

# Framework Document on Care



**Advisory Board for Care**



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*This executive summary does not necessarily reflect the opinion or position of the authors, the Institute of Women, or the Ministry of Equality.*

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**SUSTAINABLE DEVELOPMENT GOALS.** As a public body, the Institute of Women is aligned with the Sustainable Development Goals (SDGs) established by the United Nations Organization in its 2030 Agenda, whose objective is to achieve true sustainable development worldwide and combat climate change, inequality and poverty. Specifically, in this publication, the Institute of Women intends to contribute to the achievement of the objectives: 1. End of poverty, 3. Health and well-being, 4. Quality Education, 5. Gender Equality 8. Decent Work and Economic Growth, 10. Reduction of inequalities, 11. Sustainable Cities and Communities.



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## INTRODUCTION

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The **Framework Document on Care** summarised here aims to be a reference text for establishing the pillars of a society based on the organisation of care, that puts people at the centre, as well as to inspire a **Public State Care System**. Its perspective is aligned with the Sustainable Development Goals (SDGs) and the European Care Strategy, both of which aim to improve the life prospects of people and the planet as a whole.

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*The document contains a theoretical-conceptual framework of care, an assessment of the current situation, as well as identified challenges and proposals based, in general, on extensive data and bibliographic references, which are an excellent starting point to guide and inform public policies on care.*

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The contributions made in this document are the result of the work undertaken by the **Spanish Advisory Board for Care**, a body that began its work in September 2021 and was established with the purpose of setting up a stable participatory mechanism to accompany the Spanish Ministry of Equality and the Women's Institute in its agenda on public care policies. The Board is made up of various participants representing civil society organisations, social partners, academics and researchers in the fields concerned, the regions and municipalities and six ministries with responsibilities in the field of care. It is also part of a line of work of the Spanish Government that is committed to prioritising public care policies from a feminist and human rights perspective and which is developed in various mechanisms, such as the III Strategic Plan for the Effective Equality of Women and Men 2022-2025, the Strategic Project for Economic Recovery and Transformation (PERTE) of the Social Economy and Care or the document "Spain 2050. Foundations and proposals for a long-term national strategy of the Government of Spain".

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*The theoretical framework is based on the idea that care is essential work that sustains life, and the social and economic system, with a great impact on the well-being of those who are cared for and carers.*

*Care is also a fundamental and a universal right for citizens and, therefore, it is impossible to of maintain a democratic society without having a publically structured and gender-sensitive line of action in place. It points out the need for public administrations to guarantee care services for people, especially for those in most vulnerable situations, and to work towards the protection of the rights of carers, the professionalisation of care and a procedure for the governance and*

*finance of the system to guarantee its sustainability. It also emphasises the historical feminisation of care activities and its negative impact, with the consequent need to eliminate the gender gaps caused, as well as to reverse the under-recognition and under-remuneration of care work.*

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The Document is organised into eight chapters: the first chapter on conceptualisation and contextualisation, which cover the key areas of analysis in relation to the articulation of a right to care and an associated system. The second of these chapters addresses the necessary cultural change that needs to take place, the third reviews the uses of time in the different social spheres, the fourth focuses on an analysis of the care system and early childhood education, the fifth develops the fundamental elements of a system for the promotion of autonomy and care in situations of dependency, while the sixth reflects on the processes of professionalisation and dignification of care work and the seventh refers to the development of a model of governance and public funding for the system. It also includes a final chapter devoted to point out some of the conclusions with a higher level of consensus.



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## I. CARE. CONCEPT AND CONTEXTUALISATION

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The **conceptualisation of care** presented here is based on the idea that **life is a reality of interdependence and eco-dependence** that breaks away from the fallacy of self-sufficiency models that imply citizens and working people free of care. The way in which care is provided is characterised by three elements that underline their social subordination and individualisation, namely: **reprivatised management** (as care works are considered a private-domestic responsibility), **feminisation** (both symbolically and materially, and it is one of the root causes of gender employment gaps) and **invisibilisation** (reflected in the lack of recognition and value of care work). Furthermore, it should be noted that care relations are produced within a context of conflict, because the lack of consideration of their essential nature means that these relations are resolved around unequal flows that circulate in multiple directions: from women to men, from the working classes to the wealthy classes, from migrant populations to indigenous populations, from racialised populations to white populations, and from the global South to the global North.

