

# Who will take care of them? A reflection on Southern European welfare regimes

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**ABSTRACT:** The age profile of a country influences the organization of healthcare arrangements for older people. In southern European countries, the low performance of the welfare state and traditional family-oriented culture have led to an informal and gendered model of care, with women often responsible for the (unpaid) caregiving work. However, the increasing female participation in the labour market challenges these welfare regimes, prompting a shift in family responsibilities outside the family. Moreover, in response to the growing need for long-term care workers, some European countries have relied on individuals with a “migratory background” rather than restructuring their public elderly care services. This article examines the demographic, cultural, economic, and social changes of southern welfare regimes. The introduction of policies that, directly or indirectly, eliminate gender stereotypes in informal caregiving work and the diffusion of equal family-care culture are measures that can no longer be postponed in addressing the future of such welfare regimes.

**KEYWORDS:** social policy, Southern welfare regimes, well-being, elderly, social care

## 1. INTRODUCTION

Population ageing is a global phenomenon that challenges welfare systems and impacts the overall well-being of societies. Over the last few years, Europe has experienced rapid demographic ageing with profound implications for individuals and the correct functioning of care regimes. The literature indicates that welfare systems respond differently to the growing demand for social protection. Also, global challenges (economic and climate crises, wars, or pandemic situations) alter citizens’ care needs, imposing the restructuring of welfare approaches (Ka Ho et al., 2021). For instance, in

the UK, which operates under the Anglo-Saxon welfare regimes (see Ferrera, 1996), public and private forms of care coexist (Rummary, 2009; Shutes, 2014). In southern European countries, the welfare systems are universal. Still, they often struggle to meet citizens' needs, excluding certain groups of individuals from social protection (e.g., unpaid workers and long-term unemployed). The limitations of southern welfare systems have been attributed to several causes, such as the relationship between individuals and the labour market (see the processes of de-commodification in Esping-Andersen, 1990), the presence of clientelism (Ferrera, 2007), and the pervasive role of the family in social care provisions (Saraceno, 1994). Scholars such as Leitner (2003) and Saraceno and Keck (2010) argue that in southern European countries, unpaid work provided by family members compensates for the "weak" aspects of the care regime. Leibfried (1993) notes that the prevailing welfare model is familistic in "Latin Rim" countries, including Greece, Italy, Portugal, and Spain. In this model, influenced by the Catholic tradition, the family is considered the principal care provider, with women responsible for the (unpaid) family care. At the same time, men ensure the economic security of the household. However, in recent years, the traditionally "male breadwinner model" has seen a decline in the South (Lewis, 2001), with households gradually adopting the dual-earner model (Naldini and Saraceno, 2022). The increasing female employment rate has challenged these welfare regimes, shifting family responsibilities outside the family context (Migliavacca and León, 2013). Moreover, in response to the need for long-term care workers (hereafter LTC), some European countries have relied on people "with a migratory background" (Anderson, 2000). Across the world, LTC is becoming a "migrantised" occupation, even though this model appears to be unsustainable in the medium and long term (Cangiano, 2014). This article examines the dynamics of informal LTC work in southern European countries. What emerges is the need for those countries to redesign their family models, reduce the fragmentation of care providers' actors and limit the presence of micro-welfare models of LTC. The remainder of the paper is organized as follows. The next section reviews the literature on European welfare regimes and their evolution over time. Section 3 describes the transformation of care models in southern European countries, focusing on the defamiliarization process and the "migrant in the family" model (Bettio et al., 2006). Section 4 discusses the distinction between progressive and conservative welfare approaches (Alonso et al., 2023) to care responsibilities. The final section compares the political actions introduced by Italy and Spain to reduce gender disparities in LTC work. Finally, the limitations of the study and suggestions for further research are provided.

