EDICIONES COMPLUTENSE

Revista Cuadernos de Gobierno y Administración Pública CIENCIA POLÍTICA

ISSN: e-2341-4839

The Support and Care Strategy as a Response to the Needs of Elderly People in a Situation of Dependency in Chile

Francisco Socías Hernández Pontificia Universidad Católica de Chile
ORCID: https://orcid.org/0000-0002-0727-734X
e-mail: fsociash@gmail.com
Juan Miguel Andujar Lobos Instituto Profesional Santo Tomás
ORCID: https://orcid.org/0000-0002-1311-6809
E-mail: juan.andujar@live.com

https://dx.doi.org/10.5209/cgap.89221 Accepted: 09/12/2023 Received: 14/06/2023

ENG **Abstract:** In Latin America, there is a sustained increase in life expectancy and an accelerated aging of the population. In the case of Chile, which is one of the countries in the region experiencing a progressive increase in the proportion of people over 60 years old – a trend explained by the rise in life expectancy and the decrease in fertility – the significant increase of the older population compared to the younger population supposes high levels of dependency in this segment. According to data from the National Socioeconomic Characterization Survey (CASEN, 2017), the prevalence of dependency increases with age, reaching 39.2% in people over 80 years old, while in the 60 to 64 age group, only 5.9% show any degree of functional dependency. This article focuses on a qualitative approach through the review of primary and secondary literature documents. In this context, the current Support and Care Strategy in Chile translates into a local management model aimed at focusing its actions into aiding households with members in situations of moderate and severe dependency, their caregivers, and their support networks.
Keywords: Dependency; Social Protection; Elderly Person; Support and Care Strategy.

How to cite: Socías Hernández, F.; Andujar Lobos, J. M. (2023): La Estrategia de Apoyos y Cuidados como respuesta a las Necesida-des de las Personas Mayores en situación de Dependencia en Chile en Cuadernos de Gobierno y Administración Pública 10(2), e89221

1. Introduction

The increase in life expectancy is an unprecedented reality in human history. Aging results from the accumulation of a variety of molecular and cellular damage over time, leading to a gradual decline in physical and mental capacities, increased risk of disease, and ultimately, death (WHO, 2022: 2). According to estimates by the United Nations (UN), the number of people aged 80 years or older will triple from 143 million in 2019 to 426 million in 2050 (UN, 2020: 2-5). In the case of Chile, which is one of the most aged countries in Latin America, the population aged 60 years and older has been experiencing rapid growth. The National Institute of Statistics (INE) indicates that while in 1992 the population aged 60 years and older represented a 9.5%, by 2021 this proportion had increased to 17.6%, which in terms of population increase means that, from a total of 1,311,699 people aged 60 years and older in 1992, the number reached 3,472,243 in 2021, representing a relative increase of 164.7% (INE, 2022). Additionally, according to the National Socioeconomic Characterization Survey (CASEN, 2017), 14.2% of this population presents some degree of functional dependency. The increase in the population aged 60 years and older with functional dependency has put significant pressure on the state in terms of designing social protection policies for this age group. The objective of this article is to analyze social protection policies for older people in Chile, as they constitute a particularly vulnerable group that not only has a higher prevalence of chronic and degenerative diseases but also a higher prevalence of disability and functional and cognitive limitations that affect their autonomy and independency (MINSAL, 2008). First, the article discusses the social care services offered by the state to older people in the country. Next, it delves into the Care and Support Strategy[1], addressing its theoretical, methodological, and managerial approaches. Finally, the article presents comments on the challenge of designing and implementing an Integrated Care Public Policy in Chile.

2. Methodology

This article is descriptive in nature. A descriptive study aims to specify the properties, characteristics, and profiles of individuals, groups, communities, processes, objects, or any other phenomenon undergoing analysis. In other words, it seeks to measure or gather information independently or jointly about the concepts or variables in question, without necessarily indicating how they relate to each other (Hernández et al., 2010: 80). The study aims to analyze social protection policies for older people in Chile. An analysis of the provision of social care services is carried out, focusing particularly on the Care and Support Strategy provided by the state to older people in the country. Although the study focuses on the implementation of the Care and Support Strategy in Chile, given its implementation framework, the spatial scope of comparison in our analysis corresponds to the municipalities in Chile. The pilot phase was implemented in 12 municipalities in the country. Between 2017 and 2019, another 10 municipalities were incorporated, until by 2022, the execution of the Strategy translates into national coverage of 90 municipalities across all 16 regions of the country.

Furthermore, this work employs qualitative techniques of social research based on the review of primary literature (laws, decrees, and regulations) and secondary literature (related to care and aging). The understanding and interpretation of qualitative objects are activated by the significance of actions, words, documents, and texts (Canales, 2006: 21). Additionally, the literature review is conducted through document analysis, defined as "a systematic procedure for reviewing and evaluating documents both in print and electronic formats" (Bowen, 2009: 27).

