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**Combining care and gender regimes:
the use of typologies to explain cross-European differences in paid domestic work**

Abstract

In the light of the recent developments occurred in the domestic sector in Europe and the debate on the externalisation of domestic and care activities, this paper explores the impact of gender regimes and care regimes on paid domestic work. As recent researches have pointed out, paid domestic work – which includes both care and domestic activities – has increased almost everywhere in Europe and abroad. Among the main trends occurring in this sector, feminisation and *ethnicisation* have been recognised as two crucial phenomena, as well as the persistence of poor working conditions and low reputation of the work. Despite converging trends, cross-national differences are still significant and can be explained only by taking into consideration a multiplicity of factors. While literature on domestic work has recognised the role of welfare regimes (with a focus on policies related to *care*) and migration regimes (mainly entry and stay policies and integration measures) in defining the main trends of paid domestic work, feminist scholarship has introduced a third regime – the gender regime –, that can be crucial to understand the recent development of paid domestic work in Europe.

In this paper, I present the findings of a quantitative study conducted at European level, aimed at exploring the interconnection of care and gender regimes and their impact on the domestic sector in Europe. For this, I have conducted a two-step analysis. First, I have created two typologies of countries, one for each regime, based on a series of relevant indicators, which allowed me to identify clusters of countries that behave similarly with respect to gender and care systems. Then, I have tested the emerging clusters of countries on data from the EU-Labour Forces Survey, with respect to three characteristics of paid domestic work: the size of the domestic sector, the feminisation and the *ethnicisation* of the workforce and three aspects defining the job quality in the domestic sector.

Introduction

In the last 20 years, paid domestic work has received an increased attention both at policy and academic level. Scholarship has emphasised both continuities with the past and emerging trends at European level, albeit with cross-country differences. Some of the features that characterise the new forms of paid domestic work in Europe can be summarised in the numerical increase of paid domestic work, changes in the workforce composition, and the persistence of poor working conditions in the domestic sector. Given these features, and in order to understand cross-national differences as well as trends of convergence in the domestic sector, different approaches have been adopted, that take into consideration macro and/or micro factors. On the one hand, structural elements, such as the type of welfare support, migration policies that regulate the entry and residence permits of domestic workers, the regulation of the labour market and the incidence of the informal economy, determine both the degree of externalisation of domestic activities and the characteristics of the domestic sector. On the other hand, individual attitudes and preferences in terms of externalisation of

domestic tasks and ideals about family wellbeing, as well as family strategies to match welfare support with internal family organisation, all have an impact on the characteristics and the functioning of the domestic sector.

In this paper I concentrate on macro-structural factors and on the use of typologies to explain social phenomena. The aim is to test whether the creation of typologies, one for each aspect that is deemed to have a direct impact on paid domestic work, is a valid approach for comparative purposes and whether typologies can be a useful instrument to explore cross-national variations and to predict future developments.

The care and the gender regimes are among the macro factors that have been identified as having a crucial impact on the recent developments in the domestic sector in Europe. While both care and gender regimes can be considered as part of – or variations – of welfare systems, they each focus on some aspects that can have a direct impact on the characteristics of paid domestic work. The care regime includes all welfare policies that support families in their care needs and the set of regulations that define the division of care responsibilities between the state, the market and the family (and the community). The gender regime is defined in this paper as the combination of two separate dimensions: outcomes in terms of gender equality, on the one hand, and individual and shared opinions about the gender division of labour, on the other.

The first part of the paper is an overview of the main characteristics of paid domestic work in Europe, as they have been highlighted by recent studies. In the second part I provide a brief overview of the main classifications of care and gender regimes that have been developed by scholars. In the third part of the paper, I construct two different typologies of countries – one for each factor – based on selected indicators. Finally, in the last section, I test the resulting clusters of countries on certain characteristics of the domestic sector in Europe. In particular, the domestic sector in each country is analysed with a focus on the following aspects: i) the size of the domestic sector, compared to all other sectors; ii) the workforce composition, in terms of feminisation and *ethnicisation*; iii) three aspects defining the job quality in the domestic sector: income, job security (temporary vs. permanent job), and unusual working hours (shift work on evenings, nights, Saturdays and Sundays).

Paid domestic work: what is at stake?

Literature on paid domestic work, and care work in particular, has known a great development in the last 20 years. Despite differences at national level, scholarship has emphasised some common trends that have occurred in many European countries in the last two decades, which include i) an increase in the size of paid domestic work, ii) the feminisation, iii) the *ethnicisation* and iv) the persistence of poor working conditions.

The numerical increase of paid domestic work. According to the International Labour Organisation (ILO, 2013), paid domestic work is increasing in all developed countries. After a drop during the industrialisation period (Cox, 2006), it started to grow again at the end of the century and has grown even more significantly in the last 15 years. However, because it is often performed in the undeclared economy, it is difficult to determine the exact magnitude of the sector, which depends among other things on the classifications used for data collection.¹ The increased participation of women in the paid labour market, the ageing of the population,

¹ The analyses I have conducted for this paper are based on the Labour Forces Survey 2015 (Eurostat), which classifies occupations according to the International Standard Classification of Occupations (ISCO). To include both housework and care work, I have selected the 3 ISCO codes that generally contain the three main components of the occupation: 911 code for home cleaning services, 531 for non professionalised childcare (babysitters, nannies, etc.) and 532 for non professionalised elderly carers. Although by no means it represents a totally accurate description of the sector, it should at least provide for a good approximation.

changes in family models and the decline of the extended family, as well as the shrinking of welfare states are generally considered as having contributed to the externalisation of domestic activities (Anderson, 2002; Scrinzi, 2011). Additionally, as feminist scholars have pointed out, these changes have not been accompanied by a transformation of the gender division of labour within households. Instead of questioning the division of housework and caring activities within the couples, more and more families now opt for outsourcing these activities, which inevitably leads to an expansion of the sector (Lutz, 2008).

