

**The future of the welfare state: paths of social policy
innovation between constraints and opportunities**
Urbino, 17-19 September 2009

**Recent developments in long-term care in the Spanish
welfare state: restructuring 'familistic' practices**

Margarita León *

Paper distributed at the 7th ESPAnet conference 2009
Stream 2B - Paths of Innovation of Care Policies
in European Welfare States

*University of Kent
School of Social Policy, Sociology, and Social Research
Cornwallis Building
Canterbury CT2 7NF, UK
Tel. +44(0)1227 823624
Fax. +44(0)1227 827005
Email: m.leon@kent.ac.uk

Preliminary Draft, please do not quote without author's permission

Introduction

Spain has been a latecomer with regards the implementation of Long term Care (LTC) for the elderly and other dependants. National Congress approved in December 2006 the first Spanish law on long-term care (*Ley de Dependencia*). This law came to mitigate the historical absence of institutional support to the needs of the dependent elder.ⁱ This paperⁱⁱ will analyse the discrepancies that exist between the planning of the LTC system (the White Paper published in 2004), the actual legislation (2006) and the implementation of the law (2007-until now). While the initial discussions prior the writing of the law were inclined towards the creation of a cash for care scheme linked to the public pension system, following the tradition of conservative-corporatist welfare states, Germany in particular, the law came finally forward as a law of service provision universally available to all individuals assessed as qualifying for LTC, closer then to the social-democratic tradition. However, a preliminary analysis of the first years since the law came into force shows a further twist to the rationale of the new Spanish LTC system. Betraying the spirit of the law, economic allowances, which the law left for 'exceptional circumstances', seem to clearly dominate over services. The high territorial fragmentation in the application of the new law and the also high degree of deregulation in the provision of these cash benefits, prove a sort of path dependency where the inertia of a 'familistic regime' is certainly difficult to break.

This paper will situate current developments for LTC in Spain within a wider framework of care regimes in Europe (Anttonen & Spila 1996; Bettio & Platenga 2004; Pfau-Effinger & Geissler 2005; Pfau Effinger 2005; Simonazzi 2008) by (1) reflecting on the restructuring of care systems in Europe through various cash programmes that put families at the centre of provision, addressing the 'positioning' of paid care work in what Ungerson (2004) called the 'cross of routed wages'; (2) it will reflect on the so-called 'familialistic practices' so allegedly predominant in Southern European countries (Ferrera 1996; Valiente 1996; Esping Andersen 1999; Trifiletti 1999); and (3) following one the aims of

the stream, it will look into the extent to which this policy innovation has followed an existing path or lead to path departure in the way in which the Spanish welfare state conceptualises care provision for the elderly.

Care Regimes

'Care regimes' are patterns of care organisation in different societies (Pfau-Effinger & Geissler 2005). More specifically, and based on developments in the comparative welfare-state and industrial-relations literature (Esping-Andersen 1990; Crouch 1993; O'Reilly 2006), a care regime is defined as the specific set of institutions and of policies affecting these institutions that shape how care is delivered, influencing both the working conditions of carers and the quality of the care provided.

According to the literature on 'models of care' or 'care regimes', the intersections between paid and unpaid, and between formal and informal, care work materialise in a number of ways in different national contexts depending on the interplay between different institutions (welfare state, labour market, family, etc). The 'acceptability' of various forms of care work given cultural and social values and norms (Pfau-Effinger 2005; Crompton et al. 2007; Lister et al. 2007) also plays a major role in shaping these different care models. Furthermore, the literature on social care has rightly pointed out that each arrangement for social care leads to a distinct outcome for gender equality.

Ungerson's (2004) 'cross of routed wages' is an attempt to situate different forms of paid work depending on the degree of regulation and whether it is delivered in institutions or in households. Cash for care schemes of different European countries were situated in four quadrants that result from two cross-cutting axes: 'regulation'/non-regulation; and 'care'/'work' (Ungerson 2004: 191). In one extreme, 'regulation/paid work', care is treated as formal employment, subject to a contractual relation where earnings are taxed, social rights are granted and hours of work are regulated. At the other extreme, care is not seen as a form of paid work; and although carers can receive cash for their performed tasks, the relationship is not commodified as in the regulated context. However, Ungerson's cross of routed

wages might not capture the full complexity of new forms of commodified care work, especially the ones that develop in the informal arena. As argued by Pfau-Effinger (2007), dualistic concepts which predominate in theories of care work are not sufficient to capture change mainly because in such theories, change is primarily measured in terms of the extent to which it leads to the relevant opposite tendency: public/private; formal/informal; paid/unpaid. Instead, the author proposes a multidimensional approach to the analysis of change in care work: 1. Change in the societal sphere in which care is primarily delivered (family, market, the public sector, the non-for-profit sector); change in the degree of formality of care work; change in the type of payment; change in the gender and ethnic composition (Pfau-Effinger 2007: 12). This process of change in the structure of care work is greatly influenced by the degree of political regulation through welfare state policies.

