Original Article

Journal of Family Issues
2021, Vol. 0(0) 1–20

DOI: 10.1177/0192513X211067528
journals.sagepub.com/home/jfi
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Women Caregivers Under the Spanish Autonomy and Dependence System: A New Social Underclass?

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Abstract

Long-term care in Spain has traditionally been provided by women as consequence of a family welfare system based historically on familism and sexual division of labour. The Autonomy and Dependence Law, passed in 2006, involved the regulation by the State of informal care. However, the economic crisis is maintaining and stressing gender differences in relation to care since a new profile of women is being built: poor caregivers, as a specific group responsible for the provision of care, becoming an 'internal market' linked to the application of the so called Dependence Law. This study presents an analysis of key secondary sources from the System of Autonomy and Attention to Dependency, the Unemployment System and the most relevant indicators of poverty and social exclusion. In addition, an ad hoc survey and semi-structured interviews were conducted. 55.2% of caregivers are poor women, inactive or unemployed and use the cash-for-care as basic income.

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Keywords
dependency, women, care, poverty, Spain

Introduction

The Law for the Promotion of Personal Autonomy and Care for Dependent People (hereinafter, the Dependence Law) was a great innovation in the family welfare model prevailing in Spain (Esping-Andersen, 2000) since it regulated both social protection for people in need of long-term care (elderly and disabled) and care work, which meant an advance in social policy. This law is significant due to a universal scope and because it creates the first subjective right in social services through the recognition of informal care in the family setting by establishing direct monetary transfers derived from care. However, the implementation of the law was not simultaneous to the beginning of the economic crisis in Spain what jeopardized the final implementation of the Autonomy System and Attention to Dependence (hereinafter, SAAD, as stands for the Spanish acronym). During this period, numerous jobs were destroyed, the working conditions of workers became precarious, and poverty and social inequality increased and the Welfare State did not give a proper answer to these social dynamics. Statistics and research show that the economic subsidy of care (hereinafter, cash-for-care) was the most granted resource (SAAD, several years; Correa & Jiménez-Aguilera, 2016; Deusdad, Comas-d'Argemir, & Dziegielewski, 2016; Martínez-López, 2017) in the family environment for the support to non-professional caregivers since the implementation of the SAAD. Despite this, the law itself states, specifically article 14, that services of the agency's catalogue will be a priority and that cash-for-care will be exceptional. This research only focuses on the management of the cash-for-care and the consequences for caregivers after the implementation of the law.

There are enormous differences in the management of the Dependence Law in the Spanish territory in the different regions. Considering this circumstance, the research was conducted in the Region of Murcia (Southeast of Spain) because of the high percentage in subsidization of cash-for-care of dependence compared to the rest of Spain. Taking the SAAD data (January) as a reference, in 2010, the Region of Murcia had a cash-for-care concession rate of 81.9%, the highest in the Spanish territory, far from the average of 49.9% (SAAD, 2015). In January 2012, this benefit was granted as a level of 66.3%, the second highest in Spain, only higher in the case of the Balearic Islands and 17.9% points above the national average (SAAD, 2015). The same trend has persisted over the years, becoming the second Autonomous Community with the highest percentage of cash-for-care concessions with 60.3% in January 2014, higher only, again, in the Balearic Islands and above the national

average on 17.2% points (SAAD, 2015). Therefore, the constant trend of granting cash-for-care is observed in the Region of Murcia, very far from the national average, especially during the hardest years of the economic crisis.

People in charge of the provision of care, as a direct consequence of the informal work they do, are in a disadvantaged social position since they lack labour relations within the formal market, placing them at the periphery of the legal space without a chance to contribute to Social Security benefits. Therefore, despite social advances included in the Dependence Law, care work remains practically framed in solidarity and willingness. In effect, an ascriptive contract has been established according to gender (Frutos, 2012) linking women with their family for a lifetime. However, it cannot be ignored the fact that in recent years, by regulating informal care by the Dependency Law, changes in gender patterns are being incorporated. As Zueras, Spijker and Blanes (2018) pointed out, 'the crisis seems to have contributed to a greater participation of unemployed men in care, although still in a residual way' (p. 71). A consequence of the economic crisis was increasing in informal work, not necessarily within family members but also outsourced due to unemployment (Costa-Font, Karlsson & Øien, 2016).

Care work has a difficult fit in the formal labour market in Spain – where there are high rates of economic informality – being especially relevant in women who are inactive for caring for other members of their family. Work care helps to consolidate, even more, the patriarchal model that naturalizes care has been provided mostly by women in the domestic setting and 'constitutes an important source of well-being or discomfort in people, at the same time as generates significant inequalities between men and women' (Carrasco, Borderías & Torns, 2011, p. 67). In addition, when care allowance is approached from a monetary practice, usually women develop the care task (Da Roit & Le Bihan, 2010), being a common practice in most European countries, embedded within cultural and social practices that determine the model of social welfare.

This scenario benefits the State by not offering services and harms the modernization of social policies. This model does not focus on social rights from a universal and individual perspective but rather rely on citizens to depend on their families, actually on women in the family, as providers of social welfare. In fact, 'it rather benefits the State since the majority of Spanish women assume this social contract that links them indefinitely through the transfer of labour power to this task' (Frutos, 2012, p. 184).