The feminisation of paid domestic work. Although men have been a constant presence in domestic services in more ancient times, in both Europe and other parts of the world domestic work has known a process of feminisation, so that by the late Nineteenth century it has become an almost exclusively feminised job (Sarti and Scrinzi, 2010). The relative higher number of men in certain European countries is usually ascribed to the presence of migrant men, who constitute the majority of the male population of domestic workers (Beccalli and Ambrosini 2009; Sarti and Scrinzi, 2010). However, paid domestic work is commonly considered as a typical female job. This is linked to the traditional gender division of labour within households: the work that was traditionally performed for free by women in their households is still considered as a female responsibility and women in general are seen as the natural providers of domestic services (Anderson, 2006; Scrinzi 2011, Lutz, 2002).

The ethnicisation of paid domestic work. An emerging feature of paid domestic work is the *ethnicisation* of the job (Anderson, 2000, 2006; Sassen, 2003; Anthias and Lazaridis, 2000; Kofman et al. 2000). In many European countries, domestic work is more and more performed by migrant women, who represent the lower social strata that go to fill the gaps of labour demand that are not filled by locals. Although paid domestic work already had a strong (internal) migration dimension in the past, the link between migration and domestic work has become more visible in recent times (Sarti, 2006), at the point that it has been defined a global issue that has generated a gendered and racialised division of labour (Andall, 2000; Parrenas, 2001; Ehrenreich and Hochschild, 2003; Lutz, 2008).

Poor working conditions and low reputation of domestic work. Despite the various attempts that have been carried out in many European countries to professionalise domestic work, both quantitative and qualitative research in this field point at the persistent low reputation and poor working conditions that characterise this “dirty work” (Anderson, 2000). The unremunerated work *spontaneously* performed by women is translated into a type of remunerated work that has no value and no social recognition. The fact that housework and care work are deemed “low-skilled” also at policy level is reflected in the low rewarding accorded to the work, both economically and socially (Lutz, 2008).

Care and gender regimes: can we identify European typologies?

The care regime

The term regime mainly started to be used following Esping-Andersen classification of welfare states models (Esping-Andersen, 1990, 1999). His classification, which distinguishes between social-democratic, corporatist-conservative and liberal welfare models and which is based on the concept of the relationship between the state, the market and the family, has been largely embraced by the following literature. With respect to the study of paid domestic work, the care regime, as a variation of the welfare regime, has been defined so as to include all policies that have an impact on the support to families’ wellbeing overall. It has to do with the division of domestic and care responsibilities between the state, the market and the family (and the third sector). The type of welfare support in place in a given country, as well as the generosity of the welfare state system, do have an impact on family arrangements and decisions regarding the managing of housework and caring activities. The availability of

quality public childcare and elderly care services, tax deductions for housework services, the availability and the extent of maternity and parental leaves, child-rearing allowances and cash-for-care schemes for the elderly are all examples of welfare policies that support families in their caring needs and that determine family arrangements with respect to care. This in turn can have an influence on the size of the domestic sector, on its workforce composition and on its job quality.

Traditionally care has been performed by family members, usually women, in a completely voluntary and unpaid way. The family was universally recognised as the only – or at least the main – provider of care for both children and dependant people. In particular, in the male breadwinner model, the economic function of supporting the family was linked to the employment of men, while women were in charge of the care of family members, while being financially in charge of men (Frericks & al., 2013). In post-industrial societies, the erosion of the male breadwinner model and the dramatic changes intervened in all modern societies required a reorganisation of the care system and a redefinition of care responsibilities.

The increased female participation in the labour market and recent demographic changes, such as the drop in fertility rates and the consequent ageing of the population, are usually recognised as having contributed to the increased burden of families with respect to care. With more and more women working full-time and more and more family members requiring long-term care, families can no longer sustain the burden of care on their own (Bettio & al., 2006). In addition to these two main factors, other structural changes occurred in the last decades that contributed to the redefinition of family models and thus a redefinition of the solutions offered to families to cope with caring responsibilities. The erosion of the traditional standard nuclear family and of the extended family model, characterised by internal cohesion and strong geographical connections, as well as the multiplicity of new family types and the increased mobility, all require new care arrangements, compared to the past. Finally, care regimes also depend on ideals and culture about the role of the family and about care, which differ greatly from country to country. The care culture can in turn act as an incentive and thus determine labour market patterns, fertility rates and other developments (Bettio & Plantenga, 2004).

Many attempts have been made by scholars to classify European countries based on their care system and to create typologies of care, but the complexity of care policies makes the task particularly arduous for various reasons.

First, even if care and domestic tasks tend to be more and more externalised, at least a part of care is still performed by families in all European countries, and it is likely to remain so. The complex combination of formal, informal, public and private solutions adopted by families to meet care needs makes it difficult to classify countries. Additionally, the lines that separate health, social and care work can be blurred. For instance, activities linked to elderly care can include medical care (medical treatments, drug administering, etc.), general health care (hygiene and personal cleaning activities, etc.), emotional care (keeping company, listening, etc.) and helping out with housework activities (cleaning, cooking, grocery shopping).

Second, the lack of reliable and harmonised data at European level makes cross-national comparisons arduous. As mentioned above, various activities, which are not necessarily classified as care activities, can coexist and the statistical classification may vary from country to country. For instance, depending on the way care is acknowledged and provided within the welfare state, care and domestic workers will be included in different segments of the labour market, ranging from more professionalised medical or semi-medical occupations to non qualified workers.

Finally, care regimes cannot simply be classified in terms of generosity of welfare. Although generosity of provisions is certainly important in defining the type of care systems, there are other aspects that need to be taken into consideration. For instance, the type of provision, such

as in-kind services and care facilities vs. financial benefits, is of crucial importance for an international comparison of care regimes. Moreover, policies towards care are not addressing all types of care coherently or in the same way. In the majority of European countries the prominence is given to one or the other dimension among childcare, elderly care and domestic activities, and some countries can have significantly different approaches in addressing one or the other dimension, depending on political interests but also on cultural ideas about what is considered to be good care. For instance, while the care responsibility of frail elderly people may be commonly accepted to be on the shoulder of the state, a complete de-familialisation of childcare is never seen as the best option (Saraceno & Keck, 2010). The lack of a clear definition of the best model of care (Saraceno, 2011) can represent a challenge for issues of classification.

