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The challenge is to define a model which integrates a plurality of perspectives, positions and interests and oriented toward the egalitarian family in the context of the widespread incorporation of women in the labour market. Faced with traditional or liberal options, Spain seems to be opting for the spread of public services. However, factors such as financing, the levels of public or private care, or the very territorial structure of the country may end up shaping a different model.
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Caring for others
A challenge for the 21st century

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# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>9</td>
</tr>
<tr>
<td>Introduction</td>
<td>11</td>
</tr>
<tr>
<td><strong>Part I: CARE, FAMILY AND GENDER</strong></td>
<td></td>
</tr>
<tr>
<td>I. From maternal care to social care</td>
<td>19</td>
</tr>
<tr>
<td>1.1. Equality and difference</td>
<td>19</td>
</tr>
<tr>
<td>1.2. Maternal care as a model</td>
<td>21</td>
</tr>
<tr>
<td>1.3. Other caregivers, other care</td>
<td>23</td>
</tr>
<tr>
<td>1.4. Social care</td>
<td>26</td>
</tr>
<tr>
<td>1.5. Quantifying care</td>
<td>28</td>
</tr>
<tr>
<td>II. Changes in the family</td>
<td>33</td>
</tr>
<tr>
<td>2.1. New families</td>
<td>34</td>
</tr>
<tr>
<td>2.2. New relationships between genders and generations</td>
<td>40</td>
</tr>
<tr>
<td><strong>Part II: THE NEED FOR CARE</strong></td>
<td></td>
</tr>
<tr>
<td>III. Care of children and the elderly</td>
<td>47</td>
</tr>
<tr>
<td>3.1. Children</td>
<td>47</td>
</tr>
<tr>
<td>3.2. Seniors</td>
<td>53</td>
</tr>
<tr>
<td>IV. Care of the ill and disabled</td>
<td>63</td>
</tr>
<tr>
<td>4.1. Care of the ill</td>
<td>63</td>
</tr>
<tr>
<td>4.2. Care of the disabled</td>
<td>67</td>
</tr>
<tr>
<td>V. Caring for caregivers and for ourselves</td>
<td>74</td>
</tr>
<tr>
<td>5.1. Caring for caregivers</td>
<td>74</td>
</tr>
<tr>
<td>5.2. Self-care</td>
<td>80</td>
</tr>
</tbody>
</table>
Part III: SUPPLIERS OF CARE

VI. Working mothers and involved fathers 91
   6.1. The context: decline of the housewife 91
   6.2. Working mothers 95
   6.3. A contradictory and ambivalent setting 99
   6.4. Involved fathers 104

VII. Caregiving grandmothers 109
    7.1. Autonomy and availability of older persons 109
    7.2. Who provides care and how many 111
    7.3. Who they care for and how 113
    7.4. Why do they provide care? 118

VIII. Informal care for the elderly 121
     8.1. Profile and evolution 121
     8.2. Adult children and elderly parents 124
     8.3. Elderly caring for elderly 131

IX. The professionalization of care 138
    9.1. The commodification and institutionalization of care 139
    9.2. Paid caregiving in the domestic/family sphere 140
    9.3. Paid caregiving in centres, institutions and local services 143
    9.4. The professionalization of caregiving: the struggle for recognition 146

Part IV: CAREGIVING POLICY

X. Social policies and the process of individualization 151
   10.1. From the family to the individual 151
   10.2. Individual, state and family 154
   10.3. Forms and effects of caregiving policy 159
<table>
<thead>
<tr>
<th>XI. Policies oriented toward specific needs</th>
<th>166</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1. Caregiving in childhood</td>
<td>167</td>
</tr>
<tr>
<td>11.2. The care of the elderly and the disabled</td>
<td>171</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conclusion</th>
<th>181</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care as a new social right</td>
<td>182</td>
</tr>
<tr>
<td>What model of care?</td>
<td>183</td>
</tr>
<tr>
<td>The establishment of the caregiving model: questions</td>
<td>185</td>
</tr>
<tr>
<td>Care, gender equality and reconciliation</td>
<td>187</td>
</tr>
</tbody>
</table>

| Bibliography | 190 |

| Index of graphs, tables, charts and figures | 204 |
The incorporation of women into the labour market and the gradual increase in life expectancy, particularly high in our country, are two factors which are going lead to important challenges in the coming years in regards to the provision of care to others.

Today, women aspire to equality inside and outside of the home, to the extent that their connection exclusively to domestic tasks, always understood as including the care of the children, the ill and the elderly, is no longer an accepted model. In addition, women’s employment outside of the home in Spain has become increasingly widespread and, in contrast to other countries, generally involves full time work.

On the one hand, the tensions that are currently appearing are possibly going to increase over the coming years if measures which permit the reconciliation between family and work are not established. If this does not happen the escape valves that could appear to relieve the pressure could provoke undesirable effects. In fact, the low birth rate in our country is in part related to the difficulties women face in dealing with the multiple activities currently demanded of them.

On the other hand, the present situation, with all the latent or manifest contradictions that it contains, is, at the same time, an extraordinary opportunity to establish a more equitable and egalitarian social model. The demand and the right to give and receive care are situated, every day with greater clarity, in the centre of social debates. The system which will shape the provision of care during the coming decades is being defined at this moment. This is why government, social agents and citizens have the opportunity to define a model which will once and for all transform the role of women, up until today subordinate and exploited, in the provision of care within the family.
This new model will surely have to follow three paths: first, men must take on new responsibilities as caregivers, so that caregiving tasks will be equitably divided between the family members that can assume them. Secondly, the state must define a new legislative framework which continues advances both in the establishment and in the effective promotion of equality. And thirdly, both public and private institutions must provide the facilities and services so that care can be provided outside of the family.

This study places the issue of the care of others on the table. Its intention is to describe the current situation in our country. But also, and above all, to stimulate reflection on the formulas that must be established in the near future to resolve some of the problems that are already manifesting themselves in the present.

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Barcelona, February 2010
Introduction

Care is a new concept which describes an old reality. Sociology studies the process of the acquisition and internalization of social habits through what we call primary socialization; and psychology analyzes the stages of development of the personality and identity of each individual. But it has been feminist theory which has focused on the activities necessary for the basic survival of the individual – eating, sleeping and basic hygiene, among others – as a specific field of knowledge. Women, throughout history, have taken on all the tasks related to these activities; tasks requiring varied and specialized knowledge, decision making capacity, strategic thinking, empathy and communication. In short, these tasks and knowledge are a complex product of each culture, far removed from the biological or genetic.

Human beings are particularly fragile and vulnerable in comparison to other animal species. Primarily because from the moment of our birth we are almost completely and continuously dependent on adults until we acquire the ability to survive autonomously. In addition, humans have adopted the care of those who cannot care for themselves either because of advanced age, illness or limitations of other types as a responsibility and a widespread social practice. Perhaps it was not always like that. Today, however, the care of others forms part of collective common sense and the social ethic. But it is not only the young, the old and the ill who are dependent on others for survival. In reality we are all dependent and need others to survive day to day, though some more than others. In fact, we are increasingly dependent, up to the point that the growing division of labour and interdependence is a characteristic of modernity, as nineteenth century sociology informed us.
The care of others is a surrounded by a certain mystery. Despite being so present and near, the activities in which this care consists are often invisible. We all know that we share them, with no exceptions, although we accept and complete them to varying degrees. There is a minimum level of care below which our lives are in danger. But up until recently this was taken for granted, little spoken about because it belonged within the family; it was not an «issue» nor was it seen as a «social problem».

It is the confluence of the spread of women working, including mothers of small children, and feminist reflections on the social and economic importance of the work done by women in the home which has raised our consciousness and concerns about the issue of caring for others. We speak about a deficit in this matter because new needs tied to an aging population are appearing on the horizon. But also because we understand that a right now exists in our society to be cared for and because the traditional forms for taking care of others, in the family and by women, are no longer possible nor are they considered desirable. All of this signals a deep change in Spanish society and a challenge for the future.

Care is a broad concept. From a reflection on childhood and models of motherhood we turn our attention to basic needs in other periods of life and for other social groups, as well as to self-care and care of the caregivers. As a sphere of activity, care or caregiving has many dimensions. Its aim is to ensure the basic maintenance of individuals in accordance with what is considered socially acceptable. This requires a range of varied tasks aimed at ensuring nutrition, hygiene, shelter and rest, all elements that are essential for survival. There is a complex social organisation to attend to the distinct types of care that humans need. This includes institutional and social agents such as the family, the state and the market, and also the individual actors, the concrete individuals that give or receive care. The relational dimension is of particular importance because the social practices of caregiving are generally based on personal interaction within relationships of intergenerational reciprocity, solidarity or exchange. These are asymmetrical relationships in which need frequently governs, so power is always present, although it is not always associated with the caregivers. Nor is emotion absent, either because it is emotion which precisely explains the dedication of the caregiver, or because the very content of the activity of caregiving generates, more than in other
relational spheres, bonding or other appreciable emotional effects. Beyond the concrete care of other persons, a new ethical focus is being raised, the central element of which is responsibility in relationships with others, in contrast to the dominant notion of rights and obligations.

Care in this sense constitutes the acceptance of a new term, to be added to what is in the dictionary. As occurs frequently, there is no exact equivalence among the different languages of the word care. In English, care - term that synthesizes the theories of thinkers such as Carol Gilligan, Sara Ruddick and Nel Noddings - does not mean exactly the same thing as cuidado in Spanish. The English word has a greater wealth of meanings, which the versatility of the use of prepositions contributes to in this language. The care of persons, in the sense in which it is used in this book, has a dual meaning of both action and concern with what is being done, which could hinge on the concept of responsibility.

Notions such as capacity, dependency, disability, the right to be cared for, the right to give care, autonomy, responsibility and the obligation to provide care, among others, shape current debates with significant implications for both social policies and for people’s daily lives. All of these things are dealt with in this book, which seeks to provide a panoramic and synthetic view of care as a sphere of knowledge and of public policy; a sphere in which a plurality of institutions and social groups intervene to respond to our basic needs for survival.

The intention of this book is to present and discuss the issue of care from a multidimensional perspective. It addresses the different aspects which make up this sphere of social reality, from theory and concepts to a description of the activities in which it consists and the debates that are raised around it. The book talks about the needs of the elderly, children, the ill and disabled, as well as those which the task of caregiving generates, and how we are all, at the same time, both autonomous and dependent. The perspective is both micro, in other words, looking at the actors that are involved (fathers, mothers, grandparents, family and professional caregivers, children and the elderly), and macro, in other words, including institutional agents (the family, the state, the market and the community). All of this is included in a comprehensive vision in which caregiving is understood as a system with its own structure and internal logic. With this book we want to contribute
to increasing knowledge regarding these issues, as well as to debates and reflections on the challenges caregiving raises, not only for experts but also for individuals, groups and institutions interested in improving our present and anticipating our future.

The text is structured in four parts. The first part deals with conceptual and historical aspects. Theories regarding the origins of inequality between women and men have pointed out the paradox of devaluing women’s reproductive capacity and have demanded full gender equality both in the public and private sphere. The so-called «third wave» of feminism has emphasized the importance and complexity of all the tasks related to the care of others that up to now have been, fundamentally, the responsibility of women within the family sphere. The limitations for so long imposed on the development of women’s potentials are now disappearing, at least in the Western world as women are acceding to all types of positions in the public sphere. The absence of women – present or future, real or imaginary – permits us now to see and recognise the work that they did before, and to a great measure, still do. In addition, this raises the reorganisation of the care of others as a social responsibility shared by the family, the state and civil society.

In the second part the different needs for the care of children, the elderly and the disabled and ill are addressed. The current focus in these areas emphasizes support for the autonomy, although it may be limited, of those who need assistance to manage daily life. Individuals provide care to others and also to themselves. This is another aspect of autonomy that reveals gender asymmetries, which will be explored in this study. Caregiving is a job, a difficult job. The physical and emotional health of caregivers suffers, particularly when they work fulltime, and is now recognised as a problem to be addressed. The third part of the book deals with those who provide care, the caregivers. In the past they were, generally, adult women whose lives were determined by their availability to other family members: children, elderly parents, the ill and even their healthy husbands. Today the range of caregivers is much broader and will likely be even more so in the future. They are defined by the type of assistance they provide, the ties they have with the person they care for, the context in which they do it and the problems that the provision of care generates. They are, for example, mothers who work, young fathers actively involved in raising their children, grandparents who take care of their
grandchildren, adult children who care for their elderly parents, elderly who care for other elderly and those who do it as a paid job in someone’s home or in an institution, a growing proportion of whom are immigrants who come from many different places in the world.

The final part of the book addresses the progressive incorporation of caregiving in social welfare policies in the context of the changing family and the spread of women’s employment. Society today recognises its responsibility toward those that cannot take care of themselves, and through the state as well as other institutions, actively participates in meeting the needs of such persons. The new social model of care is in the process of being defined. With this book we hope to contribute to the debate over what is necessary and what is possible.
Part I

CARE, FAMILY AND GENDER
I. From maternal care to social care

In this chapter we present the concept of care as an intellectual tool to identify and describe the diverse activities and social practices aimed at ensuring the basic survival of persons throughout their lives. This is a new field of knowledge of a multidisciplinary character in which sociology, psychology, history, anthropology and most recently, economics play a special role. It is, however, feminist theory, starting in the 1970s which has articulated different contributions from the social sciences into a new approach that explains and makes sense of the task of giving care. Giving care or caregiving is a concept that has expanded from the model of maternal care to other care needs, such as those of the elderly or the ill, and to other family or paid caregivers, as well as to men. It has also expanded beyond the family to being a social responsibility, with the participation of the state through social policies becoming of growing importance in the satisfaction of our basic needs. Daly and Lewis’s model permits us to understand synthetically the plurality of public and private, and individual and institutional agents that are involved in the social organisation of caregiving. The estimates quantifying the economic value of domestic production that are discussed at the end of this chapter provide an indicator of the importance that the issue of caregiving has today.

1.1. Equality and difference

The feminine and masculine frequently appear in basic opposition to each other, one representing the opposite of the other. In different cultures, which perhaps have a common origin, the feminine is associated with darkness, dampness and the closed, as well as with nature, emotions and
weakness. The masculine, on the other hand, is the light and opening, as well as culture, reason and strength. The differences can be magnified but can also be relative. In reality, almost everything is the same between men and women, as much in terms of anatomy as in behaviour and the needs we have throughout life. Women and men are much more like each other than like any other being or thing. Why, then, asks Rubin (1975), is there so much emphasis on the differences?

Since the origins of feminism, equality constitutes the centre of its theoretical reflections and of its protest activity against the idea, widespread until the 20th century, of women’s lesser capacities and their necessary subordination to men. In 1791, the French revolutionary Olympe de Gouges defended the idea that the «rights of men» were also those of women, which was not unrelated to her death sentence at the guillotine shortly after. More than a century would have to pass before the notion of equality would increasingly include women. After the Second World War, feminist thinking faced a paradoxical situation. In all Western countries women had achieved the right to vote, yet this was without a doubt, a period in which the traditional models of wife and mother were reinforced, producing a strong decline in women’s employment and even, in some countries, access to the university. Betty Friedan (1974) spoke about the «problem with no name»; that «sense of dissatisfaction» which many homemakers complained of, enclosed in their houses in residential neighbourhoods and dedicated to the efficient management of the modern home. Beyond the merely formal equality that she raised, participation in the labour market, with the economic autonomy that it contributed, constituted the basis for an effective equality. Without negating the importance of women having their own money, as Virginia Woolf had already maintained, in the 1970s new approaches appeared which emphasised other dimensions of inequality and helped to reveal the complexity of the phenomenon. Gender was, surely, the central concept of what is known as second wave feminism, which appeared after the period centred on demanding the vote for women. It was explicit in the constructivist approach of Simone de Beauvoir (2005) when she stated that «one is not born a woman, one becomes one», and would be subsequently developed and formalised by many other authors such as Kate Millet (1995) and Lourdes Beneria (1987). Differentiating the purely biological characteristics
of individuals of one or the other sex from those acquired through the process of socialization, explanations of an essentialist or naturalistic nature to understand inequality were rejected. The existence of a general system of domination over women, which radical feminist theory gave the name «patriarchy», was proposed. This concept permits us to understand how and why the masculine dominates in all spheres of reality, from the formal and explicit to what is assumed without question.

In short, the development of thinking on the situation of women has been characterised by the gradual discovery of new explanatory factors for equality as the goal of equality is being met. Conditions that seemed to be sufficient have become only necessary on a path which, although marked by success, leads to a final objective: full equality, which has still not been reached, in part because we were further from it than we thought, in part because more is demanded now.

Feminism and equality were no longer synonymous with the appearance of a current celebrating precisely that which makes women different from men, converting it into their own identities: difference feminism. From this perspective it is not about women being like men, rather it is recognising and accepting the feminine as positive. It begins from a reflection on the relationships that women form with other persons, based on an «ethic of responsibility», which is different from that of men, for whom a notion of rights and obligations guides their actions (Gilligan, 1985). It is in this context in which the concept of care appears, understood as a specifically feminine attitude and morality.

1.2. Maternal care as a model

In Freudian theory, the development of feminine identity has, as in the case of male identity, a traumatic character. What constitutes the basic nucleus of women’s personalities is the discovery of a lack: that of not being like men and accepting it. Nancy Chodorow (1978) provides a reinterpretation of the Oedipus complex according to which the evolution of girls is based on their continued bond with the mother, who is first an object of love and then one of identification. To affirm herself as an individual, the girl looks in the mirror that is her mother and desires to be like her. And she ends up being
so. In the case of boys, in contrast, the intense mother-son relationship of early childhood breaks down when the male child discovers that to develop his masculine identity and become a man he has to separate, break the strong bonds that unite mother and son to differentiate himself. The original trauma of the rupture with the mother explains, from this point of view, a form of interpersonal relations marked by distance and, even, aggressivity and egoism, while the non-traumatic evolution of the girl into a woman, resulting from the bond with the mother, fosters a disposition for affection, empathy and nonviolence.

Starting from the idea of care as an attitude originating in the maternal relationship, the concept has widened to include the tasks and activities in which it is concretised. Motherhood is a multiform job, responding to the needs of all types that children have, from basic physical survival to learning social behaviour. It also implies large doses of rationality and strategic thinking to find the best solution to the diverse problems that raising children poses.

This special attitude toward others is a characteristic of women, though not for biological reasons but rather because through the socialisation process they acquire the specific traits that end up constituting their identity. However, if the feminine disposition toward caring is not inscribed in the genes, can men also acquire it? This question has been the object of debate and in general, has been answered positively. There are men who, through their life experiences develop a distinct way of being, in the same way that there are women who depart from the general pattern. The ethic of caring has, in addition, a normative component that can be adopted by men. In fact, more and more fathers are actively involved in maternal tasks such as feeding or changing the diapers of their small children, practices which surely are shaping a new way of being for men.

The emphasis on motherhood as a defining element of feminine identity can appear to be a return to old approaches of philosophy or sociology. There are, however, important differences in the focus. First, difference feminism identifies a sphere of social reality that is so close and present but which has been invisible. The concept of caregiving integrates activities and social bonds that are articulated in a complex system of reciprocity that is essential for survival. Secondly, by raising caregiving as an ethic, and not
only a social practice, it transcends the private sphere and enters the public sphere. From the maternal relationship as origin of the notion of caregiving, it extends to other needs and ways of satisfying them, beyond the bond with the mother.

Ecofeminism exemplifies the movement of a feminine ethic into the public sphere (Merchant, 1983; Puleo, 2005). Faced with the ecological crisis which is afflicting the planet due to the development of forms of production and consumption which have adverse affects on the environment, it argues for the centrality of women in a new relationship of greater responsibility toward the natural world. This is justified by the negative role that men have played in the destruction of the environment and the different relationship women have as producers of life with nature. In addition, on the African continent the hope for recovery, as well as cooperative action from many countries and very prominently Spain, is centred on women for their sense of responsibility, in contrast to the violence as a way of life in which many men are immersed.

1.3. Other caregivers, other care

Despite the power of the idea of motherhood as the activity of mothers caring for their own children, there are multiple examples and cases throughout history in which mothers did not directly assume such tasks, even though able to do so. Not even breastfeeding, which seems the most difficult task to delegate to others, has always been the responsibility of the biological mother. The wet nurse is an old institution which, during the 19th century, the aristocracy and the middle classes shared as the habitual form of caring for babies during the first months or even years of life. Flaubert tells us how Madame Bovary, wife of a provincial doctor, left her recently born children in the house of a robust women who had just given birth, who in exchange for a modest sum of money, was in charge of feeding and caring for them. In other cases, the wet nurse moves into the house of those who contract her, bringing her own baby with her. For some children the mother is duplicated, while others must share the only one they have; at the same time an almost kinship like relationship is engendered between «milk siblings» which, however, does not eliminate the differences of social origin between them.
Nannies, maids or servants generally took over the care of children from wet nurses, with the particularity that while wet nurses were mothers, these caregivers tended to be women without children. In modern times au pairs or babysitters have appeared. The duplication of the mother raises complex triangular relations in which an underlying latent tension over the maternal role appears between the woman who claims it based on law and biology and the woman who indirectly and implicitly, because of her subordinate position, asserts her «de facto» motherhood (Tobío and Díaz Gorfinkiel, 2003).

It can also happen that children have no mother or that their mother cannot take care of them. When this occurs there are social institutions, first charitable, then public, which take responsibility for the children. In such a case, instead of duplication there is substitution, there being concern for reconstructing, to whatever extent possible, a maternal type bond. For example, British orphanages during the first half of the 20th century sent orphans to live with mothers and their children, there being concerns for reproducing in some way an individualised relationship that resembled the mother-child one (Brannen and Moss, 2003). The institutionalisation or not of children without their own families, as well as the methods used and their effects have been an object of debate from the 19th century up until the present (Illanas Duque and Pla Barniol, 1997).

Though still a minority, men are increasingly collaborating in the care of their own and other children. Of domestic activities, care of the children is the first that they accept, generally providing help to the mother more than taking on their own responsibility. The «mothering» father awakens sympathy and active social support through, for example, paternity leave. Slowly, and on occasion with reluctance from others, men are working as caregivers in day care centres and nursery schools.

Although the concept of caregiving has its origin in caring for the child population, this is not the only social group that demands care. As individuals grow older the proportion of persons who cannot take care of themselves and their weight in an aging population grows. Chronic illnesses and disabilities appear, normally at the end of life, though also at other ages.
Before diverse needs for care caregivers intervene; volunteers or professionals and in different environments: the home or institutions, spouses, daughters, sons, employed or volunteers, part time or full time. There are forgotten or silent caregivers, such as, for example, single women, who, because they have no spouse or children, are considered to be in the ideal position to take responsibility for the elderly in the family. Having an unmarried daughter has often been a way of assuring one’s care in old age, without the need for written laws. We also do not know much about the men that take care of their elderly parents or their dependent wives, although they do exist. In Andalusia, for example, according to a survey on family networks, one of every five women in need of care receives it from her spouse, although many more (half) are cared for by their daughters (Fernández Cordón and Tobío, 2007).

This data raises the issue of the relationship between who gives and who receives care. Studies done in recent decades reveal a more complex reality than that which the perspective on the ethic of responsibility suggests. Feeling or concern is not always a part of caregiving, on occasion the motivation for care is obligation and often concern and obligation are mixed together in a way which is not easy to separate (Finch and Groves, 1983). In addition, caregiving is a legal obligation contained in the Spanish Civil Code and in the 1978 Constitution (Barbadillo and Tobío, 2008).

To give and receive care involves relations of power, as in every other sphere of daily life. How is this power exercised? Not always by who gives care, although this is most frequent when the person being cared for suffers an inability to take care of him/herself. But the reverse can also occur, specifically because caregiving can be, more than a responsibility voluntarily assumed, an obligation determined by the family environment and by law. There is a growing tendency to protect dependents from the situations of abuse they can suffer from their caregivers, for example, through technological means which permit parents to observe at a distance what occurs in the home. Slowly, the little known reality of the mistreatment that some children and elderly suffer at the hands of their caregivers is emerging. There are also indications, much less explicit, of demands on and blackmail of those who provide care, for example, when dependents
reject institutional care despite the caregiver not having the time or energy to continue doing it.

Care is given to those who cannot care for themselves, but some who can provide care do not do so. This is one of the defining features of inequality between women and men. Women prepare the meals, they make the beds and wash and iron the clothes although there is no reason why adult men cannot do these tasks. In this case, being cared for is a manifestation of power, revealing the profound asymmetries of gender. In the extreme there is the servile, that which today, in a widespread manner, women refuse to do because it involves a minimum of self care that each person should do for themselves, such as taking care of one’s personal hygiene or dressing.

Taking care of oneself involves a great deal of time each day, almost half of a person’s life as it includes sleeping, eating and hygiene. It is the only activity in which all are equal although there are slight differences between men and women according to the Time Use Survey (INE, 2007). The principal care that we give ourselves is sleep: it is the basic and indispensable activity for recuperating the body. Contrary to what is generally believed, this survey, carried out in different European countries, shows that people sleep more in Spain than in the rest of Europe and that with the exception of Spain women tend to sleep more than men (Durán, 2006a).

Taking care of others is an attitude, an ethic and an obligation, but, above all, it is a job which takes an enormous amount of time and effort. The effects of caregiving on caregivers, especially on those who provide long term care to the chronically ill, are slowly coming to be known. As a result, caregivers are also a focus of attention through specific programmes which we will look at later.

1.4. Social care

The notion of caregiving has also broadened from the micro sphere, in which social practices are carried out by concrete individuals, to the macro sphere, composed of institutions and social agents. It overflows the world
of the family and the interpersonal, recognising contexts, initiatives and policies that shape varied ways of attending to those who need care. Caregiving has a social organisation as well as a division of labour, which assigns responsibilities and functions to different institutions. The mode in which each society resolves the need for care forms a system made up of the principal social institutions, such as the family, the state and the market. The use of home healthcare workers, for example, is based on the existence of a labour market in which one of the forms of labour activity that is supplied and demanded is the care of other persons. Daycare centres and nursery schools can be the result of social policies offered within the framework of the welfare state which provides this type of service, or a private service offered by the market, or a combination of both, as in the case of school vouchers or state subsidised private schools. The opening of the macro social sphere opens up inquiry to the economic logic that underlies this, as in any other human activity: who pays for care? How and why?

Mary Daly and Jane Lewis (1998) have developed a concept of social care, for the purpose of articulating the dimensions of work, responsibility and cost (economic as well as physical and emotional). The analytical model that they propose is based on the dual perspective of the macro level (institutions) and the micro (actors, individuals). There is, on the one hand, a division of labour between the state, market, family and volunteers, and, on the other, individuals that give or receive care of one type or another within the family or in public or private institutions with or without financial remuneration. The concept of social care incorporates, in addition, a perspective on historical change, as in both the micro and the macro sphere transformations in the modalities of care have been produced in recent years, as have expectations about who should provide care and how. This approach has, among other aspects, an interest in situating the issue of caregiving in the centre of the discussion regarding the welfare state and the processes of restructuring it is currently undergoing (see chapter 2: Changes in the family). Taking care of children or the elderly is no longer a private matter and has a political and theoretical importance as a key feature of social organisation.
From the initial approaches to caregiving which began with motherhood, dating back thirty years ago, until the consolidation of a new field of knowledge which allows us to analyse an, until now, hidden part of social reality, a long road has been travelled. The welfare state that was constructed after World War II in European countries incorporated, as one of its implicit assumptions, the maintenance of the home and care of working men, children and the elderly through the unpaid work of women supported by family wages for men. Education, healthcare, pensions and unemployment constituted the core of social protection, in some countries reaching high levels of benefits during the historical period known as fordism (1945-1975). It would be fundamentally in the Nordic countries and in a context of labour scarcity, where policies oriented toward the care of children and the elderly would undergo, starting in the 1970s, notable development. The majority of other European countries, with the exception of France, would have to wait until well into the 1990s, and with an already high proportion of women and mothers active in the labour market, for the «balancing of family life and work» to occupy an important place on the political agenda.

1.5. Quantifying care

Since the end of the 20th century a new approach to caregiving has appeared based on calculating its monetary value, indicative of the social importance it has acquired. Money is today the fundamental instrument for assuring the equivalence of what is traded and, in addition, permits us to know the value of things. Monetary scales are very precise, which makes it possible to automatically know the relative position that each price occupies with respect to all others. We have become conscious of this complexity by noting the slowness with which we went from the older instrument of measurement - the peseta - to the new - the euro, similar to the difficulty of learning a language when one has already passed the stage of rapid assimilation of knowledge of early childhood.

Monetization has clarified and ordered economic reality, which is now presented to us through multiple indicators which reveal the economic activity and wealth of a country. But while it has illuminated a part of the
economy it has obscured another: that part which is not based on market transactions, to a great extent based on activities carried out by women in the home, and which constitute a basic support in individuals’ lives. Exchange value has almost completely substituted use value and eliminated from perceived reality that which follows a logic of exchange distinct from monetary exchange. Already in the 1970s, the economic and social importance of multiple activities that are carried out in the family sphere and aimed directly at family members without the mediation of money were being analysed from different theoretical perspectives. And to these, others should be added, such as those resulting from voluntary work, which, with different ends – such as the provision of care, the preservation of the environment or traces of the past, etc. – are carried out selflessly by formal and informal organisations.

The decisive push for the quantification of unpaid work was made at the United Nations’ World Conference on Women in Beijing in 1995, where it was agreed to promote its incorporation into national accounting systems. This had the dual aim, on the one hand, of representing in a more rigorous manner this economic activity which generates wealth and, on the other hand, recognising the contribution, undervalued up until then, of women. Since then a great number of initiatives have been adopted to quantify this type of economic activity through the use of different methodological instruments, among others, the so-called «satellite accounts» of household production, and more broadly, of unpaid work. If, as María Ángeles Durán (2006c: 16) has pointed out, accounting is a story which includes subjects and processes, satellite accounts constitute a different story, with other protagonists and events, and from which a different image of society results.

The European Union, for example, has developed a unified methodology which defines in an operable manner the activities which should be included in this new way of understanding the economy (Eurostate, 2003). It gathers together a whole series of household tasks, some which are directly or indirectly related to the care of others, such as care of children or elderly, the preparation of meals or the maintenance or repair of the home. It excludes

(1) Varying from approaches based on rational choice theory (Becker, 1987) to perspectives on socialist feminism centred on the concept of a «domestic mode of production» (Delphy, 1987).
all those tasks related to self-care, as well as those related to leisure and entertainment. To quantify unpaid work also implies concretising other aspects, such as activities that are done simultaneously, for example, cooking, hanging out the clothes, ironing or watching a child, or the sources of data that are used or the unit and procedure to measure different tasks. What is most common is to calculate the cost involved in these tasks if they were to be done by a person employed to do them; although occasionally a different type of system is used to estimate this cost based on the pay that the person who does them would receive if he or she were employed outside the home, in other words, opportunity costs.

Using these methodologies in different countries and different spheres, estimations of the monetary value of unpaid domestic activities have been obtained, to which can also, in some cases, be added work carried out by volunteers. The estimates reveal considerable variations as they do not coincide in what they measure or how (table 1.1). However, even the most moderate estimates clearly show the economic importance of this, up to now unknown, part of reality. We do have some estimates for Spain, such as, for example, the satellite account for Spanish households elaborated by the National Statistics Institute (2008), which reveals a quantity equivalent to more than one fourth of GDP (27.4 percent); this is the lowest percentage found up to now in Spain, and is the equivalent of an average hourly wage for those who do such domestic tasks, mostly women, of 4.33 euros. The estimates done for Catalonia (Carrasco and Serrano, 2007) gives a result of 40 percent of GDP, a somewhat higher figure than that obtained in Galicia (37 percent) and the Basque Country (33 percent), but lower than that of Madrid (54.7 percent) (Durán, 2006c). Regarding this last autonomous community, there is also a more ambitious estimate that has been made which incorporates the secondary activities of caregiving of all household members, which results in an increase of current GDP to 130.8 percent.
To quantify means to take reality into account. The long journey to identify and recognise the care of others as a socially useful activity culminates in expressing it as that universal measure, money, and comparing it with the totality of work that is done in society. According to the most recent calculations it is the equivalent of one fourth of quantified production.

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To sum up, from invisibility to quantification, the issue of the care of others has come a long way in a relatively short period of time. As we have seen in the previous pages, to provide care was until just a few decades ago synonymous with motherhood and this with femininity, at least in the social imaginary. To care for others and to be cared for, as we have seen from the perspective of different disciplines, is a social relationship which involves people throughout their whole lives. What some give and others receive has diversified and become enriched. It is no longer only children in the early stages of life that are cared for by their mothers until they reach a level of basic autonomy, but also those who have lost that autonomy because of their age or those that never attained it are now accepted as a responsibility by their families and by society as a whole. To the growing number of recognised needs corresponds a plurality of caregivers who carry out their work in different spheres and contexts. All of this has taken place parallel to changes in the family and the social role of women, whose principal
dedication to the domestic sphere has been transformed as they have joined
the labour force and the world outside the home.
The care of others emerges as a dimension of social reality, a sphere of
activity and ethic of responsibility under the sign of gender equality.
The dramatic changes that Spanish society has undergone in recent decades are particularly evident if we observe the family, as it constitutes the core of the social fabric. The rapid transformation that has taken place is often experienced with uneasiness. However, a look at history, in addition to helping us understand the naivety of many of the simplifications held about the past, reveals that concerns regarding the family are by no means a new phenomenon. History permits us to relativise certain aspects of the family institution considered specific to a determined period, such as, for example, when we only associate support from an extended family with the past or when we think that the nuclear family is an exclusive characteristic of contemporary society. Along with historical research, sociology, anthropology and demography have shed light on the family and provided answers to many questions that have emerged about the evolution of this institution.

