
Framing caregiving work for older people in Spanish public policy: gender, power and social justice

Construcciones políticas del trabajo de cuidado de personas mayores dependientes en España. Género, poder y justicia social

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Resumen

La “crisis de los cuidados” es un tema recurrente en los debates y estudios feministas. El déficit es particularmente grave en las sociedades envejecidas como España. En el cuidado de personas mayores dependientes, el familiarismo prevalece, lo cual implica una dependencia permanente de la familia, y en su estructura de género, como proveedor de ayuda y apoyo. Al mismo tiempo, las trabajadoras domésticas migrantes atienden cada vez más a las necesidades de cuidados de las personas mayores. Así, las tareas de cuidados permanecen en manos de mujeres. En este artículo se argumenta que mientras las mujeres, nativas y migrantes, llenan las lagunas en el Estado de bienestar, el reconocimiento del trabajo de cuidados —y la redistribución de los recursos y las responsabilidades— son cuestiones vitales para las investigaciones feministas. El estudio empírico se basa en un análisis discursivo de las políticas públicas en torno a la dependencia y el empleo del hogar, así como las políticas de austeridad que afectan a la política social en España. Se hace hincapié en que las políticas públicas tienen un papel importante en la construcción de trabajo de cuidados; influyen en las posiciones de las cuidadoras, la valoración de su trabajo y su estatus de trabajadoras y cuidadoras. Las cuidadoras familiares y las trabajadoras domésticas se construyen de manera muy diferente, pero tienen en común que realizan un trabajo infravalorado.

Palabras clave: trabajo de cuidados, género, personas mayores, dependencia, trabajo doméstico, políticas públicas, reconocimiento, redistribución.

Abstract

The “care crisis” has been a recurrent theme in feminist debates and research. The care deficit is particularly severe in the ageing societies of Southern Europe. In Spain, familialism prevails in eldercare. This implies a permanent trust on the family, and its gender structure as provider of help and support. At the same time, studies show that migrant domestic workers increasingly meet the care needs of older dependent people. This article argues that as long as women, natives and migrants, fill the gaps in welfare

provision, the recognition of caregiving work – and the redistribution of resources and responsibility for care – are vital issues for feminist research. By means a discourse-oriented policy analysis this article examines key policy texts related to dependent care and household employment as well as austerity measures that affect social policy. The article highlights that public policy has an important role in constructing caregiving work. Public policy shapes the positions of caregivers and care workers, the valuation of their work, and their status as workers and carers. While family carers and domestic workers are constructed very differently, two categories of carers have in common that they perform undervalued work.

Keywords: care work, gender, older people, dependency, household employment, public policy, recognition, redistribution.

INTRODUCCIÓN

The concept of ‘care crisis’ has attained major relevance in Spain as studies accentuate that the traditional model of informal family care for older dependent people is not sustainable (Vega Solís, 2009; Pérez and Gil, 2011). In Spain, eldercare is to a large extent constructed as a private family concern and as women’s work. Family caregivers are predominantly middle-aged unemployed women of working class background. To provide care for an older family member in the home is emotionally and physically heavy work and it is often carried out by the primary carer in isolation. As a consequence, the great majority of the family carers report negative effects on health, economic situation and/or social life (Roger García, 2010). While family care prevails, there is also an increasing ‘commodification’ of care which goes mainly through the employment of domestic workers for home-based care. In many cases, the workers are expected to do very long hours, particularly live-ins who are on call 24 hours to respond to the older person’s needs. Caring for older people in private homes has turned into a frequent field of employment among migrant women. The great majority of live-in workers are migrants and many are undocumented (Martínez Buján, 2010, 2011; Agrela Romero, 2012; Escriva and Skinner, 2008). To address the question of how to best meet the care needs of older people has become urgent. This article argues that as long as women, natives and migrants, fill the gaps in welfare provision, the recognition of caregiving work – and the redistribution of resources and responsibility for care – are vital issues for feminist debates and research.

Public policy promotes certain forms of care and (re)produce normative ideas about who should care, how and where. In this vein, policies shape the positions of caregivers and care workers, the valuation of their work, their rights and social status. This article focuses on the framing of caregiving work for older people in public policy, looking into both family care and domestic (care) work. The empirical analysis examines policy reforms on dependent care (2006) and household employment (2011). It also looks into the legitimization of recent cutbacks in social policy (2012) in the name of austerity. Using the notions and recognition and redistribution, the analysis reflects on the role of the state in the valuation of care work.