In a similar vein, Simonazzi (2009) argues that the degree of regulation established by legislation and policy will translate into various degrees of formality among care markets. Countries with a more established provision of services for the elderly and/or with a regulated mechanism of cash transfers will have a greater capacity to create formal care markets than countries with weak provision of services and/or unregulated cash transfers. She also argues that national employment models will affect the quantity and quality of the care labour supply, the extent of the care labour shortage and the degree of dependence on migrant carers to meet demand.

Spain, and Southern European countries more generally, are featured in the models of care or care regimes literature as relying strongly on the family as the main institution providing (unpaid) care (Anttonen & Sipilä 1996). More recently, and following common trends in countries of Southern Europe, several scholars have been looking at the incidence of migrant carers in the domestic sector as a new form of commodification of care work, which has rapidly become a key element in the configuration of LTC systems in Southern Europe (Ungerson 2003; Kofman 2004; Bettio et al. 2006; Simonazzi 2009; Bettio & Solinas 2009).

This paper looks at the process of formulation and implementation of the new Spanish law on LTC and the way in which it has shaped the restructuring of elderly care. The paper claims that despite initial political intentions to channel demand for dependent care through the universal provision of services for those in need of LTC, in the three years since the new law came into force, the tendency clearly points towards unregulated cash provision. The paper suggests that two main factors are responsible for these 'unintended consequences'. Firstly, at a political level, the territorial configuration of Spain means that the central state has indeed very little power over the implementation of the new LTC system. An unclear financing system together with strong political confrontation between the different levels of administration has resulted in poor administrative coordination between national and sub-national levels. Secondly, at a welfare state and societal level, the lack of a national network of service provision together with a 'tradition of informality' whether paid or unpaid, in care markets, which gives home-based care a central place in the overall organisation of social care, signals a strong 'social habit' towards informal and unregulated forms of care provision.

The 'Care Deficit': elderly care in Spain¹

According to a recent report published by the Observatory for the Elderly (*Observatorio Personas Mayores*) the coverage rate² of proximity services for people over the age of 65, which includes home care, remote assistance (*teleasistencia*), and nursing homes (*residencias*) for the year 2004 was 8.85. Although there has been an increase in the coverage rate from previous years, the increase is clearly insufficient to respond to the demands of a rapid ageing population. The percentage of people over 65 who receive public provision of home care (3.1% in Spain) is well below OECD average (9.1) and other European countries (20.3% in the UK; 12.3% in Holland; 7.1 in Germany)

¹ This section relies on results from a qualitative study entitled "Long-term care and Immigration" (*cuidado a la dependencia e inmigracion*) commissioned and published by the Spanish Ministry of Labour and Social Affairs in 2005 and undertaken by independent researchers .

² Ratio number of users per population over 65

(OECD 2005). Following the two-wave survey conducted by the Spanish Institute for Older People and Social Services (IMSERSO) in 1995 and 2004 on the living conditions of the elderly, the profile of the carers of the elderly were women between 45 and 65, the majority of them were either spouses or daughters of the dependent elder (23,4% and 25% correspondingly). Almost 62% of the carers lived in the same household as the person in need of care. 73% of the carers were not in the labour market, describing themselves as either housewives, retired or unemployed. Another relevant information is the kind of care provided, 77% of the interviewees in 2004 defined the help they provide as of permanent character. According to the same source, more than 80% of these informal carers were not receiving any regular financial compensation from the work they were doing, either from the person being cared for or from a public institution. Hence, according to this survey, care for the elderly is in its vast part covered informally inside the household by a family member, usually a woman. The findings confirm one of the defining traits of Southern European societies, that is, the key role that the family plays in providing support to those who need it. It is also in tune with the preferences of older people themselves over the form and type of care they prefer. The survey undertaken by the National Centre of Sociological Research (CIS) in 2002 shows that the preferred option of those over 65 in case they find themselves in need of long term care in the near future is to stay in their own house with the necessary adjustments and support from social services (66.7% of all answers) (IMSERSO 2005: 39).

Although the majority of the principal carers are female relatives within the household, the number of families who employ someone from outside the family to care for the elder relative is clearly on the increase. As argued somewhere else (León 2007: 332) there is a rapid process of *commodification* of care work although still within the limits of the household. Individual strategies for social care seem to be shifting from informal unpaid family support to informal-formal paid work. Therefore, social care is moving beyond the traditional realm of the family where care work is fundamentally unpaid, to a vague area of paid work circumscribed between the informal sector of the black economy and the formal but 'weak' service sector economy.