The main typologies of care regimes developed by scholarship have combined one or more of the following distinctions: i) familialisation vs. de-familialisation; ii) childcare vs. elderly care; iii) formal vs. informal provision of care.

A way to classify care regimes that has known a great development in recent years is to make a distinction between policies that aim to reinforce the familialisation of care and policies whose goal is at least a partial de-familialisation of care. Saraceno and Keck (2010) differentiate between unsupported familialism, supported familialism and de-familialisation, with the possibility of a hybrid form between the last two groups. In the unsupported familialism, financial support for family care in underdeveloped and there are no public alternatives. In the supported familialism, policies support families in their care responsibilities, usually through financial transfers. The de-familialisation is based on the individualisation of social rights, which is meant to reduce family responsibilities for care. While a certain degree of familialisation is present in all care systems, de-familialisation can be achieved in different ways, namely through the state, through the market or through the third sector.

In the great majority of classifications of care regimes, a distinction is made between childcare and care for the elderly, while housework incentives are usually not taken into consideration. To mention a few examples, Saraceno (2011) focuses on childcare and on the way different packages of policies (combining familialisation and de-familialisation) have an impact on intergenerational responsibilities, on gender equality, on female participation rates, but also on poverty. Frericks and al. (2013) analyse the public provision for senior citizens and in particular the most recent policies aimed to financially support family members who provide care. With this respect, they recognise three family care regimes – an informal, a formal and a semi-formal regime – based on the way welfare states frame the work situation of family members providing care and the way they reduce social risks linked to family care work (loss of income, social protection, pensions, etc.).

Regarding the separation between formal and informal provision of care, literature usually defines informal care as all activities linked to the unpaid work performed by family members. According to this definition, the formal provision of care indicates paid working activities performed by either publicly or privately remunerated workers (care work provided by the state or directly bought in the market). However, in the case of care work the distinction between formal and informal as paid or unpaid work is not always clear. The fact that in recent years some European countries have introduced instruments to partly professionalise the unpaid work of family members, adds up to complicate the picture. To underline the distinction between a formal provision of care, as care provided in one or another form by the state, and an informal provision of care, intended as the lack of such public provision and the consequent proliferation of informal care arrangements by families, some scholars attribute to the dichotomy a different meaning. In this sense, a formal care market indicates a professionalised market favoured by state policies, while informal care can indicate both the

unpaid work performed by family members, or the development of an informal market of – often irregular – carers (Simonazzi, 2009).

Starting from the definition of formal and informal care, as the separation between unpaid and paid work, Bettio and Plantenga (2004) identify different groups of countries, depending on the way each country implicitly or explicitly tends to promote one or the other type of care. According to their findings, Greece, Italy, Spain and Ireland are part of the group of heavy informal care users, which confirms the traditional importance of the role of the family in these countries. Surprisingly, also the UK and the Netherlands are found to be heavy informal care users. On the other side of the spectrum, there are countries like Finland and Denmark, but also France and Portugal, that classify as light informal care users (Bettio & Plantenga, 2004). Based on the “index of informal care intensity” and on other indicators, they find five groups of countries: i) Mediterranean countries and Ireland, where the full burden of care falls on families; ii) the UK and the Netherlands, whose main feature is the net separation between how childcare and elderly care are provided; iii) Austria and Germany, with a large informal care sector, but financially supported by the state; iv) Belgium and France, where formal care strategies are well developed; v) Northern countries, whose main feature is their universalistic approach to care.

Starting from the distinction between formal and informal care market, Simonazzi (2009) operates a distinction in the care towards the elderly between policies characterised by a high level of in-kind and service provisions and policies where unconditional cash allowances prevail. According to the author, the two types of policies engender opposite outcomes in terms of the formality of the care market. The bestowal of in-kind services and tied financial benefits (care allowances granted under certain conditions, where usually beneficiaries have to prove that they have used them to buy care) tend to favour the development of a formal care market. In these countries, the state plays an important role in the provision of care and also in the regulation of the care market. On the contrary, the granting of untied (or unconditional) cash benefits, for which there is no control by the state over the use of the allowance, encourages the development of an informal market, be that unpaid work or remunerated work directly bought in the – often undeclared – market. Therefore, based on the type of support provided by the state and the way care is financed, the author recognises two main groups of countries. The first group includes countries that rely mainly on in-kind provisions, either through the provision of services (residential homes, home based care) or through tied cash allowances, over which the state maintains a certain degree of control. These countries include the UK and Sweden, as far as services are concerned, and France, with respect to conditional cash allowances. The policies adopted in these countries tend to promote a formal market of care. The second group includes countries that rely mainly on untied cash allowances, either in the form of care insurance schemes, as it is the case in Germany and Austria, or in the form of unconditional cash benefits, as in Italy. These countries are characterised by a large informal care sector (Simonazzi, 2009).

The gender regime

The introduction of the gender regime came as a response to the shortcomings of literature on welfare states². Esping-Andersen typology of welfare regimes has been criticised by feminist scholars, as it lacks a gender perspective (see Lewis 1992, Sainsbury 1994, Williams 1995). Since one of the main assumptions of Esping-Andersen’s typology was that labour coincides with remunerated employment, all unremunerated care work and the relationship between the state and family arrangements in reconciling work and family life was absent (Lutz, 2008; Pfau-Effinger, 2000). From a gender perspective, welfare regimes also depend – and can be

² Welfare and gender regimes are – if not overlapping – certainly closely related one another and speaking about gender regimes inevitably recalls concepts and models of the welfare studies tradition.

classified accordingly – on the importance that they attribute to care: whether the care for children and dependant people is considered a public or a private responsibility, the way care is acknowledged, whether care is accounted for in social security schemes, and so on. Additionally, the recognition of care by the state should be oriented towards gender equality, to avoid reinforcing gender stereotypes and the gender division of labour (Gerhard, Knijn and Weckwert, 2005). To give a typical example, maternity leaves, when they are not accompanied by a parallel – possibly in a “take-it-or-leave-it” form – parental leave to be shared with fathers, tend to prevent women from re-entering the labour market and therefore reinforce the traditional “maternal” role of women.

