The migrant-based care economy of Southern Europe: long-term care and employment trajectories in Italy and Spain

Barbara Da Roit*, Amparo González Ferrer** and Francisco Javier Moreno Fuentes***

Abstract

The development of personal social services and female employment intertwined, not only in the domain of childcare. With the ageing of the population, the changing forms of care and the developments in the eldercare labour market become crucial issues. The “new risk” of dependency represent a challenge but also an opportunity. This paper provides an overview of the relationship between the development of long-term care policies and services in distinct European countries and female employment in the care sector. Whereas Northern European countries have developed policies in the field at an earlier stage and continental countries intervened with new policies in the last ten-fifteen years, in Southern Europe policies remain weak and fragmented. The paper concentrates on the case of Southern European countries, where the weakness of social policies and low development of services did not prevent the rise of a new care labour market. Next to still low employment rates among women, long-term care tends to be provided mainly by migrant care workers often in the underground economy regardless of their legal status. The last development is a key issue for Southern European countries, as discussed in the paper, not only for the current consequences on migrant workers, older people and their families, but also because it is likely to structure any possible future development in long-term care policies.

* University of Amsterdam, Department of Sociology and Anthropology (B.daRoit@uu.nl)
**Instituto de Economía, Geografía y Demografía (CSIC) Madrid (amparo.gonzalez@cchs.csic.es)
***Instituto de Políticas y Bienes Públicos (CSIC) Madrid (javier.moreno@cchs.csic.es)
1. Introduction

The literature devoted to analysing the relationship between women’s labour market participation and welfare policies has generally focused on the effects of childcare services on female employment. Public and publicly regulated services for small children enable women to participate in the labour market, while simultaneously offering them employment opportunities. With the ageing of European populations employment linked to elderly care is becoming a crucial dimension as well: the “new social risk” of dependency constitutes a challenge, but also an opportunity for European welfare systems (Taylor-Gooby, 2004).

European policy makers view increasing female employment as key for the sustainability of welfare states, as well as for combating poverty and social exclusion (European Commission, 2010). Simultaneously, the rising long-term care (LTC) needs of an ageing population put pressure on the funding and organization of care schemes, as well as on the informal care provided by relatives (Pfau-Effinger and Rostgaard, 2011). While the collective provision of care services represents an opportunity for female employment, it also constitutes a financial challenge, particularly in times of fiscal austerity.

This paper looks at the relationship between LTC policies and female employment in Southern European countries. The increasing care needs, alongside particularly rapid population ageing and decreasing fertility rates have put considerable strain on families in recent years. In absence of effective policy reforms that substantially reduce the responsibility of families in care provision, employment rates in the care
sector remained relatively low. However, a private care market based mainly on informal immigrant labour has emerged. These developments have important consequences for Southern European societies, not only for the life and working trajectories of migrant workers, elderly people and their families, but also because of their implications for future development in LTC policies in these countries.

2. European Welfare regimes, LTC and female employment

The relationship between the social policies and the labour market structure represents a core issue within welfare regime theory (Esping-Andersen 1990). Each welfare regime has found a different solution to the classical cost-disease problem (Esping-Andersen, 1999). By establishing a specific division of responsibilities between the private and the public/collective spheres, LTC policies contribute to amount and the type of employment relations in this sector. Next to affecting the number of available jobs, LTC policies foster employment within different types of organizations. The literature traditionally emphasized the importance of the public-private divide as the crucial variable explaining job quality and women’s empowerment as service workers (Kolberg, 1991). Moreover there is evidence of significant differences in the quality of work between non-profit and for-profit organizations (Meagher and Cortis, 2009; Rosenau and Linder, 2003; McGregor et al, 2005). In addition, policies might support the growth of employment within organizations or private employment relationships between individual care workers and care receivers.

In the present section we review the evolution of LTC systems in distinct European welfare regimes and the differential impact on female employment.
2.1. LTC systems’ transformation

In the early 1990s LTC arrangements in European countries clustered around four models. Cross-country diversity concerned the availability of publicly funded and regulated care services, legal obligations to care attributed to individuals and the degree and type of involvement of informal caregivers. While these differentiations reflects the classical typology of Welfare regimes, the recent socio-demographic transformations have created considerable tensions to the informal care giving arrangements, as well as to public LTC schemes paving the way, since the 1990s, to many changes in the domain of LTC policies, public management, and families’ strategies.