## 2. AGEING SOCIETY AND WELFARE REGIMES

The term ageing society refers to a specific type of demographic transition in which longer life expectancies are combined with declining birth rates. At the EU level, between 2002 and 2022, the number of individuals aged +65 has increased in all EU member states, reaching peaks in Italy, Portugal (both +24%), and Greece (+23%). One major concern for policymakers is the progressive rise in the old-age dependency

ratio, which compares the number of dependent individuals (young and old) to the working-age population (Ageing Europe report, 2023). However, the ageing process is asymmetric, with Mediterranean countries expecting a faster increase in individuals over 60 years compared to the rest of Europe. Such a vertical increase in older adults necessitates implementing social programs to balance the old-age ratio. This issue appears to be particularly relevant in southern European countries, where (apart from Spain) the old-age ratio population is above the European average (EU-27) (see Figure 1).

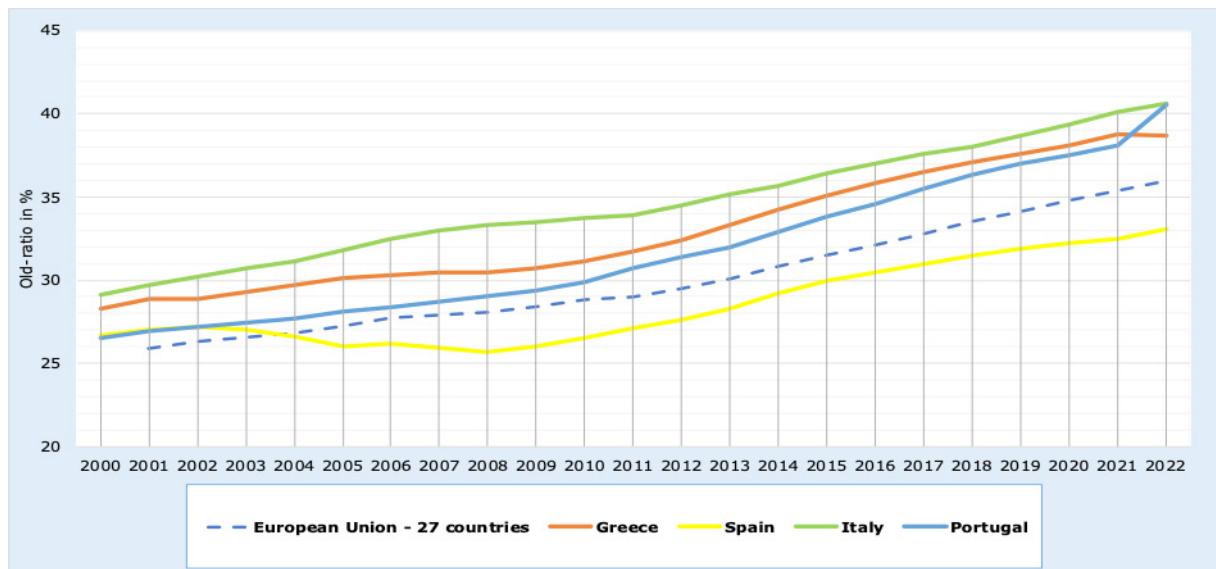


Figure 1. Old ratio (%) in southern European countries: time series

Source: Author's elaboration on data EUROSTAT: Population structure indicators at national level [demo\_pjanind\_custom\_8526132]

Welfare systems are designed to protect the most vulnerable segments of the population, particularly those who retire from work. However, these systems have not developed homogeneously across countries, and significant political, cultural, and economic differences characterize how the state organizes care arrangements and health assistance for its citizens. Esping-Andersen (1990) was the first to provide a framework for understanding and comparing welfare distribution. He proposes a typology based on the relationships among the state, market, and family. While traditional welfare schemes were based on social expenditures, Esping-Andersen introduces two key indicators for their classification: the degree of de-commodification and social stratification. While the first (de-commodification) refers to the extent to which individuals' well-being (e.g., health assistance) depends on the market, the latter pertains to the levels of social stratification within a country. The combination of these key features identifies liberal welfare, corporatist-conservative states, and social-democratic welfare regimes (Table 1).

