlement.

As regards the four matters of concern to be regulated by Royal Decrees issued by the National Government, the required resolutions within the TC have been reached (see table 8). Examination of the record of proceedings of the plenary session of the TC in 2007¹⁰ reveals that the National Government's active role has decisively aided the attainment of the necessary consensus. All resolutions adopted were animated by proposals tabled originally by the National Government.

⁹ Chapter 4.3 analyses the contents of the Royal Decree on the minimum level of protection.

¹⁰ See Annex II.2.

Table 8. Matters in which the National Government issues regulations on the basis of a prior resolution of the TC

Matters in which the National Government issues regulations on the basis of a prior resolution of the TC	Regulatory implementation
1) Criteria for the determination of the intensity of protection to reach of the services in the catalogue and compatibility or otherwise a cross services (article 15 and final provision 5)	RD 727/2007 concerning the criteria for the determination of the intensity of protection of services and the amount of economic benefits (articles 4 to 11)
2) Amount of economic benefits (article 20 and final provision 5)	RD 727/2007 concerning the criteria for the determination of the intensity of protection of services and the amount of economic benefits (articles 12, 13 and 14), as amended by Royal Decree 7/2008 concerning economic benefits under the Dependent Adults Act 2006
3) Scale of assessment of dependent adult status (article 27.2)	RD 504/2007, enacting the scale of assessment of dependent adult status, as amended by Royal Decree 1198/2007
4) Requirements of access to the SAAD by returning Spanish emigrants (article 5.4)	RD 727/2007 concerning the criteria for the determination of the intensity of protection of services and the amount of economic benefits (sole additional provision)

Source: Prepared by the authors on the basis of national regulations.

By contrast, of the fifteen topics for which the TC is responsible but for which no specific mechanism of statutory formalisation has been defined, only eight have formed the subject matter of new regulations (see table 9). It is important to note that three of the issues of particularly high significance for the SAAD -- the criteria for beneficiary copayment toward the cost of services, beneficiary means-testing on the basis of income and wealth, and the common criteria for accreditation of facilities -- were stalled by a lack of agreement until as late as December 2008.

Resolutions on these points have been delayed unacceptably, particularly in the light of the fact that the criteria for copayment and facility accreditation are vital to the putting into practice of the system. Copayment impinges on the principle of equality in this highly sensitive domain; facility accreditation, for its part, is one of the mainstays of healthcare quality and bears upon the functioning of the public network of services.

4. Analysis and interpretation



Implementing regulations have been agreed upon for Additional Provision 7 concerning private insurance and forms of assurance giving access to the public network or contemplating forms of copayment by users under the *Ley 41/2007*, amending the *Ley 2/1981* [Mortgage Act 1981] and other statutes so as to introduce two changes: the reverse mortgage (additional provision 1) and private dependency insurance (additional provision 2) under contracts with insurers, mutual social provision entities or pension plans.

For matters still to be agreed upon, including major issues such as the setting of the purposes and content of SISAAD¹¹ information or the criteria and instruments governing quality at facilities and in services, no proposal or draft resolution has yet been put forth (see table 11).

¹¹ This issue will be discussed in more depth in section 4.2.

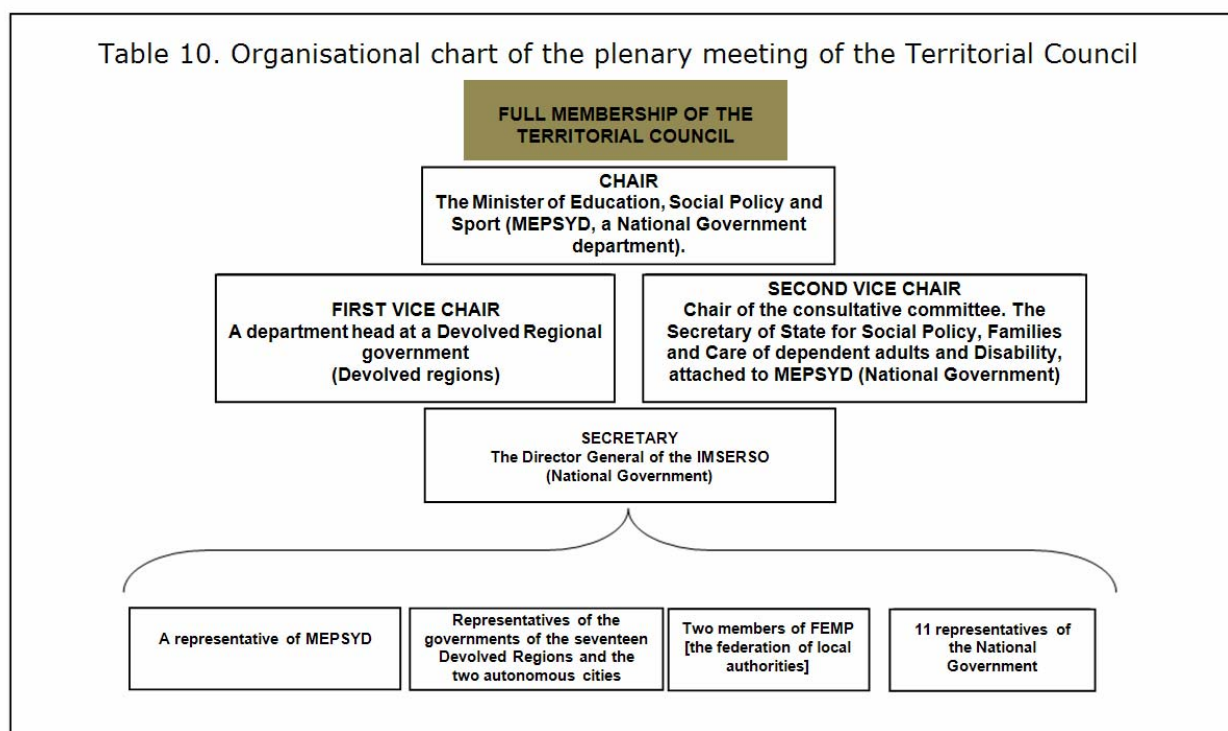
Table 9. Matters to be governed by TC resolutions and regulatory implementation

Matters the regulatory implementation of which is subject to TC decisions, for which resolutions have been successfully arrived at	Regulatory implementation
1) Establishment of coordination mechanisms for displaced persons (article 8.2)	RD 727/2007 concerning the criteria for the determination of the intensity of protection of services and the amount of economic benefits (article 3)
2) common criteria for the composition and operation of Devolved Regional assessment bodies (article 27.1)	Decision of 23 May 2007 of the IMSERSO Publishing the Resolution of the Territorial Council of the SAAD making provision for the assessment of dependent adult status
3) Basic criteria of the procedure for the recognition of dependent adult status (article 28.5)	Decision of 23 May 2007 of the IMSERSO Publishing the Resolution of the Territorial Council of the SAAD making provision for the assessment of dependent adult status
4) Requirements of access to economic benefits for care in the family setting (article 18.2)	RD 727/2007 concerning the criteria for the determination of the intensity of protection of services and the amount of economic benefits
5) Framework of inter-administrative cooperation (articles 8.2 and 10.1, and final provision 4)	decision of each August 2008 and 23 May 2007 enacting the framework of inter-administrative cooperation and the criteria for the distribution of national budget credits for the funding of the agreed level of protection
6) Beneficiary means-testing on the basis of income and wealth (article 14.7)	Decision of 2 December 2008 on beneficiary means-testing and the criteria for copayment for SAAD benefits
7) Criteria for beneficiary copayment for the cost of benefits (article 33.3)	
8) Common criteria for facility accreditation and quality plans of the SAAD (article 34.2)	Decision of 2 December 2008 on the common accreditation criteria to assure the quality of the facilities and services of the SAAD

Source: Prepared by the authors on the basis of national regulations.

To ascertain the extent to which the National Government's actions may have influenced the ability of the TC successfully to arrive at the required resolutions, and the extent to which it may have contributed to bringing about the situation described above -- with major issues still undecided -- a detailed examination has been conducted of the functioning of the TC and, more particularly, of the role of the National Government as a key player in terms of the functions commended to it and its number of representatives. Annex II provides a more detailed analysis of the structure, composition and functioning of the TC.

As required by the Dependent Adults Act 2006, the TC is composed by majority of Devolved Region representatives. As shown in table 10, the National Government has a major presence in the plenary session of the Council: eleven representatives drawn from a variety of ministerial departments, and the social policy minister. National Government representatives hold the offices of chair, secretary and second vice chair, which carry a number of highly important functions within the TC, such as the power to convene, chair and moderate meetings of the full Council.



Source: Prepared by the authors on the basis of the Territorial Council operating regulations.

The records of proceedings of the plenary session of the TC show that the National Government plays a key role in the functioning of the Council. During the reference period, over 85% of the business dealt with by the plenary session of the TC in 2007 was tabled by the National Government.¹² At TC meetings, the Devolved Regions positioned themselves in favour or against the National Government's proposals. It was only on two occasions that a Devolved Region put forward a specific proposal to be discussed and voted on by the plenary session of the TC. This demonstrates that the National Government plays a central role, and has taken on the task of acting as the main driver of the putting into practice of the SAAD.

¹² See Annex II.2.

Besides its plenary session -- where the representatives present are mainly the heads of regional departments and national directorate general or ministries -- the TC also meets when constituted as a Delegate Commission, where the representatives are the second most senior officials at regional and national departments.

Given that TC representatives in both plenary sessions and on the Delegate Commission are elected politicians, a review of the dates of meetings reveals that in the run-up to the regional elections in May 2007 and the general election in March 2008 the uncertainty as to whether members would continue in office or be replaced brought the functioning of the TC to a standstill. This may explain some of the delay in the adoption of resolutions.

The structure defined by the TC regulations stipulates that the Delegate Commission may form working parties and commission papers in order to carry out its purposes. During the first year of effect of the Dependent Adults Act 2006, the working parties of the Delegate Commission met on two occasions. The records of proceedings show, however, that these working parties were in fact single-issue meetings of the Delegate Commission itself. Its composition remained unaltered, and it did not call on experts that might have assisted it in the preparation of proposals for policy-making.

In January 2008, there was set up a technical committee for coordination and monitoring of the application of the scale of assessment of dependent adult status. This technical committee can be constituted either as a plenary body or break itself up into technical working parties concerned with specific areas of analysis of the BVD (the Spanish acronym for the scale of assessment of dependent adult status).

As pointed out above, and as shown in the following table, some major decisions have yet to be made, and this has detracted from the proper implementation of the SAAD. In an effort to turn the situation around, the Delegate Commission recently resolved to create new working parties to address most of the points still to be agreed upon by the TC.¹³

¹³ See Annex II.3.

Table 11. Matters to be regulated by TC resolutions, and working parties created for the purpose

Matters the regulatory implementation of which is subject to TC decisions	Decision-making phase
1) Criteria for facility quality and safety, quality indicators for evaluation purposes, ongoing improvement and comparative analysis, guide to good practice and service charters (article 34.3)	Working party on standards, indicators and service charters for each of the catalogue services. Created 23 June 2008 within the Delegate Commission
2) Core quality standards for each of the services in the catalogue (article 35.1)	
3) Adoption of common criteria of action and evaluation of the SAAD in accordance with article 8.2.g of the Act	Working party on the objectives and common content of SISAAD information. Documents, data and statistics. Common evaluation criteria. Created 23 June 2008 within the Delegate Commission
4) Objectives and content of SISAAD information (article 37.1)	
5) Criteria, recommendations and minimum conditions to be satisfied by plans for the prevention of states of dependency drawn up by the Devolved Regions (article 21)	Working party on criteria, recommendations and minimum conditions to be satisfied by prevention plans. Integrated care plan for children under 3. Created 23 June 2008 within the Delegate Commission
6) Integrated care plan for children under 3 in states of dependency (additional provision 13)	
7) Promotion of support actions for non-professional caregivers (article 18.4)	Working party on support for non-professional caregivers. Specific requirements for access to economic benefits. Created 23 June 2008 within the Delegate Commission

Source: Prepared by the authors on the basis of the report on the progress and proceedings of the working parties of the Delegate Commission of the Territorial Council of the SAAD published by IMSERSO.

In addition to these four working parties, a further two working groups have been created to work on topics agreed upon previously. One group is concerned with the criteria governing the allocation of national budget credits to the funding of the agreed level of protection, and the other group is concerned with the scale of assessment of dependent adult status. These two, along with the working parties on the objectives and common content of system information, on documents, data and statistics, and on common assessment criteria, have been accorded priority. This set of working parties signifies the start of a new stage in the operation of the

TC. Since they have been created only recently, this evaluation is unable to address their early results.

4.1.2 Role of the National Government in the monitoring and control of the regulatory implementation and putting into practice of the Dependent Adults Act 2006

The National Government has a range of different instruments and channels of action to ensure that the regulatory implementation of the matters within the purview of the Devolved Regions and that the general putting into practice of the SAAD¹⁴ are carried out in conformity with the agreed statutory developments and following the underlying principles of the Dependent Adults Act 2006.

There is one area in which the National Government's supervisory role over the application of the Act remains to be clearly defined. Some topics are required to be regulated by resolutions arrived at by the TC; the Dependent Adults Act 2006 does not prescribe any specific mechanism of statutory formalisation for these topics. The TC's voting system, based on a double majority mechanism requiring a vote in favour by a majority of National Government representatives on one hand and a majority of Devolved Regional representatives on the other,¹⁵ means that a resolution can be adopted on minimum criteria for issues lying within the remit of the Devolved Regions even if some regions vote against. However, the rules are unclear as to whether such resolutions are effective with respect to Devolved Regions that voted against such resolutions or abstained. The National Government therefore lacks the means to rectify situations in which a decision by a Devolved Region purportedly not subject to a given TC resolution gives rise to inequality as to given requirements for access to the entitlement to dependent adult care.

As to the rest of issues, the National Government can avail itself of two instruments to rectify any deviation from the fundamental principles of the Act or situations giving rise to inequality in citizens' access to the entitlement: informal settlement and legal action.

The IMSERSO has monitored the legislative processing and content of the implementing regulations passed by the Devolved Regions by reviewing the regional official gazettes. A number of deviations from the Dependent Adults Act 2006 were detected, including: ex officio institution of the procedure for recognition of dependent adult status;¹⁶ use of regionally specific mechanisms for

¹⁴ As shown in table 5, the Devolved Regions must regulate the following matters, among others: assessment bodies and the procedure leading to recognition of the dependent adult status and entitlement to benefits; the requirements for access to economic benefits; the rules on incompatibility of benefits; the criteria for beneficiary means-testing under the Act and the resolutions of the TC. The Devolved Regions are responsible for applying the dependent adult status assessment scale, specifying PIAs, and planning, developing, coordinating and managing services for the promotion of personal autonomy and care for dependent adults in their respective territories.

¹⁵ Article 12 of the regulations of the territorial Council of the system for personal autonomy and care for dependent adults, adopted at the constituent session of the Council, 22 January 2007.

¹⁶ The act prescribes that the procedure for recognition of dependent adult status and entitlement to system benefits is to be instituted upon application by a person who may be affected by one degree or another of dependency, or by such persons representative (article. 28.1). But three Devolved Regions and one provincial federation of municipalities have made regulations allowing that the application and procedure be instituted ex officio.

transferring scores given using scales other than the common scale (so-called "walkways") which fail to conform to the Act;¹⁷ regulations on non-public assessment bodies; and others.¹⁸ To date, the IMSERSO has sought informal settlement by writing to the competent regional departments with a description of the detected deviations and an account of the legal arguments underlying the IMSERSO's analysis of the implementing regulations in question. In one case, concerning a "negative administrative silence" rule regarding an item of primary regional legislation (a regional budget act) that fell short of the required legality, the Defensor del Pueblo [ombudsman] lodged an application for the rule to be quashed as unconstitutional.¹⁹ The IMSERSO has so far waived legal action, so as to avoid situations that might freeze or slow down the application of the Act. We have seen no evidence of any bilateral discussions having been undertaken towards a consensus on the need for the Devolved Regions concerned to alter their regulations.

One of the key points in the regulatory implementation that falls to be carried out by the Devolved Regions is the deadline for a decision in the procedure for recognition of dependent adult status and the related benefits. Differences in timeframes could give rise to inequality in access to the system. The Act prescribes that this must be a single procedure leading to two decisions: a decision on the degree and level of dependency, and a decision on the individual care programme (PIA), which determines the forms of intervention best suited to the beneficiary's needs on the basis of his or her recognised degree and level of dependency. Analysis of the various regional procedures²⁰ shows that most regions have introduced a single procedure giving rise to two decisions.²¹ On average, the maximum response time for both decisions is nine months; in some cases, the timeframe is as long as twelve months. These maximum terms of nine or twelve months for a decision ending the procedure may be inconsistent with the *Ley 30/1992* [Administrative Procedure Act 1992], which places government bodies under a duty to resolve administrative proceedings within a term not exceeding six months (article 42.2).²² The National Government has not taken steps regarding this issue, but it significantly and directly affects citizens' exercise of the new right.

¹⁷ The act prescribes that persons holding recognised entitlement to a pension for major disability or the need for care by a third party under Royal Decree 1971/1999, concerning the procedure for the recognition, declaration and classification of degrees of disability, shall automatically satisfy the requirement of being in a dependent adult status. In addition, Royal Decree 504/2007, enacting the scale of assessment of dependent adult status, creates a mechanism for translating earlier specific scores into the degrees and levels of dependency defined under the Act. Two Devolved Regions and one provincial federation of municipalities, however, have created their own score transfer mechanisms or "walkways" that contradict additional provision 1 of Royal Decree 504/2007.

¹⁸ The act directs that the Devolved Regions' assessment bodies must be public authorities (article 27.1) and that assessment of dependent adult status will be carried out directly by such authorities. This function may not be delegated or outsourced to or arranged with private entities (article 28.6). One Devolved Region, however, has entered into an arrangement with a non-public organisation.

¹⁹ Application for a declaration of unconstitutionality 2394/2008 of 27 March 2008, which has been given leave to proceed.

²⁰ See II.5 Analysis of the Devolved Regional regulations governing the procedure for recognition of dependent adult status and entitlement to system benefits.

²¹ One of the Devolved Regions has introduced two separate procedures instead of a single procedure leading to two decisions.

²² *Ley 30/1992* [Administrative Procedure Act 1992]. Article 42.2: "The maximum period for notice of an express decision shall be set by the enactment governing the respective procedure. Such period may not exceed six months, unless primary legislation prescribes a longer period or such longer period is laid down in European Community law." Those Devolved Regions which have not issued regulations as to the timeframes for a decision have a maximum period of three months from the date of filing of the application (article 42.3 b).

Apart from timeframes, another key issue is the administrative burden laid by the procedure on beneficiaries.