CARE, GENDER, REGIMES

Care involves complex and multifaceted relations and activities. Drawing upon feminist theories of care, I here briefly present some key ideas regarding care and caregiving work. Care is associated with social reproduction – the “array of activities and relationships involved in maintaining people on a daily basis and inter-generationally” (Glenn, 1992: 1). Care for older people can be linked more specifically to the notion of dependency¹. In this vein, the core of caregiving work is the dependency of the other person; that she/he cannot manage daily life activities by her/himself (Wærness, 1984). Care work, paid as well as unpaid, is intrinsically gendered work and gendered power relations are at the heart of the construction and valuation of care work. Among the key contributions of early feminist research was the reclaiming of women’s unpaid care work *as work* (Leira and Saraceno, 2002). Feminist research has problematized the association of skill with male-dominated work, questioning the naturalization and undervaluation of women’s caring skills (Rose, 1994). Numerous studies have pointed out that care work intersects with power relations related to class, race/ethnicity and migrant/citizen status (see Sainsbury, 2014). Theories of global care chains (Hochschild, 2001) have raised questions regarding different forms of social inequality involved in the global economy of care. The need to recognize care work as a public good has been emphasized and, in connection, the need to upgrade the status of the work (Williams, 2001).

Care is closely related to social citizenship and the welfare state. Feminist social policy analysis has revealed that welfare states accord women a second-class citizenship because of their involvement in unpaid caregiving work (O’Connor, 1993; Orloff, 1993; Knijn and Kremer, 1997; Lister, 1995). An inclusive citizenship has been envisioned, based on the assumption that every citizen, male or female, at some time or another has to take care of people they care about (Knijn and Kremer, 1997). Within this framework, care must be recognized through rights and entitlements for those providing and receiving care. European care regime research explores the care dimensions of welfare states and the diverse ways of distributing paid and unpaid, family and non-family, public and private modes of care provision (Anttonen and Sipilä, 1996; Daly, 2001). In a comparative perspective, the Nordic model of universal care comes closest to an inclusive citizenship. Social policy involves a universal right to receive help and support in daily life and publicly financed care services are extensive. In the Southern European family care regime, in contrast, social rights related to care-giving and care-receiving are much more limited. Familialism prevails in eldercare, as well as in the care for small children and people with disabilities. This means a permanent trust on the family and its gender structure as provider of help and support (Saraceno and Keck, 2010). However, the care deficit is severe in the ageing societies of Southern Europe. Studies have shown the importance of variations in care regimes for the expansion of care markets where migrant

1. For a critical discussion on the concept dependency, see Bacchi and Beasley (2005).

workers are a growing supply of paid care labour (Simonazzi, 2009; Lutz and Palenga-Möllenbeck, 2011; Williams, 2012). Focusing on eldercare, scholars have discerned a transition from the family care model toward a ‘migrant-in-the-family’ model of care (Bettio, Simonazzi and Villa, 2006). A much higher percentage of migrant women are employed in paid domestic work in Spain, Italy and Greece — the three countries with the poorest public provision of care services — than elsewhere in Europe (Kofman, 2010).

This article emphasizes that the family care regime and the migrant-in-the family model of care coexist and are interrelated with each other. Therefore the analysis of the framing of caregiving work for older people needs to consider both paid and unpaid care, performed by family carers and domestic workers. Public policy plays a vital role in shaping the positions of family carers and domestic workers. The analysis of the different categories of caregiving work aims to shed some light on the overall valuation of care in the Spanish context.

POLICY ANALYSIS: CAREGIVING WORK AND SOCIAL JUSTICE

This article focuses on the political framings of caregiving work for older people. For this, the analysis examines Spanish policies on dependent care and household employment. These policies shape the positions of paid and unpaid caregivers, the valuation of their work, their rights and social status. The policy analysis focuses primarily on the legal reforms carried out in the two different fields. Austerity policies are also examined to grasp the legitimization of the cutbacks in care-related benefits and services and the downplaying of the care deficit as a policy problem.

