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**Families and Migrants on the
Foundations of the Spanish Welfare State**
A diversion towards informality in the carework for dependent people



Raquel Martínez Buján
Antía Pérez Caramés



ESOMI. Faculty of Sociology
University of A Corunna (Spain)

Objectives:

- To analyse the role played by public dependent care policies and their impact on the creation of an ***informal care economy***.
- To identify ***family strategies for the provision of care***: How is family care work distributed? How is it externalised? How is it privatised?
- To quantify the ***future imbalance between the supply and demand for care***.

Quantitative Methodology:

- 2001 Housing and Population Census
- Municipal Residents Census
- Natural population movements
- 1999 Survey into Disabilities, Deficiencies and Health
- 2008 Survey into Disabilities, Personal Autonomy and Dependency Situations
- IMSERSO Survey (2004), “Informal Support for the Elderly”
- “System for Autonomy and Care for Dependents” Statistics.

Qualitative Methodology:

- 20 In-depth interviews targeting family member carers
- 30 in-depth interviews targeting female immigrant carers within the domestic service sector
- 30 in-depth interviews targeting families employing immigrant carers
- 10 in-depth interviews targeting NGO employees

2008 coverage rates for various care services for persons with some form of dependence

	SAD (Home Help Service)	Phone assistance	Day Centres	Homes	Total
No. of users/ places	305.801	261.433	47.624	298.870	913.728
Over 65s			7.531.826		
Coverage rate	4.06	3.47	0.63	3.97	12.13

Source: *Las personas mayores en España. Informe 2006 (The Elderly in Spain. 2006 Report)*. IMSERSO (MTAS). SAD and Phone Assistance data refer to the number of users, whilst in the case of the Day Centres and Homes, the numbers refer to the places. The population data for the over 65s come from the Municipal Residents' Census (2007 INE, www.ine.es). We have used the population aged 65 or over as of 1 January 2007 in order to calculate the coverage rate.

Family responsibility and the State vacuum

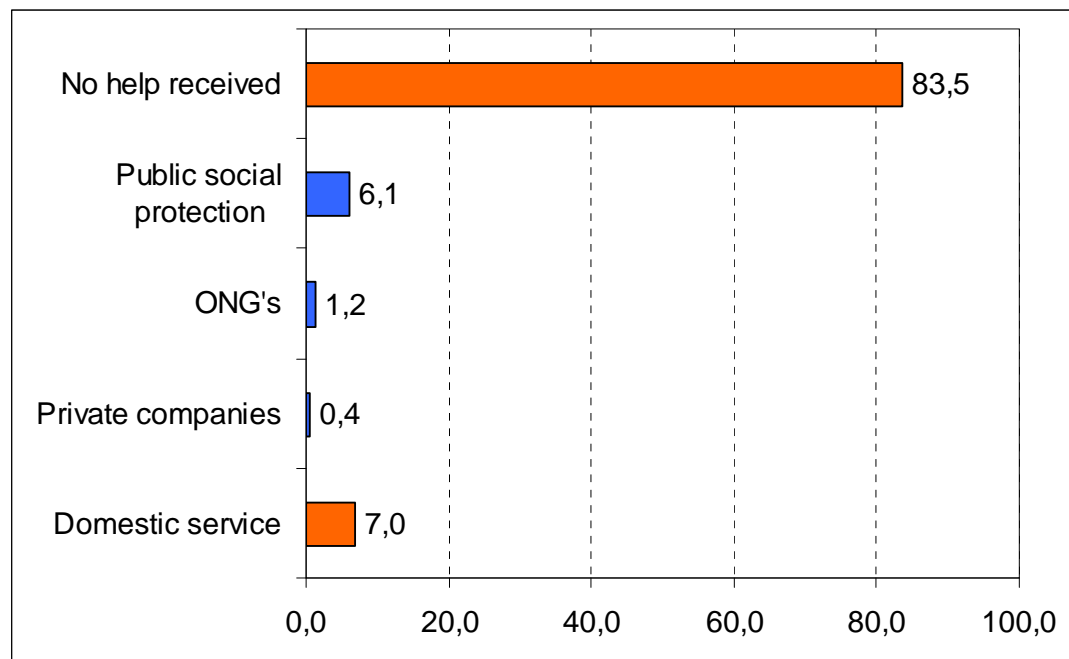
The lack of an effective public care network places the onus for the provision of care on families, and especially women, who play a leading role in care work.

