

“Local policies and gender equality: men as workers in home-based municipal social care services”¹

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Abstract

In this paper, we present partial findings from research carried out in Catalonia (Spain) on men as care workers in municipal social care services.

We focus on the analysis of local policies of care, examining the role of men care workers. Our starting point is twofold. First, the implementation of the Dependency Act has been severely affected by significant cuts in public spending. This has had a direct impact on families, as they are once again primarily responsible for the provision of care. Second, gender discrimination based on the sexual division of labour persists in our society, with women bearing the responsibility for care work. Taking this duality into account, we examine how local governments attend to the care needs of the public at a time of economic crisis. We also explore the role attributed to male care workers in the design of policies, as an essential factor in achieving gender equality and addressing the growing needs for the provision care, as well as meeting the specific demands created by recipients of care.

Our data was collected from focus groups conducted with several Catalan municipal councils. Technical staff responsible for care services and training participated in these focus groups.

Our preliminary conclusions can be summarised in two main areas. First, local care services are the main partners of families in meeting their care needs. Men have not been included as active agents in local policies, which are generally related to training and occupation, and framed within gender equality policies focusing on women. Second, local authorities play an important role in conferring dignity on the figure of the care worker, which is essential to end the gender-based division of labour. Networks and community structures must play a more significant role in order to achieve a care system that is based on the values of democracy, dignity and equality.

1.- Introduction

Like the rest of Spain, Catalonia has a welfare system that has been described as Mediterranean, in which the family is a key factor in meeting individuals' social needs. However, when discussing families, we do not take into account the fact that care has been provided by women, it is the

¹ Aquesta comunicació es basa en la investigació “Homes cuidadors: reptes i oportunitats per reduir les desigualtats de gènere i afrontar les noves necessitats de cura”, finançada per RecerCaixa, un programa impulsat per l'Obra Social 'la Caixa' amb la col·laboració de l'Associació Catalana de Universitats Públiques (2014ACUP00045).

women in those families who fulfil needs for care, and who do everything they can to find new ways to reconcile all their productive and reproductive needs.

As a result, in addition to the new gender injustices that have been created by the economic crisis which began in 2008, and the exponential increase of dependent elderly people, we decided to consider the role of male care workers and what can be done by local governments to promote the figure of men who provide care. It will only be possible to achieve gender equality inside and outside families if this change in the gender-based division of labour takes place, and it will undoubtedly be a crucial step in recognising the importance of care and conferring dignity upon it.

Our communication is part of the research we have undertaken in the research project “Male care workers. Challenges and opportunities to reduce gender inequalities and address new needs.” This is a participatory research project, which has been supported by 43 institutions and associations involved in promoting gender equality and the provision of care. One of the areas of work involved in this project focused on analysing the presence or absence of male care workers in local public policies. In order to undertake this research, various focus groups were established, with technical and political staff responsible for care and gender equality policies in municipal councils in Catalonia. The sessions that took place were used to establish some initial conclusions which were then subsequently discussed with some of the people who had participated in the sessions. The results presented below are the result of this participatory and responsible research process.

2.- Theoretical framework

Care is not only a political category, but also an analytical one. As an analytical category, care refers to activities related to the management and maintenance of individuals' everyday life, health and welfare. We know that women are mostly responsible for care, both within the family and in the area of paid care work, and that care work has a low social status despite being essential for social reproduction. As a political category, care involves not only knowing who is providing care, who they care for and the costs involved, but also including those issues on agendas for social transformation aimed at achieving gender equality using political, social and economic institutions (Comas d'Argemir, 2016). Increasing the political, economic and social value of care involves introducing policy proposals in order to “contribute to gender equality and [to establish] which institutions, economic structures and political structures allow those developments” (Esquivel, 2015 p. 64). It is also seen as an element of profound social change, as it subverts the predominant relations on an economic and political level (Pérez Orozco, 2014).

Care is provided in a variety of institutional ways, including public and private services, as well as by the family and the community. This is what Daly and Lewis (2011) called “social care” and what Razavi (2007) described as the “care diamond” (the family, market, state and community). However, the majority of care takes place within the family, and women are mostly responsible for providing it. Accordingly, the lives of women are defined by the responsibilities of care to a greater extent than those of men.