4.2. The SAAD information system -- SISAAD

4.2.1. SISAAD as an information system

The existence of an information system centralising the core data regarding the implementation of an enactment is essential to suitable monitoring and evaluation of any form of government intervention, and in this instance is all the more important given the structure of the regulatory and executive powers concerned. In the field of dependent adult care, information systems properly systematising data collection and processing have been slow to become available, unlike the case of comparable systems such as the healthcare network. This problem is not exclusive to Spain; it is a widely prevalent difficulty in most developed countries.²³

The Act expressly entrusts to the National Government the responsibility for creating SISAAD through the competent ministerial department. The mandatory information that SISAAD must contain includes the data relating to the catalogue of services, the protected population, the human resources involved, the infrastructure of the service network, the results achieved and the quality of the provision of services. However, beyond this SISAAD must also provide all the information needed to satisfy SAAD requirements.

The discharge of this statutory duty by the National Government is subject to endorsement by the TC of the objectives and content of SISAAD information. Two years after the enactment of the Dependent Adults Act 2006, no proposed resolution has yet been laid before the TC as to the minimum information content of SISAAD. As pointed out in the foregoing chapter, in June 2008 a working party was created within the TC Delegate Commission to draw up a plan in this respect.

Despite this, however, information about the implementation of the Act is nonetheless available for two reasons:

- The use by some of the Devolved Regional governments of the IT application developed by the IMSERSO (a topic to be addressed later in this report) as a tool for the day-to-day management of the procedure for recognition of the entitlement and assignment of the PIA. This means that the basic information about the administrative procedure and the beneficiaries is recorded, albeit to varying degrees of detail.

²³ In the field of social services, and care for dependent adults policy in particular, the delay in the availability of information systems securing comparability is starkly evident when contrasted with other domains such as healthcare and employment policy. In the framework of the OECD and the EU, and within Spain, too, there is a lack of common and integrated systems for a rigorous and detailed analysis that might allow for systematic evaluations, including appraisal of fairness, coverage of needs, a simulation model capturing the effects of the structure of services and benefits and the co-payment mechanism on beneficiary choices, cost-efficiency analysis, etc. See Eurostat (2003) *Feasibility Study – Comparable Statistics in the Area of Care of Dependent Adults in the European Union*.

- In addition, the Devolved Regions are under a duty to provide the National Government, through the common communications network created in response to the Act, a range of minimum data about beneficiaries qualifying as dependent adults, for the purpose that the National Government effect its own recognition and make payment of the amounts it is bound to contribute so as to satisfy the minimum level of protection. The Devolved Regions that do use the IMSERSO computer application mentioned above transmit such data at one and the same time as they record the relevant management data. They transmit the rest of data to the common application using a web-based service.

This requirement of data transmission to trigger release by the National Government of amounts allocated to the minimum level of protection comes under Royal Decree 614/2007.²⁴ This statutory instrument directs that funds are to be released monthly subject to transmission over the common communications network (in this case, the common IT application) of the data on the determinations arrived at as to dependant status sufficient to attract entitlement to benefits, specifying the degree and level of recognised dependency. This latter requirement entails that a PIA specifying the awarded services and their effective dates must have been defined previously. However, as regards this issue the IMSERSO has changed its approach over time, shifting gradually from an initially flexible position to a more restrictive stance.

Up until May 2008, the IMSERSO paid out the amounts for the minimum level of protection in response to the Devolved Regions' communication of their administrative decisions on dependent adult status, specifying their degree and level. Notice of the applicable PIA and effective date of the newly recognised date was not insisted on. In the absence of any information on this point, the effective date applied was the date of the original application.

During this time, a situation was reached in which not all Devolved Regions were reporting the content of their PIAs once they had been adopted. This meant that the required payment adjustments to bring benefits into line with the effective dates of service provision actually recognised in the PIAs could not be effected. Moreover, this information is essential to gain an accurate picture of the model of care actually put into place and the final use given to National Government funds. In late May 2008, therefore, four Devolved Regions had failed to communicate any PIAs at all, while another two were reporting fewer than 10%²⁵ of decisions. This led the IMSERSO to take a stricter approach to its requests for information from Devolved Regions for the purposes of payment of the minimum level of protection. From June 2008 onwards, reporting the details of the PIAs became a requirement that was actively enforced. In order to coax an adjustment of payments already made, the IMSERSO freezes payments due to any beneficiary for whom, six months after the relevant application date, the details of a PIA are still not available on the IT application. If a further six months elapse without information on the PIA being forthcoming, the IMSERSO will demand that the Devolved Regions concerned return the amounts paid out previously.

²⁴ Royal Decree 614/2007 concerning the minimum level of protection under the SAAD assured by National Government, BOE of 12 May 2007.

²⁵ Data drawn from an analysis of benefits recognised as at 2 June 2008.

This shift in approach has aided a considerable increase in the number of PIAs reported by the Devolved Regions with respect to the aggregate number of beneficiaries recognised as being entitled to benefits: From 67,000 in June 2008 -- 29% of all beneficiaries are entitled to benefits -- reported data for 236,172 beneficiaries were available by December 2008 (56%).

SISAAD now contains the following information:

- Data on the beneficiary population. Number and main features of recognised beneficiaries (personal details, residence details, cohabitation, income and wealth); date of application for and date of recognition of dependent adult status; and the degree and level of dependency. However, the availability of this information is conditioned by the process used to report data to SISAAD, using the management application or over the web-based services, as discussed later in this paper, and by the gradual development of the information system.
- Information about the network of services and facilities available in the various Devolved Regions for care of dependent adults. The information in SISAAD is incomplete and not wholly updated.
- Results obtained. Data on the target population is available by degree and level of dependency. However, as indicated above, a large proportion (43%) of PIAs assigned to beneficiaries and of the effective date of entitlements remain unknown. The information varies widely depending on the Devolved Region in charge of managing the benefits. Some of the information received appears to suggest that many dependent adults have had their entitlement recognised but have had no PIA assigned to them so far.

Information is unavailable about the human resources assigned to provide services or about such human resources' qualifications. Neither is there any information about the quality of care, this being data intrinsically tied to the information on human resources and ratios of staff assigned to care in relation to the total number of dependent adults. The SAAD does not specify in sufficient detail the intensities of the services in the catalogue or the minimum standards of quality to which services must be provided. Royal Decree 727/2007²⁶ devolves the subsequent regulatory implementation of the intensities of services to the Devolved Regions in charge of managing benefits, and confines itself to setting the time intensities of home care services as a function of the specific PIA concerned.

Also absent from SISAAD is any information about the budgetary contributions of the various levels of government to dependent adult care programmes. But this information is essential to SISAAD if it is to operate properly as an information system, for the purposes both of suitable monitoring and evaluation and of the financial implications and the sustainability of the dependent adult system.

²⁶ Royal Decree 727/2007 concerning the criteria to determine the intensity of protection afforded by the services and the amount of economic benefits under the Dependent Adults Act 2006, published in *BOE*, 9 June 2007.

The present system of national accounting in Spain, which conforms to the European system of national and regional accounts, ESA 95, discloses the expenditure of public authorities on social services, and particularly the budget items allocated to the elderly and disability-related policies. However, the various budgetary classifications do not pinpoint the items which the Devolved Regions and local authorities allocate specifically to dependent adult care. Neither do the accounts provide a disclosure of the strictly healthcare-related spending tied to dependency, since such expenditure is subsumed in the budget items for healthcare spending as a whole.

4.2.1. The communications network

Article 38 of the Act requires that the National Government make available to the SAAD a communications network that facilitates and protects the exchange of information among SAAD components. Preference in this respect is accorded to the use of public authorities' common infrastructure of communications and telematics services. This communications network bears a markedly instrumental character so as to create a wholly new nationwide information system for dependent adult care.

In discharge of this duty, the National Government issued an *Orden Ministerial* establishing SISAAD; the publicity of the files and content of SISAAD is subject to the *Ley Orgánica 15/1999* [Data Protection Act 1999].²⁷

The National Government has developed an IT application that goes beyond the creation of a common communications network to embrace the functionalities of a management application. The application now allows for managing all the processes involved in recognising entitlement and assigning the relevant services or economic benefits: admission of applications; applicant assessment; classification of degree and level of dependency; and, finally, the definition, negotiation, proposal and determination of the individual care programme (PIA) and its implementation. The National Government also uses the same application for the purposes of financial management of payments in respect of the minimum assured level of protection. The analysis conducted for the purposes of this evaluation found no evidence of involvement by the Devolved Regions in the conception and design of this IT application, despite the fact that the regions are ultimately its intended users.

The IT application rests on an advanced technological infrastructure in keeping with present technological trends. An existing IT architecture (CRM engine) has been adapted to the needs of the SAAD management system. The design and implementation of the application has required the involvement of firms specialising in the various fields of technological development.²⁸ The cost of development and implementation of the application was €27 million.

²⁷ *ORDEN TAS/1459/2007*, creating the system of information for the system for personal autonomy and care for dependent adults and the respective file of personal data.

²⁸ The application was developed by Siebel. The hardware comprises machines supplied by IBM, which also provides the operating systems. The database management system is supplied by Oracle. The telematic communications network connecting the Devolved Regions to the system is operated by Telefonica. Annex IV provides a more detailed technical analysis of the IT application.



One of the novel aspects of the application is that data may be entered via tablet PCs; this means that evaluators can enter data in real time during assessments carried out at applicants' own homes. The IMSERSO has purchased and distributed 1,730 tablet PCs among the Devolved Regions that use the application as their management tool.

The IT application comprises a module specifically designed to generate and exploit statistics, based on OLAP.²⁹ The module generates both standard forms of statistics and user-defined statistics tailored to management needs. The present structure of SISAAD carries out statistical processing using the same systems which cater to users for the management of case-file life cycles.

Data entry into the system. User types

The Devolved Regions have full powers to decide upon the technical means by which they are to manage their social services. For the procedure for recognition of the new entitlement and of the benefits assigned to each beneficiary, nine of the Devolved Regions have elected to use the IT application made available to them by the IMSERSO. Eight regions, however, have chosen to use their own management and information systems, and then upload their data to SISAAD using web-based services.³⁰ Table 12 gives an account of the Devolved Regions' choices as to data transmission.

²⁹ On-Line Analytical Processing. OLAP is a business intelligence tool intended to streamline the retrieval and generation of reports utilising large masses of stored data by making use of response speed.

³⁰ A web service is a set of protocols and standards that support data exchange between applications.

Table 12. Mode of data transmission to SISAAD

Devolved regions	Via management application	Via web-based service
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Source: Prepared by the authors on the basis of data supplied by IMSERSO. October 2008.

That there should be two types of user creates difficulties in the availability of data. There are major asymmetries in the quantity and updating interval of the data available on SISAAD, depending on the Devolved Region of origin. This detracts from and restricts possibilities for analysis of the statistics generated from such data. Moreover, further difficulties spring from the fact that many essential data are made available only after long delay, such as the details of PIAs. This only exacerbates the situation described in the foregoing section regarding the creation of an information system that satisfies the requirements of the Act.

The Devolved Regions that have elected to use the central management application enter individual data on the system for each dependent adult; this means the SISAAD is provided with highly detailed information. However, since not all data are mandatory, it lies in the discretion of each Devolved Region whether or not to enter a given datum into the system. So not all data are available for all Devolved Regions. In addition, the fact that the management application was introduced gradually and subject to a number of improvements means that the criteria for data entry changed over time, so not all data are available for all records from the outset. Annex III specifies the information susceptible of being entered into the system.

The Devolved Regions which have maintained their own information and management applications have had to adapt or develop such tools according to



need. There are at present three modules for data transmission to SISAAD via web-based services, corresponding to the three basic phrases of the process: case file processing; endorsement of entitlement; definition of the PIA. The procedure for uploading data via the web-based services varies widely. Some Devolved Regions upload data as and when they become available, others opt for mass uploads on set dates -- generally month-ends, which are the reference dates for payment of the minimum level of protection.

Technical difficulties with using the application and with data transmission

The implementation of such a highly complex application has of course involved a period of adjustment, maturation, learning, troubleshooting and implementation of improvements introduced gradually. Ten Devolved Regions and autonomous cities have said that they experienced difficulty using the application or the web-based services. Most complaints clustered around late 2007 and early 2008. The nature of the difficulties encountered varied, as a function of use of the application and the mode of data entry, and depending on the Devolved Region concerned -- some reported difficulties not encountered by others. Table 13 sets out the main complaints expressed by the Devolved Regions.

With regard to the Devolved Regions that use the web-based services, the kernel of the detected problems lies in the information management systems operated by their social services departments and the resources they have available for these tasks. The choice of the web-based service model requires the establishment of a single format for data exchange that must be adopted by the rest of the Devolved Regions' systems on the basis of their own information system architectures. So these initial adjustment difficulties spring from technological barriers to the implementation of a web-based service client;³¹ difficulties in adapting the available information to the defined format of data exchange; and/or difficulties with integrating information from several widely different source systems, given that in some Devolved Regions the management of dependency is spread across several departments.

³¹ According to IMSERSO reports, some Devolved Regions started to supply data to SISAAD using Excel spreadsheets and CDs. It should be noted that the implementation and use of information technologies has been somewhat delayed in the field of social services.

Table 13. Difficulties encountered by the Devolved Regions in the gradual implementation of the IT application

Type of user	Detail
Use the application as a management tool	<ul style="list-style-type: none"> • Tablet PC synchronisation trouble • Difficulties with generating statistics and retrieving records • Limited performance of the application owing to increased number of users • Unavailability of or errors in mass printing of documents and messages • Application slows down • User profiles difficult to manage and edit • One-off data entry difficulties
Use web-based services to upload data	<ul style="list-style-type: none"> • Upload difficulties owing to mismatch of source and target data fields • Web-based service environment is unstable • One-off data upload difficulties
Other	<ul style="list-style-type: none"> • Dependency portal goes offline

Source: Prepared by the authors, based on records of the technical office and technical support unit.

The IMSERSO has devised a variety of ways to deal with the problems encountered by the Devolved Regions and thus suitably adjust the functioning of the application. After the IT application came into operation, therefore, a technical support unit was created. First formed in June 2007, the unit was restructured in February 2008. It comprises IMSERSO officers and employees of the firms involved in developing the IT application. Its role is to provide support for implementation of the system, conduct analysis and develop improvements to make the application work more effectively, and respond to suggestions for improvement put forward by the various Devolved Regional governments using the application.

In the first half of 2008, the functional and technical support provided by the unit to the Devolved Regions consisted of responding to and solving reported incidents – 124 reported up to late June 2008, of which 84% were resolved -- responding to queries about how the application operates (220 queries recorded) and analysing



suggestions for improvement, of which five had been received up to that same date.³² An online troubleshooting system will be made available shortly. Improvements have been gradually added to the application so as to address the problems detected and enhance operation as needed for the tool to achieve its intended purposes.

Another key point for the implementation of such a highly complex application is to provide suitable training for the various types of system users. The system is equipped with a specific training environment which recreates all data management elements and enables a user to become acquainted with how the application works. In addition, a total of 27 detailed manuals have been released on how to use the application and its implemented improvements. Special training courses are run for the people in charge of training end users. Devolved regions have the option of requesting bilateral meetings. Three such bilateral meetings have been held up to August 2008.

4.3. The National Government's financial involvement in the SAAD

The National Government's financial involvement in the SAAD is intended to secure the basic conditions and the common content of the new entitlement throughout Spain and to optimise the available public resources. It accordingly falls to the National Government to contribute funds which, in combination with the rest of allocated resources, ensure that the global funding of the SAAD is adequate.

The extent to which national funding helps achieve that objective and underpins the sustainability of the SAAD is constrained by two factors: The total cost of the system -- which in turn depends on a set of variables to be discussed later in this paper -- and the total funding provided by users in the form of copayment and by the rest of public authorities towards defraying that cost.

4.3.1 The funding of the minimum and the agreed levels of protection in 2007 in 2008

As seen above, the National Government provides funds to the SAAD in two respects: first, it wholly funds the minimum level of protection; secondly, it contributes to funding the level of protection agreed with each individual Devolved Region.

Of these two modes of contribution, the funding of the minimum level of protection is the most important, both by reason of its definition -- it is the minimum level of protection for all beneficiaries nationwide -- and by reason of its amount. Out of aggregate funding executed (or budgeted for 2009) by National Government, contributions to the minimum level of protection followed an increasing trend, rising from 20.64% in 2007 to 43.36% in 2008 and 66.02% in 2009. This trend chiefly reflects the increasing entry into the SAAD of eligible beneficiaries.

³² User call control results report and monitoring of the SAAD information system. 27 June 2008

Table 14 shows the budgetary contributions made by National Government to application of the Dependent Adults Act 2006 in the period 2007-2009, and distinguishes between items allocated to the minimum and the agreed levels of protection. The figures show that the National Government budget appropriations are larger than the forecasts set out in the financial schedule to the Act: 18% greater in 2008 and 28% greater in 2009.

Table 14. National government budgetary appropriations to the Dependent Adults Act 2006 (€ thousands)

Source	Chapter	Type of expenditure	2007	2008	2009
National Budget	Chapter 4* (Current expenditures)	Minimum level	82,563	502,353	764,979
		Agreed level	170,000	205,076	283,197
		Social security	0	9,864	33,505
		Other expenses	34,101	100,927	68,005
		Total chapter 4:	286,665	818,222	1,149,688
	Chapter 7* (Investment expenditure)	Agreed level	50,000	35,942	0
		Other expenses	63,335	16,833	9,000
		Total chapter 7:	113,335	52,776	9,000
	TOTAL EXPENDITURE	TOTAL EXPENDITURE	400,000	870,99	1,158,688
	Financial schedule to the Act			400,000	678,000

* Chapter 4 of the economic classification of the national budget concerns current transfers (allocated to the acquisition of goods and services or direct transfers to beneficiaries), while chapter 7 relates to capital transfers (allocated to investment in the service infrastructure).

Source: Prepared by the authors on the basis of information supplied by the IMSERSO and the financial schedule to the parliamentary Bill.

The National Government regulated the minimum level of protection in Royal Decree 614/2007, applying a per capita scheme, i.e., a monthly amount is stipulated per beneficiary in accordance with his or her degree and level of dependency. The amounts budgeted in 2007 and 2008 are set out in table 15.

Table 15. Monthly amounts of the minimum level of protection per beneficiary

		2007	2008
Degree III	Level 2	250 €	258.75 €
	Level 1	170 €	175.95 €
Degree II	Level 2	-	100 €
	Level 1	-	-

Source: Prepared by the authors on the basis of Royal Decrees 614/2007 and 6/2008.

These amounts are fixed and free of any tie to the type of service or economic benefit granted to the beneficiary under his or her PIA, the cost of which may vary widely. They are therefore not adjusted by any criterion linked to the price of services in the different Devolved Regions.