Care work has traditionally been assigned to women, especially in countries considered 'familist' like Spain (Bettio, Simonazzi & Villa, 2006; Daly & Lewis, 2000; Da Roit, 2007; Da Roit, González-Ferrer & Moreno, 2013; Pascall & Lewis, 2004). Although the law recognizes care work, the lack of previous regulation to the Dependence Law placed caregivers at a

disadvantaged position with respect to any other workers in the formal productive market due to the lack of social visibility. This disadvantage is more flagrant in the case of women from a feminist theoretical perspective, but there are also demographic and life cycle factors together with the opportunity cost for men and the ethics of caregiving. The fact that in southern European countries, such as Spain, husbands are mostly older than their wives (INE, 2020) and with shorter life expectancy (INE, 2021) is a factor to consider in the family caregiver model because husbands lose the opportunity to be the care provider and these activities, within the family environment, are assigned mainly to the wife. Despite this demographic implication, 'spouses take care of each other while they can, and when one of them dies or their health worsen, mostly daughters, mainly women between 45 and 64 years, assume the role of caregivers' (Zueras et al., 2018, p. 67).

From a demographic point of view, in the case of males, the reduction in mortality, the improvements in health and the increase in life expectancy are making possible for them to act as a caregiver for their wife (Spijker et al., 2020), glimpsing a new scenario that must be taken into account in the coming years. In this sense, a study carried out by Spijker and Zueras (2020) on the system of long-term care showed that 47% of care in people over 65–79 years was exercised by their co-resident, highlighting the caregiver role of spouses regardless of gender.

On the other hand, the possible opportunity cost in the labour market due to care is much higher in the case of the occupation of men (Zueras, Spijker & Blanes). In addition, other studies on the provision of care for the members of the family unit show that when the spouses exercise care, they do so from a 'family ethic perspective according to which the provision of care should be carried out by the members of the family' (Aguilar-Cunill, Soronellas-Masdeu, Alonso-Rey, 2017, p. 94). Therefore, this research faces a cross-cutting phenomenon crossed by numerous edges: gender inequality, patriarchy, opportunity cost in the labour market, life cycle or family ethics within the family model of social welfare. The regulation of care in 2006 brought out this informal work framed in a pseudo-professional relationship between the different social actors. To women caregivers who do not work in paid employment and who have few economic resources, the cash-for-care becomes a type of salary (Martínez-Buján, 2011; Martínez-López, Frutos & Solano, 2017), complementary to that of their husbands that can be used by 'others' to cover basic needs of the family.

In addition, the existence of a complex labour market, with difficulties to access and keeping of a job, impacts on the poverty situation of caregivers. In this sense, it could be argued that the work of 'care' involves an opportunity cost since people in charge of care are more restricted to obtain income independently, beyond the earning of the cash-for-care. But there is a

consideration to make. The Dependency Law, itself, did not induce negative effects on the care relationship neither gender patterns nor the persistence of the 'male breadwinner model' since the development and implementation of the law has been limited due to political and economic factors. Regarding the Dependency Law, 'the voracity of the crisis soon made a dent in its good intentions' (Zueras et al., 2018, p. 71).

The regulation of informal care by the Dependence Law recognizes the dependent person and the caregiver as principal actors. Both parties establish a pseudo-professional relationship regulated administratively by the State. That is, they are outside the formal market, but the public administration recognizes this relationship between the dependent people and their caregivers and also provides cash-for-care for the development of care. It is undoubtedly a paradox and a contradictory situation under the protection of the State. In this context, caregivers perceive a monetary compensation for their work much lower than what they would obtain in the paid work market. In this sense, they could be considered as within the 'precariat' (Standing, 2013).

To what extent can be stated that women caregivers are integrated into the profiles of the 'precariat'? In the first place, because they develop a social activity within households dedicating long working hours, an aspect that hinders access to the formal productive market (Alcañiz, 2015). Secondly, because of caring, although embracing social recognition, it is made invisible to the extent that hast not coverage through the public Social Security system (Carrasco et al., 2011). In this way, women caregivers will not be able to acquire future rights derived from this work, such as access to a retirement pension. Finally, because the salary received for caring through the direct transfer of the cash-for-care is very low (Carrasquer, Torns, Grau, Prieto, & Aler, 2015; Martínez-Buján, 2011), even below the minimum insertion income. In short, the difficulties in gaining access to a paid job – as a result of double and even triple work – supposes to women an opportunity cost, in the context of the precariousness of the Spanish labour market and the difficulty of balancing formal and informal work (Deusdad et al., 2016).

The scarce income received for the provision of care and the lack of Social Security contributions leads to the belief that a specific group with vulnerability characteristics is being constituted in a context of social inequality. Therefore, the administrative relationship established between the State and caregivers can create a 'underclass' (Dahrendorf, 1994) or infraclass (Federici, 2011) in a context of high unemployment, economic and social precariousness in employment and restriction of the public aid to cover basic family needs.

Therefore, 'underclass' can be understood as a social category that presents high levels of invisibility within the social structure where the employer/employee relationship is not clear as consequence of the naturalization of the

activity. To consider the possibility that they can become a new social underclass implies approaching the concepts of informal and invisible work of care developed by caregivers, the basis of the feminist critical current.

It does not affect all groups but rather a group of people who find them in a context of inequality within a specific economic and temporal context. People are characterized by having a relatively similar social profile, not previously subordinated to production relations or personal income. After the economic crisis and without economic growth, cash-for-care emerges as the only option, increasing social and class inequalities (Deusdad et al., 2016).

Caregivers have a difficulty to be integrated within the paid labour market and to be able to provide care with the intensity required since they need to be unemployed or to be 'inactive'. This last category underestimates the work of care because women who are inactive are mostly caring for other relatives. During the 2008–2015 period, 40.3% of 'inactive' women were performing household chores (EPA, several years).