In the Nordic countries and the Netherlands, LTC residential and home care services were traditionally more developed, reflecting a comparatively large public and/or a highly regulated non-profit sector (Anttonen and Sipila, 1996). The social-democratic answer to LTC demands traditionally consisted in high public investments in care services, which fostered extensive and universally available service supply, together with the growth of personal services employment. However, it is notably in these countries that cost containment has been a dominant policy goal since the 1990s. This entailed stricter eligibility criteria for care beneficiaries, higher co-payments, contracting out of service provision to the private sector (for profit or not for profit) and quasi-market or market mechanisms in service provision, decentralization and targeting schemes at the local level (Szebehely and Trydegard, 2012; Da Roit, 2012; Trydegard, 2003). Increasing emphasis has been put on informal care often accompanied by cash transfers and consumer-choice models (Da Roit and Le Bihan, 2010). These developments have questioned the inclusiveness and universalism of these systems (Szebehely and
Trydegard, 2012; Trydegard, 2003; Da Roit 2012), while possibly containing the growth of and changing female employment in the care sector.

In the early 1990s in the UK LTC services were less developed than in the Scandinavian countries but more than in continental and southern Europe (Anttonen and Sipila, 1996). However, the LTC sector was affected by the early privatization trends in the 1980s, anticipating similar developments in Northern European countries (Lewis, 2002). As such, the liberal welfare regime solution to LTC challenges consists in the limited public intervention and regulation of the care sector, allowing wide accessibility to private services (through the creation of low-waged and low-protected jobs) that would be otherwise inaccessible to large section of the population. In recent years these features have been accentuated through an explicit marketisation strategy of care services with important consequences on employment in the sector.

Continental European countries and even more so Southern European countries have always been little involved in formal care provision, expecting families to care for their members (Anttonen and Sipila 1996). The conservative-corporatist answer to LTC challenges, which found an extreme manifestation in Southern Europe, traditionally placed the burden of the production of services on (women within) families through self-production and unpaid care work (Esping-Andersen, 1999; Folbre and Nelson, 2000; Saraceno 2003). Here weak, fragmented and residual social policies went hand in hand with legal obligations on family members (Saraceno and Naldini, 2007; Millar and Warman, 1996), and particularly intensive informal caregiving (Haberkern and Szydlik, 2010). In the last two decades many continental European countries started to pay more attention to the LTC needs. New schemes aimed at providing a broader coverage to the
risk of dependency were introduced in countries like Germany, Austria and France. In a
time of welfare retrenchment, new social risks were recognised by the political system
and translated into specific policies. Even if these new schemes predominantly rely on
cash benefits (Da Roit and Le Bihan, 2010) they contributed to increasing the supply of
formal services (Da Roit and Sabatinelli, 2012). By contrast, in Southern European little
policy developments took place or were effective in increasing the availability of care
services. The development of LTC services (public and/or private) remained marginal,
implying weak employment potential in the formal service sector.

2.2. LTC development and female employment

   Employment rates in “Health and social work” of women aged 25 to 64 were well
above 20% in Denmark and Sweden in the mid 1990s reflecting the characteristics of the
social democratic welfare model. This proportion remained stable in Denmark while it
decreased in Sweden in a 10-year period. The rates in all other countries were lower but
increased everywhere over time. As a result, the original differences between the Nordic
cluster and the UK on the one side and the continental European (France and Germany)
countries on the other are still there even if slightly reduced. Southern European countries
considered do display a small growth, but given the starting point, they still lag behind
(Table 1).

   HERE TABLE 1
Despite important transformations, the distribution between employment in the public, profit and non-profit sector, continues to reflect the features of the original welfare models. In Sweden, where the process of marketization has been the largest among the Nordic countries the bulk (ca 80%) of care work still takes place within public organizations. By contrast, in England profit providers currently cover three fourths of eldercare work (Brennen et al 2012). Also in Germany and France, Italy and Spain non-profit organizations remain predominant notwithstanding the growing importance of for profit providers.

3. The Southern European trajectory: LTC and female employment in Italy and Spain

LTC policies in Southern Europe traditionally shared its basic traits with those of the continental corporatist welfare model as illustrated above. However, compared to most continental European countries, the debate on LTC emerged much later in this region, and when the issue was finally introduced in the political agenda, in the mid 2000s, it did not result in any substantial policy change (as it occurred in the case of Italy), or it produced only incomplete reforms (like in Spain) (Da Roit and Sabatinelli, 2012).

