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The crisis of care in conservative welfare states and the need for a gender-sensitive approach to policy making

A most-similar-systems research design investigating care strategies in nine countries

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This thesis represents the end of a life-changing journey, a journey of self-discovery and improvement, during which I often found myself struggling to justify the mere existence of my field.

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Abstract

The so-called capitalist crisis of care has been theorized starting since the 80s. It has been and explored by two literature streams: the 'feminist' and the 'mainstream'. New social and economic challenges in relation to welfare state systems trigger the interest of scholars and policy makers who are looking for sustainable responses to care needs. Welfare states have been repeatedly grouped into clusters, and the most prominent division has been made by Gøsta Esping-Andersen between liberal, social-democratic and conservative countries. This study focuses on care strategies of countries belonging the latter group. Taking a distance from both the long-standing "Scandinavian bias" and the indicators adopted by mainstream theorists, the conservative cluster in this study includes Mediterranean countries. The purpose is to show and describe the wide range of arrangements from a gender perspective, which means by adding equality indicators to the framework. After the description of countries' arrangements relative to domestic work, childcare and long-term care, the final discussion focuses on ways to re-think old clusters in a gender-sensitive perspective. This study aims at contributing to the creation of a new policymaking approach, which would consider the specificities of countries and work towards a more gender equal care system.

Key words: gender, welfare state, public policy, conservative countries, comparative study, social policy, informal care work, domestic work, childcare, elderly care

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1 Introduction

The so-called *capitalist crisis of care* (Nancy Fraser in Sara Leonard, 2016) has been theorized approximately since the 80s. It has been a matter of concern for both feminist scholars - who found explanations in the achievements of women in the labour market - and social policy, welfare scholars and economists, who were and still are more concerned about the consequences of the crisis of care in relation to demographic changes and economic growth more than an equality-oriented shift in the political agenda (Wattis and James, 2013). However, keeping those two voices separate is counter-productive to a comprehensive analysis.

Prominent feminist scholars such as Hochschild, Tronto and Fraser and have been trying to find connections between this crisis and neo-liberal standards of life, which impose a 'dual-earner' type of household, composed by two 'adult-workers' (Lewis in Wattis and James, 2013). Care work begins to be considered an obstacle to career expectations or the access to labour market. The problem is that, even though chores needs to be performed somehow, the status of the caregiver is embedded in invisibility and considered even more unattractive than before. Social policy and welfare states are deeply intertwined with care needs, and scholars have been researching on whether it is social policy shaping households' and individual choices or the other way around. Yet, the state, the family and the market, still represent the holy trinity of late capitalist societies' welfare states and the interactions between those components shape people's daily life.

Welfare states have been repeatedly gathered into clusters, and attempts have been made to extend the depth of the analysis by including a gender perspective. The existing dichotomy between *advanced* welfare states and *deficient* ones is starting to be seen as anachronistic and it might obscure the uniqueness of different models of care. For example, most scholars would claim that the Scandinavian model is "advanced" since it relieves the family members from the pressure of care needs, but more critical voices might argue that is that it still puts the burden on the state,

shifting the dependency from the family to the government which gives an illusion of independence. In the attempt to avoid any type of ranking, this thesis only focuses on “conservative - corporatist” European welfare states and their households.

The main contribution of this work is to analyse current strategies for care as it is performed across three different dimensions: *domestic work*, *childcare* and *long-term care* and try to come up with up-to-date classifications which allow to possibly challenge the clusters drafted in the 90s. In particular, the main argument of this thesis is that countries are following different patterns which are not pointing towards convergence, and this is due to specific policy goals as well as values which shape care strategies in time and space. A gendered understanding of care work is necessary to the aim of this analysis as it offers new insights which can inform more sustainable and equal welfare policies. Due to the limitations mentioned later in the paper, the level of description is not deep enough to offer a comprehensive and encompassing portrait of each country’s situation, but this doubtlessly motivates further research in the field.

1.1 Research problem

The focus of this research is on countries’ strategies to overcome the pressure of care needs in conservative-corporatist welfare states. A gender-sensitive approach is the starting point for the choice of indicators and policies analysed below.

The main research questions this thesis wants to answer are:

*What are the main strategies to overcome the pressures deriving from care needs in conservative countries?
Is it possible to identify patterns among these countries?*

1.2 The choice of countries

Most of the literature on welfare states’ ideal-types is inspired either directly from the work of Gøsta Esping-Andersen or from the critique to his work. Abrahamson, Boje and Greve suggest that it is tough to stick to one classification only, especially

since in the last years the contours of different ideological frameworks tend to blur. (2005: 11) Another issue which complicates the creation of clusters is the interaction between three actors in the provision of welfare services. Those actors are, as mentioned in the previous section, the state, the family and the market. Esping-Andersen claims that even though welfare state variations are not linearly distributed and there are qualitatively different arrangements between state market and family, we can still cluster them by regime-types. (1990: 26) As for the causes leading to different welfare state regime formation, he identifies three of them: the nature of class mobilisation, class-political coalition structures, and the historical legacy of regime institutionalisation.

He formulates three clusters: *liberal*, *conservative* and *social-democratic* welfare state regimes. To briefly summarise the main features of each system, in liberal welfare state regimes state benefits are guaranteed to low-income individuals and working-class people. Those benefits are tough to access, because had it been easier to get them, people would probably stop working and start living on state benefits, which would obviously lead to inefficiency. The countries belonging to this category are the US, Canada, Australia, UK, Japan, New Zealand.

The second cluster is the one including conservative welfare state regimes. Esping-Andersen claims that, due to corporatist traditions and the huge historical impact of the Catholic Church, the granting of social rights was never a seriously contested issue. In the countries belonging to this cluster, social insurance often excludes non-working wives and family benefits encourage motherhood. Day care and other services are underdeveloped, and the state intervention follows a principle of *subsidiarity*. The countries he puts in this category are Austria, France, Germany, Italy and, to some extent, Ireland. However, the case of Ireland is controversial and better explained in the following section.

The third and last cluster includes Denmark, Finland, the Netherlands, Norway and Sweden. Differently from the conservative welfare states, the principle guiding the social-democratic welfare states is “not to wait until the family’s capacity to aid is

exhausted, but to pre-emptively socialize the cost of familyhood” (Esping-Andersen, 1990). This model has been studied extensively because it is considered the most efficient in terms of equalization of opportunities.

Three Worlds of Welfare Capitalism is a ground-breaking work and has inspired scholars from different fields. The categorisation offered by the author is still valid and it is the starting point of this study. However, Europe has changed since 1990s and there are reasons to believe that those clusters might be adjusted considering new dimensions of analysis. For this study, more countries have been added to the conservative-corporatist welfare model. A polarisation between “advanced” countries and “laggards” has always been detected pointed out in literature. Usually, countries like Sweden and Denmark set a benchmark for the analysis and they are considered the most efficient. However, it is equally relevant to deepen the investigation on how the state, the family and the market are interacting in conservative countries, where change and advancements are arduous to achieve because of traditions, the influence of the Catholic Church, the huge presence of gender stereotypes and norms - but where some of the welfare provisions are far from being “rudimentary”, on the contrary, they offer the most generous benefits in Europe (Ferrera, 1996).

Towards the end of “The Incomplete Revolution”, Esping-Andersen claims that a convergence is highly likely to happen between “advanced” countries and the “laggards”. Other authors, however, suggest that *peripheral* countries are actually left out from the analysis or brought up in line with the assumption that they are going to develop towards the core welfare systems. (Cousins, 1997) This is the result of theoretical approaches such as *modernization theory*. Thus, this convergence might prove true in terms of some phenomena related to welfare states’ policy formation, such as women’s participation in the labour market, but more research is needed to see if the same is going to happen in the care sector, especially considering the different levels of informal labour across countries.

The cases explored in this study are: Austria, Belgium, France, Germany, Ireland, Italy, Greece, Spain and Portugal. To make this choice clearer, few more things need to be mentioned in this section. First and foremost, the presence of Ireland in the study needs to be explained, as its inclusion might seem debatable at a first glance. The case of Ireland is peculiar when it comes to defining welfare regimes. Irish social policy experts highlight the fact that their country constantly resisted every attempt of classification. Ireland's score for the de-commodification index brings the country close to the Anglo-Saxon world. However, Ireland's score is medium for the level of conservatism but low on liberalism and socialism, plus, when studying the role of the state in provisions of benefits like pensions, Ireland appears to be included in the corporatist group.

Cousins argues that, due to weak labour movements and the 'asocial basis of politics', which has bedevilled the Irish political scene since partition, it is tough to make the country fit under the classification as it was elaborated by Esping-Andersen (Cousins, 1997). She also points out that experiences of peripheral countries like Ireland are often marginalized, she names the mainstream approach *core centric*. Local researchers have, in fact, pointed to current postcolonial status as being influential in the development of various aspects of welfare states, including the education system, the health and the social security system. Leibfried includes Ireland in this 'rudimentary welfare state' type (together with Mediterranean Countries) which is a result of its peripheral location, the importance of agriculture and its Latinity in terms of religion (Leibfried in Cousins, 1997). After having acknowledged the complexity that classification entails in the Irish case, the analysis will probably reveal more useful to determine whether Ireland still is an outlier.

In addition, with respect to the countries added to the pre-existing cluster, the choice is inspired by the work of Maurizio Ferrera (1996), who theorises a fourth model called the Southern European welfare state which includes Spain, Italy, Greece and Portugal. Contrasting Esping-Andersen's claim that differences between Southern European countries and Continental countries are not strong enough to keep the two

clusters separate, Ferrera's framework shows a further step towards the recognition of divergence among the countries previously categorised under the umbrella term "conservative/corporatist". It is most certainly interesting to explore differences and similarities between Continental and Southern conservative countries, especially since the academic debate has so far avoided a close examination of the Southern European welfare state as an actual model (Ferrera, 1996).

1.3 Conceptualising conservative countries

Esping-Andersen's conceptualisation of conservative countries was formulated in 1990s. He came up with his clusters by assigning points which were connected to variables and indicators. However, and as mentioned above, Mediterranean countries are barely brought in in the discussion. Conservative welfare states are those in which the entrance in the labour market for women has been more hesitant compared to others, and where the government and its social policies have a *subsidiary* function, which means supporting individuals and families only when all informal measures are not available anymore or when it is strictly necessary.

Even though conservative countries might diverge on several aspects, Esping-Andersen claims that what unites them is "the combined social levelling and class antagonisms brought about by capitalism" and "the retaining of traditional social status for the sake of social integration". (2015: 59) This conception of the state dates to monarchy and the main motives are hierarchy, authority and subordination to the state. For what concerns social policy, then, paternalism has had two main consequences on social policy:

- a. The first one is the tradition in some countries to reward civil servants with copious welfare provisions (especially evident in countries like Germany, Austria and France);
- b. The second is the evolution of the concept of social assistance: under aristocratic regimes it took the form of poor relief, while under corporatist ones it took the form of mutualism. This corporatist ideology is based on membership,

which is what allows individual to benefit from welfare state provisions. Plus, benefits are always connected to status and position on the social ladder. In this respect, Esping-Andersen mentions the example of Italy which, with more than 120 occupationally distinct pension funds, can be called a “leader” in corporatism (Fausto in Esping-Andersen, 1990). According to the author, the three main reasons why this regime type has appeared are the late industrialization and the permanence of institutions like guilds, the huge importance of hierarchy and status and the role played by the Catholic Church in social reform. From this last element comes the idea of *subsidiarity* of the state - which is not supposed to interfere with the central role of the family unless it is needed - and finally the preoccupation for finding an alternative to capitalism and socialism.

The construction of the conservative states’ cluster is informed by the scores of countries on essentially two levels: *de-commodification* and *stratification*. When analysing scores for both dimensions, the same clusters emerge, and this is what makes the author able to conclude that ideal types do exist. In the case of conservative countries, they have been scoring almost the same amount of points for the level of corporatism and *étatisme* and they have also seen showing low levels of de-commodification. (Esping-Andersen, 1990) Another important dimension used by Andersen is the provider of welfare (public, private, mix), which is tricky because huge variety exists in this regard across countries.

Feminist voices have been critically addressing the definition of *de-commodification index*, as it is misleading, and it is constructed basing on the experiences of men. In particular, the term refers to the ability of individuals to make themselves independent form the market thanks to welfare state provisions. The concept as formulated by Esping-Andersen cannot be fully applied to women for several reasons. Firstly, the concept is shaped on waged labour and still today many women are not in that market; secondly, women can be both commodified and de-commodified by the state, and the decision of women to enter the labour market is influenced by social provisions in a different way compared to the way men’s choices are. Consequently, many feminist scholars have highlighted the

major impact of public care on the position of women. If this dimension was added to Esping-Andersen's analytical framework, his conclusions on de-commodification would not be as clear. (Diane Sainsbury et al., 2000)

2 Theoretical Framework

2.1 Background

The background of this study is informed by two theoretical streams: welfare state studies, starting with the aforementioned work of Esping-Andersen, Abrahamson, Boje and Greve, Pierson, which constitute some of the pillars of the mainstream (also provocatively called 'malestream') scholarship, and the feminist literature on the *crisis of care* and *gendering welfare states*. Andersen has been quite critical towards feminist literature in more than one book. In the introduction of his book called "The Incomplete Revolution" he states that he feels like he is *invading* upon a sociological territory that has been dominated by feminist scholars, but he does so because their argumentations are too much ideological. (2009: 15) More specifically, he claims that his research shares possibly the same precepts and conclusions as the feminist one, but the difference is that he adopts a rational action perspective to identify Pareto-efficient outcomes. Despite the apparent ideological incompatibility between the two voices, they are both essential for an exhaustive analysis.

