

# A New Syndrome Challenging Welfare Estates? New Social Risks, Welfare Modernisation And Territorial Reorganisation. The Case Of Social Care Services For The Elderly In Spain.<sup>215</sup>

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**Palabras clave:** nuevos riesgos sociales, cuidado, bienestar, territorio

**Key Words:** new social risks, care, welfare, territory

## Resumen

Este trabajo explora como tres factores, la aparición de nuevos riesgos sociales, la modernización del estado de bienestar y los cambios en la organización territorial, convergen. Al mismo tiempo provee evidencia empírica de cómo toman forma clara y se interrelacionan en un nuevo riesgo social preciso, los servicios sociales de cuidado para personas mayores, y en un caso concreto, el español.

## Abstract

This paper explores how three factors, the appearance of new social risks, the modernisation of welfare states and changes in the territorial structure of countries converge. In addition, it provides empirical evidence on how they appear in clearly and they interrelate in one of these new social risks, social care services for the elderly, and in a specific case, the Spanish.

## Introduction

In the last few years, new emerging social needs, labelled as “new social risks” (NSR), associated with social transformations (i.e. increasing female labour force participation and reconciliation of work and family life, ageing populations or insufficient social security coverage) have emerged and are challenging traditional welfare structures. However, those groups facing NSR are highly heterogeneous, do not seem to have much weight in the political scenario, and must put their protection claims in the framework of a global economy and overall austerity. In opposition to this, the social basis of the welfare states, industrial workers, were instead a more homogeneous group with stronger mobilisation capacities, which acted in a context of closed economies. Despite the deep difference between these social groups and the context in which policymaking takes place, welfare states are being adapted, apparently in the absence of any significant form of political mobilisation by those who are most exposed to NSR.<sup>217</sup> However, NSR are not the only current challenge for welfare states, as they are also facing transformations or recasting processes regarding traditional welfare arrangements. In addition, these problems are also framed by modifications in the institutional profiles regarding changes of territorial structures. Thus, in a context of an increasing importance on territorial politics within Europe, taking into account that lower levels of government are increasingly engaged in the regulation and provision of welfare policies. Therefore, on analysing a concrete of a NSR, such as it care for the elderly, its

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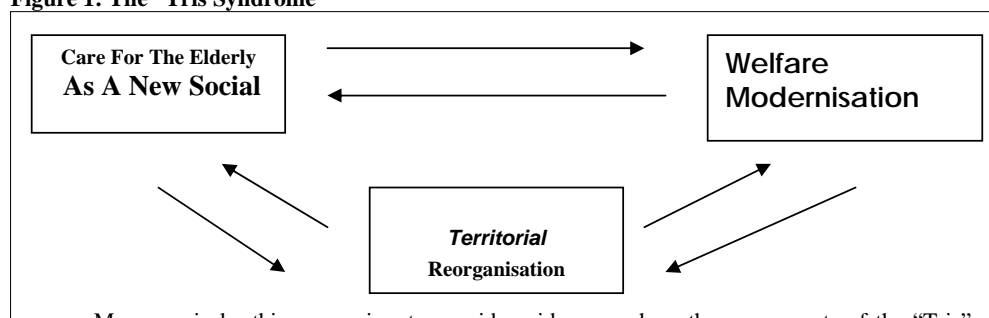
<sup>215</sup> This paper is based on my doctoral dissertation, provisionally entitled: *Care for the elderly in Spain: new social risks, welfare modernisation and territorial politics*

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<sup>217</sup> On this discussion see Bonoli (2003) and Taylor-Gooby (2003)

understanding is also related with how welfare states are being modernise, but also into what particular institutional and territorial context this takes place. The combination of these factors, or which I have decided to label as “*Tris Syndrome*”,<sup>218</sup> that is, the appearance of NSR, challenges regarding welfare modernisation and changes in territorial politics, aim to be a fundamental pillar of analysis in this piece of work.

**Figure 1: The “Tris Syndrome”**



More precisely, this paper aims to provide evidence on how the components of the “Tris” are clearly present in current welfare states, but mainly, how they clearly appear in a specific case, the Spanish, where the convergence of care for the elderly as a NSR with non-clear form of political mobilisation, welfare modernisation, and a radical transformation in its territorial structure come together. In addition, the analysis of the Spanish case appears particularly attractive not only due to the convergence of these factors, but also because social (care) services<sup>219</sup> for the elderly do still miss wide analysis in terms of their policy dynamics

In this paper, first, I explain the importance of the analysis of this policy in relation with the “Tris Syndrome”, namely NSR, welfare modernisation and the importance of changes in territorial politics. Second, I show how these three factors interact in the context of social services for the elderly in Spain, and I provide evidence on the existent lack of analysis of policy-making processes of this particular policy area in the country. Finally, I sum up the main findings of this paper, where I confirm the interest of exploring and raising new research questions regarding these issues.