The look back at the family’s past has resulted in abundant documentation which reveals a gradual transition in the role of women, highly valued in preindustrial society but much more secondary as their activity became exclusively centred on the care of the children and domestic tasks. With the passage of time, the slow development of the working class family gradually reproduced the bourgeois family model, generalizing the segregation of functions between the two persons forming the couple, with the husband carrying out his activities outside of the home while the wife carried out her domestic tasks, which included the education and care of the children and other dependent members of the family.
By the sixties of the last century important changes had taken place in the family in the West which reflected and at the same time constituted in themselves important elements of social transformation.

In what follows we will present and discuss the most important features of these changes in family organisation and behaviour.

2.1. New families

In the 1960s, the Western world as a whole went through a notable transformation in attitudes and values often linked to the expansion to the private sphere of the principles of freedom and democracy that had become rooted in public life after the Second World War in many Western countries. Increased demand for personal autonomy permeated the family, putting into question the dominance of men and the traditional values of paternal authority. Alberdi (1999) states that the first signs of this transformation were manifested as discontent and tension within families and that generational conflict, unrest among youth, the idealisation of leaving home as a synonym for freedom, rejection of marriage as a prison for women and attempts to find an alternative to family life in communes and collective organisations were different expressions of the abandonment of family values and the incorporation of new behaviours.

The changing family was also closely linked to demographic transformations. When the study of the population reveals a tendency which is a clear rupture with previous patterns demographers designate this with the term demographic transition. What became known as the first demographic transition refers to historic changes that began in the 18th century in some European countries in which the situation of high birth and death rates transformed to one in which both birth and death rates were low. More recently, the term second demographic transition (Van de Kaa, 1987) describes the changes observed since the 1960s in many Western societies regarding certain demographic and family processes. This second demographic transition also signalled the end of the family model based on a stable marriage, a mother at home who maintained the home and looked after the education of the children, and a man who brought home the resources necessary for the family’s survival. The current family, in which the woman is increasingly and irreversibly
employed outside the home, reveals a variable geometry, fragile couples and a much more individualist orientation among its members (see chapter 10: Social policies and the process of individualisation). However, the family is not disappearing, rather it is adopting multiple forms and content and with the incorporation of these new variants, it seems to be getting stronger as time passes.

Since 1965 the majority of European countries have seen an increase in the rates of women’s participation in the labour force and a decline in fertility rates, along with a delay in the age of emancipation, marriage and motherhood. At the same time there has been an increase in divorce, domestic partnerships, couples without children and the number of births outside of marriage.

Spain, as in other countries in the south of Europe, entered the second demographic transition with a certain delay, although the intensity and speed with which it incorporated some of its features transmit a clear specificity to the process followed in our country. The mention of family change in Spain, as in other European countries in recent decades, refers directly to the central role of women and their connection to the labour market where there has been a rapid and relatively recent incorporation of women. After a transitory period of coexistence between the generation of older women who worked and stayed at home and cohorts of younger women integrated in the labour market, the incorporation of Spanish women into the labour market is now considered irreversible. In short, the number of women who work has increased greatly, a huge number that are not working want to be and women, in general, highly value paid work.

Graph 2.1 shows the radical change that has happened regarding women’s relationship to the labour market, on the one hand, and men’s employment activity on the other. In thirty years, the rate of economic activity among Spanish women has almost doubled. According to the graph, in 1978 a little more than one of every four women was employed, while today more than half are economically active. Parallel to this, the rate of economic activity for men has declined; if in 1978 more than three out of every four men were economically active, today we see that the rate is more than six percentage points lower.
In addition, the synthetic fertility index or the average number of children per woman, another important indicator of family change, has undergone a major transformation in recent decades. Spain, in the decade of the 1970s, had one of the highest fertility rates (more than 2.5 children per woman) in comparison with other European countries, but by the 1990s we find that it had one of the lowest rates. Since then the average number of children per woman has increased slightly (which is fundamentally due to the fertility rate among women immigrants in Spain), but with a value of 1.4 children per woman in 2007, as shown in graph 2.2, the rate is still low in the European context.

Marriage has also been delayed, losing importance as a form of cohabitation and becoming less stable. The age at which young people marry for the first time has increased as a consequence of the increase in time given to education and training and the search for a certain economic stability or consolidation of employment. In 2003, the average age at first marriage in the European Union (25 countries) was 29.8 years of age in the case of men and 27.4 years of age for women, while in Spain (INE, 2009a) the figures...
were 32.5 for men and 29.8 for women. Graph 2.3 compares the number of marriages per 1000 persons in the years 1978 and 2008 in different countries of the European Union.

In addition to the decline in marriage as a form of union, the increase in the instability of the couple translates into an increase in divorces. Graph 2.4 shows this indicator per 1000 persons for the years 1978, 1995 and 2005 (the last year for which this information is available). In Spain, divorce was not permitted until 1978, but in recent years the data show a clear lower incidence of divorce in our country (even more perceptible in Italy) than in other European Union countries, although there has been a very sharp growth in the number of divorces, to the extent that the indicator doubled between 1995 and 2005. In contrast, the countries where the relative number of divorces is higher, such as Sweden and, above all, the United Kingdom, have seen a certain decline in the figures during this same period.
GRAPH 2.3
Marriages per thousand inhabitants, 1978-2008

Source: Eurostat, 2009a.

GRAPH 2.4
Divorces per thousand inhabitants, 1978, 1995 and 2005

France 1978: without data.
Source: Eurostat, 2009a.
An additional aspect of the demographic portrait of family changes in Spain is shown in graph 2.5, which contains the evolution in recent decades of the average age of women at childbirth. Among the six European countries analysed, Spanish women have the highest ages along with Italian and Swedish women, in contrast to French (in the last decade), German and above all, British women, although the age of motherhood as also been gradually increasing among women in all of these countries.

Childbirth among women in Spain does not only occur within marriage, although that may be the predominant relationship among women who give birth. As has occurred in other European countries, the number of children born to unmarried mothers has increased, in 2006 representing 28.4 percent of all births (INE, 2009a). In addition, the plurality of family forms is evident if we take into account the increase in the number of persons living alone as well as couples that live together but without being married.

Finally, the transformation of Spanish families is also due to one additional and very important demographic indicator: the increase in the proportion
of seniors in the population. Although this phenomenon will be explored in greater detail in chapter 3: «Care of children and the elderly», it should be pointed out that the existence of this phenomenon is in line with what has happened in all of the European countries selected. In Spain the proportion of seniors is lower than in Germany, Italy and Sweden, while it is higher than in France or the United Kingdom.

The intense family changes sketched here is part of new demographic coordinates. The consequences of these transformations are revealed in the dynamic of unfolding family relations and the interaction of the family with other practices and social agents, issues which we will analyse in what follows.

2.2. New relationships between genders and generations

As we have now seen, new families are moving away from the model that prevailed in the first half of the 20th century, characterised by a stable couple and a clear division of labour, based on the woman staying at home to dedicate herself to domestic tasks and care of the other members of the family, and the man being the source of resources necessary for the survival of the family and imposing his authority on its members.

The claim of real equality between men and women puts into question the basis of the traditional family. In the beginning of this century, as we have seen, different models of families and family relations have proliferated, characterised by the fragility and instability of the couple in a framework of increasing individualisation which, as will be explored later, manifests itself primarily in greater selectivity and emphasis on choice in the formation of families. This liberates men and women from the forms and allocation of traditional roles; often leading to a configuration of relationships less stable than in the past (Beck, 2006). In this framework of new forms and dimensions to family relationships, the links between generations often have great importance, also being reinforced for demographic reasons, as the increase in life expectancy and the decline in fertility contribute to the proliferation of families with more generations but fewer members in each generation, or what are called beanpole families (Bengston, 2001), as parents and children can easily share half a century of life and up to three and four generations can coexist.
This prominence of the vertical family axis translates into a great increase in the importance of the bonds between generations, which play an essential role in the maintenance of daily life (Attias-Donfut et al., 2003) and are fundamental to family networks. In this way, the importance of filiation is in contrast to the vulnerability and instability of the couple. While the precarious nature of conjugal relations is duplicated in other spheres of social and professional life in the sense that they also lack definitive character and are up for permanent negotiation, kinship relationships, above all, vertical ones, become the place of permanency.

However, although an important proportion of families do not now respond to the old model, which no longer describes the predominant social behaviour, the social reality is far from being composed only of families of autonomous and self-sufficient individuals. Family exchanges in terms of economic support, transfer of assets, intergenerational solidarity, social support, assistance in domestic tasks and care and reciprocity maintain their impact and have even increased in importance as a resource in the face of new situations, being particularly decisive in the context of the provision of care and assistance to dependent members of the family. In this way, the family acquires increasing importance in regards to the protection of vulnerable persons, whether young children, young adults, those that face social isolation or job loss, the chronically ill, the disabled or the dependent elderly.

The patterns of interdependency of this family solidarity cannot be studied without paying attention to changes in social policy and the development of collective protection and the welfare state. The examination of the articulation between family micro solidarity and collective macro solidarity provides us with a perspective that crosses the horizontal and vertical dimensions of the family system, the sexes and the generations, as will be explained later. In fact, at the end of the 1980s, when a crisis in the system of social protection occurred in many Western countries, the importance of a revaluation of family solidarity in contrast to the failures and limits of public or collective solidarity was discussed. Regarding the interrelationship between the role of the family and the role of the state as guarantor of the systems of protection, two schools of thought have emerged. The first argues that demographic and family ruptures are
clearly the result of the development of the welfare state itself, which has substituted for the family and has taken away its functions, leading to an undesirable individualism, a decline in individual responsibility and a growing dependence on the state (see for example, Popenoe, 1993). The second position states that the development of the welfare state and of services for families has only contributed to distributing the functions that had previously fallen exclusively on families without any external support. Family solidarity, from this perspective, can only be carried out in conjunction with systems of collective protection.

More explicitly, on one side of the debate we find the substitution thesis, which states that the stronger the welfare state, the weaker is the family, or, to say it in another way, collective solidarity substitutes and therefore undermines, family solidarity. This thesis is in contrast to that of complementarity, which, based on abundant empirical evidence, argues that state provisions do not substitute but rather augment and strengthen family solidarity, up to the point that the greater the services of care provided and assumed by the public sector, the greater the informal care provided by families (Knijn, 2004). It is precisely this articulation between public and private solidarity, above all in regards to the protection of vulnerable individuals, which constitutes the centre of current debate.

Although previously segregated roles within the family are slowly blurring, the family continues to incorporate features of those forms of functioning. While the behaviour of women has changed substantially because of their incorporation in the labour market, in part because of state and institutional pressures in the search for contributions to the maintenance of the healthcare and pension systems under a scenario of an aging population, they still carry out the majority of the unpaid work of caring for others, despite the great amount of time and effort entailed. This contrasts with the minor contribution of men toward this activity. In this sense, it should be stressed that the process of individualisation for women is incomplete and partial in comparison to that of men.

In addition, it should be noted that social solidarity and family solidarity result in different types of dependency, as will be explored later. The dependency of social solidarity refers to dependency as a citizen, which
guarantees, at least in theory, equal treatment and prescribes rights and obligations. The dependency of family solidarity has a different, and on occasion, paradoxical and ambivalent character, just as do family relations themselves. The family can provide support, intimacy and warmth, but the highest levels of solidarity are not always necessarily accompanied by an increase in the psychological wellbeing of the recipient as, on occasion, this solidarity can translate into feelings of dependency and absence of autonomy for the person receiving care, and feelings of obligation and weight for those who provide care.

The provisions initiated by the public system in Spain were very limited until recently. Being one of the countries in Europe which spends less on support for families, Spain has not responded effectively to important limitations in infrastructure and services to support dependent family members. This means that it is the families and more concretely, as we have seen, the women, often the only resource, who are obliged to take on this responsibility with little support. In recent decades, however, important changes have taken place regarding the participation of men in the tasks of caring for others, as will be explored later, although this participation is almost exclusively centred on the care of the children. In addition, important efforts have recently been made to improve this situation, in part by adapting to European Union directives. As will be analysed, both the Dependency Law(1) [Ley de Dependencia] as well as the 2007 Equality Act(2) [Ley de Igualdad 2007] are leading to a qualitative change in this sense.

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The family has historically been the central institution in regards to the care of others, which explains why the changes it has undergone have decisively influenced the manner in which we attend to those who cannot take care of themselves, (which at some point in life will happen to each one of us). The family today is diverse, but it also was in the past, which means it is advisable to see the changes of today as relative. As the theories of demographic transition predicted, the decline in mortality makes possible a new demographic model

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(1) Law on the Promotion of Personal Autonomy and Care for Dependent Persons 39/2006.
based on maximum vegetative savings: there are many fewer births, but almost all survive. This explains the complex family forms characteristic of the 21st century, changing in direction parallel to individual trajectories. The axis of filiation constitutes the key structural element and a factor of permanency in family relations. Families spread out over generations and are narrower because of the dual effect of lower fertility and the increase in life expectancy. Solidarity among generations does not disappear, but is transformed and opens, beyond the nuclear family, to family networks, the society and the state.
Part II

THE NEED FOR CARE
During our lives we all need to be cared for by other persons. Situations of dependency can exist, and in fact do exist, in all stages of life: among children, individuals with disabilities, the elderly, the chronically or temporarily ill and healthy adults who cannot take care of themselves. Therefore, dependency cannot be considered as something exceptional or accidental, it is, rather, a constitutive characteristic of what it means to be human (Paperman, 2005).

In this section of the book we address the different types of needs for care related to age, illness or individual characteristics which weaken an individual's faculties and require outside aid. At both the beginning and the end of life the need for care is generalised because of the direct effect of age, on the one hand because the individual has not acquired the capacity to carry out the basic tasks of survival, on the other hand because that capacity has been lost. Illness adds to the limitations related to age, something which occurs frequently as we get older, but can appear at other times in life. Disability also constitutes a limitation which requires some type of assistance, frequently in the form of care. In short, age, illness and disability are concepts with shared borders but which respond to different realities which do not necessarily coincide. This chapter focuses on age, in other words, on those who, being very young or very old, require care.

3.1. Children

That initial period of life during which human beings have still not learned to care for themselves has been gradually increasing in length. Childhood,
understood as a phase between infancy and adult life is a relatively recent social construction (Ariès, 1987) which prolongs children’s need for care and diversifies their needs. Concern for the care and education of children has continued to increase. Since the beginning of the 20th century specialised discourses on the influence of childhood on the development of the psyche and the adult’s emotional universe have multiplied and the knowledge of experts has acquired a prominent place in parenting, health and the socialisation of children, to the point where specialists regulate different aspects of daily life: from nutrition and sleep to the types of games that are most adequate for the psychological, physical and emotional development of children (Ehrenreich and English, 1990).

The appearance of a medical discourse on childcare coincided with the appearance of the figure of the homemaker in the 19th century among the upper classes. The process of construction of the modern mother and of a childhood necessitating specialised care, the responsibility for which would generally fall on a mother dedicated exclusively to the family, began among the most affluent sectors of society and gradually extended to other social groups and classes (Boltanski, 1969). Now into the 21st century, children are increasingly prized and it is common that parents have children (whether biologically or adopted) as part of a project, the fruit of desire and choice, planning the best time for their birth. Therefore, the meaning of having descendants has changed; today the child is a scarce good demanding care and dedication, at the same time as constituting one of the most important sources of happiness. That is what the results of a Survey on the Family and Gender (CIS, 2003c:3) reveals: 82.8 percent of men and 88.9 percent of women consider that «seeing your children grow is the greatest pleasure of life», and these percentages increase with age (to 89.3 percent among those of 45 to 54 years of age, 92.4 percent among those of 55 to 64 and 96 percent among those older than 65). But having and raising children also takes a significant amount of effort, time, and resources, and creates concerns for the family and for the system of social protection, part of its budget being targeted at the provision of childcare.

Spain is among the countries of the EU which, as a percentage of public spending, spend the least on childcare, both in services or in monetary transfers to families or in paid leave for childbirth. This has a negative
effect on the current context of the rapid incorporation of mothers into the labour market and the transformation of the family model. According to an index on reconciliation of work and private life which classifies European countries, taking into account public spending and the coverage of services providing care to children (and also the elderly), Spain is near the bottom (De Villota, 2008).

Thus, it is women who have to do the balancing with their jobs to take care of their children, at least during the first years of their lives (Tobío and Gómez, 2004); this also happens in other European countries although to a lesser degree (Moss and Wall, 2007). Mothers reduce their working days, take leaves when they can or temporarily leave the labour market. Despite the slow progress in the involvement of men in the care of their children, we can assume that the application of the 2007 Equality Act, among other factors, will have a favourable impact on a more equitable division of responsibility for the provision of care in our country (see chapter 11).

The European Council (92/241/CEE) recommends that childcare services be economically accessible and incorporate health and safety criteria, as well as have a pedagogical character. Regarding institutional coverage, in Spain there are clear differences in function of the type of needs generated in caring for children according to age. Among children under 3 years of age there is a shortfall in coverage, while for school-age children between 3 and 12 years of age, though there is adequate coverage, other types of problems arise, such as, for example, those related to the compatibility of school hours with parents’ working schedules. These types of obstacles are dealt with thanks to a variety of strategies mothers follow: intergenerational assistance, paid domestic work, negotiation with spouses or partners, leaving the labour market or, in extreme cases, leaving children alone or under the care of older children (Tobío, 2005). Daycare services that attend to children under 3 years of age during the working day are key to balancing work and family, as is revealed by the fact that when women work outside the home their use of those services doubles that of women who do not work (INE 2008b: 5).

The levels of coverage still do not reach the European commitment of 33 percent for the year 2010, agreed upon at the Barcelona Conference; although they have increased notably in recent years. Although existing legislation on childhood
education (from 0 to 6 years of age) establishes its voluntary character, local governments have tried to guarantee the existence of enough places to ensure that all those soliciting a place will have one.

Nevertheless, there is an enormous difference among European countries regarding the endowment of centres for pre-school education financed with public funds. According to data from the OECD, in countries such as Austria, Germany, Belgium, Greece and Italy, there is a clear deficit of coverage for the 0 to 3 years of age group (less than 10 percent); Norway and Sweden have levels which place them above the targeted objective for 2010 (33 percent) and inferior to 50 percent; there are countries like Denmark and Iceland which have coverage above 50 percent; and at between 10 and 33 percent are found Spain, Portugal and the Netherlands (Castro, 2009: 24-27). In the Nordic countries access to public services for the care of pre-school children is guaranteed as a universal right of children. In other countries, like Spain, access of children between 0 and 2 years of age is being strengthened; and beginning at 3 years of age there is wide coverage although it is not adapted to the work day schedule, as was mentioned earlier.

In Spain, during the 2008/2009 school year there were a total of 6,011 registered centres for pre-school education; 53.4 percent were privately owned and 46.6 were public (Ministry of Education, 2009). Local governments play an important role in this matter, as around two thirds of public childcare centres are municipally run, the rest are run by the autonomous regional governments (around 30 percent) (Balaguer et al., 2004: 56). In general, public centres are assessed more positively than private ones (CIS, 2008a): 36.2 percent think that public centres provide better childcare in comparison to 27 percent that think that private centres do.

According to the study done by Balaguer et al. (2004), the private supply of pre-school services is undercounted, and this is particularly significant in certain autonomous communities. The study estimates that the number of places available in the whole country is higher than official statistics show. In addition, according to the most recent data, supply of existing places for the first cycle of pre-school education varies considerably from one autonomous community to another. As can be seen in table 3.1, the enrolment rates in authorised centres

vary highly across the country, from 50 percent in the Basque Country to 2.4 percent in Castilla-la Mancha, which does not adequately reflect the real rates. Still, even considering a more optimistic estimate of the places available and taking into account the number of working mothers with young children, the study estimates that there is a deficit of around 412,000 places for the whole country (Balaguer et al., 2004: 56).

### TABLE 3.1

**Enrollment rate of children from 0 to 2 years of age by autonomous communities, school year 2008/2009**

<table>
<thead>
<tr>
<th>AUTONOMOUS COMMUNITY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andalusia</td>
<td>27.4</td>
</tr>
<tr>
<td>Aragon</td>
<td>30.2</td>
</tr>
<tr>
<td>Asturias</td>
<td>9.4</td>
</tr>
<tr>
<td>Balearic Islands</td>
<td>11.8</td>
</tr>
<tr>
<td>Canary Islands</td>
<td>..</td>
</tr>
<tr>
<td>Cantabria</td>
<td>21.4</td>
</tr>
<tr>
<td>Castilla y León</td>
<td>12.5</td>
</tr>
<tr>
<td>Castilla-la Mancha</td>
<td>2.4</td>
</tr>
<tr>
<td>Catalonia</td>
<td>33.5</td>
</tr>
<tr>
<td>Valencia</td>
<td>28.3</td>
</tr>
<tr>
<td>Extremadura</td>
<td>2.8</td>
</tr>
<tr>
<td>Galicia</td>
<td>17.9</td>
</tr>
<tr>
<td>La Rioja</td>
<td>7.2</td>
</tr>
<tr>
<td>Madrid</td>
<td>39.0</td>
</tr>
<tr>
<td>Murcia</td>
<td>15.8</td>
</tr>
<tr>
<td>Navarre</td>
<td>34.1</td>
</tr>
<tr>
<td>Basque Country</td>
<td>50.0</td>
</tr>
<tr>
<td>Ceuta</td>
<td>5.9</td>
</tr>
<tr>
<td>Melilla</td>
<td>16.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26.2</strong></td>
</tr>
</tbody>
</table>

* In authorized centers by the ministry of education.
* Net rate for the age group mentioned.
Thus we can see that the coverage for the earliest stage of pre-school services is clearly inadequate. There is widespread awareness that this is an unresolved problem and that to face it involves a chain of other difficulties with a fragile architecture. The majority of the Spanish population (54.1 percent) think that «although there can be some benefits to children staying at home, the best thing for children under 3 years of age is that they are in a pre-school or day care centre»; in contrast, there are those who think that it is better that children under 3 years of age stay at home (42 percent). However, time available to take care of the children is also demanded: 52.7 percent of those interviewed thought measures should be taken so that mothers and fathers have time to take care of their children (CIS, 2008a). Obviously, the difficulties are not the same when one has sufficient economic resources to face the problems which are raised by the difficult everyday arrangements made between two universes (work and family) which function under different logics (Tobío, 2005). Or to say it in another manner, women, especially those who come from the most disadvantaged sectors or are heads of single-parent households, have to make much greater adjustments to be able to arrive at a balance.

The universalisation of education at specific ages has significantly changed the role of families in the care and socialization of children. In childcare there is a thin line between care and education - which can be seen in the notions of day care and pre-school education.(2) This is also in keeping with a context in which children are no longer considered passive recipients of certain benefits, but are subjects with rights, who have needs which society must recognize and provide for. The recognition of the rights of children can enter into conflict with those of the mother, as she, in the model of the traditional family, must meet the child’s needs before her own.

A good part of the reproductive behaviour of the Spanish is directly related to both the difficulties arising from the increasing demands of providing care to children and the conflicts which emerge in balancing responsibilities which derive from caring for children with those which derive from work, personal

(2) In the LOCE (the 2002 Organic Law on the Quality of Education), the 0 to 3 years of age cycle had an educational-caregiving character. Subsequently, with the entry into force of the LOE (Organic Law on Education) in 2006, this first cycle of pre-school education has an educational intention, so it must be based on a specific pedagogical proposal.
development and care of the self. Mothers, and increasingly the society as a whole, face two major issues in relation to the care of children: on the one hand, a deficit in care, which points to an alleged crisis of the family; and, on the other hand, concern for the quality and quantity of care provided, which is clearly illustrated in the demands for quality time with children. These issues emerge daily in the form of conflicts or powerful moral dilemmas (Martín Palomo, forthcoming); conflicts and dilemmas which working mothers caring for small children suffer.

### 3.2. Seniors

The process of aging is not uniform; there are individuals that age in an active manner (addressed in the first part of this text) and others who arrive at the end of their lives in a situation of greater dependency (discussed in the last part and other sections of this book). Thus, the elderly make up a heterogeneous group and should be treated as such.

Consideration of the elderly has oscillated historically between privilege and discrimination: from the Roman gerontocracy to the extermination of the elderly in some primitive societies. Dependent persons in indigenous societies embarked on a voluntary walk without return toward the mountains or into the forest to die there. Eskimo and Siberian elders (and the Japanese until recently) preferred to be strangled or stabbed to death by their children when they were no longer able to care for themselves. Following the classic study of Simmon (1945), *The Role of the Aged in Primitive Society*, of the 71 peoples studied, the majority abandoned their elderly. Among the Ojibwas (North American), after a celebration where the peace pipe was smoked and people danced, the son killed the father. The Hottentots (Africa) abandoned their elderly in a hut with little food. From prehistory until today there have been diverse attitudes toward the elderly.

Aging has concerned all civilisations interested in lengthening life, as is recounted in Greek mythology through the legend of Triton or in the pact that Faust made with the devil to recover his youth. The media showed us the «world’s grandmother» at 125 years of age and in a good state of health. Being one hundred is no longer news. What is truly of importance, more than the maximum longevity reached, is the so-called democratization of old age, in
other words, that the majority of the population can now live all of life’s stages with dignity.

Persons over 60 years of age represent 10 percent of the 6,749,700,000 inhabitants in the world: almost 700 million in 2008 (UN, 2008). The survey on aging of the Department of Economic and Social Affairs of the UN (2007) emphasizes these explosive figures: in the year 2050 the world’s percentage of older persons will increase and will be double the number of young children; making up over 30 percent of the population in Europe and 20 percent in developing countries (see graph 3.1). A great part of this population of older persons will live in developed areas.

The key factors favouring the aging of the population are low birth and death rates and the increase in life expectancy, due to a greater quality of life, until now unknown. Life expectancy for Spanish women is the highest in Europe and among the first in the world: 84 years of age, 6 years higher than for men (INE, 2008c). In some places on the planet life expectancy barely reaches 50 years of age (the world average is 65). In Spain 7 million persons have reached 65 years of age, almost a fifth of the population (18 percent)

**GRAPH 3.1**

**Percentage of the population over 60 years of age, by large geographic areas**

![Graph showing percentage of population over 60 years of age by geographic areas](image)

and life expectancy is even higher in rural areas and in certain aging urban neighbourhoods (INE, 2008c). There continue to be two Spains: that of the younger southeast, and that of the older centre-north. In many autonomous communities more than 20 percent of the population is over 65 years of age (see graph 3.2) and in some provinces this percentage is over 30, and there are even some small villages in which only older persons live.

**GRAPH 3.2**

**Percentage of the population over 65 years of age by autonomous community (2007)**

Source: INE, 2009d.
To this process of aging must be added the phenomenon of ultra longevity or the aging of the aged: growth in the group of persons over 80 years of age, in other words, of those most in need of care. Various projections point in this direction, as is shown in table 3.2: individuals in their nineties and over one hundred years of age will have even greater impact than they currently do. When the so-called baby boomers retire (between 2020 and 2030) there will be nine million older persons in Spain.

### Table 3.2

**Population by major age groups in Spain, 2001, 2020 and 2050**

<table>
<thead>
<tr>
<th>YEARS</th>
<th>2001</th>
<th>%</th>
<th>2020</th>
<th>%</th>
<th>2050</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE GROUPS</td>
<td>TOTAL</td>
<td>%</td>
<td>TOTAL</td>
<td>%</td>
<td>TOTAL</td>
<td>%</td>
</tr>
<tr>
<td>80 and above</td>
<td>1,580,322</td>
<td>3.9</td>
<td>3,007,423</td>
<td>6.2</td>
<td>5,923,000</td>
<td>11.1</td>
</tr>
<tr>
<td>65 and above</td>
<td>6,958,516</td>
<td>17.0</td>
<td>9,345,955</td>
<td>19.2</td>
<td>16,387,874</td>
<td>30.8</td>
</tr>
<tr>
<td>15-64</td>
<td>27,956,202</td>
<td>68.4</td>
<td>31,987,299</td>
<td>65.7</td>
<td>29,744,855</td>
<td>56.0</td>
</tr>
<tr>
<td>0-14</td>
<td>5,932,653</td>
<td>14.5</td>
<td>7,331,404</td>
<td>15.1</td>
<td>7,027,262</td>
<td>13.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40,847,371</strong></td>
<td><strong>100.0</strong></td>
<td><strong>48,664,658</strong></td>
<td><strong>100.0</strong></td>
<td><strong>53,159,991</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Source: INE, 2005.

In short, we will live longer as dependent elderly than as children; in fact, there are now more persons over 65 years of age than under 15 years of age, which implies a high rate of dependency. Along with the typical demands motivated by age, we can add those which result from the lower living standards which older persons suffer, seen most pressingly among older women who live longer but not as well. These women are poorer and more often alone because they live longer. The average pension for widows is 529 euros per month, while the average pension for retirement is 815 euros per month (INSS, 2008). This accumulation of characteristics is grouped under the label the feminization of aging.

However, the quality of life reached often outweighs the negative concerns and permits older persons to enjoy an old age full of activities and independence. The very high proportion of elderly that survive in good shape is an indicator

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(3) For a recent analysis of pensions and their effects on the level of poverty among the elderly see, for example, Sarasa (2008a); the risk ratio for poverty of 14.6 percent for older persons is notable (higher today than in the 1990s and higher than that for children-adolescents) (p.207).
of development, success and progress. Active aging\(^{(4)}\) is not only a buzzword or a cutting age proposal; it constitutes a challenge and an observable reality. Although almost one third of older persons are dependent, the contributions of the other 70 percent deserve to be emphasized (Agulló and Garrido, 1999; Agulló, 2001). This implies that older persons go beyond reciprocity: generally they give more than they receive, whether in a family context or outside of the family. Table 3.3 shows some of these contributions.

**CHART 3.1**

**Contributions made by older persons**

<table>
<thead>
<tr>
<th>Economic and Material Contributions</th>
<th>Psychosocial and Sociological Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pension or loans, both in cash and in kind (gifts, ‘transfers of assets’, etc.).</td>
<td>1. Intergenerational relations, both in formal and family networks.</td>
</tr>
<tr>
<td>2. Housing or other goods.</td>
<td>2. Educators: Become parents or tutors of minors or other dependents.</td>
</tr>
<tr>
<td>3. Domestic tasks in other households (for example, those of sons/daughters).</td>
<td>3. Contribute to the conservation of the collective memory: customs, values, traditional craftmaking, etc.</td>
</tr>
<tr>
<td>4. Support in the care of others: children, the elderly and the disabled.</td>
<td>4. Transmission of folklore and popular culture: celebrations, songs, games and other manifestations.</td>
</tr>
<tr>
<td>5. Assistance in work-employment: family business, for example.</td>
<td>5. Advocates (in parties, unions or other associations) of the interests of the elderly.</td>
</tr>
<tr>
<td>6. Consumption of special products and services.</td>
<td>6. Transmitters of experiences, honored mentors in social and economic affairs.</td>
</tr>
<tr>
<td>7. Consultants or experts on technical ‘issues’: So-called life experts.</td>
<td></td>
</tr>
</tbody>
</table>

Source: elaborated by author.

It is only recently that we have begun to get a detailed picture of the participation of older persons in different activities (Imserso, 2009a). This information presents us with a model of aging which contributes to both the vital spirit of older persons as well as to their social wellbeing. Governments and specialized forums place social participation at the centre of active aging. The compass that guides the most current initiatives follows the original principles from 1991 of the United Nations: dignity, independence,

\(^{(4)}\) The term active aging was coined by the WHO (2002) and means «the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age» (http://www.who.int).
self-realisation, participation and caregiving. Many programmes aimed at participatory aging are situated along these lines to prevent situations of dependency: universities for older persons, work as volunteer crossing guides, museum guides, volunteer assistance, etc.

Since the passing of the Dependency Law, the general interest in issues related to the dependent elderly has grown. However, this should not imply forgetting the active facet of aging or lead to a one-dimensional vision of aging as a problem. In addition, activity can, to some degree, contribute to delaying or reversing this dependency.

Although 70 percent of older persons enjoy living conditions which permit them to be autonomous up to the age of 80, almost a third of seniors need other persons to function in their daily lives. Thus, 30.3 percent of older persons (2,227, 500 of 7.4 million) state that they suffer some disability, according to the 2008 Survey on Disability (Portal Mayores, 2008). This percentage represents 58 percent of the persons with disabilities in Spain and configures new group-profiles of older persons at greater risk and more vulnerable to being dependent (see chart 3.2) and who, therefore, require special care.

Some of the principal types of dependency that older persons suffer from are identified in the centre column of chart 3.2. Additional peculiarities of the dependency of the elderly in comparison to younger persons are its evolution, duration and degree: dependency among older persons tends to increase (generally the evolution is not positive, as in the case of children) and is indefinite (its duration is not known). Regarding gradations of dependency, we see the three degrees established in the Dependency Law.

The causes of dependency, which could complete chart 3.2, are multiple and, among older persons are determined by more than one antecedent. We can differentiate between physical elements (weakness, sensory limitations, etc.), psychological elements (depression, cognitive disorders, etc.) and social ones. Regarding these last, it should be noted that they refer as much to the context in which older persons live as to the attitudes and behaviour of close family and friends and social networks. In addition, some sociodemographic characteristics (educational level, income, housing, etc.) have a direct relationship with an early or later entry into situations of dependency.
We can introduce the concept of multidependency (just as we can speak of multiple caregivers) to talk about the fact that many older persons need not just one but various persons and institutions to provide aid: daughters, home healthcare, external assistance, etc. Many of stereotypes and negative prejudices (the elderly are a burden, unproductive, poor, passive, crazy, etc.) are the result of the different types of dependency mentioned. To the classic forms of discrimination (such as sexism and ethnocentrism) we can add a new one: ageism or age discrimination.