3. Offer of Social Care Services in Chile

The expansion of social protection systems poses a challenge in the design of public policies for the care of dependent individuals and for families who have the responsibility of caring for older people with some degree of dependency. In Chile, specifically, according to the National Socioeconomic Characterization Survey (CASEN, 2017), there are 3,439,599 people aged 60 or older (19.32% of the total population). Individuals aged 80 and older represent 3.22% of the total population. Regarding gender composition, 63.3% are women and 36.4% are men. In this

[1] From now on simply the Strategy

context, the Health System is implemented based on the logic of the Comprehensive Health Care Model (MAIS), which is a strategy implemented through Primary Health Care (PHC) facilities and is centered on people, comprehensive care, and the continuity of care. This model aims to meet the needs and expectations of the user regarding maintaining health or wellness, improving their current health status (if there is an illness), achieving national health goals, and strengthening the efficiency, effectiveness, and efficacy of interventions within the framework of public policies promoting health and well-being in individuals and communities (MINSAL, 2013:13-14). From the perspective of the care policy provided by the Chilean[2] state to older people, various offerings have existed since the 1990s, with notable examples being:

i) The National Health Program formalizes, standardizes, and integrates all health actions in the field of geriatrics. The entry point to this program is the primary health care center, which serves as the first level of contact for individuals with the public health system. For the past 20 years, elderly individuals have been treated with an anticipatory approach, emphasizing preventive and promotional aspects in addition to curative measures (including biological, psychological, and social aspects), thereby incorporating a comprehensive view of health. Furthermore, care is focused on functionality, defined as "the ability to perform certain actions, activities, or tasks required in daily life. Activities of daily living are the actions performed by a person daily to maintain their body and subsist independently. When our bodies and minds are able to carry out the activities of daily living, our functionality is said to be intact" (Villalobos, 2013:17-22). Among the social services focusing on elderly individuals in the National Health Program, we can identify:

- National Immunization Program (1978), which includes vaccination for elderly individuals with the aim of reducing complications and mortality from various diseases, protecting this population group from falling severely ill.

- The Elderly Health Control Program (2001) is based on solidarity between different generations and takes into account social participation, decentralization of health services, intersectoral management logic, and multidisciplinary teamwork. The program has the following main objectives:

a) Contribute to maintaining or restoring the autonomy of the elderly person, in order to improve their quality of life.

b) Prevent mortality from avoidable causes, thereby contributing to prolonging life.

- The Complementary Feeding Program for Older Adults (PACAM, 2001) is an offering that provides food to improve the quality of life for older adults. To access the program, the older adult must have up-to-date preventive medical exams (EMPAM)[3] and cardiovascular check-ups.

- The Explicit Health Guarantees System[4] is a mechanism that allows the state to provide specific and high-cost benefits to older adults.

- The Home Care Program for People with Severe Disabilities (2006)[5] does not specifically target older adults, but more than 90% of the beneficiary population

[2] In terms of health, the Decree No. 25 (1959) stands out, which created the Ministry of Health as an entity responsible for carrying out programming, control, and coordination activities related to public health issues in the country. Subsequently, in 1975, the internal regulations of the Ministry were published (Decree No. 913). Then, in 1979, Decree No. 2,763 allowed for the organization of the Ministry of Health, the National Health Fund, the Public Health Institute, and the Central Supply Center (CENABAST) of the National Health Services System. Similarly, in 2006, Decree with Force of Law No. 1 strengthened the institutional framework of the Ministry and established free access to public and private health care through Laws No. 18,933 (1990) and No. 18,469 (1985).

[3] The Preventive Medicine Examination for Older Adults constitutes a timely screening of risk factors, health issues, and prediction of functional decline. The procedure allows for classifying older adults as self-sufficient with risk and/or some degree of dependency.

[4] The healthcare reforms initiated in the 2000s allowed for the strengthening of the system. Consequently, the Guarantees seek to promote access, quality, financial protection, and timely receipt of care and interventions for every health issue faced by older adults.

[5] To determine eligibility for the program, among the eligibility criteria, an assessment of physical disability is conducted using the "Barthel Index." This instrument measures a person's ability to perform ten basic activities of daily living, including eating, dressing, grooming, bathing, bowel and bladder control, toilet use, transferring, mobility, and ascending and descending stairs.

belongs to this age group. The Program[6] provides comprehensive preventive, curative, and physical, emotional, and social support at the family's home.

ii) Permanent or Transitory Stay Facilities for Elderly People, this type of offer considers the following social services:

- Long Stay Facilities for Older Adults (ELEAM 2007), directly administered by the National Service for Older Adults (SENAMA)[7] or by other non-profit private institutions. It provides support for older people who, due to biological, psychological, or social reasons, require a protected environment and differentiated care to maintain their health and functionality.

- Linkage Program (2007), which consists of home visits to people over 65 years of age. The program provides individual and group psychosocial support. Additionally, it provides tools to help older people in poverty to maintain their autonomy.

- Day Centers for Older Adults (2013) are homes where older people with mild dependency who require assistance from another person to carry out their daily activities are attended to during the day.

- Active Aging Program (2013) is an initiative that translates into workshops and access to culture, recreation, and leisure with the purpose of strengthening the skills of older adults.

From the institutional perspective, within the Healthcare System, the user(s) can choose (mixed system) between belonging to a public insurance, the National Health Fund (FONASA), or a private one, the Preemptive Health Institutions (ISAPRE). In this sense, the Health Services (29 regional services) are functionally decentralized state agencies, subject to the oversight of the Ministry of Health (MINSAL, 2022), responsible for the coordination, management, and development of the healthcare network, for the implementation of integrated actions for health promotion, protection, and recovery, as well as rehabilitation and palliative care for the sick people of the country.

The implementation of the Public Health System considers the following institutional mechanisms (Cardemil, 2022, 4-5):

a. Municipal Primary Health Care, whose administration is located in the municipal health management entities and their network (which concentrates the majority of the total APS):

b. Primary Care Dependent on the Health Services themselves, whose administration corresponds to the respective Health Service[8];

c. Non-Governmental Organizations (NGOs), which, through agreements signed with the respective Health Services, carry out actions at the primary care level.

Furthermore, private entities are Preemptive Health Institutions (ISAPRE)[9] that operate based on an insurance scheme, which are empowered to receive and manage the mandatory health contribution (7% of the taxable income of workers and individuals or their pension in the case of retirees), which they individually opted for instead of the state health system (FONASA). ISAPRES finance health benefits and the payment of medical leave with these contributions. These health benefits are provided through the contracting of medical services financed by ISAPRES.