- 40% of dependents that receive care from family members are looked after mainly by their daughters, compared to 29% of wives.
- On average, care is provided over a six year period, during an average of eleven hours per day.

Family strategies for coping with care requirements:

- **Family takes full responsibility for care:**
 - With a single carer, (who either gives up or has never been in formal employment)
 - With various carers (who share the care work)
- **Externalised care**
 - Hiring an immigrant domestic worker
 - Resorting to companies and institutions
 - Provision of care from the public sector

Type of help received by families with dependent elderly people



Source: IMSERSO (2004), Apoyo Informal a Mayores, Madrid, IMSERSO

A mere 7% of carer families opted to externalise care work by hiring a female immigrant. However, the impact of this labour segment on this group is considerable: experts from various organisations claim that 90% of the offers they receive for domestic work are related to caring for the elderly.

Boosting the domestic care sector through social protection (I)

In addition to the ageing of the population, the entry of women onto the labour market and the scant development of the social protection network for dependents, in recent years a number of legislative social protection measures have been introduced that have impacted on the structure of the care labour market within the domestic scene.

Spanish Act 39/2006 for the Promotion of Personal Autonomy and Care for Dependent Persons (otherwise known as 'The Dependency Act'), which came into effect on 1 January 2007 and has become the principal tool for the transformation of the philosophy upon which the Spanish welfare system was based.

Boosting the domestic care sector through social protection (II)

The principal modifications are related to the following: protection for dependents regardless of their age and previous labour experience; demand for a basic level of protection for dependents; the standardisation benefits throughout Spain and introduction of new social service measures for personal care, both in terms of the social services provided and financial aid.

With regard to this latter aspect, it is important to stress the priority the Act gives to social services with regard to the financial aid required in order to meet dependency requirements. These are only granted in the event that the dependent's environment does not possess the necessary social care resources.

Despite this hierarchical structure for social services, the question of financial aid has had the greatest social and media impact and has been insistently reiterated by the government. In addition, these subsidies have contributed to the greatest extent in the privatisation of family care and the externalisation of assistance to the domestic service sector.

Financial benefits contemplated in the Dependency Act (Act 39/2006)

Service-linked financial aid

This is provided in those cases in which “access to a public or subsidised care and assistance service is not possible, in accordance with the degree and level of dependence and the beneficiary’s financial capacity”. This benefit is linked to the acquisition of private social services (article 17, Act 39/2006).

Financial aid for care within the family and non-professional carers

This is awarded “under exceptional circumstances when the beneficiary is being cared for by the family” and is pursuant to a number of living and inhabitation conditions in the home.

Financial aid for personal assistance

The aim is “to promote the autonomy of persons with a high degree of dependency. The objective is to contribute to hiring a person for a number of hours who will enable the beneficiary to access education and the labour market, as well as greater autonomy in basic day-to-day activities” (article 19, Act 39/2006).

Maximum financial benefits established by Act 39/2006 according to degree and level of dependency (euros / month)

Degree and level of dependency	Service-linked financial aid	Financial aid for care within the family and non-professional carers	Financial aid for personal assistance
Grade III. Level 2	€780	€487	€780
Grade III. Level 1	€585	€390	€585

Source: Royal Decree 727/2007 dated 8 June and published in Official Spanish Gazette (BOE) no. 138: 25256-25259

Benefits included in Act 39/2006

Benefits	Beneficiaries	Percentage
Prevention, dependence and promotion of personal autonomy	1.214	0.3
Phone Assistance	17.929	4.9
Home care	53.363	14.6
Day / night care	18.801	5.1
Care in Homes	81.355	22.2
PE linked to service	22.904	6.3
PE Family and non-professional care	169.987	46.4
PE personal assistance	454	0.1
TOTAL	366.007	100.0

