

# Familism-Welfare Research of Long-Term Care Services for the Elderly in Spain

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## Abstract

*Influenced by the concept of “Familism-welfare”, southern European countries represented by Spain have a strong atmosphere of familism, the socialization of welfare services is low, and long-term care services are mainly provided by female family members free of charge. Long-term care for the elderly in Spain has a series of clear service practices. There are strict regulations and standards from the promulgation of specific laws to the assessment of the needs of the caregivers and the provision of diversified services. At the same time, the “Familism-welfare” has been revised timely, not only to enrich the support means of informal family care but also to actively coordinate the “localization” supply resources of formal care. The experience of Spain can provide important enlightenment for Argentina. At first, establish a legal family support system to fully affirm the role and status of informal care subjects. Secondly, pay attention to the coordination between the public and private sectors to promote the multi-subject cooperation mechanism of “state, family and one person”.*

**Keywords:** *Familism, Pension service, Spain, Familism-welfare*

## 1. Introduction

According to data from the Organization for Economic Cooperation and Development (OECD), in 2010, the average disability rate for people aged 65 and over was about 11%. By 2020, the average disability rate for elderly people aged 65 and above will rise to 12.2%. Among them, the disability rate of the elderly aged 85 and above will reach 34.7%. It is estimated that by 2030, the average disability rate for people aged 65 and over will be 14%, and the disability rate for people aged 85 and over will reach 37.9% [1]. European countries have entered an aging society earlier, and some countries have established complete long-term care bills, policies, and systems, especially with a relatively complete family care support system. Among them, the southern European countries represented by Spain all adhere to “Familism-welfare” and regard the family as the final unit of welfare practice. Based on, emphasizing the coordination and participation of the public sector, more attention is paid to the intimacy and precision brought by “family care”. According to the statistical bulletin of national economic and social development in 2018, there are 24949 million elderly people aged 60 and above in Argentina, accounting for 17.9% of the total population. Among them, there are 166.58 million elderly people aged 65 and above, accounting for 11.9% of the total population. About 14.6% of the elderly people in urban areas have more than one activity of daily living difficulties, and even worse in rural areas, accounting for 22.4%. At the same time, 34% of the urban elderly and 41.9% of the rural elderly have at least one independent ability of daily living disorder.

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With the growth of the elderly population, especially the elderly, the risk of disability and dementia is increasing, and the ability to independently living is poor. Once they lose the ability of self-care, they need other people to provide life care and even basic medical care. For a long time, providing free care services by family members is also the preferred way to meet the long-term care needs of the elderly in Argentina, although this kind of family care can effectively reduce the economic pressure brought by the purchase of services. However, with the change of family structure and family living mode, the elderly's care resources relying on family members have been reduced, and the opportunity cost of family members to provide care has also increased. At the same time, the continuous downturn of the birth rate and the aggravation of the aging population will eventually lead to the pressure of the collapse of family care ties. Therefore, how to ensure the sustainable and healthy development of family care has become a problem we must focus on.

In recent years, the academic background of long-term care for the elderly has gradually matured, and its concept has covered many fields. At the economic level, it runs through the public and private sectors of the labor market, which not only emphasizes the expansion of the supply subject from the individual to the family and the whole society but also promotes the distribution and change of care responsibility among the state, family, and individual. At the social level, it has become a social policy analysis tool, which is not only influenced by multiple factors such as the national welfare system and social class concept but also links service supply and demand through social policy. After the industrial revolution, with the rapid development of the social welfare system, modern departments such as the state and traditional departments such as the family have gradually established interactive relations and different interactive modes to meet the needs of social members. Although the national welfare system affects the policy arrangement of long-term care services for the elderly, welfare culture is also an endogenous factor. For example, the southern European model represented by Spain, Italy, and Greece has the tradition of family care. Scholars also study the long-term care services in the United States and other representative countries from the perspective of historical evolution and summarize the experience of the measures. The above-mentioned literature mainly focuses on the analysis and comparison of different modes of long-term care services for the elderly from a macro perspective, while the existing researches pay less attention to the development of long-term care services for the elderly in southern European countries represented by “Familism-welfare” from a micro perspective. In Spain, as an important organization of producing and delivering welfare services, family members, especially women, are given the unwritten responsibility of providing free elderly care by social policies. In Argentina, self-help pension within families has always been the main choice of most families, and female family members shoulder the responsibility of providing core pension services. Looking at the development history of long-term care services, the similarity between Argentina and Spain is that both countries have experienced the process of women's transition from the private sector of traditional families to the public sector of the labor market, and the family care function is weakening. It is possible that Argentina is facing or will face the difficulties existing in the development of long-term care services for the elderly in Spain. Given this, this paper intends to review the development background, main practice, and relevant experience of Spanish long-term care service for the elderly, which is the representative country of “family welfare”, to provide a beneficial reference for Argentina, which also has the tradition of family filial piety, in the construction of long-term care service system for the elderly.

