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Developing of Analysis paper of current state for Spain

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1. INTRODUCTION

The 1978 Spanish Constitution and the Statutes of Autonomy for the 17 Autonomous Communities (instituted 1979 to 1983) acknowledged and enabled an extensive decentralization process. In this respect, the welfare state has evolved in a federalizing direction like the territorial model, where sub-national governments (regional and local) have considerable legislative, executive and management powers in essential policies such as health, education and social services.

This document presents the state of the art of social services, the education system, the context of care for the elderly in Spain and the Lares care model. To this end, the paper is divided into two sections. The first summarizes the Spanish institutional framework for social services and care for the elderly. The second presents the distinctive features of Lares as an organization and its model of care for the elderly.

2. SPAIN'S SOCIAL SERVICES FRAMEWORK¹

In Spain, the purpose of social services is to promote and ensure the full development of all individuals and groups within society in order to achieve greater social welfare and a better quality of life, in an environment of co-existence, and to prevent and eliminate the causes of social exclusion. Specifically, the public social services system in Spain includes a variety of benefits and services. The 2013 social services reference catalogue approved by the Local Social Services Board (Consejo Territorial de Servicios Sociales) encompasses:

- a) services: understood as the actions carried out by technical teams aimed at meeting the social needs and promoting the social integration of citizens, families and population groups.
- b) benefits: financial contributions made in form of regular or one-off payments to guarantee a minimum income or provide assistance in emergency situations for citizens.

The services provided are focused around seven themes corresponding to different social needs: 1) information, guidance, consultation and diagnosis; 2) personal autonomy, home-based care and family respite; 3) intervention and family support; 4) intervention and protection of minors; 5) residential care; 6) prevention and social inclusion; and 7) legal protection.

The current configuration of the public social services system arose from the 1978 Spanish Constitution, which grants competences on this matter to the regions or so-called autonomous communities (CCAA Spanish acronym). As a result, the regions have stipulated the extent of such competences in their Statutes of autonomy and enacted regional legislation of social services.

The central government may intervene, in as much as there are social problems, which require a global outlook and exist in more than one region but respecting the competences of the CCAA concerned. Direct central government intervention in managing the granting of assistance would be legitimate only if the national-based nature of the corresponding programs means that they could not be managed regionally.

Regional laws on social services establish the general principles and criteria that guide the system and are very similar across the different CCAA. The regulatory development of the laws, however, differs greatly from one region to another. All the CCAA include in their respective Statutes of Autonomy (SA) exclusive competence in social services, although they use different formulas to do so (social assistance, social welfare, social services, community development). Some statutes also seem to seek greater specificity or a clearer definition of the scope of competence assumed and expressly state the groups that will be covered by the regional social policy: children, families, older people, immigrants, people with disabilities, and women.

The SA themselves specify that the exclusive competences assumed by means of the basic institutional rules of the CCAA refer to full powers on the matter – legislative, regulatory and executive. In addition, some statutes (such as those of Andalusia, Catalonia, the Canary Islands and the Balearic Islands) also refer to the preferential application of regional law in the event of conflict with central state regulations on the same subject when the autonomous community has exclusive competences. Moreover, there is recurring reference to the fact that such competences shall be exercised in accordance with the provisions of the Constitution.

¹ This text has been excerpted and adapted from the paper “Modernising Social Services in Spain: Designing a New National Framework” (OECD, 2022)

The laws on social services across the 17 Spanish regions present many elements that are common and that reveal a common understanding of community social services systems. It could be said that the social services laws currently in force at regional level are a sort of “second generation” of regulations that (understanding social protection as more of a citizen’s right than in terms of welfare) have proposed the configuration of a comprehensive public social services systems at the regional level, overcoming the shortcomings of the first laws enacted.

There are significant differences in the number of services and benefits offered by the various regions that are established in the CCAA catalogues. These differences partly reflect real disparities in the provision of services and benefits among the different CCAA. However, the number of services mentioned in the catalogue may differ depending on the level of detail provided by each region. As an example, one autonomous community may list a social and therapeutic support service once for each group it targets (such as single-parent families, adolescents, large families) while another might only mention the service once without detailing the groups it is aimed at.