Source: "System for Autonomy and Care for Dependents statistics"

(<http://www.imsersodependencia.csic.es/documentos/estadisticas/indicadores/saad/estadisticas-saad-abr-2009.pdf>)

Demographic aging in Spain: the current situation and process

- Two demographic factors explain the process and intensity of demographic aging in Spain:
 - The fall in **fertility** levels (currently 1.3 children per woman)
 - Increasing **life expectancy** levels, which now stand at 80.2 years (77 for men and 83.5 for women)
- Since the early 20th century, the number of persons over 80 has risen steadily, which in turn has led to a greater number of dependents.

EVOLUTION OF THE ELDERLY POPULATION IN SPAIN ACCORDING TO AGE GROUPS, 1900-2008

	Total for Spain	65 and over		80 and over	
	Absolute	Absolute	%	Absolute	%
1.900	18.618.086	967.754	5,2	115.365	0,6
1.910	19.995.686	1.105.569	5,5	132.615	0,7
1.920	21.389.842	1.216.693	5,7	143.014	0,7
1.930	23.677.794	1.440.739	6,1	177.113	0,7
1.940	25.877.971	1.690.388	6,5	222.498	0,9
1.950	27.976.755	2.022.523	7,2	272.478	1
1.960	30.528.539	2.505.165	8,2	368.975	1,2
1.970	34.040.657	3.290.673	9,7	523.656	1,5
1.981	37.683.363	4.236.724	11,2	725.131	1,9
1.991	38.872.268	5.370.252	13,8	1.147.868	3
2.000	40.499.790	6.842.143	16,9	1.545.994	3,8
2.007	45.116.894	7.529.879	16,7	2.046.275	4,5
2.008	46.157.822	7.632.925	16,5	2.123.785	4,6

Source: Author's own. Sancho, T. (2007) "2006 Report. The Eldelry in Spain". INE (Spanish Institute of Statistics).
Municipal Residents' Census 1/1/2008

POPULATION WITH SOME FORM OF DISABILITY AND POPULATION OVER 65 WITH SOME FORM OF DEPENDENCY

TOTAL POPULATION 2008	46.157.822	
POPULATION < 65 2008	7.632.925	
	Frequency	Percentage
Persons with some form of disability	3.847.900	8,5
Persons with some form of disability for DLA-B (dependent persons)	2.803.400 (+3.072.800)	6,1
Over 65s with some form of disability for the DLA-B (dependent elderly)	1.780.300	23,30%

Source: Author's own based on EDDDES 1999, INE (Spanish Institute of Statistics), Municipal Residents' Census, 1/1/2008 (population data are calculated halfway through the year)

Methodological considerations for the projection made

- Component-based demographic projection method
- Open projection (includes the impact of migratory flows on population growth)
- Horizon: 2031
- Base population: 2001 (Population and Housing Census)
- 5 yearly projections for the period between 2001 and 2031

SUMMARY OF THE PRINCIPAL HYPOTHESES APPLIED TO THE PROJECTION OF SPAIN'S POPULATION IN 2031, COMPARED WITH THE HYPOTHESES CONSIDERED IN THE INE'S PROJECTIONS, BASED ON THE 2001 POPULATION AND HOUSING CENSUS

