TITLE: Living and care arrangements for the dependent elderly in Galicia (Spain)

AUTHOR: Antía Pérez Caramés. PhD Candidate in Sociology. Faculty of Sociology, University of A Corunna

CONTACT DETAILS
Address: Faculty of Sociology. University of A Corunna (UDC)
Campus de Elvina s/n. 15071 A Corunna. Spain.
Telephone: 0034-981167000 (ext. 4844)
Fax: 0034-981167103
E-mail: aperezc@udc.es

1. RESIDENTIAL STRATEGIES AND CARE ARRANGEMENTS- A STATE OF THE MATTER OF THE MAIN THEORETICAL CONTRIBUTIONS

The study of household typologies and family structures has had, as its most relevant theoretical contribution, the perspective of the life cycle of the families (Carter and McGoldrick, 1982), a theoretical model which, working on the principle that a family starts from a marriage, explains the changes in the makeup of households as they vary depending on the life stages of individuals within families (couple formation, birth and raising of children, children leaving home –empty nest- and death of either of the spouses). Despite of this perspective being useful when identifying certain living structures, it becomes too simplistic and has an excess of a wish to standardize the life paths of individuals within families.

The social changes that took place in post-industrial societies within what has been named second demographic transition (van de Kaa, 1987), have meant a series of revolutionary changes in the size and makeup of households, enormously increasing the diversity of family shapes and putting an end to any possibility of a reductionist interpretation of the way families change and evolve through time. The problem arises when this theoretical model of the life cycle of families has been vastly discussed and criticized but no alternative model has been proposed with enough explaining power as to answer for the transformation and the broad
heterogeneity of contemporary patterns of family development (Höhn, 1987). This will be, thus, the main reason why from the studies of the family system in Spain the perspective of life cycle keeps being used, as it is the only one that still sheds certain explanatory light. (Valero, 1995).

As for the typology of households in Spain where the elderly reside, one of the main transformations that have greatly influenced research has been the unstoppable increase of single person households (Requena, 1999; Valero, 1995; Abad and Rodríguez, 2002). Despite some authors insisting in the positive nature of the maintenance of the elderly living autonomously until a later and later age (Mutchler and Burr, 1991), clearly correlating with the will expressed by the elderly in many opinion polls, as they link the last stage in the life cycle with the choice between only two alternatives - living on their own or moving into a residence, other authors point out that this residential option can become an issue when planning and making use of the social resources necessary to provide assistance to those who lack autonomy (Abad and Rodríguez, 2002). Nonetheless, researcher Miguel Requena (1999, pp. 57-58) gives a fair warning on the “amalgam effect” that results when deducing that the households getting smaller – a phenomenon demographically contrasted in Spain – means itself a simplification of family structures and, by default, less heterogeneity in the number of family relations. To assume this means to reduce a family to a household, to level family relations to cohabiting (or co-residing), when the reality is that the methods of formal demography for the study of families and households (Bongaarts, 1983 in Requena, 1999 p. 35; Bongaarts, Burch and Wachter, 1987) seldom allow to carry out analyses on the family independently from the cohabitation of its members in the same home, so we always tend to keep the residential perspective and to not go beyond in family relations.

Noticing the cohabiting relations within residential strategies that are generally produced inside families, and not exclusively in households, enlarges the study perspective, although it makes its analysis more difficult when using a methodology that only uses formal demography techniques.

When explaining the residential choices for elderly people, a great many of research works focus on the importance of two factors in order to explain the changes in the cohabitation ways. Starting from the importance that the studied population concedes to residential autonomy, the research works focus on the role that socioeconomic position plays (Mutchler and Burr, 1991; Gaymu et alia, 2008; Festy y Rychtarikova, 2008) in the ability to contract resources that allow to keep residential independency. The health situation (or, to be precise, the degree of dependence) is also pointed out as an essential factor, because the need of everyday help to perform basic tasks usually implies the need to either add another person to the household or to make another person travel to that household, be this a family home or a collective home, so the needed care can be provided. What is called “kin availability”, that is, relying on close relatives that can become informal care resources, is also quoted as a key factor to explain the residential mobility of the aged (Wolf, 1984), although the other mentioned variables are more emphasized.