### 1. A New Syndrome Challenging Welfare States? The Concurrence Of New Social Risks, Welfare Modernisation And Territorial Reorganisation

Nowadays tasks facing welfare states are becoming increasingly more complex. A clear example is that risk structures have changed quite noticeably since the early post-war years. In fact, risks that have not been considered as such, or that simply have not challenged welfare states before, are putting them under pressure. For instance, the so-called ageing of society, combined with socio-economic dynamics such as household structures changes, increase in single households, increased mobility and female participation into the labour market, have turned care for the elderly from a private into a new public concern or new social risk (NSR). Therefore, the emergence of care for the elderly as a NSR raises critical issues about its provision and requires radical shifts in its organisation, mainly in countries where the family constitutes the main pillar of care provision. This reorganisation implies for instance the externalisation of different caring functions from the area of family responsibility, and means that care has to be made more visible by transferring it from the private sphere of the family to the public sphere of services. This is known as the *defamilisation* of caring functions (Esping Andersen, 1999).

I have just referred to care for the elderly as a NSR. Yet, what can we understand as a NSR? The term NSR has been used with increasing frequency in the welfare state literature (i.e. Esping-Andersen, 1999; Jenson and Saint-Martin, 2002; Bonoli, 2003; Taylor-Gooby, 2003). NSRs are defined problems

<sup>218</sup> In Italian, “a tris” is a combination of three different kinds of first courses, mainly of pasta or rice, served all together. This is also the case of NSR, welfare modernisation and territorial politics. They are different, but they can converge or “be served” together.

<sup>219</sup> Despite that the general term used in the international literature is social care services of personal social services, I have decided to refer them only as social services, as this is the common and widespread term used in Spain.

that nowadays people face in their life course as a result of economic and social changes associated with the transition to a post-industrial society (Taylor-Gooby, 2003:2). It can include different situations such as the care of an elderly relative, reconciliation of work and family life or insufficient social security coverage. All in all, NSR do not only represent a new and challenging social issued, but also they have repercussions on the political level, namely the politics that involve them. This is also important as it raises the importance of analysing what can be denominated “new politics” as opposed to “old politics”. However, I consider that the use of the term “new” can be in a sense misleading, as some of these risks are not “new” as such. For instance, public care for the elderly, to a higher or lower extent, has always existed. Yet, main novelty of this NSR and others, it is their consideration as both “new” and “risks due to the challenge they place for current welfare states. Yet, I do not doubt the fact they involve new shifts for policies and politics, or the possible born of new politics.

In this respect the main bulk of current research on the transformation of modern welfare states has placed its challenges beyond the topic of the crisis of the welfare states. Being key questions the maintenance of standards and the politics of retrenchment, in order to adapt social policies to the new socio-economic and political context which has been transformed by the transition to post-industrialism, globalisation, europeanisation, changes in demography or industrial relations (i. e. Esping Andersen, 1996; Ferrera and Rhodes, 2000-2001; Leibfried, 2001, Pierson, 2001; Scharpf and Schmidt, 2000, Taylor-Gooby, 2002). Yet, most of the research in social policy has tended to concentrate largely on main areas of the welfare state such as Social Security. It is surprising that despite the obvious importance of a topic such as it is care for the elderly, there is not yet much systematic work on this issue. This rejection may well reflect policymakers’ and policy analysts’ lack of priority for this area, as well as the difficulties in defining and analysing forms of care that cross organisational and professional boundaries (Tester, 1999). In fact:

*“(...) personal social care happens to be one of the least researched areas and least documented areas for comparative study. This neglect of what represents, after all, the oldest form of social intervention may seem ironic yet is understandable, none the less. It represents a messy area for research. It tends not to generate quantities of good hard data in convenient national form and much of what goes in the name of social care must, by its very nature, be opaque to outside scrutiny and measurement” (Jones, 1985: 172-173)*

This situation signals an important point to bear in mind when doing research in this policy area. This is the special character and characteristics of the social services field that distinguishes them from other welfare institutions. In addition, we should not forget that social services were developed later than other welfare institutions, thus they do not belong to the historical core institutions of the welfare state (Flora, 1986). Bahle (2002) summarises several reasons for this late development. First, the fact that the family and other private institutions were traditionally the main providers of social services. Therefore, the need for state intervention simply did not arise until recent times. Second, the fact that in many countries massive state intervention in the area was not regarded as legitimate, since this seemed to go against core values of western societies such as the autonomy of the family and churches. Lastly, the fact that social services have never become as highly institutionalised as other sectors such as health care, education or social security, together with the fact that they have been institutionalised between the public and private sector and between central and regional or local governments.