Limitations increase with age: three of every four nonagenarians are dependent. In addition, a feminisation of disability beginning after 50 years of age can be seen. 72.2 percent of older persons with some limitation state they have problems of mobility (to get up, to sit, to walk, etc.), followed by problems related to carrying out domestic tasks (shopping, washing, etc.) and activities related to self-care (hygiene, eating, etc.). These three types of frequently seen disabilities entail social constraints that impact on relationships, daily life and the quality of life. Statistics on those who solicit official determination of their dependency reveal less autonomy among older persons: 79.9 percent of those who are officially assessed as dependent are seniors (630,400 of 788,288) and 63.1 percent are women (Imserso, 2009c).
One of the principal demands of older persons is an increase in the quality and quantity of formal assistance they can accede to, such as Home Help Services (remote or telecare and other homecare services), Day Services (homes and clubs for seniors and senior centres) and residential care services (residential centres, assisted living facilities, placement in family homes and residential apartments). Coverage is still insufficient; however, there are noteworthy differences depending on the autonomous community, as can be seen in the following table.

**TABLE 3.3**

Rates of coverage for certain social services for elderly (percentage of users 65 years of age and above). Autonomous Communities, 2008

<table>
<thead>
<tr>
<th>AUTONOMOUS COMMUNITY</th>
<th>HOME HELP SERVICE</th>
<th>PERSONAL ALERT SYSTEM</th>
<th>DAY CENTERS</th>
<th>RESIDENTIAL CARE SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andalusia</td>
<td>3.92</td>
<td>5.46</td>
<td>0.66</td>
<td>2.98</td>
</tr>
<tr>
<td>Aragon</td>
<td>4.32</td>
<td>5.44</td>
<td>0.64</td>
<td>6.10</td>
</tr>
<tr>
<td>Asturias</td>
<td>4.55</td>
<td>3.81</td>
<td>0.56</td>
<td>4.55</td>
</tr>
<tr>
<td>Balearic Islands</td>
<td>3.25</td>
<td>3.78</td>
<td>0.68</td>
<td>3.29</td>
</tr>
<tr>
<td>Basque Country</td>
<td>5.45</td>
<td>3.57</td>
<td>0.89</td>
<td>4.51</td>
</tr>
<tr>
<td>Canary Islands</td>
<td>3.52</td>
<td>1.20</td>
<td>0.79</td>
<td>4.29</td>
</tr>
<tr>
<td>Cantabria</td>
<td>3.56</td>
<td>5.81</td>
<td>0.69</td>
<td>4.56</td>
</tr>
<tr>
<td>Castilla y León</td>
<td>4.84</td>
<td>3.54</td>
<td>0.58</td>
<td>6.80</td>
</tr>
<tr>
<td>Castilla-la Mancha</td>
<td>7.76</td>
<td>8.58</td>
<td>0.69</td>
<td>6.76</td>
</tr>
<tr>
<td>Catalonia</td>
<td>4.77</td>
<td>4.96</td>
<td>1.07</td>
<td>4.86</td>
</tr>
<tr>
<td>Extremadura</td>
<td>9.90</td>
<td>4.41</td>
<td>1.11</td>
<td>4.59</td>
</tr>
<tr>
<td>Galicia</td>
<td>1.66</td>
<td>1.20</td>
<td>0.57</td>
<td>2.76</td>
</tr>
<tr>
<td>La Rioja</td>
<td>5.25</td>
<td>1.93</td>
<td>0.69</td>
<td>4.81</td>
</tr>
<tr>
<td>Madrid</td>
<td>7.97</td>
<td>11.94</td>
<td>1.28</td>
<td>5.44</td>
</tr>
<tr>
<td>Murcia</td>
<td>2.42</td>
<td>3.35</td>
<td>0.70</td>
<td>2.87</td>
</tr>
<tr>
<td>Navarre</td>
<td>3.42</td>
<td>5.89</td>
<td>0.57</td>
<td>5.97</td>
</tr>
<tr>
<td>Valencia</td>
<td>2.74</td>
<td>3.63</td>
<td>0.66</td>
<td>3.24</td>
</tr>
<tr>
<td>Ceuta</td>
<td>9.85</td>
<td>6.69</td>
<td>0.53</td>
<td>2.18</td>
</tr>
<tr>
<td>Melilla</td>
<td>3.87</td>
<td>4.42</td>
<td>0.65</td>
<td>2.75</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4.69</strong></td>
<td><strong>4.72</strong></td>
<td><strong>0.83</strong></td>
<td><strong>4.44</strong></td>
</tr>
</tbody>
</table>

However, it must be emphasized that current generations of older persons retire having lived different life trajectories and, therefore with different demands and needs such as education and self-realization, full citizenship, greater freedom and more formal and public support. Together with this, we can verify the existence of other demands beyond the classic trilogy of values (health, money and love): primarily care in one’s own home, comprehensive care (in all senses and with other agents alongside of the family), the freedom to choose activities and autonomy but without loneliness and improvement of pensions. The most important aspects of life are, in this order: health, social relations and, somewhat more distant, money, religion, leisure and politics (Abellán et al., 2007). There is also agreement on the home as something more than a space in the sense that it is a place of comfort, security, identity and relationships. Individuals prefer to age at home, near their family and friends, with independence and freedom to choose how to be cared for.

Consistent with the above, the principal concerns or fears of older persons are: the death of loved ones, memory loss, illness and dependency on others (Abellán et al., 2007: 109), and regarding problems, economic ones stand out (40.2 percent expressing such concerns) (CIS, 2008b). In fact, 33.3 percent of older persons live on less than 9,000 euros a year according to the 2006 Survey on the Living Conditions of Seniors [La Encuesta de Condiciones de Vida de las Mayores – 06] (Abellán et al., 2007). It is not possible to live with the multidependency alluded to with such economic limitations and lack of support. Clearly, current responses are inadequate. The principal demands are in regards to healthcare (improvement and increase in existing services), social participation (education, volunteering, civic participation, etc.), psychosocial (emotional, social image, for example) and socioeconomic (increase in pensions, discounts, etc.).

In this search for the ideal aging process, we have gone from a focus on living longer to living with a greater quality of life and a good death. Although a «good death» can be an entelechy, qualitative studies reveal a perception among older persons situated between fear and naturalness, with uncertainty and concern predominating in the face of a probable future of dependency and then death. The debate on euthanasia, the right to die with dignity and other bioethical questions are increasingly present, particularly in this population group. The challenge is, then, to transform an invisible, feared and dependent old age into an integrated and active aging.
Dependency is greatest at the beginning and the end of life. In addition, the need for care has grown because of the increase in life expectancy, transformations that the family has undergone and a more demanding conception of the aid that children and older persons require. In the case of children the challenge is in the transition from the provision of care in the family under the responsibility of the mother to a new model in which institutional resources reach all ages, including children under 3 years of age, for whom the lack of childcare places is greatest.

Regarding the population over 65 years of age, given the increasing length of life and life lived in better health, increasing and complex needs have arisen related to different types of dependency, especially physical and psychosocial dependency. Spanish society has become conscious of this and has created an instrument to respond to this new challenge: the Dependency Law, which we will look at in chapters 8 and 11.
Illness and disability are complex concepts that have given rise to various theoretical and applied approaches. They are closely related but they are not the same. Illness may or may not produce a decline in an individual’s capacity to carry out life’s basic activities, although it frequently does. In addition, disability does not necessarily coexist with illness. Both situations generate the need for some type of assistance to cure the ailment, mitigate it or compensate for what the individual is, as a result, not capable of doing for him or herself. This chapter addresses both concepts separately, although their interrelationship will be accounted for.

The first part of this chapter deals with illness from the subjective perspective of those who feel ill as well as examining the limitations it causes in life’s daily activities. Following, the characteristics which differentiate illness and disability in regards to aspects such as scope of action, diagnosis and prevention are defined. The different types of disabilities (visual, auditory, or related to mobility among others) are also analyzed, along with the types of assistance, personal or technical, which individuals with disabilities receive.

4.1. Care of the ill

The increasingly high cost of health care is seen as a new public and private responsibility, although concern about health is as old as human beings are. H.S. Gadamer (1996) pointed out that there is no other sphere in modern research which has penetrated so deeply into social policy as that of health. The categorization of the normal and the pathological are social constructions
and, therefore, they can be analysed historically and culturally (Calguilhem, 2005). Parsons (1951, 1975) closely analysed the role given to the ill in our society. He considered illness as a disturbed state in the normal functioning of the total person, which included the organism as a biological system and its individual and social adaptation to its environment. Thus, according to Parsons, the ill person is not considered to be responsible for his/her illness and is exempted from the responsibilities and obligations involved in the maintenance of daily life. The ill person is, however, required to express a desire to get better, to seek it, and abiding by the authority they represent, follow the recommendations made by technically competent medical and healthcare personnel.

Recently, this way of understanding illness and the ill has changed, incorporating other dimensions of a subjective, economic, social, cultural and religious nature. The World Health Organisation (WHO) defines health as a state of physical, mental and social wellbeing, and not only as the absence of illness. Under this new focus, being healthy also implies perceiving that you are. According to the 2006 National Survey on Health (INE, 2006b), 77.1 percent of men state that their health is good or very good in comparison to 66 percent of women, while this percentage is lower among older persons (see table 4.1).

According to the survey, more than a third of women over 16 years of age, 35.5 percent, had suffered some limitation in their activities due to problems or chronic illness twelve months before; while for men this figure was lower (29.7 percent). This difference between men and women is seen in all age groups, although it becomes much greater above 65 years of age (INE, 2009a: 59) (see table 4.2).

It is not an easy task to define from what perspective the quality of care should be considered, or who can provide such an assessment. Nevertheless, the introduction of a subjective component in the Dependency Law raises, at the least, the need for a collective reflection on these issues.
### TABLE 4.1

Assessment of perceived state of health by sex and age group. Year 2006. Percentage of the population

<table>
<thead>
<tr>
<th></th>
<th>VERY GOOD</th>
<th>GOOD</th>
<th>OKAY</th>
<th>BAD</th>
<th>VERY BAD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23.3</td>
<td>51.9</td>
<td>18.9</td>
<td>4.4</td>
<td>1.7</td>
</tr>
<tr>
<td>Ages 0 to 15</td>
<td>38.7</td>
<td>49.2</td>
<td>10.5</td>
<td>1.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Ages 16 to 24</td>
<td>36.0</td>
<td>55.3</td>
<td>8.0</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Ages 25 to 44</td>
<td>25.9</td>
<td>56.3</td>
<td>14.1</td>
<td>2.2</td>
<td>1.5</td>
</tr>
<tr>
<td>Ages 45 to 64</td>
<td>12.2</td>
<td>52.3</td>
<td>24.9</td>
<td>8.1</td>
<td>2.5</td>
</tr>
<tr>
<td>Ages 65 and above</td>
<td>7.8</td>
<td>40.7</td>
<td>38.3</td>
<td>9.8</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>19.6</td>
<td>45.4</td>
<td>26.0</td>
<td>6.7</td>
<td>2.4</td>
</tr>
<tr>
<td>Ages 0 to 15</td>
<td>41.2</td>
<td>48.4</td>
<td>9.1</td>
<td>0.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Ages 16 to 24</td>
<td>31.2</td>
<td>51.9</td>
<td>14.9</td>
<td>1.4</td>
<td>0.6</td>
</tr>
<tr>
<td>Ages 25 to 44</td>
<td>20.9</td>
<td>53.5</td>
<td>20.6</td>
<td>3.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Ages 45 to 64</td>
<td>10.5</td>
<td>43.5</td>
<td>34.4</td>
<td>8.6</td>
<td>3.0</td>
</tr>
<tr>
<td>Ages 65 and above</td>
<td>5.3</td>
<td>27.9</td>
<td>43.9</td>
<td>17.0</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Source: INE, 2009a: 50.

### TABLE 4.2

Limitations in activities in the past 12 months caused by problems or chronic or long term illness by sex and age group. Year 2006

<table>
<thead>
<tr>
<th>POPULATION 16 YEARS OF AGE AND ABOVE</th>
<th>MEN (%)</th>
<th>WOMEN (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 16 to 24</td>
<td>22.1</td>
<td>25.1</td>
</tr>
<tr>
<td>Ages 25 to 34</td>
<td>26.8</td>
<td>28.8</td>
</tr>
<tr>
<td>Ages 35 to 44</td>
<td>26.9</td>
<td>30.7</td>
</tr>
<tr>
<td>Ages 45 to 54</td>
<td>28.3</td>
<td>34.1</td>
</tr>
<tr>
<td>Ages 55 to 64</td>
<td>37.1</td>
<td>38.7</td>
</tr>
<tr>
<td>Ages 65 to 74</td>
<td>28.7</td>
<td>42.8</td>
</tr>
<tr>
<td>Ages 75 and above</td>
<td>37.6</td>
<td>49.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>29.7</td>
<td>35.5</td>
</tr>
</tbody>
</table>

Source: INE, 2009a: 58.
Medical technology is introduced into new areas beyond health and illness, such as the production of life and the possibility of avoiding death, acquiring special prominence in the field of prevention and care. Every society generates specific types of illnesses, just as they generate a way of dealing with them, so when health becomes a policy objective a vast amount of resources are dedicated to identifying different needs and solution. Health is today a disputed good among different social groups.

The existence of an excessively normative conception of «good care» can blur the line between care and abuse (Martín Palomo, 2008a). It is a moral boundary because the right to receive care is considered a subjective right and, as a consequence, the individual in need can reject said assistance if he or she considers, for example, that the suffering caused by the cure may be greater than what he or she is willing to bear. This raises the debate over death with dignity and euthanasia. The example of a girl in England who, in 2008, refused a heart transplant, even in opposition to the initial opinion of her parents, placed this sensitive issue on the public agenda. Thus, the ambiguities and complexities of care should be stressed when taking into account a contextual and concrete perspective, ambiguities that are part of care itself.

Those that care for the ill in their own families are most often women, and for all age groups considered, they are the ones who dedicate the most time to such care. Of those who provide daily care to the ill, few are young adults, while the percentage triples in the 30 to 49 year old age group and increases with age, then declines starting at 70 years of age (see table 4.3).

<table>
<thead>
<tr>
<th>AGE</th>
<th>TOTAL</th>
<th>MEN (%)</th>
<th>WOMEN (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 19 to 29</td>
<td>0:36</td>
<td>0:12</td>
<td>1:04</td>
</tr>
<tr>
<td>Ages 30 to 39</td>
<td>3:08</td>
<td>2:34</td>
<td>3:40</td>
</tr>
<tr>
<td>Ages 40 to 49</td>
<td>2:40</td>
<td>0:55</td>
<td>4:22</td>
</tr>
<tr>
<td>Ages 50 to 59</td>
<td>2:14</td>
<td>1:00</td>
<td>3:11</td>
</tr>
<tr>
<td>Ages 60 to 69</td>
<td>4:52</td>
<td>0:12</td>
<td>8:36</td>
</tr>
<tr>
<td>Ages 70 and above</td>
<td>2:34</td>
<td>1:22</td>
<td>3:31</td>
</tr>
</tbody>
</table>

Source: Durán, 1999a, from CIRES data. Time Use Survey, 1996.
It is possible to differentiate between occasional care and long term care, especially when it is in regards to fostering greater autonomy. However, there is no clear boundary between both types of care, rather it is usually a gradual process of losing autonomy; although this process can be reversed and, in fact, there are technical and therapeutic resources to stop or reverse it. Medical intervention can multiply the functioning of affected organs (for example, a cochlear implant in the case of cerebral palsy not only improves auditory capacity but also stimulates the development of other capacities). Or technical assistance may generate greater autonomy in everyday functioning (for example, an electric wheelchair or a guide dog).

In addition, the line between care given in institutional contexts (fundamentally hospitals, clinics or day centres) and that provided in homes, by family members or individuals employed to do so, is blurred. There is no division, and the need to receive care is continuous. Generally, it is the principal caregiver who establishes the connection between the different providers of care or who monitors the care received in the institution, assuring that the needs of the ill person are met (Damamme, forthcoming). The line between curing and caregiving also shifts in struggles over the recognition and professionalization of new and old jobs providing care (see chapter 9).

4.2. Care of the disabled

The concept of dependency around which a great deal of public policy is designed is somewhat limited from the perspective of disability. Social movements propose to open the field to reflecting upon the functional diversity of the disabled. Thus, for example, they have raised questions around such issues as whether it is possible to consider all persons with disabilities as dependent, or whether all persons with dependencies are disabled. In reality, not all disabilities generate dependency. Or, said in another manner, there are different ways to define, understand and live with both disabilities and dependency. Without going any further, the following examples are particularly eloquent: a blind person who works in an ONCE centre (Spanish National Organisation for the Blind) and has a high degree of autonomy in his or her daily life despite the need for a series of technical supports or for a guide dog to maintain that autonomy;
a university professor who is a quadriplegic who teaches classes regularly; or a dancer who broke her spinal chord in an accident and is interviewed in a national newspaper because she is presenting a dance concert (El País, 2009). These are examples from our daily lives or that we hear about from the media.

In all societies there are persons with impairments, just as there are conceptual models to identify, interpret and treat disabilities and the development of a certain type of social policy oriented toward individuals with disabilities (Barton, 2008). In the West, the idea of the citizen has been tied to the notion of autonomy, independence, the possession of property and other material resources, as well as with self-sufficiency. The feminist critique questions this vision of the human being as a productive subject who possesses certain exclusive or hierarchical rights. Sociological studies in this field emphasize the social aspects in the analysis of the restrictions which individuals with physical, psychological or sensory disability suffer, fundamentally located in discriminatory processes and in environments or spaces which make functioning more difficult rather than easier. In addition, social movements for functional diversity insist that those defined as dependent also contribute to society and, therefore, their strategy is to promote maximum autonomy for those who live with these types of limitations (or functional diversity, as they prefer to call it). In our country, as in others, the names used regarding disabled persons have undergone an interesting evolution, from derogatory notions such as crippled or paralyzed of old, to the term minusvalía (literally meaning less valid), which is disappearing, to the more commonly utilized today of disabled. This has a lot to do with the very history of the social and political conception of disabilities.

The demands articulated by this type of social movement begin from the idea that society must work with the functional possibilities that an individual has so he or she may achieve the maximum development of his or her autonomy, rather than from the symptoms – the consequences of wayward genes, illness or accident. A model of care based on the integrity of the person and respect for diversity is demanded, and warnings are made of the possible consequences that the lack of adequate provision of care will have or is having in terms of exclusion.
The concept of disability has diversified and been enriched with the contributions of medical, economic and educational perspectives among others. From a socio-anthropological perspective the concept of normality has been questioned – in relation to the non-normal or the abnormal – and disability is analysed in light of diversity, understanding it as an expression of that diversity. As Puga and Abellán point out, one of the theoretical constructs with the greatest impact, on which many classifications are today based, is the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), developed by the WHO in 1980. Despite its political acceptance, it has been criticized for being closer to a classification of the consequences of illness than a conceptual model. The ICIDH defines disability as a restriction or absence, due to impairment, of the ability to carry out an activity in the manner in which it is carried out by a normal human being. In this theoretical framework, disability is represented as a process based on three central concepts: impairment, disability and handicap; understanding impairment as a loss or dysfunction, disability as a limitation in activity and handicap as the impact of the problem on the individual’s social environment (Puga and Abellán, 2004: 14.15).

Some 20 years later, in 2001, the WHO approved the International Classification of Functioning, Disability and Health (ICF); adopting an orientation based on a social model which included environmental factors, the process of disability being understood as a multidimensional one in which personal conditions, health conditions and social and environmental conditions interact (Imserso, 2001). The WHO, therefore, has evolved from defining disability centred on psychobiological aspects toward a definition which tends to give precedence to the context and environment in which the person develops. Illness is revealed as the main gateway to disability, for this reason they are closely associated. But in contrast to illness, disability does not refer to the physical, psychological and sensory conditions of the individual who suffers from it, rather it refers to the individual’s capacity to live independently, emphasizing in this way the relational character it has, as can be seen in table 4.4.
### Chart 4.1

**Characteristics differentiating illness and disability**

<table>
<thead>
<tr>
<th>Field of Action</th>
<th>Illness</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objectives of care</strong></td>
<td>Healing</td>
<td>Maintaining independence</td>
</tr>
<tr>
<td><strong>Affected spaces</strong></td>
<td>Well defined: organs and body tissues</td>
<td>Not well defined: complex relations with the physical and social environment</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>Series of signs and symptoms</td>
<td>Relative, based on abilities and particular needs</td>
</tr>
<tr>
<td><strong>Prevention</strong></td>
<td>The reduction of risks promotes health and avoids illness</td>
<td>Healthy behaviour and social support avoid or diminish the disability</td>
</tr>
<tr>
<td><strong>Instruments</strong></td>
<td>The healthcare network is the Instrument for prevention and treatment of illness</td>
<td>Rehabilitation and a social support network are an important part of the promotion of health</td>
</tr>
</tbody>
</table>


The aim of the analysis of disability is to contribute to designing health and social measures and the provision of long-term care, which will make it possible to improve the wellbeing of individuals in disadvantaged situations. The debate is open and is currently focused on the application of theoretical frameworks toward the design of rating scales and other forms of measure. Thus, methodological difficulties are added to this complex conceptual definition. As it is, greater attention has been given to the elaboration of instruments of measurement and evaluation, as well as the construction of classifications, than to the discussion of the conceptual framework (Puga and Abellán, 2004: 6-13).

According to provisional data from the 2008 Survey on Disability, there are more than 2.3 million women who state that they have a disability and 1.5 million men, making the total number of persons with disabilities residing in Spanish homes, 3.8 million (8.5 percent of the population). Of these, a total of 608,000 persons live alone and 1.3 million cannot carry out the basic activities of daily life without assistance. In addition, 269,000 persons in institutions, such as geriatric centres and psychiatric hospitals, 92.7 percent of the total institutionalized population, have some disability (INE, 2008c: 1). The average
age of women with disabilities is 67.6 years of age, and of men, 59.4 years of age. In general, as a consequence of the increase in life expectancy, disabilities appear at later ages than before (INE, 2009a: 63). In graph 4.1 we can see that there are significant differences among the autonomous communities, Galicia being the community with the highest percentage of persons with disabilities (11.9 percent), while the lowest are in Cantabria (7.0 percent) and the Balearic Islands (7.1 percent).

**GRAPH 4.1**

*Persons with disabilities (over 6 years of age) by autonomous community, 2008*

Source: Elaborated by author from the EDAD 2008 (INE, 2008c: 3).
One of the surveys of the CIS (2003b: 8) reveals that almost two thirds of the population (64 percent) believe that the responsibility for meeting the needs of persons with disabilities is that of both families and the government, in contrast to 27 percent who think that the responsibility should fall exclusively on healthcare and social services, and only 8 percent who think it should be the exclusive responsibility of the family. For the great majority of those interviewed (83 percent), the government is responsible for improving the living conditions of individuals with disabilities.

What type of care do individuals who have some type of disability need? More than half of the individuals who suffer some limitation in their daily activities also have problems with mobility (60 percent), in their home lives (49 percent), and in assuring their self care (43 percent), these percentages being higher in the case of older persons (see chapters 3 and 8). Looked at by sex, women have higher rates for all the types of disabilities (table 4.5).

**TABLE 4.4**

**Persons ages 6 and above with disabilities by type of disability.**
**Year 2008**

<table>
<thead>
<tr>
<th>Type of Disability</th>
<th>BOTH SEXES</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nº OF PERSONS</td>
<td>RATE PER 1000</td>
<td>Nº OF PERSON</td>
</tr>
<tr>
<td>Total</td>
<td>3,787.4</td>
<td>89.7</td>
<td>1,510.9</td>
</tr>
<tr>
<td>Vision</td>
<td>979.0</td>
<td>23.1</td>
<td>371.3</td>
</tr>
<tr>
<td>Hearing</td>
<td>1,064.1</td>
<td>25.2</td>
<td>455.7</td>
</tr>
<tr>
<td>Communication</td>
<td>734.2</td>
<td>17.3</td>
<td>336.6</td>
</tr>
<tr>
<td>Learning and execution of tasks</td>
<td>630.0</td>
<td>14.9</td>
<td>264.5</td>
</tr>
<tr>
<td>Mobility</td>
<td>2,535.4</td>
<td>60.0</td>
<td>881.5</td>
</tr>
<tr>
<td>Self-care</td>
<td>1,824.5</td>
<td>43.2</td>
<td>645.0</td>
</tr>
<tr>
<td>Domestic life</td>
<td>2,079.2</td>
<td>49.2</td>
<td>605.8</td>
</tr>
<tr>
<td>Personal Relations</td>
<td>621.2</td>
<td>14.7</td>
<td>291.7</td>
</tr>
</tbody>
</table>


The survey on disability lets us know if individuals with dysfunctions receive some type of aid as well as distinguish the technical assistance that caregivers provide. According to the findings of the survey, more than two million persons
receive assistance, supervision or personal care, and almost one and a half million, technical assistance. However, more than a million state that they do not receive any type of assistance to carry out activities for which they have a functional limitation. A greater proportion of men state that they receive no aid (31.7 percent) than women (23.2 percent). 60.7 percent of women with disabilities receive aid from other persons, in comparison to 47.1 percent of men (table 4.6).

TABLE 4.5

Percentage of persons with disabilities by type of assistance received. Year 2008

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without assistance</td>
<td>26.6</td>
<td>31.7</td>
<td>23.2</td>
</tr>
<tr>
<td>With assistance:</td>
<td>66.9</td>
<td>60.7</td>
<td>71.1</td>
</tr>
<tr>
<td>Only personal assistance</td>
<td>28.7</td>
<td>25.4</td>
<td>31.9</td>
</tr>
<tr>
<td>Only technical assistance</td>
<td>12.0</td>
<td>13.6</td>
<td>10.3</td>
</tr>
<tr>
<td>Both types of assistance</td>
<td>25.3</td>
<td>21.7</td>
<td>28.9</td>
</tr>
<tr>
<td>Not stated</td>
<td>6.75</td>
<td>7.7</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Source: Elaborated by author from the EDAD 2008 (INE 2008c:8).

***

As Puga and Abellán have pointed out (2004:27), dependency is a social consequence of disability as it refers to the social response to the problem, therefore: «The problem is that to use the situation of dependency as an indicator of disability creates empirical and theoretical confusion, given that what dependency really measures is the presence of an intervention to reduce the disability, not the disability in itself». At the same time, one of the effects of illness is disability. The challenge today, from the point of view of care, is to increase autonomy with various measures which include both technical and personal assistance.

The need for care, as we have seen in the previous pages, covers a broad space that encompasses different stages of life, mishaps and characteristics, as well as the effects they produce in the daily development of the individual. Age, illness, disability and dependency form a continuum in which all or some of these elements can accumulate, or, on the contrary, appear independently.
Caregiving is a complex activity which requires among other physical and emotional skills, empathy, patience, dedication and effort. The result for those who do it is frequently exhaustion and, at times even illness. In the first part of this chapter we will describe the sometimes problematic but also satisfying experiences of those who provide care to children and older persons. Beginning with the demands and needs of caregivers, we will look at the services and programmes of support created in recent years for this largely ignored collective.

In the second part of the chapter we address a form of care that has been little studied or recognized: the care we give to ourselves and that manifests itself in a number of aspects, from diet and hygiene and the search for time for ourselves, to attitudes about risk. Gender inequality is revealed, though not always clearly, in those who without needing it (healthy adults) receive care without giving it in exchange. The care of oneself is, in addition, a condition for providing care to others, as the work of Lazzarini, Santagati and Bollani (2007) shows.

5.1. Caring for caregivers

The birth of a grandchild, assistance to a disabled neighbour, relative or an ill spouse, increasingly dependent parents, grandparents or great grandparents... these are situations that involve a great deal of love and dedication but also fatigue and stress. They call into question the labour of love, according to the classic metaphor discussed by Finch and Groves (1983).
### CHART 5.1

**Some of the consequences for women providing care to children**

<table>
<thead>
<tr>
<th>CONSEQUENCES</th>
<th>PHYSICAL AND HEALTH RELATED</th>
<th>SOCIOECONOMIC</th>
<th>PSYCHOLOGICAL AND PSYCHO-SOCIAL</th>
<th>RELATIONAL AND FAMILIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEGATIVES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Tiredness, stress.</td>
<td>1. Increase in family expenses.</td>
<td>1. Anxiety and tension.</td>
<td>1. Conflict with partner for not sharing responsibilities.</td>
</tr>
<tr>
<td></td>
<td>2. Sleep disturbances.</td>
<td>2. Economic dependency of women.</td>
<td>2. The mother’s personal care becomes secondary.</td>
<td>2. Decline in social life: leisure time, relationships and other activities.</td>
</tr>
<tr>
<td></td>
<td>3. Physical changes caused by pregnancy.</td>
<td>3. Increase in economic insecurity for women.</td>
<td>3. Obligation to carry out domestic tasks and provide care; loss of freedom.</td>
<td>3. Reinforcement of gender stereotypes (head of the family/housewife).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Difficulty in making work and caregiving compatible.</td>
<td>5. Cannot postpone activities.</td>
<td>5. Lack of recognition for this work.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Less possibility for advancement and promotion.</td>
<td>7. Loss of tranquility, constant worry.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Loss of socioeconomic status.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>POSITIVES</strong></td>
<td>1. Valuing and recognizing the role of the mother.</td>
<td>1. Affection, love. The emotional bond compensates for negative effects.</td>
<td>1. Intergenerational cooperation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Personal satisfaction, self-esteem, self-realization as a woman/mother.</td>
<td>2. Transmission of values, positive image of the solidarity of those who have children.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Challenge, illusion, the project of generating life.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Agulló, 2002: 93.
The presence of women in the labour market is growing. However, they also continue to have the principle responsibility for providing care and often give priority to fulfilling the roles of the perfect wife, gentle mother, loving grandmother, good daughter and, in general, tireless caregiver.

The different meanings, attitudes and implications of providing care are heterogeneous. The effort involved, both in regards to objective responsibilities (specific tasks that «by definition» involve activities and time) as well as subjective ones (perceptions and opinions) is great. The effects on caregivers of this work are various: physical, economic, psychosocial and sociological. Chart 5.1 shows the principal consequences of caring for children chart 5.2 of caring for older persons. The result is often what is referred to as caregiver syndrome or stress.

Women prefer the role of babysitting grandmother to that of caring for the ill or elderly. They grant such activities different meanings; being in charge of the grandchildren is perceived as more enriching, positive and hopeful («see how they grow»). Caring for the elderly («watching them die») is seen as more of a burden, a sometimes painful job, above all, when the degree of dependency (as occurs, for example, with Alzheimer’s) destroys the existing personal relationship. In extremis, some situations can lead to abuse on both parts (Bazo and Montesinos, 2008; Amat et al., 1999).

Lack of time for a social life or leisure stand out as the most common effects mentioned (Fernández Cordón and Tobío, 2007). The intensity of care women provide also has effects on their health: almost a quarter of caregivers mention this, the proportion being even higher for women between the ages of 55 and 64; while caregivers from 30 to 54 years of age are those who perceive the greatest impact on their professional or working lives (see chapter 8: «Informal care for the elderly»).

Discourses on caregiving are ambivalent. There are five major ways of seeing care that can be ordered from negative to positive: from rejection of caregiving (the most negative pole), passing through obligation and resignation (caregiving as an unavoidable commitment and as duty), to, at the other extreme, satisfaction (caregiving provides feelings of being socially useful, of self-esteem or is motivated by affection/love) and caregiving as vocation; this last being the most positive but also infrequent.
**CHART 5.2**

**Consequences of caring for the elderly in situations of dependency**

<table>
<thead>
<tr>
<th>CONSEQUENCES</th>
<th>PHYSICAL AND HEALTH RELATED</th>
<th>SOCIOECONOMIC</th>
<th>PSYCHOLOGICAL AND PSYCHOSOCIAL</th>
<th>RELATIONAL AND FAMILIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEGATIVES</strong></td>
<td>1. Tiredness, stress.</td>
<td>1. Increase in Family expenses.</td>
<td>1. Feelings of loneliness and impotency.</td>
<td>1. Inter and intra-generational conflict and over functions.</td>
</tr>
<tr>
<td></td>
<td>3. Discomfort and pains.</td>
<td>3. Economic insecurity.</td>
<td>3. Feelings of domination on the part of the dependent person.</td>
<td>3. Decline in social life: leisure time, relationships, employment and other activities.</td>
</tr>
<tr>
<td></td>
<td>5. Digestive problems.</td>
<td>5. Absenteeism from work.</td>
<td>5. Anxiety, tension, pressure.</td>
<td>5. Lack of physical, mental and social space.</td>
</tr>
<tr>
<td></td>
<td>7. Increased consumption of medications.</td>
<td>7. Decreased efficacy and efficiency.</td>
<td>7. Incomprehension, intolerance.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10. Repression of expression.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11. Depression.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12. Domestic stress, caregivers syndrome.</td>
<td></td>
</tr>
<tr>
<td><strong>POSITIVES</strong></td>
<td>1. Contribution of the elderly pension.</td>
<td>1. Reinforcement of emotional bonds: affection, love.</td>
<td>1. Intergenerational cooperation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Contribution of other assets (home).</td>
<td>2. Usefulness and social and family contribution.</td>
<td>2. Emotional contributions to grandchildren and family.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Personal satisfaction, self-esteem.</td>
<td>3. Contribution to the home.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Gratitude, gratitude from the elderly.</td>
<td>4. Transmission of values.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Satisfaction from being able to pay back debt to parents.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Regardless of the way in which caregiving is seen, we continue to label women as those most apt or able to provide it. There is a naturalization and biologization of care, as if socially imposed roles were hereditary or genetic.

In short, a conservative or traditional discourse based on the internalization of and accommodation with the notion of care as the woman’s duty persists. Though a more modern discourse has emerged, in which the conscious protest of this is clearly reflected in the negation and rejection of these tasks. This discourse constitutes an attitude of rebellion but it is clearly in the minority. The dominant discourse, on the other hand, is complaint over the «eternal role of caregiver», nevertheless accepted resignedly. We will examine these contradictory aspects of care in more depth in subsequent chapters.