From the study by Mutchler and Burr (1991), comparing the influence of the economic factor and health in residential conditions through a logistic regression analysis, “the relationship between economic resources and household living arrangements is complex because the older individual is often not the only figure in the decision-making process” (p. 386) is a conclusion that turns out to be particularly interesting with regard to my purpose in this paper. The explicit
On the other hand, the study of care arrangements nurtures from academic tradition, mainly framed by the Sociology discipline and the study of Public Politics and from the analysis of welfare systems made using a gender perspective. In this trend of studies, analysing how care is distributed and provided, considering both public (Welfare State and social policies for dependence care) and private elements, such as private and family ones, becomes a central issue in order to study the welfare systems and to analyse gender differences (Daly and Lewis, 2000). The creation of the concept of “care arrangements”, as articulations of resources of different kinds (formal/informal, public/private) to ensure provision of care in dependence situations, comes from the work by Pfau-Effinger (2005; Geissler and Pfau-Effinger, 2005). Other authors (Bettio and Plantenga, 2004) prefer the concept of “care regimes” for the study of the different ways in which, in a variety of countries, care is provided, considering the analysis of public policies, the role of the private market and the families’ strategies (particularly considering women’s work and the role of immigrant women as care workers).

As regards to what I intend to study, I prefer to make the care arrangement concept my own, to strip it off its institutional analytic wrapping and to apply it to a microanalysis of care articulations within families.

There are some research works that have tried to link the way in which family members carry out care tasks to the decisions concerning household structure and residential changes. One of the most thought-provoking is that made by Chappell (1991), which questions the hierarchical compensatory model (Shanas, 1979) according to which there is a preferential order among potential carers- first the spouse, then the children, after them other relatives and, finally, friends. Chappell tested this model with the cohabitation variable and came to some interesting conclusions which question this theory, one of the main ones being that the cohabitation factor prevails when determining who will be the carer above preferences for one relative or another in the case of people with dependence for the instrumental tasks in daily life (p. S7)

As a whole, theoretical perspectives and preceding empirical research, both about residential strategies and about care arrangements, despite being made from a variety of disciplines and different methodological approaches, agree when pointing at the complexity of analysing the links between both processes together and also on the need for more research that highlights the complexity of decision making on care and the main changes in the structure of households of the aged when facing the dependence situation.

2. OBJECTIVES, HYPOTHESES AND METHODOLOGY

The research work that has been made is based on the development of my PhD thesis, which revolves around the study of the demographic ageing process in Galicia and care arrangements for the autonomy-lacking elderly. Along the development of my PhD thesis I have come to realise the importance of the residential factor when explaining both who emerges as the main carer or care manager in the family and the way formal and informal resources to ensure care provision to the dependent elderly are arranged. The cohabitation relationships in which the elder takes part do not turn out to be only basic to understand the care work organization once
the aged person cannot carry out the main activities of everyday life on their own, but they are also a strategic element when making decisions about this care organization. It is thus about considering the residential element not in a static manner, as cohabitation relationships, but in a dynamic one, flexible and changing, which can be fitted and manipulated to answer the needs which arise from the lack of autonomy.

So, the main **objective** of this paper is to **analyse the interrelationships among the residential strategies** that the elderly lead or are involved in and the family arrangements made with the purpose of providing care to these elderly people when they enter a **dependence situation**. As secondary objectives, I first consider the description of cohabitation patterns in over-65s and that of this group when they enter a dependence situation, aiming to see the main differences between the makeup of the households of one collective and the other. Secondly, I consider explaining the existing differences among cohabitation patterns analysed in the light of care needs and their organization by the closest family members who become in charge of the responsibility of providing assistance to their dependent relative.

The main **hypothesis** that guides this work is that **residential changes involving dependent over-65s**, or made by one or more members of their family, but where this group of people is directly concerned, **are a tool of a strategic nature employed to make the formal and informal care resources for the dependent elderly more affordable and lighter**. In a way, residential strategies are understood as a variable which depends on the care arrangement established by some of the closest family members of the elderly person.

The **methodology** used in this research work has a double character, as it combines methods from the **demographic analysis** and **qualitative techniques of social research**, which are mainly semi-directed, in-depth interviews and, on a lesser level, participating observation.