As shown by Saraceno (2010), intergenerational solidarity is more necessary in countries with less generous welfare provisions, and this creates an overload in families in terms of their resources, availability and time, which has been aggravated by the impact of the economic crisis (Salido 2016). This is true of Spain, which has weak family-based public policies within which the cornerstone is unpaid work done by women (León, 2011; Comas d'Argemir, 2015).

Local government has always been the most accessible level of government for citizens. As a result of this accessibility, it has become a partner for families who have care needs and do not know how to meet them.

Men's involvement in the provision of care is an outstanding issue in terms of gender equality and justice. It is also a social imperative due to the growing care needs arising from the ageing of the population. The family care model based on the total availability of women is now obsolete. Public policies to address long-term care must be redesigned for men and for women, based on the assumption that both genders should be equally responsible for care. They must be accompanied by a range of public and community care services. Family care, considered as an option rather than a duty, requires a public commitment and social responsibility.

The barriers to men's involvement in care work (both paid and unpaid) are cultural and closely interrelated (Comas d'Argemir, 2016). The cultural barriers are based on the naturalisation of care as something done by women, and on hegemonic masculinity, which constructs the male identity based on the importance given to paid work and free-care (Connell, 1995; Hanlon, 2012). The barriers of opportunity are the result of differences in salaries and employment categories between men and women, making it more expensive for men to reduce their working hours to provide care in the home, and making it more likely that women will continue to do so (Himmelweit and Land 2011). The occupational care sector is subject to the same naturalisation, which prevents its professionalisation. The precarious nature of employment in the care sector means that this occupational area is unattractive to men, and it is niche employment for women and immigrants (Bodoque et al 2016; Recio et al 2015).

To overcome these cultural and opportunity barriers, there must be changes in the social and cultural structures that maintain an order of gender that creates deep inequalities with a marked division of labour and an undervaluing of the work of women. In line with the proposals by Himmelweit and Land (2001), we believe that the inclusion of men in care work must take place simultaneously in both the family (unpaid) and in employment (paid). Equality policies implemented by government bodies have been shown to be capable of accelerating these changes (Valiente 2013), and the initiatives in this regard by municipal councils have been particularly significant (Gelambí, 2015).

3. Context

Our research was carried out in Catalonia in 2015 and 2016, in the context of a twofold crisis: the crisis of care and the economic crisis. This latter crisis has aggravated the problems arising from problems in meeting care needs.

The crisis of care is symptomatic of the collapse in the capabilities for care of families and society. Spain is one of the countries with the highest life expectancy in the European Union (80.1 years for men and 85.6 years for women in 2014) and according to the OECD, in 2050 Spain will be the third oldest country in the world (after Japan and Korea). In addition to this “ageing of ageing,” there is an increase in people with chronic illnesses, disabilities and mental disorders. The increase in long-term care needs has coincided with a massive presence of women in the labour market, the lack of involvement by men, and extreme spending cuts in public policy. Upper- and middle-class families have employed immigrants (mostly women) to provide care, leading to a racialisation and internationalisation of care (Benería 2008; Pérez-Orozco 2006).

The economic recession that has affected Spain since 2008 has impoverished the population, and has led to liberalisation measures, with substantial cuts in public spending, leading to a drastic reduction in benefits and services for the provision of long-term care (Durán Bernardino, 2015; Lombardo and León, 2014; Paleo and Alonso, 2014). The situation is particularly acute for families with limited resources, which have to meet their basic needs while in a situation of major insecurity, and they must meet care needs with their own resources. This exerts great pressure on families, especially on women, and places family relationships and loyalties under strain (Deusdad et al 2016).

Public care services in Spain are organised on a decentralised basis, in which autonomous regional governments and municipal councils are given extensive powers. The approval in 2006 of the *Law for promotion of personal autonomy and care for people with dependency issues* (known as the Dependency Law) led at the time to an expansion of regional and local social services (Alonso Seco 2011; Gallego and Barbieri, 2015; Recio 2015).