For the purposes of the agreed level of protection, the amounts appropriated by the National Government in 2007 in 2008 were distributed by virtue of the two frameworks of inter-administrative cooperation endorsed by the TC.³³

The frameworks of inter-administrative cooperation distribute national budget credits across two funds, a general fund and an additional fund. The general fund is distributed on the basis of a range of weighting criteria, the most important of which is the population potentially eligible for protection (94%). The framework of cooperation to 2008 was in some respects different from the 2007 framework. First, the concept of "population potentially eligible for protection" was modified. Whereas in 2007 this population was defined as the estimated population of degree III-dependent adults in accordance with the criteria set out in the White Paper, in 2008 the concept was defined as the total population of each Devolved Region weighted by the average ages of applicants for dependency assessment.³⁴ In addition, a second tranche was added to the general fund referenced to the population classified as degree III- or II-dependent adults as at June 2008; this tranche represents 7.5% of the total funding of the agreed level of protection.

The additional fund is intended to make up for differences in income among the dependent populations in each Devolved Region based on the disposable income per capita of households and the average pension at retirement, both variables being re-weighted on the basis of the population of degree III-dependent adults.

Table 16 shows the changes in 2008 with respect to 2007 as to the weighting criteria for distribution among the Devolved Regions of the agreed level of protection budgeted by the National Government.

³³ Published in BOE on 2 June 2007 and 16 August 2008, respectively.

³⁴ The framework of cooperation justifies this change on the ground of the data on completed assessments, on the view that such data correlate not only to a Devolved Region's population size but also to its ageing index.

Table 16: Weighting criteria over total funds for the agreed level of protection

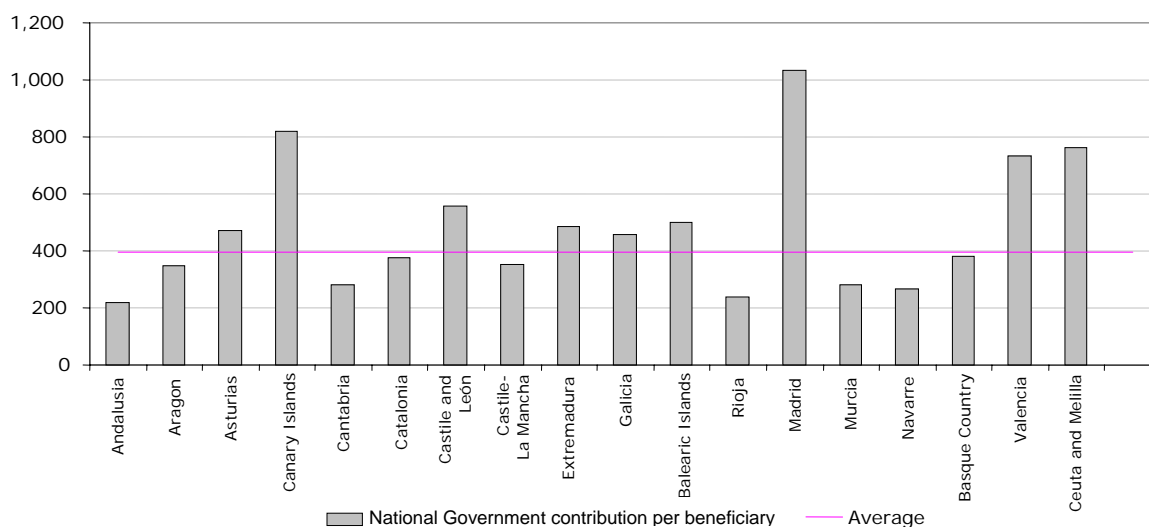
		2007	2008
General fund	Population potentially eligible for protection	85.45%	79.90%
	Dispersion	1.09%	1.11%
	Insularity	0.55%	0.55%
	Returning emigrants	0.18%	0.18%
	Surface area	3.64%	3.70%
New tranche introduced in 2008	Dependent population assessed as at 30 June		7.05%
Additional fund	Dependent population income	9.09%	7.50%

* The weightings appearing in this table have been recalculated for the aggregate of funds allocated to the agreed level of protection based on the provisions of the frameworks of co-operation for each fund and tranche.

Source: Prepared by the authors on the basis of the frameworks of inter-administrative cooperation.

The distribution of funds for the agreed level of protection recreates the criterion used for the minimum level -- based on the number of dependent adults -- with only very narrow adjustments and without reference of any kind to the standard of development of the network of services or to service prices. Moreover, the fact that the calculation is based on the number of potential dependent adults rather than the population of persons actually recognised as entitled -- except to the extent of the minor adjustment made in 2008 -- has meant that the funding received by each dependent adult actually recognised as entitled varies widely from region to region: the Devolved Regions registering fewer beneficiaries have been treated more favourably (see graph 4). The amounts distributed in respect of the agreed level of protection in 2007 and the contributions of the Devolved Regions under the bilateral agreements are set out in table 17.

Graph 4. Agreed level 2008. National Government contributions per beneficiary (€)



Source: Prepared by the authors on the basis of the framework of inter-administrative cooperation for 2008 and SAAD statistics. The dependent population figure relates to December 2008.

Table 17. The framework of the minimum level of protection (2007)

	DR contribution	NG contribution		DR contribution	NG contribution
Andalusia	87,189,674	28,008,714	Extremadura	5,130,032	5,130,032
Aragon	6,475,706	6,475,706	Galicia	14,667,976	14,491,038
Asturias	5,541,847	5,541,847	Balearic Islands	3,404,297	3,404,297
Canary Islands	18,987,538	5,957,423	La Rioja	1,262,199	1,262,199
Cantabria	2,615,278	2,615,278	Madrid	31,653,059	18,084,792
Catalonia	96,876,909	25,031,293	Murcia	4,528,352	4,528,352
Castile-La Mancha	39,785,064	8,998,398	Valencia	30,024,981	16,441,962
Castile and León	31,321,658	13,754,678			

Source: Prepared by the authors on the basis of the bilateral agreements for 2007.

The framework of cooperation for 2008 made new provisions on the mechanism by which the Devolved Regions were to receive the funds promised by the National Government in respect of the agreed level of protection. 75% would fall due in the month following the endorsement of the framework of inter-administrative cooperation and the remaining 25% would be paid upon the signing of the relevant individual agreement. This practice of advancing the greater part of funds before the signing of the individual agreements was also adopted in the first year

of effect of the Act for budgetary reasons relating to the need to disburse the budget credits before the year-end.

So the first two frameworks of inter-administrative cooperation were circumscribed to the issue of distribution among the Devolved Regions of national budget funds for the agreed level of protection, and did not address themselves to any other of the key issues under the Act. Coupled with the advance disbursement of the funds, this has meant that the scope of the bilateral agreements between the National Government and the Devolved Regions has become narrower than what the Act foresees: that the agreements should lay down the objectives, means and resources for the application of the services and benefits in the common catalogue of services.

4.3.2 The issue of the financial sufficiency and sustainability of the SAAD

Any attempt to assess the sufficiency of the funding contributed by the various levels of government to defray the cost of the SAAD requires as a preliminary that the cost be ascertained and that the available sources of funding be characterised in suitable depth.

As to the sources of funding, it would be necessary to know the budgetary appropriations allocated by the various public authorities to dependent adults,³⁵ on one hand, and, on the other, the portion of the cost which the copayment criteria and the rules set by each Devolved Region require beneficiaries to contribute. But the only reliable information available to date is the data on National Government contributions. Given the absence of data on the amounts allocated by the Devolved Regions and local authorities to funding the SAAD, and given that the implementation of the common rules for copayment (adopted in December 2008) remains unfinished, such an analysis necessarily lies outside the scope of this evaluation.

To calculate the cost of the system, the starting-point is the definition of a basic catalogue of SAAD services. A subsequent resolution should then be adopted on the intensity of services that goes into greater depth than the present minimum consensus reflected by Royal Decree 727/2007, which only quantifies the intensity of home care. Once having agreed upon the basic catalogue, with detailed provisions on intensities, all the parties involved should cooperate and share information in order accurately to estimate a standard cost for each each line of service.³⁶ The cooperation of the Devolved Regions is essential here, given their role managing the network of dependent services within their respective territories.

³⁵ The present system of accounts reflects government expenditure on social services, the elderly and disability. However, the various budgetary classifications do not pinpoint the items allocated specifically to dependent adult care. Neither do the accounts provide a disclosure of the strictly healthcare-related spending tied to dependent adults, since such expenditure is subsumed in the budget items for healthcare spending as a whole.

³⁶ The data on the cost of the various services exhibit divergences at the regional level as regards both differences in the prices of inputs and variability in the classification, types, intensity and quality of services. The latest released data were published by the *Observatorio de Personas Mayores* [observatory of elderly people] (2007). "Servicios sociales para personas mayores en España. Enero 2007", and only the prices for public services are specified, not the prices for grant-maintained services.

After defining the catalogue and estimating the cost of services, the next step would be to establish a system of ongoing monitoring and evaluation, one of the main purposes of which would be to supervise changes in costs as the system developed and regularly to monitor the sustainability of the prevailing scheme of funding. Regard must be had, therefore, to the elements directly impinging on system costs: the dependent population; life expectancy in the absence of disability; the coverage rate; protective intensity; and the model of care ³⁷ The following section analyses some of the available data on the model of benefits towards which the SAAD appears to be moving and on the dependent population, and places these elements in relation to the funding mechanisms established by National Government, as described above.

The dependent population

Different methods of calculation arrive at different estimates of the dependent population in Spain. Table 18 compares the population of "major" dependent adults estimated by the White Paper -- which formed the basis for the financial schedule to the Act and the frameworks of inter-administrative cooperation -- to estimates made by various authors (all based on the same source, the Eddes survey on disability, deficiency and state of health of 1999) and the population as actually detected to date.

Table 18. Number of degree III-dependent persons. Estimated and recognised dependent adults

Source	Major dependents
White Paper. 2008*	211,877
2007 framework of inter-administrative cooperation	205,915
2008 framework of inter-administrative cooperation	249,672
Assessment decisions as at 1 December 2008	350,963
Rodríguez Cabrero (2005). Dependent adults in 2005.	365,946-329,873
David Casado (2007). Dependent adults in 1999.	387,892

* The data for 2008 have been estimated on the basis of the data provided in the White Paper by linear distribution of the population increase observed in the period 2005-2010 over the years of the reference period. For other estimates of disability and dependent adults in Spain, see Palacios Ramos, E *et al* (2008).

Source: Prepared by the authors.

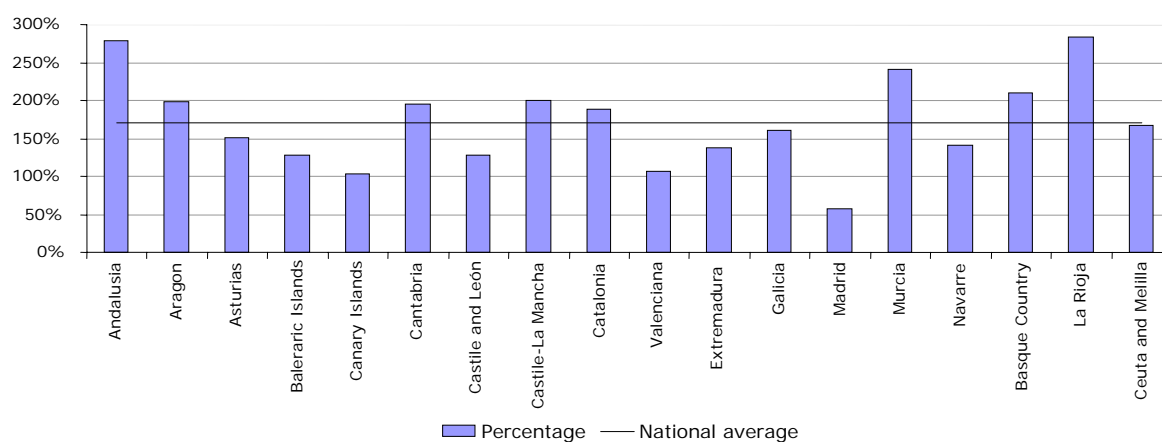
The differences reflect the different methods used to construct estimates using the data available from the Eddes survey. The estimate of the dependent population

³⁷ Rodríguez Cabrero, Rodríguez and J. Montserrat (2002).

used in the White Paper considered only those persons who had difficulty in carrying out basic activities of daily living (BADL). Using the nine selected categories of disability, a synthetic index is constructed by scoring each activity on the basis of severity of disability. This makes for three degrees of dependency. Other writers, however, include within the concept of dependent adults those persons who are disabled from carrying out so-called instrumental activities of daily living (IADL). Rodríguez Cabrero *et al* (2005) uses a wider catalogue of activities and applies an exhaustive index of severity founded on a double weighting.³⁸ Casado Marín (2007), for his part, uses a grade of membership (GoM) model.³⁹

The Devolved Regions' implementation of the Dependent Adults Act 2006 has thrown into relief the fact that the recognised population of degree III-dependent adults varies sharply from the estimates contained in the White Paper. Such variation fluctuates from 58 to 280% (see graph 5). Further specification of degree III-dependent adults into the various defined levels displays a predominance of level 2-dependent adults (55.7%). The proportion of major dependent adults to the total of recognised dependent adult status varies widely from region to region. The national average is 63%⁴⁰ (see graph 6).

Graph 5. Percentage of recognised degree III-dependent population versus the population estimated in the White Paper



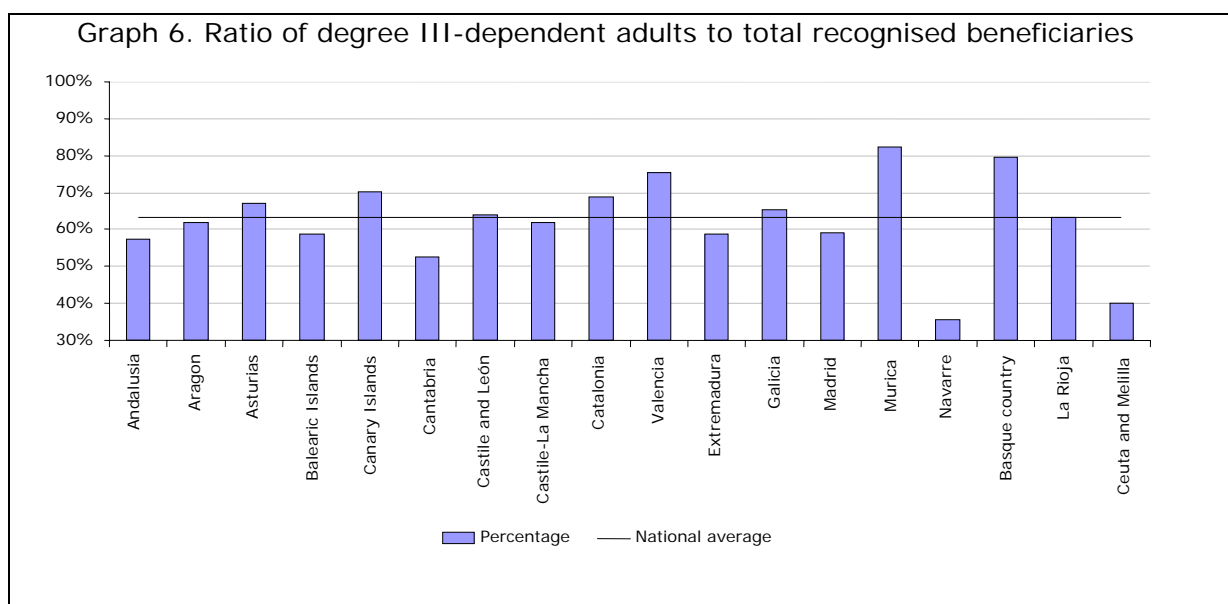
* The data sources used does not specify the number of decisions. However, it is assumed here that the opinions issued by the competent assessment body translate into decisions to recognise entitlement.

Source: Prepared by the authors on the basis of SAAD statistics. December 2008.

³⁸ A score is assigned to each activity, and they are also scored based on prevalence, such that the most important are the least frequent and vice versa. The population projection over time rests on two assumptions.

³⁹ The GoM model uses a series of category variables that supply information about the degree of autonomy of the population (11 basic and instrumental activities of daily living). These categories are then used to construct a series of "pure types" representing degrees of membership, and each individual in the sample is then assessed for his or her similarity to these identified types.

⁴⁰ The prevalence of degree III out of the degree II and III-dependent population as a whole is estimated to be about 42%. At present it is actually 73%. When all the degree II-dependent adults have been included in the SAAD, a more accurate picture will be available of the extent of the deviation towards recognition of major dependent adults.



Source: Prepared by the authors on the basis of SAAD statistics. December 2008.

The reasons for the the disparity between the number of major dependent adults estimated in 2007 -- 205,915 -- and beneficiaries in November 2008 -- 332,091 -- making for an average deviation of 61.3%, are likely to be several. Subject to forthcoming in-depth studies and analysis, the main theories are:

- An underestimate of dependent adults in the White Paper. As indicated above, the White Paper estimate was based on a survey, whereas the assessed population was examined with reference to a scoring scale. The scale finally adopted gives considerable weight to two sets of activities, household chores and mobility outside the home, which were not considered by the White Paper. What is more, disabilities are weighted differently in the White Paper and under the criteria of the assessment scale. Further, during the parliamentary passage of the Act, the definition was extended to include dependent adults by reason of mental illness, who had not been considered in the White Paper. The application of the specific assessment scale for the mental illness cases -- a wide-ranging assessment that is more open to assessment bodies' interpretation and discretion⁴¹ -- may also have contributed to the deviation in the number of recognised dependent adults.
- Another factor may have been that the various assessment bodies of the Devolved Regions, in the absence of stringent rules as to their composition and functioning or owing to the creation of "walkways" contrary to the Act, have applied the assessment scale differently.

⁴¹ The scale assigns a score to a whole series of activities and tasks that vary by age and the mental state of the dependent adult. Each of these tasks is then weighted by the degree of support required to carry it out. This leads to an additive scale ranging from 0 to 100 points which forms the basis for determining the degree and level of dependency.

Some of these issues are now being examined by CTVD, the technical committee for coordination and monitoring of the application of the dependent adult status assessment scale mentioned above.

Other explanatory factors that can be viewed as combining with the problems outlined above surrounding the application of the assessment scale stem from the dynamics of the gradual application of the Act. On one hand, the assessment and opinions on applications expected to attract recognition of a degree and level of dependency whose entry into the system is scheduled for after 2009 (degrees I and II, level 1) have been postponed; on the other, some assessment officers may have been disposed to inflate reported dependent adult status so as to enable beneficiaries to enter the system immediately who might otherwise have had to wait for two years or more before becoming entitled to benefits.