Regarding demographic analysis, there is a brief **analysis** of the problematic of the **ageing of population** in Galicia as one as the most aged regions in the Spanish context. Then I set out the main **characteristics of the system of protection for the dependence in Spain** (and the degree of coverage that the different benefits and services have in Galicia) and after that some statistical information is shown regarding the estimated population in a dependence situation in this Autonomous Community, giving a brief description of the main features in its sociodemographic profile. Then, in order to study the makeup of households that have any over-65s in them, a study is made on the **typology of family households** where this population collective resides, in order to make a comparison with the household typology observed in the case of the dependent elderly.

The **statistical sources used** in the first place are of a demographic nature, by means of working with the **Municipal Register of Inhabitants**, which provides fairly updated population stock data and allows comparing the structures by age in Galicia and Spain. As for social provision, use has been made of the **Migration and Social Services statistics**, this being an organization which depends on the Ministry of Work and Immigration, for the development of the main services for the autonomy-lacking over-65 group and with regard to the development of the main measures –services and cash benefits- gathered in the recently approved Promotion of Personal Autonomy and Care for the People in a Situation of Dependence Act 39/2006. For describing the profile of the dependent elderly and studying the household typologies in Galicia (both of over-65s and those dependent in this age group), work has been
done with the microdata from the **Survey on Family Living Conditions** (hereafter SLC), which was carried out by the Galician Institute of Statistics on a sample of over 10,000 households\(^1\) and which, in the year 2007, has included a unit of questions about dependence, asking dependent individuals in households as well as family carers in the household. One of the main handicaps in this survey when studying the ways of cohabitation of people in general and of the dependent elderly in particular is that it focuses exclusively on family homes, so those people who live in a collective type of home, such as an old people’s one, have not been surveyed and, as a result of this, it is leaving out a type of residence which, despite not being that of the majority—neither among the elderly nor among those who are dependent—, is actually essential when carrying out the type of analysis I consider.

When studying the residential changes that involve elderly people, be it with them as a main character or a change made by any of their relatives but which affects the makeup of the household where the dependent elder lives, I have considered making a quantitative analysis of the information gathered in the Residential Variations Statistics, which records migratory flows, by counting people written on and off the Municipal Registry of Inhabitants. Finally, and after an initial exploration of the potentiality of this analysis, I have decided not to undertake it, because of problems related to the quality and coverage of the statistical information that is gathered. With regard to quality, or reliability, the number of movements made by 65 year olds that is gathered annually is influenced by the fact that, the movements being short in distance, and the people elderly, there is a substantial under-record of residential changes. As for coverage, we could only analyse the movements made by over-65s; we are not aware if in the new home of people who migrate in other age groups there are over-65s; and, furthermore, the Residential Variations Statistics does not gather variables relating to the situation of dependence of the over-65s who travel, so it does not turn out to be useful when carrying out the analysis considered.

Using qualitative techniques will help, on the one hand, to make up for the handicaps mentioned with regard to the secondary statistical information, but on the other hand it also plays an essential role when providing information on how residential strategies develop parallel to care arrangements.

The qualitative work made is based on a series of 16 **semi-directed, in-depth interviews** with people who care, or arrange care of, their elderly relatives who are in a situation of dependence in Galicia, both in urban and rural contexts\(^2\). Men have been interviewed as well as women – although the interviewee were mainly women, as they are the majority of those who carry out jobs related to helping dependent relatives- and interviews also gather people from different social positions (with regard to educational background and social class –measured mainly by the occupation and level of income) and from the kinship system –mainly the dependent relative’s children, children-in-law and spouses-. The heterogeneity variable used to distribute the interviews has been the kind of household the dependent elder lives in and four categories were established- intergenerational households (where the dependent elder cohabits with

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\(^2\) Interviews have taken place in five Galician towns (A Coruña, Culleredo and Monfero in the province of A Coruña and Guitiriz and Folgoso do Courel in the province of Lugo). The chosen municipalities are located in different spots of the rural-urban continuum and are characterized by having a sociodemographic profile with a distinguished ageing, this being the main heterogeneity variable used for their selection.
members of one or more generations), ‘empty nest’ type households (where an elderly couple lives on its own), single person households and institutionalized households (elderly people who live in an old people’s home or in a household under tutelage). As can be gathered from the household classification used, it is not necessary that the carer—or care manager—takes part in the dependent elder’s cohabitation unit in order to be interviewed.

Likewise, a participating observation has been made in three scenarios of two households which had an elderly dependent within, both of an intergenerational nature. The chosen occasions have been moments where the family meets (weekend meals in the family home), where a variety of family members get together and which are basic for an understanding of the development of care arrangements and the role played by different relatives in the decision making on the matter.