«The caregivers also need to be cared for»; this is a common demand. If in Spain, the needs of dependent persons began to be attended to in recent decades, the needs of caregivers were not first addressed until the 1990s. In other contexts it is possible to find conceptual reflection and theoretical-epistemological and empirical studies on the needs of caregivers. In our country, there is some notable background research prior to the Dependency Law but the amount of research on this issue has increased since its passage.

The needs of this collective can be classified into different categories: physical support (breaks, rest), psychological (emotional support, guidance), social (training and information, recognition) and economic (grants and subsidies). In the face of problems and needs there are solutions and answers. Regarding the agents that must take responsibility for these tasks, there is a general consensus: it must be an effort shared by the state and families with the support of the market. The role that other bodies or institutions play (the third sector, associations) continues being practically invisible and they barely appear in the quantitative studies (for their lack of sufficient numerical presence) or in the perceptions of caregivers.

Opinion on the future of caregiving in the social discourse oscillates between the urgency and need to professionalize this activity (through the market) or to make it a part of public policy (through state policy and programmes), opinion defended by the experts and younger adults in the society. There is a
Car ing for care givers and for our selves

Contrary, traditional discourse, which sees the housewife as irreplaceable and unsurpassable as caregiver. Regarding the state, the Dependency Law, as we will see, provides a new framework for action in which the role of caregiver fits: financial support, services and other programmes. Regarding other government institutions, the effort of the autonomous communities and local governments in applying policies to support caregivers must be mentioned (chart 5.3).

**Chart 5.3**

**Responsible agents and programmes for the care of the elderly**

<table>
<thead>
<tr>
<th>RESPONSIBLE AGENTS</th>
<th>PROGRAMS AND SERVICES FOR THE CARE OF THE ELDERLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Direct family (primarily women), family and social networks (family, relatives and close friends). They cover without pay all types of needs.</td>
<td>1. Formal programmes. Respite services for the caregiver, day and night centres, residences, home help services, alert systems, socio-sanitary service (geriatrics, physiotherapists, etc.), technical resources (personal or for the household), etc.</td>
</tr>
<tr>
<td>2. State, central government (for example, Imserso). They are responsible for type 1 and type 2 programmes and services.</td>
<td>2. Economic and work related support: subsidies, reduction of IRPF, leaves.</td>
</tr>
<tr>
<td>3. Local and regional government: social services, healthcare professionals and municipal governments. They primarily cover programmes of type 1 to 4.</td>
<td>3. Information services (about dependency and illnesses, assistance, etc.), orientation and counseling services: administration, legal aspects, as well as psychological or social.</td>
</tr>
<tr>
<td>5. Market: paid work (immigrant women, especially), and businesses providing care. Responsible principally for type 1 programmes.</td>
<td>5. Educational programmes, training at different levels: courses, conferences, workshops, leisure activities, etc.</td>
</tr>
<tr>
<td>6. Programmes for psychotherapeutic intervention, emotional support, dealing with stress, anxiety and burnout, etc.</td>
<td></td>
</tr>
</tbody>
</table>

Source: Elaborated by author.
The other key agent is the market, which principally covers physical-health needs, which can be seen in the number of employed in the field (such as immigrant caregivers) and in the proliferation of businesses dedicated to these services. In some countries there already exists a «Charter for Caregivers» which sets out their rights. In contrast to this form of care, public support and formalized care barely reaches 6 percent of the senior population (El Libro Blanco de la Dependencia, 2005). More concretely, home help service reaches 5 percent, telecare, 4.6 percent (Abellán et al., 2007: 79) and respite services 0.5 percent (Casado, 2004). These programmes, without a doubt, help caregivers but the programmes and services numbered 3 through 6 in chart 5.3 are much more needed. The third sector is a pioneer in such programmes. In contrast to other countries, in Spain there is little assistance of this type, though things do advance with the years: the first studies have appeared and some programmes now enjoy a notable degree of consolidation, although exact numbers are not known. What is clear is how beneficial such assistance is in contexts like ours where the coverage of formal services is minimal.

The situation is changing, but more slowly than required given the needs of the caregivers. Among the challenges raised, is to know better what will facilitate broader support for the preferences of caregivers and persons receiving care. Interdisciplinary and integrated services with complementary areas are required that involve the division of responsibilities between the actors mentioned. Proposals for improvement should take into consideration demands for assistance and healthcare as well as economic, work-related and psychosocial demands, not only of those who receive care but also those who provide it.

5.2. Self-care

All cultures have a series of codes, stereotypes and roles that structure the behaviour, attitudes and expectations of their members and which condition, to a great extent, their identities. The model of relations between men and women is not static, it is changing over time. In this way, the limits which are

(1) EUROFAMCARE is a project on Services for Supporting Family Carers of Elderly People in Europe: Characteristics, Coverage and Usage (www.uke.de/extern/eurofamcare).
established between what is acceptable as a response to the needs of others and the form in which these needs are defined, as well as the tensions that are expressed in relationship with individuals’ own needs are renegotiated between different generations, and underlying this in each historical period is a specific type of gender relationship. What for one generation of women is acceptable and reasonable regarding the attribution of responsibilities and competencies, another would consider abusive, humiliating or servile. This is the case with the care of healthy adults.

There are different ways, depending on gender, of allocating time to different daily activities. Men and women make unequal use of their daily time, maintaining, although with slight modifications, the pattern of assigning their time to employment in the case of men, and to the home and family in the case of women.

Table 5.1 shows that women have on average an hour less of free time available each day for social relations, entertainment, the practice of sports, education, maintenance of social networks, personal care, etc. The differences between genders in the administration of time imply differences in the quality of life and different degrees of personal autonomy. It is possible

<table>
<thead>
<tr>
<th>PRINCIPAL ACTIVITIES</th>
<th>TOTAL</th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care</td>
<td>11:22</td>
<td>11:24</td>
<td>11:21</td>
</tr>
<tr>
<td>Paid work</td>
<td>02:39</td>
<td>03:37</td>
<td>01:44</td>
</tr>
<tr>
<td>Domestic work</td>
<td>02:59</td>
<td>01:30</td>
<td>04:24</td>
</tr>
<tr>
<td>Training/education</td>
<td>00:43</td>
<td>00:42</td>
<td>00:43</td>
</tr>
<tr>
<td>Volunteer work</td>
<td>00:13</td>
<td>00:11</td>
<td>00:16</td>
</tr>
<tr>
<td>Social life and entertainment</td>
<td>01:29</td>
<td>01:32</td>
<td>01:27</td>
</tr>
<tr>
<td>Sports and outdoor activities</td>
<td>00:48</td>
<td>00:56</td>
<td>00:39</td>
</tr>
<tr>
<td>Hobbies and games</td>
<td>00:20</td>
<td>00:27</td>
<td>00:12</td>
</tr>
<tr>
<td>Media</td>
<td>02:16</td>
<td>02:25</td>
<td>02:08</td>
</tr>
<tr>
<td>Travel time and unspecified use of time</td>
<td>01:10</td>
<td>01:15</td>
<td>01:05</td>
</tr>
</tbody>
</table>

to assess the impact on the use of time which the job of providing care involves. However, it is not easy to measure this time since the care of children, the ill or the elderly also involves carrying out overlapping activities, often leading to increased fatigue and stress for those who provide or supervise such tasks, which also has consequences on self care.

A definition of dependency as passive, unidirectional and static has as its correlate a nurturing, dedicated and active caregiver. Femininity is associated with sacrifice, abnegation and self-deprivation. This is a normative code which attributes to the caregiver the duty to be moral and emotionally empathetic, whether as a mother, spouse, daughter, sister or friend. Said moral code defines, in addition, a model of good care, in other words, care given with love and without apparently demanding anything in exchange. However, this model of femininity generates tension and violence in intrafamily relations, as the «forgetting of the self» has consequences for most women (Murillo, 1996). A sense of victimization, emotional blackmail, dual loyalties or extreme dependency has permeated this model, at times with tragic consequences.

The demand to «sacrifice the self» also generates tradeoffs. Françoise Collin (1992) argues that there is a possessive and devouring attitude which is the obverse of the unconditional dedication which the traditional model of the female caregiver imposes. To forget oneself generally leads to a type of life excessively centred on the other (absorbing, demanding, annihilating), and limits the ability to negotiate over what corresponds to be done by whom. It is thus, not strange to find the other side of the coin; that is, an enormous sense of victimization that goes hand in hand with the sense of sacrifice and denial. It has been noted that giving social and moral value to caregiving and, therefore, recognition to these activities, opens the way toward resolving a complex situation. The female mandate, particularly when femininity is tied to a specific model of motherhood – the model of intensive motherhood – enters in conflict with certain forms of self care, above all those related to individualist behaviours which distance women from, or at least, place them in constant tension with the daily moral dilemmas which emerge from the model of the selfless and sacrificing mother. It is the claim for one’s own time (Murillo, 1996, 2000).
Regarding the care of others, women tend to demand a lot from themselves. However, they also try to take care of themselves. Recent studies reveal that there are significant differences in self care based on gender regarding, for example, nutritional habits (Rücker-John and John, 2009) or preventive practices related to health. The data show that women are more careful about their diets than men and that they are even more so as they get older, and that in general they have a more well balanced and varied diet (INE, 2009f). In this sense, we understand the increased consumption of fruit and vegetables by women (see table 5.2) or the habit of eating a complete breakfast every day. In the same way, in both lifestyle and preventive health practices women seem to reveal higher levels of self care: for example, more women then men, and with greater frequency, have medical checkups and tests (blood pressure, cholesterol level, weight), maintain recommended habits for hygiene (such as brushing of teeth) and avoid the consumption of harmful substances (tobacco and alcohol). Thus, in quantitative terms, 51.19 percent of women, in comparison to 38.72 percent of men, maintain a normal body mass index, while a greater proportion of men are overweight than women, 45.06 percent vs. 30.25 percent respectively; in addition, 62.92 percent of women have never smoked in comparison to 36.52 percent of men; and 58.22 percent of women and 29.77 percent of men state that they have not consumed any alcohol in the last two weeks (INE, 2009f). The reasons which explain such differences are surely varied. Among them could be the desire to not be a burden on others, maintaining the greatest degree of personal autonomy possible.

The relationship is inverted, however, in regards to physical exercise: a higher percentage of men than women regularly practice a sport in their free time (62.1 percent vs. 56.2 percent). The difference is greater in the youngest age group, those between 16 and 24 years of age (71 percent of men vs. 54.2 percent of women). In contrast, as age increases, women adopt the sporting habit eventually reaching higher percentages than men in the 45 to 64 years of age group (61.9 percent and 58.3 percent respectively) (INE, 2009a: 61).
TABLE 5.2
Daily consumption of fruits and vegetables by sex and age group. Population 16 years of age and above (%)

<table>
<thead>
<tr>
<th></th>
<th>Fresh Fruits</th>
<th></th>
<th>Vegetables</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEN</td>
<td>WOMEN</td>
<td>MEN</td>
<td>WOMEN</td>
</tr>
<tr>
<td>Total</td>
<td>62.7</td>
<td>70.8</td>
<td>35.5</td>
<td>45.7</td>
</tr>
<tr>
<td>Ages 16 to 24</td>
<td>45.6</td>
<td>46.9</td>
<td>25.2</td>
<td>30.0</td>
</tr>
<tr>
<td>Ages 25 to 34</td>
<td>48.4</td>
<td>59.2</td>
<td>27.9</td>
<td>44.6</td>
</tr>
<tr>
<td>Ages 35 to 44</td>
<td>59.0</td>
<td>69.4</td>
<td>32.7</td>
<td>47.7</td>
</tr>
<tr>
<td>Ages 45 to 54</td>
<td>67.4</td>
<td>78.2</td>
<td>40.5</td>
<td>54.6</td>
</tr>
<tr>
<td>Ages 55 to 64</td>
<td>76.2</td>
<td>85.7</td>
<td>46.4</td>
<td>56.3</td>
</tr>
<tr>
<td>Ages 65 to 74</td>
<td>81.6</td>
<td>86.5</td>
<td>47.7</td>
<td>52.7</td>
</tr>
<tr>
<td>Ages 75 and above</td>
<td>84.9</td>
<td>88.0</td>
<td>47.5</td>
<td>48.5</td>
</tr>
</tbody>
</table>

Source: INE, 2009a: 50.

The evolution of the concept of masculinity is also leading to important changes for men regarding personal care, above all, for younger generations of men who, rejecting determined notions of a cruder masculinity, do not see the abandonment and lack of care of the self as signs of virility. New male identities involve the development of the ability to express emotions, distancing men from the hegemonic model which imposed an obligation to be strong and to exercise authority as well as a special relationship with risk and violence. As a result, men are the protagonists of the majority of the acts of violence in our society. Their presence is greater in the prison population, among drivers involved in traffic accidents and among suicides (Castells and Subirats, 2008). 5.5 percent of men die in accidents, in suicides or other outside causes, in comparison to 2.8 percent of women (INE, 2009a: 65). All of this reveals the impact and specific problems that the model of traditional masculinity also generates for men. Men’s support of movements for gender equality is intended to move the new models of caring masculinity into the public sphere, demanding a change toward beliefs and practices for a just and equal coexistence between men and women (Bacete, 2008; Gómez, 2005). In these new forms of masculinity, caring for others, especially children, and also self care, take on new importance and centrality.
Negotiation and conflict can emerge in the division of domestic tasks and care related to the daily activities necessary for survival. It should be mentioned that despite changing gender relations, it is possible to identify remnants of the old model even among young, active couples. Two incomes, for example, are not enough to encourage greater autonomy for women, although this does provide greater resources for negotiation between the couple (Dema, 2006; Ibáñez, 2008). The carrying out of certain basic activities, many of them routine and not very gratifying – from replacing the toilet paper or washing the dirty clothes to vacuuming – can lead to negotiations and more or less explicit conflicts (Singly, 2007; Kaufmann, 2009). Understood in this way, self care not only refers to maintaining a healthy body and a socially acceptable appearance (hygiene, dress, image), but also to respect of the other and equity in the division of daily tasks. In this way the concept of self care is broadened, putting into question the classic dichotomy between autonomy and dependence.

The definition of the concept of dependent is always relative and relational (Durán, 2006b). Thus, the sexual division of labour has kept women dependent on the economic contribution of their partners, and men on the care and other services women carry out in the domestic sphere. This balance or co dependence has changed with the new forms of women’s participation in the public sphere, which encourages demands for a redefinition of the relationship between men and women in the home. However, there is an asymmetry between the rapid and enthusiastic incorporation of women in the labour market and the reticence of men in taking on domestic tasks and care, including their own. Thus, for example, in 22.1 percent of households in the Community of Madrid there are individuals who, despite being healthy and able to take responsibility for their own self care, require special dedication because they are busy with other activities during most of the day (table 5.3).

Despite the emergence of new types of increasingly socially accepted masculine behaviour, there continue to be obstacles from the past, among which stand out those healthy adults that should be capable of caring for themselves but do not; for example, children that do not emancipate themselves, that continue living at home, those that return home after a separation or divorce, semi-emancipated children that bring their dirty
clothes home to be washed and collect prepared meals, or the unmarried or widowed in the family. In general, young Spanish adults lack the training, ability or will to carry out domestic tasks or care for others, or even care for themselves, in part because their leaving home late means they have not fully acquired the habits needed for their own personal maintenance, in contrast with what occurs in other European countries. This is due, in good part, according to Alberdi and Escario (2007) to the adults, both men and women, that live with their parents, not participating in domestic tasks; inertia from a past that is hardly coherent in today’s world.

### Table 5.3

<table>
<thead>
<tr>
<th>MOTIVE FOR THE SPECIAL DEDICATION</th>
<th>ALL HOUSEHOLDS</th>
<th>ONLY HOUSEHOLDS WHERE THERE IS SOMEONE THAT REQUIRES SPECIAL DEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>No one requiring special dedication</td>
<td>41.2</td>
<td>–</td>
</tr>
<tr>
<td>It is a child</td>
<td>23.1</td>
<td>39.3</td>
</tr>
<tr>
<td>It is an ill person</td>
<td>3.7</td>
<td>6.3</td>
</tr>
<tr>
<td>It is an elderly person</td>
<td>8.6</td>
<td>14.5</td>
</tr>
<tr>
<td>It is someone who is busy most of the day with other activities</td>
<td>22.1</td>
<td>37.6</td>
</tr>
<tr>
<td>Other reasons</td>
<td>1.3</td>
<td>2.3</td>
</tr>
</tbody>
</table>


** ***

Caregiving, as we have seen throughout this chapter, is not only about childhood, old-age or illness. The needs of those who provide care have come to light as a new social problem and a legitimate demand, exemplifying the reciprocity inherent in providing care and suggestive of more just ways for survival and relationship among persons, as well as to social responsibility on this matter. The next logical step in the process of recognizing the needs of caregivers has a reflexive character. Taking care of ourselves means not burdening others with tasks that we can do for ourselves and it makes us available for other activities, including the care of others. It also means
renouncing relations based on unequal power and exercising autonomy. In contrast, forgetting this, to the extreme of excessive sacrifice, can lead to a form of subaltern power, generally feminine, which acts primarily against those who exercise it.
Part III

SUPPLIERS OF CARE
Throughout the previous chapters we have looked at the diverse needs for care. These are met by a range of caregivers who will be looked at in the following chapters. We will begin with an analysis of housewives, women who take care of their children full time. If this was for many years the hegemonic model of motherhood, today it is in sharp decline both in terms of its social acceptance and in regards to the number of women who take on this role.

Today the majority of mothers work outside of the home, which creates new problems as a result of the frequent overlap between old responsibilities for caregiving attributed to women and new demands on their time from their jobs. The lack of sufficient institutional resources for the care of children obliges working mothers to develop strategies to balance both worlds; strategies generally based on finding other women to substitute for themselves, such as grandmothers or immigrant women.

The last part of this chapter will deal with men, the new fathers. Caregiving is a new experience for them, which the majority, in theory, assume, in symmetrical logic with the incorporation of women’s economic responsibilities in providing for the home. Nevertheless, only a minority of men actually regularly participate in providing direct care for their small children.

6.1. The context: decline of the housewife

During the 19th and a good part of the 20th century, a majority of workers believed in a social model in which married women were housewives who
did not work outside of the home. During this long period trade unions rejected the incorporation of women into the labour market, arguing that the employment of women was only a mechanism used by business to obtain cheap labour and therefore was a menace to the interests of the working class. Consistent with this idea, the unions fought for a family wage, in other words, a wage high enough so that the industrial male worker could maintain himself, his wife and his children. In general, women’s associations were bourgeois organizations and their objectives were perceived, in the best of cases, as of secondary interest to the working class. The socialist parties in theory defended the vote for women but in practice they were deeply sceptical. They often believed that working class women would not vote for socialist parties given the influence that religious organizations, in general hostile to socialist principles, exercised over them (Wallerstein, 2005: 99).

In practice, as previously explained, a family model defined by a stable couple with children and clearly differentiated roles prevailed. This type of family was analysed in the 1950s in the United States by the sociologist Talcott Parsons (1998), who defended the significance of the nuclear family in the context of American society, stating that the husband and father is responsible for the status and support of the family, while the dominant female function is that of housewife, spouse and mother. This form of functioning, according to Parsons, in addition to permitting the adequate care of the home and children, impedes spouses from competing in the work sphere. For this reason, in research centred on the family it is common to find references to the Parsonian family, in which this instrumental role of the father, in charge of contacts outside of the home and the economic support of the family, is complemented by the emotional or expressive role carried out by the mother. This is a model which possesses an ephemeral and transitory structure, as has been repeatedly pointed out; it is a modern product of relatively short duration that has not always had the same meaning (Segalen, 1997), so that the common reference to the traditional family is not completely appropriate.

Nevertheless, the coherency derived from this clear division of roles is unquestionable as it involves the existence of the two different spheres previously mentioned: the sphere of production or paid work in which
the man develops, and the reproductive or household sphere which is the territory of the woman. Both spheres function in a complementary though asymmetrical manner, as the reproductive sphere, as it is structured, traditionally responds to the demands and needs generated in the productive sphere, as has been described in previous pages; the housewife playing the role of fulltime caregiver of, not only the children, but all the members of the household.

Spain constitutes a special case within this context, as the triumph of Franco in the Civil War meant the end of the innovations of the Second Republic and reinforced the masculine authoritarianism and superiority already written into Spain’s Civil Code (Alberdi, 1999). During the Francoist period the figure of the housewife was imposed as the only possible fate for women, reinforcing a strongly hierarchical family model characterized by the authority of the father, as well as the subjugation and dependence of the wife on the husband in a context which rewarded and encouraged natalist attitudes and large families.

In these circumstances, the housewife constituted an invisible pillar of social order. Her contribution, however, went much further if we look at the economic value of the woman in the home and as fulltime caregiver, no less real for being invisible, as numerous studies have shown that explore and quantify this activity through so-called satellite accounts, complementary to national accounts, as discussed in a previous chapter (Durán, 2006c).

Paradoxically, this focus which raises and demands the recognition of the value of unpaid work in the domestic sphere coexists with its low social status. This explains the current distancing of women from the traditional model of housewife, as data from the Economically Active Population Survey shows. In addition, the rejection of domestic labour is also related to the risk involved in opting for this path in a world in which divorce and separation have multiplied; the project of an indissoluble union no longer being the norm and personal relations being increasingly uncertain and unpredictable.
If, two decades ago, more than four of every ten women over 16 years of age worked exclusively in the home, currently less than one fourth do so. Such a significant reduction in the relative number of housewives is even greater if we take age into consideration, as in 2008 almost half of the women who were exclusively housewives were women over 55 years of age (in 49.3 percent of the cases in comparison to 34.5 percent in 1988).

Providing further elaboration along the same lines, the 2006 Survey on Fertility, Family and Values of the CIS (Alberdi and Hakim, 2007) revealed how the complete difference regarding male and female responsibilities in the family of the recent past has given way to the ideal of equal male and female participation, both in the domestic sphere and in the productive sphere. However, opinions on this vary according to the age of the women asked, if for the overall survey 64.4 percent of women said they prefer this type of family, for women between the ages of 15 and 49 the proportion was 75.6 percent. Mothers that take care of their children as full time housewives form the basis of a family model which has collapsed and which, therefore, is no longer a positive point of reference. Tobío (2005), in her research on working mothers, pointed out in this respect that a very negative discourse regarding the exclusive dedication to work in the home predominated among them, although another positive though weaker and minority discourse also existed. However, not even those holding traditional opinions condemn the non-domestic work of women, rather they try to justify why for certain women or in certain stages of life it is better to wholly dedicate oneself to the care of the family and especially the children.

### Table 6.1

Women dedicated to housework. Spain, 1988, 1998 and 2008 (2T)

<table>
<thead>
<tr>
<th>YEAR</th>
<th>WOMEN DEDICATED TO HOUSEWORK</th>
<th>TOTAL NUMBER OF WOMEN 16 AND OVER</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>6,451,100</td>
<td>15,345,200</td>
<td>42.03</td>
</tr>
<tr>
<td>1998</td>
<td>5,422,400</td>
<td>16,886,300</td>
<td>32.11</td>
</tr>
<tr>
<td>2008</td>
<td>4,476,400</td>
<td>19,432,000</td>
<td>23.03</td>
</tr>
</tbody>
</table>

In short, the idea that women should dedicate themselves only to the care of their children has fallen out of favour and the majority of young women prepare themselves for employment; housewives now embodying the image of a negative model in which few women recognize themselves.

6.2. Working mothers

The end of the predominance of the model of the fulltime housewife is because of the incorporation of the majority of women of working age into the labour market and their continuing to work even when they have children; this process often being judged as one of the most significant transformations to have occurred in recent decades (for example, Pfau-Effinger, 2004) and one which has been widely discussed in the literature and research on family and gender. Without a doubt the incorporation of women into the labour market constitutes an important step forward in regards to gender equality, but the advance is relative when it can be seen that working outside of the home means, to a great extent, adding new responsibilities to those corresponding to the domestic sphere, as has happened in our country, where women’s obligations in the home have barely decreased, particularly when they are mothers of young children.

In Spain, as previously explained, the incorporation of women into paid work has happened at a very fast pace, to the extent that working outside of the home currently constitutes the norm among young women. Some authors situate the period of transition between the previously widespread model of the fulltime housewife and that which predominates today, in the generation of women born in the 1960s (Garrido, 1993). This generational cut-off point establishes the difference between the limited incorporation into the labour market of older women and the generalized incorporation of younger women into paid employment, who, in addition, continue to work throughout their lives, even when they have young children.

The increase in women’s economic activity rate in Spain in recent decades is greater than that corresponding to men and has affected all the autonomous communities, as can be seen in graph 6.1 which compares the rates in 1998 and 2008 (for women 16 years of age and older). In 1998, the overall rate was 39 percent, with the highest rates in the Balearic Islands (44.8 percent) and
Catalonia (44.3 percent), while Castilla y León (34.3 percent) and Extremadura (34.7 percent) didn’t reach the threshold of 35 of every 100 women being economically active.

**GRAPH 6.1**

Rate of economic activity for women (16 years of age and older) by autonomous community, 1998 and 2008 (2T)

The data corresponding to Ceuta and Melilla must be taken with precaution. In 1998 they were aggregated and ascribed to Ceuta.

Source: INE, 2009e.
Ten years later, the overall rate for women in all of Spain, as was mentioned in chapter 2 («Changes in the family»), had increased by more than 10 percentage points (50.2 percent), the highest rates of economic activity being in the same regions as in the previous decade but with the addition of Murcia and the Community of Valencia to this first group with more than half of women 16 years of age or older in the labour market.

In addition, if we look at the rate of economic activity among women, taking into account the most important age groups, as graph 6.2 shows, we again see their growing dedication to paid work. In the central age groups (25-54 years of age) the rate has grown by more than 15 percentage points in the last ten years, though the increase corresponding to women over 55 years of age has also been important, indicating that more women are continue their working lives up until the age of retirement.

GRAPH 6.2
Rate of economic activity by sex (quinquennial age groups). Spain, 1998 and 2009 (2T)

(1) The methodology of the EPA (Survey of the Active Population) of the INE was modified in the first trimester of 2005; therefore comparisons between series must be made with caution.
The rapid increase in economically active women has been accompanied by an enormously positive attitude among Spanish women regarding paid work, as previously mentioned, which can be explained by the relative newness in our country of women’s access to the labour market. Perhaps we find ourselves in a special moment in which access to paid work is seen as the entry into a world offering a wide range of new possibilities to women, but without it yet feeling routine or obligatory; this may also be contributing to the intensely negative perception of the old model of the housewife with its limitations, restrictions and dependency on men.

In inquiring into the causes for the incorporation of women who also have children they must care for into the labour market, the primary explanatory factor in Spain is economic and the need of the family to have a second salary to cover its necessities. In addition to this principal cause, a second motive mentioned is women’s desire for economic independence as an element of security in the face of possible conjugal problems and as a guarantee of autonomy. In third place, women’s paid work is connected to education and the achievement of professional aspirations. The enjoyment of work, personal achievement, the opening up to social relationships beyond the household sphere and the structuring of a life that paid work provides are other reasons that women give in that order of importance, taking on even greater importance, as could be imagined, among professional women or those with a high occupational status (Tobío, 2005).

Hakim (2005), in her comparative analysis of different family models in Europe, supported by various opinion studies, states that while surveys from 1980 and 1981 in Spain showed that 61 percent of adults were opposed to the employment of mothers with small children and 40 percent were opposed to all married women working, in 1987 Spain was in second place, after Denmark and in front of the United Kingdom and Portugal, in adherence to an egalitarian model of family roles. She concludes that the Spanish have adopted a family model which up to now has been more typical of Scandinavian countries than Mediterranean ones (p.73-75).
6.3. A contradictory and ambivalent setting

There are, however, some grey clouds. Alongside of the feelings of satisfaction which women who do paid work have, there persists an old domestic order characterized by the segregation of functions and the importance of the mother in the home, so that it is difficult to understand the professional dedication of women without taking into account this sphere of family obligations, above all, when the children are young. What we know of as the double shift or double presence of women is the effect of the burden they accumulate in their two spheres of activity. Family responsibilities are perceived, in fact, as an obstacle in women’s occupational path, which translates into recognition of the double effort they have to make, or, in the worst of cases, in the accusation of a lack of dedication in their paid work.

In some countries, the tension between demands arising from the activities of women working both inside and outside the home, especially when they have young children, are resolved through part time work. This form of employment is limited in Spain in comparison to other European countries, as can be seen in graph 6.3, although this tendency seems to be changing.

Nevertheless, despite the lack of importance that part time work has in our country, it is an option which women are choosing more frequently. In 2007 there were 2,440,100 persons working part time in Spain, representing 12 percent of the employed, and if we look at the composition of those employed part time by sex we can see, as graph 6.4 shows, an overwhelming presence of women – more than three out of every four part time workers, this proportion having increased slightly in recent years, within a wider general increase in this type of employment.

When the motives for opting for this type of work are analyzed, the main reasons that women give (INE, 2009e) are, first, not having been able to find full time work (37.7 percent), and secondly, the obligation of having to take care of children or adults who are ill, disabled or elderly (18.3 percent). Among all workers who choose to work part time because of obligations

(2) The total number of women working part time reached 1,925,100, according to data from the EPA corresponding to the second trimester in 2007 (INE 2009e).
they have to care for children, the ill or elderly, 98.6 percent are women. And among those who do so because of other family or personal obligations, 96.9 percent are women.

The difficulties in balancing paid work and the care of children are obvious, as reflected in graph 6.5, which shows the influence that the number of children has on women’s employment. The rate of employment decreases as the number of children increases, the lowest rates being for those women that have three or more children. The rate for men, in contrast, stays relatively stable.
In addition, the module on the balance between work and family life which the INE carried out within the framework of the 2005 Survey on the Economically Active Population, showed that 24.6 percent (55,800) of persons employed between 16 and 64 years of age that wanted to work more could not do so because they had to regularly care for children under 14 years of age and no childcare services were available. Of these persons, 83.3 percent were women. In addition, the data corresponding to the abandonment of the labour market for family related reasons also confirms the impact of domestic responsibilities on the economic activity of women, as in 94.73 percent of the cases it was women who left their jobs (INE 2009a).

It can be argued, therefore, that in Spain a strong increase in female employment in a short period of time has not brought with it great changes in social organization. Neither the state nor the family have been very sensitive to the effects of this new situation, so women have been obliged to directly make the decisions aimed at making their dual tasks possible. Beyond this observation, the inquiry into the daily organization of the lives of mothers

Graph 6.4

Percentage of women and men that work part-time.
Spain, 2005-2007

Source: INE, 2009e.
integrated into the labour market indicates that one of the areas where there is most clearly a lack of social support given the new situation is in the role of schools as spaces not only for education and socialization, but also for watching over children and in that way, providing indirect support to working parents. From this perspective, day care centres for the youngest children constitute one of the principal resources for helping make employment compatible with the care of children, as noted in chapter 3 («Care of children and the elderly»).

The insufficient supply of childcare centres is not, however, the only problem. Along with this there are others, such as the lack of coordination between work and school timetables, which continue to be adapted to the old family model based on the presence of the housewife at home. To this discrepancy in timetables should be added, the lack of options available in day care centres for the care of children before or after the normal timetable or during periods of school vacation, this constituting an additional element in the lack of adaptation of public institutions to the widespread incorporation of women into paid work.
In this situation the question inevitably arises about the key to interpreting the unstoppable growth of activity and employment rates for women in Spain. To face and effectively manage the wide range of demands that the accumulation of responsibilities brings without significant support from the state, working Spanish mothers develop specific practices which are generally based on their substitution by other women when they are absent from the domestic sphere because of their employment. The assistance of preceding generations, grandmothers, and above all, their own mothers, constitutes one of the principal resources that working mothers count on in Spain. However, this option is only a provisional solution because everything seems to indicate that the first generations of working mothers will not reproduce this role of providing care for their future grandchildren which is today carried out by the last generation of housewives (Tobío, 2005).

Paying for domestic services or childcare in the home, tied to the wide availability of immigrant workers in Spain since the 1990s and not necessarily incompatible with the aid of grandmothers, has also been a resource of great importance, above all, in homes of a middle and high socioeconomic level. The increase in the rate of economic activity among Spanish women has generated a specific demand for these foreign workers, particularly to care for children and the elderly, as is studied in chapter 9 («The professionalization of care»). The analysis of this phenomenon at a general level in the Western world led Hochschild (2001) to develop the concept of global care chains, focusing particularly on the effects that the purchasing of care for the elderly and children in the West have on the children of caregivers, as well as the consequences on their families and ways of life. According to this interpretation, the existence of immigrant workers dedicated to care permits Western women who can afford it to fulfil their domestic responsibilities but while liberating themselves from part of the daily work this implies. Immigrant domestic workers are obliged to shift their own family responsibilities to relatives or employees, who take responsibility for their children while they work, either in their countries of origin or in the country of destination. As mentioned earlier, both resorting to the aid of grandmothers as well as paid assistance are based on the substitution of certain women by others in the tasks of caregiving. The
key question in light of this observation is whether these practices postpone or supplant the appearance of the formal public resources that this new situation requires.

There are other actors also affected by the changes we have described who we have still not talked about: men. In symmetrical form to the growing participation of mothers in the labour market, the new egalitarian family demands their active presence in the domestic sphere.

6.4. Involved fathers

The growing participation of women in the public sphere has hardly been accompanied by an increased contribution of men in the daily domestic family sphere. However, there are indications of new male attitudes and behaviours and the slow adaptation of men to the changes in the family, especially in regards to care of the children.