Finally, the mechanism for funding the minimum level of protection may also be driving a bias towards recognising the highest possible degree and level of dependency. The use of a per capita funding scheme⁴² (minimum-level resources are distributed on the basis of the number of dependent adults recognised by Devolved Regions) and the fact that the amount contributed by the National Government varies as a function of the degree and level of dependency (see table 15) may be influencing the structure of recognition by encouraging the Devolved Regions to recognise more severe dependent adult status than they would otherwise so as to attract more funds from National Government.

The model of care and the provision of services

The reason for creating the SAAD is to have in place a network of services that help dependent adults to function as autonomously as possible in their usual environments.⁴³ The SAAD is also intended to supersede the present model, based on informal family care, the burden of which is laid on women in particular.

In addition, when viewed in contrast to a model of economic benefits for care in the family setting, the service provision model that the Act seeks to implement can be seen significantly to affect employment rates -- especially among women -- and to foster economic activity, thus lowering the net cost of the system.

At present, the PIAs are known for only slightly more than half of recognised beneficiaries (c 56%). Based on the available data, economic benefits for family care predominate (46%) over service provision. The main services provided are nursing home care (25%) and care at beneficiaries' own homes (14%). The so far modest contribution of home care services reflects Spain's severe underdevelopment in this respect in comparison to other European countries.⁴⁴ It is nonetheless to be expected that the Act will significantly boost the development

⁴² Per capita funding is a scheme that consists in assigning an annual amount in respect of each person found to be within the set of the protected population. The amount is normally adjusted as a function of the sociodemographic characteristics of the target population.

⁴⁴ That an elderly person in general, and a dependent elderly person in particular, should preferably remain in his or her family and social setting as opposed to being admitted to a nursing home is one of the fundamental tenets of care policy internationally.

of home care services. However, beneficiaries' individual preferences should be respected in the establishment of PIAs on the basis of the forms of intervention best suited to their needs.

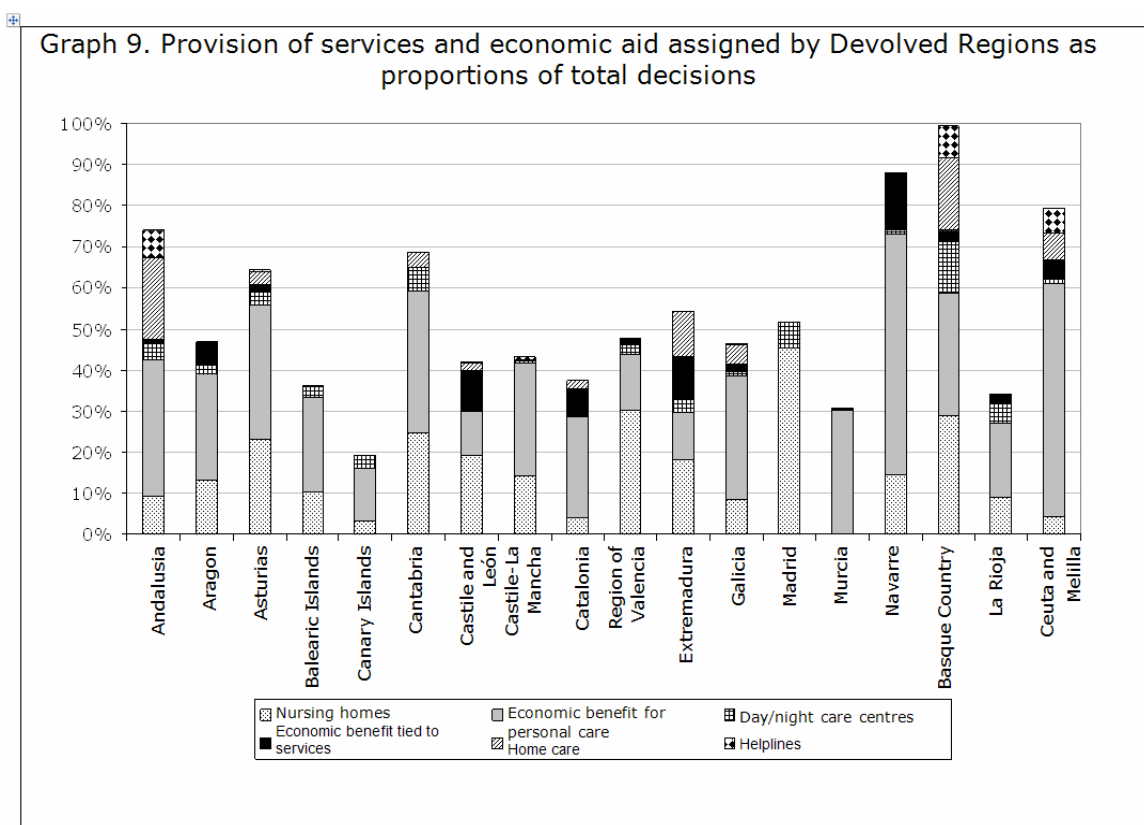
Table 19. Percentage of service/benefit types

Type of service/benefit	%
Dependency prevention	0.10%
Helplines	4.16%
Home care	13.66%
Day/night care centres	5.20%
Nursing home care	24.98%
Economic benefit tied to services	5.59%
Economic benefit for family care	46.31%

Source: Prepared by the authors on the basis of SAAD statistics. December 2008.

The data set out in table 19 suggest that the benefits aimed at preventing dependency are virtually non-existent, even though this type of service would help attain one of the strategic objectives of the Act. One explanation for this may be the fact that in 2007 and 2008 the SAAD has taken in "major" dependents (representing 62% of recognised beneficiaries) and severe degree II-dependent adults. Given their severe dependent adult status, these groups would not require prevention services in the same proportion as the general population or persons who are only moderately dependent (degree I). However, the low number of prevention benefits actually awarded may also be partly explained by the scarce attention and activity undertaken by public authorities in relation to prevention services, for which the types of benefits and their intensity have not been defined with any precision. This may spring from the perception that prevention policy lies within the purview of the healthcare system. This points to the need for social services and healthcare services and policy to become more closely integrated (article 3, paragraphs d and l of the Act) in care for dependent adults. The issue lies beyond the scope of this evaluation, but would be a vital consideration in any future comprehensive evaluation of the Act.

The data broken down at the Devolved Regional level reflect the wide divergences among regions.

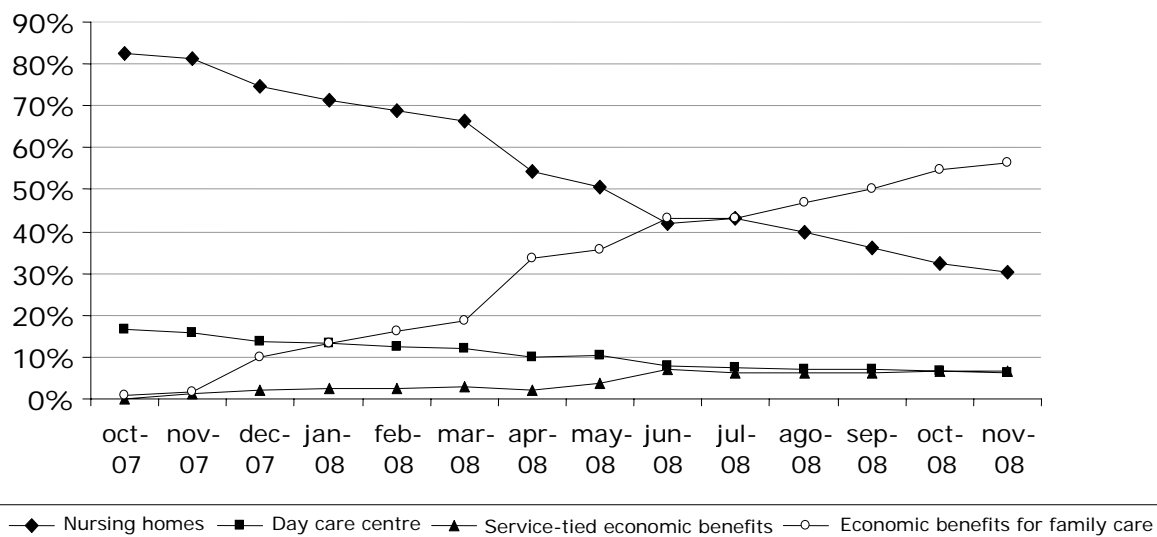


Source: Prepared by the authors on the basis of SAAD statistics. December 2008.

Graph 10 shows changes over time in the services and benefits recognised under PIAs. There is a markedly decreasing trend in provision of services (clustering initially in home care) and an increasing trend in economic benefits for family care. The initially high proportion of home care may reflect the entry into the SAAD of people who were already receiving care (the percentage of major dependents covered by the Devolved Regions' system of social services was estimated in 1999 at 54.1%).⁴⁵

⁴⁵ Rodríguez Cabrero, G. and J. Montserrat (2002).

Graph 10. Development of certain services and benefits*



* The total percentage is calculated solely on the basis of services and benefits reflected in the table.

Source: Prepared by the authors on the basis of IMSERSO statistics. December 2008.

As shown in graph 2 of the Introduction, in Spain the proportion of the population aged 65 and above covered by home care or nursing home services is lower than in other EU countries.⁴⁶ However, the number of places in the service network available and allocated to dependent adults is unknown, so it cannot be determined whether such number is adequate for recognised dependent adults.⁴⁷

The lack of detailed information about the availability of places and services in the regional networks making up the SAAD means that it is impossible to ascertain whether this shift in the services and benefits offered to beneficiaries reflects the inadequacy of the network of services. One factor that is observable, however, is that the Devolved Regions exhibiting higher percentages of economic benefits for family care are those having the fewest residential places with respect to the recognised dependent population. The correlation coefficient is 0.63.

One factor which may be influencing this trend is the mechanism for funding the minimum level of protection and, in particular, the amounts reserved by National Government for economic benefits. These amounts may be encouraging the Devolved Regions to favour economic benefits -- which are financially more

⁴⁶ Whereas the percentage is clearly lower for home care services, the number of places at nursing homes is close to the average.

⁴⁷ This indicator includes places which may be covered by people who, though qualifying as disabled, remain outside the dependent population. The EDAD survey for 2008 reveals that 92.7% of institutionalised persons suffered some form of disability. The survey includes both public and private care places. Only public and grant-maintained places can form part of the SAAD. In Spain, they account for 42% of all places, i.e., 131,000 public places versus 351,000 recognised major dependent adults.



favourable to the regions -- to the detriment of the provision of services, which are more expensive.

In any event, this is a point meriting special attention in the detailed monitoring and evaluation of the outcomes of application of the Act. If this bias in favour of economic benefits for family care to the detriment of service provision persists, one of the basic principles of the Act will have been relinquished. Moreover, the expected macroeconomic effects in terms of increased female employment and increased investment and jobs as a result of the development of the network of services will be far weaker than hoped.

5. Conclusions and recommendations

For the new entitlement to personal autonomy and care for dependent adults to be given effect, it is necessary that the SAAD be properly deployed. To this end, the Act devolves upon the National Government a range of specific functions and responsibilities in addition to its general coordinating role. Examination of the National Government's involvement in the SAAD during the first two years of its operation suggests a range of conclusions and recommendations towards improving the effectiveness of that involvement:

One. The National Government has contributed decisively to the start-up of the system by issuing regulations within the prescribed time frames and in the prescribed manner on those matters assigned to it under the Act, and by ensuring the creation and functioning of the territorial Council, the interterritorial governing body required for the implementation of the SAAD.

However, given the distribution of powers in this field, the instruments of which the National Government may avail itself to assure the fulfilment of the overarching aim of the Act -- to secure the basic conditions and common content of the new entitlement such that the right may be exercised by all citizens on an equal footing -- are somewhat limited.

The reaching of a consensus on a number of issues essential to the attainment of the objective of securing the basic conditions and common content of the new entitlement is a role that falls to the Territorial Council. The National Government's role in this respect is to set in motion initiatives and proposals and endeavour to generate synergies in the functioning of the TC so as to facilitate the adoption of the necessary resolutions.

The fact that the adoption of certain resolutions on core matters such as copayment has taken two years, or that almost half of the matters within the remit of the TC are as yet undecided, leads to the conclusion that the TC is still nothing like the innovative governing body intended by the Act: an entity able effectively to channel the required cooperation among all levels of government involved. Scrutiny of the functioning of the TC over the first two years discloses a number of shortcomings and difficulties which at least partly reflect faults in the National Government's role in this body.

Recommendation 1:

- The National Government should promote the development of the structure of the Territorial Council such as to endow it with the means fully to discharge the duties ascribed to it by the Act; such development should include a review of the body's composition. The purpose of this would be to turn the Territorial Council into a genuine locus of

cooperation among levels of government that facilitates the setting of common goals, multilateral supervision, peer review and the exchange of good practices.

It is suggested that this change of structure involve the creation of standing technical committees reporting to the Delegate Commission, each of which would be concerned with a particular ambit of the Act. The committees would support the Territorial Council by providing information, putting forward proposals and monitoring the application of the Act within the ambit of the Council's responsibilities. Their role would accordingly be wider than that of the present working parties, and these standing technical committees would be permanent. For example, the standing committees could address issues such as: funding; the system of information, monitoring and evaluation; regulatory implementation and control; planning and development of the network of facilities and services. The committees could operate a system of rotating the office of chair among the representatives of the Devolved Regions. One of their roles would be to implement cooperation mechanisms (benchmarking, exchange of good practices, etc).

- It would also be expedient to reform the structure of National Government -- specifically the IMSERSO [the body concerned with older citizens] -- so as to align the distribution of powers and responsibilities with the content of the new statute, which embraces both aspects of the policy of care for the elderly and issues relating to care for people with disabilities. This reform, what is more, should equip the body centralising the application of the policies under the Act with specialist units able to lend assistance to the TC and any specialised bodies that may be created in future.

Two. As regards the monitoring of the regulatory implementation of the Act and the putting into practice of the SAAD, the National Government has confined itself to following up regional regulatory implementation and informing Devolved Regions of the deviations found. In some cases, uncertainty as to the applicability and legal enforceability of the resolutions of the TC -- especially with regard to those Devolved Regions voting against or abstaining -- casts doubt on the ability of the National Government to rectify any breaches of the guiding principles of the Act.

There are certain key issues which ought to be followed more closely so that if any major difficulties or breaches are detected, corrective steps can be taken as required. One example is the procedure for recognition of entitlement and benefits, and the administrative burden laid on beneficiaries: the data show that in many Devolved Regions the time frames for the completion of proceedings are far longer than six months.

Recommendation 2:

- To secure the basic conditions and the common content of the Act, the National Government should strengthen the role of peer-control in the TC. This task could find support in the creation of a committee monitoring the implementation of the Act within the TC to detect deviations and significant differences in the process of care for dependent adults. The administrative procedures and burdens imposed on citizens in the framework of the Act should be made the subject matter of specific monitoring. An appraisal should be undertaken of how to reinforce the role of the National Government in the monitoring and overall supervision of the dependency services provided under the Act, in like manner to its role regarding other basic services that have been devolved to the regions.
- At all events, after the avenues of bilateral and multilateral negotiation have been exhausted, the National Government ought to make use of its power to institute legal action in cases of flagrant breach by a Devolved Region of the basic provisions and principles of the Act.

Three. The National Government plays a significant role in creating the framework of inter-administrative cooperation defined in the TC and in implementing bilateral agreements with individual Devolved Regions. The adoption of the frameworks of inter-administrative cooperation for the years 2007 and 2008 had the virtue of setting the system in motion, but they lacked content and force as an instrument for cooperation as envisioned in the Act. In addition, the funds for the agreed level of protection, like the minimum level funding, are distributed on the basis of a per capita scheme pegged to the population of potentially eligible beneficiaries rather than the actual population of beneficiaries; hence those Devolved Regions that have implemented the Act promptly and recognised the highest number of dependent adults have received amounts assessed in respect of lower numbers of beneficiaries.

Recommendation 3:

- The National Government should review the content and articulation of the framework of inter-governmental cooperation with a view to the new proposals for 2009. The framework should cover a period of several years, and make provision for the main issues identified in the Act (objectives, means and resources for application of the services and benefits). It could stipulate a common basis for the Devolved Regions' implementation of the network of services in their respective territories. Annual bilateral agreements for the implementation of that framework would specify the National Government's contribution towards putting the plans into practice and make provision for monitoring, including the necessary exchange of basic data. A specific technical committee linked to the TC's Delegate Commission would be in charge of drawing up an

integrated plan for implementation of the SAAD, based on regional plans. Implementation would be monitored on a collegial basis.

The basis of distribution of funds for the agreed level of protection stipulated in that framework for cooperation should be widened so as to embrace further criteria: in particular, a criterion as to the degree of development of the network of services.

Four. There is no information system in place enabling any real monitoring and evaluation of the application in practice of the Act. The National Government's creation of SISAAD, focusing on the development of an IT application for management of the procedures, has not succeeded in obtaining the necessary information. The absence of a TC resolution on the objectives and information content of the system -- this being a requirement under the Act -- remains a fundamental difficulty. Any such resolution should make provision for the information required to frame a system of indicators that would lend support to the follow-up and evaluation of the fulfilment of the aims of the SAAD. Annex VII suggests proposed indicators which the TC could use as a point of reference for its work.

This hypothetical resolution on information content should also fixed the minimum data that the Devolved Regions are required to transmit to the National Government over SISAAD in order to generate the National Government's obligation to pay out the minimum level of protection. In any event, this is an issue which the National Government should regulate on more explicitly and clearly than it has so far in the relevant Royal Decree.

The information published by the SISAAD is clearly inadequate both for the general public and for the needs of social research. It offers only very basic tables and little in the way of sociodemographic characteristics, dependent adult status, and socio-economic situation.

Recommendation 4:

- The National Government should take urgent steps towards a decision on the purposes and content of the information that is to come within the compass of the SISAAD in accordance with article 37 of the Act.

That decision should define and stipulate an extensive system of indicators for the monitoring of the SAAD, in pursuance of effective planning and management of the available resources and services. That system of indicators should allow for systematic evaluations, including appraisal of fairness, coverage of needs, a simulation model capturing the effects of the structure of services and benefits and the co-payment mechanism on beneficiary choices, cost-efficiency analysis, the extent to which the SAAD offering and PIAs cater to beneficiaries' legitimate preferences, etc.

- More comprehensive data on the population of beneficiaries of the public system of dependent adult care, broken down into finer detail, should be made public by the SISAAD so as to provide citizens and social researchers with more reliable information. Similarly, public bodies should promote the conduct and publication of research on the effects in all domains of policies and programmes relating to dependent adult care.

Five. The National Government has made a very considerable effort to design and set in motion an IT application to enable the Devolved Regions electing to use it to carry out the day-to-day management of the administrative procedure.

Examination of the functioning of the application, and in particular the system of data exchange with those Devolved Regions that use different applications, suggests that the initial difficulties have been removed and the system now operates satisfactorily. However, the effort to train users and to build capacity for information management at some of the regional public authorities is an issue to which continued attention ought to be paid. This matter could be addressed in the setting of inter-administrative cooperation. Bilateral agreements could provide specific content in the form of technical assistance activities and resource sharing.