In Catalonia, there is a model based on the Social Services Law 12/2017 that includes the provision of care for dependency by basic social services and specialised services within the Social Services System. According to the functional organisation and distribution of responsibilities, the municipalities are responsible for meeting the immediate, general and basic needs of individuals, their families and groups, by professional work done by Basic Social Care teams and guaranteeing the Home Care Service (HCS) for citizens. This is one of the most important services in the range of care received by dependent people, since it enables them to remain in their home. The Dependency Assessment Services (SEVAD) issue a report assessing the situation of dependency, which determines the degree and the services and financial benefits that each person is eligible for, but the social services teams from local authorities provide the Individual Care Programme (ICP), in which the most appropriate types of intervention, support and care is determined with the person and their family. For this reason, municipal councils are an interesting framework for analysis when determining the characteristics of equality policies in terms of the needs of the population.

Furthermore, at a local level, gender equality policies related to care involve action in various areas: education, employment, health, community, education, etc., which requires an interdepartmental and cross-disciplinary approach.

4.- Methodology

Given that municipal councils are the first public institutions that families approach when seeking solutions to their care needs, an analysis of the role of these authorities in a study focusing on male care workers was considered essential. Taking as our starting point the observation that this subject has received very little attention, especially as regards the situation in Catalonia, we decided that the best alternative was to talk to the municipal councils, and by doing so ascertain whether and how men were present in their care and gender equality policies.

The methodological option was to organise discussion groups (*focus groups*) in various municipalities in Catalonia. A focus group can be defined as a socialised conversation involving a group communication situation, which can be used to obtain information about a particular area of interest. The focus group creates an artificial space (a group discussion session) in which participants express their views on the proposed topic, guided by an experienced moderator. The aim is to reproduce the basic ideological discourse on social conditions (the collective images and symbolic representations that shape attitudes and determine behaviours) in the social stratum represented by the subjects involved (Ortí, 1994).

The advantages of using focus groups (Vallès, 2000) include economy of time and money, flexibility (they can be used on very varied topics, with very different people and environments) and the opportunity to study group interaction (the “synergy effect” and the “audience effect”). On the other hand, the main limitations of the focus group technique include the artificial nature of the environment (a lack of direct observation of the natural environments where people's everyday lives take place), issues related to validity and reliability (problems of generalisation, possible bias in the results, problems of comparability and the effect of expressing socially desirable opinions).

The process for selecting the municipalities took into account first of all, whether they were interested in participating in the project and second, the need to represent all of Catalonia, with the municipal councils involved coming from municipalities of different sizes. A letter presenting the project was sent to the municipal councils and they were asked to organise the meeting. Each council selected the areas and technical staff profiles that it believed had something to contribute on the subject of adult male care workers. Some sessions were also attended by people with political responsibilities. Finally, nine working sessions took place in 9 municipalities in Catalonia.

Sessions with municipal councils participating in the research

Date	Municipal council	Number of people attending		Duration	Population in 2016 IDESCAT data
		Women	Men		
6.05.2016	Tarragona	5	1	1 h 45 min	131,094 inhabitants
6.05.2016	Lleida	4	0	1h	138,144 inhabitants
15.06.2016	Girona	0	4	1 h 10 min	98,255 inhabitants
15.06.2016	Terrassa	14	1	1 h 40 min	215,121 inhabitants
18.06.2016	Sant Boi de Llobregat	5	1	1h	82,402 inhabitants
18.06.2016	Granollers	4	2	50 minutes	60,174 inhabitants
1.09.2016	Valls	1	1	1h	24,285 inhabitants
2.09.2016	Tortosa	1	1	42 minutes	33,743 inhabitants
15.12.2016	Barcelona	3	2	1 h 40 min	1,608,746 inhabitants

The technical staff who participated in the sessions came from many different areas: social services, dependency care, equality policies, the elderly, disabilities, municipal employment, citizenship and social rights service, voluntary work and community action, among others. All working groups considered the same three areas of discussion:

FIRST. Awareness of the municipal council's policies and services in relation to the care of adults and elderly.

SECOND. Whether the figure of the male care worker has any importance in the design of these policies or services.

THIRD. Whether through its policies and services the council can promote recruitment of male care workers to promote greater gender equality.

5.- What is the role of male care workers in Catalan municipal policies?