Although I have mentioned that social services are less established than other core areas of the welfare state and that research has mainly focused in other policy areas, they are called to become an important area of research. This has become more evident since the 80’s when social services started to be a major field of welfare state reform (Lewis, 1998). In fact, several authors have stressed that modern social policy also comprises social (care) services. Besides, nowadays research is gradually extending beyond the study of social security systems to the organisation and allocation of services (i.e. Baldock and Evers, 1991; 1992; Evers et. al, 1994; Alber, 1995; Anttonen and Sipila, 1996; Glendinning, 1998; Österle, 2001; Blackman et. al, 2001). In this respect, during the 1990s comparative studies on long-term care provision and social services for the elderly have begun to emerge. For instance, Hugman (1994) does a general analysis on social care polices for the elderly in different countries and analyses in detail the cases of UK and Greece. Fridberg and Rostgaard (1998) provide detailed description on social services as well as some cash benefits on day care for children and social care and support for elderly people in Denmark, Sweden, Finland, The Netherlands, England, France and Germany from 1982 to 1996. Glendinning (1998), who explores changes in the financing, scope and organisation of services and support for older people that need help with health, personal and/or social activities on a regular basis in

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the UK, Germany, The Netherlands, Finland, Denmark and Australia. Österle (2001), who analyses comparatively long-term care policies in Austria, Italy, The Netherlands and the UK with regard to equity choices and contrast choices in these countries with the basic equity objectives in the welfare state. Ranci (2001), who analyses care for the elderly in Italy and compares it with the experiences in France, Germany, UK and The Netherlands Ranci (2001a). Anttonen et. al (2003), who explore how both similarities and differences in social care arrangements are rooted in the cultural, social and political histories of Finland, Germany, Japan and the US. However, despite the increasing research on this policy area, hardly any study focuses on the characteristics of the Spanish case. Note that none of the comparative studies mentioned above include the Spanish case, and of those studies that do include descriptive information on the Spanish case mention, OECD (1996), Pacolet (1999) and European Commission (1993, 1998, 2003).

Moreover, it is starting to be more and more evident that the combination of demographic changes, pressures and reforms on welfare states will inevitably have an impact on the services provided to elderly people. According to Baldock and Evers (1991), services for older people are in the “front line” of social policy developments. They have reviewed developments in three European countries, arguing that the important pressures placed on traditional arrangements of services have led to great changes in patterns of services for elderly people and in their opinion these shifts indicate changes which are likely to occur in welfare systems. For these authors: *“welfare systems change first at points of pressure where established policies and solutions are no longer working or cannot be sustained”* (Baldock and Evers, 1992: 289). This is also the conclusion reached by Mary Daly in her review of cash benefits in European welfare states over the last decade: *“whether understood as relating to children or to elderly and ill people, providing and needing care is turning out to be one of the most dynamic areas in European social policy”* (Daly, 1997:138).

Therefore, it is of crucial importance to consider different and parallel changes that require not only the adjustment and maintenance of policies, but also the development of new ones. As Taylor-Gooby (2003:1) rightly points out: *“economic, social and political changes are leading to the emergence of new risks in people’s lives which demand social policy intervention, just at the time when the old risks which European welfare states were designed to meet have become insistent”*. Consequently, this situation is expected to have implications on the politics of welfare reforms. According to Bonoli (2003) policies addressing NSR can be mainly characterised as stances of welfare expansion with no significant form of political mobilisation by those facing them. For instance, Morel’s (2004:3) analysis on the recent long-term care reforms in Germany and France, shows that there was neither any class mobilisation nor even any mobilisation on the part of new social groups, in this case NSR bearers, and that even trade unions, which could have been a strong component of a group-based mobilisation, failed to mobilise in both countries as this new risk was not perceived to be work-related. Consequently, the particular nature of NSR and of the policies aimed at addressing them generate a distinctive set of opportunities for policy making that did not exist, or did not exist to such an extent, during the construction phase of the post-war welfare states. As a result, NSR politics open up a set of opportunities not only for policy-making, “new politics”, but also for new areas of research that can contribute to the understanding of these processes.

Regarding the differences between “new” and “old” politics, Taylor-Gooby (2003:9) distinguishes them in the following way. The politics of old risk policy-making relate mainly to how welfare states are able to solve emerging tensions between different groups when government seeks to retrench or contain spending on highly popular policies. He also mentions that interests focuses on the extent to which it is possible to construct agreements which allow the interest of labour, business and users to be reconciled and to contain the burden of financing provision (Pochet 1999; Rhodes 2001; Hemerijck 2002) and on examples of successful accommodation such as the ‘Dutch miracle’ (Hemerijk and Visser, 2000). On the contrary, he states that new risks welfare politics are mainly concerned with the mobilisation of the population to achieve/enhance competitiveness and with expanding opportunities and changing behaviour and assumptions about responsibilities. At the same time, he signals that while mass services of the traditional state generate their own constituencies, NSR cleavages are much more likely to cross-cut existing social divisions. Therefore, this might indicate that politicians would need to construct new constituencies of support for reform, and/or NSR cleavages should also created their own ones. This being theoretically related to changing modes of economic regulation and/or existent social roles within the family. Therefore, this raises questions of how a new stance in public policy is legitimated and how shifts in the approach of policymakers are to be understood.