With a view to future developments, some of the technical aspects of data exchange among the regional authorities and SISAAD should be looked at in greater depth. The concern here should be further to facilitate the processing of the data to be transmitted and to narrow the gap between the Devolved Regions that have elected to use the central application and those that have chosen otherwise, in terms of quantity and quality of available data and of access by all public authorities to the common database.

Recommendation 5:

- The National Government should assess the expedience and necessity of introducing improvements to the application, such as: running statistical calculations in a processing environment that remains independent from the online management service environment; improving the interface and user-friendliness of the application; and implementing a data exchange mechanism that not only integrates the information systems of the Devolved Regions that have chosen not to use the common application but also comprehensively centralises all data input and output to and from SISAAD, thus removing the present differences between affiliated and unaffiliated Devolved Regions.⁴⁸

⁴⁸ An ETL system could be created: such systems are specifically designed to accommodate a wide variety of data input and output technologies. They implement data retrieval and entry across different systems and are configured using a range of transformation rules which process input data (with a specified input format) and convert it into output data (with a specified output format).

Six. With regard to the financial aspects, a number of the constraints on the cost of the SAAD and its sustainability remained undefined. A catalogue of services has been stipulated, but the components of these services have not been specified to a sufficient degree of detail, nor have the intensity of services, the extent of user copayment or the various quality thresholds.

These considerations are essential to the proper implementation of the SAAD and to laying the foundations for accurate knowledge of system costs, and, on that ground, the funding contribution of the various levels of government. Annex VI provides, as a guideline for the work to be done on this matter within the TC, a sample basic catalogue constructed by analysis of the existing catalogues in each Devolved Region.

Again, the lack of reliable information means that at this early stage of application of the Act data are not available for a rigorous measurement of the growth of the network of services in parallel to entry into the system of new, as yet unattended beneficiaries, or for an assessment of the adequacy of the infrastructure.

Funding by means of a minimum level of protection fixed per beneficiary as a function of his or her degree level of dependency, no adjustment being made to that amount with reference to the benefit the person actually receives (whether in the form of services or economic benefits) or to the cost of such services in the given Devolved Region, may be having an influence on the way in which some Devolved Regions are assessing the degree and level of dependency and upon the type of benefits offered to beneficiaries under their PIAs.

The observed bias in favour of economic benefits for family care as against provision of services under the PIAs which the Devolved Regions are (belatedly) reporting to the National Government may, if the trend is confirmed, bring major consequences for the intended effects of the Act on society, employment and generation of economic activity.

Recommendation 6:

- In the context of the Territorial Council, the National Government should move for the creation of a common catalogue of services that goes into greater detail than the present bare list, including standards of intensity and quality, as the basis for an accurate estimate of the real cost of the SAAD. Such overall estimate of the cost of the system could be itemised annually so as tentatively to establish a model of benefits. This would serve the purposes of subsequent measurements of deviations and of setting the distribution of funding obligations among the National Government, the Devolved Regions, local authorities and users.



The development of this common catalogue of services should be regarded as an ongoing effort linked to the mechanism of monitoring and evaluation mentioned in recommendation 4 and to the process of the framing and follow-up of the plans for development of a network of regional services to be undertaken under the future framework of inter-administrative cooperation (recommendation 2).

- As part of the evaluation effort envisioned in the Act, a detailed examination should be conducted of the effects that the method of funding may be having on the model of services, so that corrective measures can be taken on time.

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Anexos



Anexo I. Matriz de criterios y preguntas de evaluación

PARTICIPACIÓN DE LA AGE EN EL SAAD			
Preguntas de evaluación generales <i>[a desarrollar mediante los subepígrafos a), b) y c)].</i>			Criterios
<p>¿En qué medida la AGE contribuye al cumplimiento de los objetivos del SAAD</p> <ul style="list-style-type: none"> - establecer las condiciones básicas y el contenido común para garantizar la igualdad en el ejercicio del derecho; - servir de cauce para la colaboración y participación de las AAPP en el ejercicio de sus respectivas competencias; - permitir la evaluación y seguimiento del sistema; - proporcionar financiación suficiente para funcionamiento del sistema y optimizar los recursos públicos y privados disponibles? 			Eficacia
a) PAPEL DE LA AGE: ¿La participación de la AGE en el SAAD está resultando eficaz en la coordinación, impulso y garantía del desarrollo del SAAD y la aplicación de la Ley?			
Preguntas de evaluación	Criterios	Indicadores	Fuentes de verificación
¿Las medidas de la AGE respecto al desarrollo normativo del SAAD son adecuadas para lograr el garantizar las condiciones básicas y el contenido común del nuevo derecho?	Pertinencia	<ul style="list-style-type: none"> • Medidas de la AGE respecto al desarrollo normativo del SAAD en relación a las materias de que se trate • Reparto competencial entre las distintas AAPP 	Normativa estatal de desarrollo Actas de la Comisión Delegada y el Consejo Territorial Entrevistas
¿La AGE está cumpliendo con el desarrollo normativo de aquellas materias que la Ley identifica como cuestiones a regular por la Administración Central?	Implementación	<ul style="list-style-type: none"> • Áreas legisladas a nivel estatal previa información al Consejo Territorial • Áreas legisladas a nivel estatal, previo acuerdo del Consejo Territorial • Nº de normas estatales aprobadas en el plazo previsto 	Normativa estatal de desarrollo Actas de la Comisión Delegada y el Consejo Territorial Entrevistas
¿La AGE está contribuyendo a que el CT adopte los acuerdos necesarios para el desarrollo normativo del SAAD?	Implementación	<ul style="list-style-type: none"> • Funcionamiento y reuniones del CT, en pleno, en la Comisión Delegada, la CTVD y los grupos de trabajo • Nº de acuerdos alcanzados y número de cuestiones pendientes de acuerdo del CT • Participación de la AGE en las reuniones del pleno del CT • Nº de temas tratados en el pleno del CT a propuesta de 	Reglamento del Consejo Territorial Reglamento del Comité Consultivo Actas del Consejo Territorial Actas del Comité Consultivo



		<p>la AGE sobre el total</p> <ul style="list-style-type: none"> • nº de proyectos de acuerdo en el seno del CT • Nº de grupos de trabajo creados • Nº de comités técnicos específicos • Materias recogidas en el Marco de cooperación interadministrativa. y en los convenios bilaterales 2007 respecto a los elementos que exige la Ley incluir 	<p>Memorias anuales de ambos órganos. Normativa estatal y autonómica regulada Convenios bilaterales de la AGE con las CCAA. Marco de Cooperación Interadministrativa Entrevistas</p>
<p>¿Está desarrollando la AGE un seguimiento y control efectivo del correcto desarrollo normativo y de la correcta aplicación del SAAD?</p>	<p>Implementación</p>	<ul style="list-style-type: none"> • Mecanismos de la AGE de seguimiento de la legislación de desarrollo autonómica • Desviaciones detectadas en la transposición de la normativa por parte de las CCAA y su funcionamiento • Mecanismos utilizados por la AGE en relación a los mecanismos de los que dispone la AGE para garantizar las condiciones básicas y el contenido común en el desarrollo normativo y la implementación del SAAD • Nº de cartas enviadas por la AGE a las CCAA 	<p>Entrevistas Documentación interna del IMSERSO Normativa estatal y autonómica</p>
<p>b) SISTEMA DE INFORMACIÓN DEL SAAD (SISAAD): ¿Sirve el sistema de información del SAAD al seguimiento y la evaluación del SAAD?</p>			
<p>¿Contiene el SISAAD diseñado por la AGE la información necesaria para la evaluación y el seguimiento del SAAD (entre otras el catálogo de servicios, datos esenciales sobre la población protegida, recursos humanos, infraestructuras, resultados obtenidos y calidad en la prestación del servicio)?</p>	<p>Implementación</p>	<ul style="list-style-type: none"> • Datos contenidos y disponibles en el SISAAD sobre la población protegida, la red de servicios, los recursos humanos, el Catálogo de servicios, resultados obtenidos, calidad en la prestación del servicio, financiación de las CCAA y EELL, etc. • Tratabilidad y explotación estadística de los datos • Mecanismos de obtención de datos relevantes para el SISAAD 	<p>Análisis del sistema de información.</p>
<p>¿Qué sistemas de transmisión de datos ha articulado la AGE a través de la red de comunicaciones y cómo están funcionando desde la perspectiva de la obtención de la información requerida por el SISAAD?</p>	<p>Implementación</p>	<ul style="list-style-type: none"> • Sistemas de transmisión de datos implantado por la AGE • Tipología de usuarios de la aplicación informática diseñada • Número de CCAA que emplean la aplicación para la gestión del SAAD • Usabilidad de la herramienta informática • Número y características de los mecanismos de apoyo al empleo por parte de las CCAA de la aplicación informática 	<p>Análisis del Programa Informático. Entrevistas IMSERSO Actas de la Unidad de Apoyo Técnico y de la Oficina Técnica Estadísticas generadas</p>



		<ul style="list-style-type: none"> • Problemas e incidencias experimentados por las CCAA para proporcionar información. • Número de incidencias producidas y resueltas • Cobertura del ciclo del expediente • Número de CCAA que utilizan el servicio web de intercambio de datos para el expediente, el dictamen y el PIA • Existencia de mecanismos de corrección de la aplicación informática 	
<p>c) PARTICIPACIÓN ECONÓMICA DE LA AGE (artículos 9 y 10, Ley): ¿En qué medida proporciona la AGE financiación suficiente para el funcionamiento del sistema y se optimizan los recursos públicos y privados disponibles?</p>			
<p>¿ En qué medida contribuye a la financiación de la AGE a la suficiencia/sostenibilidad del SAAD teniendo en cuenta el coste del sistema, la estructura de la financiación de la AGE, la aportación de las CCAA y el copago a cargo de los usuarios?</p>	<p>Implementación</p>	<ul style="list-style-type: none"> • Dotaciones presupuestarias dedicadas por la AGE en 2007 y 2008 a la aplicación de la Ley distinguiendo entre nivel mínimo y acordado • Cuantías del nivel mínimo por grado y nivel • Análisis de los criterios para el establecimiento de la cuantía del nivel mínimo de protección. • Cuantías del nivel acordado en el año 2007 por CCAA • Criterios para el reparto del nivel acordado. 2007 y 2008. • Contenido de los convenios bilaterales • Fuentes de información de la financiación de las CCAA a la dependencia • Copago a cargo de los usuarios • Población dependiente reconocida, estructura por grados • Evolución del número de resoluciones reconocidas • Programas individuales de atención (PIAs) reconocidos y evolución de los mismos • Red de servicios para la dependencia 	<p>Real Decreto 614/2007 sobre el nivel mínimo</p>

Anexo II: El papel de la AGE como coordinador e impulsor de la aplicación de la Ley y el desarrollo del SAAD

II.1. Composición, titularidad y funciones del Consejo Territorial del SAAD

El artículo 8 de la Ley, crea El Consejo Territorial como instrumento de cooperación para la articulación del Sistema, recogiendo algunas normas de composición y competencias.

Cuadro 1. Composición del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia: Pleno, Comisión Delegada y Comisión Técnica de Coordinación y Seguimiento de la Aplicación del Baremo de Valoración.

CONSEJO TERRITORIAL del Sistema para la Autonomía y Atención a la dependencia RESOLUCIÓN de 23 de mayo de 2007, del IMSERSO PLENO DEL CONSEJO TERRITORIAL		
COMPOSICIÓN	TITULARIDAD	FUNCIONES
Presidencia	Titular del Ministerio de Educación, Política Social y Deporte (AGE)	a) Ostentar la representación del CT. b) Convocar las reuniones del CT, tanto ordinarias como extraordinarias, fijando el Orden del Día. c) Presidir, dirigir y moderar las reuniones del Pleno. d) Validar con su firma los acuerdos adoptados, en su caso, por el CT. e) Conformar las actas y las certificaciones expedidas por quien ejerza la Secretaría. f) Velar por el cumplimiento de este Reglamento. g) Cualquier otra que le atribuyan las leyes y el propio CT
Vicepresidencias 1ª y 2ª	1ª: Consejero o Consejera de una de las CCAA. (CCAA) 2ª Presidencia del Comité Consultivo: Titular de la Secretaría de Estado para la Política Social, Familias y Atención a la Dependencia y a la Discapacidad del MEPSYD. (AGE)	a) Sustituir al titular de la Presidencia en caso de ausencia y, en general, cuando concurra alguna causa justificada y así lo determine el titular de la Presidencia. b) Ejercer las funciones que le delegue el titular de la Presidencia
Secretaría	Dirección General del	a) Preparar las reuniones del Pleno,

	IMSERSO (AGE)	<p>elevando a la Presidencia propuesta del Orden del Día.</p> <p>b) Preparar la documentación para los plenos del CT y de la Comisión Delegada.</p> <p>c) Elaboración de informes de análisis y propuestas al Pleno.</p> <p>d) Trasladar las propuestas, informes, estudios, y cuantos otros trabajos realice la Comisión Delegada regulada en el art. 11.</p> <p>e) Asistir a las reuniones del Pleno, así como redactar y firmar las Actas de las sesiones.</p> <p>f) Expedir, con el visto bueno de quién ostente la Presidencia, certificaciones de los acuerdos adoptados por el CT.</p> <p>g) Tramitar las decisiones del CT, según la naturaleza y destino de las mismas.</p> <p>h) Recibir, verificar, registrar y tramitar la correspondencia del CT.</p> <p>i) Elaborar el Proyecto de Memoria a que se refiere el art. 15 de este Reglamento.</p> <p>j) Custodiar los archivos y las Actas del CT.</p>
Consejeros	<p>Con voz y voto:</p> <ul style="list-style-type: none"> - Titular del Ministerio de Educación, Política Social y Deporte. (AGE) - Titulares del Gobierno de las CCAA y de las ciudades autónomas(CCAA) - Dos representantes de las Entidades Locales (FEMP) - Once Representantes de la AGE. (AGE) 	<p>a) Proponer para su inclusión en el Orden del Día las cuestiones que estimen oportunas, así como promover reuniones extraordinarias, conforme a lo previsto en el art. 10 de este Reglamento.</p> <p>b) Asistir a las reuniones del Pleno, participando en los debates, formulando ruegos y preguntas y ejerciendo su derecho a voto.</p> <p>c) Solicitar, a través de la Secretaría, la expedición de certificaciones de las Actas y la puesta de manifiesto de cuantos antecedentes y documentos obren en el CT.</p>

**COMISIÓN DELEGADA DEL CONSEJO TERRITORIAL
RESOLUCIÓN de 23 de mayo de 2007, del IMSERSO**

PLENO DE LA COMISIÓN DELEGADA

COMPOSICIÓN	TITULARIDAD	FUNCIONES
Presidencia	Titular de la Dirección General del IMSERSO (AGE)	
Secretaría	Titular de la Subdirección General del IMSERSO (AGE)	

Resto de Vocales	<ul style="list-style-type: none"> - Viceconsejero/a o Director/a General de cada CCAA. (CCAA) - Representante de igual rango de las ciudades autónomas de Ceuta y Melilla. (CCAA) - Cinco representantes de la AGE con rango de Director/a o Subdirector General - Dos representantes de las Entidades Locales (FEMP) - Tres representantes de las Diputaciones Forales - Dos representantes de los cabildos o Consell Insular 	<ul style="list-style-type: none"> a) Elaborar los trabajos preparatorios para facilitar el desarrollo de las funciones del Pleno a los que se refiere el artículo 2 de este Reglamento. b) Sin perjuicio de lo anterior, el Pleno podrá delegar en la Comisión Delegada, si lo estima procedente, funciones puntuales de las comprendidas en el art. 2 del Reglamento. c) Efectuar el seguimiento y evaluación de las tareas encomendadas a los Grupos de Trabajo y Ponencias. d) Analizar los puntos del orden del día de las reuniones ordinarias del Pleno del CT.
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COMITÉ TÉCNICO DE COORDINACIÓN Y SEGUIMIENTO DE LA APLICACIÓN DEL BAREMO DE VALORACIÓN DE LA SITUACIÓN DE DEPENDENCIA (CTVD)

PLENO DE LA CTVD

COMPOSICIÓN	TITULARIDAD	FUNCIONES
Presidencia	Director o Directora General del IMSERSO (AGE)	<ul style="list-style-type: none"> a) Dirigir, promover y coordinar la actuación de la Comisión. b) Ostentar la representación y ejercer las acciones que correspondan a la CTVD, sin perjuicio de lo dispuesto en el último párrafo. b) Acordar la convocatoria de las sesiones ordinarias y extraordinarias del Pleno. c) Fijar el orden del día de las sesiones del Pleno, teniendo en cuenta las propuestas y peticiones de sus miembros. d) Presidir las sesiones del Pleno y moderar el desarrollo de los debates. e) Visar las Actas y certificaciones de los acuerdos de la CTVD f) Designar por si mismo o a propuesta de los Vocales los asistentes no titulares previstos en el art. 6, apartado 1.2. g) Cuantas otras sean inherentes a su condición de Presidente.
Vicepresidencias	Subdirector o Subdirectora general de Planificación, Ordenación y Evaluación del	<ul style="list-style-type: none"> a) Sustituir al Presidente en caso de ausencia y, en general, cuando concurra alguna causa justificada y así lo determine el titular de la Presidencia. b) Además de la función señalada en el

	IMSERSO. (AGE)	apartado anterior, aquellas funciones que le sean delegadas por el Presidente y cuantas otras sean inherentes a su condición.
Secretaría	Con voz pero sin voto: Funcionario o funcionaria de la Subdirección general de Planificación, Ordenación y Evaluación del IMSERSO. (AGE)	<p>a) Asistir a las reuniones de la Comisión con voz pero sin voto.</p> <p>b) Convocar la Comisión por orden de su Presidente, así como enviar las citaciones a los miembros del mismo.</p> <p>c) Recibir los actos de comunicación de los miembros de la Comisión y, por tanto, las notificaciones, peticiones de datos, rectificaciones o cualquier otra clase de escritos de los que deba tener conocimiento.</p> <p>d) Expedir certificaciones de las consultas, dictámenes y acuerdos aprobados.</p> <p>e) Preparar el despacho de los asuntos, redactar y autorizar las actas de las sesiones.</p> <p>Cuantas otras funciones sean inherentes a su condición de Secretario.</p>
Vocales	<p>Con voz y voto:</p> <ul style="list-style-type: none"> - Titular de la Dirección General del IMSERSO. (AGE) - Titular de la Subdirección General de Planificación, Ordenación y Evaluación del IMSERSO. (AGE) - Representante designado por cada una de las CCAA y las diputaciones forales (CCAA) - Dos representantes de la Subdirección General de Planificación, Ordenación y Evaluación del IMSERSO. (AGE) <p>Con voz pero sin voto:</p> <ul style="list-style-type: none"> - Expertos en temas de valoración de la dependencia 	<p>a) Participar en los debates, efectuar propuestas y elevar recomendaciones.</p> <p>b) Participar en la elaboración de los informes y de los dictámenes en los términos que, en cada caso, el Pleno acuerde.</p> <p>c) Formular ruegos y preguntas.</p> <p>d) Obtener la información precisa para cumplir las funciones aplicadas.</p> <p>e) Cuantas otras funciones sean inherentes a su condición de Vocales</p>

Grupos de trabajo de carácter coyuntural y permanente de la CTVD



COMPOSICIÓN	TITULARIDAD	FUNCIONES
Moderador	Funcionario/a del área de valoración de la Dependencia adscrito a la subdirección general de planificación, ordenación y evaluación. (AGE)	Moderar y coordinar.
Vocales	Técnicos de la valoración de la situación de dependencia propuestos por cada Comunidad Autónoma, uno para el BVD y otro para la EVE, de carácter voluntario	

II. 2. Análisis de las actas de reuniones de los órganos del SAAD a los que da origen la Ley: Consejo Territorial y Comité Consultivo

Se ha realizado un análisis de las cinco reuniones del pleno del Consejo Territorial durante el año 2007. Las reuniones tuvieron lugar el 22 de enero, el 23 de marzo, el 19 de abril, el 9 de mayo y el 21 de diciembre de 2007.