Fatherhood, a sociocultural construction, is in rapid process of transformation, although undergoing a dynamic in which both change and resistance to change coexist. However, it is difficult today to defend or justify the old authoritarian structures that have gradually lost their legitimacy with the emergence of more democratic forms of relating between the different members of the family. The traditional model of the father as provider and protector is in conflict with a more caring, intimate and egalitarian conception of fatherhood. But at the same time, the new way of being a father, getting back in touch with emotions, the pleasure of caring for others, feelings of tenderness, empathy and compassion, faces the challenge of inventing a different type of masculinity. The question that is raised, before theoretically - as we saw in chapter 1 - and now in practical terms, is if men can acquire a disposition for providing care to others, making part of their identity attitudes and behaviours, which up until now have been associated with the relationship of mothers to their children and by extension to others.

An example in this sense is represented by the demands, not free of controversy, of fathers’ movements in favour of shared custody in the case of separation or divorce. Some men, in this way, are demanding a
change in the hegemonic model of masculinity; seeking not only greater flexibility from their employers but also policy measures to support their desires to act as more active fathers. This is a demand that both men and women agree upon and which takes form in collective organizations such as the Plataforma por Permisos Iguales e Intransferibles de Nacimiento y Adopción [the Platform for Equal and Non-transferable Leaves for Births and Adoption] (PPINA, 2009), which demands that caregiving be a responsibility shared between men and women in families, government and society as a whole. (3)

Alberdi and Escario (2007) develop the concept of sustainable fatherhood, defining it as that which includes a commitment over time, beyond the infancy of the children and independent of the relationship with one’s partner or the life and social circumstances in which the father and mother are immersed. To advance along these lines and achieve and maintain the strong ties between father and children, it is necessary that fathers be involved in a job which up until very recently has been considered women’s work: the care of others.

In recent decades small changes have been perceptible in the participation of men in the care of their children, above all among younger generations of fathers, so that the proportion of families in which the father is involved in domestic tasks and care of the children is currently higher than in previous years. Meil (1997), in his research on urban families in Spain in the 1980s and 1990s, verified the existence of a slow but continuous process of de-differentiation of conjugal and domestic roles, although he also drew attention to a distortion that was introduced in research on the family by categorizing caring for children as if it were one exclusive task; the lack of recognition of the range of tasks involved in the care of the children resulting in a misinterpretation of the involvement of fathers. He actually found that in the period examined the involvement of fathers in caring for their children was less than their involvement in other domestic tasks.

In any case and despite the important increase in male participation, data from the survey carried out by the CSIC (2003) indicates that the division of

labour regarding caregiving is not equitable. As was previously mentioned, women are the principal caregivers for the children, the ill and the elderly, while men are less involved and when they do participate in caregiving their activity is considered voluntary and tends to focus on specific types of jobs, for which they receive enormous social recognition (Garrido, 2003). In fact, in caring for their children men are involved more in the most gratifying tasks or those that are connected to the public sphere (walks, baths, playing, help with crawling or walking, etc.), while mothers continue to carry out the more burdensome, continuous, monotonous and tiring activities in the domestic sphere. Even so, as Hearn (2004) points out regarding the Nordic case, young fathers are getting up when their babies cry during the night and are involved in regulating the sleeping habits of their children, in other words, they are, in fact, taking on routine tasks that demand dedication and patience.

Therefore, it is possible to see indications of change in the domestic sphere as well as the public, although such change is slow and meandering. The desires expressed by men are undergoing major transformations. However, the changes in the discourse in relation to the division of labour between men and women regarding the care of others in the home do not completely correspond with daily practices. The preference for symmetrical family roles on the part of the majority of the Spanish is hampered by the finding that, in practice, Spain and Greece (in the last decade) were the countries of the European Union with the lowest scores in the egalitarian division of domestic tasks according to the 1996 Eurobaromètre, as only one of every ten men shared equally in these tasks (Hakim, 2005: 80), revealing the enormous abyss between declared preferences and real behaviour. As a consequence, according to this author, the two main features of Spanish families are the tremendous enthusiasm demonstrated for modern social values, including the Scandinavian family model with symmetrical roles supported by the European Commission, and the existence of a great difference between rhetoric and reality among the majority of married couples.

In fact, the preference of women for symmetric family roles, also extends to men, whose ideal model in 66 percent of the cases is a family in which the man as well as the woman work outside of the home and share the household tasks and the care of the children; this percentage increases
significantly among the 18 to 24 year old (83 percent) and 25 to 34 year old age groups (79.5 percent) (CIS, 2004b:1). However, data from time use surveys reveal a continued strong sexual division of labour, as can be seen in table 6.2.

It is, in general, the youngest men and women who are adopting new behaviours that are aimed at co-responsibility and equal division of caregiving in the family. If sharing is the ideological norm that is slowly transforming into action, what is still unusual is that men take on domestic tasks or those related to caring for others as an individual responsibility, unlike what still occurs with women. There are, for example, a certain number of jobs in the home, particularly those related to caring for the children, that both parents do together when the mothers are employed. However, there are many tasks that mothers do without the participation of their partners, while aside from fixing things in the home there are few household tasks that only men do (Tobío, 2005: 91).

<table>
<thead>
<tr>
<th></th>
<th>MEN</th>
<th>WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work days</td>
<td>0.37</td>
<td>1.56</td>
</tr>
<tr>
<td>Saturdays</td>
<td>0.56</td>
<td>1.52</td>
</tr>
<tr>
<td>Sundays</td>
<td>0.63</td>
<td>1.45</td>
</tr>
<tr>
<td>Weekly total</td>
<td>3.03</td>
<td>10.78</td>
</tr>
<tr>
<td>Annual total</td>
<td>157.76</td>
<td>561.97</td>
</tr>
</tbody>
</table>


* * *

Models of caring for the children take three different forms: that provided by housewives, who generally do such work fulltime; that of working mothers, who must balance their work and family roles, and that provided by fathers who, in addition to their outside employment, are gradually increasing their involvement in such tasks. These are models that can be interpreted in accordance with a temporal logic and characterized respectively as traditional,
transitional and future, based on the tendencies observed in recent years, the situation among other European countries and the preferences that have been repeatedly expressed by the Spanish population in surveys and polls. If the past is explicitly rejected, particularly among the youngest adults, the present is full of contradictions and the difficulties that working mothers with young children face, who are now a majority. They belong to a pioneering generation for whom their own mothers, today’s grandmothers, are more a resource of support so that they can carry out their double jobs at home and in the workplace, than a model in which they see themselves reflected. Fathers involved in caring for their children on equal footing with mothers represent a future still in the minority, but one coherent with the changes that the family and society are undergoing today.
Traditionally, the role of grandparents has been playing with grandchildren and the transmission of family memories. Underlying this was the idea that their age limited their availability for providing care. All of this has changed today. Grandparents have acquired a significant amount of personal autonomy, but at the same time the nuclear family, when both parents work, needs external help in caring for the children. The grandparents are, today, as we will see in what follows, the main resource which families count on in a context, such as we find in Spain, in which public policies reconciling family and work are still lacking.

This chapter describes the help that Spanish grandparents provide in comparison with other Western countries, as well as the proportion and profile of those who provide this help. In what follows we will present empirical data on the wide spectrum of activities in which the grandparents provide assistance and the factors which explain it. The support of grandparents is more intense when it is in support of daughters with children who are employed outside the home, particularly if they are developing a professional career. Although the main protagonist of intergenerational aid is the maternal grandmother, grandfathers also play a prominent and growing role. Lastly, this chapter will address the perception that grandparents have of their activity as caregivers, which is overwhelmingly positively, despite the sometimes excessive effort demanded of them.

7.1. Autonomy and availability of older persons

The extended family in which various generations lived together now pertains to the past. The percentage of Spanish households in which more
than two generations live is not more than 5 percent as the nuclear family formed by parents and children is the most frequent type of family (INE, 2006a: 4). However, new forms of family ties in the form of networks have appeared which connect various households of related persons and through which run various forms of mutual assistance; assistance which is not only persisting but in some forms increasing, as is occurring with grandmothers who care for their grandchildren, in many cases with the collaboration of the grandfathers. This is a new phenomenon. Before, the role of the grandparents was only limited to the ludic, as well as to the transmission of families memories, unless under specific circumstances, sometimes tragic, in which the parents could not take responsibility for their children and the grandparents had to take their place.

Grandparents taking care of the grandchildren everyday is not something specific only to Spain. Studies in different countries have shown the importance of the role of grandmothers and grandfathers as providers of care to their grandchildren. According to data from a comparative study of the United Kingdom and the United States, 30 and 38 percent respectively of women from 55 to 63 years of age regularly help their adult children take care of their children (Grundy, 2007), something which a good percentage of Russian grandmothers (Gesta-Anstett, 2001) and those of the old East Germany also do, but not those of the ex-Federal Republic of Germany (Herlyn, 2001). In France, according to information from a survey of three generations, among those belonging to the youngest generation, the majority of grandparents (82 percent) carry out some type of caregiving activity for their grandchildren, both during vacations and the rest of the year (Attias-Donfut and Segalen, 1998: 279).

Caring for the grandchildren regularly and everyday is not, therefore, peculiar to Spain; but what is, is the intensity with which our grandparents do it. In reality, Spain is not among the European countries where the care of grandchildren by their grandparents is most widespread, as the fact that only 14 percent of women in Spain over 50 years of age do such tasks every day reveals, a proportion similar to that found in Belgium and Germany, in comparison with the more than 20 percent found in Greece and Italy (Eurostat, 1997). (1) In the extreme opposite position is Denmark, where only 5 percent

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(1) However, it must be taken into account that some of these caregivers in countries such as Belgium and Germany could be doing it in exchange for pay, which is more typical in those countries than in countries in southern Europe.
of women of this age are involved in the daily care of children. However, what stands out in the Spanish case is that the women who take on these tasks do them with greater intensity, dedicating more hours per day than in any other country included in the study. In northern Europe the economic aid of grandparents to young adults constitutes a more typical practice than in the south, which can be explained by the greater economic capacity in the north (Kohli and Albertinia, 2008).

7.2. Who provides care and how many

To know how many grandparents there are is not easy as the majority of statistics and surveys use the individual as a unit of reference or the household where various related or unrelated persons live. We know that in Andalusia, where the Survey on Family Networks provides such information, that four of every five persons 65 years of age or more have grandchildren. They represent a significant proportion of the population over 18 years of age (25 percent), to which we must add great grandparents, 17 percent of the population over 65 years of age, but only 3.3 percent of the total population (Fernández Cordón and Tobío, 2007: 78-79). Being a grandparent is a direct consequence of the aging population, so we can predict that the number of persons who will be grandparents will increase in the coming years and decades.

The Survey on Family Networks in Andalusia also contributes information on the characteristics of grandparents and their efforts in caring for their grandchildren (IEA, forthcoming). The average age of grandparents is 67.6 years of age, 67.9 for women and 67.3 for men. The majority of grandfathers are retired, almost three of every four. The case of grandmothers is more complicated as the path from employment to retirement is not the same for housewives. Only half of the grandmothers interviewed considered themselves retired, the rest, even at advanced ages, continue to declare their household chores as their work.

Slightly more than a third of grandparents that have grandchildren take care of them, in similar proportions for both: grandmothers (38.5 percent) and

(2) Twelve countries of the European Union.
grandfathers (39.3 percent). Age is a determining influence as those who are younger care for their grandchildren in greater proportion. Among those under 55 years of age, more than one half do so, over 60 percent among the grandmothers, this proportion declines to less than 5 percent at 80 years of age. In absolute terms, however, caregiving grandparents are concentrated between the ages of 55 to 64, ages in which many become grandparents, and when they have the ability to dedicate themselves to this task (graph 7.1).

Grandfathers and grandmothers take care of their grandchildren in similar proportions, but grandmothers do it with greater intensity. The number of grandmothers that spend more than 40 hours a week caring for their grandchildren is more than double the number of grandfathers, but is half the number of grandfathers among grandparents that dedicate fewer hours. Grandfathers, in addition, are much more active in these tasks when they have

Graph 7.1
Caregiving grandparents by age and sex. Andalusia, 2005

Source: Instituto de Estadística de Andalucía, forthcoming publication.
a spouse, which points to the induced character of masculine participation in care. It would seem that grandfathers «help» the grandmothers, in a similar manner to how fathers help mothers in the domestic sphere. The grandmothers, in contrast, provide care independent of their spouses.

In contrast to what one might think, it is not grandparents with lower levels of education who provide care for their grandchildren in greater measure, on the contrary, there is a positive association between caregiving and education among older persons. The dedication to providing care of the grandchildren among grandmothers who work and have university studies is noticeable. They constitute a small but very active group in providing aid within their families. This is surely explained by solidarity with their daughters: working mothers who want to continue to work.

### 7.3. Who they care for and how

The care of the grandchildren is more intense along the matrilineal axis: grandmothers and grandfathers provide more care to their daughters’ grandchildren than their sons’. This seems to be as much of a determinant as gender in the patterns of caregiving, leading to a hierarchy based on the relative importance of the caregivers in which the female line of descent is more important than the male line, just as the female gender is more important than the male gender. It is the grandmothers with grandchildren through their daughters who are the most active caregivers, followed by grandfathers with grandchildren also through their daughters. Almost two of every three women with grandchildren through their daughters provide care for them regularly, a proportion which descends to less than one half when the grandchildren are from their sons. We see the same pattern with grandfathers. In addition, it is systematically the youngest grandchildren, particularly those below three years of age, who receive the most attention. The age of the grandchildren is, therefore, another explanatory factory in the provision of care by the grandparents (graph 7.2).

The 1998 Encuesta de Compatibilización Familia-Empleo [Survey on Balancing Work and Family] done with a representative simple of 1200 Spanish working mothers yielded similar results. From the perspective of the daughters, the principal provider of the assistance received was the maternal grandmother. More than half (54 percent) of mothers that worked received
help from their own mothers when they resided in the same place. In second place was their own father, the maternal grandfather, although his participation was lower (26 percent); in third place was the paternal grandmother (24 percent), and, lastly, the paternal grandfather (13 percent) (Tobío, 2005: 162).

The intergenerational assistance of the grandparents also intensifies when the daughters are working outside the home or looking for work. The grandparents who provide less care for their grandchildren are those whose daughters are housewives, while those with daughters who are economically active have the highest levels of participation in caregiving tasks (graph 7.3).

Caregiving grandparents are more involved in caring for some grandchildren than others, depending on the necessity that their descendents have. There is a concentration of the activity of the grandparents on the youngest grandchildren.

Source: Instituto de Estadística de Andalucía, forthcoming publication.
of their daughters that are working or looking for work. But the effective possibility of providing assistance is a determining factor, as the importance of living nearby to the grandchildren shows.

Living in the same household as the grandchildren is not typical, but living very close by, in the same building, street or neighbourhood is. This is more typical among the population of a lower socioeconomic level and constitutes an indirect spatial strategy which facilitates intergenerational solidarity. More than half of the grandmothers that live in the same neighbourhood as their grandchildren take care of them – three of every four when they live on the same street –, a proportion which declines to one third when geographic proximity is limited to living in the same locality, and it is obviously even lower when grandparents live in a distant locality (Tobío 2005: 158).
In a context in which places in day care centres are lacking, the grandparents constitute the principal resource when the parents cannot take charge of the daily care of their young children that are not yet in school. It is a multi-faceted job which includes such tasks as bathing the grandchildren, preparing meals and feeding them and putting them to sleep. Caring for young children also implies being responsible for them, for all that they may need and for all that can happen during this time, which can be the equivalent of a full working day, precisely because the grandparents are covering for the absence of working parents. Almost all caregiving grandparents, more grandmothers than grandfathers, do this task with great dedication; 16 percent doing it daily according to the Survey on Family Networks in Andalusia (table 7.1). When the children go to school new types of needs emerge tied to their education, such as taking them to and picking them up from school, taking them to extracurricular activities, helping them with homework or meeting with teachers. If the mothers work, being with the grandchildren in the afternoon after school and before the parents

<table>
<thead>
<tr>
<th>TYPES OF TASKS</th>
<th>REGULARLY</th>
<th>OCCASIONALLY</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare and serve breakfast, lunch, snacks, dinner</td>
<td>32.6</td>
<td>40.8</td>
<td>21.1</td>
</tr>
<tr>
<td>Care for them in other extraordinary circumstances</td>
<td>28.1</td>
<td>60.1</td>
<td>7.3</td>
</tr>
<tr>
<td>Care for them during vacations, weekends</td>
<td>25.2</td>
<td>49.3</td>
<td>16.7</td>
</tr>
<tr>
<td>Take a stroll, walk, go to the park</td>
<td>21.9</td>
<td>47.2</td>
<td>23.7</td>
</tr>
<tr>
<td>Games, do-it-yourself, handicrafts, etc.</td>
<td>20.4</td>
<td>42.0</td>
<td>25.6</td>
</tr>
<tr>
<td>Take the children to school/daycare center</td>
<td>18.2</td>
<td>25.1</td>
<td>42.2</td>
</tr>
<tr>
<td>Care for children when they are ill</td>
<td>17.2</td>
<td>51.3</td>
<td>25.0</td>
</tr>
<tr>
<td>Care for children of preschool age</td>
<td>16.0</td>
<td>23.0</td>
<td>9.6</td>
</tr>
<tr>
<td>Bathing, hygiene, changing diapers</td>
<td>15.6</td>
<td>29.4</td>
<td>37.4</td>
</tr>
<tr>
<td>Taking them to the doctor, dentist, etc.</td>
<td>9.3</td>
<td>30.0</td>
<td>48.6</td>
</tr>
<tr>
<td>Assisting at sports or cultural events</td>
<td>4.8</td>
<td>16.2</td>
<td>52.3</td>
</tr>
<tr>
<td>Tourism, trips, etc.</td>
<td>4.5</td>
<td>17.5</td>
<td>51.9</td>
</tr>
<tr>
<td>Practicing sports</td>
<td>3.2</td>
<td>9.6</td>
<td>59.2</td>
</tr>
<tr>
<td>Participate in school meetings, parents associations, etc.</td>
<td>3.2</td>
<td>7.3</td>
<td>71.2</td>
</tr>
</tbody>
</table>

Source: Instituto de Estadística de Andalucía, forthcoming publication.
return from work is the most common task taken on by maternal grandmothers and grandchildren, are confused with the task of caregiving. These are, for example, going for a walk or to the park, going to a show for children, doing (38.2 percent) (Tobío, 2005: 162). To this must be added numberless daily activities in which the ludic, fruit of the relationship between grandparents and grandchildren, are confused with the task of caregiving. These are, for example, going for a walk or to the park, going to a show for children, doing arts and crafts, playing, singing or telling stories. The very dependency of early childhood, but, above all, the obligation and duration when the grandparents have to substitute for the parents, transforms the desired relationship with the grandchildren into one of providing necessary care.

To the forms of daily assistance, regularly repeated, we can add one more very important one: the grandparents are a security net for the unforeseen, the special or the extraordinary which regularly appears in the lives of families. To know that one can count on them in such circumstances has a dual importance. Not only does it mean that when something happens they are there, but the very fact of knowing this provides stability to the decision made by mothers to work and the resulting labour model. Assistance in these cases has, in addition, the particularity that it is socially transversal, cutting across social class, in contrast to the regular

**TABLE 7.2**

<table>
<thead>
<tr>
<th>CAREGIVER</th>
<th>WITH CHILDREN&lt;6</th>
<th>WITHOUT CHILDREN&lt;6</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents</td>
<td>50.4</td>
<td>47.7</td>
<td>49.0</td>
</tr>
<tr>
<td>Other relatives</td>
<td>5.1</td>
<td>5.0</td>
<td>5.1</td>
</tr>
<tr>
<td>Neighbours/Friends</td>
<td>1.8</td>
<td>1.0</td>
<td>1.4</td>
</tr>
<tr>
<td>Paid domestic help</td>
<td>15.1</td>
<td>7.3</td>
<td>11.2</td>
</tr>
<tr>
<td>The interviewed does not go to work</td>
<td>14.1</td>
<td>15.6</td>
<td>14.8</td>
</tr>
<tr>
<td>Current partner does not work</td>
<td>3.1</td>
<td>6.3</td>
<td>4.7</td>
</tr>
<tr>
<td>The interviewed and partner take turns staying home</td>
<td>7.2</td>
<td>7.3</td>
<td>7.2</td>
</tr>
<tr>
<td>The child stays home alone</td>
<td>0.8</td>
<td>5.8</td>
<td>3.3</td>
</tr>
<tr>
<td>Other forms</td>
<td>2.3</td>
<td>3.5</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Fernández Cordón and Tobío, 2005: 42.
help that is given in much greater measure to those who cannot afford to pay for caregiving resources through the market. The most typical «extraordinary» situation is that the children become ill and cannot go to the day care centre or school. Working mothers point to this as the problem which makes balancing work and family the hardest (Fernández Cordón and Tobío, 2005). The grandparents are the ones who tend to provide a solution to this problem, although sometimes it is other relatives who do so. If the family network cannot respond, the mother or the father must stay at home taking care of the children, most typically it is the mother, sometimes the parents take turns (see table 7.2). School vacations, being longer than vacations from work, during which schools close their doors without their being many alternative options for children, constitute another regular «extraordinary» situation in which grandparents play a fundamental role.

7.4. Why do they provide care?

Taking care of the grandchildren can go beyond intergenerational reciprocity when it has an intensive character in regards to time and dedication, as is frequently the case in Spain. It is not easy, however, to define when it exceeds the intergenerational relationship between grandparents and grandchildren and enters into the realm of what seems more appropriate for other family or institutional agents. The relationship between adults and children always has an asymmetrical character because of the responsibility of adults toward children, which translates into authority and the provision of care. The primacy of either one of these two elements defines different types of relationships. When authority is primary, the relationship is more formal and distant; when caregiving is primary it is warmer and more intimate. The grandparents of today establish a close relationship with their grandchildren, which, surely, has to do with the fact that they not only share ritual family celebrations or ludic activities, but daily situations in which the grandchildren express and find their most basic needs satisfied. This can be seen in particular among the grandfathers, for whom the grandchildren are often a second opportunity, lost with their own children, to establish relationships marked by intimacy, warmth and trust. There is a «new fatherhood» which is associated more with providing care than authority as was the old patriarchal prerogative and which,
on occasion, is now only possible for some fathers with their grandchildren (Attias-Donfut and Segalen, 2001).

The tie between grandparents and grandchildren is, therefore, becoming closer. But at the same time obstacles and difficulties connected to the transformations that families are undergoing emerge, as separations and divorces increase, or births outside of marriage. All of this affects the relationship with the grandchildren, sometimes to the extreme that it ends up disappearing. In different countries in Europe and throughout the world different associations and collective initiatives have emerged demanding grandparenthood as a right, independent of the rights parents have over their children. In Spain, ABUMAR (Abuelos y abuelas en marcha [Grandfathers and Grandmothers on the March]) has promoted a law approved in 2003\(^{(3)}\) to recognize this right and facilitate contact between grandparents and grandchildren, even in cases of conflict with the parents.

The relationship with the grandchildren is largely very gratifying for the grandparents. Four of every five caregiving grandmothers state that providing that care is above all, a pleasure (Pérez Ortiz, 2007). The intimacy and emotional bond that is created, without a doubt contributes to this, as well as the satisfaction from being able to do it, knowing that for many grandparents it is often not possible for reasons not having to do with desire or capacity. Even those that are fulltime caregivers, beyond what seems to be desirable, feel positively about the assistance they provide. To understand this attitude, a third individual has to be considered who probably explains a good part of the grandparent-grandchild relationship: the daughter of the grandparents and the mother of the grandchildren. As we have seen, the activity of the grandparents grows when it is regarding the care of the grandchildren of their daughter when she is working. The real target of assistance, at least of this extraordinary help which far exceeds intergenerational reciprocity, is working mothers, that first generation that did so in massive numbers, pioneers in a process of structural change still not accompanied by a parallel transformation in social organization. Grandparents know that for their daughters the help they provide is essential. Grandmothers, with the active and often enthusiastic participation of the grandfathers, are crucial to working mothers being able to maintain their

\(^{(3)}\) Law 42/2003 of November 21, modifying the Civil Code and the Law on Civil Procedure on matters regarding family relations between grandchildren and their grandparents.
jobs during these difficult years when everything happens at once: when work is most demanding and when the care of the children also demands the most. For the grandmothers, helping their daughters is participating in a life project in which achievement in the public sphere, outside of the home and the family, occupies an important place. Grandparents provide care because they want to, but also because of need. They are, paradoxically, the principal resource that families count on in the process of transformation toward a different model in which both parents share the responsibility of providing for and caring for the children. And on occasion, grandparents’ dedication to the grandchildren goes beyond what they desire or what their strength, now limited by age, would advise. They also get tired, at times too much so (Villalba Quesada, 2002).

***

The assistance that grandparents give is necessary and happily provided, which does not mean that it does not often go beyond what might be desirable. This raises questions regarding the future model both in reference to intergenerational relationships and the modalities of care for small children. On the one hand, the current situation goes beyond reciprocity between generations, normally based on equilibrium between what both generations give and receive. The grandparents of today give more, which is justified by the changes that families have undergone and by the new needs that social organization has still not responded to. But, on the other hand, caregiving permits the establishment of intimate and gratifying relationships between the grandparents and grandchildren, which surely explains the general satisfaction expressed by grandparents regarding their assistance, this despite the great effort involved. We should reflect on the positive elements that must be retained from the bonds that daily and regular caregiving generates. Although the future model cannot be based on grandparents working full time as caregivers, they should be an additional part, regular and necessary in the union of formal and informal resources, both public and private that will surely shape the future model of care.
VIII. Informal care for the elderly

So-called informal caregivers or non professionals tend to have a family tie with the dependent elderly, but may also provide care to elderly persons within their friendship, neighbourhood or voluntary networks. They constitute a wide continuum, and although women predominate because of both gender and family roles, a growing minority of other actors appear who take on tasks of providing care for the elderly in a non professional context, in other words, without a formal framework which regulates their activity. They are children, husbands, brothers, neighbours or friends who quietly but effectively provide care.

In the first part of this chapter we address general and common aspects of the care of the elderly. Following, we study the adults that provide care to their parents who cannot take care of themselves, as established by the norms of intergenerational reciprocity. We differentiate them from older persons (over 65 years of age) that care for others that are much older or whose autonomy has diminished. We address these two groups separately for different reasons, among others for the undeniable role of the first group (caregiving children) and the unstoppable rise and peculiarity of the second group (older persons as caregivers), as well as because of the different needs for support, present and future, of each of these groups (adult caregivers, elderly caregivers and dependent elderly) which shape specific and distinctive problematics.

8.1. Profile and evolution

Unlike other countries, Spain is characterized by the homogeneity of the caregiver, the portrait of whom continues being: a woman (83 percent), around 55 years of age (average: 52), married, with a primary school education and
without paid employment (chart 8.1). Little has changed since the beginning of the 1990s. Both the first Survey on Informal Support for the Elderly in 1993 (Inserso, 1995) as well as more recent ones concur in pointing out the daughter as the pillar of caregiving. For example, according to the 2006 Survey on the Living Conditions of Seniors [ECVM-M-06] (Abellán et al., 2007), she is the principal caregiver in 39 percent of caregiving tasks. She is followed by the partner in 22 percent of the tasks, and then the son and the household employee, with the rest of the categories of caregivers (friends, neighbours, volunteers) barely making up 10 percent. In short, almost all the elderly are attended by close family, the factors of consanguinity, kinship and matrilineality standing out.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Daughter</td>
<td>43.5 (1993) daughter + son = 52.4 (1994)</td>
<td>Daughter + son = 57.2</td>
<td>38.8</td>
<td>30.2</td>
</tr>
<tr>
<td>Son</td>
<td>4.7 (1993)</td>
<td>9</td>
<td>8.5</td>
<td></td>
</tr>
<tr>
<td>Granddaughter</td>
<td>16.6</td>
<td>5.5</td>
<td></td>
<td>Granddaughter: 0.4  Grandson: 0.2</td>
</tr>
<tr>
<td>Niece/Nephew</td>
<td>4.5 (1994)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sister/brother</td>
<td>3.6 (1994)</td>
<td>3</td>
<td></td>
<td>Sister: 2.5  Brother: 0.3</td>
</tr>
<tr>
<td>Household employee</td>
<td>5.4 (1993)</td>
<td>13.6</td>
<td>9.3</td>
<td>18.9</td>
</tr>
<tr>
<td>Friends and neighbours</td>
<td>Neighbour/doorman: 1  Friend: 0.8 (1993)  Friend: 1.4  Neighbour: 1.2 (1994)</td>
<td>Friend: 1.2  Neighbour: 0.8</td>
<td></td>
<td>5.3</td>
</tr>
<tr>
<td>Social services</td>
<td>3.8 (1993)</td>
<td>2.4</td>
<td>4.4</td>
<td></td>
</tr>
<tr>
<td>Volunteers, NGOs</td>
<td>0.6 (1994)</td>
<td>0.5</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Other caregiving agents</td>
<td>6.2 (1993) 6.7 (1994)</td>
<td>2.5</td>
<td>9</td>
<td>Brother-in-law: 0.3  Other ♀: 2.1  Other ♂: 0.4</td>
</tr>
</tbody>
</table>

Source: Elaborated by author.
The figures are presented in function of the sex of the elderly dependent; men appearing who provide care because their spouses need it or because there is no daughter that can do it. For example, if it is a woman who is in need of care, the importance of the daughter increases to 44.2 percent and that of the spouse declines to 15.3 percent. In the case of the dependent being a man, wives occupy first place (41.2 percent) followed by daughters (22.7 percent), sons (8.5 percent), someone employed in the home (7.5 percent) and others (ECVM-06 cited by Abellán et al., 2007: 74).

Men are increasingly involved in childcare (see chapter 6), but their involvement is less evident in old age, except when in regards to retirees taking care of their ill spouses. The motives for the lower level of support from men are certainly diverse but to these should be added the preference of older persons to be cared for by their «favourite women»: wives, unmarried daughters, favourite daughter, the one that has fewer family or work responsibilities or that lives nearest. It is striking that men (although they are sons) are excused from taking care of their mothers and mothers-in-law (Agulló, 2002a); there are even some women caregivers that justify this because they say the men work and that they have no patience and cannot do it.

Prejudices have traditionally labelled women as those best or most adequate at providing care, in agreement with the biologization of certain activities which are really socially imposed roles. Women can be found in almost all occupations, but men rarely enter the bedrooms of the dependent elderly. To the feminization of caregiving, must be added the fact that women often have to assist several persons at the same time becoming caregivers to more than one person. A considerable percentage (17 percent according to the Libro Blanco de la Dependencia [White Paper on Dependency], 2005) balance this work with that of attending to children and grandchildren.

The majority of caregivers provide this assistance every day and do not receive support from other persons. Even so, it should be noted that families are not as alone as before: the elderly that received assistance from a caregiver represented 55 percent of that population in 1994 and 47 percent in 2004 (Libro Blanco de la Dependencia, 2005: 201). The network of professional support has extended

(1) The OASIS Project (Old Age and Autonomy, Baz, 2004) on who must provide care points out that in Norway they prefer services (77 percent) but in Spain almost 7 of every 10 (68 percent) choose the family.
in quantity, but the principal resource is still the network that women form; what is more, if it were not for them, many elderly would be neglected.

8.2. Adult children and elderly parents

Everyday is the same: I get up already tired, because maybe she called me during the night... I wake her up, I see her, I bathe her, I brush her hair, the breakfast, I sit her in the window. And she complains, I get angry, she gets angry, she cries, we cry [...] I need help to take care of her, she has always lived with me and here she’ll stay because there are no residencies for her and because she is my mother [...]. But because I love her I want to take good care of her [...]. Now I have to have patience, although she is not like she was before, although she is delicate... She is still my mother. (Agulló, 2002a: 99)

Situations similar to this may be occurring in one of the every twenty Spanish homes (5 percent, 725,870 households, Imserso, 2008: 35) in which individuals who provide care for persons over 65 years of age are living. In what follows we will try look at some of the issues faced by those who provide care to their dependent parents.

When the daughter is the mother

Gender establishes differences, as we have seen, but the form of coexistence is also a key indicator. Older persons tend to live with a member of the family from a younger generation (35.6 percent), with a partner (21.8 percent), alone (15.4 percent), with a partner and children (13.5 percent), rotating (7.8 percent), with someone of the same generation (3.9 percent), with a household employee (0.7 percent) or in a senior residency (0.6 percent) (Libro Blanco de la Dependencia, 2005: 188). The solidarity of caregiving is built then, on the family and only a small percentage of older persons are cared for by outside agents.

There are different ways of approaching the activities of providing care. For example, the performance matrix from the Dependency Law could be taken as a reference, which is what businesses and healthcare workers use to elaborate an Individual Plan for Assistance which dictates the degree of dependency from 11 blocks of activities and 53 tasks. The La Caixa-Cruz Roja (Tresserra, 2008) divides these activities into two groups: «basic activities or of daily self care»
(regarding personal care, physical mobility and mental activity) and «daily instrumental activities» (transport, shopping, domestic tasks). Generally, surveys use a similar list of activities, which confirms the hegemonic role of daughters and spouse, while, as the following graph shows, the sons only intervene in a noteworthy manner (18 percent) in carrying out administrative tasks, a more irregular and extra-domestic task than a daily one.

Individuals in the 30 to 54 years old group, especially, those from 30 to 44 years of age, are the ones who assume the greatest number of tasks (Fernández Cordón and Tobío, 2007: 56). In addition, the number of hours per week increases as the age of the caregiver increases: 50 percent of caregivers over 65 years of age dedicate more than 40 hours per week to providing care. Again, women are present in greater proportion in the group dedicating more than 40 hours per week to providing care. Although the profile of the caregiver has not changed, the Libro Blanco de la Dependencia (2005: 197) emphasizes that both the duration of caregiving (6 years on average according to the 2004 Survey) and its intensity (in 1994 39 hours of care was invested per week and in 2004,
10 hours per day) have increased. The concept of long-term care is illustrative because one of the problems is precisely this long duration.