At the same time important transformations in the care arrangements of older people in Southern Europe did occur despite any relevant or effective policy transformation or, most likely, partly as a result of a lack of effective policy initiative. Since the late 1990s a large care market developed in countries like Italy and Spain which official statistics can hardly capture due to its very nature. In Italy, for instance, it was estimated that between 0.7 and 1 million migrant care workers were working in 2005 (Mesini et al., 2006; Simonazzi, 2009), which clearly outnumbered the workers in the
formal care sector (Da Roit and Sabatinelli, 2005). These workers are being directly employed by older people or their family members as domestic care workers, often without regular working contracts or permits to stay.

In what follows we first discuss the policy process in the two countries, then look at the significance of the newly emerged care market and at its implications for possible future developments.

2.1. Italy: the unintended centrality of cash-for-care and missed reforms

LTC in Italy features distinct policy fields based on heterogeneous and independent logics, eligibility criteria, organization and funding.

The only national program is the “indennità di accompagnamento” (IdA - attendance allowance-), a universalistic cash transfer for those certified as totally dependent, i.e. totally disabled, unable to perform everyday tasks, and requiring continuous care, independently of age. The IdA was introduced by the national government in the early 1980s as a scheme for adult disabled people, and it was extended to older dependant people a few years later as a consequence of a constitutional court decision. Unintendedly this program became the most important public intervention in favour of older dependant people in Italy, reaching today around 10-11% of people aged 65+ (more than 45% of the beneficiaries are older than 80) and absorbing the bulk of all resources employed for care policies (Da Roit, 2006). This allowance ensures a flat-rate non-mean tested income supplement (498 € per month in 2013), and it does not involve any form of control on the use of the benefit.

In addition, local welfare schemes include the provision of residential and domiciliary services characterized by a complex division of responsibilities between
public administrations, namely between health and social services agencies. The fragmentation of responsibilities, and the diversity of eligibility criteria are their most salient characteristic. While health services (medical and nursing services often provided in presence of acute care needs) are assigned on a universalistic basis and almost free of charge, social services (home care, nursing homes, assistance while staying in residential facilities) are provided by municipalities on the basis of highly selective and extremely varied criteria of access, largely determined by available budgets and the policy options adopted by individual local authorities.

The issue of LTC emerged in the Italian public and political agenda in the second half of the 1990s, when the national government appointed a commission of experts to provide an evaluation of the “macro economic compatibility of social expenses” in the country. The Onofri Commission pointed out, among other lines of reform, the need for a new scheme of protection in favour of elder dependent people. Nevertheless, such a policy advice was never translated into a reform of national LTC policies in Italy.

At the regional and local level there was a trend toward the introduction of a range of heterogeneous cash-for-care measures, enacted only by certain regions and municipalities, usually provided on the basis of a means-tested and selective criteria (mainly in case of severely disabled elderly). Despite the great geographical variation, these local welfare programmes cater for a small number of people, mostly in very advanced stages of dependency, and provide very weak services, generally with co-payments from the beneficiaries. The cash-for-care programs, and the services enacted by Italian regional and local authorities since the 1990s, have been of too little intensity as to

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1 This commission was in charge of providing a general diagnosis of social expenditure, and of the coverage of social protection in a broad sense (including pensions, the health system and social benefits and services).
produce any significant changes in the situation of dependent people and their families (Da Roit, 2010). Despite clear evidence of the tensions due to the emerging care needs, Italian LTC policies have shown considerable inertia and lack of substantial development (Pavolini and Ranci, 2008; Naldini and Saraceno, 2008).

The reasons for the Italian policy stall in LTC are multifaceted. It has been argued that these should be found in the familistic approach to social policy (Saraceno 2005; Pfau-Effinger, 2005), and in the ideological divisiveness of the political system (Naldini and Saraceno, 2008), next to the particularly tight budget constraints which hindered the political consensus on reforms (Bonoli 2007; Boeri and Perotti, 2002). It has also been underlined that the form of the State, and the clientelistic and particularistic features of the Italian polity, did not support reform (Da Roit and Sabatinelli, 2012). In this context the IdA continues to represent the main component of the Italian LTC policy, and it has played a central role, both in the missed reform of the LTC system, and in the rise of the migrant care market. This scheme absorbs a large share of the resources available for social protection as a whole. Its beneficiaries represent a significant proportion of the disabled and the elderly, and the organisations of disabled people are actively involved in the administration of the scheme and in defending it against any substantial reform (Ranci et al 2008). As a consequence, reforming LTC in Italy has become inherently equivalent to reforming the IdA, and this has represented an additional and important obstacle in the process of elaborating a more comprehensive policy response to this emerging social risk (Da Roit and Sabatinelli, 2012).