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Before I referred to the increasing complexity of current welfare states. An example of this is the increasing importance of territorial politics within Europe and its relationship/implications in relation with social policy. As a consequence, the process of policy-making and social policy outcomes of NSR and welfare state modernisation are also affected in many countries by the sharing of responsibilities between central and lower levels of government and the restructuring within territorial politics. For instance, over the last few years in several European countries important changes had occurred in the models of public regulation in the area of social services and social assistance, being between the most important tendencies decentralisation processes of services and the increasing role played by regional and local levels.

Regarding this issue, in recent comparative state research state structures have been rediscovered, and their importance for explaining cross national variation in levels and dynamics of social policy formation, has been emphasised, at the same time the need to be analysed has been emphasized (Obinger et. al, 2004). However, the relationships between social policy and territorial politics are still rather unexplored within both research fields. Already in the 70's, Robert Pinker (1979) criticised the lack of analysis within the social policy literature of the positive links between social policy and the recovery of a sense of national purpose. Yet, little research has been carried out since then to appease his criticism. For instance, there is a large literature on regionalism, mainly focused on political economy questions, decentralisation of government or governance.<sup>220</sup> At the same time that, the problem of territorial equity and cohesion has been mentioned frequently in discussions of the 'new regionalism' (i.e. Keating, 1998). However, there is little focus yet on the regionalisation of the welfare state in relation with social policies (i.e. Fargion, 1997; McEwen, 2002).<sup>221</sup> Consequently, as Ferrera (2003:35) states, the study of the link between changes in the institutional profile of European welfare states and changes in the cleavage and center-periphery structures is as a very promising front for future empirical research and theory in comparative social policy.

The evidence just presented has highlighted the importance that the three specific issues have on current welfare states. Namely, the appearance of NSR, the way they are tackled within the context of "recasting" of welfare states, and the increasing importance that changes on the territorial structure of countries can have on social policy outputs and policy processes. The concurrence of these factors is what I have denominated as "Tris Syndrome". In the following section I provide evidence of the interaction of these three factors into the context of social services for the elderly in Spain.

## 2. Placing The "Tris Syndrome" Into The Context Of Social Services For The Elderly In Spain

Since the end of the dictatorship, in 1975, Spain has experienced general social and economic changes coupled with a general modernisation process within the country. These transformations have also affected the Spanish public welfare system as a whole, passing from what could be denominated a late-comer welfare state, to one in which social protection has achieved universality in areas such as health care or pensions. However, in this social context, care, services are still so underdeveloped that these other two areas and have not yet succeeded in covering the whole population.<sup>223</sup> Nevertheless, in this context of initial backwardness, social services have suffered a deep process of transformation since the beginning of the democratic period due to the convergence of the collapsing old assistential model, the expansion of social protection systems, the modernisation and expansion of services or the appearance of new social needs such as ageing population. In addition, one of the main challenges of this transformation has been that social services had to undertake a process of decentralisation and adaptation before the consolidation of the system, at least in partial terms, was accomplished.

The origins of the current Spanish system of social services were mainly characterised by its poor-relief action or what could be denominated as a non-public system with a high "imprint" of the Beneficence and predominance of private agencies, mainly religious groups, in the provision of services.

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<sup>220</sup> See for instance Maynts (1998), Kohler-Koch (1998), Boerzel (1997)

<sup>221</sup> For wider discussion on social policy and territorial politics see: Moreno, L and McEwen, N (2003)

<sup>222</sup> For a complete analysis of the evolution of the Spanish welfare state see (Guillén, 1996, Rodríguez Cabrero, 2004)

<sup>223</sup> This also applies to childcare services or services for people with disabilities. In addition, it is important to bear in mind that at the end of the dictatorship other policy areas such as health care and pensions were much more developed systems than social services.

Spanish social services were also featured by its high lack of coordination, lack of concrete regulation and mixed structure and centralisation at the national level. This lack of public services was substituted by other agencies such as charities, the church, but mainly by the family. As Rodríguez Cabrero (1996) clearly states, Spanish social services constitute a recent system of social protection mainly implemented during the democratic period, although social assistance and social action already had a long and important historical tradition, mainly associated to the Beneficence, which action was institutionally fragmented, with low operability and in many cases administered in a discretionary way. Yet, more than twenty five years later public provision of social services for the elderly has experienced a process of transformation even though their still low levels of coverage and importance of these services in comparison with other EU countries.<sup>224</sup> Spanish social services for the elderly have increased through this period of time its number of users, coverage and expenditure. Mentioned as example the total number of places in residential homes has increased from 85,776 to 215,156, and its coverage from 2,01 to 3,19 between 1982 and 2001 (Casado, 1994; IMSERSO, 2002). Moreover, new services have been incorporated, which have changed from a predominance of residential institutions, to place emphasis on community and alternative services such as home help, day centres, alarm systems, family adoptions and programmes of coordination between social and health services.