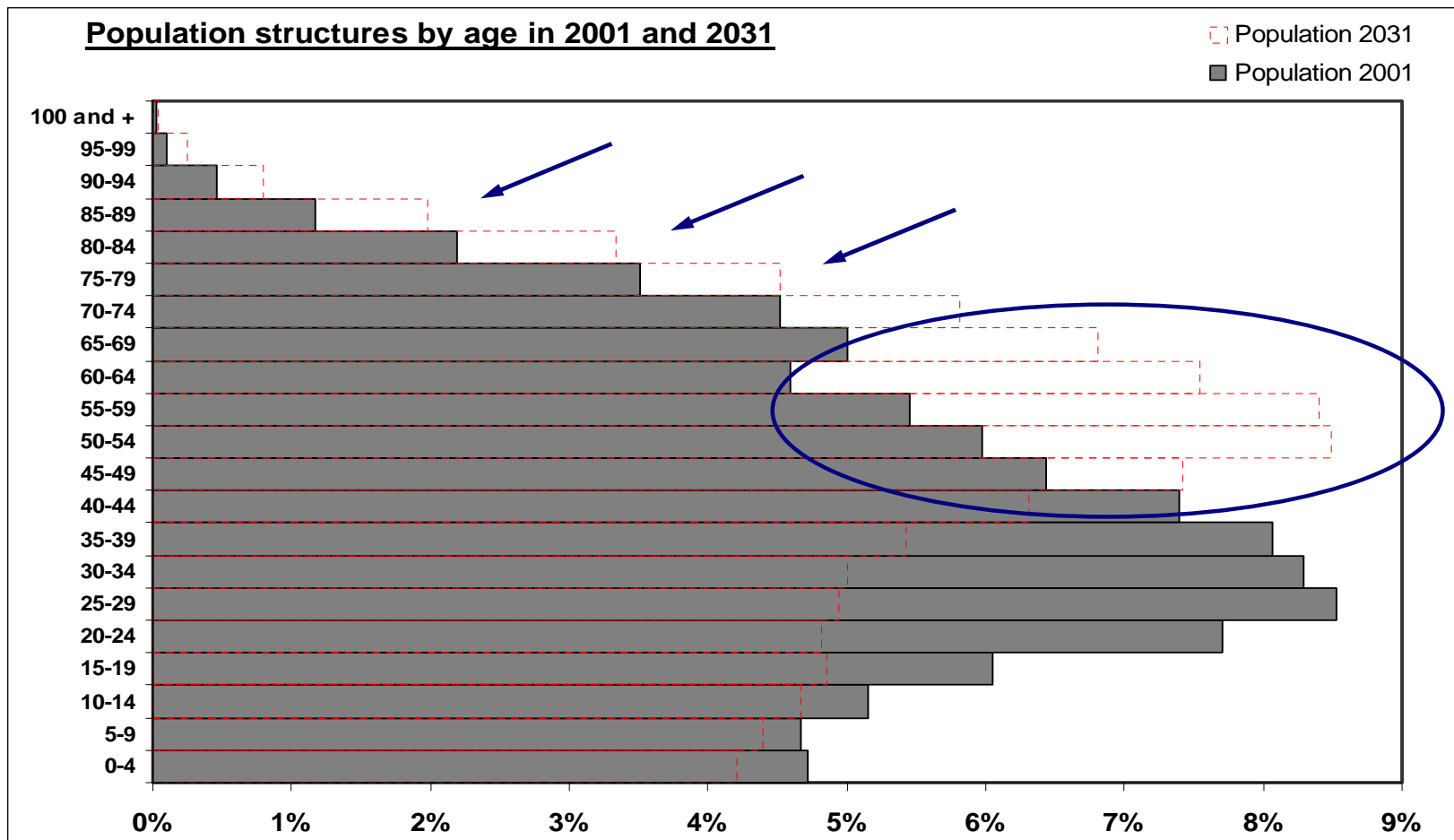
Life Expectancy				
	Hypothesis 2.031		INE Projection 2.025	
	Men	Women	Men	Women
Hypothesis 1	87,00	81,00	86,48	80,37
Hypothesis 2			85,75	80,15
GFR and structure according to fertility age				
GFR	Hypothesis 2.031		INE Projection 2.025	
	1,90		1,52	
Structure according to fertility age (2.031)		Migratory flows (net migrants)		
Mothers' age groups	Rates (%)	Hypothesis 2.031		
15-19	1,11	2.026-2.030		732.500
20-24	11,02	annual average		146.500
25-29	32,75	INE Projection 2.025		
30-34	36,20	Scenario 1		277.106
35-39	15,38	Scenario 2		107.333
40-44	3,46			
45-49	0,09			

Source: The 2031 projection hypothesis is the author's own; those made by the INE are available for consultation online at www.ine.es