<b>Welfare regimes</b>	<b>De-commodification (+) (=) (-)</b>	<b>Stratification (+) (=) (-)</b>	<b>Countries</b>
Liberal	Low (-)	High (+)	Australia; Canada; Ireland; New Zealand; UK; USA
Corporatist-Conservative	Medium (=)	Medium/High (=+)	Finland; France; Germany; Japan; Italy
Social-Democratic	High (+)	Low (-)	Austria; Belgium; Netherlands; Denmark; Sweden; Norway

Table 1. Welfare regimes features according to the Esping-Andersen (1990) classification

Liberal regimes prioritize the role of the market, with higher social stratification; corporatist-conservative regimes balance state intervention with family support, while social-democratic regimes prioritize de-commodification, offering universal social benefits to promote egalitarianism. However, the welfare regimes proposed in “The Three Worlds of Welfare Capitalism” (Esping-Andersen, 1990) have long been criticized. The main criticisms include the absence of a specific southern group, introduced later by Ferrera (1996), and the redefinition of liberal and conservative countries (Bonoli, 1997). Another limitation regards the lack of a gender perspective (Orloff, 1996), with specific attention to the role of the family (Pfau-Effinger, 2002) and the gendered nature of (unpaid) domestic work (Sainsbury, 1994; Lewis, 1992).

<b>Welfare regime</b>	<b>Countries</b>
Christian democratic (Chr. Dem.)	Austria; Belgium; France; Germany
Central and Eastern European (CEE)	Czechia; Estonia; Hungary; Lithuania; Poland; Russian Federation; Slovenia
Social-democratic (Soc. Dem.)	Finland; Iceland; Netherlands; Norway and Sweden
Mediterranean (Med.)	Italy, Portugal; Spain
Liberal regimes (Lib.)	Ireland; Switzerland; United Kingdom

Table 2. Esping-Andersen welfare regime classification extended version by Baranowski and Jabkowski (2022)

Source: Author’s adaptation from Baranowski and Jabkowski (2022, p. 167)

Other authors have recently attempted to revise the Esping-Andersen model (see Giordano, 2022; Baranowski, 2019; Svallfors, 2003). For example, Baranowski and Jabkowski (2022) empirically demonstrated the existence of “five worlds” of welfare regimes, pooling data on individuals’ orientations and macro indicators regarding the interventions of government in domains such as pensions, unemployment benefits, and childcare (see Table 2).

### 3. THE TRANSFORMATION OF THE FAMILY CARE MODELS IN THE SOUTHERN WELFARE REGIMES

The sociological literature has extensively explored the relationship between family and welfare systems. The concept of welfare is interdisciplinary and difficult to define due to its numerous interpretations (Baranowski et al., 2023). However, classical sociology has significantly contributed to the definition of “social welfare” concept (Durkheim, 1893; Tönnies, 1887; Weber, 1905; and Parsons, 1951), whereas more recently scholars such as Esping-Andersen (1990; 1999), Castells (1999), Naldini and Saraceno (2008), Larsen (2016), Walby (2009) and Baranowski and Jabkowski (2022), have explored the nexus between welfare regimes, globalization, and family models. Since the mid-1990s, the idea that southern European countries represent a separate cluster of welfare has been confirmed in several works (Migliavacca and León, 2013). Ferrera (1996) first identified the common traits of southern European countries (i.e., Italy, Greece, Spain, and Portugal) in terms of welfare state and care arrangements configurations. These countries are characterized by different policy goals and a care distribution responsibility between the state, the market, and intermediates (family and third sector). In southern welfare regimes, shared values revolve around the importance of family, promoting familistic packages of care arrangements. Saraceno (1994) has defined such regimes as “familistic by default.” The causes of such a welfare setting include the late modernization of southern societies, the persistence of irregular economic sectors, long periods of authoritarian political leadership, and a stratified culture of social relationships and family bonds (Ferrera and Rhodes, 2007). The key role of the family in southern welfare regimes has penalized women’s autonomy and dramatically reduced female employment (except for Portugal). However, starting from the 1990s, the southern European countries began to converge with the rest of Europe. In particular, the main change concerns the increasing number of women entering the labour market and the progressive “democratization” of roles within the family, with greater involvement of males in domestic work. As shown in Fig. 2, in Italy, starting from 1995, and in Greece and Spain (starting from the early 2000s), the percentage of female employment increased, except for Portugal, which historically has had higher female labour-force participation compared to other southern European countries (see Trifiletti, 1999).