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*Care must be understood as a right, which also facilitates access to other rights such as health or education, and as a way of promoting autonomy and shared-responsibility.*

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**The responsibility of the State in the provision of care** derives from this understanding, and, in turn, from this responsibility stems the need to create a State Public Care System. The characteristics that outline this system must be in accordance with the objectives proposed, thereby **making universality, singularity, collectivity, public-community and multidimensionality the central pillars**. The first element, universality, refers to the fact that the basis of access to this right must be citizenship, while the second refers to the fact that the particularities and real needs of people at each moment of their life cycle must be taken into account. The other three elements refer to the consideration of care as a whole, so as not to violate the rights of any group and not to identify certain populations as mere givers or receivers of care.

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*All people must be guaranteed the right to care under universal, social and quality criteria.*

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Moving towards this idea means the **construction of a shared responsibility in a concerted way**, i.e. a type of organisation where all social actors participate in a culture of mutual care. The three key players in the spiral of care provision are the household, the community and the public. Households are broadly understood as families of diverse choices, while the

community includes various forms of organisation, from neighbourhood networks or connected households to associations or collaborative housing, and the public is identified as the guarantor of all these relationships (as opposed to the logic of the profit motive) and is understood to be primarily focused on the local level.

In short, and as previously stated, the establishment of a Public Care System could be defined as a public system with a **coherent set of policies aimed at establishing a new social organisation and a new culture of care, with the objective of advancing towards the materialisation of a universal, multidimensional, collective and singular right to care based on a strong sense of shared responsibility.** It would also be based on four pillars: child care and education, promoting autonomy and care for dependants, making care work more professional, valorised and dignified, and broadening our cultural perception of care. It should also be equipped with a multilevel and multisectoral governance system, paying special attention to the generation of structures for real participation and integrating proposals on the uses of time and measures in the field of work, **always from a gender perspective. This system should also be part of what is considered 'hard politics', giving care a strong political meaning and a holistic view.** Furthermore, the system should be embedded within a dynamic of constant revision and construction that requires creativity, trial-and-error and uncertainty as an integral part of it.

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## II. BROADENING OUR PERCEPTION AND ACCOMPANYING CULTURAL CHANGE

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The social organisation of care is the way in which care work is organised, distributed and valued in our societies. In this sense, a State Care System has to address the dimension of social and cultural change in order to achieve transformations that can effectively impact on the current unfair distribution of caregiving responsibilities in a broad sense. The two most widespread social imaginaries that need to be changed are those that underpin care as women's innate responsibility and its social and economic undervaluation. **There is thus a paradox in that care activities are seen as essential to the collective well-being of societies, but their very existence is minimised and made precarious.**

A new formulation of public care policies requires the modification of the aforementioned social constructs, not only in relation to the general population, but also in relation to the professionals who provide care, directly or indirectly, and to the people in charge of political decision-making and the design and implementation of public policies. Three fundamental axes of cultural impact are identified for the deployment of a future pillar of the State Public Care System: the recognition of the intrinsic, economic and social value of domestic and care work; coeducation in institutions, work environments and society to promote shared responsibility in care; and the mainstreaming of care as a guiding principle of policies.

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*Women can no longer be the mainstay of the welfare state at the expense of the exercise of their rights.*

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Starting with the **recognition of the value of care**, it is proposed as a fundamental measure **to collect regular, multidimensional and gender-sensitive data and evidence on the uses of time and on unpaid household and care work, as well as to account for the well-being of societies through alternative measures to GDP, in order to broaden traditional national accounting systems and make visible the social and economic gains that could be derived from the establishment of a new social organisation of care.** The ultimate goal of this knowledge lies in broadening the social demand for the right to care in order **to move from the majority perception of care as an obligation within family structures to care as a fundamental social right.** Concrete proposals include the **production of statistical data with a gender perspective** to identify the main inequality gaps in care activities, the **promotion of a state satellite account of unpaid care and domestic work**, and studies on the social representations that underpin the current social organisation of care and the subjectivities, expectations and obligations that emanate from them.

Regarding the second axis, the **need to recognise care in education is highlighted, reinforcing co-education and feminist pedagogies that contribute to generating critical social perspectives.** To this end, emphasis must also be placed on **teacher training and lifelong learning support.** This continuous training should not only permeate this economic sector but should also have an impact on other productive sectors, in order to promote feminist leadership, flexibility in work patterns and a greater presence of the care economy from a gender perspective. **These actions for specific groups should be accompanied by general awareness-raising campaigns on the importance of shared responsibility, fostering transformative narratives and sustained public deliberation forums.** In relation to the latter, it is proposed to recover and promote ways of redistributing care that do not necessarily go through formal or institutional spheres, but rather disseminate alternative experiences of mutual support in care. All of this would serve to provide the Public State Care System with a comprehensive perspective and anticipate trends through mainstreaming and/or the creation of intersectoral spaces.