The evolution of demographic aging until 2031

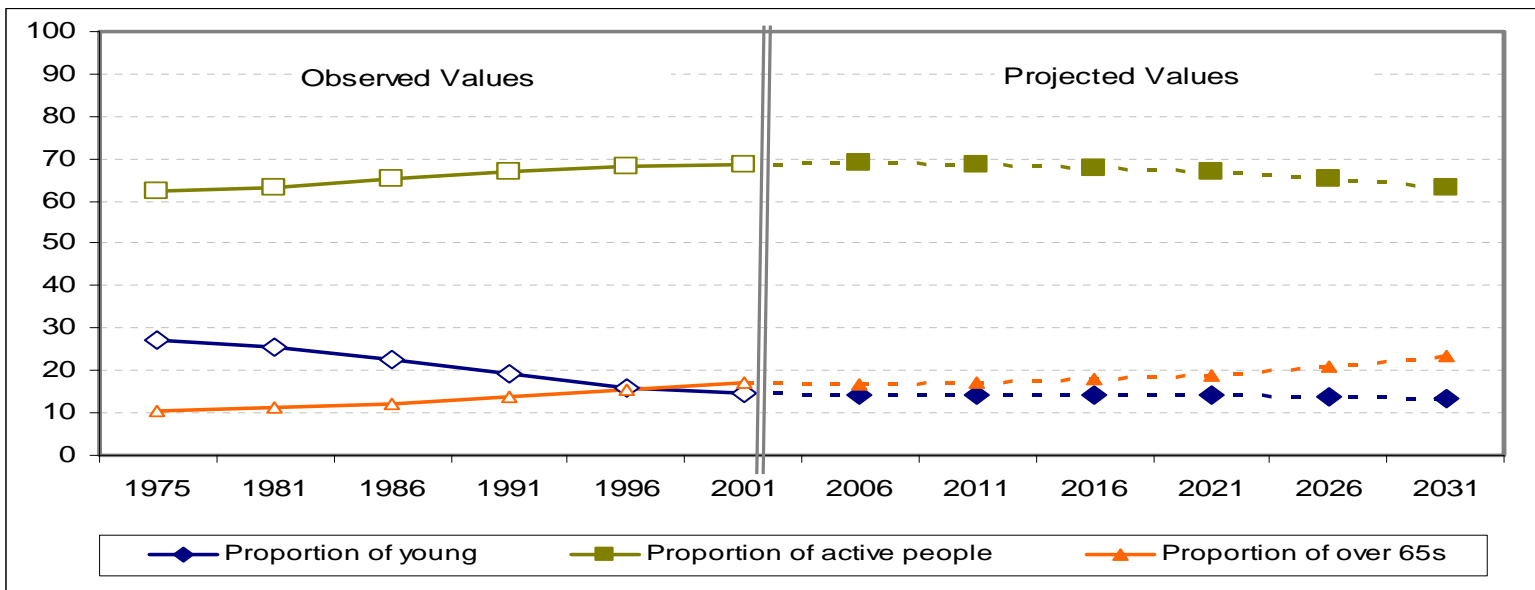
- Rising population levels, although the rate will drop of from 2016 onwards.
- The 2031 age pyramid shows a considerably aged population, with a sharp increase in the 45-69 age group and a fall in the group of young people of working age (20-39).
- Demographic aging will become most intense from 2021 onwards, when the group born during Spain's baby boom (1950-1977) begin to reach retirement age.