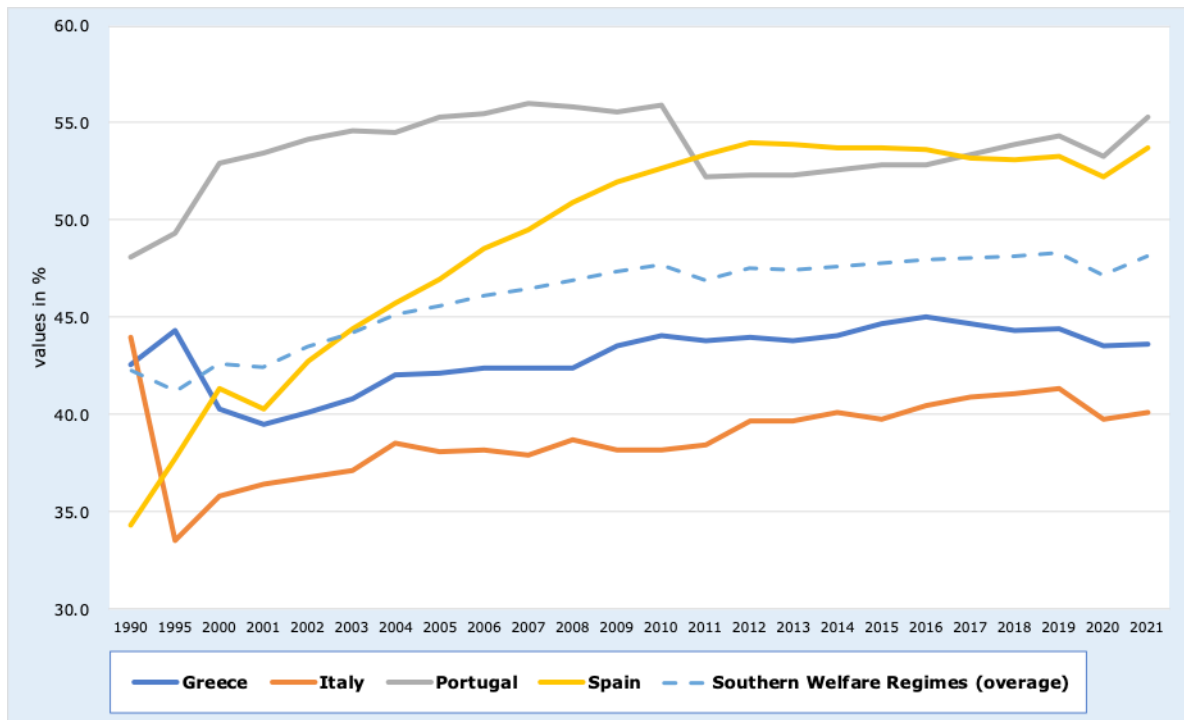


Figure 2. Share of female labour-force participation. Time series: 1990-2021

Source: Author's elaboration on data OECD. LFS database by sex and age.