The predominant services are those within the dependency framework, i.e. services related to autonomy, followed by financial benefits and residential care, which are focused on various groups, including older people, minors and people with disabilities. This reflects the growing need for this type of services – because of demographic changes – and the greater weight that these areas have acquired since the entry into force of the Long-term Care Act. At the other extreme, legal and family support services each account for less than 5% of the services mentioned in the catalogues.

In addition to the differences in their contents, catalogues are structured differently. In some areas (information, prevention, residential care and legal assistance), the focus is on the services provided. In others, however, the list of services available is organized according to the groups or situations for which they are intended (family support, child protection and dependency).

There are also differences in the supply of social services within the CCAA. In several regions, municipalities with more than 20.000 inhabitants may have their own social services catalogue. Differences in the financial and technical capacity of the municipalities can widen territorial inequalities in service provision. The municipal catalogues also make it possible to respond to the socio-demographic diversity within the CCAA, with different services being provided according to the needs of the population.

Local variations also point to inequalities in coverage within the CCAA, with gaps mainly affecting rural or low-density areas. All primary care services reach all municipalities, but there may be more difficulties accessing and using services that are more specific.

The effective provision of benefits is conditional on the development of regulations that govern the catalogue or portfolio of social services. Although the CCAA regulations insist on their intention to make public social services systems more enforceable, repeatedly defending a universal system, this does not translate into an overwhelming predominance of guaranteed benefits, that is, services not depending on budget availability.

At the same time, some guaranteed or subjective-right benefits may include clauses that limit access; often these clauses aim to identify precisely the service’s target population. One such example is access to minimum incomes, which generally depends on family income, family assets and, in some cases, on the benefit holder’s efforts to seek employment. Another example is child protection services, which depend on the age of the beneficiaries. Conversely, non-guaranteed benefits are subject to budgetary availability and thus may be withdrawn, especially when a local entity is responsible for them.

Regional laws define the structure of social services systems from two perspectives: territorial and operational. From the territorial perspective, decentralization is the basic principle for the provision of services in almost all cases, aiming to bring them into proximity with users. The principle of proximity is also reflected in the systems' operational structure, which has two levels of care: basic or primary care, and specific care.

The first level (classified in the different laws as community, basic or primary care social services) is the people's first point of contact with social services and includes services for the entire population that do not distinguish between specific groups with particular needs. These services include information, social promotion and guidance, home care and support in social emergencies. Municipalities or local authorities have traditionally provided these services to meet the most basic social needs of the population. The second level of services is provided at regional level and comprises services involving specialized care and services that respond to the specific needs of certain groups (such as older people, people with disabilities) and are classified according to subjective criteria.

Social services centers offer information and guidance to help individuals and families address problems. They initiate procedures to apply for assistance and services in the catalogue or to obtain the certificate of entitlement. These centers exist throughout Spain and have close links with the local population. For potential users, they are almost always the gateway to the regional or municipal social services network. In general, people are assigned to the facility closest to their place of residence.

The proportions or ratios of professionals can be regulated (or not) by relevant authorities for example, in the areas of health services and public employment services it is common that professionals/user's ratios (or at least the minimum acceptable ratio) are regulated. In the area of social services, eight CCAA have not established minimum staffing levels. In general, minimum ratios of professionals decrease as the population increases. While ratios are better than the median in small towns, in large localities, the population density is much higher and consequently the number of inhabitants per professional is higher.

The portfolio or catalogue is the instrument that defines social provision in that region. As such, in addition to listing the benefits and services and their legal nature (both enforceable and conditional) it also includes other key specifications, such as criteria for accessing benefits, conditions for financing them, and the sectors of the population targeted by each benefit. Municipal registration and/or residency status is often a requirement to access many services and benefits.

The provision of services can be carried out directly by public entities or by private actors: either from the third sector or for-profit companies that are subcontracted or receive a subsidy. In general, there are different rules for primary and specialized social services. In all communities, private entities can provide specialized care services, although the prerequisites and the openness of the system to the initiative vary greatly from one community to another. In general, services that are reserved for direct management (such as information, evaluation, assessment, guidance and child adoption services) cannot be subcontracted. Regarding primary care, only home care services are usually provided by private entities.