All in all, it is possible to say that this recent system of social protection, as Rodríguez Cabrero has denominated it, has evolved into a net system, better coordinated and where public provision has increased its presence and importance, despite the still salient role played by private agencies and the family. Last but not least, the system is characterised at present by its high level of decentralisation, in which social services have been mainly regulated by regional legislation, with the lack of a national regulation or framework regulating social services to date and where diversified answer and approaches can be found between regions. These facts raise questions on how this process has been handled.

In we go back in time, the recent development of social services in Spain can be situated in 1978 when the Spanish Constitution (CE) gave regions responsibility for social services and social assistance.<sup>225</sup> This new task has allowed them to start acting as main actors in the development of social policies. As a consequence they have started to regulate and develop their own systems of social services under the common basis left by the authoritarian heritage and with the lack of a national legal framework. Consequently, when trying to understand the way in which these services have been developed, the way in which certain needs have been answered, and the factors motivating changes, the regional level plays a key and fundamental role. Moreover, this situation of high decentralisation stands at a moment where there has not been yet an real and clear attempt to restructure social services for the elderly in Spain<sup>226</sup> and long-term care provision for this group, as it had already happened in other European countries,<sup>227</sup> and where no legal framework regulating these services have been established to date.

However, decentralisation of social services in Spain is not only a particularity of the Spanish case. As I have already mentioned, this is a common feature of social services provision in many countries. At the same time, the process of decentralisation on social services and the increase role played by lower levels of government is also not restricted to these services. In fact, this process can be seen within a wide context of transformation in the whole country. As Gallego and Subirats (2000) state, the process of political and administrative decentralisation starting in Spain with the democratic transition has represented in its extension and intensity an event without precedent in the history of the country.<sup>228</sup> The consequence of this process has been the transformation of a traditional unitary state into one of the most

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<sup>224</sup> For instance, Denmark, Norway, The Netherlands, UK, Sweden, Belgium, Luxembourg, France and Finland doubled Spanish number of places per 100 persons +65 in residential and semi-residential services for the elderly (Pacolet, 1999)

<sup>225</sup> Social services of the central government, but not social services from the Social Security. The lack of a clear division between social services and social assistance characterises welfare arrangements in contemporary Spain (Casado, 1997)

<sup>226</sup> To date there have been only some unsuccessful initiatives

<sup>227</sup> For instance, Austria implemented assistance benefits in 1993, see Österle (2001). Germany established a fifth social insurance scheme to deal with dependency in 1994, see Götting et. Al (1994) and Schunk (1998). France, set up a new social assistance benefit for dependent elderly in 1997, which was expanded in 2003, see Lafore (2003) and Morel (2004). Luxembourg in 1997 and Japan in 2000 have also implemented a social insurance scheme; see Pacolet (1999) and Takahashi (2003) respectively

<sup>228</sup> For extensive reference see Subirats and Gallego (2002)

decentralised countries in Europe, where regional and local structures have gained increasing importance in the distribution of public expenditure (see next table).<sup>229</sup>

**Table 1.1: Territorial Distribution of Public Expenditure in Spain (%)**

	1981(*)	1984	1987	1990	1992	1997	1999(**)
<b>Central</b>	87.3	75.6	72.6	66.2	63.0	59.5	54
<b>Regional</b>	3.0	12.2	14.6	20.5	23.2	26.9	33
<b>Local</b>	9.7	12.1	12.8	13.3	13.8	13.6	13

(\*) Beginning of the decentralisation process. (\*\*) Estimated percentages Source: Ministerio de Administraciones Publicas (1997) in Moreno and Arriba (1999)

Recent changes in the Spanish welfare state have also been coupled with increasing and important contributions of its analysis, mainly after the 90's (i.e. Rodríguez Cabrero, 2004 Muñoz Machado, 1997; Adelantado and Gomá, 2000, Goma and Subirats, 1998, Grau and Mateos, 2002; Guillén, 1996,2000,2002,2004; Moreno and Sarasa, 1995, Flaquer, 2000, Valiente, 1997). Yet, social services, and in particular social (care) services for the elderly have received none or only marginal attention in these analysis. Of the previous works which have dealt with similar issues we could refer to the ones of Flaquer and Valiente. Flaquer (2000:15), when analysing the most prominent features of a family policy model in Southern Europe argues that such a model must not be sought in the explicit measures regarding the strict field 'family policy', but in the main characteristics of Mediterranean welfare regimes, including a heavily gender-biased labour market, a widespread prevalence of home-ownership, and a set of widely shared family-orientated values that contribute to its reproduction. Flaquer states that while a low rate of female employment is probably associated with a lack of family-friendly provisions, the model is reproduced because care services within the family are not externalized to the market, and this not only inhibits tertiarization, but also hinders demands for family policy measures from the welfare state. Concerning family policies, Valiente (1997) argues that within the new democratic context family policies, and in wider terms the issue of care in the private domain, were associated with a conservative and catholic ideology featured with natalist objectives. Thus, the access to social rights was vindicated within with the promotion of higher and equalitarian women participation in the labour market, and demands of universalisation were mainly placed on other areas of the welfare state, such as education. According to her the rejection of past policies led in Spain not to an intervention in favour of the family or care private issues, but to its absence in the political debate even though the radical changes in family models. This rejection was conditioned by the historical legacy of the Francoism, in which family policies were recurrent subject in its rhetoric and propaganda, and where the family was considered a basic organizational and hierarchic unit highly mediated by the political and social power of the Catholic Church.