Under the pressure of increasing care needs the IdA has contributed to the emergence of an informal care market. Working mainly as an income supplement with
unconditional use, the IdA has favoured the recourse to the underground care market. This is consistent with the findings of a comparative analysis of the presence of migrant care workers employed by families, and according to which two conditions appear to be relevant next to the weak development of LTC services: the provision of uncontrolled cash benefits (like the IdA), and weak regulation of labour markets and migration flows (Da Roit and Weicht, 2013). In Italy both conditions are simultaneously present.

2.2. Spain: unfulfilled reform

In the case of the Spain a similar dichotomy between national programs in an embryonic stage of development, and a weak and patchy involvement of local and regional administrations defines public intervention in the domain of LTC. In contrast with the Italian case though, the need to develop LTC policies was clearly introduced in the Spanish political agenda in the early 2000s, and this produced comprehensive reform aimed at articulating a new LTC policy.

After a long and thorough policy debate, legislation was thus passed in 2006 (Ley de Promoción de la Autonomía Personal y Atención a las Personas Dependientes) with the explicit objective of providing universal access to LTC services on a need basis. This Law recognised the individual right to receive care for dependent people of all ages, based on a scale of dependency (moderate, severe and large, each one divided in two degrees of intensity) that was also used to establish the schedule for the deployment of the system.

While the right to receive care is recognised for every citizen, the funding is expected to come from a combination of public and private sources through the application of income-related co-payments. Public administrations are supposed to
guarantee the access of every individual to the benefits, but the intensity of the public involvement depends on the income level of the beneficiary (Arriba González de Durana and Moreno Fuentes, 2009).

The law aimed at promoting the provision of care services by public administrations (either directly, or in the cooperation with third sector organisations), alongside complementary and intendedly exceptional cash transfers, namely service vouchers, allowances for hiring personal assistance and compensating informal caregivers, The underlying policy objective was the emergence of a niche for jobs in the caring sector (Sarasa, 2011).

This national LTC legislation came to complement the schemes already set up by regional and local administrations, which, similarly to the Italian case, had traditionally being strongly segmented and underfunded. The responsibility for the concrete definition of eligibility criteria was given to the regional and local authorities implementing those programs. The governance of the new programs and schemes was supposed to be based on the cooperation of the three levels of administration of the Spanish State: the national government, the autonomous regions and the municipalities. The financing of the costs of those programs was planned to be shared in equal thirds by the three levels of government (Costa-Font and Garcia Gonzalez, 2007).

The way in which the implementation of this legislation will end up unfolding, and the specific impact it will have in the different Spanish regions, remains difficult to foresee a few years after the passing of that Law (Meil, 2011; Sarasa, 2011). The type of services or cash transfers to be provided to the final users, as well as the exact articulation of responsibilities (financial, regulatory, etc.) among the different public administrations,
remain to be fully defined. The steps taken towards the implementation of this legislation, initially planned to be fully completed in 2015, seem to indicate a substantial delay, as well as a clear trend towards the establishment of systems of cash transfers instead of the provision of services which were supposed to characterise the new policy. The reason for the delays is to a large extent linked to the difficult situation of public finances in Spain since 2008. Between 2009 and 2012 the national government has been reducing its funding from around 40% (regions were covering some 50% and the remaining 10% came from users), to a little over 20% (regions were covering well over 60%, and beneficiaries were covering nearly 17% of the costs of the programs) (Barriga Martín et al., 2013). All levels of administration are lagging behind in the process of evaluating the applications of people in need of care, as well as in the recognition of the right to access the care schemes and programs. As a consequence, the total number of beneficiaries has been decreasing due to the fact that the mortality rate of the users is higher than the new take up rate. While the system reached its peak with some 780,000 beneficiaries in July 2012, from then on the number of beneficiaries decreased, and in December 2012 some 770,000 dependant persons were receiving some kind of benefit (Barriga Martín et al., 2013).