From a feminist perspective, to get care on the political agenda is vital, but the framing of the issue is just as important (Sainsbury, 2014). Focusing on the construction of meaning, the analysis uses a discursive approach to public policy. The question to be explored is: How is caregiving work for older people represented in public policy? Drawing upon Carol Bacchi’s approach to policy analysis (2009), the focus falls on how problems are represented in policy. The approach aims to capture the ways in which policy shapes the world through the framing of ‘problems’ and government ‘solutions’ and the construction of concepts, categories and subject positions (Goodwin, 2011). The problem representations are also subjected to critical scrutiny. This involves exploring the normative assumptions that underpin the problem representations, considering what is left unproblematic and reflecting on the silences and effects produced by framing a problem in a specific way (Bacchi, 2009). The analysis examines what forms of knowledge, or discourses, the policy problem relies upon. Discourses can be seen as systems of thoughts composed of ideas, beliefs and practices (Lessa, 2006). As such, they make visible certain issues and marginalize others. Formal institutions such as laws and regulations attribute authority to discourses; they officially confirm particular ways to categorize and ascribe rights and duties to different social groups creating hierarchies of needs, rights and

obligations (Brodin, 2005). Following from this, policy analysis is a critical tool for understanding the positions of caregivers and the valuation of care work.

In her theory of social justice, Nancy Fraser (2007, 2000) argues that recognition – and misrecognition – stem from social institutions, such as law, governmental policies and practices, wherein some categories are constituted as normative and others as inferior, excluded or simply invisible. Within this vein, recognition is considered a question of institutionalized value patterns, politics and justice, not an individual ethical question (Dahl, 2004). Fraser argues that economic and cultural injustices are essentially interrelated and hence claims for recognition must be linked to claims for redistribution. Feminist struggles for redistribution cannot succeed unless they are joined with struggles for cultural change aimed at revaluing caregiving and the feminine associations that code it. Likewise, in view of gross economic inequalities recognition claims are liable to the charge of being “merely symbolic” if they are not linked to questions of redistribution (Fraser, 2007: 32-33). In this article, the analysis of recognition is linked to a critical discussion about redistribution.

FRAMING CAREGIVING WORK FOR OLDER PEOPLE IN SPAIN

Family care

Eldercare entered the national political agenda with the 2006 *Personal Autonomy and Dependent Care Act* (here referred to as *Dependent Care Act*). The Act laid the foundations of the SAAD System for Autonomy and Care for Dependent Persons, referred to as the fourth pillar of the Spanish welfare state. The Act established a universal right to support, a catalogue of social services was developed and an allowance for family care was introduced. The right to benefits and services is established through an evaluation of the level of dependency of the individual applying. After that, the help (e.g. social services or economic benefits) is established within the framework of the so called Individual Care Program (*Programa Individual de Atención*). The Act promoted dependent people to live at home as far as possible. At the same time, it stated that social services should be prioritized and allowances for family care should only be exceptional. This policy reform created high expectations regarding the extension of social citizenship in Spain. However, the implementation of the *Dependent Care Act* coincided with the beginning of the economic crisis. The norm of austerity underpins recent cuts in social spending in dependent care policy (Rodríguez and Marbán, 2013; Ibáñez and León, 2014). While public services have been reduced, the care allowance has become widespread (Martínez Buján, 2010). Studies show that the care allowance amount to approximately 50 percent of all benefits and services (Rodríguez and Marbán, 2013: 214). Importantly, informal family care is the main form of care for older people in Spain. A study has shown that 83 percent of older people with care needs receive

informal care, 13 percent use private care services and 7 percent have public services (Roger García, 2010: 329). Considering the austerity measures and problems of implementation, the reform is probably largely of symbolic significance, a substantial change is still pending.

In the following, I will analyse the framing of family care as articulated in Spanish public policy. The 2006 Dependent Care Act has involved a shift away from the construction of care for older people as almost exclusively a family matter. The reform has implied a significant change as the care needs and citizenship rights of ‘people in situation of dependency’ turns into a public concern and a visible policy problem:

“The care for dependent people and the promotion of their autonomy constitute one of the principle challenges of social policy in developed countries. The challenge is nothing else but attending to the needs of those who, because of their situation of special vulnerability, require support to carry out essential daily life activities, to achieve more personal autonomy and to be able to exercise their citizen rights” (Act 39/2006).