Goldthorpe (2012), in the Weberian tradition, has addressed this debate focused on the position occupied by inactive women within the social structure. This large social group is left out of analysis by a large number of economists, which is an epistemological black hole and a political, economic and social problem. According to Goldthorpe, women adopt the status of their husbands or reference person. Therefore, from this perspective, the 'inactive' women who take care of their relatives are determined by an exclusionary context, in words of Parkin (1984), about the public space. Goldthorpe places women who do not perform paid work in the private sphere by accepting the 'breadwinner model'.

Neither the neo-Marxist tradition explains the sexual division of labour prior to the social contract. For a large number of critical academic feminists (Crompton, 1994; Firestone, 1976; Hartman, 1979), women can be considered part of the infraclass, while occupational segregation influences on their own characteristics, within a framework of inequality. The work of care and the people in charge of the provision of it is a clear example of this. Are we witnessing the configuration of an internal market within another market – the secondary one – as Russian dolls, with marked features of precariousness and inequality?

The hypothesis of a social underclass of caregivers is determinate both by previous theoretical studies and, on the empirical side, by a sociodemographic profile characterized by low participation in the labour market and lack of economic autonomy to cover basic needs. Both elements are key to define the concept of underclass. These traits are seen in the caregivers of dependent persons when the Dependence Law in the Region of Murcia was implemented, and at the same time that restrictions of social rights as a consequence of the

economic crisis were happening. In addition, there is empirical evidence that shows how care management based mainly on the granting of cash-for-care produces three side effects: (a) maintenance of the male breadwinner model (Da Roit & Le Bikam, 2010; Da Roit et al., 2013) and (b) opacity and lack of control by the State in relation to the people who receive these cash-for-care (Ungerson, 2004), discouragement of service programs and promotion of private markets (Timonen, Convery & Cahill, 2006).

Both neo-Marxist and neo-Weberian feminist consider that there is exploitation of the housewife and, by extension, of women caregivers, to benefit both the family and the State from the job they perform without actually being remunerated. Through the approaches of Roemer (1984, 1989) and other authors such as Wright (1983, 1995) or Van Parijs (1996), the exploitation relations associated with the provision of care to the middle classes can be explained from a structural perspective. Hence, the importance of incorporating gender relations in the analysis of social stratification beyond the classical concept of class is based on asymmetric relations of production. Therefore, around the caregivers of the dependent population, a process of social closure takes place (Parkin, 1984), which restricts their position as excluded or usurped, and even expelled (Sassen, 2015). Furthermore, this configuration as an underclass endows an analysis with epistemological significance.

The pass of the Dependence Law and its subsequent implementation ran into a reality that restricted the management of this policy: the economic crisis. As of 2008, the poverty and inequality rates in Spain began to increase, reaching very high levels. At the same time, the unemployment rate went up and the existing work increased under precarious conditions (part-time, temporary contract, mainly). The unemployment rate followed a linear upward trend since 2008, standing at 11.3% (11.2% men and 14.7% women) reaching a 26.1% in 2013 (25.6% men and 36.4% women) with 6,051,100 unemployed. As of that year, it began to decrease, although by 2015, it still remained above 22% (20.8% men and 23.6% women) (EPA, several years).

Analysing the labour market, a great inequality in inactive persons can be observed, especially those who are inactive because of taking care of house chores, a category that includes the care of relative. Being inactive for carrying out household tasks does not mean being poor but does not lead to income neither from the formal labour market nor retirement pensions. Of the total number of women who were inactive in the Region of Murcia during the period 2008–2015, 42.2% were engaged in domestic tasks, unlike 5.9% in the case of men. These figures are very similar to those registered in Spain and express a further reflection of social inequality in relation to the private setting

Table 1. Inactivity conditions by gender in Spain and Murcia (2008–2015, %).

	Retirement Pension	Household Chores	Subsidized Pension
Spain			
Man	60.2	5.7	2.7
Female	20.1	40.6	17.6
Murcia			
Man	54.4	5.9	3.2
Female	17.2	42.2	13.9

Source: EPA.

and the importance in Spain of the 'male breadwinner model'. The other categories within the inactivity that present large differences according to sex are 'retired' and 'perceiving another kind of pension' as seen in Table 1.

Thus, traditionally, care work in Spain is linked with inactivity, not only in macro-surveys or empirical formulas but also in the very same classical concept of work in Social Sciences and Sociology. Indeed, in Sociology, the inactivity for care of relatives represents a wide space of research to make visible a work activity without social recognition and without labour rights and that covers some attentions that should be a social responsibility – and not a familiar one – in countries with highly developed welfare models. As a result, this work is underestimated socially and economically since is outside of the formal productive spaces.

Although it is true that the economic crisis strengthened cash-for-care, it was not the case at the beginning of the economic crisis. From 2006 until the most important reform of the law in 2012 with Royal Decree-Law 20/2012 and the deepening of the economic crisis, there was an outsourcing of care, mainly through global care chains (Martínez- Buján, 2011). But also, there were 2 important events in relation to the provision of care: (a) the combined care of proximity services within homes among the elderly below 80 years old (65–79), mainly derived from SAAD, and (b) an increase in informal care outside the home that could sometimes be combined with formal work among people aged 80 and over (Spijker & Zueras, 2020). Likewise, and in relation to inactivity and gender gap, a decrease was observed precisely in male inactive persons, especially those who are 50 years old and over (Deusdad et al., 2016). Therefore, a similar pattern linked to inactivity as a consequence of the economic crisis can be observed, where gender gap in relation to care is reduced accordingly in the age group 50 years and older.