The working sessions highlighted differences between the municipal councils in terms of their gender policies related to care. We identified the existence of highly technocratic models, in which the council limits itself to managing the services established by the legislation, and municipalities that have made a strong political and technical commitment to care and which are seeking ways to provide high quality services that go far beyond the provisions of the law. We were able to draw the following conclusions from these sessions:

5.1.- Male care workers are a major unknown quantity for Catalan municipal councils, especially when the provision of care for adults is considered.

Care is usually provided by women, and this situation has been taken into account when establishing policies and designing services. Women are the main providers of care, in the workplace and in families.

The cuts in social, health and dependency services due to the economic austerity policies adopted by the government of the People's Party, especially since 2012, have led to a re-

familiarisation of care, which implies care needs being returned to families. In this context, the term “families” means the women in those families.

Care is also seen as the only employment option for many working women when they consider obtaining paid employment, because many of them have never participated in the production sector because they have always been responsible for providing care.

The municipal councils are aware of this female predominance in the provision of care, and have not paid a great deal of attention to the lack of male care workers.

5.2.- The municipal council has no data to determine how many male care workers there are in its municipality.

Care is also provided by men, albeit to a lesser extent which is largely unknown.

Most municipal councils have no information about who is responsible for care. They may know the gender of the person applying for a benefit or contacting the administration, but they do not know whether that person is really the person providing the care. This lack of knowledge also applies to women who care, meaning that they also remain invisible.

Municipal councils do not usually have a register of people who have requested assistance as primary caregivers which is broken down by gender.

Barcelona City Council is the only one that provided access to data on carers, by means of the survey carried out by the Barcelona Public Health Agency, which confirmed that most care is provided by women, and particularly women aged between 45 and 55 years old.

5.3.- The municipal councils do not know if there are families which would prefer to have a male care worker providing the Home Care Service.

There is no option to specify whether they would prefer a male or female care worker on the forms that families use when applying for the Home Care Service.

The study showed that for families, receiving institutionalised care, i.e. in a socio-health institution, is not the same as receiving care at home. Allowing someone into the home means giving access to the privacy of the home, and not everyone is welcome there.

A range of values that need to be taken into account are involved in this consideration, i.e. while perceptions based on gender stereotypes are respected, efforts are also made to ensure that the impact of these stereotypes is reduced. On one hand, there are families which prefer a female care worker because of their gender socialisation, because they believe that a woman can provide the best care for their father or mother. On the other, there are men who prefer men to do this care work.

The aim is to give priority to the opinion and preference of the person receiving the care.

5.4.- The municipal councils do not ask the companies performing the Home Care Service to have men on their staff.

Many of the municipal councils that participated in the working sessions have begun to include social clauses in the tender processes of care-related services, such as the Home Care Service. The introduction of these social clauses reflects a desire to ensure better working conditions for people working in this sector, while seeking better quality in their provision. The aim is to ensure the social content of the service.

Most visible councils have not taken into account the possibility of including a clause that requires a minimum presence of male care workers in the companies concerned. Only one of all the respondents stated that they had taken this issue into account.

5.5.- There are not usually any measures to encourage the presence of men on training courses related to the provision of care conducted by the municipal councils.

Many municipal councils have conducted training courses in this area through the Municipal Employment Service, which receives funding from the Employment Service of Catalonia, which establishes the basic conditions for the training performed.

The main objective of the specific training in this area provided by the Municipal Employment Service is to make people employable. The municipal experts say that men interested in this type of employment have difficulties, because it is not a financially appealing type of employment, and it is not advisable for the training by the municipal councils to create expectations for employment that are not subsequently met by the labour market.

These courses usually have female students, although in some cases we found that the municipal council had used a male image to publicise the course, but with no reservation quota or special promotion aimed at men.

A specific quota of 10% of those registering by the less representative gender, in this case men, was found in only one case. In the other cases, it was considered to be training that was mainly for women, and in which few men would participate.

5.6.- Some municipal councils have begun work on new masculinities to break down inequalities related to traditional gender roles, but this work is mainly related to the responsibilities of care during early childhood.

The municipal councils have decided that new masculinities are a key area for working towards gender equality. This involves working directly with men so that they adopt their role as carers, and break down the belief that care is a female task. These workshops and promotional activities have focused on young men - fathers who take care of their sons and daughters.