The ‘problem’ of dependency is strongly related to the ageing of the population. Indeed, the new legislation grants rights to younger people with disability as well, but it is underlined that dependency often goes hand in hand with ageing. The development and future prospects for Spain in terms of the ageing population motivates the representation of dependency as an urgent problem that needs to be addressed:

“In Spain, demographic and social changes are producing a progressive increase in the dependent population. First of all, it is necessary to consider the significant growth of the population over 65 years old, which has doubled in the last 30 years to go from 3.3 million people in 1970 (9.7 per cent of the total population) to more than 6.6 billion in 2000 (16.6 per cent). To this we must add a demographic phenomenon called ‘ageing of the ageing’, i.e. the increase in the population over 80 years old, which has doubled in just twenty years. Both issues reflect the new reality of the older population, involving problems of dependency in the later stages of life for an increasingly broad group of people” (Act 39/2006).

The White Paper for Dependent Care (IMSERSO, 2005) was elaborated on the initiative of the Socialist government and was used as a point of departure to discuss and negotiate the future law. The White Paper states that the reform should advance in ‘social justice’, making public institutions responsible for the work women have traditionally performed and guaranteeing the care for dependent persons. In contrast, the Act does not frame the issue in terms of social justice, but women are represented as playing an important role in caregiving work as well as in recent social change.

“One should not forget that, until now, it has been the families, and especially women, who traditionally have taken care of dependent persons, which constitutes what has come to be called ‘informal support’. The changes in the family model and the progressive incorporation of almost three million women, in the last decade, in the labour market introduce new factors in this situation which makes a reform of the traditional system of care essential in order to secure an adequate capacity of care provision for those who need it” (Act 39/2006).

The Act emphasizes that women’s informal care can no longer assume the whole burden. This does not mean that the Act challenges the gendered division of labour in dependent care. The gendered division of labour is taken for granted. Care for older dependent people is framed as a women’s issue in the sense that most carers are women. Gender equality and men’s participation in and responsibility for care for older dependent people are absent issues, in the law as well as in the preceding parliamentary debates (Peterson, 2011).

The Act establishes different categories of care. Professional care and non-professional care are categories represented as opposites. These categories² are defined in the Act in the following way:

- Non-professional care: The help given to people in situation of dependency in their homes, by family members or people from their surroundings, not linked to professional care.
- Professional care: provided by a public institution or entity, for-profit and non-profit, or self-employed professional whose purpose is to provide services to people in situation of dependency, be it in their homes or in a service centre.

The categories of professional vs. non-professional care can be seen as hierarchically organized with family care-giving as subordinated to professional care work. Professional care is connected with care in the public sphere and non-professional care is linked with private sphere, associated with informal care performed by women on an unpaid basis. The care allowance is represented as an “economic benefit for care in the family setting and support for non-professional carers”. The introduction of the allowance can be interpreted as a form of recognition of the care performed by the family caregiver; the family carer becomes a visible figure in public policy and the care work is attributed (some) economic value. The non-professional carers would get access to social security through a special agreement (*convenio especial*). Their social security contributions, paid by the state, would give them access to certain social rights such as pensions and permanent disability

2. Two other categories of care are mentioned; personal assistance and care provided by the third sector characterized by non-profit solidarity work.

pensions (Act on Social Security for Carers 615/2007). Non-professional care-givers would also get access to training and care-for-the-carer programs.

While recognized as carers, they are not recognized as a worker. Given that the non-professional carer is not recognized as a worker s/he is excluded from unemployment benefits, maternity leave, regulations of working conditions and working time, the right to vacations, etc. It is the individual in situation of dependency who is entitled to the economic benefit, not the caregiver. However, the non-professional caregiver needs to assure, in writing, full-time dedication to care for the dependent person (or, alternatively, part-time, with a reduced care allowance). The care allowance depends on the level of dependency, the income of the dependent individual and whether the care-giver provides full-time care. Studies have shown that full-time in this context often means attending to the older person's needs 24-hours a day (Roger García, 2010). The allowance is definitively not thought of a salary but as a family support. As such, the maximum amount, 487 in 2007 (Real Decreto 727/2007), is far below minimum wage. Thus, the family carer is recognized as a caregiver but not as worker and this strongly conditions their caregiving work. While the introduction of the care allowance can be considered as a form of recognition in terms of visibility and support, the lack of redistributive elements necessarily challenges the recognition achieved.