Triggered by the first massive inflows of international female migrant workers into the country, the volume of household employment in Spain is remarkably high when compared with that in other European countries. According to the Spanish Labour Force Survey (INE 2006), 600,000 people declared themselves in 2006 to be employed in the domestic sector, although the figure for those who are actually registered with Social Security (through the Special Regime of Household Employees) is less than half that number. In 2009 just over 280,000 employees were registered with Social Security through the Special Regime of Household Employees, of whom over 90% were women and 61% non-nationals. Of these foreign workers the large majority (87%) were non-EU citizens, mainly from Latin American countries (Ministry of Labour and Immigration 2009). Although it is difficult to exactly define what this household employment actually entails, it is understood that much of the explosion of household employment over the last decade is care-related (Cancedda 2001; OECD 2006, 2007). It will be argued in this paper that the new LTC system actually relies, albeit indirectly, on care work provided in private homes, institutionalising in a way a renovated pattern of relying on the informal care provided by the family.

The World of Ideas: The White Paper (*El Libro Blanco de la Dependencia*)

The White Paper of LTC was commissioned by the National Ministry of Employment and Social Affairs and written in co-operation with a group of academics experts on the field as well as by key policy makers and social partners. The idea of this document was to prepare the grounds for a future national system of LTC, which legal framework would be established in the future law for LTC. Given that this has been up until this point a largely unexplored area for the Spanish Welfare State, one of the principal objectives of the White Paper was to study different 'models of care' in Europe and decide which one would be better suited for the Spanish case. The consultation paper grouped systems of LTC in Europe in three broad models: 1. 'universal' model; 2. 'social protection model'; and 3. 'Social assistance' model. Spain, together with other countries of Southern Europe are included within this third

group, characterised by a very weak protection to individuals in need of long term care and by the central role that the family plays in providing all types of care. The LTC provision that is readily available is for the most part dominated by the non-for-profit and for-profit sectors. As already argued, the White Paper is an attempt to propose possibilities for a future LTC system that would move away from this weak and highly fragmented provision of the current social assistance model. The discussion therefore seems to lie between the universal and the social protection models. The 'universal model' typical of social-democratic welfare states is presented in the WP as a system based on the principle of citizenship. In here, LTC is fundamentally constructed through universal access to services controlled by the state and delivered by municipalities. The option here is the professionalization of social care. The quality of the care provided is guaranteed by a system of different occupational categories adjusted to different levels of need. However, despite all the advantages of this so-called 'universal model', the WP rules it out as an example to follow for two main reasons. Firstly, a universal system of LTC services is expensive to create and to maintain (between 2.6% and 3% of GDP). Secondly, a LTC system based on public provision of services has been relatively easy to establish in countries, such as the Nordic ones, where there already was a comprehensive network of socio-sanitary services. Moreover, these two factors are closely connected to the fact that there needs to be a strong public consensus towards a level of taxation that enables the functioning of this system of public services. It is argued in the WP that these factors are not present in the Spanish case and that therefore it would be unrealistic to think that a similar system could be put in place. The second model however, found in countries such as Germany, Austria and to a certain extent France, is put forward as a closer and more realistic option. Concentrating almost exclusively on the German example, a country that created its first LTC system in 1994, the WP underlines the following advantages of the German insurance scheme for LTC. Firstly, rather than a system of social services for LTC universally available, these insurance schemes are an integral part of national social security systems, which, the authors argue, would find strong public support since it would reinforce the well established and robust Spanish social

security system. Furthermore, the fact that these insurance schemes are financed via social security contributions of employers and employees means that the costs of a new system of LTC would be covered through indirect taxation and not from general taxation, a hurdle that is always difficult to overcome in electoral terms. Secondly, given the devolution of powers between the three levels of administration, A LTC system included within social security would imply that the central administration has a greater control than if it were articulated as a system of service provision where the state has no capacity to intervene. This point was considered of importance to the writers of the WP who argued that while a LTC insurance scheme through the social security system would guarantee territorial equity, a LTC system based on service provision would lead to great territorial disparity. Thirdly, this social protection models are seen as more compatible with the informal tradition of social care in Spain, which gives an important role to the informal care provided by the family. Indeed, and as argued by Glendinning (2006: 132) referring to the German case, these arrangements of care allowances for older people sustain the traditional belief that families, and more precisely women inside families, have the principal responsibility for the care of its dependants.