The prevailing belief is that this first experience of care will also show that care can be done by men, and that they can adopt other responsibilities of care, because they are offspring as well as parents. However, they undertook no specific initiative aimed at responsibility for caring for the elderly or people in situations of dependency.

5.7.- The municipal councils had not included the possibility of male care workers having different needs as a result of a lack of socialisation as natural care workers on their agenda.

Many men who provide care within the family environment are older men, who have lived in families with a clear gender-based division of labour, in which women were responsible for housework and care. When the need to provide care arises, they are unable to do so, and they do not have the necessary skills because they have never provided care. It is a situation of forced care, to which other constraints related to the division of tasks and gender roles must be added. On the one hand, these men have never done household chores such as cleaning or shopping, which means that taking responsibility for care involves doing household tasks that they have never done. On the other, because they are traditionally tasks that women have done, they not consider them difficult tasks or work for which they require outside help.

This situation leads to a threefold need. 1) The need to learn how to perform self-care and the tasks of everyday life. 2) The need to redefine gender roles, in order to include care without neglecting their masculinity. 3) The need to enhance the value of care.

Most municipal councils that provide support for people who provide care do so by means of training and support for non-professional carers, no distinction between men and women, and therefore do not take into account the specific needs of men who are confronted with the need to provide care.

5.8.- The focus group aimed at people who provide care had a positive impact on male caregivers.

Using different methodologies, municipal councils provide group care for caregivers, based on self-help groups or through the Network to support Caregiver Families, which is part of the Citizen Agreement for an Inclusive Barcelona, which was established in 2007, and the Support Network for Caregiver Families in the city of Tarragona, which was created more recently.

This group care has been considered one of the main areas of action in this field, because care leads to the person providing care becoming isolated and lonely, rendering them invisible. Sharing this experience is essential for anyone who provides care, and is especially positive for male caregivers, who have accepted their new role and what it involves.

It is a shared work space that was created in conjunction with organisations and associations working to provide care for dependent people, which has helped to provide visibility for caregivers and helped to identify the conditions they experience.

5.9.- Community action is becoming a key instrument to support municipal action as a whole on the issue of long term care, but it remains a feminised area.

Many councils are using community action as a tool to compensate for the cuts that are affecting public services and aid for care for dependency. These services can promote voluntary work or time banks. They currently involve women supporting other women, which does not help to break down gender stereotypes or make the care provided by men visible.

5.10.- The prices and conditions for access of municipal resources for families, such as day centres and home care services, make it difficult to break down traditional gender roles.

Many municipal services offered to families which could be optimal spaces for respite for caregivers are underused because they are expensive, and therefore unaffordable for most of the population. This low level of use of the existing public services means that care is centred within the family, where this responsibility is often delegated to women, who must find a way to reconcile their time, if this is possible, or stop productive work when it is not.

A professionalisation of care would help to enhance its social value, which would lead to a breaking down of gender stereotypes and the sexual division of labour.

5.11.- The high cost involved in co-payment for many services may lead families to employ someone from outside the family, because they can do more hours at a lower price, especially if there is no specific contractual relationship, which has a negative impact on municipal resources and consolidates gender injustice.

The large informal market that exists around the provision of care may mean that providing a training course means that training is provided for people who ultimately do not join the formal

labour market, since they will be working without a contract and in unstable conditions. As a result, they will continue to be registered as unemployed, and will be users of the social services in many cases.

This vicious cycle mainly affects women, because only a few men undertake training for care occupations, and these men always find work easily in a care service.

Moreover, the women are often immigrant women with limited economic resources, creating a twofold injustice of gender.

5.12.- Municipal councils have an important role to play in conferring dignity on the role of the caregiver and the person receiving care. Giving it dignity is essential to eliminate the sexual division of labour.

Caring for adults is an area that is insecure, feminised and is increasingly an ethnic issue.

The Law for promotion of personal autonomy and care for people with dependency issues (2006), known as the Dependency Law, was presented with a strategy for providing dignified and high quality care. It recognised the right of dependent people to receive care, which was interpreted as the consolidation of the fourth pillar of the welfare state. Changes in the legislation and budget cuts have made it impossible to dignify this process.