---

[6] Also, it includes a stipend, which is a monthly payment intended for the caregiver of the person in a situation of severe dependency.

[7] Law No. 19.828 (2002) creates the National Service for Older Adults (SENAMA), which is a public service, functionally decentralized, with legal personality and its own assets, subject to the oversight of the Presidency of the Republic through the Ministry of Social Development and Family.

[8] According to the organization of the Ministry of Health (MINSAL 2023), Health Services depend on the Undersecretariat of Healthcare Networks, which is responsible for regulating and supervising the operation of healthcare networks. The objective of the Undersecretariat is to meet the health needs of the population.

[9] The Private Health Insurance Institutions (ISAPRE) were created in 1981 under Decree Law No. 3 of the Ministry of Health (MINSAL) and since 2005 they have been supervised by the Superintendency of Health (SuperSalud). Today, they provide health financing services to 19% of the population of Chile and have allowed for the expansion of private medical activity in our country and the boom in investment in clinics, medical centers, laboratories, among others.

4. Elderly people and dependency

Elderly individuals in a situation of dependency exhibit "a deficit in the functioning of their body as a result of an illness or accident, which causes a restriction in participation manifested in the dependency on the assistance of others to carry out activities of daily living" (IMSERSO, 2005: 22). Therefore, dependent individuals, particularly elderly persons, require the following social service attentions and interventions for the reasons indicated:

- Aging is a health issue that requires healthcare attention, which can be the triggering or accelerating factor for dependency processes in older individuals.

- Occasionally, the dependent person may experience an acute health condition that requires prompt healthcare attention.

- Additionally, the increasing dependency necessitates an adequate network to provide social coverage, thereby relieving the healthcare system of a significant cost burden.

In this context, the increase in people's life expectancy is an unprecedented reality in human history. Aging is the result of the accumulation of a wide variety of molecular and cellular damage over time, leading to a gradual decline in physical and mental capacities, an increased risk of illness, and ultimately death (WHO, 2022: 2). According to the United Nations estimates, the number of people aged 80 and over will triple from 143 million in 2019 to 426 million in 2050 (UN, 2020: 2-5). In the case of Chile, which is one of the countries in Latin America with a higher proportion of elderly population - explained by the increase in life expectancy and the decrease in fertility - the population aged 60 and over has been experiencing accelerated growth. In this regard, the National Statistics Institute (INE) establishes that if in 1992 the population aged 60 and over represented 9.5%, in 2021 this proportion increased to 17.6%, which in terms of population increase means that, from a total of 1,311,699 elderly people in 1992, it reached 3,472,243 elderly people in 2021, representing a relative increase of 164.7% (INE, 2022). Additionally, according to the National Socioeconomic Characterization Survey (CASEN, 2017), 14.2% of this population presents some degree of functional dependency. The increase in the elderly population aged 60 and over with functional dependency has put significant pressure on the state in terms of designing social protection policies for this age group. From an economic perspective, the income of people aged 60 and over is generally lower than that of the rest of the population, mainly due to their gradual retirement from the labor market (CASEN, 2017). This implies that while some elderly people maintain an active life, a growing number require attention to their disabilities caused by geriatric diseases that cannot be cured. Likewise, increasingly complex and dispersed family networks are less capable of providing adequate care without additional support from the state. Regarding caregiving, in Chile, the National Time Use Survey (INE, 2015) shows that women spend more time than men on unpaid work and personal care, and less on paid work and leisure and social activities, meaning that women use more time to perform caregiving duties for other household members. Similarly, the United Nations Women (UN Women, 2020) notes that, in "most countries, women already spend more hours than men when combining unpaid care work and paid work in the market" (INE, 2020: 2). From the perspective of the feminization of care, according to the Social Welfare Survey (MDSF, 2021), those who devote eight or more hours a day to unpaid care work are women.

In Chile, the Support and Care Strategy (2015) defines dependency as "the state or situation of lack or loss of personal autonomy and self-sufficiency in carrying out essential activities of daily living, which implies the need for support and care provided by other people, and also indicates that it may require assistance devices (technical aids or others) and/or environmental adaptations" (MDSF, 2023: 9).

5. Strategy from the State as a Response to the Needs for Care and Support of Older Adults in Dependency Situation

The Ministry of Social Development and Family began the implementation (pilot phase) of the Support and Care Strategy in 12 communes of the country in 2016. Subsequently, between 2017 and 2019, it incorporated another 10 communes, during the pilot expansion phase,

reaching a presence in 22 communes by 2019. During 2022, the execution of the Strategy resulted in national coverage for 5,430 individuals in functional dependency, who are attended to in 90 communes across the 16 regions of the country (10,030 individuals including caregivers). In this context, the Strategy is defined as a local management model that the Ministry of Social Development and Family makes available to the Municipalities of the country. This type of intervention, of an integral nature, aims to guide implementation and actions towards households with members in situations of moderate and severe dependency, their caregivers, and support networks. It seeks to address the effects and consequences of dependency, regardless of the condition that gave rise to it. From the caregiver's point of view, it incorporates the detection and prevention of exhaustion, through a professional who replaces the caregiver, which must be a priority objective both at the individual and institutional levels, as concern for the caregiver is essential to prevent their suffering and, in extreme cases, repercussions on the person being cared for.

