

Matching expectations:

- Immigrants and care supply for the elderly in Madrid, Spain

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Reference frame

- Family decision-making process
 - Searching immigrant women as carers according to personal backgrounds
 - Building care conditions
- Caring processes
- Relationships
 - Employers (elderly/families)
 - Employees (immigrants/carers)

Empirical data

- Qualitative inquiry: 91 in-depth interviews
 - Immigrants (Latin-Americans, Romanians): 56
 - Elderly/families: 19
 - Third sector bodies: 16
- Selection criteria
 - Age, sex
 - Family composition and living
 - SES (proxy)
 - Distance to dwelling

Perspectives on immigration

- Madrid as a core destination area for migrants
- Rapid/recent increase of immigrants (1 mill., 17%)
- A few national groups (Romania, Ecuador, Morocco, Colombia, Peru) concentrate >50%
- Segmented secondary market jobs
 - Feminized adult workers
 - Irregular conditions (work and residence permits) lead to precariousness
 - Low level services (personal and home)
 - Mostly living and working at care home
 - Conditions of migration (e.g. economic agreements) enable migrants to start working immediately after arrival

Recent family transitions in Spain

- Population ageing
- Mono-parental families increase
- Taking care of family members by women
- Women working out of home, but 'working at home': overload due to dual roles
- Insufficient State resources to complement family care
- 2006 Dependency Act to recognize and economically support family care, but still on progress



**INFORMAL CARE
PROVISION, A FAMILY
SOLUTION?**

Organisation of elderly care

- Between (urgent) needs and ignorance
- Person in charge depending on elderly cognitive ability: sons (women according to age and civil status, labour conditions, proximity to home)
- Health and functioning conditions limiting personal mobility: acute vs. chronic
- Main scenario: ageing at home receiving informal care
- Family and social (NGOs) networks to find immigrants

Carers profiles

- For families, immigrant women are the ideal and unquestionable target
 - Adult
 - Latin-American, Spanish speaking
 - Not specialized on care background
 - No family members/networks in Madrid
 - No social relationships established
 - Needs for an urgent jobs with Spanish families

Facts on the elderly in need of care

- 4 of 5 are women
- Few men depending on women (spouse, daughters)
- Mean age: 83
- Over 95% been widowed/widow
- More than a half living at home with a woman (living-in worker) who takes care of him/her

Health conditions profiles

- Different dependent acute/chronic conditions as 'trigger events' for looking for care
 - Home/out-home mobility handicaps avoiding an independent life
 - Cognitive illnesses (Alzheimer, Parkinson, other dementias) lead to problems for 'daily family live'
 - Older people living alone at home
 - Independent older women in need of domestic tasks help

Managing the labour relation

- Conditions and settings, 'regulated' by Social Security Home Workers Regime (1985)
- 'Informality': Non family interest in overcoming it as family gains benefits due
 - Precariousness
 - Job instability
 - Low payment for work done
 - Labour conditions in deterioration
 - Lack of social protection

Who are those involved?

- Gender-driven activity: both are women
 - Employers (mostly elderly in need, person in charge)
 - Immigrants
- Getting better conditions (formal contracts) based on trust
- Getting knowledge on labour regime and transitions:
 - Living-in servants: initial setting to live at home and to provide a more intense care (work/leisure confusion)
 - 'Day' and/or 'by-the-hours' servants: improved personal conditions

Caring tasks

- Intertwined tasks and times at home
- Extensive activities as requested in a Spanish traditional family: elderly adjustment
 - Personal care as a combination of body care and health functioning help and medication, if adequate and needed
 - Routine domestic chores as daily life support
 - Emotional support (no labour category, but building trust and personal involvement)

How much does elderly care cost?

- Not following up formal regulations on prices..
- ...But informal agreements based on care searching system
 - Job offices: to set the prices, higher than average
 - NGOs: to agree with employees, lower (750 €)
- Opposing family positions
 - 'managerial': no special qualification, well paid
 - 'empathy': extra workload, insufficiently paid
- Family to save money in comparison with institutionalized/'professional' care provision

Elderly care is assessed through..

- .. An affirmative trust circle discourse..
 - based on closeness (daily contact), lead to..
 - gratitude of their family role as care and love providers, as the immigrants
 - Are honest cares
 - Get a way with the elderly cared after the initial days
 - Get personal involvement
 - Behave in a mutual relationship
 - Are transforming in a 'new' family (close) member

...But also through...

- A 'failure to meet up both' discourse, founded on disagreements
 - Culture (language, social and family values)
 - Daily contacts sharing space (home) and time (tasks, leisure)
 - Family conditions
 - Immigrants expectations and needs
- Possible scenarios

Initial collisions (elderly or family)

Opposition to
care

Hostility to
foreign people

Personal trauma

Elderly behaviour

Mistrust

Care rejection

Misunderstanding
on care
conditions

Carer behaviour

Bad attitudes to
care

Lack of patience,
and/or
experience

Economic
tensions

Frequent
turnover

And the future should go forward to...

- Get an appropriate knowledge on the balance between family needs for care and immigrants urgent approaches for work
- Forecast the immigrants role in family care in disadvantageous socio-economic settings
- Define the public/private specialized qualification channels for immigrants as formal carers to get social integration
- Explore the links among informal/formal (non professional/professional) care transitions for immigrants and families
- Get the 2006 Dependency Act to be the builder for new social behaviours on formal care for older dependants