The third and last axis refers to the **mainstreaming of care to become the axis of public policies** in order to promote a review of the assumptions underpinning current policies and to move towards a framework of shared responsibility that recognises all adults as potential carers throughout the life cycle. This perspective touches on all the issues mentioned above and stimulates the transformation of the current paradigm through an intersectional perspective and with representation of all political subjects. It is also proposed **to enhance the role of community actors** and to promote the creation of new partnerships, collectives and connections between people, community organisations, and formal and informal institutions related to care.

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### III. TIME USE POLICIES AND MEASURES IN THE WORKPLACE

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Time cuts right across citizens' daily life, shaping different material conditions around the rights linked to care. At Spanish and European level, the **data show that women continue to assume greater care work responsibilities and duties than men, and that men do not adapt their paid working time to care responsibilities.** Feminisation is also noticeable in the composition of informal carers, with the percentage of women being particularly high in Eastern and Southern Europe. Despite this female prevalence, there is a general trend towards a decrease in the time women spend on domestic work and an increase in the time women and men spend on childcare.

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*For tasks not related to childcare, the data show that women spend twice as much time on these tasks as men.*

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Care responsibilities are therefore closely related to employment rates, and condition women's paid working time and availability for work. An example of this situation lies in the fact that **most of the people who claim to work part-time to care for dependants are women** (95% in the case of Spain) or that employment rates decrease among informal carers (in the case of Spain from 60 to 50%). This unequal distribution of time and care responsibilities is transferred with the same logic to the segment of employed people: women accumulate a higher total workload than men and find themselves in a permanent **regime of double presence. This unequal gender distribution of time reduces women's personal free time and leads to a consequent increased time poverty which has clear health costs** (as evidenced during the pandemic, especially in relation to teleworking).

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*The data also shows that most work-life balance measures are not gender-neutral and that they are designed solely and exclusively for women, thus reinforcing their double presence and penalising their absences from work.*

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The normative framework and policies related to the uses of time and care have been developed, for the most part, in relation to paid work, given its centrality in social organisation. It should be noted, however, that both at European and Spanish level, regulations have undergone multiple advances regarding, among other things, the transparency of working conditions, the ageing of the population as one of the fundamental social challenges or the flexibility of time for care, but that **few important reforms have been undertaken in relation to the centrality of production times over those of social**

**reproduction.** Nevertheless, recent regulations have paid more attention to the care for children than to the care for dependent adults. However, demographic trends point to an ageing population beyond its reproductive capacity, thus adequate policies to address care of dependent people who, at certain stages of life, require the same or greater intensity than children, are urgently needed.

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*The main challenge in relation to the use of time lies in making employment and care time compatible, without the responsibilities assumed individually in one of these two areas acting to the detriment of the other.*

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This objective requires promoting the aforementioned shared-responsibility in a concerted way, i.e. extending the subject or scope of intervention of the measures beyond women to recognise all adults as carers, all social institutions as responsible (public administration, private companies, social partners and the community) and all family structures as areas of action (traditional, single-parent, reconstituted). Some concrete proposals that are being highlighted in order to better redistribute working time are: **progressively moving towards a reduction of the working week to 30 hours** and keeping a record of working hours throughout the year so that they can be adapted according to the periods with the greatest need for care depending on how these hours are grouped. It is also proposed the **inclusion of time use in the collective bargaining agenda** and the implementation of all measures as rights of all employees regardless of their form of contract or employment status. Finally, mention should be made to the **need to develop support services that contribute to a fair reorganisation of time and care responsibilities through:** a strong presence of a robust public network of day care centres and residential homes; as well as with the expansion of the supply of long-term care services (SAD); supporting and regulating personal assistance and other related incentives or benefits, as well as through the improvement of the quality of the services and the guarantee of decent and quality employment in the sector.

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## IV. INTEGRATED EARLY CHILDHOOD CARE AND EDUCATION SYSTEM

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The way societies structure childcare and education through their **public policies determines the extent to which children's rights and well-being are fulfilled, so that children develop independently of their parents' demographic and socio-economic background**. Childhood is an essential stage of life development that is particularly sensitive to the progress and evolution of all people's capacities, which is why it seems necessary to focus on early intervention to cover these needs. In the European context, Spain is characterised by a low level of investment in policies to support families with children in a context of insufficient redistributive impact by the Welfare State.