In addition, the assistance is long term and constant for 77.2 percent of caregivers, as only 23 percent provide care only in particular or concrete periods (Rodríguez et al., 2005: 29-30). Figures from the 1990s (Inserso, 1995) already revealed this pattern, though with a slightly lower percentage (74.5 percent), which indicates that when care is provided it is in a very intense and continual manner, and on occasion, involves responsibility for more than one dependent person at a time.

Different strategies are followed to organize these functions: 1) living with the elderly person, 2) establishing shifts by seasons, 3) turning to family or extra-family support with «remote intimacy» (in a different household), 4) contracting a professional employee, 5) receiving formal home help service (public or voluntary), and 6) the dependent person entering into a residency. Residencies continue to be considered as a last resource. There are few places and they are expensive; many cannot and nor do they want to use them. In our country as in many others (UN, 2008: 75), the elderly that live in senior residencies make up less than 5 percent of that age group (average age of 85).

According to the study by Comas and Roca (1993: 38-48), seniors of Catalan origin were provided care in their home by their daughters, granddaughters or the heir.\(^{(2)}\) In contrast, in the immigrant population rotation or the establishment of shifts predominated. Today the majority of caregivers (60 percent) live with the person they care for (Rodríguez et al., 2005). But living under the same roof does not guarantee that the elderly are better cared for, that depends on the type and degree of relationship, the status and disposition of the caregiver, the conditions in the home, etc.

The elderly prefer to be attended to in their own homes (77.3 percent) or to live in the home of their children (33 percent). Residencies and daytime senior centres are only given as an option in 10.2 percent and 13 percent of the cases respectively (Abellán et al., 2007: 80). In any case, it is women who are responsible for managing care, acting as intermediaries or as a bridge between the institution and the family of the recipient of care. We have no statistics available on this

\(^{(2)}\) Up until very recent, being the heir (the oldest son inherited according to the model of patrilineal kinship) brought with it the obligation to care for the parents. Today, for example, in the United States, there are trans-generational mortgages up to 100 years: who inherits the house inherits the mortgage and, perhaps as an unwritten rule, also the care of the parents.
aspect of caregiving but we know, coherent with the feminization of caregiving (Agulló, 2002a) that women tend to be the ones responsible for frequently visiting the institutionalized, calling them, making sure they are not lacking things (clothes, medication, documentation, etc.), contacting the staff for any details regarding life in the institution, managing necessary changes, monitoring the stay and assuring that the best care possible is received.

After how and when (strategies and times), it is necessary to address why, in other words, the attitudes and motivations related to caregiving. The idea of care as a moral duty or as a family responsibility is still well rooted. This is clearly confirmed by the overwhelming majority of caregivers; a perception that has not varied from that expressed fifteen years ago. According to the

GRAPH 8.2

Attitudes of all caregivers regarding caring for the elderly (% in agreement)

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing care is my moral obligation</td>
<td>90</td>
</tr>
<tr>
<td>It gives me satisfaction</td>
<td>80</td>
</tr>
<tr>
<td>It gives me dignity as a person</td>
<td>80</td>
</tr>
<tr>
<td>The person cared for is grateful which makes it worth it</td>
<td>70</td>
</tr>
<tr>
<td>Everyone around values it</td>
<td>60</td>
</tr>
<tr>
<td>I have no other choice</td>
<td>50</td>
</tr>
<tr>
<td>Economically I have no other solution</td>
<td>40</td>
</tr>
<tr>
<td>I get support from my religious beliefs</td>
<td>30</td>
</tr>
<tr>
<td>I feel trapped</td>
<td>20</td>
</tr>
<tr>
<td>Caring for (others) is an excessive responsibility</td>
<td>10</td>
</tr>
<tr>
<td>Everyone around me thinks I should not make this sacrifice</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Rodríguez et al., 2005: 49.
2004 survey, caregivers believe that providing aid to the elderly in their family is a «moral obligation» (90.6 percent), and 80 percent say that «it provides them with dignity» for the satisfaction and gratitude they receive from the elderly person they assist. In contrast, 22 percent state that they feel trapped and a similar percentage sees caregiving as a burden. This division of attitudes is felt both in the discourses about caregiving as well as in the quantitative data.

The discourses of the caregivers oscillate between affection, satisfaction and obligation, with predominant negative tendencies: I wouldn’t do it again! I wouldn’t repeat the experience! Regarding the care of children, in contrast, we do not hear such testimonies. Children's dependency is limited and evolves (the adult devolves, degenerates); it is seen as something enriching, more support is available and, in addition, parenthood can be planned (the care of one’s antecedents cannot be planner or postponed) (Agulló, 2002a).

More than half of older persons think that adult children today do not care for their parents as well as previous generations did, 27.8 percent think they do so as well, and only a minority (7 percent) think they do so better than before (Abellán et al., 2007: 79). To this general concern is added a sense of uncertainty that exists in demographic groups that are emerging from the gradual normalization of new types of families. This includes unmarried seniors, widows, the divorced or separated, seniors without children and with a weak social network, single parent families, seniors with step children because of divorce (children with various parents) and immigrant and gay and lesbian seniors.

**Conflict or solidarity?**

Caring for elderly parents that cannot take care of themselves has a strong influence on the parent-child relationship. Along with the intensity, the negative experiences that manifest themselves in caregiving that 85 percent of caregivers mention stand out (Rodríguez et al., 2005: 42). 80 percent mention negative consequences regarding leisure, free time and family relations. Women highlight these negative effects: more conflicts with partners, less time for friendships and for taking care of oneself. It may be reassuring to see how the effects of providing care have evolved for the better (comparing the 1994 and 2004 surveys), but the negative aspects continue being significant and are perceived as such by those who suffer them.
Regarding health problems (58.3 percent of women and 41.6 percent of men are affected) and problems related to work (63.4 percent of women and 49.5 percent of men), the differences between men and women caregivers is very pronounced with women caregivers declaring greater negative consequences (Rodríguez et al., 2005: 43). Lack of time, of a social life and the effect on health are what stand out, particularly among women of 55 to 64 years of age. Women caregivers suffer under situations of this type: they cannot consider working (29.7 percent), they have to work part time (11.5 percent), they cannot complete their work schedule (11 percent), or, in the most extreme case, they have to leave their jobs (13.2 percent) (Rodríguez et al., 2005: 44-45). Sarasa (2008b) provides us with a recent analysis about the impact of providing care to the elderly on women’s employment. One of the conclusions is that it is more efficient to provide services in contrast to economic subsidies to support these caregivers.

In contrast with older caregivers, those of middle age frequently run into problems of balance. In many cases they must carry out a multiplicity of roles (employee, housewife, wife, daughter, grandmother, mother and mother-caregiver for their parents). The problems which emerge in this situation can lead to conflict, burnout or reversal of the parent-child roles. For example, pressure is placed on the caregivers that want to be like both their mothers (providing care, raising children, taking care of the home) and their fathers (working outside the home, having a career) at the same time. Attributing the stress derived from caring for the elderly to other causes (work or menopause, for example), is to confuse the key stress factors. Women caregivers, with such exaggerated demands on them, sometimes feel torn between identities, wanting to contribute so much as mothers (in the home and the family) and in the workplace. Men do not face so many demands upon them, nor are they torn between new and old identities.

The first generation of working women, mothers and caregivers say that they cannot nor do they want to renounce their working lives or their leisure time to take care of their parents. But when the woman delegates caregiving to others, when she is not the caring daughter that the parents/in-laws expect her to be, guilt may emerge. There is a parallel in this situation with that found with motherhood: the first working mothers who left their children in day care centres or with their mothers also felt guilty. From this arise the contradictions, the emotional blackmail and the social judgements and self-judgements of being considered a bad daughter, mother or caregiver, an issue that does not exist in regards to men.
These are all new patterns, as that which was before an unquestionable individual obligation becomes a social problem. Cerati (1993), in the Mala Hija [the Bad Daughter], tells the story of the relationship of an adult daughter with her ill elderly mother and raises in a beautiful and cruel manner the dilemma of the main character Giulia between caring for her elderly mother or maintaining her job. The doubt is if Giulia is a bad daughter or if, in a sociological reinterpretation, she is simply confronting the impossibility of reconciling work and caregiving. Similar situations to that fictionalized by Cerati are multiplying and the crisis of feminine and filial care is no longer limited to Western countries. We see, for example, among those 20 to 39 years of age surveyed in Thailand (UN, 2007: 70) a decline in daughters willing to provide care. This confirms that providing care in only a non-professional manner (in the family, or women alone and without support) is an unsustainable and unviable system.

Solidarity does not always imply harmony and the experiences and perceptions mentioned complicate the relationships between parents and children. Intrigenerational (between siblings) and intergenerational conflicts can be seen, as well as disagreements and misunderstandings between working couples. The social environment sometimes exercises negative pressure, summarized in the idea that «the elderly are not treated well». A n interviewee in a qualitative study stated that: the neighbours hear us arguing. What do they think? Conflict can also arise from the lack of space, not only physical, but also emotional and social; the lack of a psychosocial space that provides identity and privacy (Agulló, 2002a).

Intergenerational solidarity maintains its force in neighbouring countries. The family is the principal mainstay for the elderly in Greece (39 percent), Italy (34 percent) and Spain (30 percent), and much less so in the Netherlands or Denmark (4 percent) (Walker, 1996: 36-39). The OASIS project (Bazo, 2002, 2004) concludes that Spain continues the familial tendency in contrast to Norway, where the welfare state is fully consolidated. Germany and the United Kingdom are in intermediate positions. Regarding types of support in the family, the support that mothers and fathers most provide to their children is emotional (54 percent), followed by economic assistance (24 percent), help with domestic tasks (20 percent) and taking care of the children (16 percent). The children say they offer their parents emotional support (58 percent), help with transportation or shopping (33 percent), help with domestic tasks (26 percent) and economic assistance (12 percent).
Family care is, then, defined by both family solidarity and family conflict. The relationships that are established in the exercise of care are contradictory and ambivalent. The situation prior to dependency is determinant and, in general, a closer relationship is associated with a favourable attitude toward caregiving. If the earlier relationship was difficult, distant or tense, the new situation is more complicated. Experiences born in childhood (love-hate, obedience-rebellion) can re-emerge when facing the fact that parents are no longer who they were before. Old conflicts can emerge and lead to new ones: let my sister take care of them as she was the favourite, they deserve it because they didn’t help us get married… criticisms of this style are heard. All of this reflects arguments, disagreements and the difficulties that children have in taking care of a parent. As a saying in Valencia states: una mare és per a cent fills, però cent fills no són per a una mare.(3)

8.3. Elderly caring for elderly

If the contributions of older persons have not been, in general, recognised up until recently, the role of older persons who care for their peers has barely been examined. An example of this neglect, a consequence of the newness of this reality, is the lack of information about seniors who carry out this task. What research exists tends to focus on the care of grandchildren (chapter 7) with only brief allusions to this issue being mentioned (UN, 2007: 133-136; UN, 2008: 69-71). In addition, allusions to intergenerational relations refer to young and adult relations, but not to those established between third and fourth generations (subgroups of the population 65 years of age and older). In what follows we will address this other side, that of seniors who provide support to those who lack autonomy. The concepts of multi-caregiver and multi-dependency reappear, as does the idea of active aging.

**Family caregivers**

The old man threw the spoon with the puree in the woman’s face and with his mouth full, he spit out insults. Just as had happened yesterday, the day before yesterday, as always. Some years ago the old man had lost his mind and his wife felt as if she was going to lose hers also. (Morán, 2007)

(3) One mother is there for one hundred children, but one hundred children are not there for one mother.
Many old people are taking mutual care of each other «as best as they can»; it is common that one dependent person cares for another. These are situations that though unnoticed constitute a reality: 20 percent of those who provide care to older persons are older than 65 years of age (Libro Blanco de la Dependencia, 2005: 217) or, more precisely, 15.9 percent are between 50 and 69 years of age and 14.9 percent are over 69. In short, almost one third of caregivers are over 60 years of age (Rodríguez et al., 2005). The importance of this group is growing: in the 1994 Encuesta de Apoyo Informal [Survey on Informal Support] (Inserso, 1995), it was 14 percent.

In the family sphere dyads appear formed by daughters over 65 years of age who take care of their parents (the third generation cares for the fourth, or the grandmother cares for the great grandfather or grandmother) or women over 65 who care for their spouses of the same generation (grandmothers caring for grandfather). On the macro sociological scale, the war and post-war generation cares for the generation from the beginning of the 20th century. It is not unusual to find seniors that are caring for close relatives from the fifth generation. Following the survey cited, the principal recipient of this assistance from senior to senior is the spouse (61 percent), followed by the brother or sister, father or mother, other family members (8 percent) and neighbours, friends and others (around 5 percent) (Inserso, 1995: 73-74).

Seniors that care for seniors are, generally, the partner or daughter of the dependent. Age becomes the determining factor regarding negative effects, as the problems (except related to work, concentrated among those between 30 and 60 years of age) are exacerbated among older caregivers. The consequences of both a physical and economic character, as well as psychosocial, are worse at this stage.

As the age of caregivers increases, so does the intensity of the care. 36.4 percent of older caregivers invest more than 60 hours per week in caring for adults (Portal de Mayores, 2009: 43). The result is an inhuman work day, in a sense the counterpart to what, according to satellite accounts, the government and society in general saves, thanks to those who go where the state or the market still won’t (Durán, 2006c).

More than 80 percent of these activities are carried out by «younger» seniors, between 65 and 79 years of age. The support comes from those not as old
as with advancing age, social interaction and solidarity declines. Sometimes individuals are responsible for caring for several relatives at the same time, including independent persons capable of caring for themselves. For years such caregivers are capable of assisting everyone perfectly. Around them everyone sees or wants to see strength and desire when only will and weariness remain. With age caregivers begin to collapse from sheer exhaustion and lack of support. As these women themselves say, in the form of a unanimous complaint: you finish raising your children and you begin taking care of your grandchildren, husband and parents! (Aguiló, 2001).

Graph 8.3 shows that the most frequent type of assistance is providing company (26.4 percent). Regarding personal care, domestic tasks and doing paper work the figure is around 10 percent. Women collaborate more in the first three mentioned tasks, and men on the last one.

**GRAPH 8.3**

Support given by elderly caregivers to the elderly by sex and type of task (%)

![Bar chart showing support given by elderly caregivers to the elderly by sex and type of task.](chart)

Source: Abellán et al., 2007: 90.

Senior caregivers find important support in their religious beliefs (57 percent), in contrast to caregivers under 30 years of age (27 percent) (Rodríguez, Mateo
The generation gap is also manifest in the lower level of rejection that women over 65 express regarding the tasks of caregiving, which perhaps can be interpreted as a result of their greater internalization of social pressures and moral coercion in comparison with young people.

Social influence, along with the allocation and assimilation of roles and stereotypes, leads to many women caregivers, particularly among older persons, understanding this activity as something desired, even when it is forced upon them by their environment. They still feel that care of their parents is a daughter’s obligation..., as it has always been. This provides them with a strong sense of usefulness but it is also a double edged sword which can turn against them. In these caregivers we sometimes find echoes of the figure of the «mater dolorosa», as Comas d’Argemir and Roca (1993: 46) expressed it. The more difficult and unbearable the tasks, the more denigrated the situation, the more lamentable the state of the elderly (incontinence, advanced senility, etc.) the more providing care demonstrates love. Whoever does not place the elderly in an institution and instead assumes the tasks of care will earn recognition and admiration. Older persons do not understand current attitudes of abandoning the elderly and say they will take care of their family members until death.

Dependency is better endured in company. Greater satisfaction is expressed when care is between spouses, followed by care between parents and children, and in third place, between siblings (Bazo and Domínguez-Alcón, 1996: 77). The relationship can become unbalanced in comparison with that which existed before dependency. In general, the elderly accept being assisted by their partners more than by other family members, friends, neighbours or institutions. Caregiving is perceived as a sign of affection for all the years of coexistence.

However, mutual support between spouses is unequal: the majority of men receive care from their partners, but only a minority of women are assisted by their partners. In that case, although it is only because it is «imposed» by the need to take care of an ill spouse the fact is that men adopt a traditionally female role, which they had never done before because of sexist socialization. There now exist a considerable number of men who become caregivers once they are retired. They are still few in comparison to women, but they are increasing in number, and they represent the first generation of male caregivers. 47.5 percent of the men that provide assistance to their
partners are older than 65 years of age, and 4.3 percent are over 80 years of age (Fernández Cordón and Tobío, 2007: 55). In contrast, in the case of women, help is divided more evenly during the life cycle: 31.5 percent in the age group of 65 years of age and more and 41.5 percent in the 30 to 54 years of age group. The percentage of women over 80 years of age that provide care is very low (0.9 percent) given that many of them are widows.

**When the community provides care**

Family, income and housing are crucial in facing dependency, but they are not everything. Along with the centrality of the family network, various studies emphasize the importance of relationships outside of the family to wellbeing and health in old age. These studies confirm that ties with friends and neighbours are a form of protection in facing adverse conditions, including those of severe dependency.

The care that is offered from elderly to elderly within the community, in other words, care from non-professional, non-family networks is, however, still limited. As shown in chart 8.1 at the beginning of this chapter, the care that comes from outside of the family barely makes up 5 percent of all caregiving, with no differentiation made between «friends and neighbours» and «other caregivers».

In any case, this network, though being numerically negligible, contributes strategic and important emotional support for the dependent elder’s quality of life. If the older person has no family, the preferred options for being cared for are, in this order (Rodríguez et al., 2005: 67): public social service professionals (29.7 percent) and public senior citizen residencies (23.2 percent) followed by, a friend or neighbour (6.9 percent) and a group of friends (3.9 percent). In total, non-family social networks are preferred by 11 percent.

It should be noted that the support of the neighbourhood is widespread in rural areas and certain other specific places, where it is almost always offered by women and very appreciated by seniors. This pattern can be seen in small towns, villages and neighbourhoods with a higher proportion of the aged. In these places, the notion of community still exists, in part because services do not reach and seniors, neighbours and friends have to mutually care for each other (Aguilló, 2001, GD3: 13). The importance of these sources of non-professional support at these ages has been widely studied. For example, in
one study their impact on two groups of elderly have been compared: one group in a residency and the other not (Paradells et al., 2002: 157-164), and the importance of the neighbourhood and groups outside of the family in generating satisfaction and quality of life was confirmed.

The volunteering of senior caregivers is quantitatively irrelevant, but it is important if we take into account the beneficial effect it has on depression and loneliness and, in short, on adapting to retirement and aging. Not only is there a general lack of sources available on volunteering, but the data there is varies according to the aspects considered and the study or report consulted. According to the 2006 Survey on Living Conditions of Seniors (Abellán et al., 2007: 97), younger seniors participate more (from 64 to 74 years of age, 3.6 percent; from 75 to 84, 1 percent; and from 85 years of age and more, only 0.6 percent) as do women (2.7 percent in comparison to 1.8 percent for men). And according to Imserso (2008a: 97-101), voluntarism among seniors ascends to 22.5 percent (26 percent for women, 17.9 percent for men), a percentage which exceeds that for the population as a whole (15 percent for women and 9.5 percent for men).

The data differ but we can extract a portrait of senior voluntarism: women participate more than men, those under 80 volunteer more than those who are older, and those that have fewer family obligations and that enjoy a sufficient level of autonomy to be able to be in solidarity with others do so also. Despite this group being a minority and not wanting to generalize, we can state that those who volunteer express a self-perception of greater utility. Many volunteers treat their volunteer work like a job or better, because they do so freely, motivated by non-material ends or, as the IOE Collective states, for reasons of «emancipatory self-realization» (Inserso, 1995: 109). A change in meaning happens: from work as a means to an end to an activity (volunteering) as an end in itself (Agulló et al., 2002).

It should be noted that of the total number of volunteers in Spain in 2007 (165,971), only 4.8 percent were over 65 years of age. In 1994 this age group was 4.2 percent of the total and in 2006, 4.5 percent (Annual report of the Cruz Roja, 2008: 115 or www.cruzroja.es). Among 14 countries of the European Union, Spain occupies a position in the middle: 12 percent of older persons volunteer, far from their participation in Sweden (20 percent), the United Kingdom (16 percent) and Poland (15 percent), but above that in France.
High participation is linked to volunteering in cultural or recreational related activities and there is less involvement when volunteering is oriented toward providing assistance.

* * *

Even today in Spain the vast majority of those who provide care for older persons are from their family, generally wives or daughters, who dedicate a great deal of time and receive little help. There are, however, new tendencies in the provision of care for the elderly, including in the informal sphere of family or community networks. First, there is a slow but growing tendency toward the involvement of men in these tasks, especially when within the framework of the marital relationship the woman cannot take care of herself. Secondly, we see the aging of caregivers; this is a result of the fact that the individual available to care for an elderly person is, increasingly often, another elderly person. This raises a specific problem which will undoubtedly worsen in the future. Third, although it is still incipient, the activity of community networks composed of volunteers, neighbours and friends, constitutes an additional resource for providing care to the elderly which complements other forms of caregiving.

It can be argued that when caregiving is freely chosen and provided without excess, it is a positive experience. Thus, the care of others should be one of life’s activities if it is done under dignified conditions, with daily rest, vacations, limited hours, recognition and help. Both the «caregivers of a new generation» (young adults) as well as «the eternal caregivers of the society» (older women) are in agreement in asking for understanding and support in situations that they can no longer face alone: it’s not that I don’t want to care for her; it’s that I can’t...
To the traditional family caregivers, whose activity is based on kinship, we can add that of professional caregivers who provide care in exchange for economic remuneration. They make up a growing sector, consistent with the decreased availability of the family to provide care and the growing need for it related to aging. There is great diversity in this sector regarding qualifications and working conditions, as well as in the forms in which care is provided, in institutions or in the family where it is associated with domestic services. The growing number of jobs in this sector is being filled, in great part, by immigrants. The gender gap remains as the majority of professional caregivers are women.

The first part of this chapter addresses caregiving as a job in the domestic sphere. In general this work constitutes a type of employment characterized by a certain precariousness regarding aspects such as pay, the working day and vacations, to which must be added more restrictive regulations regarding the provision of social protection than in other sectors. A hybrid between professional care and family care is possible under the Dependency Law which opens up the possibility of remuneration and formalized social protection for those who provide care for a member of their own family.

The second part focuses on professional caregivers within the institutional sphere. This is a sector which includes many different types of occupations, from administrative and maintenance to the provision of direct care to persons and the management of centres.
9.1. The commodification and institutionalization of care

The care of persons in situations of dependency has become an important generator of employment throughout the European Union, both because of the development of policies that place an emphasis on the creation of collective services and for the private demand in many homes. Paid caregivers complement the traditional forms of assisting children, seniors or the ill as the majority of these workers are women (Durán, 1996b). These are jobs that are integrated into an increasingly flexible labour market and which suffer from the resulting unfavourable working conditions. In this context, quality of service, pay and working conditions have become central, often controversial issues in caregiving policy (Razavi, 2007).

Simonazzi (2009) points out that different caregiving regimes lead to specific types of markets in this sector. For example, in Sweden they have created occupations resulting in quality jobs requiring qualifications, within a framework of universalist policies and parallel public services integrated with policies for gender equality. In contrast, in the United Kingdom, the development of this type of service has gone hand and hand with the expansion of a sector of low quality jobs, with low pay and without specific educational requirements. In the countries of southern Europe, lacking social services and with a greater tendency toward money transfers, they are developing a labour market sector characterized by precarious employment conditions similar to those found in Britain (Recio, 2009). The lack of services is being solved in great measure by contracting women immigrants (Bettio, Simonazzi and Villa, 2006; Simonazzi, 2009).

In Spain, the sector providing care to individuals has developed rapidly in recent years, especially under the implantation of the National Dependency System (SND), which is generating new jobs in this sector along with greater professionalization. In total, it is expected that around 300,000 direct jobs will be generated (see table 9.1).
If we look at the content of the Libro Blanco de la Dependencia (2005), we will see the important potential for creating employment, above all in the provision of care for the elderly. This is a sector in which new professions are appearing, for example, specialists in caring for those ill with Alzheimer’s, and in which others are being redefined, such as those related to the content, functions and regulation of domestic services. In principle, the Dependency Law establishes the provision of economic assistance in exceptional situations when the network of public services does not cover the needs of the population. However, faced with the current lack of institutional resources, this economic assistance is exceeding forecasts.

### 9.2. Paid caregiving in the domestic/family sphere

In general, the work of caregiving carried out in the domestic/family sphere in exchange for pay has similar characteristics to domestic employment. In both cases it is work characterized by structural precariousness. In fact, this is an invisible and devalued sector, permeated by a lack of social and labour rights in comparison to those included in the General Workers’ Statute – which regulates employment in all sectors except the domestic one – due, to a great extent, to the obsolete regulation contained in the Relación Laboral Especial del Servicio Doméstico del Hogar Familiar [Special Labour...
Relation for Domestic Service in the Family Home.¹ This legislation also contains important differences with the Fifth State Framework Agreement on Services of Assistance to Dependent Persons and Development of the Promotion of Personal Autonomy.²

This type of employment is controversial specifically because it preserves or reproduces certain servile traits. There is a narrow space between servitude and neo-servitude; and this space has a gender, ethnicity, social class and place of origin. In reality, this employment is related to the naturalization of certain social groups as being intended to serve, while others are recipients of services. The form of response to the need for care is linked to certain structures of inequality. Historically, women belonging to disadvantaged social and ethnic groups have been the principal providers of care intended for the most powerful social groups, at the same time they have been forced to neglect the needs of their own families (Razavi, 2007).

In recent decades, there has been a transnational transference of paid caregiving from the countries of South America, Asia, Africa and Eastern Europe toward the most developed Western countries. For women immigrants, generally those from the poorest countries, there is a growing supply of work in the caregiving sphere. It is hierarchical, segmented and unstable work (Parella, 2003), in a sector with little regulation of working conditions and pay and little professionalization. Thus, domestic employment and caregiving has become an employment niche for immigrants (Imserso, 2005) and has been described as part of a migratory model complementary to the welfare state characteristic of the south of Europe, especially in regards to assistance to the elderly (Martínez Buján, 2009). Given the illegal status of many of these workers, it is difficult to find reliable data regarding their numbers and other characteristics of their work, such as the different work arrangements (live-in or by hours), forms of contracting (directly by families or through businesses) and the type of contract, or without contract. Nevertheless, there is no doubt that their numbers are important (Libro Blanco de la Dependencia, 2005; Instituto de la Mujer, 2008) and they constitute an emerging social sector which demands greater visibility and recognition.

(1) See Royal Decree 424/85 (BOE 13.08.1985).
(2) See the resolution of 26 March 2008 of the Dirección General de Trabajo (BOE 1.04.2008).
The system of economic assistance to family caregivers converts this into a paid activity. This caregiver has acquired different names: family caregiver, informal caregiver or non-professional caregiver; this last being adopted by the regulatory legislation. According to data from the Special Agreement on Non-Professional Caregivers of Persons in situations of Dependency, as of November 2009, more than 90,000 individual agreements have been concluded in Spain (Imserso, 2009c). The implementation of this Special Agreement is an important step for those who receive economic assistance for providing care to family members, as it provides protection for retirement, disability, illness and parenthood and access to training or education, etc.; in other words, it incorporates non-professional caregivers into the General Social Security Scheme (membership, registration, contribution).

The consideration of the care of others as a local service for families, and its administration through state institutions and private businesses, opens the possibility of identifying and granting recognition to the skills and knowledge acquired in the domestic sphere. However, professionalization of caregiving faces many difficulties, especially in the case of live-in domestic service workers. In Spain, non-EU women immigrants are concentrated in domestic services, which is, in the case of both day workers and live-in workers, often characterized by precarious working conditions and pay (see table 9.2). According to data from a study by Emakunde in 2005, the work day for live-in domestic service workers is, in 66 percent of the cases, over ten hours per day, and for 34 percent the work day is between eight and nine hours. With a lack of respect for the labour rights they have, the average salary is 800 euros a month, only 55.1 percent receive overtime, and less than half (48.2 percent) enjoy paid vacations (Malen Etxea, 2008: 18-20).

(3) See Royal Decree 615/2007, regarding the minimum level of protection from the Sistema para la Autonomía y la Atención a la Dependencia [System for Autonomy and Assistance for Dependency] guaranteed by the State Administration (BOE 114, 12.05. 2007).
International bodies and women’s movements are trying to bring to light the situation of these workers and fight for their rights, for example, they are demanding legislation which equates working conditions in domestic service with those of other caregiving sectors or in personal services.\(^{4}\) However, difficulties continue to present themselves, as the line between decent and servile working conditions is still porous, above all in the case of live-in domestic workers. The process of creating wage-earning jobs, in any case, is not enough in itself to create quality jobs in this sphere, rather, what is necessary is to eliminate the remnants of servitude or the paternalistic attitudes implicit in this type of work.

### 9.3. Paid caregiving in centres, institutions and local services

The Dependency Law assigns the obligation to ensure the establishment of quality standards for the System for Autonomy and Care for Dependency (SAAD) to public authorities. The implementation of the Law entails some clear workforce challenges. As has been mentioned, there are data and predictions on the volume of jobs that are being generated and that will surface in the future in this sector. Chart 9.1, shows some of the jobs, both new and classic, that professional caregivers will cover or must cover. The emergence of this sector of economic activity brings with it the genesis of new workplace figures, such as, for example, the family worker, the geriatric aide or the personal assistant for autonomy. Among the formal resources

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\(^{4}\) See, for example, the proposals elaborated by associations of home employees, immigrant associations and feminist organizations, coordinated by the UN-INSTRAW (United Nations International Research and Training Institute for the Advancement of Women), 2009.
# Some occupations related to formal care, according to the required profile and location/service where job is carried out

<table>
<thead>
<tr>
<th>PERFIL PROFESIONAL</th>
<th>CENTER OR SERVICE</th>
<th>NURSERY SCHOOL OCCUPATION</th>
<th>PLAYROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum qualifications and payment level (group A)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- administrator</td>
<td>- person in charge of coordination</td>
<td>- managing director</td>
<td>- administrator</td>
</tr>
<tr>
<td>- manager</td>
<td>- chief administrator</td>
<td>- director of personal alert system centre</td>
<td>- manager</td>
</tr>
<tr>
<td>- director</td>
<td></td>
<td>- regional director</td>
<td>- director</td>
</tr>
<tr>
<td>- doctor or medical regional</td>
<td></td>
<td>- psychologist</td>
<td>- pedagogue</td>
</tr>
<tr>
<td>- psychologist</td>
<td></td>
<td>- alert system product</td>
<td>- psychologist</td>
</tr>
<tr>
<td>- sociologist</td>
<td></td>
<td></td>
<td>- other qualified</td>
</tr>
<tr>
<td>- other qualified professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>High level of qualifications and pay (group B)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- nurse</td>
<td>- coordinator</td>
<td>- supervisor</td>
<td>- nursery school teacher (different specialist: languages, music, etc.)</td>
</tr>
<tr>
<td>- social worker</td>
<td>- accountant</td>
<td>- call and alert handler</td>
<td>- coordinator</td>
</tr>
<tr>
<td>- physiotherapist</td>
<td>- social worker</td>
<td>- coordinator</td>
<td>- accountant</td>
</tr>
<tr>
<td>- occupational therapist</td>
<td>- others</td>
<td>- computer technician</td>
<td>- others</td>
</tr>
<tr>
<td>- supervisor</td>
<td></td>
<td>- provincial delegate for alert system</td>
<td></td>
</tr>
<tr>
<td>- accountant</td>
<td></td>
<td>- head of mobile unit</td>
<td></td>
</tr>
<tr>
<td>- director</td>
<td></td>
<td>- head of maintenance</td>
<td></td>
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<td>- section chief</td>
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<td>- head of purchasing</td>
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<tr>
<td>- warehouse manager, commissary, laundry, wardrobe</td>
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<td>- management of bar, restaurant</td>
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<tr>
<td><strong>Mid level Qualifications and pay (group C)</strong></td>
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<td>- organizer of sociocultural activities</td>
<td>- administrative officer</td>
<td>- alert system officer</td>
<td>- childcare assistant</td>
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<td>- maintenance officer</td>
<td>- coordination assistant</td>
<td>- teleoperator</td>
<td>- maintenance officer</td>
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<tr>
<td>- administrative officer</td>
<td>- home geriatric assistant or geriatric nursing assistant</td>
<td>- installer</td>
<td>- diverse trades (electrician, plumber, painter)</td>
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<td>- geriatric nursing assistant or direct care aide</td>
<td>- or home health aide</td>
<td>- administrative assistant</td>
<td>- administrative assistant</td>
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<td>- driver</td>
<td>- administrative assistant</td>
<td>- operator/ receptionist</td>
<td>- chef</td>
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<td>- cook</td>
<td>- assistant to installer</td>
<td>- ambulance driver</td>
<td>- maintenance assistant</td>
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<td>- gardener</td>
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<td>- assistant to coordinator</td>
<td>- administrative assistant</td>
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<td>- maintenance assistant</td>
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<td>- alert system and/or mobile unit officer</td>
<td>- cleaning service</td>
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<td>- administrative assistant</td>
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<td>- assistant coordinator</td>
<td>- kitchen helper</td>
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<td>- doorman/receptionist</td>
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<td>- cleaning service</td>
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<td>- kitchen helper</td>
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<td><strong>Low level of Qualification and pay (group D)</strong></td>
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<td>- assistant to various trades</td>
<td>- assistant to various trades</td>
<td>- assistant to unskilled personnel</td>
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<td>- unskilled personnel</td>
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Source: elaborated by author from the Fifth State Framework Agreement on Services of Assistance to Dependent Persons and Development of the Promotion of Personal Autonomy and other sources mentioned.
aimed at providing care to persons in situations of dependency, two types can be distinguished: 1) those that are referred to as local services, such as home help services, personal alert systems, day centres, childcare centres and other resources for assistance to minors, which permit the person in need of care to develop their daily life in their own community; and, 2) institutional resources: centres where the individual resides and receives the services needed. The largest number of jobs expected to be created will be related to residential care services and home help services, followed at a considerable distance by day centre services, personal assistant services for autonomy and services related to personal alert systems. The demands for quality in the care of dependent persons require basic training and a minimum specialization, which is established in Royal Decree 615/2007.