Domestic (care) work

The employment of domestic workers to perform care for older dependent people in their homes has become a common practice. Among older dependent people, 10.4 percent have domestic workers as primary caregiver and the percentage goes up to 14.5 percent when including workers who are not live-ins (Martínez Buján, 2011: 102). The tasks that domestic care workers perform are diverse and span from cleaning, cooking and washing clothes, to accompaniment and personal and nursing care. The care performed by family carers and domestic workers are similar in terms of time and tasks performed; the care responds to similar demands (Roger and Martín-Coppola, 2010). However, at the policy level, family care and domestic care work are clearly separate.

The *Special Regime for Domestic Workers* was first created in 1969 during the Franco regime. Regulated only by civil law, the 'atypical character' of work in the home justified the exclusion of domestic workers from labour law until the 1985 reform (León, 2013). The Special Regime for Domestic Workers of 1985 also provided far less social protection than the General Regime of the Social Security system. Written employment contracts were not required, workers were excluded from unemployment benefits, professional illnesses and accidents were not recognized, sickness leave was covered only from day 29, up to 45% of the salary could be paid in kind (food and housing), presence time without pay was accepted, and so on. The employer was required to pay Social Security contributions only if the number of working hours exceeded 20 hours per week. By

appealing to the priority of rights of private family life, workers' rights were subordinated to employers' rights (León, 2010; Peterson, 2007). A legal reform, the *Act on the Special Labour Relation of Household Service* of 2011 (here referred to as Household Employment Act), has addressed the labour — and social rights of domestic care workers. The reform was elaborated during the Socialist government in the context of the ILO Convention concerning decent work for domestic workers (Peterson, 2011). The regulation has already been modified. Act 29/2012 made it possible to make workers responsible to manage their own affiliation and contribution to social security when working less than 60 hours monthly in a household and when working in various households. The domestic worker is then responsible for any failure of registering and contributing to Social Security.

In this section, I will analyse the framing of domestic work as articulated in the public policy. The Household Employment Act addresses the problem of household employment in terms of undignified working conditions and lack of workers' rights. 'Dignifying the working conditions' is stated as the central objective of the regulation. Within this vein, the reform has implied moving towards a notion of domestic work as 'normal' work; domestic workers are recognized as workers with rights and obligations similar to other categories of workers.

The rights linked to formal household employment have improved in various respects. The Act establishes that the salary and the tasks to be performed have to be agreed on by both parties and specified in an employment contract. It is also established that the salary cannot go below minimum wage, including live-in workers who can receive part of the salary in kind. The principle of anti-discrimination applies in the selection of workers. Social rights are acknowledged as domestic workers have the same rights as other workers in terms of reconciling work and family life, including the right to paid maternity and paternity leaves and other unpaid leaves. Sick leave benefits are to be conceded after the 4th day of illness. When it comes to working time, the weekly working hours cannot exceed forty hours of 'actual work', but up to twenty hours of 'presence time' is allowed. In any case, the working hours have to be specified in the contract and presence time has to count as paid working hours or be compensated with time off work. As for the live-in modality the rights have also improved. Live-ins have the right to at least two hours off for meals during the day. The minimum of hours of rest between workdays is settled to 12 hours. The requirement of live-in workers to spend the night in the home of the employer must be specified in the contract. The workers are free to decide where they want to spend their vacations, they are not obliged to accompany the family.

With the 2011 reform domestic workers has moved towards rights based on the principle of equality/sameness, but difference still matters. Special rules apply in this work given the 'special' labour-relation. The Act seeks a 'balance' between equality and difference:

“Changes in the legal framework of the special employment relationship of domestic service is approached from a perspective that seeks to balance the

maintenance of differences, where these have an objective and reasonable justification, with the reduction or elimination of differences, when it becomes clear that their reason for being can no longer be motive” (Act 1620/2011).

The rights of domestic workers have indeed come closer to ‘equal rights’. However, ‘different rights’ can be maintained when the difference in the character of the work ‘objectively’ justifies this. Defining the work as special and different from other kinds of work hence continues to legitimize different — and weaker rights. For instance, domestic workers continue to be excluded from the right to unemployment benefits and the employers still have the right to dismiss the worker at any time in the case they ‘lose confidence’ in the worker. What motivates this special treatment of domestic workers is represented as ‘well known’, or in other words, common sense:

“The particular conditions in which the activities of the people who work in domestic service are carried out, which justify a specific and differentiated regulation, are well known. In the first place, the sphere in which the service is provided, the family home, so closely related to personal and family intimacy and totally alien to and different from the common denominator of labour relations, which are carried out in environments of productive activity dominated by the principles of the market economy; and, secondly, and corollary of the previous, the personal link based on a special relation of confidence that, from its beginning, presides over the labour relation between the head of the household and the domestic worker [el trabajador], which does not necessarily exist in the other types of work relations” (Act 1620/2011).