Theoretically speaking, Esping-Andersen's principal argument is that the incomplete revolution initiated by women is causing deep disequilibria in the society, and it will continue to do so until its completion. However, the reasons why this revolution is not complete vary a lot across countries. His research can provide insights on the failures of welfare states on different levels, together with the demographic phenomena associated to the current crisis (see Section 4 below). Nevertheless, the author does not properly focus on households' strategies to overcome the pressures deriving from care needs, and he also seems to be sometimes to be avoiding everything related to transnational domestic work,

informal caregivers and the relations between migration and care. Probably this is the case because most of the countries he analyses are not particularly affected by these models of care, which are however extremely popular in other countries like Italy or Spain.

Moving on to further contributions made by welfare and public policy scholars, Abrahamson, Boje and Greve point out that Europe is dominated by four models: the parental welfare model, the male breadwinner model, -the residual- poverty-oriented welfare model, the municipal social service welfare model. The distinction appears straightforward if looking at the immediate past, however, it is increasingly challenged at two levels: from a demography and family structure perspective, and from welfare ideology perspective. The analysis at these two levels points towards convergence among the different regimes, indicating that in the future they will look more alike - a pluralisation based on mutual learning reactions to similar pressures and challenges, possibly leading to welfare pluralism. However, trends prevailing in the political rhetoric about convergence towards a common European social model were sharply contradicted by their examination of people's daily life in ten European urban neighbourhoods. They suggest that there is *striking contradiction* between formal ideologies and everyday practices, because some of the elements of everyday life are invisible to politics. (Abrahamson, Boje and Greve, 2006)

2.2 Entry Point to Research

Putting feminist literature in a conversation with the mainstream literature can offer a more complete overview of challenges and strategies related to care. Mary Daly suggests that "*a gender framework as applied to the welfare state must account for the treatment and experience of both women and men and the role of the state in constructing male and female access to its resources and those located elsewhere in the social system*" (Mary Day in Sainsbury et al., 2000: 101) Additionally, a transnational and intersectional perspective is necessary, for example, in the book called "Migration and Care Labour. Theory, Policy and Politics", different aspects

of the *crisis of care* are explored. The authors describe several in-depth case studies, and this is a way to show how the crisis of care should be understood as a global phenomenon. It is not enough to analyse welfare failures at a national level. What is insightful about feminist scholarship is the ability to understand the phenomenon from a more intersectional perspective. The new aspects brought in by the feminist scholarship are:

- a. A focus on the gender-specific consequences of the welfare state, in particular the ways it shapes and sustains certain types of families;
- b. A broadening of the analysis, which was originally only based on economic indicators, by adding up some aspects concerning the reproduction of the domestic sphere;
- c. The unprecedented claim that the welfare state is produced and consumed by women to meet the interests of men. (Pierson, 2006)

The main issue feminist scholars point out when talking about care, is how part of it is considered *invisible*. This happens because there is an irrational need to maintain an illusion of the stability of the nuclear family, while women *are expected* to work and take care of the house at the same time. Mainstream literature on welfare has been condescending with this invisibility, and households' strategies and the role of families have been overlooked because they are thought to belong to one's private sphere. However, this idea enforces a conceptualisation of care *as performed for the sake of love* (Nancy Fraser in Sarah Leonard, 2016). To this regard, feminist scholars pointed out that this social construction of women's *natural* attitude for caring is nothing but an instrument to make up for the weaknesses of welfare states, which rely heavily on arrangements outside the formal economy. (Sainsbury et al., 2000)

Feminist perspectives also draw the attention on the concept of emotional labour in connection with the invisibility of care. Emotional labour is "*the management of feeling to create a publicly observable facial and bodily display, it is sold for a wage and therefore has exchange value*" (Hochschild, 2012:7). Hochschild uses the

synonymous terms *emotion work* or *emotion management* to refer to the same acts performed in a private context where they have use value. This labour requires people who perform it to induce or suppress feelings depending on what is needed in order to keep the ones in need of care in the right state of mind. Emotional labour as a way of understanding care fits the framework of this study, in fact, since women have always been used to manage feelings in private life, they are the ones putting emotional labour on the market and learning about its costs. (Ibid.) The role of women in supporting directly and indirectly the currently unstable welfare states' provision needs to be acknowledged and addressed.

After having outlined the theoretical framework, this work could be positioned in the tradition of *feminist comparative policy*. This strand of comparative studies is rooted in the idea that gender cannot be considered an analytical afterthought when it comes to policies and analysis of policy formation. On the contrary, policymakers should include considerations on gender-based inequalities if the ultimate goal is the one to create policies suitable for true democracy. (Amy Mazur, Season Hoard in Engeli et al., 2014). Furthermore, feminist studies on the welfare state are trying to break the so-called *glass wall* which can usually be found between feminist and non-feminist theories. In fact, this is a field where the two types of analysis are interdependent and even non-feminist scholars have become aware in time of how essential it is to include gender-sensitive perspectives in every analysis concerning the welfare state and social policy.

3 Methodology

3.1 Why a comparative study?

Scholar Jeren van der Heijden argues that in studying policy the comparative method is superior to both single-N and large-N studies; it is superior to single-N because it still allows to identify patterns and it is superior to large-N studies as it allows to go deeper into the cases analysed (van der Heijden in Engeli et al, 2014). It allows to combine explanatory variables, to address outliers, to set the boundaries

of the generalizability of results. Another strength lies in the prerogative of the researcher to select the cases. If the selection is done in a careful and logic way, the researcher can test and better understand association between variables. (Ibid.) Choosing a methodology suitable for a comparative study is not an easy task. In the first chapter of the book *Comparative Policy Studies* (2014), scholars Engeli et al. point out how there is still a huge ongoing debate whether a field of policy studies even exists. The struggle for scholars engaging in comparative policy studies, then, is to show that such a field not only is real, but it also contributes to the democratization of society. Prominent scholars in the field suggest that the methodology to be adopted for comparative studies should be multidisciplinary, multi method and theory driven.

In addition, relevant methodological advice comes from Abrahamson, Boje and Greve. They argue that comparative studies on welfare states are becoming widespread, but often the methodology used is not appropriate. They claim that “*a research framework needs to include the historical development of a system, which can give us the background on national policy, and also enable us to look for policy-making trajectories.*”(2014 :213) Based on historical developments and culture, the institutional framework of countries can help exploring macro-data and compare them. The methodology used by the authors has been called *combined comparative methodology*, which includes different types of analysis, both using qualitative and quantitative data collection and studying historical and institutional changes over countries.

In this study, a combined methodology aims at the identification of differences and similarities between countries and their institutions, actors and processes through systematic comparison. (Caramani, 2010) The purpose of such research design is to determine variation across cases which can be considered similar, except with regard to the phenomenon (in this case it is how care-work is carried out), the effects of which we are interested in assessing (Anckar, 2006).

The main understanding of the most-similar systems research design comes from John Stuart Mill's method of difference. However, a further redefinition of Mill's method of difference has been proposed by other scholars, in the attempt to create a methodology capable to bridge case-oriented and variable-oriented approaches. The logic behind a redefinition of this model is to connect a potential set of explanatory variables to the dependent variable, accepting the fact that there could be inter-systemic differences between settings at some levels of the analysis. Those differences are also explanatory of some aspects of the phenomenon under analysis (van der Heijden in Engeli et al., 2014).

Another important element of the research design according to van der Heijden is the choice of inferential strategy. The first strategy described by the author combines Mills' method of difference with most-similar system research design. The assumption is that "*the few differences in explanatory variables are associated with the differences in the dependent variable*" (van der Heijden in Engeli et al. 2014). In this study for example, the logic would be that the countries chosen are similar on many levels, but they show very different strategies when it comes to how they cope with the pressure of care needs. Inside the cluster, some countries reach the same strategies and others do not, the hypothesis is that this happens because of the type of policies introduced in three areas which are childcare, long-term care and domestic work in a combination with history and values. In more concrete terms, this study is exploratory: statistical indicators on time-use and policies are gathered and analysed in the attempt of comparing the case studies. Despite the risk for oversimplification, is more fruitful to read the categories presented in this study as approximations, while the main aim is to shed light on the uniqueness and diversity embedded in each country.

As for the choice of materials for the analysis, insightful suggestions come from Bettio and Plantenga (2004). They divide formal care provision into three different inputs: **time-off**, **money** and **services**. The former can be studied through the availability of leave schemes and work arrangements for parents, the second has to do with monetary benefits, allowances, possibilities for tax reductions and so on so

forth, the third and last input is composed by benefits and in-kind services (Ibid.) From this division comes the choice of material for the study: every part of care (domestic work, childcare, elderly care) is analysed under the lens of those three inputs.

To put it shortly, the material chosen includes:

- a. statistics showing labour market arrangement and leave schemes, formal provisions of care service and, in the case of long-term care, public expenditure;
- b. policies regarding welfare provisions and services;
- c. secondary data from case studies to explain possible exceptional cases/outliers.

Due to time limitations the scope of this study is descriptive and the approach to the case studies is exploratory. According to scholars Mills, Durepos and Wiebe “*descriptive studies seek to reveal patterns and connections, in relation to theoretical constructs, in order to advance theory development*” (2010: 2). Indeed, if data on policies and policy outcomes reveal the expected pattern, this work will contribute to a more solid classification of countries based on their recent strategies to approach to care.

3.2 Outline of the thesis

In the attempt to make this thesis clear to the reader, it is worth spending a few words to explain the structure of the next chapters. Chapter 4 gathers some theoretical considerations of the social and demographic phenomena related to the *crisis of care*. Few empirical indicators will be included to support theoretical claims by different scholars, and in order to show how the countries of this study can be positioned in relation to this crisis. This chapter helps understanding the reasons why welfare state systems as they are right now are not sustainable, and it provides information on labour market arrangements which are also deeply intertwined with welfare provisions. The aim of the chapter is to show to what extent care is a female-dominated sector and what are the trends in terms of childbearing and household composition. In chapter 5, care strategies are examined.

Domestic work, long-term care and childcare are the three dimensions of the analysis. Every sub-section starts with a definition of the care dimension, followed by the analysis of policy outcomes and goals. The latter are not analysed subjectively or deductively, whereas they are explicitly stated in national reports. The findings are gathered in the Discussion and Conclusions section of the thesis.

3.3 Research Limitations

The first limitation of this thesis stems from the fact that “gendering welfare states” is a relatively new practice and there is a lack of internationally comparable indicators. This also means that there is disagreement among scholars on what a comprehensive analytical framework should or should not include. Some authors focus on historical indicators, class formation, institutional processes, while others (including most of the feminist scholarship) tend to focus on public policy. This work is aligned with the feminist tradition even though still trying to include and recognise the relevance of mainstream work. What this study does not include is an in-depth historical and institutional approach to case studies which would have required much more time.

The second limitation is also related to time and space constraints. This work could possibly further develop on different levels of analysis. For future research, one idea would be to add up the *class* dimension, because there are major differences between low income and middle-class families in every country. Another dimension to explore would be care in bigger cities vs. care in rural areas. A parallel development of this project could also be a comparison between conservative countries in Europe and in the rest of the World, especially the countries adopting the model of the *migrant-in-the-house* as a domestic helper. This would probably underline and contribute to the theorisation of the global dimension of care and show how countries from the global South and the global North are intertwined in what has been called Global Care Chain. (Ehrenreich et al., 2004)

Notwithstanding the limitations mentioned above, hopefully this work can contribute to the emerging interest in conservative countries, which are usually overlooked in comparative studies and considered as “laggards”. Focusing on these countries is the first step to get some insights on what they need in terms of social policy, in order for them to *progress* or improve the current situation. Those countries need more space in the literature on welfare states (especially new literature including a gender perspective) and possibly this study can be a small contribution to that.

4 Components of the crisis of care

The aim of this chapter is to provide the reader with some relevant theoretical concerns which seem to unite both feminist and mainstream scholars when writing about the *crisis of care*. Doubtlessly, the two streams give different explanations and propose different solutions to the issues described below, yet it is important to try and describe them in neutral terms. The idea behind this brief chapter is to make the following analysis easier to follow.