5.1 Instruments for Identification, Measurement, and Selectivity of Potential Beneficiaries of the Support and Care Strategy

The most common application of instruments measuring dependency at the population level has been clinical, so studies that apply them generally have a limited scope and do not seek to be representative but rather descriptive of a defined population, for example, those hospitalized, frequently accessing medical services, residing in long-stay centers, or having a health condition and/or diagnosis. Thus, in Latin America, only Chile and Uruguay have population estimates of dependency prevalence (Colacce et al., 2021: 9-12). In the case of Uruguay, dependency measurement is carried out through the "Dependency Barometer Survey," which consists of a survey with 13 questions about specific daily tasks such as moving outside the home, eating, maintaining health, communication skills, among others. The measurement of disability and dependency prevalence in Chile is conducted through the "National Survey of Disability and Dependency (ENDIDE 2022)", which seeks to characterize the functioning and living conditions of people with disabilities and various levels or degrees of dependency. In the context of the Strategy, the instrument for measuring dependency is the Health Module of the Social Registry of Households (RSH)[10], which follows a theoretical model that uses the following main instruments to identify the degree of autonomy or dependency of a person:

- Lawton & Brody Scale: This type of scale assesses a person's ability to perform instrumental activities necessary for independent living in the community (such as shopping, meal preparation, housekeeping, money management, using public transportation, responsibility for medication, etc.).

- Katz Index: This index assesses the degree of independency a person has in performing activities of daily living (bathing, toileting, dressing, transferring, continence, and feeding).

Furthermore, the daily activities of the Strategy are classified as follows:

i. Basic Activities of Daily Living: This includes the set of actions that a person performs in their daily life, allowing them to function independently, such as using the bathroom, dressing, personal grooming, eating, and moving around.

ii. Instrumental Activities of Daily Living: This comprises the set of actions that a person performs to sustain themselves in their usual environment, such as cooking, using the phone, managing money, shopping, ironing, attending medical appointments, administering medications, managing their schedule, etc.

iii. Advanced Activities of Daily Living: This encompasses the set of actions related to advanced daily activities, including interpersonal relationships, social participation, recreation, leisure and free time, sports, education, and work.

[10] The Social Registry of Households (RSH) is an information system aimed at supporting the selection processes of beneficiaries for a wide range of subsidies and social programs in Chile.

In relation to the selectivity of beneficiaries, the Strategy has the following entry pathways:

- Centralized list constructed by the Ministry of Social Development and Family with administrative data from the RSH.

- Local list constructed by local teams in working groups with the Base Network, using administrative information from the RSH in combination with information from the interventions carried out by various local units and programs.

Regarding compliance with requirements to be included in the list of potential beneficiaries of the Support and Care Strategy, the main requirements include:

- Belong to the 60% of the most vulnerable socioeconomic condition according to the RSH.

- Have at least one person in a situation of moderate or severe dependency, according to the Health Module of the RSH.

5.2 Theoretical Approaches of the Support and Care Strategy

The Support and Care Strategy is based on different theoretical approaches and a holistic understanding of the dimensions of dependency that allow for the implementation, coordination, and harmonization of services to the cultural, territorial, and contextual realities of each household. In this sense, the understanding of care arises from the following approaches:

i. Rights-Based Approach, which translates into defining satisfaction thresholds, design, and production according to standards that ensure similar access and quality for all users;

ii. Gender Approach, which emphasizes the need for a critical, structural perspective on dependency, as the issue can no longer be solely resolved within the family and/or private sphere. Consequently, efforts should be made to address care as a public issue jointly among the State, society, market, and family; and

iii. Territorial Approach, which considers the deployment of the Strategy at the municipal level, taking into account certain geographic, social, cultural, and economic characteristics.

Furthermore, the Strategy provides a normative and ethical framework that encompasses a set of rights and obligations that society must promote, respect, protect, and fulfill. It also considers standards to ensure access and quality in management. According to Chilean regulations, it is established that the "State will promote personal autonomy and care for people in situations of dependency through support benefits or services, which will be provided considering the degree of dependency and the socioeconomic level of the applicant" (Law No. 20.422, Article No. 12).

Regarding older people with loss of functional capacity or in situations of dependency, Article No. 12 of the Inter-American Convention on the Rights of Older Persons (2017) establishes the right to receive long-term care services as follows: "the older person has the right to a comprehensive care system that provides health protection and promotion, coverage of social services, food and nutritional security, water, clothing, and housing; promoting that the older person can choose to stay in their home and maintain their independence and autonomy" (MINREL, 2017: 9). The Support and Care Strategy considers co-responsibility[11] as an exercise that seeks balance and distribution of household tasks and family responsibilities among household members living in the same domicile. For these purposes, the reality of the territories and the adaptation of the intervention to the execution space are taken into consideration, recognizing the particular characteristics of each sector (communes) of the country.

From the perspective of human rights, although our country is still in the process of adopting the human rights approach in its Social Protection System, it is worth noting the progress it has made since the 2000s in this regard. From the launch of the AUGE-GES plan, modifications to

[11] In this article, we will understand "co-responsibility" or "the sharing of responsibilities" as the balanced distribution within the household, meaning the sharing of domestic tasks, their organization, as well as the care, education, and affection towards dependent individuals.

the unemployment insurance, the Solidarity Pillar of the Pension System, the Universal Guaranteed Pension (PGU)[12], and the Social Protection System, which institutionalizes the Protection System for early childhood "Chile Grows with You", therefore, Chile has begun to universalize its benefits and access to public services, with special emphasis on vulnerable sectors of the population (Vargas and Socías, 2016: 198).