In recent years, unemployment rates have decreased, but the type of job created is more precarious. New contracts are characterized by an increase in

Table 2. Evolution of AROPE index in Spain, EU19 and Murcia (2008–2015, %).

AROPE Index	2008	2009	2010	2011	2012	2013	2014	2015
EU19	21.7	21.6	22.0	22.9	23.3	23.1	23.5	23.1
Spain	23.8	24.7	26.1	26.7	27.2	27.3	29.2	28.6
Murcia	27.5	33.3	37.5	31.9	33.5	34.1	44.9	38.8

Source: ECV y Eurostat.

temporality and a reduction in the number of weekly hours since part-time contracts are increasing leading to a reduction in wages and less social protection by the Spanish unemployment system, where the lower the labour contribution (by type of contract and salary), the lower the benefits obtained by the protection system, resulting in an increasing social vulnerability.

As a consequence, the risk of poverty or social exclusion rate (AROPE) has increased over the years, with a higher incidence in the Region of Murcia, as shown in Table 2.

In addition, it must be noted that poverty does not affect everyone equally but is especially severe in the case of people who are unemployed and those who have less training (ECV, 2008–2015).

Data and Methods

This article tries to know the socioeconomic profiles of caregivers of dependent people. The chosen territory was the Region of Murcia because of two fundamental characteristics converge: first, being one of the territories of Spain with the highest poverty rates and where the greatest gap has existed in relation to the cash-for-care of dependency/services. Within the region, the city of Murcia was selected as the most appropriate to implement the research. As of June 1st 2014, 57.7% of the cash-for-care of the dependency that had been granted in this region were located in this city. According to data from the SAAD, from 2009 to 2014 – year prior to the completion of the survey conducted – the granting of the cash benefit decreased from 81.9% in 2010 to 60.3% in 2014 (SAAD, several years), although it remained the most awarded service within the Dependence Catalog. The reduction of cash-for-care in Spain has been a common trend in most Autonomous Communities (SAAD, several years), above all, as a consequence of the suspension of cash-for-care during 24 months established in the Royal Decree-Law 20/2012.

This research is a case study in which the approach to the object of study has been conducted from methodological pluralism. Thus, from a quantitative perspective, a survey was developed on the profile, living conditions and

provision of care by caregivers. Afterwards, from a qualitative perspective, 10 semi-structured interviews were carried out taking into account the most relevant profiles extracted from the survey, where there were issues related to the management of the law, the granting of cash-for-care, their connection with employment, the perception of care work, etc. The implementation of this stage was conducted between September 2014 and March 2015. The questionnaire of the survey was divided into six blocks to gather the following information: (a) basic data on the profile of caregivers and household composition, (b) characteristics of the care provided, (c) level of educational attainment and position in the labour market, (d) living conditions and uses of cash-for-care, (e) discourses about long-term care and (f) perception of social actors.

The sample is part of the total of 5.967 caregivers on the aforementioned dataset. The number of questionnaires was determinate based on a confidence level of 95% and a margin of error of ±6. A total of 256 questionnaires were completed. The way to access the caregivers was randomized through the municipal public social services. Therefore, no specific profile was established and all caregivers had the same opportunities to participate in the research. The questionnaires were collected in the homes of the caregivers through face-to-face interviews.

Once the survey was completed, a descriptive analysis of primary data was performed. Later, with the aim of knowing the existing profiles, a two-stage cluster analysis was run, allowing to spot clusters in a natural way based on the large data obtained. Finally, an 'Atlas.ti Simple Content Analysis' was conducted. The profiles were established attending the findings of the cluster analysis. The codes used were poverty, employment, care features, work–family balance, use of the cash-for-care, educational attainment and material deprivation.

The selected variables were (1) providing care for another person besides the person in a dependent situation, (2) poverty, (3) level of educational attainment, (4) labour market condition, (5) age, (6) use of the cash-for-care as a basic income, (7) living with the dependent person, (8) marital status and (9) number of years providing care. This technique has been used since the homogeneity of the sample does not allow the use of other multivariate models.

Findings

The two-stage cluster model assigns correctly to the sample a very high percentage: 86.3%. Four very homogeneous clusters can be inferred in terms of assignment of subjects, with differentiated profiles, as shown in the Table 3.

Data shows that there is a highly homogeneous group, marked both for sociodemographic characteristics and relationship with the labour market and

Table 3. Clusters profiles.

Poor Inactive with Cohabitation	Poor Unemployed Caring Someone Else	Working with economic Resources	Elderly Illiterate with Cohabitation
1 (28.1%)	2 (27.1%)	3 (26.2%)	4 (18.6%)
Caring someone else: No (100%)	Caring someone else: Yes (76.7%)	Caring someone else: Yes (81.0%)	Caring someone else: No (85.4%)
Poor (54.8%)	Poor (100%)	Not poor (50%)	Not poor (100%)
ISCED 0-2 (82.3%)	ISCED 0-2 (43.3%)	ISCED 0-2 (50%)	ISCED 0-2 (illiterate or not formal training) (85.4%)
Inactive (54.8%)	Unemployed (61.7%)	Working (50.0%)	Inactive (90.2%)
Average age: 56	Average age: 47	Average age: 49	Average age: 64
Use of cash-for-care as main basic income (56.5%)	Use of cash-for-care as main basic income (96.7)	Use of cash-for-care as main basic income (74.1%)	Use of cash-for-care as main basic income (63.4%)
Cohabitation with the dependent person: No (56.5%)	Cohabitation with the dependent person: Yes (71.7%)	Cohabitation with the dependent person: No (56.9%)	Cohabitation with the dependent person: Yes (70.7%)
Married (88.7%)	Married (61.7%)	Married (70.7%)	Married (53.7%)
Average years providing care: 11	Average years providing care: 11	Average years providing care: 9	Average years providing care: 14

educational level. The care is provided mostly by women (85.9%), with a median and average age of 53 years, most of them were married (71.0%). The most relevant descriptive data are found in the Appendix of this paper (Table 4).