4.1 An overview of the challenges

European governments have so far elaborated more and more complex systems of social protection and incentives for their citizens; however, welfare states are under threat. The main challenges governments all over Europe face at the moment are demographic changes, globalisation, European integration, changes in the family structure, technology, innovation and the changing mix of jobs. (Begg et al., 2015; Pierson, 2006; Bettio and Plantenga 2004)

One point of convergence between feminist and welfare scholars’ theories is the growing preoccupation for those changes which are not only having an impact on the countries of this study, but also reflect global trends. It is important to mention those drivers for change because of their consequences on the setting of policy agendas and priorities and on the way social roles are constructed. The discussion

on those drivers was inspired by the authors mentioned above, but only aspects relevant to the scope of this study are going to be discussed.

4.1.1 Demographic Challenges

Main concerns for policy makers and scholars seem to be related to demographic phenomena. Two of them are especially salient and have direct consequences on welfare state provisions: decline in fertility rates and worsening of the old age dependency ratio. (Piersons, 2006; ILO, 2018; Esping-Andersen, 2009) The combination of those two factors is leading to a deficiency in existing welfare provisions and a necessity to increase public spending in unrealistic ways. The ILO stresses how the need for a ‘*high road*’ type of social investment would require a doubling in expenses but would create 83 million jobs (70 million in the care sector and 13 million indirect jobs) in 29 countries by 2030. (ILO, 2018)

In Esping-Andersen’s opinion, “*projections indicate that population ageing will require additional social spending of such magnitude that the welfare state will become unsustainable*” (2009:145). The reason why this is scary is that even what can look like a small change today has huge consequences in the long run. Some countries will be affected more than others: for example, Germany is supposed to witness a decrease in the active workforce by 11 to 18 % by 2030, in Italy by 2050 the old age dependency ratio will exceed the 100%. Ireland is on the other side of the spectrum. Yet, the average European trends are alarming. The presence of more pensioners will increase the financial burden on states until more sustainable solutions are found (*piggy-bank* effect).

Why are those demographic challenges new? Even though the world population has been getting older and older for a long time now, there are three reasons why this time is different: a) it is happening faster than before; b) it is accompanied by unprecedented improvements in health; c) old age coincides with retirement which is a rather recent type of entitlement. (Esping-Andersen 2009, Pierson 2006) Finally, those demographic challenges seem to be leading to some sort of inter-

generational conflict, because the age of the average voter is increasing (Esping Andersen calls it the *elderly lobby*) and this will inevitably cause a shift in the way policy agenda is set.

4.1.2 Globalisation and European integration

Economic globalisation has placed constraints upon the autonomy of states, since it is reducing European governments' capability to create welfare arrangements and services independently (Begg, Mushövel and Niblett, 2015; Pierson 2006). This way of thinking has also been shared by several authors and predicted since the 30s by Friedrich Hayek. He claimed that "the integration of previously sovereign nation-states in Europe would reduce the capacity of states to regulate the capitalist economy and to burden it with the costs of an expensive welfare state". (Hayek in Scharpf, 2010)

At a global level, companies with high welfare charges are more and more willing to relocate in order to decrease their costs. Sustaining welfare commitments at such high pace has contributed to the huge increase in the European public debt. Even though welfare provisions are based on national policies, it is becoming a matter of European integration to be able to safeguard the capacity to provide accessible and high-quality services. Moreover, what has been essential in this process is the free movement of labour. Following once again what has been written in the report by Begg et al., free movement of labour is what has led to the idea of a European Welfare model and the seek for general guidelines, especially in terms of labour law and relative rights and duties. The main limitation to this idea of a European Welfare state model nowadays stems from the fact that it is so much easier to achieve market integration than "positive" social integration. (Scharpf, 2010)

4.1.3 Recent Risks

In the book called "Beyond the Welfare State", Christopher Pierson identifies three social risks which represent a further threat to the welfare state as we know it today.

The first one involves the *changes in gender roles*: up until a few decades ago, women's participation to the labour market was limited (especially in Southern European Countries) but has been growing ever since. The recent urge for finding a work-life balance has created some sort of "family instability" that in turn has been causing so-called *welfare shocks* (decreasing supply of informal workers, expensive facilities etc.); the second social risk has to do with *labour market changes* (constant decrease of blue collar jobs, growing employment rate in services); and the third and last social risk identified by Pierson is the *insufficiency of social insurance and insecurity of private alternatives*. The author suggests that this last risk could be alleviated by trying to transfer some welfare activity into the market sector or by discharging some of the costs on private citizens, or even by admitting that government cannot provide some specific benefits or services which have been showing to be unsustainable.

4.2 Societal changes

As mentioned in the sub-section above, changes in the family structure are mostly driven by cultural transformations, labour market transformations and the way gender roles are constructed across countries. The most important trends in this scenario shall be examined, in the attempt to shed some light on patterns across countries over the last decade.

4.2.1 Household composition

The nuclear family is increasingly minoritarian, facing competition from a plethora of new arrangements such as cohabitation, single-person and lone-parent households. (Esping-Andersen, 2009) The fact that family compositions are changing is sometimes considered negative, or as something that is playing a decisive role on other demographic phenomena such as the decrease in fertility. This is mostly because alternatives to the nuclear family could lead to a redefinition of the division of labour in the household which would be incompatible with the

hegemonic one. In conservative countries, this discourse supporting the so-called *traditional family* is deeply rooted in history and religion, but it is interesting to see how households are changing notwithstanding several attempts for pro-natalist campaigns and policies, especially in countries like France and Italy.

The data used to trace patterns across conservative countries' household composition is provided by Eurostat. The main features of households' composition over the past 15 years have been summarized in the figures below. Figure 1 shows the average number of people in the household respectively in 2005, 2010 and 2015. The most remarkable feature is a decline in the number of people in the household in all the countries of this study. In all the countries except from Italy and Ireland the numbers started decreasing already after 2005.

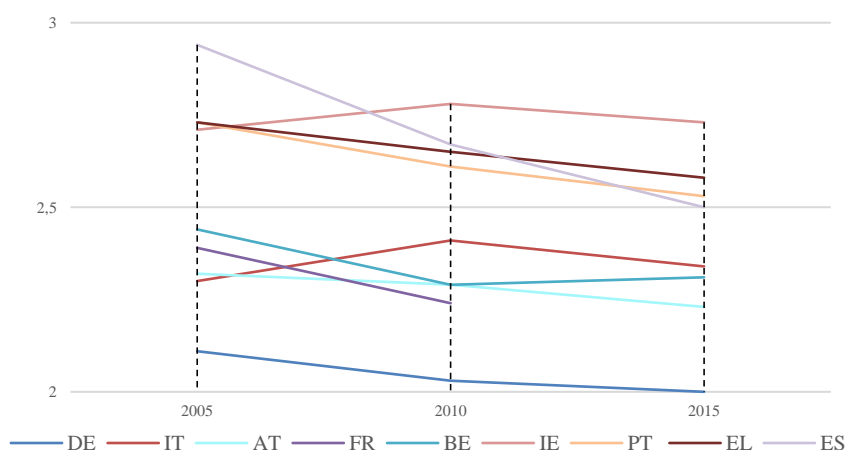


Figure 1. Average number of persons in the household
SOURCE: Eurostat - Living conditions and welfare, household characteristics by type of household, latest year

Change is also remarkable in the diffusion of specific types of households. Figure 2 shows that the percentage of households composed by two adults with dependent children has been decreasing in all the countries except from Ireland. The countries where the percentage has been falling faster are Belgium (where a 7.3% decrease has been detected between 2005 and 2015), France, Spain and Germany (where the percentage has been decreasing by more than 3%).

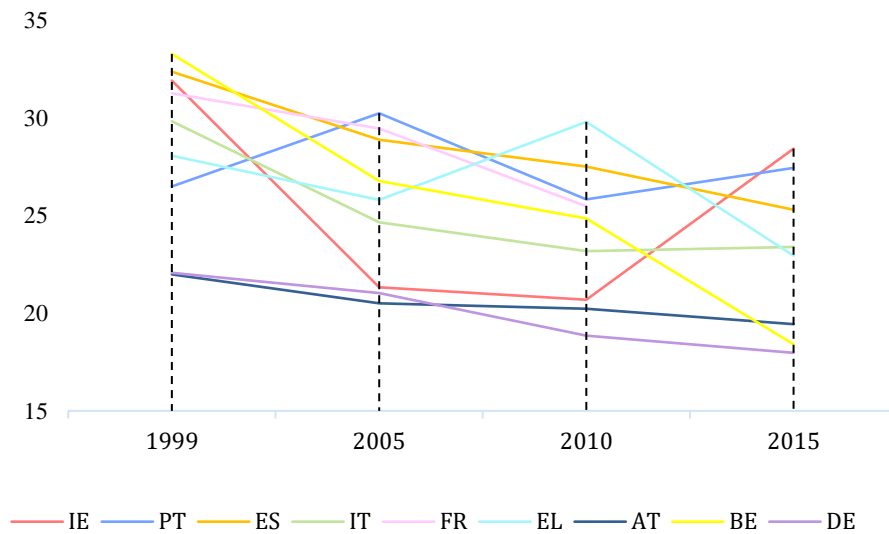


Figure 2. Percentage of households with two adults and dependent children, over time
SOURCE: Eurostat

Changes are also remarkable for what concerns the percentage of households of single persons without and with dependent children. These two types of house are following opposite trends. Indeed, households composed by one person are becoming more and more widespread in all the countries except from Ireland, where this type of household was more common in 2005 than in 2015. Households composed by a single person with dependent children are not widespread and decreasing, possibly because this type of household is highly associated to the risk of poverty. However, this type of household has only been increasing in three out of four of Mediterranean countries. (Spain, Greece, Portugal)

To sum up, the main findings on household characteristics in conservative/corporatist countries are:

- a. The average number of people in the household is decreasing in all the countries of this study except Portugal and Belgium;
- b. The percentage of households composed by two adults and dependent children is decreasing in all the countries of this study except from Ireland;
- c. Households composed by single persons are becoming more common in all the countries of the study while households composed by single persons with dependent

children are only increasing in Mediterranean countries. This might be related to the trends in fertility.

These trends matter for the research question of this study, as they can show the reaction of individuals to the lack of welfare option. Especially when talking about fertility and households' composition, these indicators seem to show a shift in preferences which is inevitable if work and life are considered mutually exclusive.

4.2.2 Labour market arrangements

For many women, part-time arrangements have been representing a solution allowing them to stay in the labour market while carrying out their *care duties*. In fact, while, the percentage of men working while living in a couple is high in all the countries, women's employment rates are lower, and not much change has been detected in the last ten years, with the only exception of Germany, where the employment rate for women went from 68% in 2008 to 76,1% in 2017.

When focusing on part-time arrangements, insights on time use of men and women come to light. What makes it interesting is the fact that the incidence of part-time employment for women shows both the availability of part-time arrangements in the country as well as life stages effects, while this is not the case for men. The rate of men working part time is extremely low in all the countries. The situation is extremely different for women, not only because the percentage of women working part-time is incredibly high compared to men, but also because it varies a lot across countries, and this could tell us something about the ability of women to find a balance between work and life and about the level of welfare state provisions in the countries studied.

In Austria and Germany, the percentage of women working part-time is higher than 50%. It has been pointed out in several pieces of literature how women's access to the labour market has never been fully accepted in those two countries, they rather follow a tradition of high level of economic support but low level of services.

Belgium has a slightly lower rate but can still be grouped with Germany and Austria. In Italy, France and Ireland the rate of women working part time is around 30%, a bit lower in Spain (around 23%) and surprisingly low in Greece and Portugal. In Portugal, women have practically closed the relatively small employment gap that they had compared to men only ten years ago. Today, the ratio of female-to-male employment is near parity, placing Portugal third among EU countries. The narrowing of the gender employment gap has been associated with changes in gender differences in education, unemployment and status of employment.

This data matches the information provided by Eurofund, in the occasion of the 5th European survey on working conditions and well-being, which identifies three clusters according to the level of part-time arrangement. Greece belongs to low-part-time countries, Spain, Italy and Portugal to medium part-time countries and Belgium, Germany, Austria, France and Ireland to the high part-time countries group. Labour market arrangements and trends in household compositions are to be borne in mind throughout the work; their explanatory importance is evident in the analysis, especially when trying to grasp what are the main constituents of policy agendas.

5 Analysis

This chapter focuses on the analysis of care strategies and explores differences across countries. Domestic work, long-term care and childcare have been operationalised differently across scholarship tradition. Hence, the main concepts are defined at the beginning of each section. The analysis starts with domestic work because the inclusion of this dimension in comparative studies represents one of the main contributions by feminist scholars. Domestic work arrangements tell a story about gender roles construction, the level of informality of care strategies and the way policies are formulated in relation to those features.

