

# Suitability of the health and social care resources for persons requiring long-term care in Spain: An empirical approach

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## Abstract

The objective of this paper is to examine the suitability of specific facilities for dependent persons for meeting users’ needs. A total of 1265 users of social and health facilities for dependent persons were interviewed in a study carried out in a typical southern European region with a Mediterranean welfare system: the Valencia Autonomous Region in Spain. Data were obtained on users’ socio-demographic profile, health, functional dependence, cognition, social support and housing suitability. Based on these data and the institutional definitions of the specific facilities for dependent persons, the suitability index was drawn up for each facility and suitability was evaluated using discriminant analysis. The results give a high suitability index for most of the facilities (between 0.661 for Units for Home Hospitalisation and 1.000 for Units for Psychiatric Hospitalisation). But a significant percentage of patients (17% in Hospitals for Chronically Ill and Long-stay Patients) could be cared for in different facilities to the ones they actually use.

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## 1. Introduction

The development of welfare states in Europe over recent decades has brought an increase in the size of the health care sector for all of them [1], together with very significant problems in management [2] and finance [3], especially in the Mediterranean group of countries. One of the reasons for the increase in expenditure is the rising demand for health services from dependent persons, resulting from the process of ageing (in 2003 there were 74 million people aged 65 or over in the EU-15, as opposed to 38 million in 1960, and the percentage rose from 16% in 2004 to 27% in 2010) [4], the increase in the dependent popula-

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tion (21% of the European population aged 65 or over presents a high degree of dependence for the activities of daily life (ADL)) [5] and the crisis in informal support (employment for women and changes in values and family structure). These problems threaten the very survival of the protection system [6,7]. The basic reason for all the problems is the growing demand for high quality services [8] aimed at raising quality of life for users.

The purpose of the study was to evaluate the suitability of the social and health facilities to meet the needs of *dependent persons* cared for in institutional facilities. No previous studies had been carried out in Spain, at least not with the same scope, although some have been carried out in the UK [9]. In Spain, the studies carried out covered inappropriate use of hospitals, based on the appropriateness evaluation protocol (AEP) [10], or the lack of specialist geriatric units in hospitals for acute patients allowing adaptation of such hospitals to the ageing population [11].

Dependent persons are those with reduced autonomy for carrying out the activities of daily life who, thus, need the help of another person. They require the assistance of health and social welfare sectors which are very complex to co-ordinate [12].

In this paper, we show the results obtained from a field study carried out in the Valencian Autonomous Region in Spain, during 2001 [13]. The Valencian Autonomous Region has the typical characteristics of Mediterranean models for social welfare [14], and is similar to most regions in Portugal, Italy and Greece [15]: late provision of social protection systems in comparison with other European countries, a high degree of influence from the Catholic church in the area of social assistance, a high degree of dependence on the family as a source of personal welfare services and a low level of institutional, social expenditure.

The specific *social services* for dependent persons that are available in Valencia and were covered in the study are institutionally defined as follows [16]:

- *Nursing Homes*. Centres designed to serve as a stable, communal home for elderly persons having problems of dependency and social problems which prevent them from continuing to live in their own homes. Nursing homes offer support for the activities of daily

life, health supervision, rehabilitation programmes and holistic geriatric care.

- *Day Centres*. Centres for the outpatient treatment of elderly, dependent persons who have social or family support allowing them to remain in their own homes at night and/or during part of the day. They offer catering services, help with personal hygiene, functional and cognitive rehabilitation, medical care, adapted transport and leisure activities.
- *Home Help Service*. Domestic and personal care in the home for elderly persons aged 60 or over or disabled persons of any age who are dependent for the activities of daily life. The aim is to postpone or avoid admission in residential centres.
- *Phone Assistance*. Emergency service for elderly persons with health risks who live alone.

The institutional definitions of the specific *health services* for dependent persons studied here are:

- *Hospitals for Chronically Ill and Long-stay Patients*. Hospitals for patients requiring long-duration health care, intensive rehabilitation and/or palliative care in terminal conditions.
- *Units for Psychiatric Hospitalisation*. These units are located in hospitals for acute patients and provide intensive treatment for mental patients under a continuous care regime.
- *Units for Mental Health*. Outpatients services which care for people with mental health problems who are referred from primary care.
- *Units for Addictive Conduct*. These provide outpatient health care for persons who have problems arising from the consumption of alcohol, drugs or other addictive substances, compulsive gambling, etc.
- *Units for Home Hospitalisation*. These provide specialised health care at home after hospital discharge.

This network of facilities is most effective and achieves most care benefits when dependent patients are allocated to the most suitable facility [17].

The care benefits for dependent persons can be increased if the following parameters are optimised:

- (a) Suitability of the facilities to the specific needs of each dependent person [18]. It is possible to define the health care profile of each facility and establish which of them, or which combination, should be used in each case in order to maximise the patient's quality of life.

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