Cuadro 1. Análisis de las Actas de reuniones del Consejo Territorial en pleno durante el año 2007.

CONSEJO TERRITORIAL del Sistema para la Autonomía y Atención a la dependencia						
PLENO DEL CONSEJO TERRITORIAL						
Materia	Origen de la propuesta	Manifestación a favor	Manifestación de alegaciones	Manifestación en contra	Propuestas alternativas	Votación
Constitución del Consejo Territorial	AGE (Expone Presidencia)	6 CCAA		6 CCAA.	6 CCAA	
Reglamento de funcionamiento del Consejo Territorial	AGE (Expone Presidencia)	2 CCAA	1 CCAA	3 CCAA (se oponen al sistema de mayorías propuesta de unanimidad)	2 CCAA (Asentimiento por mayorías)	Aprobado. A favor: 10 CCAA y 12 AGE
Acuerdos en materia de valoración de la situación de dependencia.	AGE. (Expone Vicepresidenta 2ª)		1 CCAA			Aprobado por no haber manifestaciones en contra
Acuerdo sobre el Baremo de valoración	AGE (Expone Presidencia)	1 CCAA	6 CCAA	1 CCAA	5 CCAA	Aprobado con una manifestación en contra.
Anteproyecto Nivel Mínimo	AGE (Expone Vicepresidenta 2ª)	1 CCAA	11 CCAA	7 CCAA		<i>No hay votación por ser material a regular por la AGE</i>
Constitución de cuatro Grupos de trabajo dentro de la Comisión Delegada	AGE (Expone Vicepresidenta 2ª)	3 CCAA			2 CCAA	Se crea un solo grupo de trabajo que trate todos los temas

Mandato a la Comisión Delegada del estudio del marco de cooperación con criterios de distribución de créditos del nivel acordado	AGE (Expone Vicepresidenta 2ª)					Aprobado por no haber manifestaciones en contra
Mandato a la Comisión Delegada para elaborar el calendario de puesta en marcha del SAAD	AGE (Expone Vicepresidenta 2ª)					Aprobado por no haber manifestaciones en contra
Propuesta de acuerdo para armonizar la puesta en marcha de la Ley	1 CCAA	7 CCAA.		AGE		No aprobado por no haber suficientes manifestaciones a favor.
Acuerdos sobre los criterios para las intensidades de protección de los servicios, la compatibilidad entre los mismos, la protección de los beneficiarios desplazados y los emigrantes españoles retornados	AGE (Expone Vicepresidenta 2ª)	7 CCAA	2 CCAA y CCLL	6 CCAA		Aprobado el acuerdo por contener la mayoría necesaria prevista en el reglamento del CT
Acuerdo sobre las condiciones de acceso y cuantía de las prestaciones económicas	AGE (Expone Vicepresidencia 2ª)	2 CCAA	2 CCAA	7 CCAA		Se aprueba por darse la mayoría requerida por el reglamento CT

Marco de cooperación interadministrativa y criterios de distribución de créditos	AGE (Expone Vicepresidencia 2ª)	5 CCAA	5 CCAA	4 CCAA		Aprobado el acuerdo por contener la mayoría necesaria prevista en el reglamento del CT
Manual de uso para el empleo del baremo de valoración de la dependencia (BVD) y de valoración específica en edades de 0 a 3 años (EVE)	AGE (Expone Vicepresidencia 2ª)					Al no producirse ninguna intervención se dan por aprobados ambos manuales.
Informar del Proyecto de RD de cuantía de prestaciones económicas del SAAD	AGE (Expone Vicepresidencia 2ª)	1 CCAA,	7 CCAA,			
Informar del Proyecto de RD sobre nivel mínimo	AGE (Expone Vicepresidencia 2ª)	1 CCAA	6 CCAA.			No hay votación por ser material a regular por la AGE
Propuesta de acuerdo del servicio telefónico 065 para transporte adaptado	1 CCAA	AGE y 1 CCAA.				Se acuerda llevar la propuesta a la Comisión Delegada



II. 3. Funciones del Consejo Territorial por áreas temáticas y nivel de implementación de dichas funciones

Cuadro 1. Funciones del Consejo Territorial por áreas temáticas y nivel de implementación de dichas funciones.

	Atribuciones	Desarrollo Normativo de la Ley y estadios de los acuerdos
Estado	ATRIBUCIONES DE LA AGE, INFORMANDO PREVIAMENTE AL CT:	
	- Definición del nivel mínimo de protección (art. 9.1)	<i>RD 614/2007, de 11 de mayo, sobre nivel mínimo de protección del SAAD garantizado por la AGE</i>
	- Regulación de la seguridad social de los cuidadores familiares (art. 18.3)	<i>RD 615/2007 de 11 de mayo, por el que se regula la Seguridad Social de los cuidadores de las personas en situación de dependencia.</i>
	- Establecimiento del SISAAD (art. 37.1) y red de comunicaciones (art. 38).	<i>Orden TAS /1459 /2007 de 25 de mayo, por la que se establece el Sistema de Información del Sistema para la Autonomía Personal y Atención a la Dependencia y se crea el correspondiente fichero de datos de carácter personal.</i>
Consejo Territorial	REMI SIÓN A RD PREVIO ACUERDO DEL CT	
	- Condiciones de acceso al SAD de los emigrantes españoles retornados (art. 5.4)	<i>RD 727/2007 de 8 de junio. Disposición adicional única</i>
	- Criterios para determinar la intensidad de protección de cada uno de los servicios previstos en el Catálogo y compatibilidad e incompatibilidad entre los mismos (art. 15 y D.F. 5ª)	<i>RD 727/2007 de 8 de junio, sobre criterios para determinar las intensidades de protección de los servicios y la cuantía de las prestaciones económicas</i>
	- Cuantía de las prestaciones económicas (art. 20 y D.F. 5ª)	<i>RD 727/2007 de 8 de junio, sobre criterios para determinar las intensidades de protección de los servicios y la cuantía de las prestaciones económicas</i>



- Baremo de valoración de la situación de dependencia (art. 27.2)	<i>RD 504/2007 de 20 de abril, por el que se aprueba el baremo de valoración de la situación de dependencia</i>
DESARROLLO NORMATIVO POR ACUERDO DEL CT:	
- Establecimiento de mecanismos de coordinación para personas desplazadas (art. 8.2)	<i>RD 727/2007 de 8 de junio. Art. 3</i>
- Criterios comunes de composición y actuación de los órganos de valoración de las CCAA (art 27.1)	<i>Resolución 23 mayo 2007, del Instituto de Mayores y Servicios Sociales, por la que se publica el acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia, por el que se establecen los acuerdos en materia de valoración de la situación de dependencia</i>
- Criterios básicos de procedimiento para el reconocimiento de la situación de dependencia (art. 28.5)	<i>Resolución 23 mayo 2007, del Instituto de Mayores y Servicios Sociales, por la que se publica el acuerdo del Consejo Territorial del Sistema para la Autonomía y Atención a la Dependencia, por el que se establecen los acuerdos en materia de valoración de la situación de dependencia</i>
- Condiciones de acceso a la prestación económica para cuidados en el entorno familiar. (art. 18.2)	<i>RD 727/2007 de 8 de junio sobre criterios para determinar las intensidades de protección de los servicios y la cuantía de las prestaciones económicas</i>
- Marco de Cooperación Interadministrativa (art. 8.2, 10.1 y D.F. 4ª)	<i>Resolución 8 agosto 2008 y 23 de mayo de 2007 por el que se aprueba el marco de cooperación interadministrativa y criterios de reparto de créditos de la AGE para la financiación del nivel acordado</i>
- Determinación de la capacidad económica del beneficiario en función de la renta y el patrimonio (art. 14.7)	<i>Resolución de 2 de diciembre de 2008 sobre determinación de la capacidad económica del beneficiario y sobre los criterios de participación de éste en las prestaciones del SAAD</i>
- Promoción de acciones de apoyo a los cuidadores no	<i>Grupo de trabajo de apoyo a los cuidadores no profesionales. Condiciones específicas de acceso</i>



profesionales (art.18.4)	<i>a la prestación económica. Creado el 23 de junio de 2008 en la Comisión Delegada</i>
- Condiciones específicas de acceso a la prestación económica de asistencia personal (art. 8.2.d y33)	<i>RD 727/2007 de 8 de junio sobre criterios para determinar las intensidades de protección de los servicios y la cuantía de las prestaciones económicas</i>
- Criterios, recomendaciones y condiciones mínimas de los planes de prevención que elaboren las CCAA (art. 21)	<i>Grupo de trabajo de criterios, recomendaciones y condiciones mínimas de los planes de prevención. Plan de Atención Integral de los menores de 3 años. Creado el 23 de junio de 2008, en Comisión Delegada.</i>
- Criterios para la aplicación de la participación de los beneficiarios en el coste de las prestaciones (art. 33.3)	<i>Resolución de 2 de diciembre de 2008 sobre determinación de la capacidad económica del beneficiario y sobre los criterios de participación de éste en las prestaciones del SAAD</i>
- Criterios comunes de acreditación de centros y planes de calidad del Sistema (art. 34.2)	<i>Resolución de 2 de diciembre de 2008 sobre criterios comunes de acreditación para garantizar la calidad de los centros y servicios del SAAD</i>
- Criterios de calidad y seguridad de los centros, indicadores de calidad para la evaluación, la mejora continua y el análisis comparado, guía de buenas prácticas y cartas de servicios (art. 34.3)	<i>Grupo de trabajo de estándares, indicadores y cartas de servicio para cada uno de los servicios del Catálogo. Creado el 23 de junio de 2008 en la Comisión Delegada</i>
- Estándares esenciales de calidad para cada uno de los servicios que conforman el Catálogo (art. 35.1)	<i>Grupo de trabajo de estándares, indicadores y cartas de servicio para cada uno de los servicios del Catálogo. Creado el 23 de junio de 2008 en la Comisión Delegada</i>
- Objetivos y contenidos de la información del SISAAD (art. 37.1)	<i>Grupo de trabajo de objetivos y contenidos comunes de la Información. Documentos, datos y estadísticas. Criterios comunes de evaluación. Creado el 23 de junio de 2008 en la Comisión Delegada</i>



	- Plan integral de atención a menores de 3 años en situación de dependencia (D. A: 13ª)	<i>Grupo de trabajo de criterios, recomendaciones y condiciones mínimas de los planes de prevención. Plan de Atención Integral de los menores de 3 años. Creado el 23 de junio de 2008, en Comisión Delegada.</i>
	- Evaluación de la Ley a los tres años (D.F: 1ª.3)	
Marco de Cooperación Interadministrativa y Convenios Bilaterales (2007)	- Definición del nivel de protección acordado (art. 7.2) - Desarrollo del marco de cooperación interadministrativa (art. 10.1)	<i>Resolución 23 de mayo de 2007 y 8 de Agosto de 2008 del IMSERSO, por el que se aprueba el marco de cooperación interadministrativa y criterios de reparto de créditos de la AGE para la financiación del nivel acordado</i>
	- Determinación de los objetivos medios y recursos para la aplicación de los servicios y prestaciones, incrementando del nivel mínimo de protección fijado por el Estado. (art. 10.2)	-
	- Establecimiento de la financiación que corresponde a cada Administración para el nivel acordado, recogiendo igualmente las aportaciones del Estado (art. 10.4 y 32.2)	<i>Convenios Bilaterales 2007</i>
	- Incorporación de la prestación económica vinculada (art. 14.3 y 17.1)	-

II. 4. Respuesta de la AGE ante las desviaciones de la Ley detectadas en el desarrollo normativo de las CCAA

Desviaciones de la Ley	Comunidad Autónoma, Diputaciones Forales o Ciudades Autónomas	Respuesta de la AGE
Iniciación de oficio ⁴⁹	Tres CCAA y una diputación foral	Recogido en tres cartas del IMSERSO el 21 de enero de 2008 y una carta enviada el 9 junio 2008.
Órganos de valoración ajenos a la administración pública ⁵⁰	Una CCAA	Carta del IMSERSO 9 junio 2008
Convalidación y homologación mediante baremaciones propias de las CCAA que se apartan de lo regulado en el BVD. "Pasarelas" ⁵¹	Dos CCAA y una diputación foral	Incluido en dos cartas del IMSERSO del 21 enero 2008 a dos CCAA. -- <i>Hasta la fecha, no se conoce el envío de una carta por tal motivo a la diputación foral.</i>

⁴⁹ La Ley establece que el procedimiento para el reconocimiento de la situación de dependencia y del derecho a las prestaciones del sistema se iniciará a instancias de la persona que pueda estar afectada por algún grado de dependencia o quien ostente su representación (Art. 28.1). Tres CCAA y una diputación foral han regulado la iniciación de oficio de la solicitud y el procedimiento.

⁵⁰ La Ley establece que los órganos de valoración de las CCAA tendrán, en todo caso, carácter público (art. 27.1) y que los servicios de valoración de la situación de dependencia se efectuarán directamente por las AAPP no pudiendo ser objeto de delegación, contrato o concierto con entidades privadas (Art. 28.6). Una CCAA ha resuelto un convenio con un organismo sin carácter público.

⁵¹ La Ley establece que quienes tuvieran reconocida pensión de gran invalidez o la necesidad de asistencia de tercera persona según el RD 1971/1999, de 23 de diciembre, de procedimiento para el reconocimiento, declaración y calificación del grado de minusvalía, tendrán reconocido el requisito de encontrarse en situación de dependencia. Por su parte, el RD 504/2007 de 20 de Abril, por el que se aprueba el baremo de valoración de la situación de dependencia establece un mecanismo para asimilar las puntuaciones anteriores específicas con los grados y niveles de dependencia que fija la Ley. Dos CCAA y una diputación foral han creado mecanismos de asimilación propios o "pasarelas" que se apartan de la disposición adicional primera del RD 504/2007.

Automatismo en la elaboración del Programa Individual de Atención ⁵²	Una CCAA	-- <i>No se conoce, hasta la fecha, el envío de la carta correspondientes por tal motivo a dicha tres CCAA</i>
Silencio administrativo negativo regulado por una norma con rango de Ley pero sin cumplir los requisitos exigidos	Una CCAA	<i>No se conoce, hasta la fecha, el envío de una carta por tal motivo a dicha CCAA.</i> Recurso de inconstitucionalidad del Defensor del Pueblo. 27 de marzo de 2008
Silencio administrativo negativo regulado por una norma de rango reglamentario y no de rango legal, como exige la Ley 30/1992	Tres CCAA	-- <i>No se conoce, hasta la fecha, el envío de las cartas correspondientes por tal motivo a ninguna de estas tres CCAA.</i>
Condición de emigrante retornado adscrita a la última vecindad ⁵³	Una CCAA	-- <i>No se conoce hasta la fecha el envío de la carta correspondientes por tal motivo a dicha tres CCA</i>

⁵² La Ley establece que en el marco del procedimiento de reconocimiento de la situación de dependencia y las prestaciones correspondientes, los servicios sociales han de establecer un Programa Individual de Atención que determine las modalidades de intervención más adecuadas a las necesidades de la persona beneficiaria según el grado y nivel reconocido. Sin embargo, una CCAA establece una serie de supuestos según los cuales el PIA sería elaborado automáticamente.

⁵³ El RD 727/2007, de 8 de junio, establece que los españoles emigrantes retornados, aunque no cumplan con el requisito establecido en la letra c del artículo 5.1, de haber residido cinco años en España, de los cuales dos han de ser inmediatamente anteriores a la fecha de solicitud, podrán acceder a prestaciones asistenciales con igual contenido y extensión que las prestaciones y ayudas económicas, siendo la CCAA de residencia la que realice la valoración. Sin embargo, una CCAA ha establecido el requisito de que el emigrante retornado tuviera su última vecindad en dicha CCAA.