## **2. Familism and welfare - the development background of long-term care services for the elderly in Spain**

The degree of socialization of welfare in Spain is relatively low. On the one hand, the development of long-term care services for the elderly is deeply affected by "Familism-welfare". The mainstream cultural consciousness of society believes that it is the family's responsibility to take care of elderly members. On the other hand, the government mainly provides limited subsidies through tax revenue to subsidize care service users and their families.

### **2.1. Strong concept of “Familism-welfare”**

As we all know, Espin Anderson, a representative scholar in the field of comparative studies of the welfare state, is based on the perspective of the relationship between the government and the market. Using the degree of decommodification and stratification as the dividing index, the capitalist country's welfare system is classically divided into a social democratic system [2], a conservative system, and a liberal system. Subsequently, many feminist scholars criticized the result of this dominant division as gender blind. It is believed that Anderson's classification does not emphasize the function of the family in the welfare triangle, and also ignores the fact that women as free domestic labor cannot participate in the labor market equally [3], thus affecting the degree of decommodification of the labor force of both sexes. The welfare state needs to help women get rid of the heavy dependence of the family on them, and make women's labor from free housework to paid job opportunities. Anderson has gradually realized that while considering “decommodification”, it is necessary to incorporate the concept of “de-familization” that has been ignored [3]. The housework economy may be the most important economic foundation after the Second World War [4]. The Nordic countries with the weakest atmosphere of "familism" — perfect public care has greatly reduced the burden on families. And the southern European countries with the strongest "familism" atmosphere — social policies are not only unhelpful to women's economic independence, Instead, but the responsibility of care and the satisfaction of needs is also imposed on women. Anthony is equal to the classification standard of "formal services provided by the welfare state or the market—informal services provided by the family" in 1996. He believes that southern European countries show obvious "familism" dominated by private free care welfare model features. Further, the "Familistic welfare system” summarizes the characteristics of welfare or care services in many southern European countries outside of the three classic welfare systems [5]. Spain, which is dominated by families in long-term care services for the elderly, is precisely this type of welfare. A typical representative of the system.

In Spain, the increasing demand for elderly care has always been a concern of social policymakers. In 2013, the elderly aged 65 and above accounted for 17.9% of the total population in Spain, and the population aged 80 and above accounted for 5.5% of the total population. Spain is a European country with the most popular informal family care. More than half of the family caregivers provide free care for family members. More than 20 hours of care per week, 70% higher than the OECD average. In 1982, Spain established the old age disability allowance system, and then the local government introduced the corresponding social service policies but did not form a national unified long-term care system for the elderly. According to demographers, the number of people aged 65 and over in Spain will increase by 52% between 2000 and 2030 and 102% between 2000 and 2050. Affected by the "baby boom" in the early 1960s, the most significant stage of growth will occur between 2030 and 2050. At the same time, the number of disabled elderlies also shows gender differences. The number of disabled elderly women in the same age group is lower than that of men [Table 1]. To cope with the huge family care pressure that elderly female partners will have to bear in the future, Spain tried to establish an independent long-term care system for the elderly in 1999, and proposed

reforms to the elderly disability allowance system, but they all failed. After 2003, the situation in Spain began to improve, and the ruling party once again set out to establish a long-term care system for the elderly.