5. 1 Domestic work in conservative countries

Domestic work is the most controversial among the three components of care. Esping-Andersen claims that “*housework is time-consuming and highlights the dilemma of reconciling employment and family. In other words, this is where we should expect that spouses’ preferences clash*” (2009: 38). Even conceptualizing it is not easy due to the consistent share of informal tasks involved. The International Labour Organisation defines domestic work as “work performed in or for a household or households”, including tasks such as cleaning, cooking, washing clothes, taking care of the children of the elderly. (ILO convention n.189, 2011) Hence, some parts of childcare and elderly care are considered as part of domestic care, especially when they are carried out by members of the family.

Moreover, domestic work is embedded in *invisibility* and gendered power relations, which constitute the main concern for feminist scholars all over the world. When adding unpaid domestic work to the time spent working every week, data shows that women work on average 64 hours per week compared to 53 for men (Parent-Thirion et. al, 2012). Domestic care has always been understood through the lens of dichotomies: paid and unpaid, professional and unprofessional and so on and so forth. What often does not emerge, in the fact that everyday practices transcend these dichotomies. In fact, what has been found out both in quantitatively- and qualitatively- oriented case studies and research is that:

1. Arrangements are not static, but they evolve and vary across life stages according to different necessities (Kröger, 2003; Parent-Thirion et. al, 2012);
2. Families in similar circumstances still have different preferences when it comes to care arrangement and there is no majority response (Kröger, 2003).

Domestic work can be performed by components of the household as well as domestic workers who get hired (formally or informally) to “help” with daily tasks. The fact that this type of care work has been socially constructed as a ‘*natural inclination*’ of women, makes domestic work unappealing both for working women

- especially the ones in ‘masculine sectors’ such as IT and engineering - and domestic workers - who are ending up constituting a new ‘vulnerable female underclass’ (Novitz and Syrpis, 2015) but are forced into it because of the lack of opportunity to enter the labour market otherwise. This dimension of care is highly influenced by social policy, cultural factors, and, due to the outstanding percentage of migrant domestic workers, by migration regulatory regimes.

In the rest of this section, the aim is to analyse the differences and similarities across countries both in terms of how domestic care is performed by members of the household and external helpers. One important thing to point out is that attempts to conduct comparative studies on domestic work have so far been limited by the lack of data on informal arrangements and illegal workers. Labour organisations together with scholars have been raising awareness and the issue has been gaining ground at a European level, nevertheless, while access to the labour market for women in the EU has been facilitated and regulated, the same can definitely not be said for domestic work, which seems to stay in the “regulatory shadows”. (Novitz and Syrpis, 2015)

5.1.1 Unpaid Domestic Work: clear patterns emerge

The International Labour Organisation has shown that unpaid work covers the majority of care needs all over the world. In 2018, 2.5 billion hours have been spent every day to carry out unpaid work. This is equivalent to 314 million people working eight hours per day with no remuneration. Unpaid care is mostly performed by women (4 hours and 32 minutes per day on average compared to 2 hours and 12 minutes for men). (ILO Fact Sheet, 2018)

Men’s participation in unpaid care is higher than the past, since the dual-earner model of family has been gaining ground. However, statistics reveal two distinct patterns: there are countries where men’s participation is increasing (Belgium, Spain, Italy) and countries where it has been decreasing (Germany, France). Furthermore, a positive correlation between equally sharing household tasks and

women’s participation in the labour market has been detected, since long hours of unpaid care represent one of the biggest obstacles to women’s ability to enter the labour market.

Analysing the amount of time spent performing unpaid care work by sex is the first step to detect patterns on the current division of labour in the household. It also reflects work arrangements and flexibility, together with the existence of good and accessible welfare provisions.

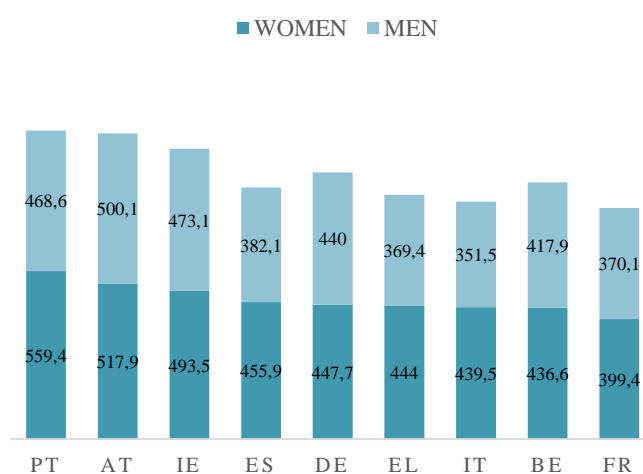


Figure 1. minutes spent in total work every week, by sex
SOURCE: OECD, latest year

Figure 1 shows the amounts of minutes per week spent in total work (that is, paid work plus unpaid domestic tasks) in each country, by sex. The most remarkable feature is that women are spending more time at work compared to men. Portugal represents the most extreme case, since it has not only the highest percentage of hours spent at work for women, but also the highest differential between men and women. Other extreme cases are Italy, Greece and Spain where women work respectively 88, 74,6 and 73,8 minutes per week more than men. In the other countries the difference is about 20-30 minutes and the only outlier is Germany, where women work only 7,7 minutes more than women. Once again, the Mediterranean cluster of countries seem to show evident differences compared to the Continental countries.

A possible explanation can be found in the understanding those countries have of the concept of household. Some scholars point out that housework and leisure are being sacrificed on the altar of children and career and that it is possible that today's parents are more inclined to live in a home that is dirty and messy, but this is not what seems to be happening in Mediterranean countries, where the household is still the locus of family interaction and it needs to be accurately taken care of. It is probably going to take time before families living in those countries will surrender to the idea that they can spend less time taking care of the house because traditions and culture come into place, shaping the way household are conceptualised and experienced. Additionally, to have a deeper understanding of how labour division is carried out between men and women across countries, OECD data breaks down the time spent working by paid and unpaid work.

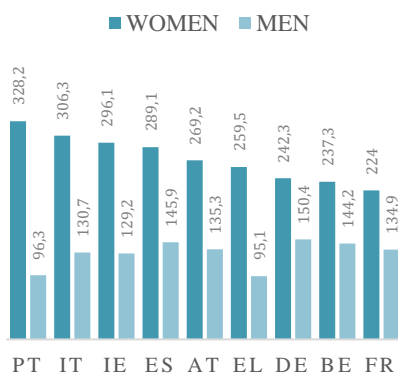


Figure 2. Minutes spent in **unpaid** work every week by sex
SOURCE: OECD, latest year

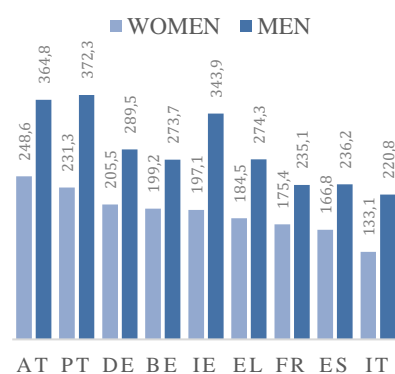


Figure 3. Minutes spent in **paid** work every week by sex
SOURCE: OECD, latest year

As can be noticed from figure 2, when it comes to the amount of time spent performing unpaid work, Portugal is still the country with the most unequal division, since women spend 231,9 minutes more than men doing unpaid care work, which corresponds to almost 4 hours per day. Other countries with a highly unequal division of unpaid tasks are Italy, Ireland, Greece, Spain and Austria (> 100 minutes per day). Belgium, France and Germany show the lowest differentials. This pattern

also appears in figure number 4. In fact, countries with the highest differential of minutes spent in paid work are Ireland, Portugal and Austria, followed by Greece, Italy and. The countries with the most equal division are Belgium, France and Spain.

Comparing data on unpaid work with data on paid work is insightful, because it allows to make inference on how gender roles are constructed across countries. In fact, men are having longer hours in paid work compared to women in all the countries of this study, but two important features can be detected:

- a. It is true that men spend more time compared to women in paid work but the difference in terms of minutes is lower compared to the one between men and women in unpaid work. This confirms the theoretical claim that *women's life is becoming more masculinised whereas men's life is not becoming more feminised*;
- b. Countries with higher gaps in unpaid work are not the same as countries with the highest gaps in paid work (i.e. Women in Spain spend 143 minutes a day more than men performing unpaid work while men spend only 69,4 minutes more than women in paid work);
- c. Austria represents an exception among the Continental countries. The main reason why the division of labour seems so unequal is related to the labour market arrangements available in the country. Indeed, Austria is the country with the highest percentage of women in part-time work over the total working women. Germany represents a similar case: despite it has one of the most equal division of unpaid labour in Europe, the opposite seems to show in paid work, and this might also be connected to the recurrence of part-time arrangements.

Furthermore, in their article called "Comparing Care Regimes in Europe", scholars Francesca Bettio and Janneke Plantenga construct different indicators which deepen the analysis and confirm the preliminary trends drawn above. The first indicator is called *index of informal care intensity*, and it has been formulated after unifying an indicator on the involvement of adults in care activities (taking into account demographic specificities of every country) and one indicator which detects the

number of households which are not paying for formal care facilities. Both the indicators were originally formulated by the European Community Household Panel. Results reached by Bettio and Plantenga show that Mediterranean countries have a very high index of informal care intensity, while Continental countries show medium intensity. Two exceptions can be pointed out and they are Portugal and France. Those two countries show surprisingly low levels of informal care intensity.

Moreover, they construct an indicator dealing with intergenerational sharing of care, which shows, as expected, that the intergenerational share of care in the household is higher when family cohesion is stronger. Once again, thus, Mediterranean countries gather together showing a very high level of intergenerational care and they are accompanied by Belgium, which represents an outlier among the Continental countries. The levels are very low for Germany, which appears to be getting closer to the Nordic Countries in terms of family cohesion. (Bettio and Plantenga, 2004: 89)

5.1.2 Paid Domestic Work: the persistence of a shadow economy

The most widely accepted definition of *paid domestic worker* dates back to 1951 and was formulated by the International Labour Organisation (ILO). Following this definition, a domestic worker is a *wage earner working in a private household under whatever method and period of remuneration, who may be employed by one or several employers, and who receives pecuniary gain from this work*. This type of work is usually provided by formally or informally hired caregivers who, notwithstanding their status (in terms of gender, ethnicity, age, education etc.), are considered low-skilled workers and most likely not protected by national labour laws. On average, the trend in Europe is to hire more and more migrant domestic workers. (United Nations, n.d.)

Rachel Salazar Parreñas defines migrant domestic workers as *non-citizens employed as paid workers in private households* (Parreñas in Anderson, 2014). These workers constitute a reservoir of cheap labour which leads states to act as

accomplice in widening this pool of workers by supporting programmes such as *au pair et similia*. This happens especially in countries that have been going through a reduction in expenses for welfare provisions after the 2008 crisis. Nevertheless, even when the state tries to regulate domestic work, the results are not always as good as expected. In fact, a law enforcement does not necessarily mean more regular contracts and protection, due to the household being an *atypical locus* of labour relations.

It is important to keep these concepts in mind when discussing domestic work. In regard to the countries of this study, patterns can be identified by combining statistics with national regulations. Clearly, statistics alone are probably the least eloquent type of data to explain countries' trends regarding domestic work arrangements, since every country has a different share of unregulated workers.

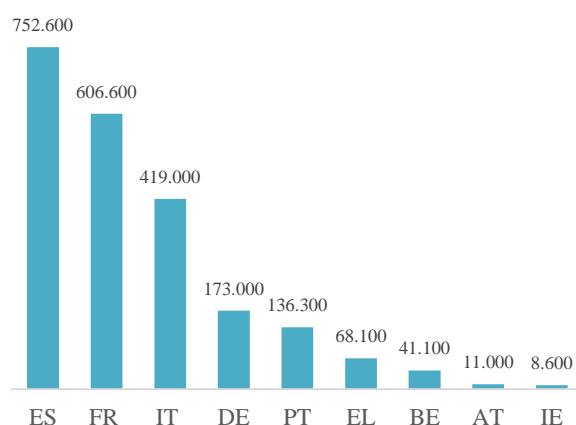


Figure 4. Regular domestic workers in 2008

SOURCE: OHCHR report “Right of Migrant Domestic Worker in Europe”

Figure 4 above shows different levels of intensity in the employment of regular domestic workers. Spain, France and Italy are the countries with the highest number of employees in the household. Germany, Portugal and Greece have medium intensity of domestic workers while Belgium, Austria and Ireland have the lower percentages. What emerges from the data is a fragmented reality: in fact, Mediterranean countries seem to show strikingly different preferences in terms of

domestic workers, and the same thing can be said for Continental countries, even though the variation is less striking.