Regarding the general analysis of social services in Spain it is of special mention the chapter on social action and social services included in the V FOESSA report coordinated by Casado (Casado, 1994).<sup>230</sup> Alemán and Garcés (1996) in their book "*Social administration and social welfare services*" provide detailed description on the Spanish welfare state and social services by the review of the juridical, administrative and economic characteristics, main features of the public system of social services, social initiative on social services, coordination of social services, management of social resources and sectorial policies that do not include social services for the elderly. Social expenditure on social services in Spain has also been analysed by Rodríguez Cabrero (1989) and expenditure on social services and cost of services by Barea Tejeiro (2000). Lawyers have also showed particular interest in the analysis of social services. Within the analysis on social services from a juridical perspective is worth mentioning the work of Aznar (1986, 1987, 1988, 1991, 1994, 2000, 2001). This author has also paid special attention to social services and social rights of the elderly (Aznar, 1996, 1996a, 1997, 2001). Alonso and Gonzalo (2000) have done an extensive description on social assistance and social services in Spain from a juridical perspective, and Beltrán Aguirre (1991), paying main attention to regional legislation on social services, elaborated a complete juridical analysis of public social action in Spain. These works give account of the complexity of this policy area and the often unclear division of responsibilities between different governmental bodies and agents. Moreover, they also report the weakness of social rights regarding social services and the general under-protection of elderly people facing dependency needs. However, they do

<sup>229</sup> For detailed data on the decentralisation of public expenditure in Spain see <http://www.estadief.minhac.es>

<sup>230</sup> This author has also been extremely active on writing about social services in Spain. See for instance Casado and Guillén (1997) and Casado (2002)

not place attention in how these processes have been developed and can characterised, nor they focus attention on their explanation.

In addition, despite its increasing importance, social policy action on the area of social services at the regional level has not received much attention to date. For instance, there are studies on the specific situation in some regions, providing account of the existing resources and characteristics of its elderly population.<sup>231</sup> Moreover, some studies raise the fact on the importance that regional governments have of their provision (i.e. Casado, 1994; Beltrán Aguirre, 1991; Alonso and Gonzalo, 2000; Sarasa, 2000,2003; Rodríguez Cabrero,2002, 2004a). In this respect, Gutiérrez and Garcés (2000), and Bracho, Garcés and Gutiérrez (2003) have coordinated two big descriptive studies providing detailed account on social services in all Spanish regions. These works show the variety of actions undertaken within the country, they give for the first time complete report of activities from a regional perspective, and they confirm how the regional level is a basic unit of analysis for this kind of services. Yet, one of the weaknesses of this important descriptive research effort is that the structure and material included in each regional chapter do not follow the same structure and makes difficult any comparative attempt.

A recent important contribution, claiming the importance of the analysis of social policies from a regional perspective is that of Gallego et. al (2003). These authors have analysed and characterised educational, health, active labour market, social services, minimum income and housing policies in seven Spanish regions<sup>232</sup> with the aim of differentiating what they have denominated as “regional welfare regimes”. Concerning social services, they examined services for the elderly, disabled, drug-addicts, and services to fight against poverty, raising the following conclusions: first, that these services are characterized by a weakness in the definition of the subjective right regarding their coverage. Second, that they play a residual role in the Spanish welfare state. Third, that for-profit and non-profit action only cover a part of the deficiencies of public provision which is characterised by its fragmentation between regional and local governments and its low operability. Fourth, that for-profit initiative is mainly oriented to services with profitability and non-profit initiative give priority to services with low economic profit and that generally are not covered by the public sector. Lastly, the general conclusion of their work is that there is evidence that the process of administrative and political decentralization has caused the appearance of differentiated options and policy agendas on social policies in the country.<sup>233</sup> However, these authors have only focused on measuring and characterising these policies, leaving at the end of the book an open door for both differences and policy-dynamics involved. Consequently, it seems important not only to provide a characterization through time, as it is my aim, but also to focus on policy-dynamics regarding social services.