EVOLUTION OF SPAIN'S POPULATION BY AGES BETWEEN 2001 AND 2031

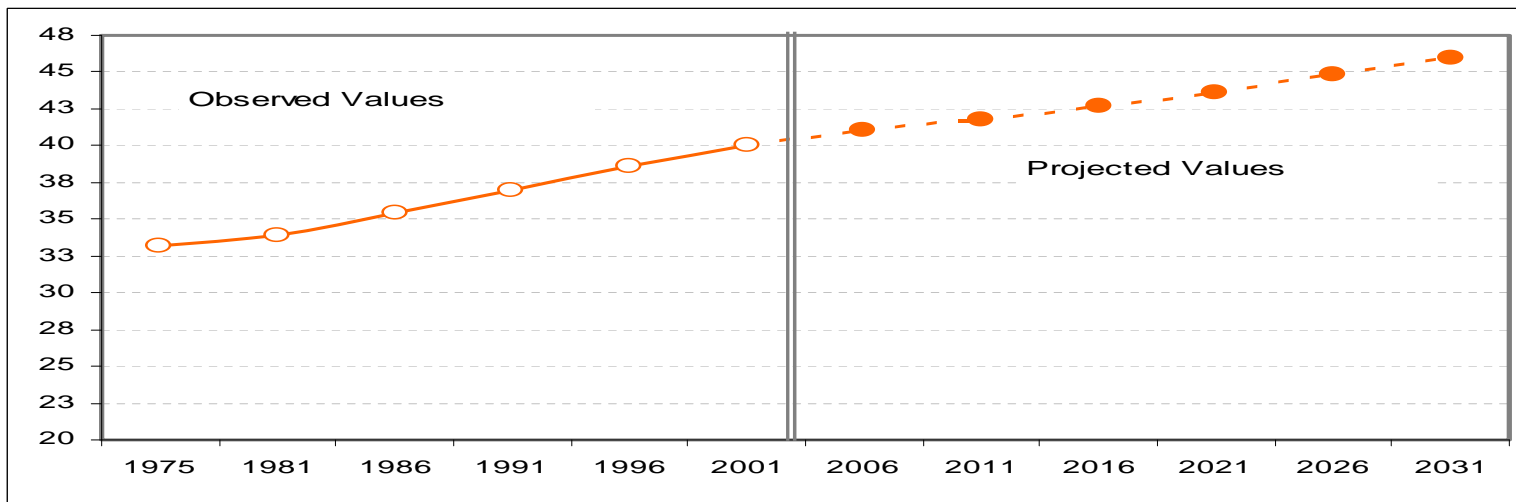


Source: the data for 2001 have been taken from the Population and Housing Census (INE, www.ine.es). The data for 2031 are the result of the authors' projection.