3. DEMOGRAPHIC AGEING AND DEPENDENCE IN GALICIA. SOME INTRODUCTORY ISSUES

Galicia, an Autonomous Community located in the NW of the Iberian Peninsula, with circa 2,800,000 inhabitants, is one of the most aged communities in Spain—a feature it shares with other northern communities such as Asturias or Cantabria. According to data from the latest Municipal Register of Inhabitants, in the beginning of 2009 the over-65 population in Galicia is situated above 600,000 people, representing 22% on the overall population, while in Spain it was 17% on the same date. The over-85s (some 90,000 people) amount to more than 3% of the overall population (2.1% in Spain) and 14.3% of the over-65s (12.7% in Spain). Galicia as a whole contributes to 6% of the more than 46 million people living in Spain, the over-65 group being 8% of the total number of this group of population in Spain.

By means of this brief exercise of comparison between basic demographic indicators we confirm that Galicia has a more intense ageing of the population than the Spanish mean. Let us now compare the pyramids of both population structures in order to see where they concentrate and what explains these differences.
In the last twenty years, the fertility decline, which is widespread throughout Spain, has hit much harder in Galicia, which has meant a quasi-rectangularization today of the generations who are between 0 and 20 years of age. Thus, what is known as “ageing by the base” of the population pyramid is greater in Galicia when compared to the Spanish mean. As regards to the “ageing by the top”, Galicia is beginning to have substantially larger proportions of population in comparison to Spain from age 55, widening the percentage gaps as we advance in age and being especially obvious in the female population, so this second ageing factor also exerts a bigger influence in Galicia. Nevertheless, it is convenient to note a third ageing factor in the age structure of the Galician population, which impact can be confirmed in the younger active classes, especially among the male population, and could be named “migratory ageing”. The active population rate (between 20 and 64 years of age) in Galicia is two percentage points below that in Spain. This fact is due to the convergence of two factors, although we will not stop for very long to look at their details as that is not the purpose of this paper. First, Galicia is quantitatively outside the arrival of a large number or immigrants recorded in Spain, which is particularly big since the beginning of the 21st century. Besides, the arrival in Galicia of some people from abroad –a low number, compared to autonomies such as Madrid, Cataluña or the Valencian Community- is combined with an emigration flow of population in active ages, who go to other places in Spain and also abroad. As a result, these two combined elements have caused a certain loss of the younger active population, thus contributing to strengthen the population’s ageing.
From this aged population structure comes a situation with the dependent elderly that places Galicia among the communities that have to face the greatest challenge when providing care to this social collective. According to the 2007 SLC, Galicia has a **population of dependent elders of over 75,000 people**, which is 13% of the over 65s. It is obvious to assume that this percentage, relatively low, obeys to the fact that the over-65 group is very heterogeneous, and virtually until they reach the age of 75 no situations of lack of autonomy are recorded, so the rate of dependence increases as age goes up. Nearly a third of the dependence situations in this group have been described as having “great dependence”, the maximum degree of lack of autonomy considered, and 70% of the dependent elderly are women, a percentage that fits the distribution by sex of the oldest population among the elderly.

The fast increase that can be seen starting at the beginning of the 1980s in the older population, as well as its correlative in the existence of a large group of aged people who need some support to carry out their basic, everyday activities, have shaped a scenario which, in market terms, is distinguished by a large demand and a scarce supply of care, due in great part to the massive incorporation of women to the formal labour market and also to the change towards smaller-sized family structures. These factors have reduced the main informal support networks for the old age, causing what some authors have named “care crisis” (Pérez Orozco, 2006).

The Spanish Welfare State, which as we have seen lies on familism, that is, on the delegation to the family to take care of social provision, and mainly to the women in the family, supports a provision system for dependence that has a dual character, which, as noted by researcher Rodríguez Cabrero (2005), has an informal component, based on the central importance of unpaid work done by women and their resulting increased availability to give care, and it is also subsidiarily assistential.