Moreover, while LTC legislation explicitly states that the priority of must be on the provision of services instead of on cash transfers, a bit more than 50% of the beneficiaries receives cash allowances, and only a bit more than 30% were receiving in-kind services. The preference of regional authorities for the cash allowances reflects the priority attributed to the cost-containment logic over the development of care services of a minimum quality and professionalization. Cash transfers have not only lower costs, but
also allow for a much more “hands-off” approach by the regional authorities. The traditional weakness of the social services at the local and regional level, the lack of political will to fully implement these programs (most notably among conservative elected representatives), as well as the complexity of the multi-level governance of these programs also contribute to the option for the cheaper and less intensive forms of intervention (Sarasa, 2011). This situation prevents the development of a niche for caring jobs that supports families by helping them care for dependent people, while greatly contributing to the emergence of an informal and precarious care market generally occupied by immigrant women.

2.3. Women’s employment in the LTC sector in Italy and Spain

Important changes have taken place in LTC arrangements through the relatively unexpected growth of a private caring market in both countries based on domestic work and female immigration. These forms of employment are not very visible in official statistics.

LTC activities are often included under different occupational categories, depending on the formal qualifications of the employee, the age of the dependent person, the place where caring activities take place, etc. Moreover, many of these activities are often provided in the framework of ‘domestic service’ relations, which makes even more difficult to quantify them. In countries like Italy and Spain this situation is further complicated by the importance of grey labour in the domestic sector, the increasing use of immigrant labour to care for the elderly living at home since the late 1990s, and the combination of the two phenomena. Immigration in the Mediterranean countries is not only a relatively recent phenomenon, but one that has developed very rapidly. Two
distinctive features of recent immigration patterns to both countries are, first, the large numbers of undocumented migrants, which represented a very significant share of the total stock of resident immigrants in both countries in some periods (Reyneri, 2003; Cebolla and González-Ferrer, 2008, 2013); and secondly, the concentration of immigrant workers in paid household work (Reyneri, 2001; Colombo, 2003). In fact, the large demand for caring work encouraged large inflows and stocks of irregular migrants, often facilitated by immigration policies based more on ex-post regularizations than on ex-ante planning of flows (Naldini and Saraceno, 2008). To estimate the actual number of migrant carers in these two countries is even more difficult than for non-migrant workers due to the fact that an unknown proportion of migrants employed in care activities does not appear in official statistics.

Table 2 reports the number of national and foreign domestic workers registered in the Social Security System of Spain and Italy. The official domestic employment sector has enormously grown in the past two countries over time, largely due to the steadily increasing number of migrant workers. In 2000, the number of regularly registered foreign domestic workers was ca. 137,000 in Italy, and 48,000 in Spain, vs. 120,000 and 105,000 nationals respectively. In both countries the registered foreign population in the domestic sector has grown by 418% in Italy and 370% in Spain between 2000 and 2011/12, compared to a much more modest increase by 45% among Italians and 82% among Spaniards in the same period. In 2011/2012 regular jobs in the domestic sector amounted to slightly less than 900,000 in Italy and slightly above 400,000 in Spain. In one decade 700,000 and over 300,000 new regular jobs have been created in this sector.
respectively. The proportion of migrants taking up these jobs at the end of the period is as high as 80% in Italy and 54% in Spain.

HERE TABLE 2

Changes in the size of the registered foreign population employed in the domestic sector clearly reflect changes in the rules affecting both registration and legal residence and work for immigrants, and particularly the implementation of amnesties for foreign (domestic) workers. Significantly, the number of registered domestic workers in Italy was more than three times as high in 2002 compared to 2001 (from 140 to 419 thousand) and the proportion of migrants went from 52 to 76 % in one year only at the time of the first regularization procedure explicitly directed at migrant care workers. Similarly, the number went from 530 to 800 thousand between 2008 and 2009 at the time of a second amnesty. Something similar occurred in Spain in the regularisations of 2001 and, above all, in that of 2005. After these huge regularisation programs, care workers have been granted a special quota in the programmed yearly immigration flows in Italy, whereas in Spain a permanent mechanism for regularisation known as “arraigo” is available for those who can prove stable attachment to the labour market, including the domestic sector. However, given the structural informality of this sector, as well as the short-term temporary solution provided by amnesties, the number of registered domestic migrant workers fell immediately after in both countries, and only recovered as a result of the new regularization procedure implemented in 2008/2009 in Italy, and in Spain as a result of the reform of the system
that regulate compulsory registration of domestic workers in 2012. Up to 2011, registration of domestic workers in Spain was mandatory only if the person worked more than 72 hours per month for a specific employer. However, as of January 1st, 2012, people who employed domestic workers must register their employees in the social security system and pay contributions for them regardless of their monthly work hours.