The main features of the clusters are based on income, working situation and age. Taking into account these variables, 4 clusters can be named. Cluster one groups middle age women, inactive and poor. Women in the second, in addition to being poor, are unemployed and younger. Women in the third cluster are young, employed and not poor. Finally, women in cluster four are older, inactive and not poor. In Figure 1, can be observed the distribution of the individuals by income, economic condition, and age.

Data shows that clusters are crossed mainly by poverty. In this situation are women in clusters 1 and 2, which account for 55.2% of the total. These data are much higher than those recorded in the AROPE rate for Spain and the Region of Murcia in 2015 when levels of 28.6% and 38.8%, respectively, were reached. Therefore, we can speak of a group with a high incidence of poverty.

Table 4. Clustering model.

		Women Profiles	N	% Combined	% Total
Cluster	1	Middle age, inactive, poor	62	28.1	24.2
	2	Young, unemployed, poor	60	27.1	23.4
	3	Young, employed, not poor	58	26.2	22.6
	4	Older, inactive, not poor	41	18.6	16.0
	Combined		221	100.0	86.3
Excluded cases			35		13.7
Total			256		100.0

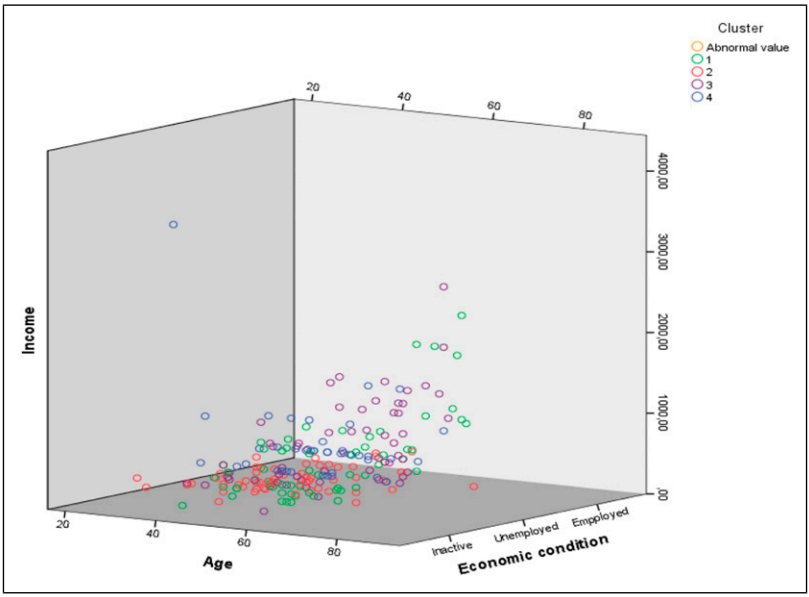

Figure 1. Caregivers by income, age and working situation.

Following the analysis of these two first clusters, they are people at active age. The average age of the cluster 1 is 56 years and cluster 2.47, which brings together the group of younger caregivers. Their poverty situation is closely linked to their work condition since they are mainly inactive (cluster 1) and unemployed (cluster 2). Another element to consider in the general analysis is that participation in the labour market is associated with a low level of educational attainment. In this case, people in both clusters have a maximum level of ISCED up to the first stage or lower. This is a common characteristic of the group of caregivers since in the rest of the clusters, they also have low

level of education. These data are much higher than those collected in Spanish official surveys. In 2015, 34.3% of contracts were signed for people with a minimum level of education (29.0% in the case of women).

The work trajectories developed by the caregivers interviewed reflect that they have accessed eminently precarious jobs when developed work activity in the formal market. Thus, the willingness to care is conditioned both by the possibilities offered by the labour market and by years dedicated to providing care. This situation is more evident for older people, those located in cluster 4.

I4: Yes, I have worked in certain places without a contract and, besides, I was a minor as well.

Frequently, caregivers faced with the difficulty of combining care times and working hours, assuming an important opportunity cost to develop a professional career. In this way, women, unlike men, throughout their working life accumulated paid work time plus a second day work through care (Durán, 2008).

I2: I would like a full-time job but since I have parents to care, I have no choice.

Clusters 1 and 2 show the connection between (a) the situation of poverty, (b) the absence of a job to cover basic needs, (c) the lack of training and (d) the need to access public aid, being this a very specific group with a clear profile of social vulnerability. These findings reinforce the idea of a social 'sub-class' marked mainly by difficulty in the access to the labour market.

In the analysis, it is important to pay attention to caregivers who are older and inactive but not poor (cluster 4). Although the subjects in this cluster are not in a situation of poverty, as in cluster 3, the fact that they are using the cash-for-care as basic income is remarkable. Why is this happening? What are the main factors that can explain this phenomenon? In this case, the subjects are inactive women with an average age of 64 years. Apparently, they have a regular income from a pension of their own or their husbands but, despite this, this benefit may be insufficient to cover their basic needs. This cluster is relevant for being the one that takes more time on average caring attention (14 years). This aspect is closely related to the exercise of the care activity and the opportunity cost and highlights the difficulty of combining work activity with care at home. At the same time, it is a reflection of the consequences that care work can have within the informal setting when it is not combined by family support measures to facilitate access to the formal labour market.