Thus, among the elderly dependent who need assistance in Galicia, 50% are looked after exclusively by household members, while the Social Services’ involvement does not reach, combining informal and private resources, for even a third of the cases. And this happens because the development of different services to provide care to dependence situations is clearly not enough and shows very poor coverage levels, both in Spain and in Galicia, although they are poorer in this autonomy.
### Table 1. Care arrangements of the dependent elderly who need help in Galicia, 2007

<table>
<thead>
<tr>
<th>CARE ARRANGEMENTS</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only household members</td>
<td>26,896</td>
<td>49.6</td>
</tr>
<tr>
<td>Household members and unpaid people from outside the household</td>
<td>6,269</td>
<td>11.6</td>
</tr>
<tr>
<td>People from outside the household (paid or unpaid) and/ or social services</td>
<td>12,296</td>
<td>22.7</td>
</tr>
<tr>
<td>Household members, paid people and social services</td>
<td>4,298</td>
<td>7.9</td>
</tr>
<tr>
<td>Other (including without any help)</td>
<td>4,491</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>54,251</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>


**Note:** the number of dependent elders does not match the total of dependent elders that appears in the household typology table, because those who appear here are only the ones who need help to carry out the basic activities of everyday life.

### Table 2. No. of vacancies/ users of the various services of dependence care and index of coverage in Galicia and Spain, 2008

<table>
<thead>
<tr>
<th>Users/Vacancies</th>
<th>Index of coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home Assistance</td>
</tr>
<tr>
<td><strong>Home Assistance</strong></td>
<td>10,018</td>
</tr>
<tr>
<td><strong>Teleassistance</strong></td>
<td>1.66</td>
</tr>
<tr>
<td><strong>Day Centres</strong></td>
<td>4.69</td>
</tr>
<tr>
<td><strong>Residential Sces.</strong></td>
<td>10,018</td>
</tr>
<tr>
<td><strong>Teleassistance</strong></td>
<td>1.66</td>
</tr>
<tr>
<td><strong>Day Centres</strong></td>
<td>4.69</td>
</tr>
<tr>
<td><strong>Spain</strong></td>
<td>358,078</td>
</tr>
</tbody>
</table>

**Source:** 2008 Report. The elderly in Spain. IMSERSO (www.imserso.es)

Over the last years there has been an intense political debate on this matter in Spain, which finally led to passing, in late 2006, the **Promotion of Personal Autonomy and Care for the People in a Situation of Dependence Act 39/2006**, known as the Dependence Act, which took effect in the beginning of 2007\(^3\). This legislative text, promoted by the PSOE from the

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government, enjoyed a great consensus in the parliament and was aimed at bringing to light the issue of care within the family, providing resources in the shape of benefits and services for the care of people who lack autonomy and identifying the care in dependence situations as a "social citizenship right". By means of this rhetoric formula the State intended to assume the leading role in dependence care, by the explicit acknowledgement of the role played by thousands of women within families who took care of their elderly dependants, thus decreasing the families’ responsibility when providing care, despite the fact that the families’ obligatory nature of giving care and attention to their members, as in the Family Code, is not questioned (Escuredo, 2007).

The Act placed the development of services (residences, day and night centres, home assistance service --among others--) above cash benefits, which would only be granted when no services were available in the dependant’s area and would thus be of a more residual, trivial nature within the whole of the considered measures. Among the considered economic benefits we can find that for care within the family, which the dependent elders can apply for if they wish to be looked after by a relative inside the household. The scarce budget available for this Act in these first moments, along with the strengthening of the values of care within the family by establishing care benefits within the family, have caused, according to the data in the System for the Autonomy and Care for Dependence (original initials “SAAD”), a situation where informal care is still what prevails -although it is finally, to a great extent, subsidized- over all the other alternatives.

Table 3. Distribution of aids to dependence and personal autonomy by type of service or benefit in Galicia and Spain on 1/12/2009