Although this classification that the WP does of the three models seems a bit blunt in a context of growing complexity of LTC systems in Europe. For example, the paper makes numerous references to the German cash for care scheme but does not acknowledge 'varieties' of cash for care in many other European countries. In any case, what becomes apparent is that the WP 'recommends' that the future LTC law should be configured as an insurance scheme by providing financial support to those in need of care and their families, centrally managed by the state. However, as we will see in the next section, the law that came out a year after the White Paper was written, radically 'betrays' its recommendations in what the final outcome of the legal text has little resemblance with what was suggested on the consultation paper.

The World of Politics: The New Law on Long Term Care (*Ley de Dependencia*)ⁱⁱⁱ

The law was approved by the National Congress in December 2006. The law is defined as a new system “for the promotion of personal autonomy and attention to individuals in a situation of dependency”. The target population are those individuals who, as a consequence of disability or illness, are unable to perform the activities of daily living independently and therefore, need support to fully exercise their citizenship rights.

The entitlement to claim benefits is based on three different grades of dependency, with two possible levels each one, depending on how often assistance is required and also the intensity of the care that the dependent person requires.

Table 1: ‘Levels of Dependency’

Grade I	‘Moderate dependency’	Assistance at least once a day to BADL/ Need of intermittent or limited support for personal autonomy.
Grade II	‘Severe dependency’	Assistance at least two or three times a day to BADL/ No need of permanent support of a carer
Grade III	‘Great dependency’	Person in need of round the clock support/ In need of permanent and essential support of a carer

Claimants are grouped into Grades I, II or III based on a scale elaborated by each Autonomous Community guided by an Inter-regional Council (*Consejo Territorial*) created to support the application of the law.^{iv} The law explicitly says that the scale for assessing levels of dependency needs to rely on the World Health Organisation’s International Classification of Functioning, Disability and Health (ICF). The person in need of LTC is the one who needs to apply to the system and in case he or she is assessed as qualifying for some kind of benefit, they will be the direct recipient of the benefit.

There are two very important traits present in this new law. On the one hand, the law calls for ‘inter-administrative cooperation’, that is, it asks for an effort of coordination between the three levels of government: central, regional and local. On the other hand, the law is clearly formulated as a system of service provision, disregarding in this way the WP’s suggestion of a Social Security insurance scheme

for dependent individuals. Both these aspects are important to understand the big gap that today exists between the principle and the practice of the law.

As for the reasons for this change of direction of the law from the consultative paper, some of our interviewees argued that the major opponent to a LTC insurance scheme integrated within the national social protection system were the employers who were unwilling to the foreseen increase in social security contributions, from both employers and employees, to finance the system. Others also argued that the most powerful Autonomous Communities were also opposing to this initiative since social security together with taxation are the only two realms of the Spanish welfare state which are fully in the hands of the central administration and where regional authorities have little capacity for action. By contrast, a law based on service provision gives the Autonomous Communities a much more central place in the overall configuration of the system. 1978 National Constitution clearly states that social services rest within the powers of the regional and local authorities. This explains the lack of a national regulatory framework of social services in Spain.

Regarding the division of competencies between the central state and the regional governments, the law establishes a right to LTC to all those citizens that are assessed as 'dependants' in one of the three grades established by the law. The system is, according to the law, managed at three different administrative levels. Level 1: the State guarantees and pays for a minimum level of protection. 2. That minimum level which the state is responsible for will be complemented by a second level of protection through a 'regime of cooperation between the Central Administration and the different Autonomous Communities'. 3. The law contemplates a third and complementary level of protection which would be optional for those Autonomous Communities who wish to make an additional contribution to the previous two levels. From these three levels contemplated by the law, the central administration takes full responsibility for the financing of the first minimum level of protection while the other two will be subject to co-operation and co-ordination between the central and regional governments. We will see later that this has been one of the biggest problems in the implementation of

the law. Although the law was unanimously approved in Congress by all political parties, only those regional governments of the same political colour than the central government have been willing to accept this co-operation between the two levels. Regional governments of a different political sign have 'used' the implementation of the law for political confrontation with the central government, which in turn has legislated with ambiguity regarding important aspects such as the financing of the new system. Several regional governments have responded to this attempt of 're-centralisation' of this largely unexplored domain of the Spanish welfare state by boycotting its execution, blaming the government for designing a law without taking into account the territorial divisions of competencies within Spain.