I4: When I got married, I was 27 years old and my mother was 54 or 55, but I have always been very aware of the care she needed and I was paying attention to her.

Regarding the subjective perception of care, it is understood as a responsibility within the moral space, as a way of returning the attention given by parents. In this way, the State remains in a complementary and subsidiary role to families, which favours the reproduction of sex inequalities associated with informal care.

I2: I feel good because I tell myself: "I'm with them, they're fine and they feel good. Then I'm fine". Now, when I see them badly, I feel bad because until they get well, I feel nervous.

Likewise, the monetary amount perceived for the provision of care does not match the times of attention and the opportunity cost that may be incurred by people who perform the care. In this sense, the attentions are limited more to willingness than to the provision of a right within the law, assuming the care as devalued work.

E1: The money is scarce, because if they only had that benefit they could not do anything.

From the cluster analysis and the discourses of the privileged agents interviewed, it can be corroborated how, since the law was passed, the cash-for-care has been configured as a key element to reward informal care. The caregivers mainly used it to cover their basic needs: food and payment of bills, as a consequence of the economic precariousness of the households and the difficulties to access the labour market.

Discussion

The Dependence Law is institutionalizing a pseudo-professional relationship between the State and caregivers in which they receive much lower incomes than those that could be earned in the market through similar jobs. This relationship is of special interest to the State since it delegates to women the social provision of care without having a great economic impact on the public treasury. Furthermore, the social policy in relation to long-term care is not oriented towards parity in the provision of care or the facilitation of access of dependent persons to local services (Martínez-López, Frutos & Solano, 2017). The management of the right based on the granting of cash-for-care maintains intact the traditional roles of domination/subordination between

women and men in relation to the sexual division of protected labour in this new 'precarious' modality of informal work at home. In addition, this situation leads to future precariousness (Solano, Bote, Clemente, Mártínez-López, & Frutos, 2021) because if women do not contribute to the formal market, they will not be able to get a retirement pension and will depend on others, usually husbands, to cover basic needs.

The low level of occupation of caregivers as well as the type of contract they usually access (mainly partial) does not prevent them from escaping from poverty, needing the cash-for-care to cover basic needs. To these people, the cash-for-care is understood as a type of salary both for women who do not work and those who do. The low levels of educational attainment also have an impact on the chances to get a job beyond care. Somehow, caring is a job that requires low qualifications and has always been based on the willingness of mothers and daughters. As a consequence, the idea that care is a matter of women is strengthened, especially of those with scarce training, greater difficulties in accessing the labour market and less income or greater economic difficulties. These data are consistent with similar research where people with higher income and level of education show less disposition towards care, reinforcing the idea that cash-for-care is especially used for people who are not inserted in the labour market and with lower socioeconomic status, while men take care according to their availability (Zueras et al., 2018). Therefore, there is a set of actors in the application of the Dependence Law with asymmetric relationships: the most qualified women access the formal market and improve their social position; women who develop care within the informal setting while the State looks the other way; and men who still do not face care in the private setting. Something similar happens within families. Families with higher educational level are twice as likely to receive care from formal caregivers, either alone or in combination with other provision of care. From this point of view, rich families are more likely to hire care services while poor families are faced with the need to combine formal and informal services (Spijker & Zueras, 2020). Therefore, there is an inequality in relation to care that determines how it is developed from a dual perspective: (a) in relation to the caregiver and their social status and (b) in relation to families and their socioeconomic and educational level. Thus, caregivers become a relatively homogeneous group in which strategies are developed for their own interests (Parkin, 1984). As a social group, they have their own characteristics, with some internal differences related to cohabitating in the same household, the fact of having family responsibilities, working situation or poverty. Those differences give identity and provide the clusters with singularity beyond the homogeneity of the group of caregivers as a whole.

If the current context persists, they could be considered as an underclass whose status and ascription relegate them at the lowest levels of the social

structure based on a pseudo-professional relationship established with the State. This relationship takes them at a disadvantaged position leading to a negative impact in their vital projects if the work of care is not combined with measures to improve their situation in relation to the labour market and their social protection.

However, this theoretical perspective of exploitation and appropriation of care work by the state and families of women who are in a worse situation within the class structure is not a product of the law itself but a result embedded in the traditional inequality of gender within a political context and an economic crisis that limited SAAD's possibilities to implement the Dependency Law. Parity in care relationships can be determined not only by historical patriarchal inequality but also by socioeconomic conditions that link men and women in the participation of care tasks in the informal sphere. In addition, the lack of implementation of services limits the SAAD's response to new and growing ageing demands (Spijker and Zueras, 2020), and when this happens, the alternative for families relies on economic provision (Da Roit and Le Bihan, 2010). Therefore, the level of concession of cash-for-care is closely linked to the offer of services. A key issue pending since the Political Transition is the change of the masculine role towards the tasks of taking care of people since if it does not take place hardly will change the conception of care as something natural, inherent to the feminine condition. In addition, although the State creates the subjective right to be cared for, it assumes that women who are likely to be in a situation of poverty must provide care.