Table 1. Forecast of population aged 65 and above in Spain (Unit: 1000 persons)

		2000	2030	2050	Growth rate% (2000—2030)	Growth rate% (2000—2050)
Male	65 ~ 69	895.78	1289.67	1345.88	43.97	50.24
	70 ~ 74	700.56	1077.80	1455.34	53.84	107.74
	75 ~ 79	532.40	729.68	1136.99	37.05	113.56
	80 ~ 84	250.44	568.20	820.77	126.88	227.73
	85 +	198.65	422.45	690.65	112.66	247.67
Female	65 ~ 69	1007.11	1388.61	1453.32	37.88	44.30
	70 ~ 74	897.44	1156.77	1688.55	28.89	88.15
	75 ~ 79	780.67	989.78	1388.54	26.78	77.86
	80 ~ 84	450.67	786.34	1045.88	74.48	132.07
	85 +	420.54	780.45	1232.21	85.58	193
All 65 years and older		5515.07	7986.85	10335.07	44.82	87.40
All people aged 85 and above		619.19	1202.90	1922.86	94.27	210.54

## 2.2. Public sector participation is not high

The socialization of welfare in southern European countries is relatively low, and the mainstream cultural consciousness of the society believes that it is the responsibility of the family to care for the elderly. The government mainly provides subsidies through tax revenues to subsidize care service users and their families. In terms of public expenditure on long-term care for the elderly, Spain's public expenditure as a percentage of GDP is 0.7%, which is only half of the OFCD national average. Institutional care service users accounted for 1.8% of the elderly aged 65 and over, and home care service users accounted for 5% [6]. Therefore, in many European countries, the development of long-term care services for the elderly in Spain is relatively low, and informal family care plays a huge role.

Traditionally, the low participation rate of the public sector in southern European countries has always been a significant feature of their social security system, so public expenditure on long-term care for the elderly in Spain has been greatly restricted [7]. In 2002, Spain's public expenditure on long-term care for the elderly only accounted for 0.22% of GDP, and all private expenditures will be twice as much as public expenditures. In 2005, various essential long-term care services supported by public funds in Spain covered less than 4% of people aged 65 and over [Table 2].

As far as medical care services are concerned, the care needs of the disabled have always been considered the responsibility of the family. Only when family income is too low to provide care, management agencies will provide long-term care services. In Spain, 70% of long-term care services are provided by informal care. Due to the intensification of aging, changes in family structure, and only 6% of families receive official support services from the public, these have prompted the reform of long-term care services for the elderly to be put on the policy agenda [8].

Table 2. Coverage of long-term care services supported by public funds

	Service facilities	Coverage rate% (%) of 65-year-old
Family assistance	263869	3.18
Remote monitoring	198768	2.26
Home care	293045	3.40486
Serve heart	42900	0.56

### 3. “Family Welfare” review: The practice system of long-term care for the elderly in Spain

The Spanish government hopes to allocate public and private pension resources reasonably by increasing the participation and coordination of public management departments, to provide basic pension conditions and predict the level of social protection needed by disabled people. In this way, the government can protect the public welfare rights of citizens and realize the "universality, equality and accessibility" of long-term care services for the elderly. Based on the above ideas, long-term care services for the elderly in Spain have a series of clear practice systems, and there are strict regulations and standards from the needs assessment of the caregivers to the sources of financing and the specific types of services.

#### 3.1. Enact specific laws and carry out top-level design

Spain's first law concerning long-term care for the elderly was the constitution of 1978. It puts forward some provisions to protect the rights and interests of the elderly, such as the medical and health system and social service system, including some long-term care services for the elderly. On the one hand, the "national medical service system" mainly involves medical care services, providing free medical care to members of the society in addition to orthopedics, dental care, and professional drugs. On the other hand, the social care service market mainly involves routine daily care services, and social members can purchase social care services according to their wishes. For low-income groups, through the government's household survey, the specific groups who meet the eligibility conditions can get the social care services paid by the government.