Online: [https://stats.oecd.org/index.aspx?DatasetCode=LFS\\_D](https://stats.oecd.org/index.aspx?DatasetCode=LFS_D)

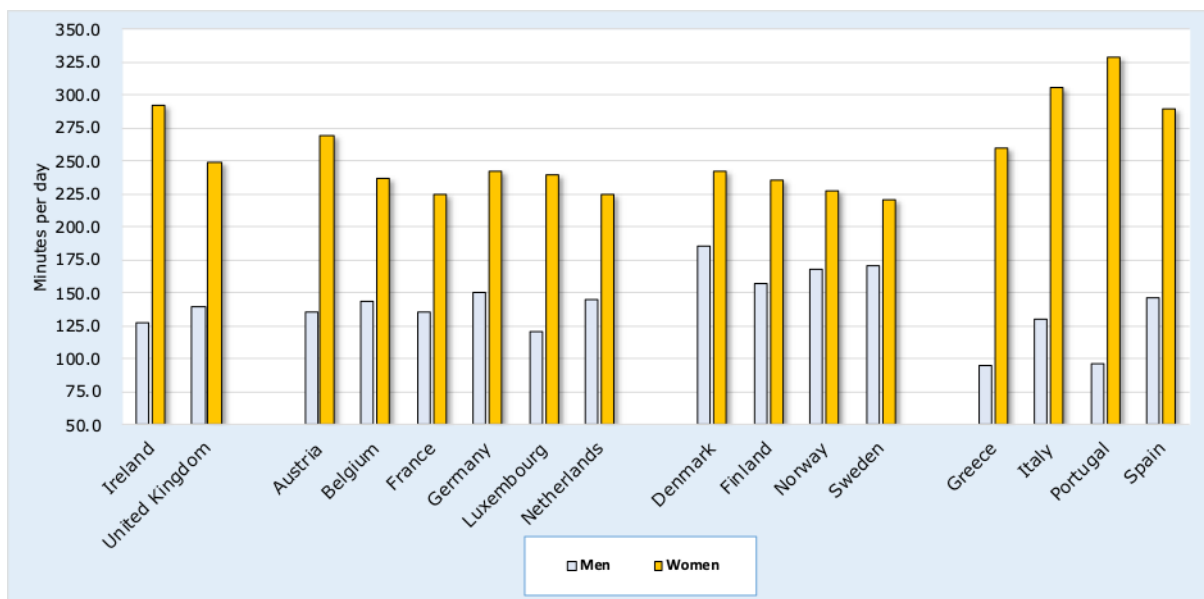


Figure 3. Time spent in unpaid work by gender (unit=minutes per day).

Source: Author's elaboration on data OECD: <https://stats.oecd.org/index.aspx?queryid=54757>. Countries are clustered according to their welfare regimes (Ferrera, 1996). Time spent in unpaid work includes care for household members; adult care; care for non-household members; and other unpaid activities. Age group: 15-64.

However, despite the progressive modernization of family models, the diffusion of the dual-earner model (i.e., both partners work) struggles to establish itself in countries like Italy and Greece. Between 1990 and 2021, in Italy, female employment de-



creased by 3.9%, while in Greece, it only increased by 1% (OECD data). Several causes have been proposed to explain women's conditions in such countries. According to the cultural hypothesis, the "male breadwinner model" (Lewis, 1992) is one of the main factors hindering female employment. The lower social recognition of working women pushes them to limit their investment in professional careers and, instead, be more focused on in family roles as mothers and wives (i.e., care workers), perpetuating gender stereotypes (Giordano, 2019). Consequently, the lower female labour force participation is partly compensated by their participation in informal long-term care work. As shown in Figure 3, the gender gap in unpaid work is higher in southern welfare regimes (indicated here as Greece, Portugal, Italy, and Spain) while assuming an equal distribution in the liberal and social-democratic welfare regimes (according to Esping-Andersen's classification).