Several CCAA give preference to the participation of non-profit entities rather than for-profit entities as social services providers. Private providers are generally contracted through a mix of different legal instruments, which vary between non-profit and for-profit providers. Agreements, social concordance and subsidies are favored for non-profit entities. Contracts are used for for-profit entities, and tendering may be used to select them.

The funding of social services is the responsibility of each level of government. However, it may be supplemented by transfers from higher administrative levels. The regional government is responsible for funding specialized social care services that fall under its jurisdiction. Often, specialized services are managed and provided by the regional government. In turn, local entities (municipalities, provinces or islands, depending on the functional structure), must fund basic care services, but with variable contributions from regional and central government levels. In addition, as shown above, beneficiaries of social services may be asked to pay a portion of these costs (co-payment). The amount of the co-payment should not exceed the financial capabilities of the beneficiaries, as this might indirectly exclude them from access to services.

The European Union may also contribute to funding, particularly investing in the improvement of social services.

The Concerted Plan is the central administration's main channel of co-funding for basic care social services. The plan is an annual co-operation agreement between the central and regional governments that has been in place since 1988. The plan seeks to guarantee basic services to citizens throughout the territory and to establish principles of co-ordination and co-financing. However, Navarre and the Basque Country – the communities of the foral regime – do not participate in it.

In addition to commitments for co-financing, management, information and technical assistance, the communities have agreed to co-finance an amount at least equal to the central government's contribution. In recent years, the contributions of the CCAA have far exceeded those of the Concerted Plan. One consequence of this situation is that the information on funding published in the annual reports of the Concerted Plan is incomplete because some communities only report the contributions that will co-finance what falls within the context of the Concerted Plan, omitting of the rest of the expenditure. In other cases, the municipal bodies do not report their total expenditure to the regional authorities.

In addition to the funds associated with the Concerted Plan, regions may also co-finance the expenses of local entities through other programs.



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3. SPANISH EDUCATION SYSTEM

The Spanish Educational System is structured into general education and special education and includes early childhood education, primary education, compulsory secondary education, baccalaureate, vocational training and university education.

The adaptation of these teachings to students with special educational needs, distance education for students who cannot regularly attend an educational center and adult education are also contemplated as part of these system. As special education is included artistic education, language education and sports education.

Early childhood education covers children up to the age of six, at which time they enter compulsory education. It is voluntary and its purpose is to contribute to the physical, emotional, social and intellectual development of children. It is structured in two cycles: the first up to three years of age and the second from three to six years of age. The second cycle is free of charge.

Primary education is compulsory and free of charge. It comprises six academic years which make up a gradual progression in the teaching-learning process, and which normally take place between the ages of six and twelve. In general, students enter the first year of primary education in the calendar year in which they turn six years old. Its purpose is to provide all children with a common education that makes possible the acquisition of the basic cultural elements, the learning of oral expression, reading, writing and arithmetic, as well as a progressive autonomy of action in their daily life.

The compulsory secondary education stage comprises four courses, which are usually followed between the ages of twelve and sixteen. It is organized into subjects and comprises two cycles, the first of three school years and the second of one. The second cycle or fourth year has a fundamentally propaedeutic character, and parents or legal guardians or, as the case may be, the students can choose between the option of academic studies for the initiation to the Baccalaureate or the option of applied studies for the initiation to vocational training.

At the end of this stage, students receive the title of compulsory secondary education graduate, which entitles them to access the baccalaureate and intermediate vocational training. In any case, students receive an accreditation from the educational center, stating the years of study and the grades obtained in the different levels. and the grades obtained in the different areas of study.

It comprises two academic years that will normally be taken between the ages of sixteen and eighteen. eighteen years of age. Students who are in possession of the title of Graduate in Education can access the Baccalaureate. The baccalaureate is open to students who hold the title of Graduate in Compulsory Secondary Education. There are three modalities different: arts, sciences, humanities and social sciences.