As can be seen in the last column of Table 2, registration of national domestic workers increased by 68% in comparison to the previous year, among the foreigners it increased only by 24 per cent, which is pointing to the weaker position of foreign domestic workers in Spain.²

These figures on registered labour already show that under-registration is an issue, particularly but not only among foreigners. Labour force Survey (LFS) data confirm this view. Table 3 is based on the EU-LFS Survey and provides estimates of the number of women employed in different forms of care work in both countries, distinguishing between EU15 and non-EU15 workers³. In 2008, EU15 workers (which include mainly Spaniards) employed in the domestic sector were approximately 800,000 according to the EU-LFS, whereas the number of nationals registered in this sector according to the Social Security figures were only 116,000. In Italy, nationals and other EU15 domestic workers amounted to 274,000, whereas Italians registered as such in the Social Security were only 148,000. Despite the necessary cautions about the sources and their comparability, it is clear that the real size of the domestic sector in both countries is much larger than Social Security figures reveal, not only for immigrants but also, particularly in Spain, for natives.

² Immediately after the end of the transition period in June 2012, the new conservative government announced that the legal reform had failed, and decided to come back to the old system in 2013.
³ Up to 2003, in Italy it was only possible to distinguish between foreign-born and native-born people.
The LFS data also show that in both countries female employment in the care sector at large increased more than in the general labour market. In Spain total female employment doubled between 1995 and 2008, but the growth was higher (128\%) in the care sector at large, including health, care and domestic work than in the rest of the economy (91.5\%). The same is true for Italy, despite more modest general growth of 40\%. Here the female employment in the care sector at large grew by 88\% against a 33\% of all other sectors. If we look into the care sector we also note that the employment growth was comparable across subsectors in relative terms, with a higher percentage of the formal care sector in both countries. However, given the greater size of the domestic sector in both countries, which already counted almost 600 thousands and a bit more than 300 thousands employed women in 1995 respectively in Spain and in Italy in 1995, this is the care subsectors that has attracted the highest growth in absolute numbers in the period considered: over 700 thousand new employees in Spain and over 250 thousand in Italy (where a similar growth also interested the health sector). In addition, in both countries the employment growth has been concentrated on foreign workers and, as seen above, characterized by high level of irregular work both among nationals and foreigners.

2.4. The institutionalization of the migrant care model

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4 Since the Italian Labour Force Survey is known to capture less immigrant workers it is very likely that the figures about the employment growth in the domestic sector in Italy are underestimated.
LTC policies in these two countries have not been targeted neither at the socialisation of risks of dependency, nor at the creation of employment in the sector. A combination of factors has created a situation in which migrant labour plays a central role in the working of the Southern European welfare regimes, with predominantly female migrants filling roles in the low-paid and informal domestic workers, while the growth of formal care employment has been more modest. Whereas the developments described above have not been explicitly supported by public policy, they do represent a key reference point in the public policy discourse. Two aspects illustrate this. Despite not having an explicit LTC policy, the Italian national government has repeatedly treated the LTC issue as a problem related to the regulation of immigration. The second aspect has to do with the evolution of the LTC system at the local and regional level. In Italy, where no substantial new LTC policies have been introduced in the last years, the recent debate on care for older people has clearly shifted attention to the need to “regulate” and “qualify” the existing unregulated care market, in an attempt to include migrants in the local “network of services”. Several regions, provinces and municipalities started providing training to migrant care workers employed by families in order to “accredit” them, introduced cash benefits to dependant people that can (only) be used for hiring a care worker on a regular contractual basis, try to facilitate the encounter of demand and supply of care provided by domestic (predominantly migrant) workers by means of local public, or publicly funded, local agencies. These local initiatives, independently from their achievements, clearly show how the new “care model” has rapidly undergone an institutionalisation process, and is likely to affect the current and future debates on LTC policies.
In Spain, the implementation of the new LTC policy, which allows variations between autonomous regions, has a very direct effect on the type of employment that it is supposed to be created. One could expect that the ongoing debate and the actual definition of specific measures will be greatly affected by the existence of the migrant care market. As a result, recent developments in LTC practices, namely the rise of a large care market both in Spain and in Italy, is likely to have effects not only on the development (if any) of LTC policies, but also on the employment opportunities created by this policy sector, both in terms of quantity and quality of these jobs.