With regards the division between service provision or economic allowances, the text clearly prioritises the provision of proximity services (domiciliary support, remote assistance and nursing homes). It is in the spirit of the law to trigger supply of institution-based care provision and to professionalise a sector that up until this point has always remained largely unprofessional. The legal text does contemplate a number of economic allowances but these should be given by the regional authorities in 'exceptional circumstances' only when services are not readily available. The degree of service or the amount of benefit dispensed is determined by the level of 'care dependency' of the dependent person as explained earlier. The law contemplates three main types of cash benefits: (1) an allowance linked to the provision of a service (*prestación económica vinculada al servicio*); (2) an allowance for family or non-professional care (*prestación económica para cuidados en el entorno familiar y apoyo a cuidadores no profesionales*); and (3) an allowance for personal assistance (*prestación económica de asistencia personal*). Depending on the level of need, maximum amounts for the year 2008 ranged from 400 to 800 Euros per month (SAAD/IMSERSO 2008). The last two types of monetary benefits can then be used to subsidise the work of the non-professional carer, who may be a relative of the person receiving care. The law stipulates that non-professional carers who receive these allowances must pay social security contributions and participate in training programmes.

The Real World: the first hesitant steps of the Dependency Law (2007-2009)

Given the major tensions and confrontations between different levels of government,^v the application of the law has so far been very limited and highly uneven among the 17 Autonomous Communities. Up until June 2009 966,798 persons had applied to the new LTC system, of which 670,446 have been assessed as qualifying for some kind of benefit. Today, 421,780 individuals are actually receiving either services or economic allowances. Over 77% of the applicants are in the 65+ age groups (26% in the 65-79 age group and 51% in the 80+ age group). Almost half (49%) of those assessed as qualifying for some kind of benefits are in the Grade III of Great Dependency. It is also worth pointing out that women represent 66% of all the applicants (SAAD, IMSERSO 2009).

A preliminary reading of the recently implemented law on long-term care indicates that despite initial intentions to prioritise services, a large part of the benefits given to dependants in the two years after the law came into force have been economic subsidies for family or non-professional care. Only a very small percentage of those cash benefits are linked to the provision of a service.

In the two regions where the new law has been most vigorously implemented, the value of cash given directly to dependant persons or their families has been far greater than that of services directly provided. According to the government's statistics (SAAD/IMSERSO 2008; 2009 see table 1) by June 2009 67% of all benefits given by the Andalusian regional government were cash allowances; of these allowances only 2% were linked to the provision of a service, 54% were for family or non-professional care, and 44% were non-specified cash allowances (that is, cash allowances different from those classified by the law). In Catalonia, the second region in terms of the volume of support given to dependants since the implementation of the law, nearly 90% of all benefits given in the two years since 2006 were economic allowances; of this total only 9% were linked to the provision of a service, and 33% and 57% were, correspondingly, cash allowances for family or non-professional care and non-specified cash allowances.

Table 1 clearly shows that economic allowances for family care and non-specified economic allowances are, of all possible options contemplated by the law, the most popular ones.

Table 2: Implementation of Dependency Law at 1/6/2009, selected Autonomous Communities

Region/type of benefit	Prevention	Remote Assist.	Domiciliary Care	Day Nursing homes	Residential Care	EA (1)	EA (2)	EA (3)	EA (4)	TOTAL
ANDALUCIA	5	15682	20734	6166	12380	2196	59555	28	48286	165032
CATALUNYA	0	2	4109	615	6238	8409	30224	15	51397	101009
GALICIA	93	110	3093	897	3825	1215	16256	26	11788	37303
PAIS VASCO	0	3281	4731	4287	8105	844	11850	446	2127	35671
TOTAL 17 AA.CC.	1659	21036	37392	19766	74987	24480	186267	560	227208	593355

Source: SAAD-IMSERSO 2009

(1) Economic Allowance linked to the provision of a service

(2) Economic allowance for family care

(3) Economic allowance for personal assistance

(4) Non-specified economic allowance

The reasons for this primacy of cash instead of services are threefold. First, the absence of a strong national network of social services means that investment on long term care for the elderly would be more costly and a longer-term strategy than putting the money straight into the hands of recipients. According to the OECD, the percentage of people aged over 65 who receive public provision of home care in Spain (3.1%) is well below the OECD average (9.1) and other European countries (20.3% in the UK; 12.3% in Holland; 7.1% in Germany) (OECD 2005). This means that there has been a serious mismatch between what the law says it should happen and the reality in which the new LTC system has to work on. As explained by one of our interviewees:

I like the law; I think the law is a beautiful piece of legislation because it considers for the first time in the history of the Spanish welfare state the right of 'dependent' citizens to proper care and attention. We need to realise that before this (law) what we had were the families and then charity, Red Cross, Caritas, etc. looking after those that were in real need, but that was it. With this new law the state assumes for the first time in history responsibility towards care for dependant people, a universal right to receive the care and help one needs to live a decent life. But then of course we are confronted with what

we have and what we are. The law talks about proximity services but we certainly don't have enough to cover demand and the supply is 99% in the hands of the for-profit and non-for profit sectors. We don't even have enough professionals in the socio-sanitary sectors, we don't have the qualifications. What we do have is quite a large number of migrant women working in the domestic sector. To be honest, I don't see the new dependency law as changing this reality in any way.