Evidently, the presence of so many factors influencing preferences and attitudes towards domestic workers represents a solid obstacle to the analysis. Yet, policies can still partly explain these attitudes. Countries with a high intensity of domestic workers show similarities in the way governments are trying to tackle the issue. 62,1% of domestic workers in Europe are in Spain and Italy. Spain is the country with the highest percentage of people employed in the household. The growth in the sector went parallel with the outstanding increase in the migration inflow since the early 2000s. (Arango et al., 2013). Consequently, effort has been put to speed up the bureaucratic processes involved. The Royal Decree 1620/2011 made it so much easier to hire domestic workers: in fact, the Decree aims at diminishing the differences between domestic workers and “normal” workers, while still underlining the “special” features of this type of interaction. The main topics included in the Decree are the scope and exclusions, contract-related issues, wages and free time. As a matter of fact, ILO detected an increase in both the registered number of workers and workers enrolled in social security. Yet, informal employment is still dominant in the country.

In France, hiring a domestic worker legally, entails “a great deal of ‘red tape’ and cumbersome bureaucracy” (EurWORK, 2009). The most recent scheme introduced by the government to tackle the issue is the CESU (Universal Service Employment Cheque), introduced in 2006 to substitute the pre-existing regulation. Under this scheme, employers who register at the Agency for Collection of Social Security and Family Allowance have right to both tax reductions and cheques. These cheques can be used for both domestic workers and childcare outside the home. Companies can also provide these cheques for their employees and get a tax reduction up to 25%. Despite the attempt to simplify the process, bureaucracy is still perceived as troublesome (Ibid.). Still, the evaluations conducted so far are positive, and an increase in the formal employment indicators has been detected.

In Italy, the situation seems far from being under control. Although domestic workers have the same rights as every other worker, the share of unregulated employees is still considerable, and the outstanding majority of those workers comes from foreign countries. Domestic workers can be “badanti” (mostly helping the elderly), 80% of which are foreign born or “colf” (mostly cleaners), 72% of which are foreign born. Only 15% of their wages is covered by the state, while the rest is paid in cash out-of-pocket by the family. This type of system discourages families to opt for regular contracts so that labour relations are often arbitrary and abusive. In fact, the report by DOMINA (2017) shows that the 26% of domestic workers are irregular (no residence permit or right to stay in the country, no contract), the 30% are regular but have no contract and only 43% of domestic workers are regular with a contract.

For what concerns countries with medium intensity of domestic workers, the case of Germany is controversial. In fact, Germany has one of the highest shares of undeclared work (75% in 2017). Some scholars suggest that some sort of mismatch exists between the official welfare state policy and reality, where care is actually a feminized sector, where vulnerable subjects lack protection (Trebilcock, 2018). The legal framework for these workers in Germany is fragmented across different regulations: most aspects fall under labour law while others are directly regulated by the ILO Convention n.189. The main problems detected in the system include difficulties in organizing workers and collective bargaining, discrepancies between German and translated versions of the contracts of employment and access to justice and health and safety laws. (Trebilcock, 2018).

In contrast with the case of Germany, the situation in Portugal has been positively assessed by the UN report on the rights of domestic workers across Europe. Portugal has been performing well lately, both in terms of employment strategies and measures to tackle racial discrimination: the government has introduced criminal legislation against the illegal trafficking of domestic workers and against employers of undocumented migrants. Plus, while the care crisis has led to the employment of women from developing countries for filling the care gap, the

demand in Portugal has been widely met by both native and migrant workers. The presence of domestic workers helps women to balance their work and life, indeed, Portugal is the country with the highest rate of working women in Southern Europe. Domestic work is regulated under the Decree-law 235/92, which stipulates working conditions, tasks and paid components. In addition, there is a specific contributory system created to meet the needs of both employers and employees. Still, like every other country, the problems Portugal is facing are related to informality, and the fact that employers sometimes prefer to stay in the shadow economy to prevent workers from getting more bargaining power. (F. & A. Suleman, 2018)

The case of Greece has mostly been assessed negatively by experts. Even though the country shows the lowest percentage of domestic workers compared to the other Mediterranean countries, there are several reasons to believe that reality is in fact different. First and foremost, the provision of care tasks has been developing more and more has a hidden economy. Greece has a flexible regulatory system essentially characterised by contractual freedom, it deviates from standard labour law on many axes (Angeli, 2017), and there is no collective agreement on the matter of domestic work. The most vulnerable group is composed by live-in domestic workers, because the law explicitly states that they carry out a “special” type of work, based on trust and care, and this is the reason why labour law should not apply. Moreover, the migratory system also plays a huge role, in fact, the current bureaucratic system acts as a deterrent for the regular employment of workers. Interestingly, Greece is one of the few countries in this study which has not ratified the ILO convention n.189 of 2011, one of the most important international treaties on this matter.

When it comes to countries with the lowest presence of domestic workers, statistics can hide surprising features. For example, Belgium and Austria have very low numbers of regular domestic workers but experts give opposite accounts for the reasons. The case of Belgium has been positively been assessed both by UN reports and the Committee on the Elimination of Racial Discrimination. The Belgian voucher system has taken many workers away from the shadow economy, it has been introduced in early 2000s and it “triangulates the employment relationship

through introducing third-party employing agencies, and it guarantees workers' access to labour and social security rights" (Safuta and Camargo, 2019: 2). Care for other people (children, elderly) is excluded from the voucher system, while all types of domestic chores are available. The most important feature is that vouchers are advantageous to both the employer and the employee and they are cheaper than informal care. However, and as it is easy to guess, some issues persist: the fact that only Belgian citizens and people who have the right to work in the country can register for agencies, has led to a further segmentation of the labour market. Plus, if the level of informality has been somehow tackled, there is still an overrepresentation of women and migrants in domestic care. (Ibid.)

Moving on to Austria, in this country there is a tendency to keep care-related tasks outside the formal market, and this is also due to the fact that cash benefits are extremely popular in the country but not high enough to afford formal care. Secondly, the low numbers are explained by a very high segmentation of the labour market as a consequence of the Act on Domestic Helpers and workers: the attempt to enforce the household as the locus of labour relations has led to precarious, less formalized and insecure but commodified arrangements for domestic workers. (Bauer et al in Anderson, 2014)

Finally, in the context of this study, Ireland is the country with the lowest percentage of domestic workers. However, detailed data has been proved very hard to find. By and large, domestic workers have the same rights as everyone working under the Irish Law. Also, a document called "Code of Practice for Protecting persons employed" states the rights and duties of both employers, among which are the right to minimum wage, rest periods, maternity entitlements. Employers must also keep records of different aspects of their labour relationship, among which dates, payroll details, hours worked and so on so forth, this makes it easier to assess the condition in which people work or in case an inspector needs to carry out an assessment. Domestic workers can also turn to the Workplace Relations Commission if they have some complains they want to discuss anonymously.

The table below summarises the main features discussed so far and helps finding patterns across countries, even though the panorama of strategies seems fragmented.

Figure 5 Summary of the main features of domestic work

	Unpaid work dimension (a)	Presence of domestic helpers (b)	Specific legal framework for domestic workers (c)
BE	gender-friendly	low	yes
DE	gender friendly	medium	no
FR	gender friendly	high	no
AT	medium	low	yes
ES	medium	high	yes
EL	discriminatory	medium	yes
IE	discriminatory	low	no
IT	discriminatory	high	yes
PT	discriminatory	medium	yes

- (a) It combines women and men's time spent in unpaid work. For women, 0 points were assigned if the difference between the sexes was higher than 150 minutes, 1 point if it was between 100 and 150 and 2 points if it was lower than 100; for men, 0 points were assigned for less than 100 min per week in unpaid work, 1 point for more than 100 minutes and 2 points for more than 150 minutes per week.
- (b) Level of intensity assigned following the data provided by the UN and shown in the table at the beginning of the chapter
- (c) This indicator shows whether domestic workers are protected by specific laws/decrees (not including the ratification of ILO convention)

On average, in Mediterranean countries women spend the longest hours in unpaid work, shorter hours in paid work and there is a need for elevated numbers of regular and irregular domestic workers. The main factors contributing to this are: cultural expectations pressuring women to carry out domestic chores, labour market arrangements, migration inflows. Portugal came out as an outlier in a sense that, even though women are still spending much more time in unpaid work compared to men, they are also spending more time in paid work, and still without recurring too much to external domestic workers. It is going to be interesting to see how the country performs in other welfare provisions. The way unpaid labour is distributed across countries led to the distinction between *gender-friendly*, *medium* and

discriminatory unpaid work dimensions. Southern European countries and Ireland seem to fit under the latter category, with Spain showing a slightly less discriminatory labour division.

For what concerns Continental countries, the pattern is not clear. Belgium and France seem to have rather equal division of paid and unpaid work between men and women and have similar systems for the employment of domestic workers, still, these systems are leading to different results. Germany shows the most equal division of unpaid work but a large gap in the hours of paid work, possibly due to the diffusion of part-time arrangements among women. The Austrian case also triggers interesting considerations: in this country the division of labour is highly unequal, almost at the level of Mediterranean countries, and the employment of domestic workers seems to be moderate even though the shadow economy is widespread due to the cash-benefits-oriented welfare system.

Finally, the legal framework through which domestic workers are protected varies a lot across countries. Most of them follow the guidelines set out in the 2011 ILO Convention on Decent Work for Domestic Workers. Nevertheless, two out of three countries with high intensity of domestic workers did not ratify the convention, and they are Spain and France. The other two countries are Greece and Austria, where, even though the numbers of regular domestic workers are not extremely high, the account of legal framework given by the experts is negative.

5.2 Childcare in conservative countries

5.2.1 Drifting away from the Scandinavian bias

Childcare arrangements in conservative countries are related to the flexibility of labour markets for parents, but more importantly to cultural values and the perception of family responsibilities towards children. In the first chapter of the book “Public Child Care in Europe: Historical Trajectories and new directions”, scholar Thomas Bahle reflects upon how the Scandinavian model has become the

reference, and consequently all the other countries have been analysed in terms of their *deficit*. He continues by arguing that this tradition has caused an oversimplification of historical specificities of each country and policies have been evaluated through the lens of attitudes pertaining in Scandinavia. From his perspective, in fact, European countries belong to intrinsically different models due to institutional developments and different levels of path-dependency (Bahle in Scheiwe and Willekens, 2009). The reason why these factors are taken into account is the fact that countries belonging to the educational model (i.e. Mediterranean countries), are proved to have a higher path- stickiness, which means that change is much harder to achieve compared to countries belonging to the ‘reconciliation’ model, where childcare is primarily seen a service which help the parents to balance work and life.

This historical-institutional framework leads to the distinction between:

- a. countries adopting strict policies on childcare and mostly helping families through cash benefits and allowances; in these countries, parents are almost the only providers of care for their kids;
- b. countries which are less strict and tend to consider state-provided formal care as a substitute for the family (Bettio and Plantenga, 2004).

Moreover, despite reconciliation between work and life has become a salient topic of discussion in the European social policy agenda, national provisions are often fragmented and inconsistent (Bettio and Plantenga, 2004: 87-91). Consequently, very little comparative longitudinal data is available. Endeavours by the European Union to gather data on the topic have been discontinuous and this is also because international treaties (Treaty of Maastricht, 1992; Treaty of Amsterdam, 1997) define family policy as a national matter (Bahle in Scheiwe and Willekens, 2009).

For the reasons stated above, this chapter looks at existing statistics on childcare coverage as well as parental leave arrangements, as they have been gathered and made comparable by scholars and/or international institutions, which will lead to an understanding of the main care strategies for children. Moreover, policies and

current agendas for social investment are gathered in the analysis with the aim of pointing out differences inside the cluster of conservative countries.

5.2.2 Formal childcare provision and parental leave schemes

The figures below show how the provision of formal childcare varies both across countries and age groups. For the three different age groups, childcare provisions have been divided basing on the time children spend in formal care ranging from 0 to 30+ hours.

Children in formal childcare or education by age group and duration - % over the population of each age group

Figure 1. Age group: 0 – 3 years

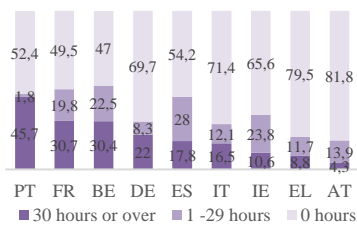


Figure 2. Age group: 3 to minimum compulsory school age

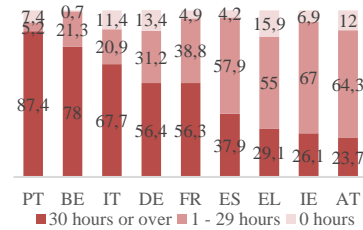
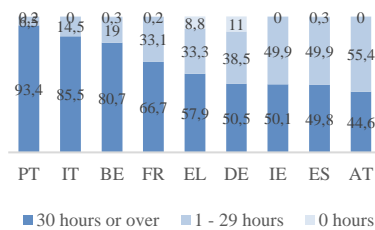


Figure 3. Age group: minimum compulsory education to 12 years



SOURCE : Eurostat, EU-SILC Survey, 2017

As can be noticed from figure 1, on average, less than 50% of kids are enrolled in formal childcare in the group age between 0 and 3 years. In Portugal, and to some extent also in France and Belgium, the main trend is to enrol children in formal education for 30 hours or more, meanwhile in the rest of countries the percentage of children is equally divided between those enrolled in formal care for less than 29

hours and those not enrolled at all. The coverage in Austria is extremely low and more than 80% of children under three years are not enrolled in any type of formal service. So far, for what concerns this age group, the pattern seems to match the type of work arrangements across these countries. At a later stage in the chapter, this information will be combined to leave schemes for parents.