4. Conclusions

It has often been argued that welfare and family are much more closely intertwined in Mediterranean countries than in any other welfare regimes. Families functioned traditionally as “shock absorbers” while the State was not expected to intervene, but to concentrate on the protection of the heads of the family. The strong emphasis in the role of the family has not been accompanied by social policies that either materially supported the family, or strengthened its capacity to provide care for its members. Rather, the reference to the responsibilities of the family served to legitimize the provision of meagre social services, as well as to overtly justify political inaction in these areas of policies (Saraceno, 2003).

While scholars were highlighting the commonalities in the institutional profiles of the Southern European countries, this regime was already showing clear signs of wear. Their traditional equilibriums formed around tripartite welfare arrangements (involving the labour market, social policies and families) became de-stabilised. At the basis of such
de-stabilization were the common external pressures (globalisation and the European integration process), and the internal challenges posed by the ageing of the population, the transformation of the domestic economic and social relations. Under these new conditions, welfare equilibriums operating under the presumption that care and domestic work would be performed by full-time housewives on an unpaid basis, can no longer be sustained.

This paper has provided an overview of the relationship between the (lack of) development of LTC policies and services, and female employment in the care sector in Southern European countries. These countries have very little or only recently developed LTC policies, mainly based on cash transfers, something that clearly reflects in the very limited development of formal jobs in the caring sector. At the same time a care market has emerged in recent years predominantly staffed by migrant (undocumented) domestic workers to cater for the needs unmet by the formal market and/or by public social services.

We offered an analysis of the policy-making environments in which possible policies might evolve in the future, and their interaction with the labour market expansion for caring activities. The existence, by now, of a large care marked with the above-mentioned characteristics represents a crucial element in this policy environment. In this respect, the paper puts forward the hypothesis that the rapid “institutionalization” of the “migrant care worker model”, is likely to interfere with future developments in care policies in these countries, and to produce effects, not only for older people and their families, but also on the (missed) opportunity to develop a properly regulated care sector.
References


Reyneri (2003), Sociologia del mercato del lavoro, Bologna: Mulino.


Table 1 – Employment rate of women aged 25-64 in “health and social work” in selected EU countries

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<thead>
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<th></th>
<th>1995</th>
<th>2005</th>
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<td>Denmark</td>
<td>23.2</td>
<td>24.7</td>
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<tr>
<td>Sweden</td>
<td>29.3</td>
<td>22.8</td>
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<tr>
<td>UK</td>
<td>13.2</td>
<td>15.4</td>
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<tr>
<td>Germany</td>
<td>8.6</td>
<td>12.0</td>
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<tr>
<td>France</td>
<td>10.3</td>
<td>13.9</td>
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<tr>
<td>Italy</td>
<td>3.9</td>
<td>6.0</td>
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<td>Spain</td>
<td>4.0</td>
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Source: Eurostat.
Table 2. Registered domestic workers and foreign domestic workers in Italy and Spain, several years

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<th>Italy</th>
<th>Spain</th>
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<td></td>
<td>Registered Domestic Workers (thousands)</td>
<td>Annual growth in no. of registered workers</td>
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<tr>
<td></td>
<td>nationals</td>
<td>foreigners</td>
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<tr>
<td>1991</td>
<td>145.4</td>
<td>35.7</td>
</tr>
<tr>
<td>1995</td>
<td>125.2</td>
<td>67.7</td>
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<tr>
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Sources: Italy: Inps, Osservatorio sul lavoro domestico (http://www.inps.it/webidentity/banchedatistatistiche/domestici/index.jsp);
Spain: Ministry of Employment and Social Security (http://www.empleo.gob.es/series/)
(a) Amnesty for migrant (domestic) workers in Italy
(b) Amnesty for migrant (domestic) workers in Spain
(c) Change in domestic employment registration requirements in Spain.
Table 3. Female employment by sector of activity and origin, selected years (thousands in first row and column % in second row).

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Source: EU-Labour Force Survey. Several years. Own elaboration.

Notes: Health sector includes ISCO 222, 223, 322, 323, 324; care includes ISCO-513; and domestic sector ISCO-913.