<table>
<thead>
<tr>
<th>Service or Benefit</th>
<th>Galicia No.</th>
<th>Galicia %</th>
<th>Spain No.</th>
<th>Spain %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependence Prevention and Promotion of Personal Autonomy</td>
<td>38</td>
<td>0.13</td>
<td>2,962</td>
<td>0.57</td>
</tr>
<tr>
<td>Teleassistance</td>
<td>110</td>
<td>0.37</td>
<td>35,372</td>
<td>6.79</td>
</tr>
<tr>
<td>Home assistance</td>
<td>4,156</td>
<td>14.12</td>
<td>56,089</td>
<td>10.77</td>
</tr>
<tr>
<td>Day/ Night Centres</td>
<td>1,222</td>
<td>4.15</td>
<td>27,361</td>
<td>5.25</td>
</tr>
<tr>
<td>Residential Attention</td>
<td>4,470</td>
<td>15.19</td>
<td>95,820</td>
<td>18.40</td>
</tr>
<tr>
<td>Cash benefit linked to the service</td>
<td>1,462</td>
<td>4.97</td>
<td>36,076</td>
<td>6.93</td>
</tr>
<tr>
<td>Cash benefit for family care</td>
<td>17,939</td>
<td>60.96</td>
<td>266,398</td>
<td>51.16</td>
</tr>
<tr>
<td>Cash benefit for personal assistance</td>
<td>29</td>
<td>0.10</td>
<td>658</td>
<td>0.13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>29,426</td>
<td>100</td>
<td>520,736</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source:** Statistical data from the System for the Autonomy and the Attention to Dependence. IMSERSO (www.imserso.es)

In these circumstances, with the development of a new legal framework, and in the middle of the process of transforming family structures and schemes of values in the Spanish society, it is essential to analyse the way in which care for the dependent elderly is arranged and managed within families.

We will now show the results of the analysis of the household typology for over-65s and the dependent elderly, comparing both.

In the table below we can see the distribution of the elderly population and the dependent elderly population in various residential structures, having to take into account that the survey does not include non-family homes.

Table 4. Distribution of the over-65 population and the over-65 dependent population by household type, 2007

<table>
<thead>
<tr>
<th>HOUSEHOLD TYPES</th>
<th>Over-65s</th>
<th>Dependent over-65s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Individual</td>
<td>114,655</td>
<td>27.2</td>
</tr>
<tr>
<td>Without nucleus (more than one person)</td>
<td>14,790</td>
<td>3.5</td>
</tr>
<tr>
<td>Couple with children</td>
<td>48,136</td>
<td>11.4</td>
</tr>
<tr>
<td>Couple without children</td>
<td>97,780</td>
<td>23.2</td>
</tr>
<tr>
<td>Single parent</td>
<td>42,686</td>
<td>10.1</td>
</tr>
<tr>
<td>Several nucleuses and other</td>
<td>104,016</td>
<td>24.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>422,063</td>
<td>100</td>
</tr>
</tbody>
</table>


Among the population of over-65s, the individual household type prevails in 27.2% of the cases, although the percentage is very similar in other two categories- childless couples and several family nucleuses and other types of homes—which appear added because the size of the sample makes it necessary, to avoid losing representation. Roughly, the elderly seem to prefer, to a certain degree, the residential autonomy or living with their partner. When comparing data to the distribution of the over-65 dependent population, the existence of considerable differences is seen. The rate of elderly dependants living alone has decreased over ten percentage points, but there has also been a significant reduction in the percentage of people who live with their partner only and, to a lesser extent, in the percentage of households consisting of the elderly couple and one or more children. Virtually half of the population gathers around the category which represents bigger sized, more complex households (several family nucleuses and other).

The differences noticed in the household typology of one group and the other suggest two complementary interpretations. First, from the life cycle perspective, and taking into account that a great part of the dependent elderly population will be of an advanced aged when compared to the more heterogeneous group of the over-65s, it is undeniable that elements like
widow(er)hood or the children leaving the family home are phenomena which will happen with
greater frequency. These circumstances would strengthen, in principle, the rate of single
person households which is nevertheless significantly reduced, and this happens because the second
factor especially relevant for the residential structures of the elderly starts to get explained- the
ability to manage on their own. Only by resorting to the need to approach family members who
can help their autonomy lacking relatives perform everyday tasks can we understand the high
concentration of complex households among the dependent elderly.

Yet, the Survey on Living Conditions does not provide any information on who performs the
residential change and to what extent this comes along with a certain strategy in order to ensure
the assistance this elderly person requires, so we will resort to the information from our
qualitative fieldwork in order to get a glimpse of the existing interrelations between residential
strategies and care arrangements.

5. PROVISION OF CARE FOR THE DEPENDENT ELDERLY- RESULTING
ARRANGEMENTS AND ROLE OF RESIDENTIAL STRATEGIES

In this epigraph we will deal with the relations among the various care arrangements and the
role that residential strategies have in each case.

It is necessary in the first place to explain what I understand as “care arrangement”, which
could be defined as articulations of care work of a strategic, dynamic and flexible nature,
which have the relations of power and gender logics that operate with families across
them.