There are alternatives to restructure the Dependency Law, avoiding adverse effects: In the first place, greater legislative development, which would give a boost to the social and health sector, increase jobs linked to dependency and produce a higher revenue for the State; secondly, a greater development of care policies, favouring the ability to combine care work and work in the paid labour market, as well as the greater participation of men in care; thirdly, a common element in all social policies: political consensus; fourth, an increase in the financing of the law and especially in economic benefits, right now are practically 'charity' and cannot minimally cover the care provided; fifth, a greater compatibility between benefits and services, especially cash-for-care with services such as day-care centres or home services, in order to offer comprehensive care to dependent people; finally, to introduce complementary benefits such as technical aids to improve the quality of life of dependent people.

This research has two important limitations due to the features of the database. On the one hand, the hours of care should be included in the analysis, and on the other hand, the care provided according to gender (instruments/personal care) should be also characterized.

Appendix
Univariate Analysis.

Sex	Women			Men		
	85.5%			14.5%		
Age	Min		Average		Max	
	25		53		87	
Caring someone else[a]	Si			No		
	44.9%			55.1%		
Type of caring	On her/his own			With help		
	45.2%			54.4%		
Who applied for the service	The caregiver			Someone else		
	56.7%			43.3%		
Years of care	12			10		
Difficulties to buy food	Yes			No		
	74.7%			25.3%		
Educational attainment	ISCED I		ISCED II		ISCED III	
	75.3%		21.2%		3.5%	
Labour market condition	Employed		Unemployed		Inactive	
	21.1%		30.9%		48%	
Householder	Father	Mather		Husband	Caregiver	Someone else
	5.6%	4.8%		52.45	36.0%	1.2%
Link with the dependent person	First degree[b]		Second degree[c]	Other		No familiar link
	85.9%		9.4%	1.6%		3.1%
Marital status	Single		Married	Divorced		Widow/widower
	14.1%		71.0%	9.7%		5.2%
Main use of the cash-for-care	Food		Medicine/drugs	Bills		Other
	51.6%		12.2%	11.4%		24.8%

[a]Besides the person under the dependency situation.
[b]Parents, children, parents-in-law, and son-in-law/daughter-in-law.
[c]Grandparents, brother, brothers-in-law, and grandchildren.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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Note

1. More info is on this database: http://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cidINE= 1259941637944& p=1254735110672&pagename=ProductosYServicios/PYSLayout.

References

Aguilar-Cunill, C., Soronellas-Masdeu, M., & Alonso-Rey, N. (2017). El cuidado desde el género y el parentesco. Maridos e hijos cuidadores de adultos dependientes. *Quaderns-e de l'Institut Català d'Antropologia*, *22*(2), 82–98.

Alcañiz, M. (2015). Crisis, precariedad y desigualdad de género en España y en Italia. *OBETS. Revista de Ciencias Sociales*, *10*(1), 97–125.

Bettio, F., Simonazzi, A., & Villa, P. (2006). Change in care regimes and female migration: the 'care drain' in the Mediterranean. *Journal of European Social Policy*, *16*(3), 271–285. https://doi.org/10.1177/0958928706065598.

Carrasco, C., Borderías, C., & Torns, T. (2011). *El trabajo de cuidados: Historia, teoría y políticas*. Madrid: Catarata.

Carrasquer, P., Torns, T., Grau, A., Prieto, C., & Aler, I. (2015). El trabajo de cuidados entre el trabajo profesional y el tiempo de libre disposición personal. Perspectiva de género. In *Trabajo, cuidados, tiempo libre y relaciones de género en la sociedad española* (pp. 109–136). Madrid: Cinca.

Correa, M., & Jiménez-Aguilera, J. d. D. (2016). Shades and shadows in the application of the long-term care law. *Gaceta Sanitaria*, *30*(1), 77–80. https://doi.org/10.1016/j.gaceta.2015.09.001.

Costa-Font, J., Karlsson, M., & Øien, H. (2016). Careful in the crisis? Determinants of older people's informal care receipt in crisis-struck European countries. *Health Economics*, *25*(Suppl 2), 25–42. https://doi.org/10.1002/hec.3385.

Crompton, R. (1994). *Clase y estratificación social*. Madrid: Tecnos.

Da Roit, B. (2007). Changing intergenerational solidarities within families in a Mediterranean welfare state: Elderly care in Italy. *Current Sociology*, *55*(2), 251–269. https://doi.org/10.1177/0011392107073306.

Da Roit, B., González-Ferrer, A., & Moreno, F.J. (2013). The new risk of dependency in old age and (missed) employment opportunities: The Southern Europe model in a comparative perspective. In J. Troisi & H. J. V. Kondratowitz (Eds.), *Ageing in the Mediterranean* (pp. 151–172). Bristol: Policy Press. https://doi.org/10.1332/policypress/9781447301066.003.0007.

Da Roit, B., & Le Bihan, B. (2010). Similar and yet so different: Cash-for-care in six European countries' long-term care policies. *Milbank Quarterly*, *88*(3), 286–309. https://doi.org/10.1111/j.1468-0009.2010.00601.x.

Dahrendorf, R. (1994). *Ley y orden*. Madrid: Cívitas.

Daly, M., & Lewis, J. (2000). The concept of social care and the analysis of contemporary welfare states. *British Journal of Sociology*, *51*(2), 281–298. https://doi.org/10.1111/j.1468-4446.2000.00281.x.

Deusdad, B. A., Comas-d'Argemir, D., & Dziegielewski, S. F. (2016). Restructuring long-term Care in Spain: The impact of the economic crisis on social policies and social work practice. *Journal of Social Service Research*, *42*(2), 246–262. https://doi.org/10.1080/01488376.2015.1129013.

Durán, M. A. (2008). *La cuenta satélite del trabajo no remunerado en la Comunidad de Madrid*. Madrid: Comunidad Autónoma de Madrid.