### 3.1. The defamiliarization process

According to Crompton et al. (2007), Lister (2002), and Orloff (1996), the intersections between paid and unpaid work and between formal and informal LTC work, depend on the functioning of various institutional actors, including the welfare state, the labour market, the third sector, and the family. For instance, Anttonen & Sipilä (1996) classify care models based on their degree of provision from the welfare state or the market (formally) or informally by the family. At the extremes of this continuum are the Nordic countries, dominated by public social care provision, and southern European countries, where the family is identified as the main institution providing (unpaid) care. Comparative literature on welfare regimes points out that the capacity of southern welfare regimes to change mainly depends on their degree of defamiliarization of LTC work. According to Esping-Andersen (1999, p. 51):

The concept of defamiliarization parallels the concept of de-commodification; in fact for women defamiliarization is generally a precondition for their capacity to 'commodify themselves' (Orloff, 1993). Hence, defamiliarization would indicate the degree to which social policy (or perhaps markets) render women autonomous to become 'commodified', or to set up independent households, in the first place.

The process of defamiliarization has led to an increase in female employment rates in southern European countries, but it has shown the vulnerabilities of their welfare systems. This paradox is particularly evident in the impact on children and the elderly, who are the most affected population segments. Indeed, work-life balance is a precondition for defamiliarization and, in southern European countries, is a critical issue for women. The difficult reconciliation between work life and family caregiving responsibilities in Mediterranean countries has been well-documented in the literature. According to Maestripieri (2023) the consequences of limited family policies include involuntary part-time employment for women, career breaks due to maternity, or even female unemployment (Fisher et al., 2022). Over the last few years, familiarizing policies have been implemented in southern European countries (Leitner, 2003;

Leitner and Lessenich, 2007; Saraceno and Keck, 2010). Such policies aim to decrease dependencies among family members by actively mitigating their negative social and economic consequences, particularly for women. Some measures have been introduced to reduce family dependencies concerning the care of children by parents and the dependency of the elderly on caregivers. These include public childcare, a policy with a clear familiarising aim, and parental leaves. However, Saraceno and Keck (2010) emphasize that some such measures, such as maternal leave, may not be sufficient to sustain the process of de-familization of women.

### 3.2. The “migrant in the family” model

Esping-Andersen (1990; 1999) has observed that in southern European countries, welfare intervenes only when the capacity of family members has failed (subsidiarity principle). As a result, policies aimed at reconciling women’s employment with family care have traditionally been limited in those countries. However, over the past years, female employment and the emancipation of women’s roles have challenged the subsidiarity principle. Moreover, the vertical ageing of the population has created a gap in the care work for the elderly. Southern European countries have started relying on migrant workers as a cheaper solution for care gaps. The informal LTC work has been defined as the “migrant in the family” model (Bettio et al., 2006). However, this model has also been extended to other contexts like Austria (Weicht, 2010). Because of their low costs, migrant workers have become popular providers of LTC services. The literature demonstrates that migrant care workers come from diverse countries of origin and that the composition of the migrant labour force also differs by the type of care work provided (Österle & Hammer, 2007). In Italy, most home-based care workers come from Romania and Ukraine, similar to Austria. While in Spain, they come from global southern countries, including Bolivia, Ecuador, and Colombia (see Table 3). Several factors shape the “migrant in the family” model. These include population ageing, women’s employment, and cultural changes regarding care arrangements (Williams, 2011). The availability of public care provisions shapes the quality of employment in LTC works (Simonazzi, 2009), affecting the demand for migrant labour. However, in recent times, migrant care work has spread both in Northern and Southern European countries (Da Roit & Weicht, 2013). As a result, there is a convergence in the “migrantisation” of care work across Europe, with fewer differences among welfare regimes (Williams, 2012). Furthermore, migrant LTC workers, different from native workers, generally accept low wages, long working hours, and low social status recognition (Piore, 1979). Conversely, the unpredictability of migratory flows and international scenarios make this model unsustainable in the medium and long term. Some discouraging factors, such as bad working conditions, and job insecurity, have pushed migrant workers, particularly young mothers, to leave from Southern to Nordic European countries (e.g., Sweden, Norway, or Denmark) (van Hooren, 2014; Puppa, 2012). The migration flows pose challenges to care arrangements in the future, particularly in countries traditionally relying on the “migrant in the family” as a convenient solution for their care gaps (e.g., Italy and Greece).