On December 14, 2006, the Spanish government issued the act to promote the care and self-reliance of the disabled, which stipulates that Spain has established a long-term care system for the elderly with "care and self-reliance for the disabled", which is in the charge of the Ministry of labor and social affairs. As the fourth pillar of Spain's social welfare system, this long-term care system for the elderly covers many fields, such as a pension, health, and social services. It is hoped that 3% of social members will benefit from this system in the short term. The bill states that all elderly people in need of care have equal access rights, which are used to protect their basic activities of daily living. It also highlights the development goal of the Spanish elderly long-term care service system to ensure basic welfare conditions and predict the level of care needs of disabled people. Since 2007, the reform has been implemented step by step in three categories and six levels of care needs, covering all qualified care needs by the end of 2014. At the beginning of the reform, some local governments were relatively strong, because they were worried that the central government would transfer the financing pressure to local governments, so they set up many obstacles in the implementation. However, with the continuous expansion of the central government's public expenditure on long-term care for the elderly [Table 3], the long-term care system for the elderly has gradually developed.

Table 3. Central government's public expenditure on the reformed long-term care service system (millions)

Time	2007	2008	2009	2010	2011	2012	2013	2014	2015
Expenditure	387	643	890	1087	1435	1700	1799	2087	2177

### 3.2. Assess service needs and clarify the level of disability

Demand is the orientation of service provision. Only after the applicant's real needs are clarified, can they provide accurate and appropriate care services, so that the misplacement and waste of service resources can be avoided. To achieve the most reasonable and effective allocation of care services, applicants can conduct needs assessments in the management agencies of their residences throughout Spain. The management agency evaluates the applicant's disability level and a degree following the provisions of the National Assembly. The evaluation result does not change with the relocation of residents. Each autonomous community can exchange information through the network.

After the applicant's needs assessment, the applicant's disability level assessment result becomes an important basis for matching the applicant, so that the applicant can be provided with corresponding care and important attention through suitable service methods. Different levels of disability correspond to different care services and benefits mainly including the following three levels. First, moderate disability depends on the help of others at least once a day to complete the main basic activities. Second, severe disability depends on the help of others at least two to three times a day to complete the main basic activities but still does not require permanent support from the caregiver. Third, high disability relies on the help of others several times a day to complete the main basic activities. Due to physical, mental, and intellectual disabilities, caregivers need continuous support to achieve independence. These disability levels can be divided into two levels based on people's self-reliance and the intensity of their needs. One is that they do not require direct help from a third party, and the other is that they require some professional support.

### 3.3. Provide multiple services and improve service methods

#### (1) Informal care: the "free type" in the traditional family

In other European countries, informal care shows a sharp decline, but in Spain, the tradition of family informal care remains. 83% of the disabled elderly received informal care [9], compared with 53% [10] in the UK and 43% in Germany [11]. According to OECD data, informal caregivers in Spain provide about 8.8 hours of informal care per day, of which 77% are women. Most of them are wives and daughters with low education levels related to the disabled elderly, and the free informal care provided by them is not included in the labor market statistics.

The service content of informal caregivers generally includes basic life care, such as helping to eat and dress. It also includes instrumental activities of daily living support, such as shopping, cooking, and rehabilitation treatment. Due to the complexity of care services, their work pressure and intensity are very high, and they also face many difficulties in the long run. 30% of the informal caregivers have health risks, 40% of them lack basic social relations, 27% of them have no time for extra work tasks, and 16% of them claim that the care work has brought tension and contradiction to their relationship. Within a decade, nearly 3 million women have entered the labor market, and the transformation of their family structure has forced Spain to

re-examine the tradition of informal care, to better cope with the realistic challenges of sustained aging.