The second graph shows that in most of the countries of this study there is a very high coverage for kids in the age group between 3 and the age for compulsory enrolment. The most generous countries in this sense are Portugal, Belgium, Italy, and France, where most children are in formal care for more than 30 hours a week. In Spain, Greece, Ireland and Austria, on the other hand, it is more common to enrol children in formal care for less than 29 hours a week. Greece, Germany, Austria and Italy are the countries with the highest percentage of children who are not in formal care at all.

Finally, figure 3 shows how in all the countries except from Germany and Greece, the entire population of children from compulsory education age until 12 years is enrolled in formal education. Portugal, Italy, Belgium and France are the most generous countries, whereas in the rest of the group children are enrolled for less hours in formal education. The case of Portugal stands out once again for the very high coverage of formal childcare services, which has been often explained with the necessity to balance work and life, seen the incredibly high numbers of full-time working mothers. Before drawing conclusions, it is important to see this data on children in formal care in relation to the generosity of parental leave schemes.

Moving on to parental leave schemes, OECD reports show that individual systems do not necessarily fit into classifications suitable for international comparison (OECD, 2017). However, it is possible to understand to what extent a country is trying to facilitate work and life balance for parents. The four main parental leave schemes are: maternity leave, paternity leave, parental leave and home care leave. One important thing to point out is that maternity leave is internationally stipulated by the International Labour Organisation, while paternity leave is not. Also, on

average, maternity leave is much longer but partially remunerated, meanwhile paternity leave is much shorter but it is more common for fathers to be paid 100% of their wages during that time.

Figure 4a: Paid maternity leave

■ length, in weeks ■ FRE, in weeks

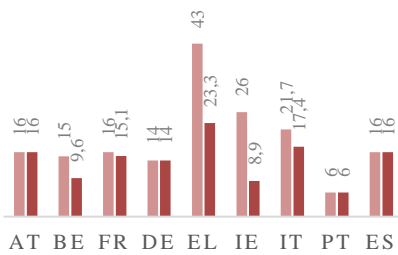


Figure 4b: Paid paternity leave

■ length, in weeks ■ FRE, in weeks

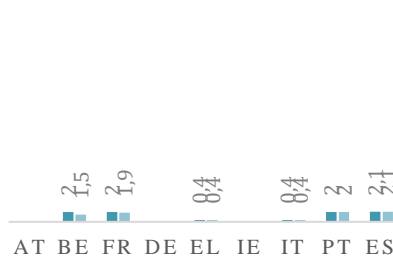


Figure 5a: Paid parental leave and home care for mothers

■ length, in weeks ■ FRE, in weeks

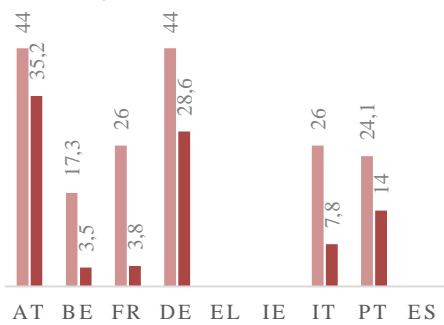
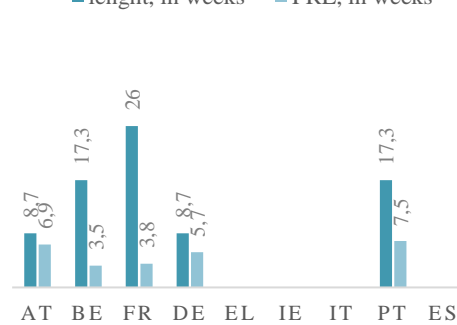


Figure 5b: Paid parental leave and home care for fathers

■ length, in weeks ■ FRE, in weeks



SOURCE: OECD - Social Policy Division - Directorate of Employment, Labour and Social Affairs, April 2016

Figures 4a and 5a show paid maternity leave and paid parental leave and home care available to mothers, in terms of length and FRE (full-rate equivalent), which is the duration of leave in weeks * payment rate (as per cent of average earnings) received by the claimant over the duration of the leave. This is because the rate to which wages are paid during maternity leave schemes changes consistently across countries. Countries which can be considered more generous in terms of length of paid leave are Italy, Greece and Ireland. However, in these countries the average payment is lower than Continental countries. Portugal has the shortest maternity leave (6 week) but the full salary is paid during that time and long and well paid parental and home care schemes are available. Moreover, Mediterranean countries

do not provide maternity allowance, which is an entitlement for non-working mothers or birth grants. Italy is exceptional since mothers are entitled to both allowance and birth grants, the latter being only available for large families. (OECD, 2017b)

In Continental Europe, the trend seems to be slightly different: leave is shorter, but the wages are paid entirely (or almost entirely) during that time. This is the case of France, Austria and Germany. Belgium is slightly exceptional among the Continental countries since the average payment rate is 64,1%. For what concerns parental care and home care for mothers, Germany and Austria have the most generous schemes both in terms of length and average payment, and they also offer maternity allowances for low-income or non-working women. In France and Belgium, it is possible to take weeks off, but at a very low payment rate. However, both countries pay generous birth grants.

Moving on to data about paid statutory paternity leave, figure 4b shows how statutory provisions are almost non-existent, except from Belgium, France, Portugal and Spain. These countries (except from Spain) also entitle fathers to take more time-off at a lower payment rate. Germany and Austria do not provide statutory paid paternity leave, but they do offer paid parental leave and home care (figure 5b) with a fair payment rate (65% and 80% of salary respectively). Greece, Italy and Ireland do not offer neither paid paternity leave or other parental schemes reserved for fathers.

To sum up, the data about early childhood education combined with parental leave schemes can provide an overview of care strategies in the countries of this study. The patterns we have so far can be summarised in the table that follows:

Figure 6. Generosity of provisions

	Childcare (a)	Parental Leave Schemes (b)
AT	low	high
BE	high	low
DE	low	high
EL	low	low
ES	high	low
FR	high	high
IE	low	low
IT	high	high
PT	high	high

SOURCE: my computation

- (a) I constructed this index as follows: for ECE (0-3 age group) I assigned 3 points to countries where half of the total age group population is enrolled in formal care and 1 more point to countries where more than half of the children are enrolled for 30h or over; for age groups 3 to minimum compulsory education and minimum compulsory education to 12 I assigned 3 points to countries where more than half the population is enrolled for 30+ hours, 1 more point if more than half the population is in formal care for 1 to 29 hours and -1 point in to countries where more than 10% of children are not in formal care at all. Countries scoring 0 to 4 have a low generosity index, countries scoring 5 to 10 have a high generosity index.
- (b) Paternity and maternity leave were combined and other entitlements too (parental leave and home care leave). In terms of maternity leave and other entitlements for mothers, 0 point were assigned under 14 weeks (length stipulated by ILO convention), 2 points for more than 14 weeks and 2 points for more than 20 weeks. As for the average payment, 0 points have been assigned for payments below 50% of the salary, 2 points when the average payment is between 50 and 80% and 3 points for payments above 80%. One point has been added to countries with statutory paternity leave and one more point to the countries with other entitlements reserved to fathers.

What becomes evident after putting together provisions of childcare with generosity of leave schemes is that there are different strategies across countries. A stronger preference for generous leave schemes might lead to think that a country belongs to the reconciliation model, whereas a tendency towards generous formal childcare provisions might make us put a country under the educational label. However, the classification is not sharp.

- a. France, Italy and Portugal are the most generous countries most in terms of childcare and leave schemes for parents;
- b. On the other side of the spectrum, Ireland and Greece are lagging behind, as they perform poorly in both provisions of childcare and parental leave schemes;
- c. Germany and Austria have low generosity in terms of formal childcare (they have the highest numbers of children at home up until they are 12 years old), but they have very good leave schemes. They ensure good protection for non-working mothers through the availability of maternity allowances;

d. Belgium, despite being a leader in formal childcare schemes, does not offer as generous leave schemes for parents as other countries do, even though it needs to be pointed out that other types of parental entitlement are available, such birth grants, which can be requested since the birth of the first kid.

This picture seems to be close enough the distinction made by scholars Kirsten Scheiwe and Harry Willekens between the educational model and reconciliation model. Even though the findings do not lead to a sharp classification, “*the ideal types tie in with dominant notions of gender and class relations and thus make it also easier to see how such notions are incorporated within different social policies*” (Kirsten Scheiwe and Harry Willekens, 2009:4).

5.2.3 Policy agenda and goals for the future: what do they tell us?

Important facts on policy agenda and goals have been gathered by the European Commission and made available through countries’ profile reports. One remarkable fact that can be noticed when comparing these reports, is that countries seem to follow once again the distinction between education and reconciliation in terms of policy motives. Some countries have a focus on both the aspects: in Ireland, for example, this happens because the country has been lagging way behind every other country for both the educational aspect and measures for balancing work and life and a shift in policy making is taking place (Department of Children and Youth Affairs, 2014). In the rest of this section, connections between the data provided above and policy agendas are traced, which is hopefully going to offer a deeper understanding in terms of how countries can be classified taking into account their specificities.

Austria and Germany show similarities in terms of their priorities. Investments have been made to raise the number of kids in formal education, but the main focus of the government is to keep working hours as flexible as possible: parents are allowed to change their work schedule according to their needs or to even work part-time until the 7th birthday of the kid. Good parenting is promoted throughout counselling

and parental education. In Germany, investments have also been made to meet the demand for formal childcare, however, the focus is on parents. Recently, the government has introduced parental allowances to compensate job losses or the decrease in income due to absence from work and programs like Success Factor Family, where companies are encouraged to offer flexible working hours. Both countries are trying to achieve higher levels of gender equality by boosting fathers' participation in parenting, they are doing so by introducing entitlements such as the Family Time Bonus in Austria and the Parental Allowance Plus with Partnership Bonus in Germany.

Belgium and France also show similarities in their approach. They are considered long standing leaders in the provision of childcare (Bahle in Scheiwe and Willekens, 2009). In Belgium, the demand for childcare is almost fully met, and the focus today is shifting towards the protection of disadvantaged children (both low income families and immigrant background). For this reason, Flemish and Walloon governments are introducing flat-rate child allowances with corrections for low-income families. In France, equalizing opportunities for children of different backgrounds is also a priority. Existing child care is extremely good, with a wide range of options both in the private and public sectors. In those two countries, the working parent is already the pivotal role model and attempts to make working arrangements more flexible are not as important as the pedagogical features of education. These countries seem to be experiencing a shift towards the Scandinavian model for what concerns childcare policies (Ibid.).

In Mediterranean countries, goals set in policy agendas seem to be completely different. Starting from Greece, the situation is extremely hard compared to all the other countries in this study. The current priority is to fight extreme poverty, since there is a critical level of people at risk, even after social transfers. Social expenditure for child care services is remarkably low, flexibility at work is far from being achieved and the gender gap in the country is one of the highest in Europe. Leave schemes, as shown in the figures above, are generous in terms of length but

poorly paid. The European Commission remarks that most Greek citizens are not even aware of their entitlements as parents.

In Spain, as a consequence of the crisis of 2008, the risk of poverty for children was the highest in Europe in 2015. Well paid maternity leave schemes are short so that there is a gap between the time off which can be taken from work and the number of places available for child care (especially early childhood education). Another important aspect to point out is that there is the possibility for fathers to share part of the parental leave with the mother, but this possibility is rarely taken by men. However, paternity leave has been increased in 2017 and the number of fathers taking it is close to the number of mothers taking maternity leave.

Italy has also been going through hard times because of the crisis of 2008. At the moment, the level of participation to early childhood education is really low, and one out of three kids is at risk of poverty. One positive development has been detected by the European Commission: Italy has adopted a children's perspective in policy making. The right to be heard as it is set out by Art.12 of the UN convention on the Rights of the Child is applied for both Italian national children and foreign minors residing in Italy. In this regard, law 47/2017 also fosters support and protection for unaccompanied migrants.

Portugal is slightly exceptional among the Mediterranean countries. Indeed, the high percentage of working mothers has made it necessary to create flexible arrangements to balance work and life, even though the gender pay gap remains very high. Moreover, a strong investment in the education system, with twelve years of free compulsory education, has resulted in a decrease of birth from mothers with no educational qualification. Policies on childcare are heavily child-centred and have a focus on the equalizing effects of education, especially at an early stage; for this reason, the National System for Early Intervention has been created. Progress towards modern child care provisions in Portugal have been stunning, however, the risk of poverty is still very high and more needs to be done.