As can be seen in the above chart, the profiles of specializations can be grouped into the following blocks:

- A first group integrated by an important number of personnel with specialized knowledge dedicated to providing direct care and personal assistance.
- A second group linked to cleaning and food service tasks in residences and day centres, composed of cleaners, kitchen staff, laundry workers, etc.
- A third group employed in technical maintenance tasks for centres and services, transport personnel, security guards, messengers, etc.
- A fourth group corresponding to personnel with greater specialization: doctors, psychologists, sociologists, social workers, physical therapists, occupational therapists, nurses, etc.
- Finally, there are personnel dedicated to management and administrative tasks.

This situation implies a drastic change which involves enormous growth in the infrastructures and services for attention to dependency existing up to now. The need to create new infrastructures and, alongside them, to contract competent professionals to carry out the work is emerging, as well as the need for coordination and teamwork. Traditionally, care of persons in situations of dependency has been carried out both through occupations requiring formal education (social workers, doctors, nurses, etc.) and others which lack formal training. In these latter jobs, individuals generally acquire competency within the system of occupational training or through day to day work in the
actual job (Yagüe et al., 2008). However, the magnitude of change that the approval of the Dependency Law implies will require coordinated responses on the part of educational and training systems, the labour market and social services.

Therefore, in this sector we currently see a division between one group of occupations with specific training, defined competences and regulated professionalization, and another group of great diversity in regards to qualifications and regulations. This last group is in closer contact with persons who receive care, a task which demands not only material and practical capacities but also those of a relational and emotional type (Hochschild, 2008). Specifically, many of the difficulties related to the institutionalization and commodification of care have to do with these characteristics of caregiving activity which make it difficult to shift it from private and family settings to the public or institutional sphere (Pattarconi, 2005).

9.4. The professionalization of caregiving: the struggle for recognition

Caregiving is a job which should be recognized for both its social and economic importance. In general, our society grants little prestige to jobs which women do, less even to this type of work, the knowledge of which is considered unimportant. This perception impacts on the slow professionalization in this sector and leads to discrimination for those who work in these jobs, which, as they are often seen as an expression of the feminine, tend to be invisible. In this sense, the qualifications for providing care can be seen as a social construction which is a result of negotiation between the different social sectors involved in its definition as a specific competency. Professionalization permits us to differentiate the abilities of those employed in this field from the cultural qualities associated with the feminine (Martín Palomo, 2002).

Caregiving jobs are mostly carried out by women, almost always for low pay and under precarious working conditions: exhausting work days, emotional stress and little recognition of worker rights. Unions have played an ambivalent role in their regulation and professionalization. Professional collectives, organized to demand better working conditions, point out that the
precariousness of the work has negative consequences for both the workers and the persons being cared for, claims also made by women’s groups that are also fighting for caregiving to be considered a socially necessary economic activity.

One problem encountered both in regards to the institutionalization of care and to the recognition of these new caregiving professions, is that they are emerging in a period of labour market precariousness. In addition, the inertia of traditional family caregiving is probably slowing the creation of jobs centred on providing care, and suspicions continue to fall on professionalization because of doubts about lack of personal involvement and dehumanization. In the public sphere, organizations, professional associations, private businesses and public institutions are all involved in negotiations over, and the definition of, the norms for professionalizing care, but caregiving is a job sector which has very specific characteristics, which translate into difficulties in regulating it as profession, both for the economic costs implied and for the emotional and moral issues it raises (Martín Palomo, 2008b). When caregiving exits the private world of the family and enters into the public sphere, tensions appear in the complex combination of technical-professional competencies, relational and emotional skills and ethical orientation.

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Caregiving has emerged as a sector of economic activity, a source of employment and a profession. The growing regulation and definition of competencies coexist with traditional forms of employment associated with domestic service, now renewed by the supply of immigrant women workers. The border between caregiving as a profession and family responsibility is blurred when providing care to a relative involves an allowance from the state, a possibility created by the Dependency Law and which many families are taking. All this raises new debates about the qualifications of those who provide care and the very characteristics of this activity, in particular with respect to the relationship between who gives and who receives care. The gender profile of these new jobs will acquire particular importance as an indicator of either the inertia which associates women with caregiving or, in contrast, new egalitarian patterns which confirm that men can also be caregivers.
Part IV

CAREGIVING POLICY
In previous pages we have dealt with the different needs for care and who, in different contexts, responds to them. In this part we will address the care of others from a macro or institutional perspective, in which the actions of the state through its social policies are key. The historical process of modernization will be examined, one of the components of which is the transference of the competencies of the family to the state, as can be seen in the case of education or healthcare. More recent social policies have taken on the functions of care of the elderly, children and those who cannot take care of themselves. The issue of the care of others has emerged as a central aspect of the welfare system as women have joined, in widespread manner, the labour market and their full rights have been recognized. The state acts through different types of mechanisms: services of direct care – such as nursery schools or residencies for the elderly –, work leaves, so that those who work can care for family members at home, or subsidies to provide economic aid to families. The relationship between type of policies and family models that explicitly or implicitly support or promote those policies will be examined in the last part of this chapter, as well as their implications for gender equality.

10.1. From the family to the individual

Parallel to the process of modernization, the family lost centrality in comparison with the individuals that compose it, as classical sociology of the 19th century has analyzed. Social cohesion was no longer so much the result of shared family values as it was the functional interdependence between individuals connected by a growing division of labour. Productive
activities shifted to other social institutions, at the same time as exchange through the market and the individual remuneration of the worker became widespread. Not only production, but also a good part of the tasks of individual maintenance and reproduction, such as those related to health and education, was transferred from the family sphere to specific institutions with those specific ends. A clear division between the public world and the private, as well as an asymmetrical relationship between the social values of both was established. Until the middle of the 20th century, a family model based on the division of gender roles dominated, this despite women’s participation in the labour force in different periods, places and social classes being far from an exception. The modern family which accompanied the process of industrialization was no longer the privileged sphere of survival, nor of socialization, which was shared by the schools and the media, although it continued to carry out fundamental caregiving tasks, particularly aimed at the elderly, children, the ill and those that could not take care of themselves.

At the same time a transformation in the character of the family was produced, which became evident in the ways in which individuals were born and died. Before, marriage was the result of family strategies and followed a group logic necessary for the survival of the individual. Economic calculations and social ties determined the creation of new families without the desires of the couple being an aspect to consider. Romantic love, as studied by De Rougemont (2006), appears late, in the courts of Provence of the 12th century but not until the 20th century was it a widespread explanatory factory in the West for the decision to marry. With modernization the individual decision to marry also extended to the rupture of the marriage, as well as to other possible forms of cohabitation which gradually acquired social and institutional recognition as new types of families.

The widespread incorporation of women into the labour market is another of the factors which has contributed in a decisive manner to changes in the family, not only because it is a necessary condition for women’s autonomy, but because it has placed into question the patriarchal model still in force. In the western world at the beginning of the 21st century, women in the labour force now constitute a social norm.
Individualization has been interpreted in different ways. From the perspective of rational choice theories, which apply an economic approach to the family, said individualization destroys the complementary roles which maximized satisfaction for both men and women, based on the preferred emotional ties women have with the children. Some currents of Anglo-Saxon sociology and psychology see the changes in the form of the family very critically (Bellah et al., 1985; Popenoe, 1993), and associate individualism with egoism, in regards to both men and women who place their personal self-realization before obligations toward others. Other approaches, also from a sociological perspective, see the process of individualization much more positively (Beck, 1998, Giddens, 1995). In contrast to external determinants which before were imposed on the individual the key words are now the ability to choose. The field of possibilities has widened, and individuals construct their own biographies with a freedom before now unknown. Marriage and the family are chosen, not only in regards to the individuals involved, but their form and duration. Marriage has gradually converted into a contract in which the participants agree on the forms of cohabitation and behaviour in different situations. The other side of the coin is, however, insecurity generated by a changing framework of, or even inexistent, norms in the dynamic of conjugal and family relations.

The exercise of individual freedom presupposes equality if it is to be real, but the advance seems to be asymmetrical, which raises doubts about its effects. Jane Lewis (2001) has warned that assuming individualization as a now generalized fact when we are still in a period of change can have a negative impact, especially for women. For example, to assume that women are economically autonomous because the majority are integrated into the labour market is to forget that many women still work part time, with interruptions throughout their working lives, or work for fewer years, giving priority to caring for the children and other family responsibilities. This must be taken into account and not forgotten in elaborating or changing laws which regulate retirement, divorce and widowhood.

In short, despite different interpretations regarding the desirability of individualization, there is widespread agreement that it is growing and producing profound changes in the family. Said changes are not only in reference to the basic and structural aspects of life, but also to other more
subtle aspects, perhaps apparently trivial but which are transforming the relationships between ourselves and others, such as reading in silence (Cavallo and Chartier, 1998) or the individual bed (Serfaty-Garzon, 2003).

10.2. Individual, state and family

At the same time as individuals’ relationship with the family has changed, so has that which they maintain with the state. Concepts such as human rights and citizenship are based on the individual, the state being the institution responsible for ensuring them. Nevertheless, since the formulation of such concepts until their effective universalization, including all men and women, many decades have passed and we still cannot state that they have been effectively established everywhere.

The decline of the Ancien Régime opened up a new historical period which converted the egalitarian ideas of the thinkers of the Enlightenment into law. The Declaration of the Rights of Man and of the Citizen was the model for the relationship between the state and the individual which would come to inspire the constitutions and legal systems of the western world. Despite its universal pretensions, it had important omissions, the most grave regarding women, all women, who by very definition were excluded from full citizenship. The history of the participation of women in public affairs has been silenced by those who have written in a masculine key, although it is slowly being reconstructed from the evidence which remains and through almost archaeological feminist research work (Duby and Perrot, 2000, Morant Deusa, 2005).

The formalization of individual rights through laws made it necessary to specify and justify the reasons for excluding women during almost two centuries from the condition of citizenship. It was in the legal treatment of the family and in the special character that was granted to this institution where the survival of inequality was concretized, despite generic declarations of equality in fundamental laws (Gerhard, 2001). The «domestic organization» was situated in the private sphere, under the authority of the «head of the family», which represented it in the public and political sphere.
Until the final decades of the 20th century, elements that were discriminatory toward women in regards to economic decisions, authority over the children and the organization of family life still existed in the legislation which regulated marriage and family in many European countries. In Spain, up until 1975 the Civil Code established a marital regime based on the authority of the husband and the subordination of the wife, something which had remained practically unchanged from 1889 (Alberdi, 1999). Up until almost until the end of the 20th century, marriage was still an institution in which the rights of citizenship were suspended for half of the population. All this changed with the approval of the Constitution in 1978 and the series of legal reforms of 1981.

The evolution of the relationship between individual, family and state is paradoxical. The family is losing power, functions and competencies to the benefit of, on one side, the individuals that compose it, who are acquiring a growing autonomy and recognized rights, and, on the other, the state, which is taking on a good part of the tasks of the socialization and maintenance of persons that the family can no longer assume because of their great complexity and specialization. In other words, there is a centrifugal tendency from the family toward the individual and the state. At the same time the relationship between the individual and the state is growing. On the path toward freedom undertaken by the individual under modernity, he or she finds an ally in the state, which protects individual rights from old institutions which slow individual autonomy. The subject of rights in society and before the state is the individual; however, a significant part of social and fiscal policies are fundamentally oriented toward the family rather than toward the individual. To what extent these are remains from the past or the very characteristics of the institution of the family and what effects this has on equality is a matter of debate (Villota 2000, Villota and Ferrari, 2000).

Esping-Andersen (1990) distinguishes three welfare state models, social democrat, corporatist and liberal, which are linked by two processes: decommodification, understood as the degree to which the welfare state guarantees individual rights independent of the market, and de-familiasation, referring to the decline in the dependency of the individual on the family.
The liberal model, characteristic of Anglo-Saxon countries such as Australia, the United States and the United Kingdom, are based on the dominance of the market, solidarity based on the individual, a minimal degree of decommodification and a residual state that is oriented toward welfare. The corporative model, seen in countries such as Germany, France and others of continental Europe, makes the family the central location for the direct provision of care of others, with the economic support which systems of social coverage linked with employment grant to workers. Finally, the social democratic regime, characteristic of Nordic countries, is distinguished by the central role of the state, secondary positions for the family and the market in the provision of social assistance, and a regime of comprehensive public protection oriented toward individuals and based on the broad provision of social services.

Esping-Andersen’s typology has obtained enormous international recognition, but has also been the focus of many criticisms for its lack of analysis of Mediterranean countries and for ignoring the unpaid labour that women carry out in their families (Lewis, 1992, Borchorst, 1994). Jane Lewis was one of the first authors to insist on the need to do comparative research on welfare regimes centred on the provision of services and on the differential impact that public policies have on women and men within families. For its breadth and the possibilities it presents, the model of social care developed by Mary Daly and Jane Lewis (1998, 2000), already mentioned in chapter 1, has had great echo in research in Europe; parting from a transversal vision of care which responds to the different pillars of social welfare – the family, the market, social policy and the voluntary sector –, it demands a multidimensional perspective which considers care as an integrated and complex whole (Daly and Lewis 2000: 285).

Another approach, part alternative and part complementary, regarding the articulation between family, state and market in the context of the modernizing process is that developed by Martin Kohli (1996) based on the concept of welfare generations. These generations are the result of the assignment of the principal spheres of action of public policy – employment, education and retirement – to the population of different age groups (adults, young people and seniors). They are differentiated by the relationship they have with the state and social security: some contribute and others receive. Intergenerational
reciprocity, in this case on the macro level, is what maintains the system, as a person passes through the different stages throughout his/her life, giving or receiving according to what corresponds to that generation at that moment. Adults who work, through their taxes and other contributions, contribute to financing social policies, among which are the economic transfers for the care of children and dependent persons, as well as collective services or remuneration for work leaves with this end. Children and the elderly receive monetary resources or services from the state, at the same time that they may also receive them from the market. Reciprocity between generations on the macro level, therefore, is produced, through the mediation of large societal institutions: the family, the state and the market. In this way the intergenerational chain is renewed through an exchange over time in which those who receive and those who give are anonymous social agents whose collective behaviour makes the functioning of the system of reciprocity between generations possible.

The conservative or corporative welfare state described by Esping-Andersen (1990, 1999) clearly represents the social and fiscal policy model in which the family is the direct target of public action. It is the male worker, in the framework of labour relations regulated by the state, who receives a series
of benefits from the system of social security which benefit the members of his family. The wife and children have no individual rights but only rights derived from the father of the family (Gerhard, 2005). The opposite case is represented by the Nordic countries, in which there are no family policies, but rather a wide net of social policies aimed at individuals according to their characteristics and needs (children, seniors, the ill and disabled) (Leira and Ellingsæter, 2006).

Spain does not fit either of these two models. Its origin corresponds, without a doubt, to the corporative model, although with very limited coverage (Iglesias de Ussel and Meil Landwerlin, 2001, Rodríguez Cabrero, 2005). But at the same time, universalization of access to healthcare and pensions in the 1980s or the notion of a subjective right in the 2006 Law on the Promotion of Personal Autonomy and Care for Dependent Persons, better known as the Dependency Law, orient Spain toward individualization, just as does the extension of protection to all of the population. In regards to what are referred to as policies for reconciling work and family, we can even speak of a certain «feminization». No longer is it the man who generates rights which then extend to the family, nor do we have a model of generalized individualization, rather it is working mothers who acquire a new prominence as the social group which is triggering the action of the state. This can be seen, for example, in the transfer of a part of maternity leave, which is not the same as paternity leave, to the fathers, or in the monthly monetary transfer of one hundred euros which working mothers receive during the first three years of life of their children. The concentration on working mothers responds to the fact that it is they who most directly experience the tensions between work and family responsibilities. We should, however, ask about possible future tendencies. To continue focusing on policies for reconciling work and family or support child-bearing among women can reinforce the idea that these things are «women’s issues» which are of no concern to men or other social agents and social spheres, such as business. An additional step forward on the road to individualization could be the consideration of children as legal subjects. From this perspective, access to public day care facilities would not be a right of families based on their income, but rather a right of children to be adequately cared for; this
new approach, that of the rights that children also have as citizens, is today object of debate.\(^{(1)}\)

### 10.3. Forms and effects of caregiving policy

The state has gradually assumed the tasks of social reproduction that families can no longer take on, either because of the type of knowledge required, such as in the case of education and healthcare, or because the availability of family members to do these tasks has been reduced. This includes many of the activities related to the care of others, which are increasingly seen as a social right, an extension of those rights which were defined in the past by Marshall ([1950] 1992). The state acts on this matter in different ways.\(^{(2)}\) First, offering public services for the provision of care to those who need it and in this way responding directly to the needs of those who cannot take care of themselves. The state can also concede time, liberating individuals from work so that they can care for family members that require it. This is a reverse of the priority that productive activity generally has over reproductive activity, as the working world has to cede to workers’ family responsibilities. Finally, the state can also give money directly to persons in need of care or their families, who can use it however they consider convenient.

Caregiving services have an institutional and extra-familial character. They can range from day care centres, playgrounds, days camps and summer camps for children to day centres and residencies for the elderly, and include home help services and personal alert services, depending on the type of need and form of provision. They can be organized by different government agencies or through agreements with the private sector; they can be free for all or only for a segment of the population; they can require economic participation from users, have a universal character or be limited to a sector of the population in need.

The concession of time includes two types of distinct actions: work leaves so that workers can be temporarily absent from their jobs, and reduction or

\(^{(1)}\) For a range of perspectives on this issue, see Lewis (2006).
\(^{(2)}\) For broad and comparative overview of policies for reconciling work and family in thirty European countries, see European Commission, 2005.
flexibilisation of the work day, to reconcile paid work with assistance to family members that need it. Leaves can be of distinct duration, from a few hours to several years; they can be with or without pay; targeted at mothers, fathers or both, for the care of one or several types of relatives. What all leaves have in common is the right to return to the job when the leave ends and the recognition of employees other responsibilities - caring for the family. Five principal types of leave can be identified in Europe:

- Maternity leave. Its purpose is to assist mothers and their new born infants immediately before, during and after birth. These leaves have a relatively homogeneous character as a result of the application of European directives\(^3\) which have gradually widened the protection given to working mothers. Currently, the minimum leave is 14 weeks with 100 percent salary paid. In many countries of the European Union the length of leave is greater and there is a project to increases the minimum to 18 weeks.

- Parental leave. Its purpose is for mothers or fathers to provide care at home to small children. It is regulated by a specific directive\(^4\) which establishes a minimum duration of three months, but in some countries this leave can reach up to three years. Leaves can be compatible with work as they can provide for part time work.

- Paternity leave. This form of leave is a response to the realization that granting both parents the right to care for their children does not imply that the fathers will be able to do so effectively. This leave has the particularity that it is exclusively for men with small children and cannot be transferred to mothers.

- Leaves of short duration for the care of children who are ill. These have as their aim to respond to the occasional need parents have to stay at home taking care of a child that is ill. They have no generally regulated character in Europe and their form is considerably diverse in terms of their duration, the age the children must have, the types of illness they cover and the existence or inexistence of remuneration.

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(3) Directive 92/85/EEC and 89/391/EEC.
(4) Directive 96/34 EC 1996.
• Leaves to provide care to family members. These make it possible to temporarily leave the job to take care of a family member, other than one’s child, who is in need. The leave is generally taken to care for elderly parents.

The reduction and flexibilisation of the working day to adapt to the needs individuals have to balance work and family constitute an additional approach of social policy. The participation of businesses and trade unions through collective negotiations has, in this case, played a vital role. The most widespread measure is the possibility to work part time, which in some countries, for example, the Netherlands and the United Kingdom, a significant proportion of the active population does, the majority of whom are women. To this are added other ways of organizing work time, such as calculating hours annually, flex time for entering and leaving work and telecommuting.

Lastly, the state may act through policies providing monetary transfers to defray the costs that providing care generates. This type of aid also takes many different forms: according to whether the family or the person in need is the recipient of aid; according to the needs of the recipient and according to the mode in which the aid arrives (via direct transfer or through a reduction in taxes).

Providing services, time or money has very different implications in regards to the family models that are explicitly or implicitly promoted (Leira, 2002). This results in different social policy models, which Nancy Fraser (1997) identified using the terms: caregiver parity, the universal breadwinner and the integration model. Social policies based on caregiver parity pursue equal rights for those whose work is centred on the care of others with those in the labour market, assuring that the economic resources at their disposal are comparable and that there is no dependency or inequality between both kinds of activity. Given that the intention is to help individuals who are caregivers, parity is essentially developed through monetary transfers to families in which there is someone responsible for this activity, in general the mother or wife or, in the case of the elderly in need of care, daughters or other relatives. The focus on parity for caregivers falls fully within demands for the recognition of tasks traditionally associated with women and motherhood, with the intention of raising their social status and the
wellbeing of those who choose – or are forced to choose – to exercise them full time during a significant part of their lives. These are policies which foster family forms based on the division of roles between women as caregivers and men that work, although they do not do so through the negative mechanisms of the past, such as the prohibition on women working, but rather through the expansion of rights. But they are also policies to support families in which there are no men that provide economic support, such as in the case of single-parent families in which the only parent is, generally a woman, or in which the support men provide is insufficient. It is, however, policy which has rarely been capable of compensating for the inequality between employment activity and caregiving activity, although the tendency toward the incorporation of men in caregiving tasks provides new validity to this measure. In addition, caregiver parity is an implicit acceptance of the fact that a part of the population is free from responsibility for the provision of care, which reproduces, and in a certain sense legitimates, gender inequality in this sphere, although it also opens up the possibility that some women, those integrated into the labour market – can be free from the responsibility of care.

An opposite model of social policy is what Fraser and other authors such as Lewis (2001) call the universal breadwinner. This model assumes that all adult persons have paid work, which corresponds with the tendencies observed in recent decades in Western countries and in many other countries in the world. Not only unmarried women have integrated into the labour market, but also mothers and even mothers with small children, although at different levels of intensity from country to country, as we have seen in chapter 6. The universal breadwinner refers to a type of public policy centred on workers as individuals, consistent with the historical development of the modernization process described above. It can be compared with the corporative model of welfare state as described by Esping-Andersen as it centres on the social rights generated by the worker as such. The difference is that the corporative model implicitly assumes that the worker is a man with a family to maintain. In other words, there is a particular family model which underlies it, that of the man as provider and the woman as caregiver. The new model of universal breadwinner has a very different character because it assumes that all adults are integrated in the labour market,
including women, and that social rights are generated from employment activity, ignoring the problem of caregiving. There is, in this model, a risk for those who require care and, especially for caregivers who carry out this activity with insufficient social protection.

The third model, according to the categorization of Fraser, is the integration model, so-called because it integrates the two above types of family and social organization: the universal breadwinner and caregiver parity. It is a model which in many ways is comparable to that of the social democratic welfare states of Nordic countries, as they have been characterized by Esping-Andersen, in which gender equality and the individualization of rights go hand in hand. There is a dual recognition of the right to work and to provide care at different times during life, in a context of widespread labour activity among adults. Social policies are based on providing services of care, complemented with maternity and paternity leaves to take care of children at home during the first year of life. Care is based on the right of whoever needs it to receive it, not necessarily from the family but rather from the state, which also implies the right not to provide care, up to now an exclusive right of men but denied to women (Leira, 2002).

There is consistency, therefore, between the approach of social policies and the types of families such policies promote. But perhaps the determining factor is the instruments used – providing services, time or money – more than the rhetoric of the laws or regulations which describe their objectives. The categorization of types of families based on the couples’ employment activity generally used in the European Union distinguishes between three different situations: a) both spouses work full time; b) the man works full time and the woman works part time; c) the woman does not work. These are models based on historical, cultural and institutional factors and on the type of mechanisms used under social policies and, more concretely, policies targeted at the reconciliation of work and family. There is, in general, an association between services and the egalitarian model, between work leave and women working part time, and finally, between money transfers and the model based on a division of gender roles (table 10.1).
Services are consistent with a family whose adult members of both sexes are integrated in the labour market, so that they need to have extra-familial resources available for the provision of care. These services make it possible to balance work with caregiving for those who require it and in this way they promote an egalitarian family model in which men and women share economic responsibility for the family and, in logical symmetry, equal responsibility for the home.

However, it is difficult for the response to the need for care to be based solely on services such as day care centres or senior centres, both because it is not economically viable and because it is not desirable in human terms. Work leave policies are a response to the right to provide care, both for women and men. In this sense they are also consistent with egalitarian models in which economic and caregiving responsibilities are shared. However, there is resistance that limits what men do with these resources, which explains, for example, the creation of leaves directed at men with the aim of promoting and facilitating their active involvement in caring for their children. With the exception of paternity leave, it is primarily women who benefit from measures for the temporary suspension, reduction or flexibilisation of the work day, thus reinforcing families in which it is the man who holds long-term full-time employment, while the woman combines work and caregiving, which has a negative effect on her professional career and on occasion on her ability to maintain employment.

Regarding direct monetary transfers to individuals, despite the justification that they provide individuals with the capacity to freely choose the forms of care desired, the experience in different countries starting in the 1990s...
(Leira, 2002; Ellingsæter and Leira, 2006) reveals that they tend to reinforce the dedication of women to caregiving in the family sphere.

* * *

The three kinds of policy mechanisms oriented toward caregiving – services, leaves and transfers – have different effects and implications on gender equality and on the different family models they implicitly and explicitly support. As a result, analysis of public policy on this issue necessitates going beyond legal formulations, always presented as neutral and as if women and men behave in equal manners. Actual social practices and the context in which they are produced aid in understanding the logic and sense of social policies.

The process of individualization, which constitutes one of the principal characteristics of modernity, raises new challenges in regard to the care of others. If until very recently the family was a sphere excluded from such tendencies, and its most traditional forms were even supported by the action of the state, current changes, especially the incorporation of women into paid work and the public sphere, demands a rethinking of the forms through which society responds to the needs of those who need assistance to carry out the basic acts of survival – which at some point will be all of us.
XI. Policies oriented toward specific needs

In the framework of the traditional family model, in which men and women played distinct and complementary roles, the family was the natural target of social policy. This orientation continues to exist, but at the same time change in Spanish legislation has led to the notion of subjective rights, revealing the process of individualization, the repercussions of which in the area of caregiving have been explored in the previous chapter. The possibilities for action by public authorities in this sphere, as commented on earlier, take the form of providing time, economic resources and services. These options vary in function of the recipients of care and depend in good measure on the context in which they are applied. In Spain, these options are found in new far-reaching legal instruments which have incorporated in a more or less intense manner the caregiving dimension in their determinations.

This chapter first addresses policies oriented toward children, looking at the expansion of schooling to children under six years of age and work leaves for mother and fathers. Following, the content of the Dependency Law is closely examined, as well as its current state of implementation and previsions for the future. Finally, questions currently being debated regarding funding and territorial and economic aspects are discussed.
11.1. Caregiving in childhood

The European Council in 2002 assigned the care of children to parents and the state, recognizing in this way the fact that, in the majority of western countries, the possibilities of meeting this need outside of the strictly family sphere was acquiring an increasing weight. In western countries, the care of children often takes place outside of the home and in the public sphere, particularly when broad services are available.

In Spain, as has been shown in an earlier chapter, childcare services for children under three years of age are insufficient, but starting at three they reach practically 100 percent of those in need. Additionally, with the passage of the Ley Orgánica de Educación (Education Act) free childcare is now guaranteed for children before the age of obligatory education, which does not mean that there is not a lack of free services, as has also been pointed out. In addition, monetary aid provided by the state has a very heterogeneous character and does not follow clearly defined patterns. If the point of reference for state aid is time, parents can use parental leaves, which permit temporary absence from the job and make work compatible with providing attention and care to children, and, sometimes also provide money to cover this temporary absence from paid employment. Lister et al. (2007) state that parental leave, as specific caregiving policy, incorporates dual rights: the right of children to receive care, and the right of parents to care for their children. In general terms, as mentioned earlier, it is women who are clearly the recipients of leaves, this despite the fact that western governments are currently promoting policies targeted at fathers as caregivers of their children, although with measures of different and sometimes almost exclusively symbolic reach.

The contribution of the state to the care of children in Spain, as we have seen, is still limited, although we are gradually progressing in this area. Regarding nursery schools or day care centres, the Plan Educa3, of the Ministry of Education, Social Policy and Sports (2009b), constitutes the first programme that comprehensively addresses the progressive universalization of access to these types of services. To do this a total investment of 1,087 million euros is foreseen for the 2008-2012 period, with the autonomous communities contributing 50 percent. Although there is no estimate of the actual increase in
places in day care that will result, it is foreseen that this will permit Spain to achieve the objective of the Lisbon Strategy, which establishes a public supply of places corresponding to 33 percent of the demand for this age group.

The objective of the 1999 Reconciliation Act, as its name indicates, was to facilitate compatibility between family and work responsibilities. It was, essentially, the transposition of European directives on maternity and paternity leaves and part time work to Spanish legislation, but it also incorporated new aspects, such as expanding leaves for providing care to children to all cases (pre-adoptive or temporary placement) and the expansion of leaves for the provision of care to other family members that cannot take care of themselves. Regarding parental leaves, in addition to the 16 week maternity leave, of which up to ten can be taken by the father, the law established up to three years extended leave for the father or mother to take care of their children, computed as time worked in regards to seniority, and recognized the right of the worker to return to the same job upon reincorporating into work after an extended leave of no more than one year, or to a job of a similar category when the extended leave passes one year. During this time the worker is still considered as a contributor in the Social Security system.

The right to maternity leave belongs to the mother, but under the Reconciliation Act it can be shared with the father, which means that every «maternity» leave used by the father implies a previous maternity leave «of the mother». The research of Tobío and Gómez (2004) covering the years immediately after the promulgation of this law (2000, 2001 and 2002), explores the distribution by gender of maternity leaves, and confirms lack of significance of the number of fathers that have shared this leave with their partners, as table 11.1 shows with respect to the different autonomous communities. In the year 2002 the percentage of fathers that took advantage of a part of maternity leave was less than 2 percent for all of Spain (221,107 maternity leaves for women in contrast to 3,312 for men). For this reason the figures for the Basque Country and Navarre stand out; reaching over 3 percent (3.21) and almost 4 percent (3.76) respectively in those two regions (Tobío and Gómez, 2004). More recent data (2007) reveals a slight increase in these percentages but within the context of a continuing marginal tendency.

(1) Ley de Conciliación de la Vida Familiar y Laboral de las Personas Trabajadoras 39/99 [Family and Professional Life Reconciliation Act].
TABLE 11.1


<table>
<thead>
<tr>
<th>Community</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>0.98</td>
<td>1.32</td>
<td>1.50</td>
<td>1.6</td>
</tr>
<tr>
<td>Andalusia</td>
<td>0.41</td>
<td>0.75</td>
<td>0.95</td>
<td>1.0</td>
</tr>
<tr>
<td>Aragón</td>
<td>1.67</td>
<td>1.65</td>
<td>1.88</td>
<td>1.8</td>
</tr>
<tr>
<td>Asturias</td>
<td>1.17</td>
<td>1.54</td>
<td>2.01</td>
<td>2.0</td>
</tr>
<tr>
<td>Balearic Islands</td>
<td>0.84</td>
<td>1.11</td>
<td>1.14</td>
<td>1.7</td>
</tr>
<tr>
<td>Canary Islands</td>
<td>0.72</td>
<td>0.82</td>
<td>1.19</td>
<td>1.3</td>
</tr>
<tr>
<td>Cantabria</td>
<td>1.48</td>
<td>1.12</td>
<td>1.44</td>
<td>2.2</td>
</tr>
<tr>
<td>Castilla y León</td>
<td>1.30</td>
<td>2.24</td>
<td>1.97</td>
<td>2.2</td>
</tr>
<tr>
<td>Castilla-La Mancha</td>
<td>0.84</td>
<td>1.19</td>
<td>1.40</td>
<td>1.0</td>
</tr>
<tr>
<td>Catalonia</td>
<td>0.88</td>
<td>1.46</td>
<td>1.51</td>
<td>1.6</td>
</tr>
<tr>
<td>Valencia</td>
<td>0.91</td>
<td>1.16</td>
<td>1.31</td>
<td>1.3</td>
</tr>
<tr>
<td>Extremadura</td>
<td>0.82</td>
<td>0.75</td>
<td>1.13</td>
<td>1.2</td>
</tr>
<tr>
<td>Galicia</td>
<td>0.93</td>
<td>1.26</td>
<td>1.69</td>
<td>1.7</td>
</tr>
<tr>
<td>La Rioja</td>
<td>1.28</td>
<td>1.89</td>
<td>1.55</td>
<td>2.1</td>
</tr>
<tr>
<td>Madrid</td>
<td>1.44</td>
<td>1.46</td>
<td>1.50</td>
<td>1.6</td>
</tr>
<tr>
<td>Murcia</td>
<td>0.21</td>
<td>0.58</td>
<td>0.64</td>
<td>0.6</td>
</tr>
<tr>
<td>Navarre</td>
<td>1.62</td>
<td>2.44</td>
<td>3.76</td>
<td>4.2</td>
</tr>
<tr>
<td>Basque Country</td>
<td>2.02</td>
<td>2.74</td>
<td>3.21</td>
<td>3.8</td>
</tr>
</tbody>
</table>


The Gender Equality Act, promulgated eight years later, has been an advance in the terrain of gender equality understood in a broad sense. In regards to reconciling work and family life and concerning childcare, the law aims to facilitate a balance between work and family life and encourage the participation of men in the care of their children starting from the moment in which they are incorporated into the family, whether it is through birth, adoption or temporary placement.