The best way to describe care arrangements is mentioning their makeup, that is, how the
various resources are used in order to ensure the attention that the elderly dependant needs.
Among these resources and, despite not being the most appropriate naming, we can consider
formal resources those which come from the Welfare State —via benefits and social services-
and/or the private market; while those usually considered to be informal resources are the ones
which rest on the family’s involvement or, to a lesser extent, on friends and neighbours, to carry
out the care work.

In fact, care is seldom given by one single person. That is, pure care arrangements are scarce.
People who, within the family, take charge of arranging the care of their dependent elders –
either giving it themselves or arranging the various resources and supervising the tasks- usually
choose to combine a variety of available resources, formal and informal; public, private and
family ones in mixed care arrangements. Factors like the availability of public and financial
resources, sex, position in the family kinship system, level of studies or social class are key
when analysing who will assume the role of care manager within the family and how care work
will be organized. Residential strategies play a basic role when making certain care resources
closer and more available.

Nevertheless, there are resource combinations that prove more frequent than others and that
will be dealt with separately. Among them we could first identify institutionalization, that is, the
elderly dependant’s move to a collective type of home (a residence or a home under tutelage),
publicly or privately paid, the latter happening individually by the elder or together by the closest
relatives. It is not a frequent type of residence, both because of the shortage in the amount of
available vacancies—even considering those in private centres—and for the negative value this resource usually has to the elderly’s eyes. Institutionalization is a care arrangement that comes along with residential mobility and is quite often a result of the end of the resources available to take care of the home, as well as a worsening in the elder’s dependence situation. In all the interviews I have made, institutionalization took also place where the relations with the dependent elder were not good, there was no perception of the duty to care, nor was there an economic compensation for the care of this relative. Ofelia, care manager for her brother, tells how the decision to move her brother to a residence when he lost his autonomy was due to his ‘aggressiveness issues, he always lived on his own, never wanted his family near him’. Institutionalization means, more often than not, a sort of residential punishment for those who do not deserve the family to look after them.

Secondly, one of the most common care arrangements consists of a member of the elder’s family that emerges as the main carer, who can also be backed by other family members and who also receives, occasionally, benefits from the formal system of dependence care (both public and private). Here we find, for instance, families where the daughter is the carer who spends the most hours looking after her father or mother and she also receives the Home Assistance Service one hour a day to carry out certain basic tasks; or the family, or the dependent elder, has hired a person—on a regular basis or not—for the odd help in care work.

On these occasions, the elder entering a dependence situation, when they live in an individual or an “empty nest” type of household, means the residential regrouping with one of the children (often a daughter) to ensure care provision. Moving can happen in both directions, it being either the elder moving to one of their children’s home or the child being who changes residence. Having several members of the family in one single household leads to adding up economic resources, as the household unites the wages of its working members, but also the pension(s) the dependent elderly receive. In these circumstances there is a socialization of the opportunity costs that the relative who gives care has. That is the case of Helena, who looks after both her parents-in-law. They moved to her and her husband’s house. The pensions of the two elders combined were even higher than Helena’s salary, so according to her own words ‘one thing made up for the other’.

I have nonetheless come across cases where the care arrangement was implicit within an earlier residential strategy, both becoming what can be called an “intergenerational and gender contract”, or what authors like Tobío (2002) have described as the “double logic—of blood relationship and of gender”. The care exchange help women into the labour market at first, as they ensure their children are looked after, but then, reciprocity involves that those very same women have to leave the labour market when their parents enter the dependence situation. That is the case of Elisa, interviewed in Monfero, who looks after her Alzheimer’s-suffering mother—

“When we got married I was 17, my husband was 21, and, there you go, in such a situation, it was like that … (…) As I was the youngest, I was the one at home, all the others had already married, had a family and the lot. And then the typical thing would be heard—“Oh, someone has to stay home”

‘She also looked after my children so that I could work, if now I have to leave work to look after her, well it’s the least I can do’
In this case, the residential strategy of the daughter staying at the family home occurs much earlier and, to a certain degree, irrespective of when the mother becomes dependent, but there is an agreement which implies the exchange of social reproduction work among women from two consecutive generations which also helps economic resources not to disperse.