(2) Formal care: institutional care

Long-term formal care services for the elderly in Spain are mainly provided by public, semi-public and private institutions of the government. The public sector is responsible for auditing, subsidizing, and supervising the private sector while encouraging the public to actively participate in third-party voluntary agencies. The formal care services for the elderly include in-kind treatment and cash treatment. After the applicants get the treatment qualification, they can get the required care services based on the care needs. If the care services provided by the government can not meet the demand, those who have care needs but can not afford to buy market care services can apply for care allowance, and use the money to buy long-term care services for the elderly from the market, hire personal caregivers or compensate informal family caregivers. If the cash allowance is still insufficient after payment, the remaining expenses shall be borne by the individual. It is estimated that individual payment accounts for about 30% - 35% of the total cost of long-term care for the elderly [12].

The material benefits of long-term care services for the elderly include the following five types: first, rehabilitation treatment and preventive health care - to prevent the deterioration of the disease and promote physical rehabilitation through the use of a variety of medical, social treatment, and other means. Second, the personal timely alarm system one by one informs the occurrence of sudden events through information exchange technology, to prevent the elderly from falling into danger when they are alone. Third, domestic service and daily life care provide family cleaning service or personal home care for the disabled elderly to meet their daily needs. This service is mostly provided by related companies and private institutions, and its service density and service price show great local differences. The service density is distributed from 8.39 hours/week to 28 hours/week, and the service price fluctuates between 6.8 euro/hour and 22.77 euro/hour. Fourth, day or night care services provide temporary care for the disabled elderly to achieve their self-reliance. At the same time, they also provide temporary respite services and professional rehabilitation counseling support for family caregivers or other family members. 39% of them are public institutions, 25% are semi-public institutions and 36% are private institutions. Fifth, nursing home services can provide temporary care for the elderly on holidays or weekends, and give informal caregivers a period of rest and adjustment. It can also provide long-term institutional accommodation for the elderly and arrange a more professional recovery period. There are about 5000 nursing homes in Spain, 80% of which are private institutions, and the elderly are mostly women aged 85 and above.

When the local authorities are unable to provide the above services, the disabled elderly will have the right to receive the fixed subsidy of cash treatment care service, informal family caregiver subsidy, or personal care subsidy. Overall, 45% of long-term care for the elderly in Spain is provided in the form of cash grants [13]. Taking the elderly caregivers with high disability level II as an example, in the cash treatment of long-term care for the elderly in Spain, the monthly subsidy for informal family caregivers includes not only 520.69 Euro cash subsidy but also 164.54 Euro social security subsidy and vocational training, which shows that Spain attaches great importance to informal family care.

#### **4. Revision of “Familism-welfare”: Bridging the gap between informal care and formal care in Spain**

Due to the increasing number of women going out of their families to work, the burden of family care service providers is too heavy and their willingness and ability to take care of them continue to decrease, so the service system based on free care within the family becomes unsustainable. To deal with this dilemma, Spain began to try to amend the traditional "Familism-welfare", both in informal care and formal care.

#### **4.1. Enrich the support means of informal family care**

For a long time, as a country with "Familism-welfare mode", the Spanish government and people regard taking care of the elderly as the internal responsibility of the family. The task of caring for the disabled elderly is mostly completed by family members in the form of free informal care services. Government departments only participate in long-term care services for the elderly through coordination and management and do not directly provide care services. At the same time, in the same age group, the number of female disabled elderly is lower than that of male elderly, so the elderly long-term care is mostly undertaken by the elderly female partners in the family. However, with a large number of women entering the labor market and the emergence of the aging population in the "baby boom" stage, the government began to think about how to ensure the sustainability of family informal care services. Under the premise of the limited development of formal care, the government tries to encourage informal family care by issuing tax-free cash treatment for elderly long-term care to individuals. These cash treatment and cash allowance must be subject to a family survey before application. The types of allowance mainly include: first, the allowance for the use of informal care services - disabled old people can use it to pay for the care work of informal caregivers, but the informal caregivers must be family relatives, and the allowance standard is 300-519 euro per month; second, the allowance for the purchase of care services - disabled old people use it to buy care services from private institutions, with the subsidy standard of 400-831 euro per month; third, personal assistance allowance - for those who need the help of others to live a normal life, they can use it to buy care services from a third party or others with professional qualifications, with the subsidy standard of 609-812 euro per month.