Whereas there is no unique definition of gender regimes, they can be considered as the combination of two main dimensions: first, they include all policies that are directly or indirectly addressing gender equality, as well as concrete outcomes in terms of gender equality in all fields (economy, politics, health, power, education and so on); second, they also include what feminist scholars have defined the “gender contract”.

Literature usually refers to the gender contract to emphasise the informal gender arrangements between men and women, which determine how men and women act in society, within their families and in the relationship with each other. The gender contract includes the gendered division of labour and of family and work responsibilities, but also the common and accepted understanding of gender roles and what is considered to be the “right” and natural place of women and men in society. These gender social norms often operate routinely, whether they are recognised or not, and they can define, for example, what in a given context is considered to be “good care” for children or dependent people, what is acceptable or unacceptable for family wellbeing, and also who and to what extent, among the state, the market and family, should be responsible for family well being.

Thus, while gender equality in its broader form is certainly part of the gender system in a given country, literature seems to agree on the fact that gender regimes include something more difficult to capture, but even so of crucial importance for explaining labour market, family and social behaviours of men and women. For instance, recent research on female employment rates showed that women do not base their decision to work outside the home solely on the availability of childcare services or financial allowances and tax deductions that allow them to reduce the costs for childcare. On the contrary, attitudes of women towards remunerated work are also influenced by social norms and cultural elements (Gerhard, Knijn and Weckwert, 2005; Duncan and Pfau-Effinger, 2000). This means that the labour market behaviour of women cannot be fully explained by welfare support, and that social practices are equally important in their decisions (Gerhard, Knijn and Weckwert, 2005).

Lutz (2011) defines the traditional gender contract as ‘an implicit contract between genders whereby the public [...] and the private [...] spheres are specifically differentiated by gender. Within this division, professional employment enjoys high social esteem, whereas the work of caring for the family is regarded as trivial. Thus the gender-specific differentiation also constitutes a hierarchical distinction’. It is what literature has often described as the traditional male breadwinner model, in opposition to the new adult-earner or dual-earner model, which is a redefined, more egalitarian and more individualistic family model towards which modern societies tend (Leira, 2002).

According to Marie Thérèse Letablier (2009), in every European country the welfare state was initially based on the “family ideology”, according to which family is the fundamental social unit within which feminine and masculine roles are differentiated – namely, the role of men is to work outside the home and women, who are economically *in charge* of men, have a maternal and domestic role, even when they have to work outside the home. Subsequently, welfare states started to differentiate, and some of them began to recognise the right of women to choose whether to work in the waged market or to rear their children at home. The

result was for instance that the French welfare state became more supportive to women's efforts to conciliate family and work, while countries like Germany and the Netherlands kept a fundamentally maternal ideology in their welfare, and the Northern European countries got rid of the maternal ideology, based on the idea that women's participation in the labour market is the main instrument for achieving gender equality (Letablier, 2009). Based on these criteria, Letablier identifies five main models: i) a regime characterised by maternalism, typical of continental countries; ii) a regime characterised by a social democratic gender contract, typical of Northern countries, where professional activity of women is highly encouraged and supported; iii) a regime characterised by family ties, typical of Mediterranean countries, where the male breadwinner model is still dominant; iv) a neo-liberal regime, typical of the islands, where civil rights dominate upon social rights and where the discourse rotates around the "freedom of choice" of care recipients (Williams, 1995); v) and a residual regime, which includes Eastern European countries, characterised by high heterogeneity (Letablier, 2009).

A possible alternative classification of welfare regimes that takes into account the gender contract is the one proposed by Jane Lewis (1992), who classifies countries based on their *strong*, *modified* or *weak* male breadwinner model. According to Lewis, all welfare states developed upon a male-breadwinner family model that was subsequently modified to different degrees in different countries: examples of strong breadwinner countries are Ireland and Britain, with high rates of female part-time and very weak state support; an example of a modified family model is France, where female full-time is more widespread and the state provides better support; while an example of a weak breadwinner model is Sweden, the only one that intentionally decided to move towards a dual breadwinner model (Lewis, 1992).

Birgit Pfau-Effinger (2012) stresses the importance of culture and social change as a theoretical approach to understand gender arrangements. Not only the social behaviour of individuals is strongly influenced by cultural values and ideals about the right division of labour between sexes, but also welfare states policies are influenced by predominant ideals. Then, countries can potentially experience internal contradictions: policies might be more traditional than individual orientations about gender models and so they might constitute an obstacle for women; or, on the contrary, policies might be more innovative compared to the ideals of the majority of the population. Pfau-Effinger (2002) classifies countries according to the cultural ideals about the gender division of labour ("gender culture") and to the cultural constructions in social institutions ("gender order"), and she recognises six different gender cultural models in Europe: the family economic gender model; the male breadwinner/female home carer model; the male breadwinner/female part-time carer model; the dual breadwinner/state carer model; the dual breadwinner/dual carer model; the dual earner/marketised female carer.

Measuring care and gender regimes

The gender regime typology

The typology was constructed so to keep separate the two dimensions of the gender regime, namely the dimension that measures gender equality in terms of outcomes in each European country, and the dimension assessing cross-country differences in terms of gender contract. The two dimensions were then plotted against each other in order to rank countries according to both indicators, where the lowest scores denote more traditional gender contracts, lower levels of gender equality in the private and the social spheres and more family-oriented and gender differentiated approaches to care and family responsibilities. On the contrary, the highest scores are linked to more egalitarian gender contracts, higher gender equality outcomes and a more gender balanced approach regarding care and family responsibilities.