It has been impossible to democratise care, either from the point of view of the people providing care, or from the perspective of the people who receive it.

Through its decisions on all the programmes it carries out, a municipal council may help in the process to confer dignity on care, which has been considered crucial in breaking down gender roles and encouraging men to accept responsibility for care within their family and as a possible employment option.

A strategy as a city is required for caregivers, involving the various stakeholders involved in care and conferring value on it as an activity.

5.13.- Municipal councils alone cannot democratise, dignify and make care more equal, and they must therefore create a network.

Municipal councils must be aware that care is important throughout the life cycle - we are cared for and provide care throughout our lives.

It must also bear in mind that for purely demographic reasons, care needs will increase exponentially in the coming years.

The existing public policies and services are insufficient and the prices and rules for access limit their usefulness even further.

All this means that it is necessary for municipal councils to work with all the institutions and stakeholders working directly or indirectly with care. This can lead us to design a portfolio of services for care workers, which currently does not exist.

The role of institutions is very important, because they are aware of the specific conditions of families, and the empowerment of these institutions is crucial.

6.- Conclusions

The municipal councils had never considered the need to consider male caregivers, either in the home or within their services, and when some thought was given to this issue it became clear that some action needed to be taken.

Care is mainly provided by women, but men also provide care, and in particular, men must also provide care in order to foster changes in our society that will ensure greater gender justice. In our research, we found that many men take care of their sick wives at advanced ages, and we know that demographic dynamics mean that this will be increasingly common. The involvement of men of working age in care for their elderly parents is starting to become significant, both in cases where the men provide care alone, or with other people. It is essential to provide care services for men and women with work and family responsibilities who also have to care for elderly parents. Public services are more equitable, while private services are inaccessible due to their price, and consolidate inequalities. In any event, care has become an area of employment, which is also highly feminised.

Who will care for us? This is a key question in our future and the future of our cities, which are increasingly ageing and have ever greater care needs. We cannot expect women to continue making this sacrifice, whatever the reason that leads them to make this choice - because they love the person who they have to care for, because they work in a field where they have greater reconciliation rights than their partner, because they believe it is their duty, because they have been brought up as the main caregivers in their families, or because they have no alternative. Men must enter the world of care and must overcome the cultural, gender and economic barriers that exist and hinder their access to this world.

Municipal councils have a key role in recognising that care is important and therefore cannot be dependent on families' capacity for sacrifice. The fact is that the austerity policies that have been implemented in recent years have significantly reduced public benefits and services, putting families and the women in them in highly precarious situations. This negative context makes it even more difficult for men to act as care workers.

We believe that municipal councils must be involved in this change, and this can happen in various ways: by making changes in their policies and services, promoting a greater presence of men in the training they offer, taking active action to socially assess who provides care, supporting community services to help those who provide care, and recognising that older men who provide care have different needs which need to be considered, introducing social clauses in their contracts for companies that provide care services so that they also play an active role in this change.

The crisis in care and gender injustices can only be changed when everyone accepts that care is not something that women do and that everyone needs to be cared for at some point, and that we must therefore all be caregivers. In this context, it is necessary to debate the disproportionate role given to the family in the provision of care compared to services provided by the public sector, the community and the market. This is in addition to breaking down the conceptual and practical barriers that personal experience and careers based on gender, so that men and women can be equally involved in the work of paid and unpaid care. This is the model that Nancy Fraser (1997) is known as the "universal caregiver," which involves a strong public commitment, combined with family care and community care, leaving market services as residual or complementary. We must move towards a democratisation of care. Changes do not happen by themselves, and each of us must act to promote these changes, together with the municipal councils as the local government closest to us and with civil society.