The Irish case is also slightly different from the others: the government has announced a full set of new measures in order to try and catch up with other European countries. In this context, a programme has been launched called “Better outcomes, brighter futures: the national policy framework for children and young people 2014-2020”. In the document it is stated that “the government has already commenced a shift in policy, putting early intervention into action” (Department of Children and Youth Affairs, 2014). The priorities for the seven years in which the program will be implemented are: better support for parents and families, a deeper focus on children’s early years, protection for people at risk, promotion of positive influence for children. Ireland has been lagging behind, this has been recognised by the government and efforts are required both for improvements in the labour market - especially concerning women’s participation - and at the educational/pedagogical level.

In conclusion, what has been explored so far is how countries are performing in terms of provisions of childcare and how policies can offer more insights on the priorities of these countries. Some patterns have come to light.

- a. In Germany and Austria, the provision of care is adequate, however these are the countries with the highest levels of children not enrolled in formal childcare. As for the labour market, arrangements for working parents are much more flexible compared to other countries in the study and policies also seem to be focussing more and more on the work-life balance of parents. Non-working mothers are protected through the provision of parental allowances. Gender equality is becoming more important on the agenda and measures have been taken to involve fathers more. This is counterbalanced by a low participation of women in full-time employment which indicates the persistence of the male breadwinner and caring mother model of care (Bahle in Scheiwe, K. and Willekens, 2009).
- a. France and Belgium are leaders in the provision of education. Formal childcare is well developed, accessible and with a focus on the best possible development for children. Moreover, the policy agenda is aiming to enforce the equalizing effects of

education on disadvantaged children and measures have been taken in that sense. Parental leave schemes are also well developed, especially in France, and this is due to the great power of labour unions, together with measures to pursue a greater gender equality. These countries can be considered as a mixed between the educational and the reconciliation model;

- a. Mediterranean countries show similarities primarily in terms of social expenditure: indeed, all these countries have been suffering heavily from the impact of the economic crisis. Their provisions vary a lot in terms of formal childcare arrangements, with Portugal being advanced and Greece on the opposite side of the spectrum. Regarding parental leave schemes, those countries offer the possibility to take a lot of time-off, but most of it is unpaid due to the lack of economic resources. Priorities at the policy level have to do with eradicating the risk of poverty, granting access to education for everyone, making citizens more aware of their entitlements and protecting the rights of kids. Gender equality and a more flexible labour market are not among the current priorities, and it can be asserted that those countries belong to the educational model, even though they are struggling;
- a. In Ireland, both provisions of formal childcare and leave schemes for parents need some improvement. Leave for mothers is mostly unpaid, and, even though most women in Ireland are not working, there is no specific entitlement of allowance for non-working mothers. Gender equality is almost never mentioned in policy briefs and reports and this suggest it could still be perceived as an afterthought in policy making. However, changes are happening, and new programmes have been launched, and they seem to focus on children and their needs, more than on the reconciliation of work and life for parents.

5.3 Long-Term Care

5.3.1 Definition of long-term care and current challenges

Scholars Brugiavini et. al define long-term care (LTC) as “*a range of services required by persons with a reduced degree of functional capacity, physical or cognitive, who are dependent on others’ help with their basic activities of daily living for an extended amount of time, and are unable to maintain a certain level of well-being*”. (2017: 2) Even though most of LTC services are age-related, elderly people are not the only recipients for those types of benefits, however, other definitions imply that that is the case. For example, in the 2017 OECD, LTC refers to “*services that older people require to help them carry out personal care and housekeeping tasks, and to maintain social relationships*” (Tim Muir, 2017: 14). This indicates that this sub-sector does not yet have a proper identity in the broader care sector. The discussion is tackled in the second chapter of the book “Long-Term Care in Europe. Improving policy and practice”. The authors of the chapter point out the identity of an LTC system is only starting to emerge. In fact, it has been placed since the beginning at the intersection between healthcare and social care (Leichsenring et al, 2013).

Understanding LTC as a system with its own identity would improve the quality of provisions and foster the empowerment and well-being of recipients of such services. In fact, conceiving of long-term care only as a response to sickness is misleading and supports the idea of elderly people being considered as passive receivers/consumers of a service. Most of the recent literature on the topic suggests to start looking at the frail elderly in the framework of human rights and dignity. Providing them with new and different options in terms of services can give them a stronger control over their lives as well as it can help avoiding conflicts and tensions deriving from services not suitable for them.

In addition, problems deriving from the definition and operationalization of the concept also lead to a lack of solid internationally comparable data on the coverage

and quality of services. According to scholars Leichsenring et al., the main challenge today is to overcome divisions such as the one between the health, social care and LTC sectors, as well as housing, social support, social participations, the one between formal and informal care, between care at home and in semi-institutional settings, and public and private provisions of professional services (2013: 26). Consequently, some tools to promote a renewed identity of LTC include a higher involvement of stakeholders in public debates and legislation as well as the implementation of mission statements that focus on the characteristics of LTC.

Moreover, flaws in the implementation of LTC are related to the assessment of needs. Concepts such as *vulnerability*, *frailty*, *disability*, *comorbidity* are understood differently across countries and this leads to huge differences in the level of access to services. Vulnerability is not “observable” and a clear diagnosis for every specific case is hard to carry out. This generates a gap between the theory and its applied counterpart (Brugiavini et al, 2017: 8). While comparing at the international level, even though welfare provisions are different, three features can be used to measure how countries are performing. These are *availability* (supply side of the process), *accessibility* (eligibility criteria) and *utilization* (the extent to which an individual can benefit from the service after being granted accessibility).

Scholars Lamura et al. formulated a distinction of countries across Europe and came up with four ideal-types: *standard-care mix*, *family-based*, *public-Nordic* and *transition* (Lamura in Leichsenring et al 2013). Scandinavian countries and ECE countries belong to the *public-nordic* and the transition system respectively, while the countries in this study fall under the other two categories. More specifically, Germany, Austria, France, Italy and Belgium belong to the *standard-care mix* and they are characterized by a medium-high demand for care, a medium-low provision of formal care and a medium provision of informal care. Spain, Portugal, Ireland and Greece belong to the *family-based* ideal-type which is characterised by a high demand for care, a medium provision of informal care and a low provision of formal care. Interestingly, this classification has been reformulated by scholars Ilinca, Leichsenring and Rodrigues (2015), who have placed Italy in the family-based

ideal-type. Additionally, in their re-elaboration of the scheme, family-based ideal-types show a high provision of informal care, and this adjustment also seem to make the distinction more accurate and to match with the data showed previously in relation to informal domestic workers. This distinction represents a starting point for a deeper analysis of LTC care strategies in the countries of this study.

5.3.2. Indicators of provision across countries

According to scholars Da Roit and Le Bihan, “*the different LTC patterns are based on the inclusiveness of the system, the role of cash-for-care schemes and their specific regulations, as well as the views of informal care and the care work they will entail*” (2010: 305). In order to understand how countries are performing, the two figures below show the level of spending on LCT as a share of GDP and the perceived health status in adults aged 65 years and over.

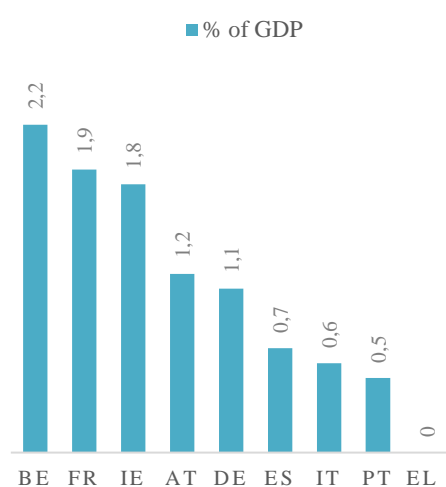


Figure 1. Public spending on LTC as a % of GDP (2014)

SOURCE: OECD statistics 2018

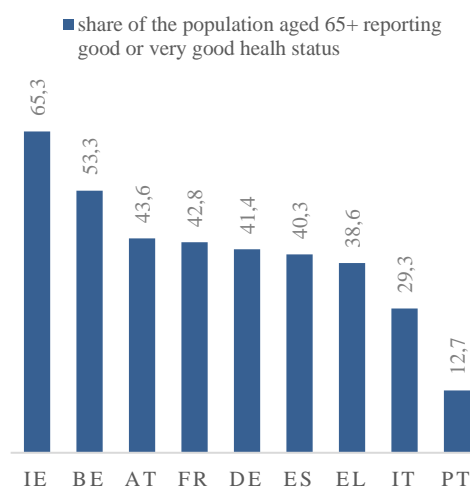


Figure 2. Perceived good or very good health status among 65+ population, in %

SOURCE: OECD report Health at a Glance, 2017

The first remarkable feature is that countries with higher social expenditure on formal long-term care are the same as the ones where people are reporting better health status. In fact, countries with a low spending on LTC are the ones that rely more heavily on informal provisions of care, and this data reflects large differences

in the balance between formal provisions and informal care and the share of costs that people are expected to pay out-of-pocket. Belgium, France and Ireland have the highest level of spending devoted to LTC, followed by Austria and Germany. The four Mediterranean countries have the lowest level, both because of the family-based model of care, the shrinking in expenditure and the fact that the identity of a proper LTC system has not been institutionalised. For example, while countries like France, Germany and Austria have been undergoing important reforms, in Italy the system called “*Indennità di Accompagnamento*” was created in the 80s and has not showed significant changes since then. Finally, one interesting thing to point out is how Greece is the country where elderly people are reporting the best health status (among the Mediterranean group) even though it has the lowest spending for formal care.

One thing all the countries in the study share, is the fact that most of care services are provided by women. The gender gap seems to widen where informal care is more widespread. Portugal, Greece and Italy show the highest gap, while France, Austria and Belgium are the most gender equal (OECD, 2017a). Moreover, and as pointed out earlier in the study when discussing features of domestic work, because of the emotional impact of this type of work and the social unattractiveness of the tasks involved, the negative consequences on caregivers’ mental health are also starting to come to light and become a topic for research. Scholars are raising awareness that mental health problems for caregivers are caused by the loss of opportunities for more rewarding jobs, isolation and lack of support which result in distress. These problems can worsen with a higher intensity of care tasks and for women belonging to what has been referred to as the ‘*sandwich generation*’, an expression used to indicate the adult children of the elderly, who have to bear the burden of caring for their parents and for their kids and at the same time go to work. (Miller, 1981; Colombo et al. 2011: 100-101)

5.3.3 Policies and strategies

In most of the countries of the study (except for Ireland and Portugal), there is a horizontal share in responsibilities between the social care and the health care sectors. This hinders the development of LTC because it is tough to coordinate. In Ireland and Portugal, the two sectors have been integrated. This division of responsibilities in some countries is accompanied by a vertical division among the different levels of governance. The health aspects are usually taken care of at the national level of and only in a few cases at the regional level. When it comes to the social elements of LTC, there is a variety of actors responsible for the provision of services, which results in a fragmented regulatory system. Other actors involved are non-for-profit organisations, private for profit, care insurance bodies. In the countries where regions are invested with strong responsibilities, the result is often a disparity in care provision among different areas.

Care services can be formal or informal. *Formal* services are divided into healthcare-related (rehabilitation, nursing care) and social services, which include home care, semi-residential care, residential care. Countries adopt different solutions, even though residential care is slowly fading as a strategy because of the tendency towards *deinstitutionalisation*. In some of the countries in this study residential care was actually never developed (Greece, Portugal) or it is hard to access because quite often facilities are concentrated in urban areas. Cash benefits also represent a widespread solution. In some countries they are predominant over formal care, while in others a combination of both is possible to get. Eligibility for cash benefits depends on mostly three criteria across countries: dependency level of the cared-for, income and age of the recipient. In some countries there are restrictions regarding the use of cash benefits, in fact the money can only be used to buy formal care services or hire home assistants. Cash benefits can be used to recruit informal domestic workers, even though, usually, some restrictions apply.

Informal care is still a widespread strategy in all the countries of this study, even though the reservoir of workers seems to be shrinking, due to the increasing

unwillingness of family members to perform care-related tasks. However, governments and public policies support informal carers to different extents. In some countries the type of support given by the government is usually respite care: in Austria and Germany the cared-for can spend some time in an institution for a short time in order to give the caretaker a break. The same countries directly protect informal carers through social insurance and by giving them the possibility to be professionalised through nursing courses (this is also possible in Spain) and counselling (France).

The European Social Network for Policies had been conducting research in this area of care. In this framework national policy reports for each country have been compiled in order to offer a more complete understanding of the main challenges for the future. Every report follows the same structure and provides the same type of information, so that countries have been made comparable. Consequently, patterns across countries can be identified in terms of their preferences and strategies. As mentioned before, the main major divide is between *family-based* and *standard-mix* models of care.