Basic vocational training cycles are compulsory for educational administrations but voluntary for families and students, and free of charge. These courses have a modular structure, including professional modules that guarantee the acquisition of lifelong learning competences (Communication and Social Sciences and Applied Sciences), professional modules that guarantee the necessary training in professional competences for professional life and labor insertion, and a professional module of Work Center Training (FCT) that takes place in the company and has the objective of providing the necessary skills for the professional life and labor insertion.



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Intermediate vocational training is voluntary. In general, access is granted with the title of Graduate in Compulsory Secondary Education, and with the basic professional titles. It can also be accessed through an admission procedure regulated by the Educational Administrations. These courses have a modular structure, including a professional module of FCT which is developed in the company and has as its main objective to complete the acquisition of professional competences achieved in the educational center. Students who pass this course obtain the title of Technician of the corresponding cycle.

Higher vocational training. It is accessed, in general, with the title of technician of the professional formation of average grade, and with the baccalaureate. It is also possible to the admission procedure is regulated by the educational administrations. These courses have a modular structure, including a professional module of FCT, which is developed in the company and has as its main objective to complete the acquisition of professional competences. The main objective of this module is to complete the acquisition of professional competences achieved in the educational center. Students who pass this course obtain the title of higher technician of the corresponding cycle.

The objective of vocational training for employment (FPE) is to train workers for the qualified performance of various professions, facilitating access to employment and encouraging active participation in social, cultural and economic life. The FPE is financed by funds from: the vocational training contribution made by companies and workers to the Social Security, as established each year in the General State Budget Law; the specific contributions established in the budget of the Public State Employment Service; the funds allocated by the Autonomous Communities for this purpose; co-financing through the European Social Fund or other European aid and initiatives; the contributions for vocational training that may be established for other beneficiary groups in each General State Budget Law.

4. SYSTEM FOR AUTONOMY AND CARE FOR DEPENDENT PERSONS²

The milestone in Spain for policy on care for dependent persons, which includes care for dependent older adults, came with the Law for the Promotion of Personal Autonomy and Care for People in a Situation of Dependence (LAPAD) that established assistance for dependency as a subjective right. This law came into force on 1 January 2007 and implemented the System for Autonomy and Care for Dependence (SAAD).

The LAPAD also established the SAAD Territorial Council as a multilateral cooperation body bringing together central government, the regions and, in some cases, local government. This body is responsible for decisions regarding the criteria for distributing funds, and decisions on various aspects related to implementation of the LAPAD.

In Spain, the regions are responsible for implementing and managing the system. The potential beneficiary or their family can apply to access the SAAD, while social services in the regions assess each individual's dependence level using a scale, with the assessment then entitling the beneficiary to particular services and/or cash transfers. The CCAA, working with the beneficiary or their family, decide what type and intensity of service should be provided. The role of local authorities varies significantly between regions, depending on the regional sectoral laws. In general, they provide services using their own resources, such as specific services like homecare.

SAAD funding is structured into three levels. The central state covers the cost of the guaranteed minimum provision, while the region is in charge of its management. Beyond this, the level of protection is agreed between the central state and the CCAA, with funding from the region matching or exceeding the funds provided by central government. Furthermore, there is an additional level of funding established by each CCAA which is financed out of its own budget, and this causes severe territorial imbalances in the quantity and quality of services.

The LAPAD establishes a series of services and cash transfers for dependent persons. The services include: 1) prevention services for dependency situations and for promoting personal autonomy, 2) remote care service, 3) homecare service, 4) day and night facility service, and 5) residential care service. In turn, there are three types of cash transfers: 1) for care provided by a family member, 2) for contracting an assistant or 3) for acquiring a service.

The relatively deficient implementation of a SAAD based on public services is due to the contrast between the great ambition of the LAPAD and deficient funding of the SAAD, which made it difficult to implement. Due to this deficient implementation of the SAAD, many dependent people and their families attempt to access long-term care through the market, both to receive care when they are not beneficiaries of the SAAD system and to complement the services.