The current lines of action for children point to the appropriateness of **addressing the issue of childcare through a rights-based approach**, considering children and adolescents as active subjects as opposed to passive recipients of programmes. This approach implies **conceiving budgetary allocations to children as an investment rather than an expenditure**, indirectly helping other social processes as well, such as reducing the gap between expectations and reality in relation to fertility rates. Research and literature evidence that precarious employment situations, difficulties in accessing to housing, the context of economic uncertainty and the lack of measures to support work-life balance, together with men's usually lack of involvement in care related activities, lead to people postponing and reducing the number of children, despite their wishes to do so. Interventions and action programmes must therefore be carried out on the basis of three fundamental premises: encouraging men to participate to a greater extent in childcare and education, ensuring that women and men can participate in the labour market under equal conditions, in a way the leaves and other work-life balance policies do not perpetuate gender stereotypes and disadvantage women, in order to achieve, among other things, a reduction in the risk of poverty, and incorporating an intersectional view taking into consideration other inequalities beyond gender.

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*Based on the above questions, it is proposed to address three essential dimensions: time to raise children, universal and free education and care services, and the material resources to make it all possible.*

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Some concrete measures proposed in relation to these issues relate to the **functioning of birth and care leaves, the universalisation of free quality public early childhood education and access to universal child benefits**. Regarding the first element, the fundamental objective of the existence of these leaves, in addition to the well-being of the child's, lies in the **promotion of a better shared-responsibility between mothers and**



**fathers** from the very beginning of intensive demands for care. This shared care in the first months of life would allow for the development of responsibilities and emotional bonds with children in an autonomous manner. In this regard, although there are currently different parenting models and some divergences in the most suitable format of these leaves in terms of their enjoyment and transferability between both parents (if any), **there is a consensus in requesting an extension of the leaves, both of the leaves for birth and care of the child, as well as other leaves for care in the event of unforeseen situations and paid parental leave<sup>1</sup>. The reduction of maximum working hours and the possibility of reduced working hours without reduction in pay** are also considered essential. In relation to leave, there is also a high degree of consensus on the need to **attend to the particularities of single-parent families** (most of them headed by women), taking into account the context of profound transformation of family structures and intra-family relations. **In any case, all the measures adopted should be gender mainstreamed and assured that do not penalised women or reinforce gender stereotypes.**

In relation to the second element, **the universalisation of early childcare and education**, the need to **increase investment in the 0-3 years stage** is pointed out, due, not only to the positive impact in women's employability and career progressions, but also due to enormous cognitive, social and economic benefits that these services provide both for children and their families, being especially important for the most vulnerable children. As said, access to these services also contributes to women's entry into the labour market and to the effective equality of women and men in the short and long term. For this age group, **the creation of comprehensive social and health services for pregnancy and parenting is proposed**, with free and universal counselling and support services, care in public centres and home visits.

The undertaking of the last element, **access to free child benefits**, would guarantee a reduction in the high rates of child poverty by ensuring minimum resources for each child.

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<sup>1</sup> Following the publication of the "Framework Document on Care", Royal Decree-Law 5/2023, of 28 June, was published, transposing Directive (EU) 2019/1158 of the European Parliament and of the Council of 20 June 2019 on the reconciliation of family and working life for parents and carers, which establishes new leaves and gives special relevance to the adaptation of working conditions, introducing the dimension of shared-responsibility.



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## V. SYSTEM FOR THE PROMOTION OF PERSONAL AUTONOMY AND CARE FOR DEPENDENCY

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The progressive advance in social rights and the realisation that all people have the capacity to live a full and dignified life has led to the questioning of models of care that were based on segregating and limiting principles of fundamental freedoms. In recent years, **progress has been made in the approach to long-term care that puts both the rights of the people cared-for and the caregiver at the centre**. The Covid-19 pandemic, moreover, intensified this consideration by highlighting the fact that Spain, like most of the countries around us, had been immersed for decades in a structural crisis of care that demanded transformations in its own approach.

The Convention on the Rights of Persons with Disabilities, ratified by Spain in 2007, is positioned precisely in this social model of improving personal autonomy and independent living. Therefore, **The Convention sees the root of disability not as being the limitations or deficiencies of people but rather the interaction of these traits with a society that presents barriers in different fields (architectural, institutional) and that does not have the appropriate services to attend to these characteristics**. This shifts the treatment of disability processes from the individual to society as a whole. Several tools developed at the European level, by its institutions such as the European Committee of the Regions or the European Economic and Social Committee, have a bearing on this line of **developing a transition from institutional care to a more flexible home care and community-based care** with the adoption of a process known as de-institutionalisation. This process aims to counteract the negative impacts of institutionalisation on the lives of people and their environments by promoting the social relations of dependent persons and, in general, their autonomy and capacity to govern themselves, thus their independent living.

