

INTRODUCTION

by Matteo Luppi, Sara Picchi

Several studies have highlighted the increasing role of the families and the mismatch between needs and delivery of long-term care (LTC) in the Southern European countries, but less attention has been paid to other countries in the Southern rim of the Mediterranean. This special section aims to fill this void by presenting articles focused on reform processes and LTC organisation in the Mediterranean area. In doing so, this special section collects contributions coming from Italy, Spain, Greece, Turkey, and Israel as well as a comparative analysis including 21 EU Member States and a focus on Lombardy, one of the most dynamic Italian Regions in LTC arrangement.

Diversi studi hanno evidenziato la centralità delle risorse familiari e il crescente divario tra offerta e domanda nei sistemi di lungoassistenza nei Paesi dell'Europa meridionale; tuttavia, poca attenzione è stata prestata ad altri Paesi dell'area mediterranea. Questa sezione monografica si propone di colmare questo vuoto presentando una serie di articoli dedicati all'analisi dei processi di riforma e dei sistemi organizzativi di lungoassistenza nell'area mediterranea. A tale scopo, la presente sezione raccoglie contributi relativi a Spagna, Italia, Grecia, Turchia e Israele, oltre a un'analisi comparativa di 21 Paesi europei e a un focus sul sistema di cura attuato in Lombardia, una delle Regioni italiane più dinamiche per quanto riguarda l'organizzazione della lungoassistenza.

Demographic, economic and social changes – ageing of the population, decreased fertility, the shrinking of family size, and increase in the female activity rate – have radically increased the demand for long-term care (LTC) in all advanced countries. In the Mediterranean countries, the increase in demand has not been met by an adequate public response in terms of financial resources and service provision. The family is still the main care provider. While the structure of the Southern European care models has been widely investigated, less is known of other countries in the Southern rim of the Mediterranean, that share many of the characteristics and challenges of their Northern neighbours. In the latter, attempts at reforming the LTC sector – which were initiated in the last decades – have been killed in the bud by the financial and economic crisis. In fact, the crisis has reduced

the financial resources that governments could devolve to LTC and it has affected the private resources – time and money – that families could afford to spend for care, leaving the Mediterranean care systems to struggle with an increasing mismatch between needs for care and (private and public) supply of care. Their response to this new, formidable challenge has not yet been adequately investigated. The essays in this collection attempt to address these issues.

The term “long-term care” refers to the care of frail and dependent, usually old, people¹. Since the 1990s this sector has been one of the most dynamic in terms of public as well as private care provision in many European welfare states (Gori, Fernández, Wittemberg, 2015). The institutional settings through which LTC provision is regulated differ substantially across Europe (see Bettio and Plantenga, 2004; Da Roit, Le Bihan, Österle, 2007; Huber *et al.*, 2009; Ranci and Pavolini, 2013; Simonazzi, 2009).

In the last couple of decades, in some Northern European countries there has been a convergence towards quasi-market or market mechanisms in elderly care service provision (Leichsenring, Billingsds, Nies, 2013), along with the improvement of tied cash schemes aimed at fostering the regular employment of private care workers and a greater emphasis on consumer-choice models in service delivery (Ranci and Pavolini, 2013). The liberal welfare regime solution to LTC challenges has consisted in limiting public intervention – investment and regulation of the care sector –, the creation of low-waged and poorly-protected jobs has allowed for wide accessibility to private services that would have been otherwise inaccessible to large section of the population.

Historically, Continental European countries and, to a larger extent, Southern European countries have always had little involvement in formal care provision, the expectation being that families will care for their own members (OECD, 2005). Weak, fragmented, and residual social policies went hand in hand with legal obligations on family members, mostly female, particularly in relation to intensive informal caregiving (Leon, 2014). In the last two decades, however, new schemes aimed at providing a broader coverage to the risk of dependency were introduced in Germany, Austria, and France. In the Southern European area, conversely little has been done to increase the availability of formal care provision (Ranci and Pavolini, 2013). In these countries, the strong emphasis on the role of the family has not been accompanied by social policies that either support the family materially, or strengthen its capacity to provide care for its members. The well-known overdependence on the family in LTC provision is a common thread in many countries, but in Southern Europe and in some Mediterranean countries, changes to this model accelerated considerably.