The law improves the majority of leaves (those for reducing the work day and extended leaves, among others) and expands coverage of social protection during the reduction in the work day for reasons of reconciling
work and family (which can now be applied for up until the children have reached eight years of age). Contributions are also established that were not initially planned (for example, the period of time during which someone on an extended leave continues to be considered as a contributor to Social Security has been extended from one to two years). Maternity leave has also undergone modifications, so that working women that have not been contributing into the social security system long enough to be eligible for leave will have the right to a new non-contributory benefit. In addition to the improvements mentioned, one of the law’s most well-known new developments is the expansion of paternity leave for men to fifteen days (thirteen more than previously in force). This is a leave exclusively for fathers, so if it is not used by the father it is lost.

There is still little data available on paternity leaves and the short period of time which has elapsed does not permit us to assess trends. According to the Ministry of Labour and Immigration (2007), there were 173,161 fathers that took paternity leave and 326,438 mothers who took maternity leave. Although comparison between the figures is not possible, because of the requisites that mothers and fathers must meet to qualify for either leave and also because of the absence of a database on the potential recipients of both benefits, the number of paternity leaves was somewhat more than half the number of maternity leaves in 2007. The response to this new benefit has been, therefore, very positive. In fact, according to more recent data (Instituto de la Mujer, 2009), in the year 2008, 270,000 fathers took paternity leave, this number representing 76 percent of the total number of maternity leaves. In other words, if the figures were comparable, more than three of every four fathers took paternity leave, which reveals the high level of acceptance of this provision.

Regarding extended leaves for the care of young children, a very different picture is revealed. As in the case of short term leaves, not all workers are eligible, but the fact that extended leaves are unpaid leads to a situation in which their use is largely reduced to mothers, with a virtually testimonial use among fathers, as Lapuerta et al. (2009) point out. These authors, in addition, show how it is women who are the principal users of extended

(2) Situations in which one member of the couple can qualify for leave and the other does not meet the necessary conditions.
leaves and, within this group, specifically those with greater job security, in other words, working women with permanent contracts and full time jobs and higher levels of education. Although, it is specifically for this reason that, in general, the extended leaves are brief. In table 11.2 we can see the unequal distribution by sex of these leaves; however, the data does seem to indicate a certain trend toward the growing participation of fathers, although in the context of very low rates.

TABLE 11.2

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Leaves</th>
<th>Leaves Taken by Mothers (%)</th>
<th>Leaves Taken by Fathers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>28,403</td>
<td>96.67</td>
<td>3.33</td>
</tr>
<tr>
<td>2006</td>
<td>31,275</td>
<td>96.09</td>
<td>3.91</td>
</tr>
<tr>
<td>2007</td>
<td>34,816</td>
<td>95.75</td>
<td>4.25</td>
</tr>
</tbody>
</table>


The impact of the new legislation on the care of young children in Spain is, therefore, unequal. The Plan Educa3 forecasts a significant advance in the coverage of childcare services, as long as the current economic situation does not negatively affect planned investments. Regarding the regulation of leaves, the new paternity leave stands out for the promising data, although the actual implementation period has been very short. Greater doubt exists regarding extended leaves for the care of young children, leaves that few parents qualify for and which are overwhelmingly taken by women.

11.2. The care of the elderly and the disabled

There are different types of systems of protection in Europe. Nevertheless, despite their differences a certain trend toward new forms which have as a reference point problems related to their future sustainability due to problematic demographic trends, characterized by the inexorable growth in the dependent population, can be seen. In this context, certain common characteristics in social policies to assist dependent persons are revealed in the European sphere, such as decentralization of management toward
local administrative levels and the private sector, and the expansion of the decision making capacity of the recipients of services and their families (Rodríguez Cabrero, 2007). The countries in southern Europe also must overcome social protection systems in which the family is the fundamental axis. The influence of European directives can be seen in these processes insofar as they tend to emphasize the importance of the universalization of rights, of generalized accessibility to resources of protection and of the financial sustainability of systems of protection.

In Spain, the protection of older persons and dependent persons has traditionally been characterized by its inadequacy. The Dependency Law of 2006, however, marked a point of inflection in the caregiving universe, to the extent that the old contributive model of care, oriented toward individuals lacking resources, gave way to universalist forms of action aimed at, on the terrain of social rights, individual autonomy and support in situations of dependency. In Spain, the new system of protection has as an objective a risk, dependency, which up to very recently, was considered a private matter, almost exclusively of family and, in this family circle, to be resolved by women. For the first time in Spain the individual right to autonomy of older persons and individuals with functional limitations is recognized, and the right to receive care is recognized as a new right of citizenship.

The plan of action that the law establishes has the 2005 Libro Blanco de la Dependencia as its point of reference, the basis of its approach. According to its own formulation, the law is targeted at those who need the assistance of other persons to carry out the basic activities of daily life, with the intention being that they be able to maintain their independence throughout life, and remain in their own environment as long as possible. Concretely, the law defines dependency as «the permanent state in which persons that for reasons derived from age, illness or disability and linked to the lack or loss of physical, mental, intellectual or sensorial autonomy require the care of another person/other people or significant help in order to perform basic activities of daily living or, in the case of people with mental disabilities or illness, other support for personal autonomy» (Article 2.2).

The law provides coverage at all ages and for a wide range of disabilities which limit autonomy, although it is older persons who are its principal
target, because as is known, there is a very high correlation between age and disability, with the prevalence of disabilities increasing substantially beginning at 80 years of age. Access to the system of protection is established through a scale which governs at all levels of the state and which, as has been pointed out in chapter 3, considers 3 degrees of dependency, moderate, severe and major, each of which consists of two levels depending on the person’s autonomy and the intensity of care required (Article 26).

The law’s procedures, organized through the creation of the System for Autonomy and Care for Dependency (SAAD), establish the minimum common content of rights for all citizens; while, as a means to channel cooperation between different levels of state administration, it creates a Territorial Council. Regarding financing, the law rests on a mixed system in which the central government and the autonomous governments shoulder the bulk of the cost, and the users contribute the rest in function of their income and assets:

- The state is responsible for a minimum level of protection, although the law provides for the possibility of agreeing to annual or multiannual conventions with the autonomous communities to increase this minimum level (Article 10).

- The autonomous communities must, each year, contribute a quantity at least equal to that of the General State Administration in each territory (Article 32).

- The recipients of benefits must also participate in funding (through co-payments) when they are above a minimum level of income.

As instruments for providing care to dependent persons both services and economic benefits of different types (linked to service, for providing care within families, support to non-professional caregivers and for personal care) are anticipated. The services, however, have to be a priority and fit in to what are referred to in Article 15 as the «Catalogue of services», which include the following:

- Services for the prevention of situations of dependency and for the promotion of personal autonomy.

- Personal Alert System.
• Home Help Service:
  – Housekeeping tasks.
  – Personal care.

• Day and Night Centre Service:
  – Day Centre for older persons.
  – Day Centre for persons under the age of 65 years.
  – Day Centre with specialised care.
  – Night Centre.

• Residential Care Service:
  – Residence for dependent older persons.
  – Centre offering care for dependent persons, according to the various types of disability.

These services must be provided through a social services network which, according to Article 16 of the law is formed by:

• public centres belonging to the Autonomous Communities and local entities,

• the state centres for the promotion of personal autonomy and care and attention in situations of dependency,

• accredited, subsidized private centres.

In addition, three types of caregiving are defined in function of who provides them:

a) Professional care: care provided by an institution or entity or by a self-employed professional.

b) Personal assistance: provided by a personal assistant who carries out or collaborates in the everyday tasks of persons in situations of dependency, with the express objective of encouraging, promoting and strengthening personal autonomy.
c) Non-professional care: care provided to persons in situations of dependency in their homes, by family members or friends, not connected to a professional caregiving service.

As has been shown throughout the text, the figure of the non-professional caregiver as envisaged by the law is recognition of a widespread fact in Spain, given the predominance of the provision of care to the elderly and dependent persons by women from their families. In November 2009 (Imserso, 2009c) there were 92,897 persons (87,695 women and 5,202 men) subscribed to the agreement for non-professional caregivers. In this respect, since the law came into existence, the question of the possible professionalization of caregivers, in contrast to the traditional perspective on the role of caregiver, has emerged. In April 2009, the government announced its intention that persons who had lacked the opportunity to be educated in the caregiving sphere, could obtain professional certification by having their experience within the family caring for children or dependent family members accredited, with the aim of integrating them into the labour market.

The estimate of potential beneficiaries suggested by the government is around 500,000 persons, the great majority being women who work at home and whose professional competence as caregivers, acquired through experience, will be accredited (El País, 2009). Given the short amount of time that has passed, there is no data available on the impact in the caregiving sphere of Royal Decree 1.244/2009 of 17 July, on the recognition of professional competences acquired through professional experiences, which was the subsequent measure which resulted from that objective.

Almost three years after the entry into force of the new law, the great effort to provide coverage should be noted, as in November 2009 the number of persons receiving a judgment on their dependency was 1,034,536, and the number of beneficiaries was 694,772 (431,576 of them with severe dependency). Concretely, the percentage of solicitudes for benefits that had been object of a judgment was almost 90 percent, although the persons who finally became recipients of the right to benefits were something more than two thirds of those that had solicited benefits.
TABLE 11.3

Benefits from the Dependency Law as of 1 November 2009

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>NUMBER</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention of situations of dependency</td>
<td>2,930</td>
<td>0.59</td>
</tr>
<tr>
<td>Personal alert systems</td>
<td>32,896</td>
<td>6.65</td>
</tr>
<tr>
<td>Home help service</td>
<td>52,225</td>
<td>10.56</td>
</tr>
<tr>
<td>Day and night centre service</td>
<td>26,144</td>
<td>5.29</td>
</tr>
<tr>
<td>Residential care service</td>
<td>93,079</td>
<td>18.82</td>
</tr>
<tr>
<td>Financial benefit linked to service</td>
<td>33,717</td>
<td>6.82</td>
</tr>
<tr>
<td>Financial benefit for family care</td>
<td>252,836</td>
<td>51.13</td>
</tr>
<tr>
<td>Financial benefit for personal assistance</td>
<td>654</td>
<td>0.13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>494,481</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Imserso, 2009c.

As would be expected, the profile of the beneficiary is a woman (68 percent of the cases) of more than 80 years of age (54.4 percent of the cases considering both sexes). Table 11.3 shows the number of benefits granted in each category and the percentage of each category of the total. The economic benefits for providing care within the family (family care) capture more than half of the total benefits and 88 percent of those of an economic character, while the centres (residencies, day centres and night centres) represent slightly less than one fourth.

From a regional perspective, more than 45 percent of the benefits are concentrated in Andalusia and Catalonia, although, when the number of beneficiaries is related to population figures for each of the autonomous communities, the most favourable situations are in Cantabria, La Rioja, Andalusia, the Basque Country and Navarre, and the most unfavourable are in the Canary Islands, the Community of Madrid, the Balearic Islands, the Community of Valencia and Murcia; the rest of the regions fall between these two groups (Imserso, 2009c).

Beyond the issues mentioned in this text, diverse problems of different reach remain regarding the Dependency Law; specifically, problems related to the management, funding and pace of implementation exist and are resulting in very significant differences between autonomous communities.
The first major problem, which affects not only the establishment of the Dependency Law, but also the very state system of protection, is a result of the regional distribution of competencies in Spain. The phase of maturity in which the autonomous state is found, with a high number of competencies having been transferred to it, raises new problems, both in what concerns the implementation of general policies designed by the state and effective access to existing resources on the part of the population, just as happens in other countries with a federal structure. In the case of the Dependency Law, the fact that it was elaborated in a period subsequent to the transfer of different competencies to the autonomous communities has meant that the state, to avoid applications for review of the law’s constitutionality has opted not to regulate excessively but for a very generic regulatory framework, leaving it to each autonomous community to interpret the law as they see most adequate (Llusià, 2007).

A consequence of this approach is the existence of different situations in the different autonomous regions of the country which could end up subverting some of the principles upon which the law is based, depending on the interpretation which each autonomous community makes. This is an issue which not only concerns protection for dependent persons, but also education, healthcare and other spheres of public activity. In fact, the resistance of some autonomous communities to develop and apply state laws, whether because of substantive disagreements regarding policy orientation, or, in other cases, for the defence of what they consider their own sphere of competence, is not a new phenomenon. Rodríguez Cabrero (2009) discusses this in the context of what he refers to as an institutional deficit, a problem whose solution demands strengthening the coordinating role of the central state administration, providing support to the Territorial Council and strengthening the role of municipal governments as the first point of contact with citizens and as the entities responsible for basic social services, in addition to the need for coordination with the healthcare and social service systems.

The second major problem concerns the lack of correspondence between the benefits foreseen in the law and those which in reality are being produced. As was discussed earlier, the law prioritizes services over other options in providing coverage for different situations of dependency, although it
allows for the possibility of providing economic benefits. In this case, the economic benefits are to provide continuity of care, permitting women to continue assisting their dependent family members at home, as long as social services considers them to be adequately prepared for this task. From the data already mentioned, this seems to constitute a fundamental piece in the real development of the law. This predominance of economic benefits is related to the inadequate supply of services that exist in Spain, but also to other situations which the law allows and on the risk of which there already existed some warning.

The risk that autonomous communities would give preference to economic benefits results from two causes: the savings this option represents in comparison with the cost of services, and the greater ease in managing such benefits, because it is always much simpler to periodically distribute a quantity of money than to structure a real network for the care of dependent persons (Llusià, 2007). The externalization of management means that public infrastructure and services do not surpass the residual character that they currently have in comparison to the private sector. To this must also be added family pressures on women who have been providing care for free to continue doing so; although in a new situation, with economic assistance and as contributors to the Social Security system. The idea of caregiving as naturally associated with the feminine as discussed in previous chapters is reinforced. Though now with the possibility for women caregivers to attain a professional qualification once the necessary experience is demonstrated. As a result, the interest of some regional governments and some families are in full agreement, even at the cost of the permanent ascription of this group of women caregivers to these tasks, preferring the option of an economic benefit in detriment to benefits in the form of services.

An additional problem which persists is the change in financial previsions. Throughout the implementation of the law, the scope of coverage and the population benefitting has been expanding, but without increasing the financing, which is inadequate. Faced with this situation, the following can happen: a) the autonomous communities will have to increase their participation to increase the budget; b) collection of co-payments will have to be reinforced, running the risk that it will have a negative effect on the
middle class, or c) as mentioned, preference will be given to economic benefits over services, as is already happening.

Regarding the first point, according to a report of the State Association of Directors and Managers of Social Services [Asociación Estatal de Directoras y Gerentes de Servicios Sociales] (El País, 2009), more than two years having passed since the law went into effect, not all the autonomous communities have made the same effort to implement the law. Some communities equal or exceed the government in their contributions, while others are far behind. According to this association, it is necessary to revise the law, so that its financing is made in function of the recognition of the right of individuals to assistance and based on the benefits that are finally granted to each dependent person, in this way avoiding communities benefiting from the funds they receive without providing the care that is needed.

One final and very important issue is the quality of care, which the law mentions repeatedly. Beyond what has been explained above, the problem with the new law in this aspect has to do with the fact that management, given the state of things already explained, is going to fundamentally fall to private initiative, as the autonomous communities are not establishing their own network of centres, but are instead predominantly initiating processes to accredit and subsidize private centres. In these processes, the government has the power to set prices, but it runs the risk, if it establishes low prices, that although more people may be reached it may be at the cost of quality, which always has a high cost (Llusià, 2007).

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Until now the repeated diagnosis regarding caregiving policies in Spain pointed to its scarcity; that is no longer the case. In recent years, ambitious policies have been developed which have as their objective to assure that everyone in need of care, children, the elderly and the disabled, receive the care they need, independent of their economic or family situation. In addition, the policies implemented have as a specific orientation incorporating gender equality as key criterion and also support the generalization of services, complemented by work leaves and aid for family care. It can be said that today the foundation for a model for providing care has been constructed;
nevertheless, certain uncertainties appear on the horizon. Aspects such as the adequate pace in the creation of service infrastructure, the promotion of a new culture of caregiving outside of the domestic or women’s sphere and the equality of all citizens regarding the right to receive care, these are some of the issues that the effective implementation of new policies must consider. All this demands overcoming obstacles and having the will necessary to consolidate this improvement over a model of caregiving from previous historical periods.
Conclusion

Caring for others is now a part of public policy and of the activities of multiple institutions of civil society, beyond just the family. Caregiving is varied and complex, as we have seen in the previous pages, and is always two-sided: someone receives care and someone gives it. All this shapes different situations and links between caregivers and those they care for. The needs are multiple and diverse, but so are the responses.

The first form of caregiving corresponds to the first years of life, during which we are all, without exception, vulnerable, to the extreme that we cannot survive without constant outside assistance. The final years of life are also characterized by the growing need to be cared for, although with a variable intensity. There are those, being in the minority, who reach their nineties in good health and, in contrast, others, even before they are old, who suffer an illness or disability which limits their ability to cope without the aid of others. Caregiving involves physical and mental effort and generates it own specific needs for care. Caring for the caregivers is a good indicator of social sensibility and the degree of development reached on these matters. Care of oneself, consciously and reflexively, is an additional step and, at the same time, a condition for being available for others, but also an authentic expression of autonomy: one declines to exercise the power that comes with being cared for when one can take care of oneself.

Caregivers have also diversified in a typological variety in which factors such as kinship, gender or the wage relationship intervene. Mothers provide care for their children, and increasingly, fathers do also; grandmothers and grandfathers care for their grandchildren; one spouse cares for the other; adult children care for their elderly parents. Always women more than
Care as a new social right

From the micro sphere of the family and the implicit competency of women, the care of others has become a public issue about which parliaments legislate and governments put laws into practice. The 20th century saw the expansion of the rights of the individual, which led to a new concept of citizenship. If, initially it was understood as a form of protection from the state through civil and political rights, the state has gradually transformed into a protector in the face of risks and contingencies that people experience throughout their lives. A new focus of social policies adds the care of children and the elderly to the classic pillars of the welfare state - justice and order, healthcare, pensions and education -, not as an exception when there is no family to assume responsibility, but as a new social norm. A new conception of the relationship between the individual, the family and state based on the social responsibility for the care of others underlies this change.

The new responsibilities of the welfare state are added to those already existing, in the same way that social rights enshrined in our Constitution and in those of other western countries represent a deepening of rights previously recognized, such as the right to free speech and opinion, the right of association and the right to political representation. What could be called «new social rights», all those related to the care of others, are formulated as such in the context of family change and thanks, in great part, to the theoretical contributions of feminism, which provides the intellectual tools to understand current processes of transformation and points out better forms of social organization.

The Dependency Law completes the state’s response to the repertory of foreseeable risks which accompany individuals throughout their lives and which society assumes. If state action with regard to minors, first secondary and then complementary to the family, has existed for decades, it is only in the beginning of the 21st century when protection has been extended to old age as a universal subjective right; the other side of which
is the obligation the state assumes. The right to receive care has not been exhausted yet in its passive aspect, as care is also recognized as a right which permits, for example, the temporary suspension of work for this purpose, an issue which is taking on new meaning with policies promoting a fatherhood involved in the direct care of children. Along with the right to provide care there is also the right not to do so, until now implicitly recognized for men. Combining the right to receive, give and not give care constitutes a necessary debate and a complex challenge. It demands blending a plurality of perspectives and situations – such as, who acts in the caregiving sphere and up to what point –, with the added difficulty that the process of redefining responsibilities does not affect the urgency of the needs that demand response.

What model of care?

The issue of caregiving also involves the challenge of defining the desirable and, at the same time, viable model for Spain. In classifications of welfare systems in Europe, Spain always appears, along with other countries of the South, as a traditional case in which the provision of care corresponds to the family. This is generally based on the observation of a lower level of public spending on social protection and a lower rate of employment for women in comparison to the European average, to which is added the stereotypical idea of a traditional society in which family values take precedence. However, empirical observation of the reality today in Spain shows something different. The majority of mothers are now working, generally working full time. Effectively the family and family networks play a key role in the care of children, but this is not a vestige of the past, but rather an available resource – grandmothers and grandfathers – that is mobilized in times of social change. It would be difficult for the intense assistance that the last generation of housewives contributes to constitute a future model, among other reasons being that the availability of grandmothers in the future will be less, although that of grandfathers could be more. Regarding the care of the elderly, certainly care today is a model based on the family in which the greatest part of care falls on women
who have focused their life activity on caregiving, multicaregivers who it will be difficult to find in the future.

The current form of caregiving in Spain is, therefore, much less traditional than it would seem at first glance, precisely because the generational renovation of family caregivers has reached its end. Women have mostly opted for paid work, which means we must rethink how we are going to provide care. This is the point at which we now find ourselves.

One possible model would be for families to continue doing what they have been doing until now, but with state aid. This would be, with nuances, the model that Fraser refers to as caregiver parity or Esping-Andersen as a conservative welfare model. It consists in supporting women’s specialization in caregiving, from the premise that it is in the family sphere where these tasks should, fundamentally, continue to be carried out. In economic terms, support is understood as pay for caregiving, compensation for wages lost as a result of not working or the payment of wages during periods of leave. This would be the logical evolution of the welfare system if the current prominence of the family was the determining factor. However, social perceptions and social policies are not pointing in that direction.

Another possible direction, consistent with progressive individualization and also with the, up to know, limited presence of the state, is the liberal model. From this perspective, the lack of social policies is ideologically justified by considering care as an aspect of life which pertains to the private sphere, the role of the state being, therefore, principally to avoid interference. Despite the liberal or neoliberal perspective being present in diverse aspects of social and economic life, it does not constitute the fundamental orientation of the debate or of social practices regarding caregiving. Rather, the orientation calls for the development of social policies with their attendant budgets, the most clear exponent of which is, with a wide political and social consensus, the Dependency Law.

The welfare model that seems to be developing is characterized by a strong state presence in the development of social policies that foster new individual rights. This is the focus of the Dependency Law with the subjective right which it introduces to receive care and is also the focus of
other measures, such as paternity leave reserved for men or subsidies of one hundred euros a month for mothers that work and have small children. Underlying the new model is fiscal individualization, which, in contrast to other countries, does not penalize two income families, therefore indirectly favouring the inclusion of women in the labour market. To this, policies for gender equality as an essential element of any new model must be added, the closest reference for which would be the social democratic model defined by Esping-Andersen or Fraser’s proposal for integrating employment and caregiving. Such an orientation is consistent with the attitudes repeatedly revealed in opinion surveys of the Spanish population toward different types of families. The egalitarian model, in which both partners share the responsibilities for providing financial support and childcare, is that which finds most support, particularly among young adults. And it is also consistent with the characteristics of women’s jobs, which overwhelmingly involve, in contrast to other European countries, full time work. This clearly points to a welfare system in which the development of caregiving services is a key element, consistent with families in which both spouses work full time and the active involvement of the man in caregiving tasks, in logical symmetry with the shared economic responsibilities. To this must be added the role of family networks, both in the care of children by grandparents and in the care of the elderly by the women in the family, which, although with less intensity than currently found, will continue to be an important complementary resource, making the right and desire to provide care effective. The direction of this path, therefore, is relatively clear, but it must still be taken.

The establishment of the caregiving model: questions

There are, at least three types of questions that the establishment of the model for providing care raises: economic, organizational and territorial questions. Regarding economic questions, the creation of a system for care of dependency occurred in years with a budget surplus, when the 2008 economic crisis was not yet on the horizon. Even so, the economic effort until the moment of its complete deployment in 2015 will be significant. Something similar can be said of the universalization of access to caregiving
services contained in the programme for the 2008 elections of the governing party, or the extension of the paternity leave. Although these are issues that have strong social support, the context is now different and in coming years we may encounter problems in funding all these measures as initially foreseen. In addition, we must add the fact that according to the data which is appearing regarding actual demand, estimates of the number of persons with disabilities requiring external aid may have been underestimated, leading to greater costs than what was initially calculated.

A second problem has to do with the organization of resources for providing care, whether day care or nursery schools, residencies for the elderly, day centres and home help services, or any others. An infrastructure for services of very different kinds must be created as the law extends coverage to different levels of disability. Caregiving is a broad field in which various agents, both public and private, must be accommodated so that demand can be met and is predictable. However, this infrastructure is developing slowly and not at the pace foreseen, constituting another problem which the implantation of the Dependency Law faces. This is, surely, one of the explanations for why the majority of aid is targeted at remuneration of family caregivers, in open contradiction with the spirit of the law, for which this form of caregiving is considered of exceptional character. There is, also, probably a social inertia which slows the utilization of resources different from those involved in providing care in the home. As a result, not only must an infrastructure for caregiving services be created, but needs must also be channelled toward these new resources. It is necessary to set up a sector which attends to the diversity of demand for care, allowing for a greater plurality of agents than exist today. In addition to the autonomous communities and private businesses, the third sector and local governments can also play a more important role than they currently do because of their proximity to those in concrete need and their flexibility in providing services.

The third type of question refers to the territorial structure of Spain and the division of power between the state and autonomous communities. Flexibility in interpreting the content of the Dependency Law can be concretized in different ways, up to the point that it can lead to inequalities in the response made to citizens’ needs in different parts of the country.
This is a complex problem, not exclusive to Spain, and which arises, for example, in states with a federal or confederal structure, such as Canada, Germany and the United States.

**Care, gender equality and reconciliation**

As it is posed today, the issue of caregiving is closely related to gender equality and reconciliation between the domestic, work and personal spheres. Of the three concepts, that of gender equality has the longest history, although it is only in recent decades that it has effectively made it into legal texts and there is still a long way to go in regards to social practices. The Equality Act of 2007 constitutes a new approach to the application of the principles agreed upon at the World Conference on Women celebrated in Beijing in 1995 to advance gender equality. In contrast to considering gender equality as sectorial policy, which sees in women an additional sphere for government action, the concept of mainstreaming means the introduction of a gender perspective in all fields of direct and indirect state action, from those in which the fight for equality has a long history – such as education or employment – to others that are more recent, such as the media, healthcare, sport, culture, research, politics and business. In addition, the 2007 law went beyond equality of opportunity, introducing effective equality as an objective, which is the equivalent of stating that it is precisely inequality which is the abnormal.

Regarding the notion of reconciliation, it has its origin in the 1960s, when the growing incorporation of women into the labour market in some Western countries raised the issue of how to make this incorporation compatible with the responsibility to care for the children. From the full acceptance of the right of women to work, there is now widespread agreement on reconciliation as a new social necessity. There exists, however, a more advanced approach on this issue, incorporating men and discussing the effects of different policies for reconciliation on gender equality, which do not always go together. There are reconciliation policies such as part time work and extended parental leave (which are principally taken by women) which can maintain or even reinforce the division of social roles between men and women because of their impact on professional promotion or even integration into the labour
market. They are policies which reinforce the family model known as «one and a half earners», which is characterized by full time employment for the man on the one hand, and domestic responsibilities for the woman, which are made compatible with part time or sequential labour. Other policies, in contrast, look for co responsibility, for example, paternity leave as regulated by the 2007 Equality Act. With these types of measures the intention is to help men develop the right to be caregivers, in this way contributing to gender equality, because the assumption is that the burden of daily family responsibilities, which by default are assigned to women, must be shared, and this assumption is supported by the government. The high percentage of fathers that act on this right indicates that men also want to dedicate time to their children, without having to wait to be grandparents to experience with their grandchildren what they would have wanted to experience with their own children.

The concept of caregiving, which this book has extensively addressed, implicitly incorporates reconciliation and equality. If today these appear to be central issues it is because the old model of caregiving is no longer possible or desirable. It is also because the range of recognized needs has widened, as has identifying who is responsible for them. The new model that is beginning to emerge surely will not be unique, but it will be the result of a complex combination of demands and resources related to caregiving. Women cannot, nor will they want to be the only caregivers. The same can be said of the state or of the help from the private sector, whether it be for profit or non-profit. It is necessary to articulate the growing complementarity of the different agents and actors that intervene in the tasks of caring for others. This concretion, however, adopts different forms. The support of the state can consist of economic assistance to families or individuals that have some type of dependency, which, if it facilitates the right to provide care, can contribute to maintaining the old models which attribute caregiving to women. The state can, on the contrary, offer assistance in the form of public services, which reinforces the model of two job families and in this sense, favour equality and the reconciliation of work and family. It can encourage the incorporation of businesses, non-profits and volunteering in these increasingly socially necessary activities. And it can even go further, promoting the active incorporation of men in caregiving tasks through
policies, of which the creation of paternity leaves could be considered a first step.

Both situations of vulnerability and dependency, which involve the need for attention and care, as well as the aspiration for autonomy, are an essential part of life. The challenge today is to construct a model that combines reconciliation, equality and caregiving in a new framework which also permits the development of individuals’ potentials and accepts their limitations.
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Index of graphs, tables, charts and figures

Graphs

2.1 Rate of economic activity for women and men 16 years of age and older, 1978-2008 (2T) 36
2.2 Synthetic fertility index, 1978-2007 37
2.3 Marriages per thousand inhabitants, 1978-2008 38
2.4 Divorces per thousand inhabitants, 1978, 1995 and 2005 38
2.5 Average age of women at childbirth, 1978-2006 39
3.1 Percentage of the population over 60 years of age, by large geographic areas 54
3.2 Percentage of the population over 65 years of age by autonomous community (2007) 55
4.1 Persons with disabilities (over 6 years of age) by autonomous community, 2008 71
6.1 Rate of economic activity for women (16 years of age and older) by autonomous community, 1998 and 2008 (2T) 96
6.2 Rate of economic activity by sex (quinquennial age groups). Spain, 1998 and 2009 (2T) 97
6.3 Percentage of women that work part-time, 1996 and 2006 100
6.4 Percentage of women and men that work part-time. Spain, 2005-2007 101
6.5 Employment rate for men and women ages 25 to 49 by number of children. Spain, 2007 102
7.1 Caregiving grandparents by age and sex. Andalusia, 2005 112
7.2 Caregiving grandparents according to whether they care for grandchildren of a son or daughter and by sex and age of grandchildren. Andalusia, 2005 114
7.3 Caregiving grandparents by sex and daughters’ activity. Andalusia, 2005 115
8.1 Person that cares for elderly by certain types of tasks (%) 125
8.2 Attitudes of all caregivers regarding caring for the elderly (% in agreement) 127
8.3 Support given by elderly caregivers to the elderly by sex and type of task (%) 133

Tables
1.1 International comparisons of the GVA (gross value added) of domestic non-market production to the gross domestic product 31
3.1 Enrollment rate of children from 0 to 2 years of age by autonomous communities, school year 2008/2009 51
3.2 Population by major age groups in Spain, 2001, 2020 and 2050 56
3.3 Rates of coverage for certain social services for elderly (percentage of users 65 years of age and above). Autonomous Communities, 2008 60
4.1 Assessment of perceived state of health by sex and age group. Year 2006. Percentage of the population 65
4.2 Limitations in activities in the past 12 months caused by problems or chronic or long term illness by sex and age group. Year 2006 65
4.3 Average time dedicated weekly to care for the ill (hours:minutes) 66
4.4 Persons ages 6 and above with disabilities by type of disability. Year 2008 72
4.5 Percentage of persons with disabilities by type of assistance received. Year 2008 73
5.1 Distribution of activities in Spain, 2002-2003. Average times (hours:minutes) 81
5.2 Daily consumption of fruits and vegetables by sex and age group. Population 16 years of age and above (%) 84
5.3 Motive for the special dedication to the person requiring the most assistance in the household 86
6.1 Women dedicated to housework. Spain, 1988, 1998 and 2008 (2T) 94
6.2 Differences by gender in the time dedicated to caring for the children. Spain, 2002 (hours:minutes) 107
7.1 Tasks that grandparents participate in related to providing care to grandchildren. Andalusia, 2005 116
7.2 Who cares for ill children who cannot attend school by the number of children enrolled in school under 12 years of age (working mothers, percentages given vertically). Spain, 1998 117
9.1 Estimate of the potential net employment from the National System for Dependency (full time employment). Spain, 2010 140
9.2 Salaries for domestic service. Basque country, 2005 143
10.1 Family models and social policy mechanisms 164
11.2 Leaves for the care of children in Spain by sex of the parent 171
11.3 Benefits from the Dependency Law as of 1 November 2009 176

Charts
3.1 Contributions made by older persons 57
3.2 Profiles, types and degrees of dependency among the elderly 59
4.1 Characteristics differentiating illness and disability 70
5.1 Some of the consequences for women providing care to children 75
5.2 Consequences of caring for the elderly in situations of dependency 77
5.3 Responsible agents and programmes for the care of the elderly 79
8.1 Caregivers of the elderly, according to different surveys. Percentages 122
9.1 Some occupations related to formal care, according to the required profile and location/service where job is carried out 144

Figures
10.1 Transfers of resources between welfare generations through the state, the market and the family 157
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Constanza Tobío, M.ª Silveria Agulló Tomás, M.ª Victoria Gómez and M.ª Teresa Martín Palomo

(*) English version available on the internet
This study addresses the need we have during our lives to be cared for in periods when we cannot carry out the basic activities of daily life ourselves. Spanish society is providing different responses, both old and new, to this need that are giving form to a complex and new debate. The first part of the study addresses the concept of care, studying the dimensions that are based on an ethic of responsibility toward others, going beyond family support to the gradual recognition of new social rights that pose new political challenges. 

The second part analyses the diversity of needs of the young, the old, the disabled, and even those of caregivers themselves. The third part looks at the response to these demands for care, generally provided by family caregivers, either in exchange for pay or not, and in growing form by institutional measures, although these are still inadequate.

The challenge is to define a model which integrates a plurality of perspectives, positions and interests and oriented toward the egalitarian family in the context of the widespread incorporation of women in the labour market. Faced with traditional or liberal options, Spain seems to be opting for the spread of public services. However, factors such as financing, the inertia of family care, and the very territorial structure of the country may end up shaping a different model.