There are two main services for elder people: homecare and nursing homes. Homecare service is provided by a care assistant who helps the dependent person with household tasks and personal care, such as hygiene or medication control. Homecare for dependent older adults is managed by the corresponding local entity.

² This text has been excerpted and adapted from the paper "On the Corona Frontline The Experiences of Care Workers in Spain" Hernández-Moreno & Pereira-Puga (2021)

According to data from the Institute for Older Adults and Social Services (IMSERSO, 2019), 451,507 older adults receive home help services, which represents a coverage rate of 5%,4 with vast differences between regions, ranging from 1.3% in Extremadura to 9.2% in the Madrid Region. Demographically, 68.9% of beneficiaries are aged 80 years or over, and 72.3% are women.

In turn, more than 300,000 citizens in Spain live in nursing homes. Estimates based on data from 2019 quantify the care home population between 322,180 and 333,920. Although there is no official record of the number of nursing homes, the “Envejecimiento en Red” (Ageing Network) website run by the Spanish National Research Council (CSIC) offers unofficial statistics.⁶ According to these, there were 5,417 care homes in 2019, providing 372,985 places.

This means that there are 4.1 places for every 100 persons aged 65 and over. 1,573 care homes are publicly owned (29%) and 3,844 are privately owned (71%). 72.8% (271,696) of the total places are in private care homes, compared to 27.2% (101,289) in the public system.

Care homes differ considerably in terms of size. 51.4% of places are in care homes with 100 beds or more; 29.1% in care homes with between 50 and 99; 14.4% in homes with between 25 and 49 places and the remaining 5% in homes with fewer than 25 places. There are significant differences between regions and even between provinces within regions in all these aspects.

5. LARES: COMMITMENT AND SOLIDARITY WITH THE PERSON

Lares was formed in 1996 in recognition of the need to coordinate the efforts of nonprofit care service providers, to promote the respect for the dignity of older persons (and later also of people with disabilities), and to uphold humanity in the provision of care and services.

Lares Social Group cares for the elderly, dependent people, people with disabilities and people at risk of social exclusion, under the perspective of solidarity management. The Lares care model is articulated in three central concepts that distinguish and identify its nursing homes and social work activities:

- Person-centered care.
- Caregivers as agents of added value
- Coexistence and sharing in the care context.

The social group is integrated by three organizations: Lares Federation, Lares Foundation and Lares Association. These entities bring together 17 territorial associations (one per each CCAA), 1050 nursing homes and care centers, and 35000 employees that provides care to 54000 elderly people in Spain.

Lares is organized and managed in accordance with the principles of internal democracy, autonomy of its members (territorial associations), transparency, and effective management. These principles are materialized in a governance model articulated around four bodies: the General Assembly, the Board of Directors, the Presidency, and the General Secretariat.

The General Assembly is the supreme governing and directing body. It is composed of one representative from each of the 17 territorial associations; another representative for every 15 associated residences or fraction equal to or greater than six; and the members of the Board of Directors.

The Board of Directors is the governing body. It meets approximately five times a year. It is composed of the following members, all of whom have a voice and a vote: the President, the Presidents territorial associations, the General Secretary, with a voice but without a vote, acts as the recording secretary. Among its members, two Vice Presidents and a Treasurer are appointed.

The Presidency holds the legal and institutional representation of Lares and its governing bodies. It is elected by the General Assembly for a period of four years, which can be extended for an additional term.

The General Secretariat is the technical body and, together with the Presidency, implements the agreements reached by the Board of Directors and the General Assembly, as well as develops its own programming.

As a technical body, the General Secretariat is responsible for the operational management of the central services of the group, which are organized into 10 departments: legal, administrative, training, accounting, projects, international, volunteering and observatory.

The training department is strategic inside Lares. It is based on three main objectives:

- Responding to the training needs of Lares associates, with specialized training, aimed to care.
- Providing new professionals, with the required certificate, for working in Lares nursing homes.
- Generate a blend of highly specialized trainings, open to public.

Moreover, internal contents can be generated inside training department for the whole staff including Association, Foundation and Federation.