In the case of Spain, the turning point came with the adoption of **Law 39/2006 on the Promotion of Personal Autonomy and Care for Dependent Persons**, which was a milestone in our development of the Welfare State and a step forward in the social protection of people. This legislation also implies the implementation of the System for Autonomy and Care for Dependency (SAAD), which serves as a channel for collaboration and participation of the different public administrations with the aim of optimising the available public and private resources and contributing to the improvement of the living conditions of citizens. In 2021, with the aim of alleviating the deficiencies detected in the system, the **Dependency Shock Plan** was approved, which identifies the main challenges to be addressed in order to improve it, with procedural issues related to reducing the bureaucratic burden, making the system more flexible, adjusting the portfolio of services to real demands and needs, and greater investment being the main elements detected.

Moreover, the Plan points to the **need to address the precariousness of work in the sector** through various measures, such as the creation of a system of high quality initial and continuous training. Access to a network of psychological support for coping with end-of-life care and managing challenging behaviours is also identified as a key element in improving the living and working conditions of carers and attracting more staff to this sector in need of trained professionals. The Plan also points to the importance of **improving governance by fostering institutional innovations combining joint arrangements and strengthening coordination between health care, social services and long-term care**. Finally, the need for the full incorporation of the paradigm of personal autonomy as opposed to the autonomy-dependence binomial is pointed out.

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*The latter implies, as mentioned above, reorienting long-term care intervention models towards a person- and community-centred proximity care approach to improve existing resources and to address a reform of existing residential and day care resources, both in terms of their structure and the intervention models they carry out.*

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Other concrete proposals that should be taken into account relate to the suitability of **developing a common system for assessing the quality of SAAD services and benefits in terms of their impact on people's dignity and quality of life** (as outlined in the recent Agreement on Common Criteria for the Accreditation and Quality of SAAD Centres and Services). It would also be advisable to **draw up a map of care infrastructure and services** in order to know the existing resources, as well as to **reinforce multi-services in rural and remote areas**, which have particular and differentiated characteristics, to promote **personal assistant** and the **case manager** as new professions that facilitate the functioning of the system, independence living and to encourage the development of an associative network of elderly people to defend their rights and their dignity of life.

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## VI. STRATEGY FOR THE PROFESSIONALISATION AND DIGNIFICATION OF CARE

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The historical **imbalance in the distribution of care work has been a determining factor for social inequality and for the limitation of rights in the access to and exercise of care work**. A recognition of all these activities is therefore necessary to overcome this situation and to effectively address the challenges of current societies. This recognition is extremely complex because of the extent of care activities and the wide variety of situations it covers. As a general guiding principle of analysis, a holistic view of care must be combined with the detection of the particularities between the different spheres, as well as an intersectional perspective that, in addition to gender as a primary explanatory variable, also incorporates ethnicity, foreign nationals, socioeconomic status or geographical area of action.

Before going into the thematic aspects of care, three issues should be highlighted that have an impact both on the dignity and professionalisation of care and on the general perspective of the analysis of these activities. The first alludes to **the need to carry out diagnoses in order to identify existing knowledge and dysfunctional elements**; the second refers to the need to measure the **contribution of care activities to economic progress and wellbeing of society as whole in order to convey their importance and the benefits of investing in the care economy**; the third alludes to the **relevance of the public sector as a guarantor of the provision of care, assumed as a social and collective responsibility**; and the last points to the **need for the attainment of rights to be accompanied by the evolution of the relevant regulatory frameworks**. Moreover, the point made in previous sections regarding the assumption of a shared-responsibility within all actors involved in a concerted way should not be forgotten.

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*In order to organise the wide range of issues related to the dignity and professionalisation of care work, four main areas of action have been identified: working conditions, management and evaluation, training and information, and recognition of unpaid care work.*

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Starting with the first of these, **working conditions**, it is impossible to recognise the sector as a whole without improving the conditions that structure it. Professional recognition is based on several lines of action, among which we can highlight the management of a system of **certificates of professionalism** that is also homogenised throughout the country, as well as the **establishment of professional categories** that allow the definition of the qualifications of the different professionals and the economic recognition corresponding to each one of them. From the point of view of the **regulatory situation, both collective agreements and legislation that generates discrimination in comparison with other employment sectors must be reviewed** (including in this consideration also those that cut

across the sector, such as those related to the situation of foreigners). Finally, innovative works inspection systems must be generated, associated with the **implementation of specific protocols and complaint and protection systems**.