While productive work is located in the market economy it is assumed that domestic work follows a different logic, linked to reproductive work, family, intimacy and confidence. As such, household employment is associated with women’s unpaid reproductive work and the home is constructed as a sphere where the market economy labour relations do not apply. The Act establishes a clear hierarchy between reproductive and productive work given that paid domestic work is connected with weaker rights. This hierarchy is inherently linked with gendered power relations. Gender structures the division of labour, between paid productive labour and unpaid reproductive labour, assigning women the primary responsibility in the latter. Gender also structures the division within paid labour, between higher paid male-dominated occupations, and lower paid, female dominated occupations. Nancy Fraser (2007: 26) argues that recognition — and misrecognition — is about institutionalized patterns of cultural value as expressed in law, policy and practices. While the new regulation clearly improves the legal rights and conditions of domestic work, the misrecognition of domestic work, a work coded as feminine and linked to social reproduction, is also institutionalized by the law. It frames it as natural that domestic work is linked to weaker rights.

The Act motivates the reform by referring to ‘social transformations’ and the ‘natural evolution of habits’. The legislation has to ‘adapt to the new circumstances’. The Special Regime for Domestic Workers has simply become ‘outdated’. Gender equality is not addressed, but the ‘feminization’ of paid domestic work is mentioned as buttressing the need for a reform. Pointing out women’s predominance in this work can be considered a recognition in terms of making women’s work visible. However, the entire legal text refers to domestic workers exclusively in the ‘neutral’, masculine, form of worker (*el trabajador*).

While domestic work is linked to reproductive work, the tasks included as part of household employment actually go beyond what is traditionally considered reproductive work. The activities included in this category of work are quite diverse, including gardening and driving:

“The objects of this special employment relation are the services and activities provided for the family home, which may take any form of housework, such as management and care for the home as a whole or some of its parts, care for and attention to family members or people who are part of the household, and other tasks that are developed as part of the household work as a whole, such as child care, gardening, driving and other similar tasks” (Act 1960/2011).

In this list of tasks, care becomes just another activity among others performed in and around the household³. While childcare is explicitly mentioned, care for dependent older people is not declared to be part of this work. In spite of considering the social changes as a motivation for the reform, the Act does not at all address the fact that the household employment sector increasingly involves care for older dependent people, often within the live-in modality as the workers live together with the older person they care for. The policy does not take into account the specific tasks, skills and characteristics of eldercare. This means that being responsible for and taking care of an older person with Alzheimer is not categorized as different, or more qualified, work than for instance ironing, cleaning, or driving a car. The employment of domestic workers for eldercare is invisible and the Act thereby obscures the widespread need for and use of domestic care workers in the absence of publicly financed care services. Following from this, the undervaluation of this work can be said to be legally constituted.

Care in times of austerity

The implementation of the Dependent Care Act, from 2007 and onwards, coincided with the beginning of the economic and financial crisis. The austerity measures adopted in

3. Official statistics on employment and social security do not differentiate between the different types of domestic service in Spain.

this context have harshly affected the policy on dependent care. The Socialist government in power until 2011 began the structural reforms cutting social spending. However, it is under the Conservative government that the all-encompassing structural reforms of a variety of public policies have been carried out. In 2012, the government adopted the Budgetary Stability and Competitiveness Act 20/2012. Among other things, the economic benefits for family care were reduced. The maximum benefit established for the level of 'great dependency' would be 442.59 for those beneficiaries already in the system and 387.64 for new beneficiaries. Other measures involved reducing the intensity of home care. This meant that the maximum hours (e.g. great dependency) decreased from between 70 and 90 hours per month to between 46 and 70 hours per month. Incompatibilities were established prohibiting the combination of different kinds of services and benefits. The state would no longer pay for the social security of non-professional carers. Caregivers would be able to continue as registered by the Special Agreement, paying their own social security contributions. However, the great majority of the family carers were thereby excluded from the system.