The training department tries to create a multiaccess environment which can be used both as in-person and remote. As a social entity, it is very important to respect some specific items. There are many highly qualified professionals inside Lares. We have to transform our experience into knowledge & training. So, we focus on three different ways:

- Pedagogical approach: Our staff must be able to generate new contents. But we need to make them a learning tool. So, we also need a kind of professionals able to play that role.
- Look & Feel: Using always the same logo and colors in our LMS.
- Standardization: All trainings must have a coherent structure, obviously taking in account the differences between LMS / In person / Blended / Streaming.

The objectives of the education in Lares are:

- Generate highly specialized contents
- Employing Lares staff as a way to generate new contents or even, potentially, as trainers or mentors.
- Providing answer to all needs of both employees and associates of Lares.
- Generating professionals for our associates, through working inclusion tools for all people who take part in our trainings.
- Generating new incomings through training line of business.
- Creating a new socio – labor guidance which goes from training to admission into Lares workforce.

We have a Data Base of trainers in order to make trainings. However, we always encourage our own workers to develop new learnings. Sometimes, we have to make very specific content which cannot be learnt by our team, so we have many tools to recruit new trainers.

The trainers always develop contents. They are always asked to send us objectives and a short summary of the trainings. Many times, the centers ask or provide a specific trainer, because they have worked with him, and they like the way they do.

Trainings are offered to all centers through our catalogue. We have more than 60 specialized trainings included. We also make custom-made trainings. All trainings can be credited through FUNDAE.

FUNDAE is the foundation for on-the-job training, which, through the management of public funds, helps companies to train those workers while their free access to educational opportunities. Refunds are made through next year national insurance. Every center has a credit to be refund according to the number of employees. If not, all funds are spent, they can be used next year.

During the first semester of 2023, Lares has conducted 33 training actions aimed to 523 people in Spain. Most actions were in person and mostly oriented to professional recycling.

According to the feminization of the sector, most beneficiary people have been women with a whole percentage of participation of 88% (459 women), whereas male workers have a percentage of just 12% (64 men). Just in the Trustee school we had higher average of men than women (13 vs 9).

Regarding working profiles, the higher participation is focused on professional recycling. The most participatory profile is the qualified employee, including geriatrician, which brings together 52% of the whole participation. Regarding the origin of participants, it is quite varied. Aragon provides the highest number of participants (38%), followed by C. Valenciana (26%) and Cataluña (12%).

The legal department provides assistance to territorial associations regarding the hiring and labor conditions of their employees. Similarly, it participates as an employer representative in negotiations for the collective agreement within the national framework of dependency. Over the past year, these department has resolved 277 inquiries, with 85% relating to labor legislation and the remaining 15% concerning administrative and civil law matters.

We provide free legal advice to all the different organization levels: to the main structure (to the president, the executive director, the board, to the member organizations -one in each of the political communities that form Spain-, and to the members of the member organizations, and, of course, also to the LARES Foundation and to all the organizations we belong to, e.g., CESSLE, the confederation of the employer associations that represent non-for-profit service providers in social services throughout Spain. This legal advice basically handles with labor law questions -our specialty-, but also administrative law -in relation with the provision of social services- and some civil law -in relation with the provision of care and with the rights of older or disabled persons-.

Apart from the direct and immediate advice to, e.g., the president, the board, or other organizations, we provide response to around between 250 to 500 legal consultations each year, coming from our member associations, but mostly from their own members, the "residencias" or nursing homes. This advice is provided via phone or email and sometimes both ways are necessary.

LARES also represents its members and almost all the non-forprofit service providers for the ageing in the national collective bargaining, reaching collective agreements with the labor unions on wages and working conditions for all employees in nursing homes and other services. Recently, together with the other employer organizations and the labor unions, after more than 4 years of difficult negotiations, we have succeeded in signing the new national collective agreement for nursing homes and other services for the ageing, regulating the working conditions of more than 200.000 employees throughout Spain.