EVOLUTION IN THE PROPORTION OF YOUNG, ACTIVE PEOPLE AND OVER 65s COMPARED TO THE TOTAL POPULATION BETWEEN 1975 AND 2031



EVOLUTION IN THE AVERAGE AGE OF THE POPULATION BETWEEN 1975 AND 2031

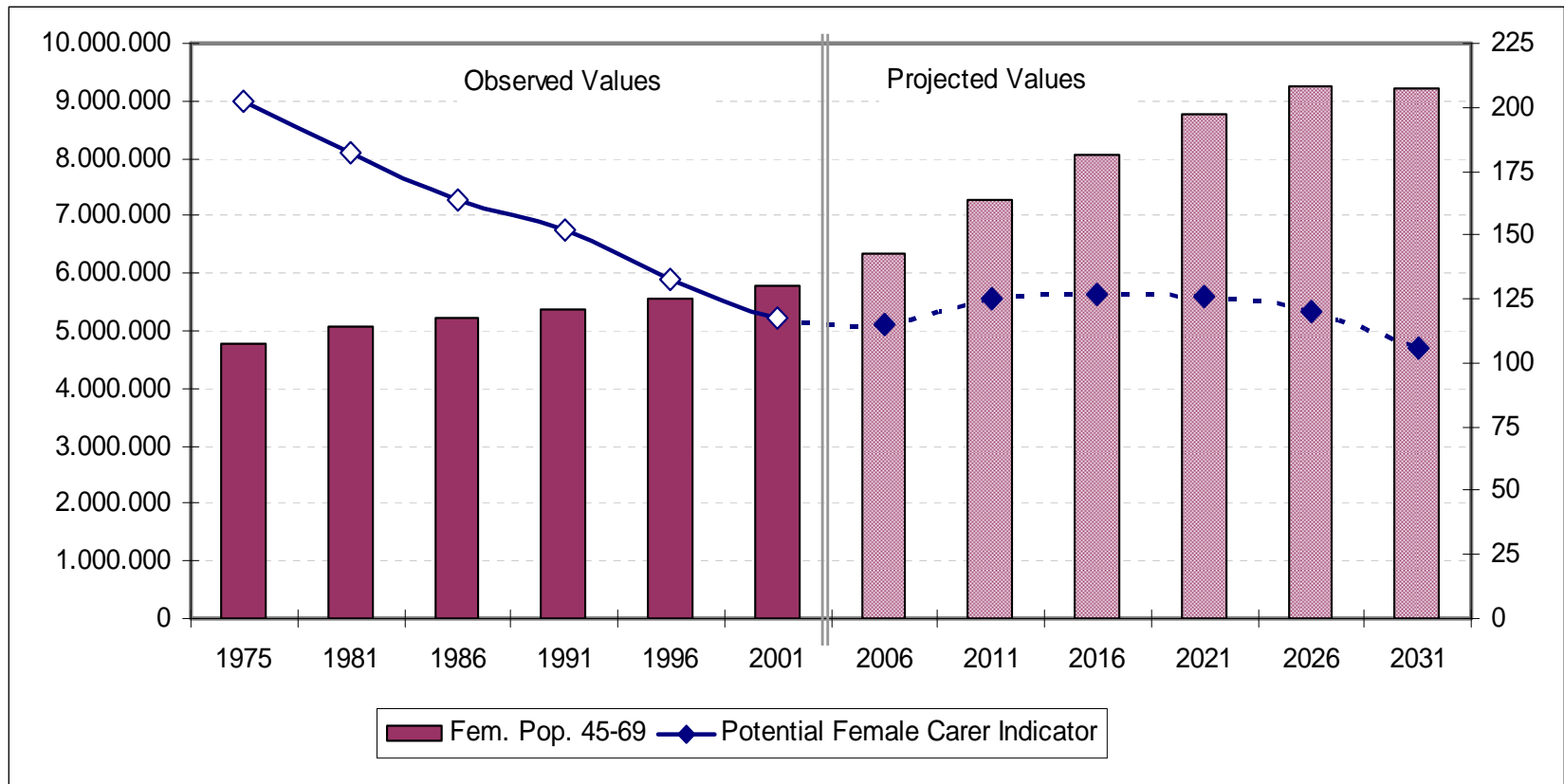


Source: The data for 1975, 1986 and 1996 come from the five-yearly updates in the Municipal Residents' Census. The data for 1981, 1991 and 2001 come from the Population and Housing Census (INE, www.ine.es). For 2006 onwards, we have used values obtained from our own projection.

Estimated care capacity of families

- We have used the **Potential Female Carer Indicator** (OECD, 1996), which gives the relation between the number of women aged between 45 and 69 and those over 70.
- Between 1975 and 2031 the value of this indicator is halved, falling from more than 2 potential carers for each person over 70 to a single potential carer.

EVOLUTION OF THE POTENTIAL FEMALE CARER INDICATOR AND THE NUMBER OF WOMEN AGED BETWEEN 45 AND 69 BETWEEN 1975 AND 2031



Source: The data for 1975, 1986 and 1996 come from the five-yearly updates in the Municipal Residents' Census. The data for 1981, 1991 and 2001 come from the Population and Housing Census (INE, www.ine.es). For 2006 onwards, we have used values obtained from our own projection. NB: the values for the Potential Female Carer Indicator should be read on the right-hand side of the graph.

Conclusions

- Population aging and the consequent rise in the number of dependent persons points to an increase in the demand for personal care. Population forecasts indicate a possible imbalance between the number of dependents and the family care supply.
- The expectation is that public social protection services will invest their resources in boosting financial aid administered by the family in order to purchase care services on the market or hire a female carer. It is therefore to be expected that there will not be a decrease in the demand for immigrant women willing to work in the domestic care sector.
- If this is the case, what are the consequences for the dependent population and the quality of the care provided? Will there be a shift towards the de-professionalisation of privatised care?