7.- References

- Alonso Seco, JM (2011) "El efecto expansivo de la Ley de dependència en los sistemas autonómicos de Servicios sociales". *Papeles de Economía Española*. No. 129: 182-194.
- Beneria, Lourdes (2008) "The Crisis of Care. International Migration and Public Policy". *Feminist Economics* 14(3):1-21.
- Bodoque, Yolanda, Roca, Mireia i Comas d'Argemir, Dolores (2016), "Hombres en trabajos remunerados de cuidados: género, identidad laboral y cultura del trabajo", *Revista Andaluza de Antropología*, 11: 67-91. ISSN: 2174-6796.
- Comas-d'Argemir, Dolores (2015) "Los cuidados de larga duración y el cuarto pilar del sistema del bienestar". *Revista de Antropología Social*, no. 24, pp. 375-404.
- Comas-d'Argemir, Dolores (2016) "Hombres cuidadores: barreras de género y modelos emergentes", *Psicoperspectivas. Individuo y Sociedad*, 15(3): 10-22.
- Connell, R.W. 1995. *Masculinities*. Berkeley: University of California Press.
- Daly, Mary; Lewis, Jane (2001): «El concepto de 'social care' y el análisis de los Estados del Bienestar contemporáneos», in Carrasco, Cristina, Borderías, Cristina; Torns, Teresa. (eds.), *El trabajo de cuidados. Historia, teoría y políticas*, Madrid: La Catarata, pp. 225-251.
- Deusdad, Blanca; Comas-d'Argemir, Dolores; Dziegielewska, Sophia F (2016), «Restructuring Long-Term Care in Spain: The impact of the economic crisis on public policies and social work practice», *Journal of Social Service Research*, 42(2), pp. 246-262.
- Durán Bernardino, M. (2015) "La promoción de la autonomía personal y atención a la dependència. Impacto real de las últimas medidas de recorrer". Actas V Congreso REPS BCN: 1722- 1743.
- Esquivel, V.; Faur, E. & Jelin, E. (2012). Hacia la conceptualización del cuidado: familia, mercado y estado. In V. Esquivel, E. Faur & E. Jelin (Eds.). *Las lógicas del cuidado infantil. Entre las familias, el estado y el mercado*. Buenos Aires: IDES, UNFPA, UNICEF.
- Fraser, Nancy (1997) "Después del salario familiar. Un experimento conceptual postindustrial", in *Iustitia Interrupta. Reflexiones críticas desde la posición "postsocialista"*. Bogotá: Universidad de los Andes y Siglo del Hombre Editores, pp. 55-92.
- Gallego y Barbieri (2015) "El despliegue de la Ley de dependència en Andalucía y Cataluña (2007-2012): el margen de la autonomía política". Actas V Congreso REPS BCN: 1677-1702.
- Gelambí, Mònica (2015) "La gestión transversal de género en momentos de crisis. Análisis de los municipios catalanes" *Gestión y Análisis de Políticas Públicas, Nueva Época*, no. 14, July-December 2015 ISSN: 1989-8991
- Hanlon, Niall (2012) *Masculinities, care and equality: identity and nurture in men's lives*. London: Palgrave and MacMillan.
- Himmelweit, S. & Land, H. (2011). Reducing gender inequalities to create a sustainable care system. *Kurswechsel*, 4, 49-63.

- León, M. (2011) "Ideas, políticas y realidad: análisis crítico de la ley de dependencia". Papeles de Economía Española. No.129: 170- 181.
- Lombardo y León (2014) "Políticas de igualdad de género y sociales en España: origen, desarrollo y desmantelamiento en un contexto de crisis económica". *Investigaciones Feministas* Vol. 5: 13-35.
- Recio, Carolina (2015) "Cuidado, empleo y políticas públicas: el caso del Servicio de atención domiciliaria. Actas V Congreso REPS BCN: 1500- 1521.
- Recio, C.; Moreno, S.; Borràs, V. y Torns, T. (2015) "La profesionalización de sector de los cuidados", *Zerbituan*, 60 pp. 179-193.
- Salido Cortés, Olga (2016) "El impacto de género de la crisis en los países del Sur de Europa". *RES no. 25(2)*. Pp: 277-279.
- Saraceno, Chiara (2010) Social inequalities in facing old-age dependency: A bigenerational perspective. *Journal of European Social Policy* 20: 32-44.
- Valles, M. (2000) *Técnicas cualitativas de investigación social*. Madrid, Síntesis.
- Valiente, C. (2013): "Gender equality policymaking in Spain: Losing momentum", in B.N. Field y A. Botti, eds. *Politics and society in contemporary Spain. From Zapatero to Rajoy*, Londres, Palgrave Macmillan.