5.3 The Intervention Models of the Support and Care Strategy

The technical guidelines of the Support and Care Strategy (2023) establish that it is justified according to different intervention models (MDSF, 2023: 13-14):

i. Network Management Model: In this model, the assumption is that "network practice" will make it possible to build a system of links, conversations, coordination, and agreements generated among individuals, groups, and institutions, aimed at exchanging protective actions and resources in the field of support and care. Regarding network management, the implementation of the Intersectoral Social Protection System (Law No. 20,379) considers increasing the number of agents involved in processes aimed at addressing extreme poverty and carrying out social intervention processes. In this sense, the contribution of each institution, system, or person with management responsibilities represents added value to the social protection system. Additionally, new information and communication technologies allow for greater connectivity, which favors horizontal contacts and contributes to improving synergy among the various actors of the system (MIDEPLAN, 2004: 47).

ii. Person-Centered Care Model: This model does not individualize care, as traditional models of personalized care do, but adds actions aimed at empowering the individual. It involves placing respectful treatment, stimulation of capacities, as well as identifying the interests of each person at the center of the care relationship, and especially supporting the person in a dependent situation to manage their life and make their own decisions.

iii. Socio-Healthcare Model of Care: It must guarantee the provision and continuity of health and social care, adapting to variations that occur in the general state of the individual and their immediate environment. The articulation between the healthcare system and social services aims to project and coordinate the caregiver's work, the care function, and new support services for the dependent population.

Additionally, the Support and Care Strategy seeks to advance in unifying criteria and coordination actions that allow identifying the needs and priorities of citizens based on comprehensive, adequate, and sufficient care, whether health and/or social care.

iv. Community Model: The model proposes that formal social intervention is designed and carried out in a way that contributes, as much as possible, to strengthening social and community supports and networks (through the application of principles such as proximity, continuity of care, comprehensiveness, personalization, globality, autonomy, and self-management). The collective framework and environment largely determine the sense of behaviors, attitudes, and possibilities of individuals to progress towards social well-being, therefore, it is a resource that seeks to optimize networks when seeking solutions to problems associated with households with members in a dependent situation.

5.4 Model of Management of the Support and Care Strategy

The Care and Support Strategy is framed within a logic of comprehensive protection and care focused on a care dyad. The care dyad is understood as the biopsychosocial intervention unit, composed of the person in a situation of functional dependency, as the recipient of care, and the unpaid primary caregiver. The Strategy is executed at the municipal (local) level and comprises the formation of the Base and Expanded Community Network, which are described below:

The Base Community Network is composed of the following units within the Municipality:

[12] Non-contributory benefit, whose payment is managed by the Social Security Institute (IPS). The Universal Guaranteed Pension was established by Law No. 21,419 in 2022.

- Elderly Unit.

- Persons with Disabilities Unit.[13]

- Community Organizations Office.

- Social Department (Responsible for Social Assistance, Subsidies, RSH Coordinator, and Department Head).

- Women's Unit.

- Coordinators of the Social Security and Opportunities Subsystem (SSyOO) and Chile Grows with You (if linked beneficiaries exist).

- Others.

The Expanded Community Network is integrated by various institutions with local presence:

- Foundations.

- Corporations.

- Territorial social organizations.

- Universities.

- Technical Training Centers.

Regarding the implementation of the Care and Support Strategy at the local level, it includes the following components:

1. The Care Plan-Axis, which represents the entry point to the Strategy and involves the application of the evaluation instrument (classification of the level of dependency and identification of needs), care plan development[14], follow-up, and support.

2. Home Care Services, which involve the recruitment of care assistants, defining the care plan, home visits, ongoing training, and supervision.

3. Specialized Support and Care Services, which encompasses a set of activities provided by professionals and technicians aimed at meeting the needs of the household. These include technical aids, functional adaptations to the home (home adjustments and equipment), specialized services (physiotherapy, occupational therapy, speech therapy, psychology, nursing, medicine, podiatry, hairdressing, and transportation), medical procedures (medical consultations and laboratory tests), and complementary materials to service provisions (educational and stimulation materials). Additionally, this component considers planning, intake and evaluation, situational diagnosis, feedback processes[15], service deployment, reevaluation, and supervision.

4. Educational Action, which involves informing, educating, and sensitizing families about the care of people in situations of dependency through audiovisual content and campaigns to promote awareness of services and social benefits.

---

[13] Although the Base Communal Network addresses people with disabilities, the article focuses on the care of elderly individuals due to demographic changes and the accelerated aging of the country.

[14] The care plan is divided into the following sections: Section 1 includes background information about the individuals, their level of dependency, and urgency level. In Section 2, all the needs of the care dyad are indicated, which result from gathering information during the evaluation. Section 3 corresponds to the services that the Base Communal Network team commits to providing the family with based on the fulfillment of previously established objectives.

[15] In this work, we will understand the concept of "devolution" the authority of an individual to decide on different types of services they will receive and how these will be carried out.

5.5 The Registration, Referral, Monitoring and Follow-up System of the Support and Care Strategy

The Support and Care Strategy has an online system for registration, referral, monitoring, and follow-up. The information system, as a management tool, allows users (at the national, regional, and local levels) to register information related to the households of care recipients, make referrals to existing services and benefits in the territory, provide support throughout the participants' trajectory, generate alerts during the monitoring stage, and provide strategic information to intersectoral counterparts (MDSF, 2020). In this way, the gathering of requirements has been developed under an iterative and growing model, with the collaboration of different working teams (National Service for Older Adults, National Disability Service, and the Ministry of Social Development and Family), in a shared decision-making process. In this sense, the information system has the following characteristics:

i. It is a system for monitoring, tracking, and management, not just for registering information;

ii. The system considers the decentralization of functions, delegating tasks of Strategy administration to regional and local teams;

iii. The system is tailored to the specific task of each team; and

iv. It has a user-friendly interface (reduced to the essentials).