II. 5. Análisis de los procedimientos administrativos para el reconocimiento de la situación de dependencia y el derecho a las prestaciones del Sistema

Comunidad Autónoma	Normativa	Número de Resoluciones	Plazos máximos	Plazo máximo total
Andalucía	Decreto 168/2007, de 12 de junio,.	2	1º) 3 meses 2º) 3 meses	6 meses
Aragón	Orden 15 de mayo de 2007, del Departamento de Servicios Sociales y Familia	2	1º) 3 meses 2º) 3 meses	6 meses
Asturias	Decreto 68/2007, de 14 de junio, (Rectificación de errores, BOPA nº 171, 23 de Julio de 2007)	1	4 meses	4 meses
Islas Baleares	Resolución de la Consejería de Asuntos Sociales, Promoción e Inmigración, de 8 de Noviembre de 2007	3 meses	3 meses	6 meses
Canarias	Decreto 54/2008, de 25 de marzo.	2	1º) 3 meses 2º) 2 meses	5 meses
Cantabria	Orden SAN/26/2007, de 7 de mayo .	2	1º) 6 meses 2º) 6 meses	12 meses
Castilla la Mancha	Decreto 307/2007, de 18 de Diciembre,	2	1º) 6 meses 2º) 3 meses	9 meses
Castilla y León	Orden FAM/824/2007, de 30 de abril	1	6 meses	6 meses
Cataluña	--- Se rige por la Ley 30/1992 de 26 de Noviembre, de Régimen Jurídico de las Administraciones Públicas y el Procedimiento Administrativo Común			
Extremadura	--- Se rige por la Ley 30/1992 de 26 de Noviembre, de Régimen Jurídico de las Administraciones Públicas y el Procedimiento Administrativo Común			
Galicia	Decreto 176/2007, de 6 de septiembre.	2	1º) 6 meses 2º) 6 meses	12 meses
La Rioja	Orden 4/2007,	1	6 meses	6 meses

	de 16 de Octubre, de la Consejería de Servicios Sociales.			
Madrid	Orden 2176/2007, de 6 de Noviembre, de la Consejería de Familia y Asuntos Sociales	2	1º) 6 meses 2º) 3 meses	9 meses
Murcia	--- Se rige por la Ley 30/1992 de 26 de Noviembre, de Régimen Jurídico de las Administraciones Públicas y el Procedimiento Administrativo Común			
Navarra	--- <i>Se rige por la Ley 30/1992 de 26 de Noviembre, de Régimen Jurídico de las Administraciones Públicas y el Procedimiento Administrativo Común</i>			
País Vasco				
Diputación foral de Álava	Decreto Foral 39/2007, del Consejo de Diputados de 24 de abril.	2	1º) 3 meses 2º) 3 meses	6 meses
Diputación Foral de Vizcaya	Decreto Foral 74/2007, de 24 de abril,	1		4 meses
Diputación Foral de Guipúzcoa	Orden Foral 320/2007, de 25 de abril.			
Comunidad Valenciana	1º) Decreto 171/2007, de 28 de septiembre. 2º) Orden de 5 de Diciembre de 2007.	2	6 meses 3 meses	9 meses
Ceuta	Resolución de 16 de Julio de 2007, del Instituto de Mayores y Servicios Sociales.	2	1º) 3 meses 2º) 1 mes	4 meses
Melilla	Resolución de 16 de Julio de 2007, del Instituto de Mayores y Servicios Sociales.	2	1º) 3 meses 2º) 1 mes	4 meses
TOTAL				6,58 meses

Anexo III. El SISAAD. Datos de registro que es posible introducir empleando la aplicación como instrumento de gestión

Naturaleza de los datos	Detalle
1. Datos personales	<ul style="list-style-type: none"> • Nombre, apellidos, sexo, fecha de nacimiento, estado civil, identificación personal (DNI). • Dirección • N° de la tarjeta sanitaria, n° de la Seguridad Social, nacionalidad, carácter de emigrante retornado, residencia legal para ciudadanos extracomunitarios
2. Situación de dependencia y servicios recibidos con anterioridad	<ul style="list-style-type: none"> • Grado de discapacidad, concurso de tercera persona para realizar los actos esenciales de la vida diaria. • Tipo de servicio recibido (SAD, residencia, centro de día...) • Cuidados informales a cargo de familiares y datos de los mismos • Informe de salud
3. Datos de convivencia	<ul style="list-style-type: none"> • Datos personales de las personas que conviven en el domicilio del solicitante o beneficiario
4. Información económica	<ul style="list-style-type: none"> • Tipo, concepto y cuantía de renta • Patrimonio (Declaración del Impuesto sobre Patrimonio) <p>Prestaciones públicas del Sistema de Seguridad Social o de las CCAA percibidas relativas a discapacidad o dependencia</p>
5. Datos del procedimiento administrativo	<ul style="list-style-type: none"> • Fecha de solicitud • Estado de solicitud y fase de la misma (gestión de iniciación, gestión de citas, elaboración, negociación y aprobación del PIA, resolución, recursos, gestión de prestaciones, bajas del sistema, revisión del grado o nivel de dependencia) • Grado y nivel de dependencia, dirección a efecto de notificaciones
6. Datos del PIA	<ul style="list-style-type: none"> • Tipo y especialidad del servicio, coste del mismo y fecha efectos del reconocimiento • Copago • Prestación económica, cuantía de la misma, fecha de efectos y atrasos

Fuente: elaboración propia a partir de los manuales relativos a los módulos de la herramienta informática.



Anexo IV. El Sistema Informático del SAAD (SISAAD)

La herramienta informática del SISAAD se diseña e implementa respondiendo esencialmente a una doble necesidad: contar con un instrumento para la gestión de la información por parte de los distintos actores implicados en cada proceso, y permitir la recopilación y mantenimiento de la enorme cantidad de información generada por la aplicación de la Ley.

Como respuesta a dichas necesidades, la arquitectura del sistema se diseña en base al CRM, que permite una potencia de tratamiento de datos y explotación de reglas que, de otro modo, hubiese sido necesario desarrollar a medida. Dicha arquitectura se compone de tres elementos fundamentales: el sistema CRM central, el módulo de estadísticas y el portal de la dependencia.

El diseño de la herramienta implementa el paradigma de la aplicación online, especialmente adecuada para un entorno como el de la dependencia, donde coexisten multitud de usuarios distribuidos a nivel territorial.

En cada CCAA existe un administrador del sistema. El número de usuarios dados de alta actualmente es de 2.300, con distintos perfiles de acceso según sus funciones y nivel de responsabilidad. El sistema dispone de capacidad para conectar hasta 700 usuarios de forma simultánea. Los valoradores cuentan desde junio de 2007 con la posibilidad de conectar con el sistema vía remota a través de "Tablet PCs" (una modalidad de computadora portátil).

La herramienta dispone de tres entornos:

- Entorno aplicativo. A través del entorno aplicativo es posible realizar todos los procesos del ciclo de vida de los expedientes individualizados, por parte de los distintos usuarios que tienen acceso al sistema en el ámbito de las CCAA con competencias exclusivas en materia de gestión y el IMSERSO (para las ciudades de Ceuta y Melilla).
- Entorno de formación. Empleado para la formación de los usuarios del sistema.
- Entorno estadístico. El módulo OLAP proporciona un valor añadido para el análisis de los datos cualitativamente superior a la mera generación de informes predefinidos, al permitir una enorme flexibilidad en los análisis online, si bien requiere usuarios bien formados en su utilización.

*La usabilidad de la herramienta*⁵⁴

La herramienta implementa determinados *workflows* (flujos de trabajo) basados en reglas de validación, y reglas de asignación definidas en el sistema, que determinan automáticamente los cambios de estado de la información y los actores seleccionados para intervenir en cada caso.

Las transacciones entre estados de información son, en su mayoría, gestionadas automáticamente por el sistema en función de la realización de determinadas acciones. La gestión de la entrada/salida de datos desde la interfaz de usuario es correcta y se implementa un adecuado número de controles sobre la información introducida.

La herramienta no proporciona un soporte implícito al flujo de actuación que lleva a cabo el usuario, ni ofrece información directa sobre el mismo, estando fundamentalmente orientada a los datos. Este hecho unido a su complejidad de la herramienta, hace que tanto la formación recibida por los usuarios como la ayuda incluida en la herramienta resulten de particular importancia.

Del análisis realizado en torno a la usabilidad de la herramienta se han apreciado ciertos elementos mejorables. Así, se observa la inexistencia de procedimientos de corrección de errores y de mecanismos de notificación de transferencias de flujos de trabajo entre perfiles⁵⁵; cierta inconsistencia en la realización de búsquedas, tal vez motivada por alguna condición de filtrado que alguna de las secciones implementa y otras no; relativa lentitud en el tiempo de respuesta de la interfaz; carencia de un sistema de cierre de sesión automático, tras superarse un determinado período de inactividad, lo cual puede comportar un problema de seguridad; pérdida de visibilidad y desajustes de los tamaños de los elementos (paneles) cuando se opera con resoluciones más o menos bajas o se trabaja con el sistema de ayuda activado.

Todo ello denota que la aplicación de gestión parece haber quedado limitada a algo más que la interfaz por defecto proporcionada, y por tanto, dispone de un margen de mejora en términos de usabilidad, resultando especialmente importante instaurar un sistema de incidencias online.

Interoperabilidad e integración

El volcado de la información por parte de las CCAA que no utilizan la aplicación informática para la gestión del procedimiento de reconocimiento del derecho

⁵⁴ Con el término usabilidad se hace referencia a la facilidad de empleo que la aplicación presenta para los distintos usuarios destinatarios de la misma.

⁵⁵ Todo sistema interfaz de usuario tiene como objetivo final su empleo por humanos, y por ello está sometido a la introducción de errores. En el presente caso la aplicación no ofrece la posibilidad de retroceder el estado de un determinado objeto de información ni la modificación de muchos campos una vez ha sido almacenado el registro correspondiente.



puede realizarse a través de dos interfaces de integración de datos: vía servicio web (*webservices*) y la integración vía procesos batch de carga (EIM).

En el primer caso, con la utilización de servicio web el sistema dispone de toda la potencia de interoperabilidad del estándar de servicio web: independencia de la tecnología de implementación del cliente en el otro extremo de la comunicación, transporte universal sobre http eliminando potenciales problemas de acceso o limitaciones por cortafuegos (*firewall*), y flexibilidad en la definición del formato de intercambio por la utilización de XML. No obstante, la tecnología de servicio web no resulta en principio la más adecuada, en términos de eficiencia, para el intercambio masivo de información debido sobre todo a cuestiones de sobrecarga de ésta y al elevado tiempo de procesamiento requerido (*overhead*). Esta sobrecarga puede suponer un serio inconveniente para las prestaciones del sistema, y por tanto la adecuación o no de la tecnología dependiendo de la estabilización o no del envío de datos por parte de las CCAA no adscritas al SISAAD. Si bien, bajo determinados requisitos (tales como limitaciones de acceso, escaso margen de maniobra en origen, etc.) el servicio web puede resultar la única alternativa.

Por lo que respecta al interfaz EIM, al tratarse de un modelo de transmisión de más bajo nivel, y estar planteada su utilización por los sistemas fuertemente acoplados al SISAAD, no presenta en principio los inconvenientes de sobrecarga comentados para los serviciosweb. El intercambio de información se realiza por un volcado directo de las bases de datos externas en la base de datos desnormalizada de entrada en SISAAD.

El acoplamiento de los sistemas de información de las CCAA que utilizan la herramienta para la gestión no comporta, lógicamente, problemas desde el punto de vista de la interoperabilidad. No obstante, dicho acoplamiento puede ser un hándicap para la evolución de los sistemas dentro de cada CCAA, y del propio SISAAD, ya que la evolución de uno de ellos, en caso de producirse, conlleva forzosamente una adaptación en el otro. Actualmente es una práctica recomendada la generación de cierto desacoplamiento entre los sistemas origen y destino mediante la introducción de sistemas informáticos de extracción, transformación y carga (ETLs)⁵⁶ que implementen reglas de transformación abstractas y que, además, se ocupan de realizar la extracción y la carga en ambos sistemas de modo automático, eliminando la necesidad de realizar volcados manuales, aunque el esfuerzo de análisis y desarrollo, habría sido mayor. Dicho sistema ETL permitiría centralizar las entradas y salidas del SISAAD, eliminando la diferenciación entre CCAA adscritas al mismo y las que no lo están.

⁵⁶ Los ETLs son sistemas específicamente diseñados que admiten una gran variedad de tecnologías de entrada y de salida de datos. Implementan la extracción y la inserción de los mismos entre distintos sistemas, y se configuran mediante una serie de reglas de transformación que tratan la información de entrada (para la que se especifica un formato de entrada) y la convierten en información de salida (con el formato de salida especificado).

Rendimiento y fiabilidad

El sistema presenta una alta disponibilidad a varios niveles. El CPD⁵⁷ primario dispone, para la infraestructura de bases de datos y servidores de aplicaciones, de dos servidores en cluster⁵⁸ precedido por sendos servidores web balanceados. En un segundo nivel existe un CPD de respaldo, sincronizado con el principal, que replica en espejo de modo síncrono al primero. Ello motiva que el acceso al sistema con los datos actualizados esté garantizado incluso ante un fallo general en las instalaciones del CPD primario.

La fiabilidad de los sistemas de almacenamiento de datos está también asegurada a varios niveles: por un lado, al encontrarse replicadas las cabinas de almacenamiento en cada uno de los CPDs, y por otro al configurarse cada una de ellas independientemente en modo RAID 5. La integridad de las bases de datos se encuentran protegidas por el sistema RMAN de recuperación de archivos de redolog y un plan de copias de seguridad (*backups*) establecido (incremental diario, total semanal, y mensual, con permanencia de 4 meses).

Como medio para potenciar los resultados en tiempos de procesamiento el sistema prevé el balanceo de carga a nivel de equipos y, a más bajo nivel, la disponibilidad por medio de las técnicas de virtualización empleadas en los servidores de CPU bajo demanda según los picos de carga detectados. Para el almacenamiento se han utilizado cabinas SAN FC de 4 Gbps, lo que en principio garantiza suficiente velocidad de acceso. Puesto que cada equipo se ha configurado con 48 GB, el dimensionamiento parece, en principio, ser suficiente para los usuarios estimados (5.000 usuarios y 2000 usuarios remotos).

Los tiempos de respuesta teóricos previstos oscilan entre 1 y 3.5 segundos, dependiendo de la consulta en la aplicación central, tiempos que se han alcanzado durante el testeado efectuado sobre el entorno de formación⁵⁹.

Por otro lado los procesamientos para la realización de informes y estadísticas (módulo OLAP) se efectúan sobre los mismos sistemas que dan servicio a los usuarios, lo que podría generar una degradación en el rendimiento del resto del sistema, dado que este tipo de proceso es intensivo en el uso de CPU y en memoria.

El portal de la dependencia

⁵⁷ Centro de proceso de datos.

⁵⁸ Un cluster es un grupo de múltiples ordenadores unidos mediante una red de alta velocidad. Son usualmente empleados para mejorar el rendimiento y/o la disponibilidad por encima de la que es provista por un solo computador típicamente siendo más económico que computadores individuales de rapidez y disponibilidad comparables.

⁵⁹ Para proporcionar un dato fiable respecto a los tiempos de respuesta esperables sería preciso realizar una prueba de carga sobre el sistema. Si se parte de la hipótesis de que el entorno de formación cuanta con poca carga, los tiempos de respuesta en el sistema de producción podrían ser mayores, dado el volumen de carga estimada. En este aspecto, una de las quejas generalizadas de las CCAA durante los primeros meses de 2008 fue la lentitud de respuesta de la aplicación.

El SISAAD dispone de un portal en Internet que pone a disposición de los usuarios y de los ciudadanos información sobre la Ley y el desarrollo del SAAD. Un aspecto interesante es el enlace que ofrece con el conjunto de sistemas de servicios sociales autonómicos, remitiendo a las consejerías correspondientes.

Ofrece además un sistema de registro de usuarios, a los que se ofrece la posibilidad de obtener información sobre el estado de tramitación de sus solicitudes y sobre los centros de atención del sistema más próximos a su domicilio. Sin embargo, por las limitaciones de información disponible en el SISAAD ya comentadas, estas funciones no funcionan en la práctica. Esto es algo que debería señalarse de antemano a los visitantes y usuarios de la página, con el fin de evitar situaciones de desconfianza o frustración en relación a la fiabilidad y utilidad del portal.

El portal comenzó a funcionar en abril de 2007, habiéndose contabilizado 211.694 visitas desde agosto de 2007 hasta el 21 de septiembre de 2008, y 1.332.145 páginas vistas en el mismo período. Cumple con la triple A en materia de accesibilidad. El número de usuarios que visualizan una sola página del sitio web respecto al total de visitas (tasa de rebote) es del 36 %⁶⁰. El acceso a la página se produce principalmente a través de buscadores (32 %), accesos directos (36 %), o sitios web de referencia. En este último caso, el acceso se vehicula fundamentalmente a través del enlace del Ministerio de Trabajo (7,8%), redireccionamientos por parte de determinadas CCAA, así como portales dedicados a la discapacidad o la dependencia. El cuadro 1 detalla las páginas más visitadas. Hasta un 7,2% de los acceso se producen a páginas relativas a procedimientos o servicios accesibles vía web (conocer el estado de tramitación del procedimiento y la red de servicios y centros).

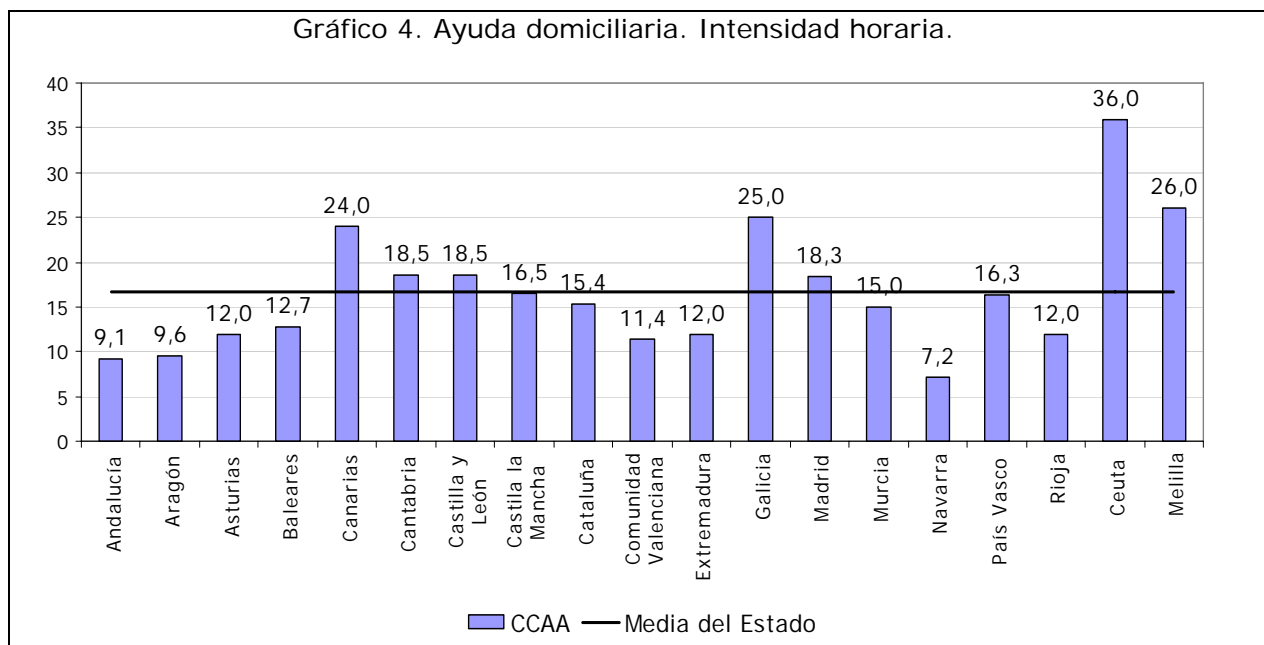
Cuadro 1. Páginas más visitadas

Página	% de visitas
Página principal.	15,3%
Ciudadanos	6 %
Autonomía	4,77%
Prestaciones	4%
Estadísticas	3,72%
Servicios	3,64%