Opposite to social services, concrete regional experiences have been more extensively reported in other policy areas such as minimum income programmes and health care. In this respect, it is important to mention two contributions. First, the study of the implementation of minimum income schemes by regional governments in Spain elaborated by Arriba (1999). Second, the analysis of the causes of decentralisation and health reform during the 80’s and 90’s by Rico (1998). When analysing the implementation of minimum income schemes in Spain, Arriba concludes that a social mobilisation by those groups directly beneficiated by them did not exist, which would confirm one of the main features of the politics involving NSR mentioned before. According to her, the origins of these programmes can be better understood as a social mediation of the intervening actors in favour of these groups. In other words, by the perception of poverty and/or social exclusion as a need to be covered, combined with a “selfish” attitude aiming legitimation, protagonism or the incorporation into areas of action and decision. Regarding health care, Rico argues that a crucial factor in the decentralisation of the health system in Spain was the relative intensity of the preferences for the changes of the different political and social actors participating in the policy-making process. To this respect, she states that the existence of a number of intense minorities favouring the change contributed to explain the success of the change and the asymmetric institutional model of power devolution.

In addition, within this global context of change and transformation, Spain has also experienced an important increase in the number of its elderly population in the last few years. Note that between 1970

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<sup>231</sup>For extensive reference;  
<http://www.imsersomayores.csic.es:8013/SENIOR/BASIS/senior/web/docu2/SF>

<sup>232</sup> Andalucía, Basque Country, Canarias, Catalonia, Galicia, Navarra and Valencia

<sup>233</sup> Regarding political and administrative decentralisation of social services in Spain, some authors have claimed that it has had a much larger impact than privatisation (Almeda and Sarasa, 1996)



and 2000 the percentage of +65 of the total population has more than doubled passing from 7,7 to 16,9 (IMSERSO, 2002).<sup>234</sup> Mainly since the mid-90's, the National Institute of Migrations and Social Services (IMSERSO) has been very active in promoting research on elderly people and care for the elderly. Some examples are: on the problems of ageing in rural areas (García Sanz y Paricio, 1997)). On social participation of elderly people (Rodríguez Cabrero, 1997). On the evolution and extension of home help in Spain (Porto and Rodríguez, 1998). On the elderly profiles, informal care and family reciprocity in care<sup>235</sup> (Colectivo IOE, 1999).<sup>236</sup> . On the role of the private initiative on social services (CIMOP, 1999). Moreover, in 1999 the IMSERSO created the Observatory on Elderly People. This Observatory and the web page "*Portal de Mayores*" handled with the collaboration of the Council For Scientific Research of Spain (CSIC) have become the main reference when trying to obtain data on elderly people at the international, national and regional level.<sup>237</sup> A main result of this initiative is the "*Inform 2000: Elderly People in Spain*" of which an updated version, *Inform 2002*, has been recently published (IMSERSO, 2000; 2002). These publications have contributed to provide basic and valuable information on the situation of elderly people and care for the elderly in Spain. At the same time have provided evidence of the complexity of the Spanish system, the extension of services since beginning of the democratic period and the main role of the family as main care provider. The increase in the proportion of elderly people has also been coupled with an increase in the number of elderly dependants<sup>238</sup> and a raising interest on long term-care policies for this population group and place the importance and problems of the appearance of this NSR (i.e. INSERSO, 1999; Casado and López, 2001; Defensor del Pueblo, 2001; Comas Herrera and Wittenberg, 2003; Sarasa, 2003; Rodríguez Cabrero, 2001, 2002, 2004; Rodríguez Cabrero and Montserrat, 2002, Maravall, 2003, Frades, 2002). However, non of them analyses precisely and in depth, particular policy dynamics or policymaking processes within this area, what the specific evolution of this policy area have been, and the global challenge they represent to the modernisation of the Spanish welfare state.

In this context, Spain has also experienced changes in terms of household composition such as the decline in the proportion of elderly people living with their offspring and the increase in the number of elderly people who live alone. The proportion of +65 living with their offspring declined between 1970 from 59%, to 37% in 1983, and to 30% in 1988 (OECD, 1996). From 1970 until 1988 the proportion of people +60 living alone increased from 10 to 20 per cent (OECD, 1996). One of the first contributions of feminist scholars analysing social policy was to indicate that family care mainly meant women care. They have argued that caring is a gendered concept and that women constitute the majority of carers, both in the informal and formal sector (Finch and Groves, 1982; Lewis, 1998; Lewis and Meredith, 1988; Orloff, 1996). In fact, Spanish women are the main ones to fulfil these tasks within the family (INSERSO, 2000; 2003). However, due to the increasing incorporation of women into the labour market this availability to care for elderly members should be "in principle" reduced and could take the country to what some have denominated as "care crisis". Yet, this situation is not at all a particular characteristic of the Spanish case, as it can be appreciated in the next table. Despite these changes, Spain can still be considered as a familistic country,<sup>239</sup> with high levels of intergenerational solidarity and commitment to care between family members (Meil, 2000; Rivas, 1999). In fact, family care, which is mainly provided by women, is the predominant and desired form of care provision both from carers and carees (Campo Ladero, 2000; IMSERSO, 1999). In addition, it is not possible to say yet that the population has identified social services as a regular and stable component of the social protection system, and to date demand or organised interests representing them cannot be considered either as really active/visible/mobilised on claiming these needs, a fact that would fit one of the main features of NRS politics.