In relation to the second of the axes, **management and financing**, the interest in anchoring care provision in the territory and in close social relations is highlighted. This raises a debate on the **forms of public-private cooperation and the promotion of social and solidarity economy enterprises and organisations as key actors in this sector**. The third axis, on the other hand, refers to **training plans** as a way of offering tools to carers for the achievement of their own work, mental and physical well-being and for the improvement of the conditions of the service as a whole. This is also related to the necessary dissemination and knowledge of rights and obligations among all social actors as a way to ensure respect for the elements that constitute the employment relationship and as a channel to foster alliances among them in order to achieve standards of quality and quantity that benefit all parties involved in the care relationship. In relation to the conditions of service, it is also necessary to reflect on the **incorporation of technology**, both as a form of communication between workers and as a means of improving performance and safety at work.

The last axis mentioned corresponds to the **recognition of unpaid care**, which has already been mentioned in previous sections. At this point, it is necessary to define the priority situations for action, i.e. which require preferential intervention, and the organisation of care ties, i.e. which emotional ties are recognised as having the right to care. It also stresses the need to devise face-to-face and online support tools to avoid the unwanted loneliness and misinformation that often surrounds care and parenting activities.

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## VII. GOVERNANCE AND FINANCING MODEL OF THE SYSTEM

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The proposal for the creation of a Public State Care System, with all the issues related to it, must be inserted in a governance model that includes **inter-institutional coordination** between all the entities that implement actions aimed at the care of different populations, as well as a solid and stable public funding framework. In short, it is a matter of **deciding and defining an institutional architecture and a governance model** that both internally (functioning of the different pillars and elements of the system itself) and externally (relationship with citizens in general and with all the actors involved in the development of this policy) **focuses its efforts on the development of a management model that allows for the evolution from the logic of services to the logic of people, from a gender intersectional perspective**. Decisions must be taken on the organic location of this system, the strengthening of social dialogue, the different policies it directly addresses and the scope of competence of the different administrative levels involved.

Based on the analysis of international experiences, following the recommendations of UN-Women and ECLAC and taking into account the context and development of state institutions, the following **governance model and financing mechanisms** is proposed for Spain. With regard to the institutional governance model, it is proposed that a set of related bodies be set up at various levels, which for Spain should include: **an institutional mechanism for the articulation of political decision-making, an institutional mechanism for the intersectoral management of the components of the System, a space for social participation** between the actors making up the system **within the framework of the principle of social shared-responsibility** that allows for the exchange of experiences and knowledge, and the drafting of proposals along the lines of the Advisory Board for Care created in 2021 by the Ministry of Equality, and finally, an **Intersectoral Care Conference**, as a space for consultation and agreement between the State and the Autonomous Communities.

With regard to **financing mechanisms**, it is proposed that a **specific fund for care be created to cover the functioning of the System's governance**, in addition to financing or co-financing the extension of the coverage of existing services and benefits and to implement initiatives that allow for greater coordination with the Autonomous Communities and local corporations in the different pillars of the system, in line with the five-year action plans and annual operational plans. **It would be a financing mechanism that should have its own budgetary programme, integrated into the General State Budget, without in any case being detrimental to the financing of other public policies, such as the budgetary programmes for dependency, social services or equality.**

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*This fund could be drawn from tax and social security revenues, as well as from European funding sources.*

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In addition to this possible source of funding, an instrument could be created to identify the resources currently earmarked for existing care benefits and services (such as funding for nursery schools or care for dependent adults). To this end, it is proposed that a **care budget marker** be developed that would allow each agency to tag and mark the expenditure and investments allocated to the interventions that form part of the system's catalogue. Parallel to the identification and definition of sources of resources, the financing strategy of the State Care System requires the establishment of a critical path to economically size the investment to be made through costing methodologies and calculation of impacts and returns on investment. Gender budgeting tools should also be implemented.

All of these proposals require attention concerning their timescale, in the sense that beyond setting present goals for the short and medium term, **it is also necessary to foresee long-range future needs that take into account factors such as demographic change**. Therefore, the assessment of needs and the economic scale of the investment to be made in care **should be carried out on a regular basis, by all the relevant actors involved**, in order to update objectives and funding needs.