If several family members live geographically near the dependent elder, there can be as a result a sort of “care chain”, arranging a variety of informal resources to ensure the sharing of care tasks. Care breaks up into small task units that are to be allocated to every member of the dependant’s family and to the social networks who can be counted on. It would be about using the Ford’s assembly line technique on emotional work; an assembly-line social reproduction work which demands, as taylorism does, an iron discipline in emotional work and the search of control for times and processes. Carolina, carer of her mother in Culleredo, tells us:

‘Afterwards, in the afternoon, I have a girl who is a friend of her and she comes, they play cards, watch the soap. Afterwards an aunt of mine always comes, and then the three of them go for a walk. I mean, if she didn’t have this girl and my aunt, she would have to have someone with her because she cannot be alone all the time (…) I’m the one who showers her, although with the granddaughter she gets on very well’.

This care arrangement, despite not involving a change of residence, does use the residential issue strategically, as the closeness of a wide group of potential informal carers is an element to consider if it is wished that care work is shared this way.

Finally, there are care arrangements that are based on the outsourcing of care work outside the family scope, being relatively usual if economic resources are available, or if residential strategies do not allow to compensate opportunity costs of any of the family carers –by the class position they have-, hiring somebody (usually an immigrant woman) –on a regular basis or not- to perform the care work. This strategy is similar to institutionalization, in the sense that the family does not directly perform the care tasks, but delegates them, taking care of supervising the performance of this work only; but there is a basic difference- this care arrangement allows the elder to remain living in their home, the home change produced being the move from a single person household (or occasionally an empty nest) to a complex household, by the inclusion of a live-in carer. Those interviewed, managers of delegated care, value positively this way of providing care, as it allows care tasks to take place within the privacy of home. The residential strategy, in these cases, means the inclusion of a member into the household, who usually achieves the form of a “fictitious relative” (Karner, 1998). Esther, care manager for her mother and resident in A Corunna, was the responsible to choose the person that, from then on, was to live with and work looking after her mother. Her hiring criteria were that it was an affectionate person and that her mother “got along with her”.

In short, dependence situations mean residential strategies which, quite often, involve changes in the makeup of the dependent elderly’ s homes and, under other circumstances, they also involve the consideration of the closeness or remoteness to the residence as a decisional element for the resulting care arrangement.
6. PRELIMINARY CONCLUSIONS

When starting the process of exploring the relations between residential strategies and care arrangements, I have clearly chosen to consider that the residential element would depend on care arrangements, as the need of assistance is a situation which entails the development of all kinds of strategies, the residential among them, in order to favour the accumulation of resources that allow the care for the dependent elder.

The reality I have found when doing the field work is much more complex and does not leave room to direct nor one-to-one relations between both variables. In a way, my conclusions would be a comeback to the chicken or egg dilemma- do residential strategies operate first and then, on the basis of the cohabitation situation, care arrangements are deployed? Or who and how the dependent elder will be cared for are both decided and then the necessary residential changes are made? Despite lacking definite conclusions, I think that both the residential and the care strategies ought to be considered to be deeply interrelated, interwoven into each other, so it is not even possible to establish if it has been decided not to complete a previous residential strategy in order to ensure that care tasks are to be given in the future by the relative who moves to the elder’s home.

Perhaps, as noted by Kofman (2009), we should take up again the concept of social reproduction, this being all the activities that contribute to the maintenance and sustainability of social life, as well as people’s physical and psychical wellbeing, in order to grasp as a whole the changes that happen within families, either of the residential type or for the giving of care, under a comprehensive perspective.

Likewise, it is necessary to take into consideration the criticism against the autonomy-dependence pair autonomy-dependence, made by the feminist perspectives which are shaped around the care ethics, suggesting the alternative of the interdependence notion (Jaggar, 1991), which allows to consider every person as dependent on each other, regardless of their physical capabilities or their position in the “vital cycle”. This interdependence notion breaks, in turn, the care provider/ care receiver pair, considering the need and the care provision as a necessary act, inherent to human nature. It will then be necessary to talk again, albeit from a critical approach, about social reproduction of the families, and this way we will understand how residential strategies and care exchange between some and the other family members are produced and performed.

It certainly proves difficult to operate with abstract and somewhat ambiguous concepts such as “social reproduction”, in the sense proposed just above, or “interdependence”, as suggested from the Ethics of Care; but it seems to be a necessary challenge in future investigations in order to improve the understanding of the existing interrelations between residential strategies and care arrangements.

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