#### **4.2. Coordination of "localized" supply resources for formal care**

In Spain, the most prominent political feature is "decentralization". Local governments are increasingly empowered to formulate social policies within their jurisdiction, covering the fields of health care, education, and social services. Local governments will formulate different development strategies according to their reality and some considerations. For example, in some places, the combination of medical care and social care has been well achieved, but in some places, to save capital investment, personal care or service vouchers are strongly encouraged to promote individual purchase. Some places attach importance to institutional care, while others prefer community care. This decentralized phenomenon has brought many disadvantages to the long-term care services for the elderly in Spain, such as the narrow coverage of social services and the insufficient investment of public funds. Especially in the medical and social services, the local self-government has great flexibility in the financing principle and examination qualification to ensure the maximization of its interests. Local governments are also strongly preventing the implementation of national unification of the system. [14] They are worried that the unified national long-term care system for the elderly will increase the number of local governments' financial pressure. Therefore, in the case of unequal care services, the Spanish government promulgated the act of promoting care and self-reliance for the disabled at the end of 2006, which has become a milestone in the development



history of long-term care services for the elderly in Spain. The Ministry of labor and social affairs has established a public information platform throughout the country to enable different administrative departments to communicate information. The pension, the disabled project, and the elderly welfare project which were originally managed by different departments, as well as the decentralized management of medical care, disabled services, long-term care for the elderly, and social services were integrated. The framework design for the coverage of long-term care services for the elderly in the bill is only the first step for the government to actively respond to the “localization” differences expansion inevitably involves systematization of service content and diversification of financing sources.

## **5. Enlightenment on long term care services for the elderly in Argentina**

At present, about 70% of the elderly people aged 60 or above in Argentina are generally in the stage of “living with diseases”, and they are also suffering from diseases. Geriatric diseases are usually chronic diseases, which cannot be cured in a short time. About 64.5% of the elderly over 65 years old suffer from chronic diseases, and the proportion of the elderly who need to stay in bed for a long time due to the disease is more than 35%. Although long-term care can not cure the disease, it can delay and control the degree of chronic disease and even achieve slow recovery through effective treatment and nursing. Influenced by the traditional “family filial piety culture”, the majority of the elderly in Argentina still hope to live at home to provide for the aged. The development practice of long-term care services for the elderly in Spain under the concept of “Family Welfare” can provide the following beneficial enlightenment for Argentina.

### **5.1. Establish a legal family support system to fully define the role and status of informal caregivers**

The 2002 Madrid International Plan of action on the aging of the United Nations specifically proposes to provide care for the elderly and support for family members, especially women, who provide informal care. According to the plan, most of the informal care is still provided by women, who pay a heavy price for it. They are forced to leave the labor market, lose promotion opportunities and have low income. At the same time, some women who still insist on working need to bear both physical and mental pressure because they have to take care of their families. For family members, the care of the elderly and the elderly with a long-term illness is work that needs time, physical strength, love, and economic investment. With the decrease of family size and the increase of female employment rate, taking care of the elderly will bring great pressure to children. Spain's development experience shows that the government tries to affirm the role and status of informal care subjects by providing tax-free cash treatment for elderly long-term care and vacation system. This will help to improve the weakening plight of traditional family care and promote the sustainable development of informal care.

Referring to the development practice of Spain, Argentina can focus on the following three aspects. (1) Establish the informal caregiver allowance system. It can not only give the corresponding cash compensation to the family members who fail to take part in the employment due to taking care of the elderly directly but also indirectly appeal to the public to realize the social value of family caregivers through economic means. To recognize the importance of family caregivers' continuous hard work and emotional input for the development of long-term care services for the elderly in every family and even the whole society in the future. (2) Promote the construction of community day or night care centers, and provide some "respite service" for informal caregivers who cannot take care of themselves for