Regarding the user profiles of the System, they are for private and non-transferable use, so it is the responsibility of each user in the community team to safeguard their access credentials. Likewise, the information provided by households throughout the process is confidential and is only used for decision-making purposes. Indeed, the professionals in the Strategy have the responsibility to protect the information of each individual and household.

An important advancement made in 2022 is the expansion of the universe of potential beneficiaries of the Strategy in the platform of the Home Care Program for Severely Disabled Persons. This will allow for the inclusion of all subjects (Users) who present dependency and caregivers registered in the program in Primary Health Care Centers (PHCs).

6. Expansion and Coverage of the Support and Care Strategy

The implementation of the Support and Care Strategy is expanding. In 2022, 28 new communes were incorporated through calls for participation in the Strategy. In these calls, the technical and administrative functions are transferred to the Regional Ministerial Secretariats of Social Development and Family (Seremías) for monitoring approved projects. This initiates a process of training for regional counterparts and professional teams in the new communes to provide guidelines and strengthen competencies for the proper implementation of the management model.

Within communes in the initial implementation phase (22 continuing communes), services are currently being maintained in all three components, with additional monitoring and re-evaluations. Regarding the communes in the expansion phase (40 communes), the teams forming the Communal Base Network identify the service offering map and analyze the centralized list of potential users who were in the contact and needs assessment instrument application stage. Therefore, as of 2022, the implementation of the Strategy results in national coverage for 5,430 individuals with functional dependency, who are being aided in 90 communes across the country's 16 regions (10,030 individuals including caregivers), as shown in Table 1 and Table 2.

Table 1. Regional Distribution and Coverage of the Support and Care Strategy in 2022

Region	Benefited population
Arica y Parinacota	105
Tarapacá	92
Antofagasta	101
Atacama	131
Coquimbo	238
Valparaíso	333
O'Higgins	491
Maule	501
Biobío	393
Ñuble	377
La Araucanía	549
Los Ríos	171
Los Lagos	253
Aysén	143
Magallanes	94
Metropolitana	1 458
	5 430

Source: own elaboration based on data from the Ministry of Social Development and Family (2023)

Table 2. Communes according to Typology[16]

Region	Type A Communes	Type B Communes	Type C Communes
Antofagasta		María Elena	Calama
Arica y Parinacota	Putre		Arica
Atacama		Alto Del Carmen	Copiapó
Aysén	Río Ibáñez; Guaitecas		Coyhaique
Biobío		Alto Biobío; San Rosendo	Talcahuano; Arauco; Cañete
Coquimbo		Paihuano	Los Vilos; Salamanca
La Araucanía		Lonquimay	Angol; Collipulli; Loncoche; Toltén
Los Lagos	Palena	Quemchi; Chaitén	Purranque; Los Muermos
Los Ríos			Valdivia; Paillaco
Magallanes	C. De Hornos		Natales
Maule		Pelarco	Talca; Linares; San Clemente; Villa Alegre
Metropolitana		Til Til	Recoleta; Peñalolén; Estación Central; Pedro Aguirre Cerda; Santiago; Quinta Normal; Independencia; Padre Hurtado; Talagante; Pirque; María Pinto
Ñuble			Chillán; San Carlos; Quirihue
O'Higgins			Rancagua; Santa Cruz; Machalí; Doñihue; Placilla
Tarapacá	Huara		Alto Hospicio
Valparaíso		Casablanca; Papudo	Villa Alemana; La Calera

[16] The Support and Care Strategy establishes that Type A municipalities correspond to coverage from 0 to 15 people; Type B municipalities correspond to coverage from 31 to 50 people, and Type C municipalities correspond to coverage from 71 to 90 people.

Source: own elaboration based on data from the Ministry of Social Development and Family (2023)

In 2022, 2,400 new individuals with dependency (across 28 municipalities) were added. Consequently, the total coverage of the Support and Care Strategy reached 5,430 individuals with dependency and 4,600 caregivers, with an annual budget of US$9,959,839[17].

7. Final Observations

Although the effects of population aging impact multiple dimensions of society, it is in the realm of the economy and public finances that the focus of most analysis and reflection lies for academics, researchers, and public and/or private sector institutions. It is necessary to consider that, from a social perspective, population aging is generating changes in the labor market, family structures, demands on the healthcare sector, pension systems, and intergenerational relationships. From a political standpoint, undoubtedly, the proportion of the aging population implies a likely increase in competition between administrations (in need of resources to address the social needs of the elderly) and political parties vying for suffrage; therefore, this portion of the population has the capacity to define the political pendulum towards a particular sector. From the perspective of the elderly population, it is important to emphasize that they do not have homogeneous characteristics in terms of their health status and autonomy; the heterogeneity found in old age is largely due to the cumulative effects of health inequities throughout life. These differences are largely explained by the physical and social environments in which individuals live, as these environments condition or enable their opportunities and health habits.

Although beneficiary selection mechanisms can be seen as a way to reach families with greater needs (especially when resources are scarce), they increase the likelihood of generating exclusion errors. Therefore, these mechanisms must meet high standards of transparency and access to information through affordable means for the most vulnerable groups of the population. It is essential to have reasonable and objective eligibility criteria.

From a gender perspective, the historical responsibility for unpaid caregiving tasks remains largely on women. It is worth noting that caregiving is understood as any activity involving the care of sick people, the elderly, or children. In this sense, social protection systems must recognize and address differences in access to services, work, and productive activities between men and women.

Regarding the challenges and pending tasks for the Support and Care Strategy, it is necessary, at the very least, to institutionalize[18] the Strategy as a Law[19] with its respective regulations, either as a particular System or as a Subsystem of the Intersectoral Social Protection System (Law No. 20.379 of 2009).