We try to defend the special interests of the non-for-profit sector in the provision of public social services, e.g., in the present regulation process of the "concierto social" that is taking place in some CCAA, a figure that already exist in other CCAA. This form or provision of public social services is a new possibility enabled by the European Directive 2014/24 on public procurement. This makes possible to provide services in a way that does not entail the conclusion of public contracts, but by granting licenses or authorisations to all economic operators meeting the conditions established beforehand by the contracting authority. We in Lares, as well as the entire non-for-profit sector, see the "concierto social" as a very important instrument in order to build a social services system that goes beyond the question of mere economic efficiency.

Very recently, LARES Federation, together with our association partner in Comunidad Valenciana and CERMI, the biggest organization representing the interests of persons with disabilities, have succeed in defending before court (the Tribunal Superior de Justicia de la Comunidad Valenciana) the new legal

regulation of the “concierto social” in the Comunidad Valenciana. The court ruling was communicated to the parts of the process only last Friday. (If you have interest, I can provide you with this ruling and also with the prior European Court of Justice ruling, that also forms part of this very long and complex case.) What is very important for us (and I think it might be at least interesting for you -regardless if you represent the interests of the non-for-profits or the for-profits-) is that the European Court has determined that the provision of public social services through the “concierto social” can be reserved only to non-for-profit service providers and that this cannot be considered a breach of the European Directive 2014/24 on public procurement.

The projects department manages the grants that are awarded by the central government and the CCAA. This department is responsible for coordinating and implementing projects funded through these grants, ensuring proper utilization of the allocated funds and achieving the intended objectives outlined by the funding entities. This department is responsible for managing 104 state and regional projects with a total value of 2.6 million euros, benefiting over 23,000 elderly persons.

Among others, the following are some examples of projects managed by this department:

- AICP.COM: Project promoted by Fundación Pilares and Lares Asociación that gathers Innovative Actions to advance in the change of the Long-Term Care Model for elderly people in a situation of fragility or dependence (financed by the Ministry of Social Rights and Agenda 2030/Next Generation Funds).
- Support the modernization of Third Sector entities: promotion of digital transformation processes for the modernization and reinforcement of all long-term care center services, promoting innovation and an Integrated and Person-Centered Care Model (financed by the Ministry of Social Rights and Agenda 2030/European Recovery Fund, Transformation and Resilience Fund 2030)

The international department manages participation of Lares in technical assistance projects and experience exchange initiatives (mainly European projects), as well as in advocacy and ageing associations such as EAN, GAN, FESE or The International Network of Older Adult Preventers.

The observatory is the forum responsible for the research and dissemination of information about the situation and specific needs of older people, individuals with disabilities, and those at risk of social exclusion. It also focuses on the professionals who are involved in long-term care.

Regarding to communication, there is one person hired full time dedicated exclusively to communication issues since 2018. We have a communication partner who assist us in the management of social networks, video recording and editing services, layout of documents and publications related to the projects we carry out.

Some Lares communication actions are financed thanks to the “Programme of communication, dissemination and awareness raising with gender perspective of older people and people in a situation of dependence living in residences” financed by the Ministry of Social Rights and Agenda 2030.

Lares Communications Data 2022:

- Press releases: 17
- Media appearances: 266
- Awareness campaigns: 14

Lares Social Networks:

- Facebook: 2043 followers

- X: 2588 followers
- LinkedIn: 4335 followers
- Instagram: 782 followers

There is also an internal communication and advocacy aimed to: Lares territorial associations, Lares residences, third Sector organizations, public administrations and media:

DISSEMINATION	MEDIA OUTLETS	ADVERTISING
Reach on social media: + 8,000 followers E-mail blast to + 10,000 contacts	General media: interviews and presentation of the project on radio, TV and in the written press. Specialised media: dissemination of the campaign and interviews	Advertising signs in: <ul style="list-style-type: none"> • Subway stations in Madrid area • Shopping malls • Post offices Printed posters distributed to Lares centres, social organisations and Public Administrations

Regarding volunteering, in 2022, and with over 26 years of experience working alongside volunteers, the Group established its own Volunteer Office. It is a dedicated space aimed at promoting volunteer activities throughout the country for the benefit of the most vulnerable individuals.



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