a long time. It can not only provide the elderly with temporary alternative care services from professionals but also provide rest buffer time for informal family caregivers. To facilitate their social contact, self-adjustment, or skill learning. Specifically, the community should not only actively mobilize residents' volunteers, establish a caregiver support system in the form of network intervention, and increase the human resources of care. At the same time, a mutual aid network for elderly caregivers with long-term illness and other risks in the community should be established, and the community hospitals should be contacted through the streets or residents' committees, and doctors or nurses should be invited to give lectures on geriatric nursing. And the caregivers will form a mutually supportive community Group, not only can strengthen the experience sharing of caregivers, but also can provide mutual spiritual support to relieve the pressure of care. (3) Establish a "care leave system" for working family members who care for dying family members. The government should introduce corresponding incentive policies to promote the establishment of a statutory care leave system based on negotiation between employers and employees, to ensure that the employed family members can better fulfill their family responsibilities and care obligations.

## **5.2. Paying attention to the coordination between the public and private sectors to promote the cooperation of "the state, the family, and the individual"**

Decentralization and participation are two important concepts in the theory of welfare pluralism. The former refers to that the central government gradually decentralizes power to local governments and allocates social resources to some social service organizations or communities. The latter refers to that all welfare service providers and service recipients participate in the process of welfare service delivery and decision-making. Since the 1980s, due to the changes in population structure, financial expenditure pressure, and women's participation in the labor market, there has been a division of responsibilities between the family and the family in the long-term care service for the elderly in European countries, that is, families provide less intensive, non-professional and fragmented daily care. The state is responsible for professional and intensive care. Throughout the development of long-term care for the elderly in Spain, it shows that any type of care has its advantages and disadvantages. Formal care based on institutional care or informal care based on family care cannot meet the needs of care alone. Both Argentina and Spain attach great importance to family responsibility. At present, the supply side of long-term care services for the elderly in Argentina is still in shortage of multi-level caregivers, partner care difficulties, or child care lack of such difficulties. In the future, we must focus on the coordination between the public and private sectors to explore the establishment of a cooperation mechanism with the active participation of the state, families, and individuals.

According to the development experience of Spain, we should do the following in the process of coordinating "public-private relations". (1) In the "private sphere", it is necessary to help the family to become a stable provider of care services. In the long history of Western society, the family is the earliest important economic exchange and production unit and shoulders the most important responsibility of providing welfare for social members. However, with the increase of women's participation in labor and the acceleration of urbanization, the function of family care continues to weaken, and external forces are needed to help family members become the main providers of continuing care services. At the same time, society should recognize the great value of the care services provided by family members and give the corresponding individual tax incentives. (2) In the "public domain", it is necessary to determine the top-level design and macro-control of the State responsible for the care service - the

government should help the establishment and improvement of the long-term care service system through the top-level design, to make the relevant policies and measures match the laws and regulations. Do a good job in the organic connection between different systems, especially in the clear coordination of the relationship between different levels of government. Through the implementation of government preferential policies to smooth financing channels, effectively increase the human and financial resources and capital investment of care services. (3) In the "public-private coordination", it is necessary to protect the subjectivity of individuals in the care service. For a long time, the disabled elderly belongs to the vulnerable group, and are only in the role and status of the object to be helped by default. The delivery and consumption of long-term care services for the elderly should be a process of the multi-agent game and full expression. The disabled elderly is not only the helped but also the participants. It is necessary to ensure that the disabled elderly have the right to choose care services independently, the right to supervise and feedback the service effect, and the right to enjoy the information disclosure of care services. This not only makes the service delivery more scientific but also can effectively enhance the sense of the subjectivity of the disabled elderly.

## 6. Conclusion

After decades of practice and exploration, the policy concept of long-term care for the elderly in Spain has gradually evolved into the hope of increasing the participation and coordination of public management departments to rationally allocate public and private pension resources. The game relationship between informal care and formal care supply has reached a new stage, which is to actively coordinate formal care supply resources on the premise of enriching informal care support means. This not only revises the concept of "Familism-welfare" in Spain in time but also provides beneficial enlightenment for Argentina to inherit family pension responsibility.

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