This last reflection takes us to the second factor affecting this apparent preference for cash instead of services: the high number of informal carers – many of them migrant workers- already working in private homes justifies a *fait accompli* attitude by the public administration. The family has traditionally been responsible for LTC in Spain, in line with other Southern European countries. However, in response to the rapid incorporation of women into the labour market,^{vi} and the very limited availability of appropriate services, the number of families who employ an outsider to care for elder relatives is increasing. As argued somewhere else (León 2010 forthcoming) the household sector in Spain has the highest percentage of employment of all EU countries. This fact contrasts with a relatively low proportion of employment in the more institutional care sector. This trend, which can also be seen in other countries of Southern Europe, seem to indicate that the countries where welfare state employment (health, community and personal services) has not expanded to meet growing demand are the ones that have experienced a greater increase in household sector employment in recent years. Although it is difficult to exactly define what this household employment actually entails, it is understood that much of the explosion of household employment over the last decade is care-related (Cancedda 2001; OECD 2006, 2007). MIGRATION

According to one respondent highly critical with the application of the law:

There has been no investment whatsoever in resources, either human resources or infrastructure. If you look at the benefits given so far to dependents, these are by and large cash benefits either for family care , that is, non-professional care, or non-specified cash allowance, which in practice means, a certain amount given to the dependant elder with no need to link it to a particular service, that can directly go to pay a domestic worker with no need of employment contract. So, I ask: are we professionalising care? Are we regulating care work? The answer to both questions is no. All we are doing is giving a

bit of extra money to very few people to help them cope better. But in this way, care is still informal and care is still very out of regulation.

This view was however contested by a government official who claimed that despite the shortcomings, the new LTC system was helping people who had no previous support from public administrations. Reflecting on the economic allowances for family care, the interviewee argued that for the first time informal carers were being recognised and supported by the welfare state.

Third, cash allowances can have a greater immediate return in electoral terms, especially in a context where public demand for the provision of services is not that strong. This latter point was emphasised by a government official who argued that the spirit of the law is to a certain extent 'betrayed' by users who prefer to receive cash instead of services. Another respondent pointed to the fact that the majority of Spaniards did not see the need for elderly care to be professional and qualified; it was more an issue of the 'availability [of carers] and good disposition'.

Concluding Remarks

Confronted with the problems of a rapidly ageing population, Spain has introduced legislation on Long Term Care considerably later than many countries in the EU. This recent political initiative to create a comprehensive LTC system has the merit of putting an end to a history of neglect regarding the care for and rights of those who could not live an independent living. Previous (implicit) familistic practices meant that families, and especially women inside families, were the ones fully responsible for the welfare and wellbeing of those considered as 'dependents'. Before this new law, citizenship rights of carers and of those in need of care were conspicuous by its absence. However, first evaluations since the law was put into practice highlight a number of issues that might potentially hinder its capacity for success.

A preliminary reading of the recently implemented law on LTC indicates that informal care work finds a place within the LTC system. On the positive side, the law formally acknowledges the role that the family plays in providing care and support for the elderly and other dependants. With the new regulation, informal carers now have the chance to receive some recognition and financial compensation for the job they do or have been doing for a long time. In fact, one government official proudly defended the implementation of the law in that for the first time (female) family carers were receiving some kind of monetary support for the for the role they do.

On a less optimistic note, however, the law is implicitly allowing care to remain unprofessional and largely outside the scope of public regulation. This is perceived negatively by those, especially trade unions but also employers involved in the sector, who asked for greater public and private investment in the social services not just to meet the demand for care but also to foster the growth of employment, particularly female employment. There are also concerns about the quality of the care provided and the adequacy of efforts by non-professionals to attend to certain care and medical needs in the home.

Furthermore, the law makes a blunt distinction between 'family care', understood as non-professional care performed by a family member, and 'professional care' provided by public services, private companies or semi-private organisations, leaving outside the picture those domestic care workers who do not fit into either of the two categories (Peterson 2007: 272). This latter group can be registered within the social security special occupational regime of household employees, but in a sense they remain in an administrative limbo since the specific conditions (that is, the difference between domestic tasks and caring duties) and requirements of their jobs are not properly specified.