Finally, it is critical to expand the territorial coverage of the Support and Care Strategy towards universality, in line with the rights-based approach, and to give greater autonomy to local governments, considering the increasing population of elderly people living alone and lacking support networks, as well as the heterogeneous spatial distribution of the population in the country, which means that we have to take into account the different cultures and the differentiated kinds of dependencies associated with the specific pathologies present in different territories.

[17] According to the Chilean Internal Revenue Service (2023), the observed exchange rate for May 2023 is CLP $798.64 (Pesos per 1 US$).
[18] The Decree issued by the Government of Chile (2022) allows for the creation of the Social Protection Subsystem called the "National System of Supports and Care". The design, operation, and implementation of the System are supported by the Advisory Council of the Social Protection System.
[19] The Support and Care Strategy is governed by a budgetary item in the Budget Law of each year.

8. Bibliography

Banco Mundial (BM) (2023). “Población total en el planeta”. Disponible en: https://datos.bancomundial.org/indicator/SP.POP.TOTLBowen, GA. (2009). “Análisis de documentos como método de investigación cualitativa”, en Revista de investigación cualitativa, vol. 9, n° 2, Estados Unidos, p. 27. Disponible en: https://www.academia.edu/8434566/Document_Analysis_as_a_Qualitative_Research_Method

Canales, Manuel (2006). “Metodologías de investigación social”, Lom Ediciones, Chile, p. 21.Cardemil, Winkler, M. (2022). “Estado de Atención Primaria de Salud en Chile”, p. 4-5. Disponible en: https://obtie-nearchivo.bcn.cl/obtienearchivo?id=repositorio/10221/33350/1/N_34_22_Estado_de_la_Atencion_Primaria_de_Sa-lud_en_Chile.pdf

Comisión Económica para América Latina y el Caribe (CEPAL) (2014). “La construcción del sistema de cuidados en el Uruguay”, pp. 40. Disponible en: https://www.cepal.org/es/publicaciones/36721-la-construccion-sistema-cuida-dos-uruguay-busca-consensos-proteccion-social-mas

Colacce, M., Córdoba, J., Marroig, A.,Sánchez, G., (2021). “Medición de la dependencia en Uruguay. Contexto y esti-mación de la prevalencia”. Serie Documentos de Trabajo, DT 02/2021. Instituto de Economía, Facultad de Ciencias Económicas y Administración, Universidad de la República, Uruguay, p. 9-14. Disponible en: https://www.colibri.udelar.edu.uy/jspui/bitstream/20.500.12008/27957/1/dt-02-21-1.pdf

Dirección de Presupuestos de Chile (DIPRES) (2022). “Contenido Proyecto de Ley de Presupuesto año 2022, Estrategia de Apoyos y Cuidados”, p.1-5. Disponible en: https://www.dipres.gob.cl/597/articles-244769_doc_pdf.pdf

Gobierno de Chile (Gob) (2022). “Firma del Decreto que crea el Sistema Nacional de Apoyos y Cuidados”. Disponible en: https://www.gob.cl/noticias/presidente-pinera-crea-subsistema-nacional-de-apoyo-y-cuidados-le-hace-bien-al-al-ma-de-chile-y-nos-permite-ser-una-mejor-comunidad/

Hernández, Sampieri, R., Fernández, C. y Baptista, P. (2010). “Metodologías de investigación”, Quinta edición, Mc-Graw-Hill, Interamericana Editores, México, p. 80.

Instituto Nacional de Estadísticas (INE) (2019). “Encuesta Nacional de Uso del Tiempo 2015: Síntesis de resultados regionales”, Chile, p. 4. Disponible en: https://www.ine.gob.cl/docs/default-source/uso-del-tiempo-tiempo-libre/pu-blicaciones-y-anuarios/publicaciones/sintesis-resultados-regionales-enut.pdf?sfvrsn=eac63260_5

Instituto Nacional de Estadísticas (INE) (2022). “Envejecimiento en Chile: Evolución, características de las personas mayores y desafíos demográficos para la población”, Chile, p. 31-45Disponible en: https://www.ine.cl/docs/de-fault-source/demografia-y-migracion/documentos-de-trabajo/documentos/envejecimiento-en-chile-evolucion-y-ca-racteristicas-de-las-personas-mayores.pdf?sfvrsn=b76bd496_4

Instituto de Mayores y Servicios Sociales (IMSERSO) (2005). “Atención a las personas en situación de dependencia”, España, p. 22. Disponible en: https://imserso.es/documents/20123/133745/libroblanco.pdf/77b5f39f-5e13-6de9-88ed-fd5e-0b2b1386

Ministerio Secretaría General de la Presidencia (SEGPRES) (2002). “Ley N° 18.828, que crea el Servicio Nacional del Adulto Mayor (SENAMA)”, Chile, Artículon° 1-3, p. 1-2. Disponible en: https://www.bcn.cl/leychile/navegar?idNor-ma=202950

Ministerio de Planificación y Cooperación (MIDEPLAN) (2004). “Conceptos fundamentales del Sistema de Protec-ción Social”, Chile, p. 47. Disponible en: https://www.desarrollosocialyfamilia.gob.cl/btca/txtcompleto/chs/centro-doc_170.pdf

Ministerio de Planificación y Cooperación (MIDEPLAN) (2009). “Ley N° 20.379, que crea el Sistema de Protección Integral a la Infancia Chile Crece Contigo”, Chile, Artículo n° 1, p. 1-2. Disponible en: https://www.bcn.cl/leychile/navegar?idNorma=1006044

Ministerio de Salud (MINSAL) (2004). “Ley N ° 19.966, que establece un Régimen de Garantía de Salud”, Artículo n° 1-4, Chile,p. 1-3. Disponible en: https://www.bcn.cl/leychile/navegar?idNorma=229834