Country of residence	Foreign-born among the home-based caregivers (%)	Top countries of origin
Italy	89.0	Romania, Ukraine, Moldova, Peru
Greece	74.5	Bulgaria
Spain	67.4	Bolivia, Ecuador, Romania, Colombia
Luxembourg	50.0	Not available
Austria	29.6	Romania, Slovak Republic
Sweden	22.2	Iraq, Finland, Serbia, Iran
Switzerland	20.1	Germany, Portugal, Kosovo, Italy
Norway	19.5	Somalia, Pakistan, Ethiopia, Germany
United Kingdom	18.8	India, Nigeria, Philippines, Zimbabwe
Belgium	14.6	Not available
Netherlands	14.3	Morocco, Suriname, Germany, Indonesia
Germany	10.8	Not available
Estonia	4.5	Russian Federation
Czech Republic	1.7	Slovak Republic
Poland	1.6	Not available
Slovak Republic	0.4	Not available
Finland	-	Not available

Table 3. Distribution of foreign-born home-based caregivers by countries of origin.

Source: OECD International Migration Outlook 2015. Home-based caregivers in the total labour force by country of residence and place of birth in selected OECD countries in 2012-13. Online: [https://www.oecd-ilibrary.org/social-issues-migration-health/international-migration-outlook-2015\\_migr\\_outlook-2015-en](https://www.oecd-ilibrary.org/social-issues-migration-health/international-migration-outlook-2015_migr_outlook-2015-en)

#### 4. DISCUSSION

The care provision is a crucial link between the well-being of citizens and the government's responsibility, as it connects societal needs and state authority. However, the Great Recession and the pandemic situation have led to a shift in care policies in European countries. For instance, France and Germany have introduced work-life balance policies after the COVID-19 pandemic to ease care work. However, in this scenario, the long-term care (LTC) policies have received less attention. The result of this lack of political reforms is that in southern European countries the LTC work is still mainly provided by family members, particularly unemployed or part-time employed women. From a theoretical point of view the "gender contract" refers to the implicit gendered division of family work and care responsibilities, including the LTC work, as well as the accepted understanding of what is considered "natural" for women and men (Solà, 2016). However, this contract has been unfavourable for women, and studies show that a rigid separation of gender roles discourages women's participation in the labour

market (Maestriperi, 2023) and confirms a stereotypical view of women's role in society. For this reason, in recent years, gender policies have been introduced in southern European countries, such as Spain (Walby, 2020), which first promoted political reforms to ensure gender equity in areas such as work, education, and adult care. However, the LTC work remains a predominantly female area in Europe (Miyazaki, 2023). The data reported in Table 4 indicate that among the southern European countries, Portugal and Spain improved their gender equity in care activities. Otherwise, in Italy and Greece, gender equity is still below the average of the EU union, with significant implications for the future of LTC work.

Country	Score
European Union (reference)	78.7
Spain	85.6
Portugal	80.3
Greece	74.8
Italy	74.2

Table 4. Gender equality index of care activities among Southern European countries.

Source: Author's elaboration on data of Gender Equality Index 2023 (domain: time, variable: care activities). Variable description: "People caring for and educating their children or grandchildren, elderly or people with disabilities, every day (% , 18-74 population)". <https://eige.europa.eu/gender-equality-index/2023/compare-countries/time/1/table>

In Europe, the elderly population is projected to amount to 129.8 million by 2050 (Eurostat, 2023). Italy and Spain are anticipated to be the two countries most significantly affected by this process, followed by Greece and Portugal. In these countries, the welfare systems exhibit vulnerabilities, and elderly care provisions are traditionally family-based. Despite the recent introduction of anti-discrimination legislation and a gender equity plan in Spain (see Naldini & Jurado, 2013), LTC for the elderly remains a female-dominated sphere. This is emblematic of a familistic culture rooted in the Catholic tradition and seems to persist even as the socio-economic conditions of women have been improved. Data from the European SHARE project shows that family structures in southern Europe continue to be based on intergenerational ties. As Kholi et al. (2009) argue, the percentage of co-residents aged 50 and over (elderly individuals living with their children's families) is higher in Italy, Spain, Greece, and Portugal than in Nordic or continental countries (such as Germany, France, or Denmark).