Since the beginning of the 2000s, the ageing of the generations born after the Second World War, the dramatic reduction in fertility rates, coupled with the increase in the female employment rate have put considerable strain on systems that traditionally depended on informal care provision. Limited public LTC delivery, predominantly based on untied cash transfers and the increasing demand for care contributed to the emergence of a private care market mainly built on irregular migrant female labour (Da Roit and Wiecht, 2013). In these

¹ According to the Organisation for Economic Co-operation and Development (OECD, 2011), the term “long-term care” refers to the organisation and delivery of a broad range of services and cash transfers to people who are limited in their ability to function independently on a daily basis over an extended period of time, due to mental and/or physical disability. Typically, LTC consists of assistance with so-called “activities of daily living” (ADL), such as eating, bathing, dressing, getting in and out of bed, or using the toilet.

countries, the absence of any effective policy reforms aimed at substantially reducing the responsibility of families to provide care has resulted in low public care sector employment rates (Simonazzi, 2009).

In addition to the socio-demographic transformations of the last decade, the recent economic crisis is forcing the Mediterranean LTC models into a new phase of redefining the boundaries in which the family, the State, and the market operate. These new constellations could result in an even greater challenge as the social safety net role played by families becomes harder to fulfil. On the micro level, the effect of the economic crisis risks being substantial in these countries, even in terms of governance, as the public spending restrictions are likely to impact in particular local authorities and affect their capacity to provide elderly care services.

The contributions collected in this special section aim to broaden the coverage of the Mediterranean LTC models and describe their response to the demographic and economic crises. The idea is to collect articles also from non-European Mediterranean countries, in order to investigate the existence of common trends in the development of LTC systems in the Mediterranean area. The results show that everywhere the familialistic nature of LTC provision has been heightened by demographic and socio-economic changes on the one hand, and by limited public spending on the other. This has often resulted in an (un)planned third way, the so-called “migrant-in-the-family” solution (Bettio, Simonazzi, Villa, 2006), which encompasses, beyond the “usual ones” – Italy, Spain, and Greece – also countries in the Southern rim, such as Israel and Turkey.

In selecting the papers, we followed three principal lines of analysis. The first describes the institutional arrangements of the LTC systems in Israel, Turkey, Italy, and Spain. The second focuses on the features of formal and informal care providers, in particular Ukrainian care workers in Greece and middle-aged unpaid caregivers in 21 European countries. Finally, the third part zooms on care provision at local level: it describes the local system of the Region of Lombardy to highlight the differences existing within the various national LTC models.

Sharon Asiskovitch examines the evolution of the Israeli Long-Term Care Insurance Programme (LTCIP), focusing on the reasons behind the continuous growth that has characterised this programme since its introduction in the late 1980s, and especially after the mid-2000s. The author focuses on the role played by the different institutional and non-institutional actors involved, in ensuring its constant expansion in the cycle. The author shows how – despite its low public spending (in 2013, 0.4% GDP points, set against an OECD area average of 1.7%) – the development of LTCIP has been able to integrate centralised public management and to be strongly orientated towards both the market – in terms of service provision (driven in part by the availability of cheap migrant labour) – and the family (in relation to care responsibilities). It has also maintained a reasonable level of popularity amongst its beneficiaries.

Mehmet Fatih Aysan and Ummugulsum Aysan introduce the Turkish case. As the authors suggest, Turkey represents a very interesting case because of the deep transformation that its welfare regime has undergone in recent years. Social changes, along the lines of those experienced by Southern European countries – such as increasing women’s labour participation and decreasing families’ caring capacity – together with the renewed public interest in welfare policies and a growing market role in service provision, have led to reforms in the healthcare and social-service sector. In this context, the article addresses the relatively new issue of elderly care in Turkey, a system strongly anchored in familialistic

tradition and which is still in the early phases of its development, and during this transition phase, it seems to follow in the footsteps of the Southern European countries.