Esping-Andersen, G. (2000). *Fundamentos sociales de las economías postindustriales*. Barcelona: Ariel.

Federici, S. (2011). Sobre el trabajo de cuidados de las personas mayores y los límites del marxismo. In C. Carrasco, C. Borderías, & T. Torns (Eds.), *El trabajo de cuidados. Historia, teoría y políticas* (pp. 390–411). Madrid: Catarata.

Firestone, S. (1976). *La dialéctica del sexo*. Barcelona: Kairós.

Frutos, L. (2012). Trabajo y familia, ¿conciliación o conflicto?. In J. García & M. B. Gómez (Eds.), Diálogos en la cultura de la paridad: reflexiones sobre feminismo, socialización y poder (pp. 163–192). Santiago de Compostela: Universidad de Santiago de Compostela.

Goldthorpe, J. H. (2012). De vuelta a la clase y el estatus: Por qué debe reivindicarse una perspectiva sociológica de la desigualdad social. *Revista española de investigaciones sociológicas*, *137*(137), 43–58. https://doi.org/10.5477/cis/reis.137.43.

Hartmann, H. I. (1979). The unhappy marrieage of marxims and feminism: Towards a more progressive union. *Capital and Class*, *3*(2), 1–33. https://doi.org/10.1177/030981687900800102.

INE. (2020). *Estadísticas de matrinoninos*. https://www.ine.es/dynt3/inebase/index.htm?padre=3381&capsel=3381.

INE. (2021). Esperanza de vida. https://www.ine.es/ss/Satellite?L=es_ES&c=INESeccion_C&cid=1259926380048&p=1254735110672&pagename=ProductosYServicios/PYSLayout.

Martínez-Buján, R. (2011). La reorganización de los cuidados familiares en un contexto de migración internacional. *Cuadernos de relaciones laborales*, *29*(1), 99–123.

Martínez-López, J. A. (2017). El modelo híbrido de atención a las personas en situación de dependencia en España. *Revista del CLAD Reforma y Democracia*, *68*, 137–168.

Martínez-López, J. A., Frutos, L., & Solano, J. C. (2017). Los usos de las prestaciones económicas de la dependencia en el municipio de Murcia. Un estudio de caso. *Revista Española de Sociología*, *26*(3), 97–113. https://doi.org/10.22325/fes/res.2017.37.

Parkin, F. (1984). *Marxismo y teoría de clases. Una crítica burguesa*. Madrid: Espasa-Calpe.

Pascall, G., & Lewis, J. (2004). Emerging gender regimes and policies for gender equality in a winder Europe. *Journal of Social Policy*, *33*(3), 373–394. https://doi.org/10.1017/s004727940400772x.

Roemer, J. E (1984). Nuevas direcciones en la teoría marxiana de la explotación y de las clases sociales. *Mientras Tanto*, *21*, 21–38.

Roemer, J. E (1989). What is exploitation? Reply to Jeffrey Reiman. *Philosophy and Public Affairs*, *18*(1), 90–97.

SAAD. (2015). *Statistics several years*. http://www.dependencia.imserso.es/InterPresent2/groups/imserso/documents/binario/im_061364.pdf (accessed 07.11.2017).

Sassen, S. (2015). *Expulsiones. Brutalidad y complejidad en la economía global*. Buenos Aires: Katz.

Solano, J. C., Bote, M., Clemente, J. A., Mártínez-López, J. A., & Frutos, L. (2021). Walking on broken glass: Gender as predictor of job precariousness among young people in Spain. *Sociologia, Problemas e Práticas*, *97*, 107–127. https://doi.org/10.7458/spp20219718810.

Spijker, J., Devolder, D., & Zueras, P. (2020). The impact of demographic change in the balance between formal and informal old-age care in Spain. In *Results from a mixed microsimulation–agent-based model* (pp. 1–26). Ageing and Society. https://doi.org/10.1017/s0144686x20001026.

Spijker, J., & Zueras, P. (2020). Old-age care provision in Spain in the context of a new system of long-term care and a lingering economic crisis. *Journal of Population Ageing*, *13*(1), 41–62. https://doi.org/10.1007/s12062-018-9232-8.

Standing, G. (2013). *El precariado*. Barcelona: Pasado y Presente.

Timonen, V., Convery, J., & Cahill, S. (2006). Care revolutions in the making? A comparison of cash-for-care programmes in four European countries. *Aging and Society*, *26*(3), 455–474. https://doi.org/10.1017/s0144686x0600479x.

Ungerson, Clare (2004). Whose empowerment and independence? A cross-national perspective on 'cash for care' schemes. *Ageing and Society*, *24*(2), 189–212. https://doi.org/10.1017/S0144686X03001508.

Van Parijs, P. (1996). *Libertad real para todos: Qué puede justificar el capitalismo (si hay algo que pueda hacerlo)*. Barcelona: Paidós.

Wright, E. O. (1983). *Clase, crisis y Estado*. Madrid: Siglo XXI.

Wright, E. O. (1995). Análisis de clase de la pobreza. In J. Carabaña (Ed), Desigualdad y clases sociales. Un seminario en torno a Erik Olin Wright (pp. 133–150). Madrid: Fundación Argentarias–Visor.

Zueras, P., Spijker, J., & Blanes, A. (2018). Evolución del perfil de los cuidadores de personas de 65 y más años con discapacidad en la persistencia de un modelo de cuidado familiar. *Revista Española de Geriatría y Gerontología*, *53*(2), 66–72. https://doi.org/10.1016/j.regg.2017.07.004.