According to Albertini et al. (2007), the co-residence model in the southern welfare regimes allows the reciprocal transfer of resources from parents to children and *vice versa*. Nevertheless, the presented scenario highlights challenges in long-term care for the elderly, especially in Italy. As Migliavacca and Léon (2013) argue, the LTC system in Italy is fragmented and presents significant disparities between northern

and southern regions. Another negative aspect of such “regionalism” in elderly care services includes disparities between urban versus rural or agricultural areas of Italy. The Law 328/2000 has introduced in Italy the local welfare plan (Piano di Zona) to promote social and health services at the local level. However, since its activation, the local welfare plans have shown weaknesses, such as a lack of accountability, limited resources from the government, and high bureaucracy. The results have been the progressive number of local micro-welfare models confirming the public-conservative nature of the Italian welfare regime (Bifulco et al., 2008). In contrast, Spain, starting in 2006, has introduced a long-term care law (Ley de Dependencia)<sup>1</sup> aimed at addressing the historical lack of public welfare in supporting the elderly (Léon, 2011). The reforms introduced in Spain over the last few years have led to significant improvements in gender equality, including in the care sphere. Different from Italy, such a model has been defined as a public-progressive (Walby, 2020).

The solution to the growing demand for LTC works in Italy (but also in other European contexts) has been the massive influx of international economic migrants. This solution has been defined as a “private solution” by Sarasa and Billingsley (2008), and according to Cangiano (2014), it may be unsustainable in the long and medium term for several reasons. First, the increasing demand for LTC workers among migrants could intensify the competition between receiving countries. Second, in future demographic scenarios, the ageing of sending countries could stimulate domestic demand for LTC workers and thus limit the influx of migrants towards other countries.

## 5. CONCLUSIONS AND LIMITATIONS

Policymakers could be interested in eliciting social policies to defamiliarize child and elderly care. This could lead to a dual benefit: a rapid increase in female labour force participation and a more egalitarian distribution of care responsibilities within families and between genders. Reflecting on southern welfare regimes thus offers an opportunity to rethink the classic welfare schemes, and the core concepts underpinning them. As argued by Mahon (2018), a priority is redefining roles and responsibilities within the family alongside the implementation of defamiliarization initiatives. Introducing policies that directly or indirectly eliminate gender stereotypes in caregiving work is necessary for southern European countries. Increasing awareness of gender equity through school education programs or building a gender culture combining existing educational initiatives, are measures that can no longer be postponed. An egalitarian culture of care, the elimination of economic, gender, class, and race/ethnicity barriers in the informal care sector, along with better utilization of public care resources, can lead these countries to converge towards the welfare standard of Nordic and continental countries. Some Mediterranean countries, like Spain, have introduced progressive political reforms to improve their welfare systems and gender issues, while others, like Italy, maintain a traditional-conservative welfare model. In conclusion, this paper has several limitations. Firstly, it provides a theoretical anal-

<sup>1</sup> The original name of the law is: Ley 39/2006, de 14 de diciembre, de Promoción de la Autonomía Personal y Atención a las personas en situación de dependencia.

ysis of welfare regimes in Southern European countries not supported by empirical data. Future research should include data-driven investigations to better understand the policies implemented in the long-term care (LTC) sector and care work in these countries. Secondly, the paper focuses on the main political reforms in Italy and Spain. Future studies should aim to compare the welfare scenarios of all southern European countries to identify the relationship between care policies and family organization.

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