For the first dimension, an existing indicator – the Gender Equality Index 2015 – was used. The Gender Equality Index 2015, elaborated by the European Union, measures the national attainments in terms of gender equality, assigning to each member state an overall score, based on the outcomes in 6 sub-dimensions: work, money, knowledge, time, power and health. For the second dimension, a new indicator was constructed, based on two European publicly available datasets, namely the ad-hoc module on “family work and well-being” of the European Social Survey 2004³ and the Special Eurobarometer 2014 on “gender equality”. Several indicators were selected, based on relevance, to reflect and assess the second dimension that defines the gender contract. All selected variables measure the respondents’ opinions in each European country with respect to specific statements about gender roles and the sharing of house and childcare responsibilities⁴.

Specifically, two variables were selected from the European Social Survey, round 2 (2004), where respondents were asked to evaluate the following statements, ranking from 1 to 5, where 1 is “strongly agree” and 5 “strongly disagree”: 1) Women should be prepared to cut down on paid work for sake of family; 2) Men should have more right to job than women when jobs are scarce. Another five variables were selected from the Eurobarometer survey, where respondents were asked to evaluate the following statements, ranking from 1 to 4, where 1 is “strongly agree” and 4 “strongly disagree”: 1) All in all family life suffers when the mother has a full-time job; 2) Women are less willing than men to make a career for themselves; 3) Men should work more in childcare sectors, such as day nurseries; 4) Overall men are less competent than women to perform household tasks; 5) A father must put his career ahead of looking after his young child.

For each variable, the percentage of people whose responses show the highest degree of gender equality were calculated (questions were reversed where necessary, depending on the formulation of the statement), by summing up the percentages of “agree” and “strongly agree” responses (or “disagree” and “strongly disagree”, in the case of reversed questions).

After verifying the correlation between them, a Principal Component Analysis (PCA)⁵ was run on the seven items and on the 21 countries for which data is available⁶, which extracted one component accounting for 66% of the initial variance⁷. Finally, the component scores were calculated for each available country. A Cluster Analysis was then run in order to find the clusters of countries that behave more similarly with regards to the two indicators.

Figure 1 shows the positioning of the European countries included in the analysis, as well as the three resulting clusters:

³ Although a more recent ESS ad-hoc module on family wellbeing exists (Round 5, 2010), it does not include all European countries (in particular, data is not available for Italy and Luxembourg). Therefore, after verifying the consistency of the responses by country from 2004 to 2010, I have decided to use the 2004 version.

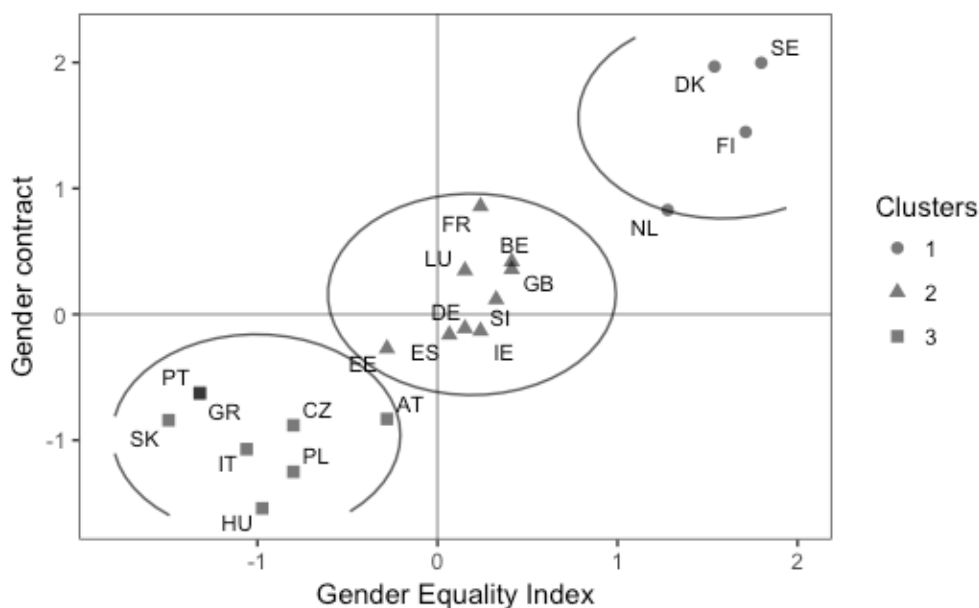
⁴ No indicator was found that assesses the respondents’ opinion about caring responsibilities of elderly people and dependant people, other than children. A few European surveys exist which focus on the ageing of the population and the availability of welfare services with respect to elderly care, but none aims specifically at evaluating individuals opinions about caring responsibilities of elderly people.

⁵ Since a Factor Analysis based on a small number of cases (here 21) does not guarantee reliable results (see Field A. and al., 2012, ch. 17), a Principal Component Analysis (PCA) was used instead. The PCA is a statistical procedure that calculates the linear combination among variables and allows finding k numbers of principal components, based on the correlation between variables.

⁶ Since data was missing for certain countries, the final dataset includes 21 countries: Austria, Belgium, Czech Republic, Germany, Denmark, Estonia, Spain, Finland, France, UK, Greece, Hungary, Ireland, Italy, Luxembourg, the Netherlands, Poland, Portugal, Sweden, Slovenia, Slovakia.

⁷ The Kayser-Meyer-Olkin (KMO) test verified the sampling adequacy for the analysis (KMO = .65, which is above the acceptable limit of .5). Bartlett’s test of sphericity, $\chi^2(123) = 21$, $p < .001$, indicated that correlations between items were sufficiently large for PCA. The determinant of the correlation matrix (0.00068) shows that there is no collinearity.