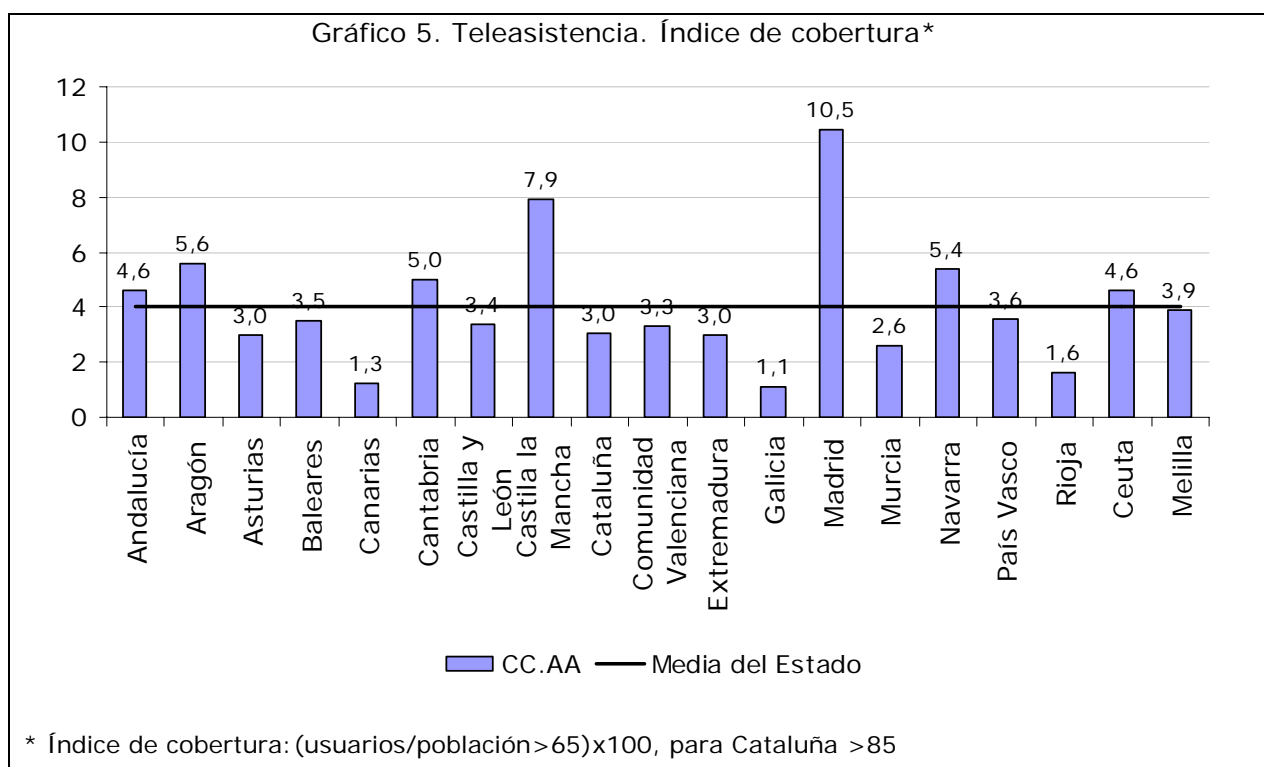
Fuente: elaboración propia a partir de información proporcionada por el IMSERSO.

⁶⁰ Dicha tasa indica el número de usuarios que visualizan una sola página de un sitio web respecto al total de visitas, y expresa la capacidad de un determinado enlace de inducir a los usuarios a conocer el contenido de la información de dicha página o el grado de atractivo de un determinado enlace.

Anexo V. Grado de cobertura de los distintos servicios de atención a la dependencia por CCAA

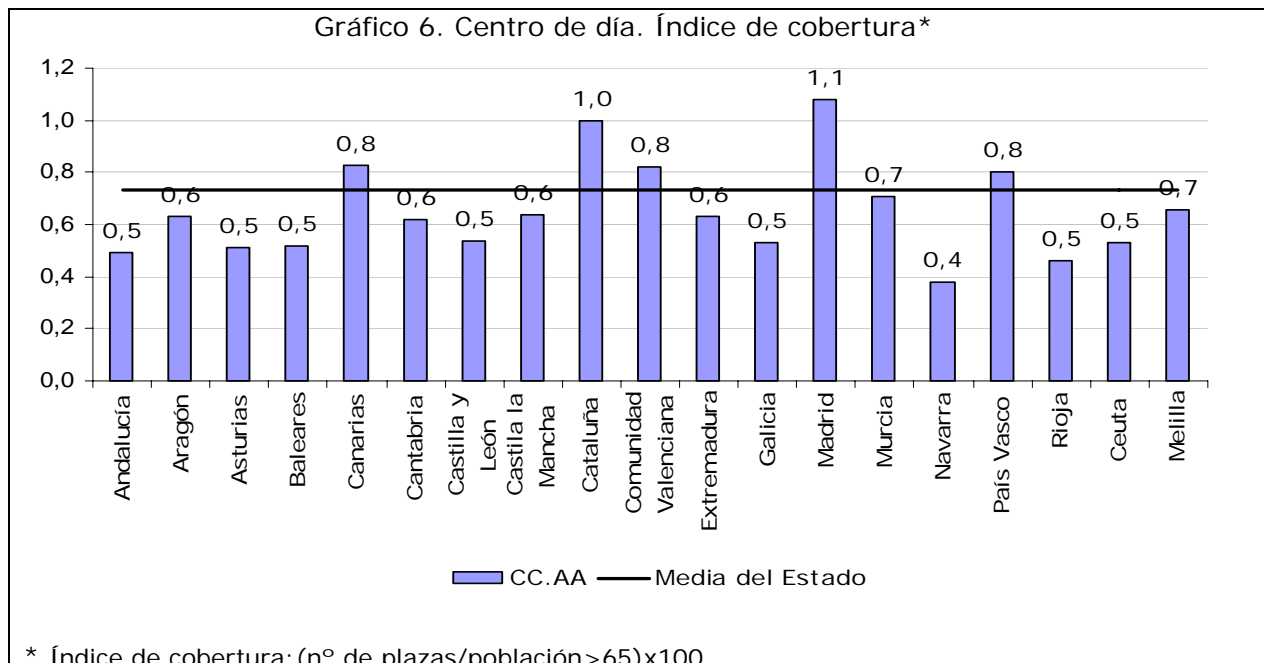


Fuente: Observatorio de personas mayores. IMSERSO. Datos de 2006.

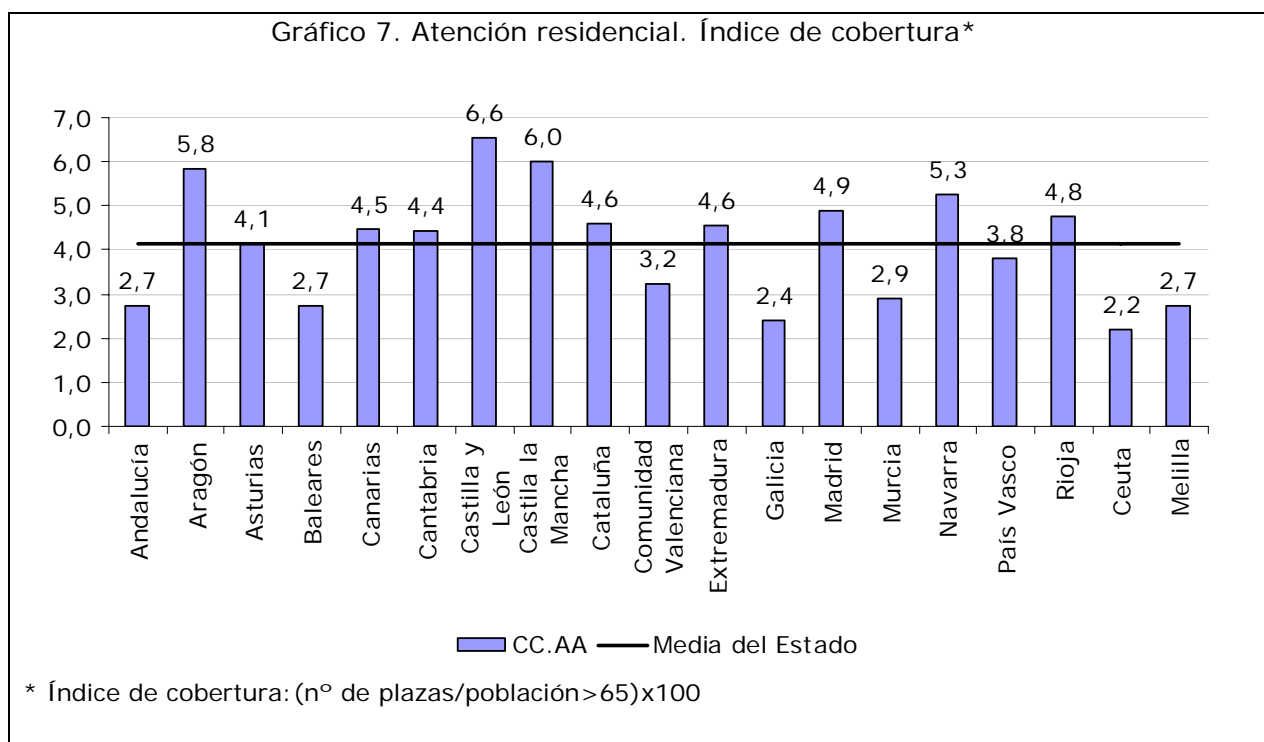


* Índice de cobertura: $(\text{usuarios}/\text{población} > 65) \times 100$, para Cataluña > 85

Fuente: Observatorio de Personas Mayores. IMERSO. Datos de 2006.



Fuente: Observatorio de Personas Mayores. IMERSO. Datos de 2006



Fuente: Observatorio de Personas Mayores. IMERSO. Datos de 2006

Anexo VI. Propuesta de Catálogo estándar de Servicios

De cara a la implementación del SAAD y de su posterior evaluación de resultados resulta esencial disponer de un catálogo de servicios con el suficiente grado de detalle para conocer por un lado los costes de servicio. En base a dicho catálogo estándar de servicios se ha de trabajar para definir por un lado la intensidad así como la calidad de los mismos.

Acordar un catálogo estándar de servicios resulta complejo por cuanto el catálogo definido en la normativa vigente es genérico y no concreta las líneas específicas de servicios. Asimismo, la definición de intensidades se ha limitado a algunos servicios muy concretos, como la asistencia a domicilio, dejando pendientes buena parte de las prestaciones. Por otro lado, las CCAA han tenido un desarrollo heterogéneo de los servicios de dependencia, fruto de la distribución competencial de los servicios sociales.

A continuación se presenta a título ilustrativo un catálogo estándar de servicios que ha sido construido a partir de los servicios recogidos en la Ley y a la información publicada por las CCAA sobre los servicios que actualmente son ofertados a las personas en situación de dependencia y las distintas intensidades de los servicios. A tal fin se ha construido un mapa de servicios a las personas en situación de dependencia por CCAA que está a disposición de aquellas personas interesadas.

Catálogo de Servicios	Indicadores para la homogeneización del servicio
1. Servicios de prevención de las situaciones de dependencia y promoción de la autonomía personal.	
	Nº de horas de asistencia mínima mensuales a programas/dependiente en función del grado y nivel, distinguiendo por tipo de tratamiento
	Ratio de efectivos mínimos por tipo de programa por cada 10 asistentes a programas por categoría profesional
2. Servicio de Teleasistencia	
Asistencia telefónica	Nº de teleoperadores/dependiente reconocidos por cualificación tipificada
3. Servicio de ayuda a domicilio	
Atención doméstica (limpieza, lavado y planchado de ropa, servicio de comidas)	Formación mínima del personal que realiza las tareas
Atención personal (higiene)	

Actuaciones de carácter educativo	Nº de horas mensuales normativas por dependiente en función del grado y nivel (recogido en el RD/727 de 2007)
Actuaciones de carácter sociocomunitario	
Actuaciones de carácter integrador	
Actuaciones de carácter rehabilitador	
Ayudas técnicas y adaptativas del hogar	
Atención psicosocial	
4. Servicio de Centro de Día y Noche	
Atención asistencial	Ratio máximo de dependientes por grado y nivel/personal encargado de su atención en función de sus categorías profesionales. Establecer esta ratio en función de las distintas tipologías de centros existentes.
Atención personal en actividades de la vida diaria y asistencia higiénico sanitaria	
Manutención	
Prevención	
Rehabilitación. Readaptación personal y psicosocial	
Orientación para la promoción de la autonomía	
Apoyo familiar	
Fisioterapia	
Servicio de terapia ocupacional. Actividades de ocio, socio-culturales, de autoayuda y de la salud	
5. Servicio de atención residencial	
Servicios de carácter personal (higiene)	Ratio máximo de dependientes por grado y nivel/ personal encargado de su atención en función de sus categorías profesionales. Establecer esta ratio
Servicios de carácter sanitario	
Atención psicológica/ Terapia ocupacional	
Alojamiento y manutención	
Rehabilitación mayor o menor según dependencia	
Ayuda en el desarrollo de las ABVD	
Actividades de ocio, formativas y culturales	
Atención a la salud	
Atención social	
Atención médico sanitaria para discapacitados mayores	



Anexo VII. Indicadores

En el presente apartado se enuncian, con carácter meramente tentativo, algunos indicadores que resultan relevantes para la evaluación y seguimiento del SAAD.

1. Características de la población dependiente

1.1. Número de dependientes

- Personas con dificultades graves para realizar las actividades básicas de la vida diaria (ABVD) y las actividades instrumentales (AIVD) por grupo de edad, género, renta y territorio, como porcentaje del mismo grupo de edad.
- Personas reconocidas como dependientes, por grado y nivel, grupo de edad, género, renta y territorio, como porcentaje del mismo grupo de edad

1.2. Naturaleza de la dependencia

- Naturaleza de la dependencia como porcentaje de la población cubierta en el mismo grupo de edad. Desglose por grado de dependencia, género, territorio y grupo de edad

2. Atención informal

2.1. Características de la población dependiente que recibe atención informal

- Personas dependientes que reciben atención no profesional, por grado y nivel, grupo de edad, género, renta y territorio, como porcentaje del mismo grupo de edad

2.2. Tipo de atención informal

- Tipología de atención (informal o mixta) que reciben las personas dependientes, por grado y nivel de dependencia, grupo de edad, género, renta, PIA y territorio. Los tipos genéricos de atención se clasifican en: cuidado personal, asistencia médica, compras, comidas, tareas domésticas, salir, asuntos financieros, otros.
- Frecuencia de la atención no profesional recibida, por grado y nivel de dependencia: distribución porcentual de la atención no profesional en función de la frecuencia clasificada en una vez a la semana, varias veces a la semana, una vez al día, dos veces al día, varias veces al día, permanente, nunca, no habitual, no se sabe.

2.3. Relación de los cuidadores no profesionales con las personas que atienden

- Co-residencia / otro alojamiento: porcentaje de dependientes que reciben atención no profesional que conviven con su cuidador
- Distribución por sexo, edad y tipo de cuidador (cónyuge, hijo/a, hermano/a, cuñado/a, amigos, vecinos, etc. de los cuidadores no profesionales)

2.4. Estado de empleo de los cuidadores no profesionales

- Situación laboral de los cuidadores no profesionales como porcentaje de cuidadores por grado de dependencia y para cada situación tipificada (no trabaja, trabaja por horas, trabaja a tiempo parcial, trabaja a tiempo completo) sobre el total de cuidadores no profesionales
- Distribución de cuidadores de dependientes que reciben prestación económica por cuidados familiares, por grado y nivel de dependencia, edad, territorio, renta y vínculo con la Seguridad Social
- Coste por hora de servicio de atención informal, en el caso de no ser prestada por el entorno familiar o social

3. Atención formal

3.1. Tipo de servicios formales reconocido a los dependientes

- Tipología de servicios formales recibidos a los dependientes, según grado y nivel de dependencia, edad, género, territorio, renta y duración temporal del servicio.
- Coste de los servicios del catálogo, por tipo de servicio, composición y calidad del mismo, grado y nivel de dependencia y territorio
- Porcentaje del coste del servicio cofinanciado por el usuario (copago), en función del tipo de servicio, grado y nivel de dependencia, territorio, renta, situación familiar
- Grado de cobertura de los distintos servicios por dependientes reconocidos y estimados, grado y nivel de dependencia, género, edad, territorio, renta

3.2. Servicio de prevención y promoción de la autonomía personal

- Número de horas de tratamiento para cada dependiente en función del grado y nivel de dependencia, grupo de edad, género y territorio que les haya sido reconocido y distinguiendo el tipo de intervención que se está llevando a cabo
- Tipología del personal empleado para llevar a cabo estos servicios, y retribución percibida por éstos.

3.3. Servicio de teleasistencia

- Tipo de dispositivo empleado para cubrir el servicio y servicios ofertados
- Formación del personal encargado de atender las llamadas y retribución de éste
- Distribución de dependientes por grado y nivel, grupo de edad, género y territorio con derecho a la prestación del servicio
- Ratio de dependientes con derecho a la prestación del servicio por número de teleoperadores

3.4. Servicio de atención en centro de día/noche

- Distribución de dependientes, por grado y nivel, edad, género, territorio y renta atendidos en los centros
- Tipología de servicios que son prestados en el centro de día en función del número de dependientes por grado y nivel que trate el centro
- Formación del personal, retribución y distribución en función del número de dependientes por grado y nivel
- Ratio de dependientes por trabajadores en función de cada tipología de trabajador y el número de dependientes por grado y nivel que trate el centro
- Tipología de centros (día, noche, para discapacidades específicas, etc.) para dependientes, número de centros, número de plazas, territorio y carácter público, privado o concertado
- Número de horas de permanencia en el centro, por grado y nivel de dependencia, tipo de centro y territorio

3.5. Servicio de atención residencial

(Igual que el apartado anterior)

- Porcentaje de personas que tipos de habitaciones (individuales o compartidas)

3.6. Servicio de atención domiciliaria (SAD)

- Tipología de servicios contemplados en el SAD prestados a los dependientes, según grado y nivel de dependencia, edad, género, territorio, renta y duración temporal del servicio
- Formación y retribuciones del personal encargado de prestar el SAD
- Número de horas o períodos de estancia de los dependientes en centros de atención computado como tiempo de respiro para las familias, por grado y nivel de dependencia, género, edad, renta y territorio
- Porcentaje de horas de SAD según la naturaleza pública o privada del servicio
- Número de horas de SAD efectivamente percibidas por los dependientes, en función del grado y nivel de dependencia, género, edad y territorio

3.7. Calidad de la prestación de servicios

- Construcción de indicadores de calidad de servicios. Ello debe realizarse en función de los estándares de calidad pendientes de desarrollo del SAAD. Los indicadores anteriores permiten, igualmente, la elaboración de indicadores de calidad: en el caso de los centros ratios de dependientes por personal, según cualificación del mismo, tipología de servicios ofertados, períodos de estancia, número de horas de atención domiciliaria, etc.