This paper has also pointed to the fact the territorial dimension needs to be taken into consideration. The Spanish Constitution approved soon after the first democratic elections, gave Autonomous Communities full responsibility for 'social assistance'. This means that social services, and service provision for LTC is logically included, are directly affected by decentralisation as an institutional

set up. While in this case the central state is trying to foster centralization in the name of equity and equality of opportunities of all Spanish citizens, the reality is that many regional authorities are not willing to accept the 'intrusion' of the state, resulting in quite a big gap between the policy formulation and the actual running of the new system.

Bibliography

- Arango, J. (2000) "Becoming a country of immigration at the end of the 20th century" in King, Lazaridis and Tsardanidis (2000) *Eldorado or Fortress? Migration in Southern Europe*. London: Macmillan
- Anttonen, A. & Sipilä, J. (1996) "European Social Care Services: Is it possible to identify models?" *Journal of European Social Policy* Vol. 6 (2): 87-100.
- Anttonen A. & Sipilä J. (2005) "Comparative Approaches to Social Care: Diversity in Care Production Modes" in Pfau-Effinger, B. & Geissler, B. (eds.) *Care and Social Integration in European Societies*. The Policy Press, Bristol, 115-134.
- Bernardi, F. & Garrido, L. (2008) "Is there a New Service Proletariat? Post-industrial Employment Growth and Social Inequality in Spain" *European Sociological Review* Advance Access published February 25, 2008.
- Bettio, F. & Plantenga, J. (2004) "Comparing care regimes in Europe" *Feminist Economics* Vol. 10(1): 85-113.
- Bettio, F.; Simonazzi, A.; Villa, P. (2006) "Change in care regimes and female migration: the 'care drain' in the Mediterranean" *Journal of European Social Policy* Vol. 16(3): 271-285
- Bettio, F. & Solinas, G. (2009) "Which European model for elderly care? Equity and cost-effectiveness in home based care in three European countries" Working paper 609, Dipartimento di Economia Politica, Università degli studi di Modena e Reggio Emilia. February 2009
- CES (Spanish Socio-economic Council) (2006) "Panorama sociolaboral de la mujer en España" N. 43, Madrid: CES.
- Crompton, R. (2006) *Employment and the Family. The Reconfiguration of Work and Family Life in Contemporary Societies*. Cambridge University Press
- Crompton, R.; Lewis, S.; Lyonette, C. (2007) *Women, Men, Work and Family in Europe* Palgrave Macmillan Inc.
- Crouch, C. (1993) *Industrial Relations and European State Traditions* Oxford: Clarendon.
- Eurofoundation (European Foundation for the Improvement of Living and Working Conditions) (2006) *Employment in Social Care in Europe* www.eurofound.eu.int
- European Commission (2006) *Employment in Europe*, Luxembourg: EC.
- _____. (2007) *Employment in Europe, Key Indicators*, Luxembourg: EC.
http://ec.europa.eu/employment_social/employment_analysis/employ_2007_en.htm accessed 5/11/2008.

_____. (2008) EU-Labour Force Survey. Eurostat

Esping-Andersen, G. (1999) *The Social Foundations of Post-industrial Economies* Cambridge Polity Press

Glendinning, C. & Kemp, P. (2006) *Cash and Care. Policy challenges in the welfare state* Bristol: the Policy Press

INE (National Statistics Institute) (2006) *Labour Force Survey*

León, M. (2002) "The Individualisation of Social Rights: Hidden Familialistic practices in Spanish Social Policy" *South European Society & Politics* Vol. 7 (3): 53-79.

León, M. (2007) "Speeding up or holding back? Institutional factors in the development of childcare provision in Spain" *European Societies* Vol. 9 (3): 315-337.

Lewis, J. (2001) "The Decline of the Male Breadwinner Model: Implications for Work and Care" *Social Politics* Vol. 8 (2): 152-169.

Lister, R. (2002) "The dilemmas of pendulum politics: balancing paid work, care and citizenship" *Economy & Society* Vol. 31 (4): 520-32.

Lister, R.; Williams, F.; Anttonen, A.; Bussemaker, J.; Gerhard, U.; Heinen, J.; Johansson, S.; Leira, A.; Siim, B.; Tobio, C. & Gavanas, A. (2007) *Gendering Citizenship in Western Europe. New challenges for citizenship research in a cross-national context*, Bristol: Policy Press.

Lyberaki, A. (2008) "Deae ex Machina: migrant women, care work and women's employment in Greece. GreeSE Paper No 20, Hellenic Observatory Papers on Greece and Southeast Europe, London: LSE.