Figure 1: Gender regimes in Europe



What clearly emerges from the plot is that – as it is logical to expect – there is a positive correlation between the two dimensions, which means that countries that score high on the gender equality index and that have better gender equality outcomes also tend to be more progressive in their opinions about the roles of women and men and the division of family and work responsibilities. The result is that countries group themselves along a line that goes from the bottom left quadrant of the graph to the upper right. Countries at the lowest extreme are those whose overall perception of the gendered division of labour entails that all activities related to the wellbeing of the family should be performed by the family, and by women in particular. In these countries women tend not to participate in the paid labour market, especially when they have children aged 0 to 3 years old, and only men pursue a professional career without interruptions. In these countries, care services and the use of paid cleaning services are regarded as somehow inappropriate and/or unacceptable. On the contrary, at the highest extreme there are countries where the traditional gendered division of labour is weaker, where a full-time job for women is not seen as detrimental for the family and where the use of paid external services (childcare, long term care facilities and cleaning services) is considered as acceptable and appropriate. In these countries, people expect the state to support them in their family responsibilities and public external services are welcome.

The groups of countries that emerged from the Cluster Analysis are three: 1) Denmark, Finland, Sweden and the Netherlands; 2) Belgium, Germany, Estonia, Spain, France, UK, Ireland, Luxembourg and Slovenia; 3) Austria, Czech Republic, Greece, Hungary, Italy, Poland, Portugal and Slovakia.

The first cluster includes three Scandinavian countries (Denmark, Sweden and Finland) and the Netherlands, and clearly stands out as a block of countries where gender equality attainments are higher and opinions regarding gender roles are the most “progressive”. These are countries that in Esping-Andersen’s classification correspond to the social-democratic welfare model. This cluster of countries is also coherent with the majority of the classifications developed by feminist theories. The only exception is the Netherlands, whose presence in this cluster is in contradiction with the majority of welfare classifications, which usually group this country together with other continental countries. Moreover, compared to the Scandinavian countries, not only the Netherlands shows considerably lower scores, but it

also presents a mixed pattern, as it seems to behave better in terms of gender equality outcomes, but to have more conservative views about gender roles.

The second cluster presents average scores on both dimensions and is positioned in the middle of the plot. Overall, this cluster is more heterogeneous, as it includes countries that in the majority of welfare classifications belong to different groups. According to Esping-Andersen's classification, this group includes both liberal (UK, Ireland) and corporatist-conservative (Belgium, Germany, France) welfare countries. The country that presents the most surprising behaviour is Spain, as the majority of classifications associate it to other Mediterranean countries (Simonazzi, 2009).

Finally, the third cluster, which includes both Mediterranean and Eastern European countries, scores poorly on both dimensions and is positioned at the bottom left of the quadrant. This cluster seems to contradict Esping-Andersen's typology, which does not differentiate between continental and Mediterranean countries. Indeed, it seems that quite a pronounced difference exists – at least in terms of gender equality – between continental countries on one side, and Mediterranean and East European countries on the other.

The care regime typology

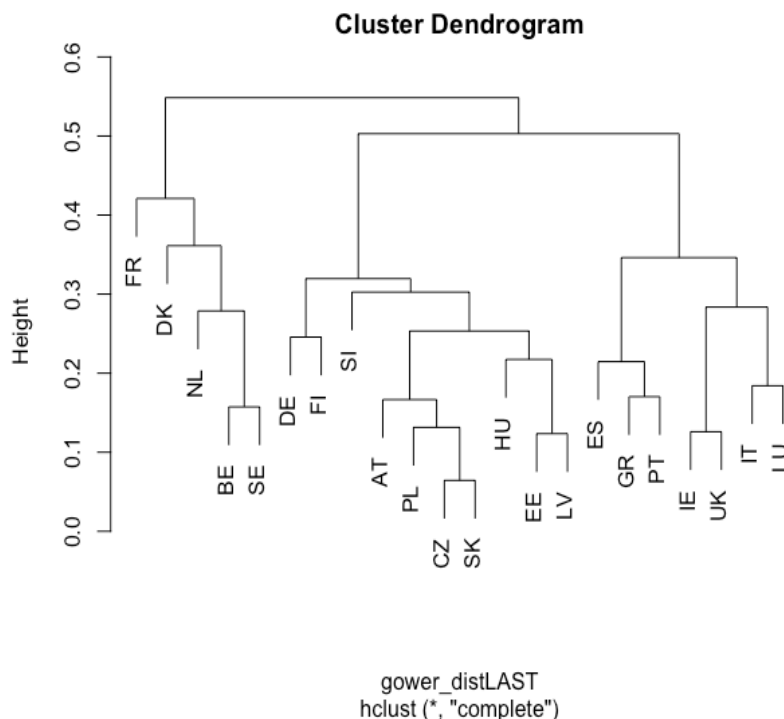
Existing analyses of care regimes have given prominence to either childcare or the care for elderly people, and rarely on a combination of the two. Moreover, they have not included incentives aimed at externalising housework activities. In this analysis of care regimes, policies aimed at encouraging in a way or another the externalisation of domestic tasks are included, based on three many assumptions. First of all, not only housework incentives are more and more used in many European countries (ORSEU Report, 2013), but also researches in the field have shown that they contribute to the de-familialisation of domestic tasks, in that they “free” households' members from part of home-related work⁸. Therefore, they can be considered as a type of financial support that is part of care regimes. Additionally, as mentioned in the first section of the paper, the limit between care and housework is often indiscernible, as in a multitude of cases care work implies a certain amount of housework. The voucher system in place in France, which includes both care and housework activities, is a clear example of the recognition of the link between the two types of activities. Finally, since the analysis of this paper is ultimately meant to explore the characteristics of the domestic sector, where I include both care work and housework, the inclusion of this dimension seemed to be the most appropriate choice.