The article by Marco Arlotti and Manuel Aguilar Hendrickson provides a comparative analysis of the Italian and Spanish LTC systems in the crisis. Their analysis shows that, despite diverging reform patterns – the Italian institutional inertia and the “crippled” institutional reform in Spain – a further element of similarity between the two systems has constituted a hindrance to the development of a national LTC system. Also because of the austerity packages introduced during the economic crises, the Spanish and Italian LTC systems have stalled and are still largely based upon family support, cash transfers, and migrant care labour. The authors show how the multilevel governance, and its “vicious layering”, can be added as another reason for this lack of development.

The article by Nikos Xypolytas turns the attention to the live-in migrant care workers, a phenomenon much more widespread across the Mediterranean than usually believed. This article extends the analysis to Greece, a country that has received limited attention in the European debate about LTC models. Unlike previous work, which has focused on the LTC institutional arrangements as explanatory variables for the need of migrant live-in care workers, the innovative aspect of this article is to start from the point of view of the migrant workers themselves to investigate the “trap” of this employment.

Manuela Naldini, Emmanuele Pavolini, and Cristina Solera address the issue of the Mediterranean LTC model from the perspective of reconciliation between the (informal) caregiving responsibilities and working careers of middle-aged women. The authors investigate the possible outcomes, in terms of the decision to give up or reduce (or not) paid work, of the needs of reconciliation, in different “care-work regimes”, that is, considering the different institutional and cultural features of the European care models. Putting the Mediterranean care model in comparative perspective, this article provides a useful complement to the previous papers, raising important questions about the long-term sustainability of the Mediterranean care model.

Although LTC systems differ across developed countries, due to its intrinsic nature and proximity, care is still a local matter. This means that quality of care can differ widely within national systems. Italy is no exception: since the reform of the constitutional law regulating the decentralisation of functions, the provision of social services has had a marked regional dimension. The last paper focuses on the analysis of care and work organisation in the Region of Lombardy. Sergio Pasquinelli and Giselda Rusmini highlight the strengths and weaknesses of the regional system, analysing how the recent economic crisis has changed the relationships between the three actors involved in the care process: local government, beneficiaries, and care providers.

REFERENCES

- BETTIO F., PLANTENGA J. (2004), *Comparing care regimes in Europe*, “Feminist economics”, 10, 1, pp. 85-113.
- BETTIO F., SIMONAZZI A., VILLA P. (2006), *Change in care regimes and female migration: The ‘care drain’ in the Mediterranean*, “European Journal of Social Policy”, 16, 3, pp. 271-85.
- DA RIOT B., LE BIHAN B., ÖSTERLE A. (2007), *Long-term care policies in Italy, Austria and France: Variation in cash for care schemes*, “Social Policy & Administration”, 46, 6, pp. 653-71.
- DA ROIT B., WEICHT B. (2013), *Migrant care work and care, migration and employment regimes: A fuzzy-set analysis*, “Journal of European Social Policy”, 23, 5, pp. 469-86.

- GORI C., FERNÁNDEZ J. L., WITTEMBERG L. (2015), *Long-term care reforms in OECD countries. Successes and failures*, Policy Press, Bristol.
- HUBER M., RODRIGUES R., HOFFMAN F., GASIOR K., MARIN B. (2009), *Facts and figures on long-term care. Europe and Nord America*, European Center for Social Welfare Policy and Research, Wien.
- LEICHSENRING K., BILLINGS J., NIES H. (2013), *Long-term care in Europe: Improving policy and practice*, Springer Verlag, New York.
- LEON M. (2014), *The transformation of care in European societies*, Palgrave Macmillan, London.
- OECD (2005), *Long-term care for older people*, OECD Publishing, Paris.
- ID. (2011), *Help wanted? Providing and paying for long-term care*, OECD Publishing, Paris.
- RANCI C., PAVOLINI E. (eds.) (2013), *Reforms in long-term care policies in Europe*, Springer Verlag, New York.
- SIMONAZZI A. (2009), *Care regime and national employment models*, “Cambridge Journal of Economics”, 33, 2, pp. 211-32.