**Table 1.2: Contraction of the "female care potential" in eight OECD countries.  
Number of women aged 46 to 69 of the population aged over 70 years**

	1960	1990	1990 ratio as a % of 1960 ratio
Belgium	2,00	1,42	71
Germany	2,64	1,57	59

<sup>234</sup> See INSERSO (2001,2003) for detailed analysis of ageing processes in Spain

<sup>235</sup> On informal care and the role of women as carers see also (Campo Ladero, 2000)

<sup>236</sup> On family solidarity see also Meil (2000)

<sup>237</sup> <http://www.imsersomayores.csic.es>

<sup>238</sup> Estimations of the number of dependants in Spain and its characteristics can be found in INSERSO (1999), Casado and López (2001) and INE (1999).

<sup>239</sup> For a detailed account of familistic practices of the Spanish welfare state, see León (2002)

Ireland	1,60	1,40	88
Italy	2,30	1,60	70
Luxembourg	2,43	1,61	66
Netherlands	2,16	1,48	69
Portugal	2,50	1,60	64
<b>Spain</b>	<b>2,48</b>	<b>1,53</b>	<b>62(*)</b>
Average 8 countries	2,26	1,53	68

(\*) Decrease of 38% Source: OECD (1996:19)

### 3. Conclusion

In section one, I analysed some of the current problems and challenges of welfare states, where the appearance of what has been denominated as NSR, including challenges of ageing populations and the cover of care needs of the elderly are included. Yet, the answer to these news problems, do not only have to be faced within the context of modification, update of traditional welfare structures, and set up of new ones, but also on the transformation of territorial models within countries. Concerning this issue, lower levels of government are increasingly engaged in social provision, being social services one of the areas with higher engagement of these levels of government. Therefore, it is possible to argue, that for the understanding of the answers given to NSR, not only its particularities should be taken into account, but also the welfare, institutional and territorial context into which they are embedded.

Section two, has aimed to prove how the interaction of NSR, welfare modernisation and changes in territorial politics feature public social services for the elderly in Spain. In this respect, it is possible to argue that even though there is wide knowledge regarding the late development of these policies within the country, the main role played by the family in its provision, the current challenge they place on the Spanish welfare state, the increasing decentralisation of welfare provision and importance of regional governments in the development of social policies. The study of public policies in the specific area of social services for the elderly in Spain still lack of methodical research, being mainly descriptive and missing a more general panorama of analysis that provides what has motivated and/or motivates particular changes and development in this concrete area of social policy. Some of the possible reasons might come on account of the great heterogeneity, complex organisation and sharing responsibilities between administrations and agents, but also due to the novelty of the convergence of NSR, welfare modernisation and territorial politics.

Therefore, it seems interesting to know, for instance, what the factors had led to changes in social services for the elderly in Spain and its particular characteristics. Regarding this issue, the empirical evidence presented in this paper shows that in Spain, despite increasing number of elderly people and elderly dependants, family care is still the predominant and accepted form of care both by carers and careers. In this respect, we can refer to the strong ties of intergenerational solidarity between family members regarding care tasks, the absence of strong and visible political demand claiming for the covering of these needs, and the fact that the population has not yet identified social services, in particular social care services for the elderly, as a regular and stable component of the social protection system. However, and paradoxically, in the last two decades a substantial increase in the levels of coverage, number of users, and services provided has taken place. This has been coupled with an extensive transformation of the system of public social services for the elderly departing from an extremely low or almost null public intervention and high decentralisation to a highly decentralised system based on universal principles which predominantly applies mean-testing mechanism for the access to services and where diversification in the responses can be found. Last but not least, the system has also been transformed from one that did not consider care for the elderly as a NSR or problematic area challenging the Spanish welfare state, into one that actually does it.

Why then such as change has been possible? What have been the factors motivating changes in the Spanish system of social services for the elderly on account of an apparent non-mobilisation or demand from risk-bearers? Why this system has undertaken a transformation since the end of the authoritarian downturn if only very recently care for the elderly has started to be defined as a challenge, and has taken a visible, but timid place into the political agenda? What have been the factors that have given voice to this silent demand? However, and despite the undertaken changes, the Spanish system of social services for the elderly shows both a comparative low development in comparison with other

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countries and other areas of the Spanish welfare state, why? These questions can also be rephrased establishing a direct link with the components of the Tris. Namely, to what extent the Tris facilitates and/or constraints the development of this policy? In principle, it would facilitate its expansion and development as it leaves space for innovation at lower levels of government. Yet, also it could also be constrained by the fact that NSR policies does not seem, in principle, to be promoted by strong organised actors and because of the lack of central design, leaving policy development and implementation at the mercy of the strength of particular types of actors or particular coalitions. In addition, the complex organizational structure and poor departure point would also represent a burden for development and expansion.

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