To construct the typology associated with care regimes, indicators were selected so to cover both care work (childcare and elderly care) and housework. Additionally, indicators were selected to cover aspects related to financial incentives, incentives meant to free time to family members and incentives providing services. For the childcare dimension, the following indicators were used: maternity leave duration and level of compensation; paternity leave duration and level of compensation; parental leave duration and level of compensation; childcare usage for children under 3 years old; full-time childcare usage; child allowance for the first and second child and child-raising allowance. For the dimension related to the care for seniors, the following indicators were selected: residential care recipients (% of 65 years old or more); home-based care recipients (% of 65 years old or more); minimum contribution period; minimum social security (% of average net income); net replacement rate (% of average income); long term care expenditure (% of GDP). For the dimension linked to

⁸ The “freeing role” of state support for the externalisation of domestic tasks is only one side of the coin. If housework incentives have proved to alleviate part of the domestic burden to families, literature has pointed at many problematic issues, both theoretical and concrete, arisen from the state intervention in this field (see for instance Nassaut & Nyssens, 2010)

housework incentives the following indicators were selected: existence of a voucher system; reduced VAT for housework services; tax deductions for housework services; reduced contributions for hiring domestic workers⁹.

Due to the complexity of the care system, and in order not to lose important information, the indicators were not reduced to one or more synthetic indexes. Different sets and types of cluster analyses were run first on each dimension (childcare, elderly care and housework) and finally on the whole set of indicators. Here only the results of the analysis on the three dimensions are reported. Although Luxembourg and Finland were not clearly identifiable as part of a specific cluster¹⁰, some robust clusters of countries emerge that are confirmed through each analysis. The dendrogram of the hierarchical cluster analysis (see figure below) suggests the presence of three clusters of countries:



The first cluster, which I call “de-familialisation with state support”, includes France, Denmark, the Netherlands, Belgium and Sweden. The second cluster, which I call “familialisation with state support”, includes Austria, Poland, Czech Republic, Slovakia, Hungary, Estonia and Latvia. The third cluster, which I call “familialisation with limited state support”, includes Spain, Greece, Portugal, Ireland, the UK, Italy and Luxembourg.

The inclusion of Scandinavian countries in the first cluster is in line with literature, which has highlighted the strong tradition of Northern countries in providing high support to families in all dimensions and a clear tendency towards a de-familialisation of care tasks. Although differences exist among Northern countries, they are nevertheless characterised by a

⁹ Indicators on care policies were selected from different institutional sources: the Multilinks database (EU-FP7 project), the MISSOC database (European Commission) and the OECD database. Where information was missing, it was completed with national institutional data. Indicators on housework incentives are mainly based on the ORSEU Report 2013.

¹⁰ Some countries, such as Luxembourg and Finland, were associated to one or another cluster of countries, depending on the type of cluster analysis. This means that their features are similar/dissimilar with those of other countries, but not as marked as to clearly link them to a specific cluster.

prominent role of the state in taking up responsibilities of care. In these countries the state not only supports families, but it acts as the main provider of care (Bettio & Plantenga, 2004). Also, these countries are characterised by the provision of in-kind services and tied monetary transfers, rather than unconditional allowances. The presence of France and Belgium in the first cluster of countries is due to both the existence of the voucher system, which provides incentives for the externalisation of housework, and to the historical strong support provided by the state in terms of care. While the French system is characterised by generous tied allowances, the Belgian system offers very low levels of maternity and parental leaves, which are however compensated by high levels of generosity and a developed system of in-kind services to both children and dependant people. The presence of the Netherlands in this group is more surprising, in that this country offers weak support for childcare (short leaves, low child allowances, etc.), thus encouraging a familialisation of childcare. However, this is compensated by high levels of support for elderly care and a medium level of incentives for housework.

The second cluster includes continental countries and Eastern European countries. Although differences exist within this cluster, these are all countries characterised by long and remunerated maternity leaves, usually not accompanied by strong incentives for fathers to take leaves. This encourages the familialisation of care and the gender division of labour within households. Long maternity leaves, coupled in some countries with weak financial support and low coverage of services for elderly people, typically constitute an obstacle for women who want to re-enter the labour market.

The third cluster includes Mediterranean countries and the islands. Mediterranean countries are characterised by policies that push towards the familialisation of care, due to their strong attachment to family ideals, coupled with weak state support in terms of financial generosity. In these countries, the state tends to act as a provider of last resort (Bettio & al., 2006), while the whole burden of care remains on families' shoulders, and of women in particular. Additionally, the instruments adopted in this type of care regime are mainly unconditional cash allowances (cash-for-care benefits that families can use to buy services in the market), rather than in-kind services. As scholars have pointed out, these systems encourage the creation of informal care markets, as families opt for buying the cheapest available services in the informal market, in order to reduce costs (Bettio & Plantenga, 2004). The most anomalous behaviour among Mediterranean countries is that of Portugal, where childcare usage (both part-time and full-time) is as high as in Northern countries. This is mainly due to the historical high female participation rates in the labour market. Concerning the islands, while the presence of Ireland in the third cluster is ascribable to its similarity with Mediterranean countries in terms of tradition of familialisation policies, the presence of the UK in this group is somehow surprising, as this country is generally linked to a de-familialising system of care. Similar to the Netherlands, the UK is characterised by a strong separation between care for children and care for the elderly: while maternity and parental leaves are short and poorly paid and childcare coverage is mainly part-time, in-kind services for the elderly are more developed. However, even in the dimension of elderly care the level of financial generosity (pensions, long term care expenditure, etc.) is quite low, which makes it similar to Mediterranean countries and justifies its inclusion in the third cluster.

Figure 2 shows the degree of overlapping of the clusters when the care regime typology is combined with the gender regime typology¹¹.

¹¹ Due to the inclusion of all indicators in the analysis, a graphical representation on a Cartesian plane of the care clusters is not possible. Therefore, the actual position of countries in Figure 2 refers to the gender typology, while the care regime typology is simply identified through the use of different colours.