Ministerio de Salud (MINSAL) (2008). “Dependencia de los Adultos Mayores en Chile”, p. 1. Disponible en: https://www.supersalud.gob.cl/documentacion/666/articles-4471_recurso_1.pdf

Ministerio de Salud (MINSAL) (2013). “Orientaciones para la implementación del Modelo de Atención Integral de Salud Familiar y Comunitaria”, Chile, p. 13-14. Disponible en: https://www.minsal.cl/portal/url/item/e7b24eef3e-5cb5d1e0400101650128e9.pdf

Ministerio de Salud (MINSAL) (2023). “Misión y funciones de la Subsecretaría de Redes Asistenciales”, Chile. Disponi-ble en: https://www.minsal.cl/mision-y-funciones-2/

Ministerio de Relaciones Exteriores (MINREL) (2017). “Decreto N° 162: Convención Interamericana sobre la Protec-ción de los Derechos Humanos de las Personas Mayores”, Chile, Artículo n°5-31, p. 1-17. Disponible en: https://www.bcn.cl/leychile/navegar?idNorma=1108819

Ministerio de Desarrollo Social y Familia (MDSF) (2017). “CASEN 2017: Adultos Mayores: Síntesis de resultados”,Chile, p. 1-43. Disponible en: http://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-casen-2017

Ministerio de Desarrollo Social y Familia (MDSF) (2021). “Resultados de la Encuesta de Bienestar Social 2021”. Disponible en: https://observatorio.ministeriodesarrollosocial.gob.cl/encuesta-bienestar-social-2021

Ministerio de Desarrollo Social y Familia (MDSF) (2022). “Cobertura de la Estrategia de Apoyos y Cuidados”, Documento de trabajo interno del Departamento de Operaciones, Chile, p. 7-9.

Ministerio de Desarrollo Social y Familia (MDSF) (2023). “Orientaciones Técnicas de la Estrategia de Apoyos y Cuida-dos”, Documento de trabajo interno del Departamento de Operaciones, Chile, p.9-14. Disponible en: https://apoyosy-cuidados.ministeriodesarrollosocial.gob.cl/storage/docs/OT_PR_01_Orientaciones_Tecnicas_Programa_Red_Lo-cal_de_Apoyos_y_Cuidados.pdf

Observatorio de Envejecimiento UC (2022). “¿Está Chile preparado para envejecer?”, PUC; CCHC, Chile, p. 1. Disponible en: https://observatorioenvejecimiento.uc.cl/wp-content/uploads/2021/03/Reporte-%C2%BFEsta%CC%81-Chi-le-prepardo-para-envejecer__v7.pdf

Organización de las Naciones Unidas (ONU) (2019). “Informe sobre envejecimiento de la población”, p. 2-5. Disponible en: https://apps.who.int/iris/bitstream/handle/10665/186466/9789240694873_spa.pdf

Organización de las Naciones Unidas (ONU Mujeres) (2020). “Covid-19 y la Economía de los Cuidados: Acciones inmediatas y transformación estructural para una recuperación con Perspectiva de Género”, n° 16, p. 2. Disponible en: https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Policy-brief-COVID-19-and-the-care-economy-es.pdf

Organización Mundial de la Salud (OMS). “Envejecimiento y Salud”, p. 2. Disponible en: https://www.who.int/es/news-room/fact-sheets/detail/ageing-and-health

Servicio de Impuestos Internos (SII) (2023). “Promedio de dólar observado correspondiente al mes de mayo de 2023”, Chile. Disponible en: https://www.sii.cl/valores_y_fechas/dolar/dolar2023.htm

Sepúlveda, M. (2014). “De la retórica a la práctica: el enfoque de derechos en la protección social en América Latina”, Chile, p. 67-68. Disponible en: https://repositorio.cepal.org/bitstream/handle/11362/46859/S1420331_es.pdf?sequen-ce=1&isAllowed=y

Superintendencia de Salud (SuperSalud) (2023). “Instituciones de Salud Previsional (ISAPRE)”. Disponible en: https://www.supersalud.gob.cl/664/w3-article-2528.html

Vargas, Faulbaum, L. H. & Socías, Hernández, F. (2016). “El Subsistema Seguridades y Oportunidades del Ingreso Ético Familiar de Chile desde un enfoque de derechos: análisis de su trayectoria y de sus desafíos futuros”, en Revista Ópera, n°18, Colombia, junio, p. 198. Disponible en: https://revistas.uexternado.edu.co/index.php/opera/article/view/4540

Villalobos, Courtin, A. (2013). “Gestor de Casos del Adulto Mayor en Riesgo de Dependencia”, p. 17-22, Chile. Disponible en: https://www.minsal.cl/portal/url/item/c2c4348a0dbb9a8be040010165012f3a.pdf

Francisco Antonio Socías Hernández: with a degree in Geography from the Pontifical Catholic University of Chile and a Master's degree in Social Policies and Local Management from the University of Arts and Social Sciences, ARCIS, he currently works as a lecturer at the Santo Tomás University (UST) in Chile and teaches postgraduate courses at various universities in Santiago, Chile. He has published numerous articles on social protection, approaches to poverty, cash transfers, social movements, globalization, among other topics. Additionally, he works as a Social Protection Area Consultant at the World Bank.

Juan Miguel Andujar Lobos: he is a Social Worker from the Santo Tomás Professional Institute, with a Master's degree in Public Management and Administration from the Central University of Chile (UCEN). Currently, he works as a Professional in the Division of Promotion and Social Protection at the Undersecretariat of Social Services of the Ministry of Social Development and Family of Chile. He has also worked as a lecturer at the Technological Institute of Chile.