Next, I will look into how the austerity policy legitimates the cutbacks in benefits and care services for older dependent people. In the Budgetary Stability and Competitiveness Act the key problem is framed as the sustainability of the public sector. Macroeconomic stability, credibility of Spain towards the financial markets, and the public deficit are problems linked to the concept of 'sustainability'. Structural adjustments are justified by referring to the recommendations for Spain presented by the European Union. The policy measures involve a 'substantial reduction' of the public deficit in a relatively short time. 'Austerity' and 'efficiency' are framed as the objectives:

"It is about an ensemble of measures that must be adopted in order to offer a structural and coherent change that, as a whole, enable the achievement of the austerity objectives and the efficiency of the Public Administrations" (Act 20/2012).

The Dependent Care Act is acknowledged as involving progress in terms of increasing people's 'well-being'. Nevertheless, the major problem is not the care deficit but the 'present and future sustainability' of the dependent care system. The notion of sustainability is related to the priority of budgetary stability. The central government and the regional governments, it is stated, agree on the need to 'undertake improvements to secure the sustainability of the system'. Improvement, hence, is connected to reducing costs.

The legitimation of the legal changes in the dependent care policy is underpinned by the idea that there are only a limited range of thinkable policy measures. In the context of the economic crisis, neo-liberal solutions appear as the only alternative. Neo-liberalism exceeds particular positions on particular issues, extending the rationality of the market to all institutions and social action: all dimensions of human life are cast in terms of market rationality. Within this vein, social policy must first of all be cost-effective. At the same time, as Wendy Brown (2003) argues, neo-liberalism is a political rationality, not merely

economic. The austerity policy involves a political reframing of the problem of eldercare. The care deficit is only secondary to the ‘real’ problem, the public deficit. Sustainability does not at any time refer to sustainable care. By this way of framing the problem, the Act ignores what the structural reform and restrictions in social rights will mean for the lives of older people with care needs and their caregivers.

CONCLUDING REFLECTIONS

Eldercare policies constitute an important issue for feminist care- and social policy research given the dominance of women, and the gendered coding, of care work. Seeking solutions to the care deficit, public policy also conditions caregiving work. I have examined the ways in which Spanish public policy frame the caregiving work for older people performed in the home, looking at the framing of family care and domestic (care) work. The analysis highlights the role of the state in the valorisation of care work, with reference to the concepts of recognition and redistribution.

The concept of recognition must be understood with attention to the specific context in which the policies emerge. The introduction of the care allowance in Spain can be seen as a form of recognition of the care performed by family caregivers. Until the Dependent Care Act, women’s unpaid care for older family members was invisible in the policy discourse. However, this form of recognition can be criticized as (merely) symbolic; a recognition that contributes to making visible this category of caregivers. The family carer is recognized as caregiver but not as a worker, and the link to redistribution is extremely weak. The lack of worker status has important consequences for the family caregivers’ lives; they lack social rights, an income to live on and decent labor-related rights and conditions. What is more, the care allowance is also a problematic form of recognition because the policy may perpetuate the gendered division of labor in eldercare, a division that is not questioned in any way in the policy on dependent care. The introduction of the care allowance and the subsequent proliferation of this ‘solution’ to the eldercare problem reinforce the norm of family care over social care services. With the Household Employment Act domestic work has been reframed as ‘real’ work, involving an improvement in the regulation of working conditions, social citizenship rights and salaries. In contrast to the family caregiver, the domestic worker is framed as worker — but not as a caregiver. Public policy ignores that domestic workers are filling the gaps in eldercare provision. There is no mention of the specific skills and qualifications required in eldercare. The proposal, put forwards by trade unions and domestic workers organizations, to introduce a pay scale according to tasks would be a step towards a recognition of eldercare in the domestic service sector. However, this is difficult in a context where there is no official recognition of eldercare being performed by domestic workers.

In line with Joan Tronto (2011), the analysis presented here points at the vulnerability of caregivers, care workers and older care recipients within a neo-liberal political context.

A neo-liberal logic prescribing austerity and cost-efficient social policy legitimizes the shift in focus from the care deficit to the public deficit. Older people with care needs, family caregivers and domestic workers are all marginalized as subjects within the policy discourse stressing the public deficit over the care deficit.

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