Countries like Germany, Austria, France and Belgium have a well-developed LTC system. In Germany and Austria, LTC is considered a distinct policy area, respectively regulated through Federal LTC Allowance and the Long-Term Care Insurance (LTCI). In France and Belgium both the organizational and the governance levels are a bit more fragmented. However, in France a very high level of coordination between different institutions has been detected, and this has had a positive impact on the awareness of recipients about their entitlements. In all these countries, the tendency towards residential care is slowly disappearing, leaving room to a revival of informal care solutions, which have been formalised through different systems of cash allowances.

Cash benefits are popular and they come in different forms across countries: in Austria the “Pflegegeld” allowance is provided basing on needs and it can be used to pay for formal services; in Germany the cash allowance is paid by the insurance

service and it covers basic needs, in Belgium the voucher system has been introduced in 2004, and in France the APA – “*Allocation Personnalisée l’Autonomie*” allows recipients to formally hire members of their families. Home care is also becoming more widespread. Indeed, Belgium and France are the countries with the highest percentage of self-reported use of home care services. Finally, all the reports point out that informal care still represents a huge share of LTC, and instead of ignoring the issue, governments in these countries have started recognising the importance of this type of arrangement. In Austria, new regulations in place since 2007 have introduced the possibility to regularize informal carers and new leave schemes are available for them. The other countries have also been moving towards solutions such as respite care and leave schemes and benefits for informal carers. One last thing that these countries have in common, is the fact that recipients seem to prefer informal care only when their level of dependency is low.

Ireland, contrarily to the inefficiencies detected in the childcare system, has a well-developed LTC system (integrated in the healthcare system) and it is also the country with the highest number of elderly people reporting a good or very good health. A wide range of benefits are available, including home care, residential care and benefits for carers. The importance of the informal sector has been recognised and supported by leave schemes and allowances for carers. These are the Carer’s Allowance (means-tested) and the Carer’s Benefit and they can even be shared by two different people taking care of the same person, in order to guarantee more flexibility. Only residential care is currently statutory; however, the government has the intention to introduce a statutory home care scheme.

Mediterranean countries appear to be a more compact group in term of similarities. All the reports started by mentioning the consequences of measures of fiscal consolidation, which, combined to a fragmented LTC system which often does not have a recognised identity, have led to a very precarious system of formal care services, leaving room to more dysfunctional solutions such as the grey market. In the same way as the rest of the countries, different solutions are available. However, even in terms of formal services, the residential or semi-residential solution has

always been the last resort for the elderly in these countries. For what concerns policies, the most urgent goal has to do with access and quality. Since the elderly population of these countries prefers opting for home-based type of help – as a result of the household being the locus of care - investments are starting to be placed in that sense.

Some of the cash benefits as well as other formal services available in these countries suggest the idea of a *subsidiary* presence of the state, as theorised by Esping-Andersen. In Italy, for example, the CA (*Companion Allowance – “Indennità di Accompagnamento”*) is only granted to people who are severely dependent, and the payment remains low for all levels of need (approximately 515 EUR). The care model in Spain is above all family based, female dominated, informal and time intensive. Since 2006, the government has introduced regulations for the LTC system, which guarantees universal coverage. However, between 2012 and 2015 reforms were frozen because of fiscal consolidation policies. In Portugal, healthcare-related expenses are paid for, but social assistance is not. Informal care is still the most widespread strategy, and for this reason benefits have been introduced for the caregivers too. In Greece, there is no universal statutory scheme for long- term care. LTC is still an underdeveloped policy area and continues to be a *family affair*. National experts in the country explicitly state that the informal sector covers the lion’s share of people’s needs as it makes up for the weakness of both the social and health care systems in the country.

Contrarily to Continental countries mentioned above, where private options are becoming more and more popular, in Mediterranean countries they seem to be the last resort. Finally, what policies can tell about these countries, is that they are trying to keep the coverage high, but this leads to low quality and assistance. Especially due to financial constraints, these countries have been struggling to fulfil their universal orientation and informal care has been incredibly important to keep welfare systems afloat. The main features of long-term care strategies across countries have been summarised in the following figure.

Figure 3. Main features of countries' strategies

	Model of care	Level of public spending (a)	Perceived well-being of the elderly (b)	Preferred provisions
AT	Standard-mix	Medium	Medium	Cash Allowance
BE	Standard-mix	High	High	Home care
DE	Standard-mix	Medium	Medium	Insurance /Private
FR	Standard-mix	High	Medium	Home care
EL	Family-based	Low	Low	Informal - family
ES	Family-based	Low	Medium	Informal
IE	Family-based	Medium	High	Informal home care
IT	Family-based	Low	Low	Informal / cash benefit
PT	Family-Based	Low	Low	Informal

(a) Low means <1% of GDP; Medium means 1/1,5 % of GDP, High means >1,5% of GDP

(b) Low means that <40% of population aged 65+ reports good or very good health status; Medium means that 40 - 50% of population aged 65+ reports good or very good health status; High means that >50% of population aged 65+ reports good or very good health status

Analysing long-term as a distinct policy area is not an easy task. Several issues make comparison and generalisation hard to achieve. These are mostly related to the share of responsibilities and the different levels of governance. Demographic changes, however, have an impact on the provision of care for the elderly in all the countries of this study, even though at a different pace. Moreover, a tendency for all countries in the study has been highlighted by experts towards the *marketisation* and a *deinstitutionalisation* of long-term care, for all the types of provisions (home care, semi-residential, residential). Striking examples are Germany, where only 1% of nursing homes are public, and Ireland, where three quarters of formal care services are provided in the for-profit sector. A great share of informal care, the importance of cash benefits and a preference for home care among the formal services have also been detected everywhere.

What is different, is the rationale behind the assessment of needs and the coverage, as well as the quality. Countries like Germany, Austria, Belgium, France and

Ireland have a good deal of formal services; however, informal carers have been representing some sort of relief for the government. In fact, formal solutions are proving to be financially unsustainable. The focus is on supporting the private sector, increasing the attractiveness of professions in the care sector, and, in some countries, anticipating the needs of the elderly. Prevention is extremely important in a context where people are usually not prepared for the limitations deriving from ageing and, consequently, they do not save enough money for needs related to that life stage, and the state cannot be the only one carrying the burden.

Italy, Portugal, Spain and Greece have different priorities. Cultural values come into play when elderly people choose how to be taken care of, so that informal care is far from declining. Since formal services are already deficient and the private market is affected by adverse selection, what is needed is a combination of home-care solutions and a broader support to informal carers. Residential and semi-residential options were never developed in these countries. However, it is important to point out that the underdevelopment of structures is not only a consequence of fiscal reforms and economic problems, but it is also related to the demand side of the LTC market. Indeed, for most families in Mediterranean countries, residential solutions are considered a form of abandonment and elderly people are not willing to be taken away from their loved ones. This needs to be considered when calling those countries laggards, or when comparing public expenditure in formal services.

Why is a gender perspective essential in this analysis? Because, after combining different types of data, it is evident how informal care is the backbone of LTC, and it is performed by women in the outstanding majority of cases. This sector is still female dominated because of the previously mentioned connections between care, invisibility, lack of recognition of professions related to care and weak labour rights and conditions. Adopting a gender perspective in policy making means recognising the importance of the work carried out by these people and actively work for the improvement of their status on the societal level. This would also help governments face the main problems posed by demographic changes, since it is now well

established that formal care the way it has been developed, is not financially sustainable. In the discussion that follows, this idea will be further elaborated, and conclusions will be drawn.

6 Discussion and Conclusion

The aim of this last section is to summarise the main features of care strategies in the countries of the study, to discuss how they can be clustered and provide, even though not in depth, a few policy recommendations for a sustainable and gender-equal approach to care needs. This study started with a theoretical discussion which highlights the main points made by prominent welfare state and feminist scholars. Authors from these two traditions have been over-critical with each other's analytical and theoretical frameworks. Since there is no right or wrong but just different perspectives at the basis of the analysis, the aim of this study is to go beyond ideological fights and offer a descriptive account of care strategies. This has been done including the impact of care provisions and policies on both men and women.

The first dimension explored was *domestic work*. Studying both paid and unpaid work made it possible to highlight the gendered dimension of each country's system. The huge share of informal arrangements made the analysis obviously inaccurate, which is a matter of concern and frustration for many scholars, but data on the division of labour in the household and the legal protection of carers provided insights on how domestic work is performed. Two main patterns have emerged: on the one hand Mediterranean countries and Ireland have the most unequal division of unpaid work in the household. Spain shows positive changes in this respect; however, it is the country with the highest share of domestic workers (both local and migrant). On the other hand, Belgium, France, Germany and Austria show a more gender-equal approach. However, Germany and Austria have the highest numbers of women working part-time, which suggests that family and full-time employment are still quite often believed to be in a trade-off. Policy choices have ambiguous effects on

domestic workers. Attempts to take informal workers out of the grey market have made employment easier in countries like Spain, while they had negative consequences in countries like Austria, where migrants or non-EU citizens do not get access to regularization and this contributes to the segmentation of the labour market.

The second dimension of the analysis was *childcare*. Quantitative indicators on early childhood education (ECE) provisions and parental leave schemes showed countries' priorities and strategies. Again, two approaches to childcare emerged from comparison: Mediterranean countries seem to fall under the "educational" label whereas Continental countries conceive of care as a service, which obviously is child-oriented but focuses mostly on supporting a work-life balance for parent. Leave schemes for mothers also tend to confirm this idea. Indeed, in most of the Mediterranean countries, leave schemes are generous in terms of time-off but poorly paid. In terms of leave schemes for fathers, Germany, Austria, Belgium and France have been introducing parental leave schemes and bonuses to enhance the role of father in children's upbringing. Portugal is the only Mediterranean country moving in the same direction. Greece and Ireland have the lowest provisions both in terms of formal education and leave schemes. Mediterranean countries all show similar priorities, which include lowering the risk of childhood poverty, including children's perspectives in policy making and, in the areas with high migration inflows, to protect the rights of refugee children.

The third and last dimension of the analysis was *long-term care*. Due to fragmented provisions and the ambiguous identity of LTC (situated at the intersection of health care and social care), it has been repeatedly pointed out that the generalizability of findings needs to be taken with a pinch of salt. Only benefits for elderly people have been considered in this study, since disability-related provisions would have added a further level of complexity to the analysis. The indicators chosen were relative to the expenditure and the perceived well-being of elderly people. Due to the lack of internationally comparative data, a thematic analysis of policies and provision has been made to have a clearer picture of how countries are developing their LTC

systems. Countries with a higher social expenditure devolved to social care are the ones with a highest share of formal provisions. Elderly populations of these countries show a higher of well-being. At a purely speculative level, this might be because professional care is needed much more than informal care by family members when people get sick or severely dependent. In countries with lower expenditures (Mediterranean countries), cultural values as well as the Church and its voluntary organisation play a role in shaping formal provisions, for instance, these countries never had well-developed residential facilities. Additionally, a tendency towards the marketisation of care and a convergence towards the preference for home care services has been detected in all the countries of the study. Another widespread tendency is to extend benefits for carers, and this can be interpreted as a recognition of the importance of informal helpers, especially in a context where the financial sustainability of formal provisions is at stake.

This study started with the following research question:

What are the main strategies to overcome the pressures deriving from care needs in conservative countries? Is it possible to identify patterns among these countries?

After having answered the first part, it is relevant to discuss briefly the existence of patterns and how it can lead to re-clustering countries. Many scholars have been arguing in favour of extending welfare state ideal-types, due to the high level of variation among them. For example, Maurizio Ferrera argues that Southern Countries have always had a *peculiar mode of political functioning* which not only distinguishes them from the Nordic cluster, but also from the Continental countries. (1996: 29)

This study suggests that it would be in fact helpful to separate them. Austria, Germany, France and Belgium have similar priorities. First and foremost, they are more service-oriented, even though the importance of informal care has been recognised through different laws and allowances. Secondly, they seem to be drifting away from their high level of conservatism especially for what concerns labour market arrangements. What is controversial, however, is the way they are

doing it. While in Belgium and France the “working mother” is already a pivotal role, Austria and Germany seem to promote flexibility but not necessarily a more gender equal division of labour. On the one hand, many women, even though less than the past decades, are still forced to opt for part-time arrangements, on the other hand, fathers have decent leave schemes which they do not necessarily take up.

Mediterranean countries, and, to some extent Ireland, share values and struggles, both social and, especially after 2008, financial. This contributes to the reproduction of highly unequal gender relations and even higher levels of informality. However, their care strategies should not be analysed in contrast with Scandinavian or “advanced” countries, as this type of comparison is completely misleading. The role of family should neither be diminished nor interpreted as a sign of *backwardness*, but it could be the starting point for policies, which should probably support and recognise informal carers more. The only way to elevate the status of caretakers is to legally protect them, invest on their education and enhance *ad hoc* legal frameworks.

7 Appendix

7.1 Countries’ abbreviations used in the figures

AT – *Austria*

BE – *Belgium*

DE – *Germany*

FR – *France*

EL – *Greece*

ES – *Spain*

IE – *Ireland*

IT – *Italy*

PT – *Portugal*

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