Ministry of Labour and Immigration (2009) *Presupuestos de la Seguridad Social. Ejercicio 2009. Anexo al Informe Economico-financiero*. <http://www.mtas.es/es/estadisticas/index.htm>

OECD (2004) *Employment Outlook*. <http://www.oecd.org/dataoecd/30/55/32562085.PDF>

Accessed 5/11/2008

_____. (2005) *Ensuring quality long-term care for older people* Policy Brief March 2005

_____. (2006) *International Migration Outlook (SOPEMI) Annual Report*

_____. (2007) *International Migration Outlook (SOPEMI) Annual Report*

O'Reilly, J. (2006) "Framing comparisons: gendering perspectives on cross-national comparative research on work and welfare".

Parella Rubio, S. (2003) "Immigrant women in paid domestic service. The case of Spain and Italy" *Transfer. European Review of Labour and Research* Vol. 9 (3): 503-517.

Pavolini & Ranci (2008) "Restructuring the welfare state: reforms in long-term care in Western European countries" *Journal of European Social Policy* Vol. 18 (3): 246-259.

Pfau-Effinger, B. & Geissler, B. (2005) (eds) *Care and Social Integration in European Societies*, Bristol Polity Press.

Pfau-Effinger, B. (2005) "Welfare State Policies and the Development of care arrangements" *European Societies* Vol. 7(2):321-347.

_____. (2007) "Payments for care in the context of new semi-formal forms of care work in European societies" Espanet conference Social Policy in Europe: Changing paradigms in an enlarging Europe? Vienna, Sep 20-22 2007.

Peterson, E. (2007) "The invisible carers: framing domestic work(ers) in gender equality policies in Spain" *European Journal of Women's Studies* Vol. 14: 265-280.

SAAD/IMSERSO (2008) "Estadísticas del sistema para la autonomía y la atención a la dependencia. Situación a 2 de Noviembre de 2008. <http://www.imsersomayores.csic.es>

SAAD/IMSERSO (2009) "Estadísticas del sistema para la autonomía y la atención a la dependencia. Situación a 1 Junio de 2008. <http://www.imsersomayores.csic.es>

Salazar Parrenas, R. (2001) *Servants of Globalization. Women, Migration and Domestic Work*, Stanford, California: Stanford University Press.

Sassen, S. (2006) "Global cities and survival circuits" in Zimmerman, M.K.; Litt, J. S; and Bose, C. E. (2006) *Global dimensions of gender and carework*, California: Stanford University Press.

Simonazzi, A. (2009) "Care regimes and national employment models". *Cambridge Journal of Economics* Vol.33 (2): 211-232.

Trifiletti, R. (1999) "Southern European Welfare Regimes and The Worsening Position of Women" *Journal of European Social Policy*, Vol. 9 (1): 49-64.

Ungerson, C. (2003) "Commodified Care Work in European Labour Markets" *European Societies* Vol. 5 (4): 377-396.

_____. (2004) "Whose empowerment and independence? A cross-national perspective on 'cash for care' schemes" *Ageing and Society* Vol. 24: 189-212

Valiente, C. (1996) "Family Obligations in Spain" in Millar, J. and Warman, A. (eds.) *Family Obligations in Europe* London: Family Policy Studies Centre.

Williams, F. (2003) "Trends in Women's Employment, Domestic Service and Female Migration: Changing and competing Patterns of Solidarity" in Knijn, T. and Komter, A. (eds) *Solidarity between the Sexes and Generations: Transformations in Europe*. Cheltenham: Edward Elgar, 205-18.

ⁱ The 'dependency law' comprises all individuals, from 3 years of age onwards, who need help for their everyday life activities. In practice however, so far the beneficiaries of the new system are by and large the 80+ group.

ⁱⁱ This study uses as primary data a number of elite interviews conducted in April 2009 in Madrid with key informants from the following institutions and organisations: Ministry of Employment and Immigration; Ministry of Health and Social Services; Spanish Society of Gerontology (SEEG); Caritas; CC.OO & UGT National Trade Unions.

ⁱⁱⁱ Law 39/2006 of 14th of December: *de promoción de la autonomía personal y atención a las personas en situación de dependencia*. BOE N. 299.

^{iv} This inter-territorial Council was created in January 2007 right after the new Law was approved. The council was created as a 'tool for inter-administrative cooperation' for the correct development of the new LTC system

^v The main problems so far have been the financing of the system and the application of the law, because of an unclear division of competencies between central, regional (Comunidades Autonomas) and local governments (*El País* 11/10/2008).

^{vi} The female employment rate in Spain rose from 31.7% in 1995 to 53.2 % in 2006 (Eurostat 2008). The participation of women in the Spanish labour market is thus approaching the Lisbon target, even if it is still below EU 15 average (OECD 2004). Moreover, according to Cooke (2008), gender equity in employment, which results in women's ability to negotiate more egalitarian divisions of domestic tasks, is low in Spain.