Figure 2: Gender and care regimes in Europe



Figure 2 shows that the clusters of the two typologies only partially overlap. Denmark, Sweden and the Netherlands are the only countries that belong to the first cluster in both typologies: they are characterised by de-familialising and generous care policies, coupled with high levels of gender equality and a relatively egalitarian gender contract. Finland is part of this group in the gender typology, but since its care regime includes elements of familism (i.e. lower childcare coverage and lower generosity of benefits for the elderly) it is included in the second cluster of the care regime. France and Belgium are part of the group that scores average on the gender dimensions, but their care regime is similar to that of Northern countries, in that it offers high levels of compensations and provision of care services, and also the highest housework incentives compared to all European countries.

Germany, Austria, Estonia and Slovenia belong to the second cluster in both typologies. They have an average position in terms of gender regime and their care system is characterised by familism with a medium to high degree of state support. It is interesting to notice that while Eastern European countries seem to have poor performances in terms of gender equality and traditional views about gender roles (third cluster of the gender regime typology), they all belong to the second cluster of the care typology. In Eastern European countries, although policies tend to push towards a familialisation of care (especially through long maternity leaves), the state offers a better support to families, compared to Mediterranean countries. However, since these countries are those offering the longest leaves to women but without promoting an involvement of fathers in care activities, the social risks faced by women in these countries (i.e. child penalty, reduced career opportunities, income loss) can be higher than in other countries belonging to the same cluster.

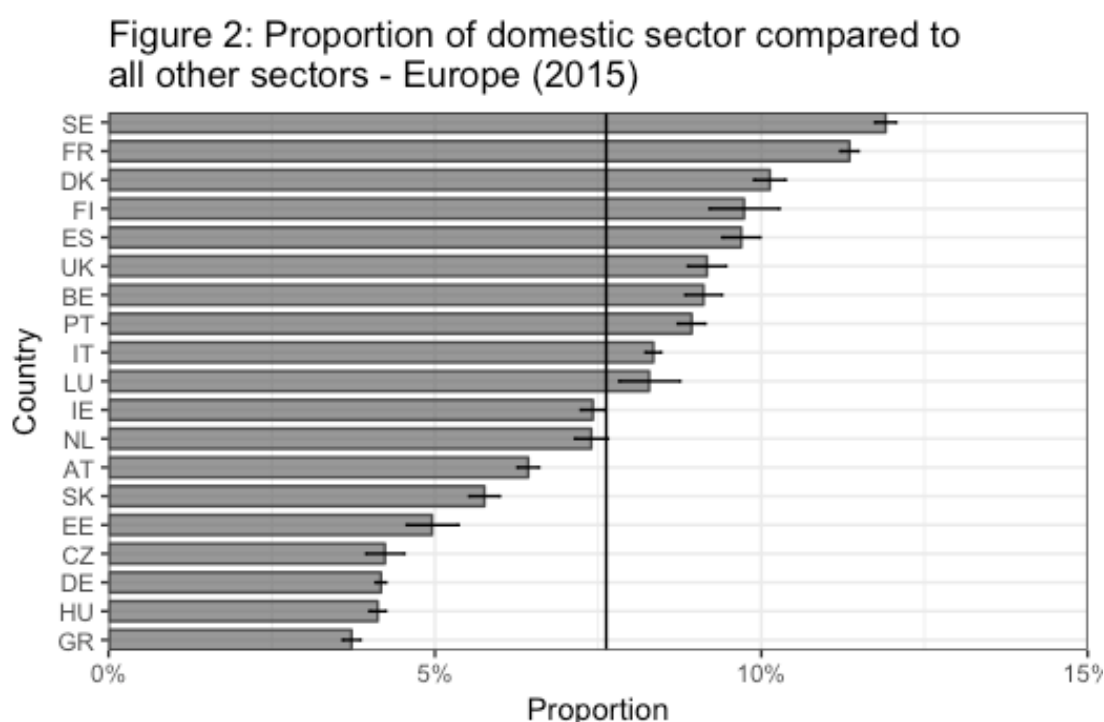
Portugal, Greece and Italy are the only countries that belong to the third cluster in both typologies, suggesting that they combine traditional gender regimes with familistic care regimes where the support from the state is limited. Interestingly, the care systems of Ireland and the UK are more closely comparable to those of Mediterranean countries. While both Ireland and the UK have less traditional gender regimes, compared to Southern countries, their care system is rather familistic and with a limited state support.

Testing the indicator on some characteristics of the domestic sector

Based on the above clusters, the second step of the analysis was to evaluate whether in countries that behave similarly with respect to gender and care regimes the characteristics of paid domestic work at national level are similar. In other words, the aim was to investigate whether the combination of gender and care regimes can determine certain features of the domestic sector. This section shows some of the descriptive analyses carried out on the Labour Forces Survey data 2015 and some of the regressions analyses used to test the two typologies.

Size of the domestic sector

Figure 3 shows the proportion of the domestic sector, compared to all the other professional sectors, in each European country for which data is available¹²:



As we can see from the graphic, Sweden, France, Denmark and Finland show the largest domestic sector, compared to the mean of European countries. However, also Mediterranean countries (Spain, Portugal and Italy) present an important share of the domestic sector. On the contrary, Eastern European countries generally present a significantly smaller sector.

¹² In the graphical representations presented in this section, data of the EU-LFS 2015 is aggregated by country. The horizontal lines in each bar are the standard errors, while the vertical line is the mean of the European countries included in the chart.

	R2 adjusted	Coeff (b)	SE b	p-value
Proportion Domestic sector	0.45			
Constant		6.0869	0.9821	< 0.001
Cluster 1 - Gender regime		1.4276	1.3569	0.3106
Cluster 3 - Gender regime		-1.1580	1.0511	0.2892
Cluster 1 - Care regime		3.0357	1.3504	0.0412*
Cluster 3 - Care regime		2.3463	1.0511	0.0424*

Signif. Codes : 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 '' 1

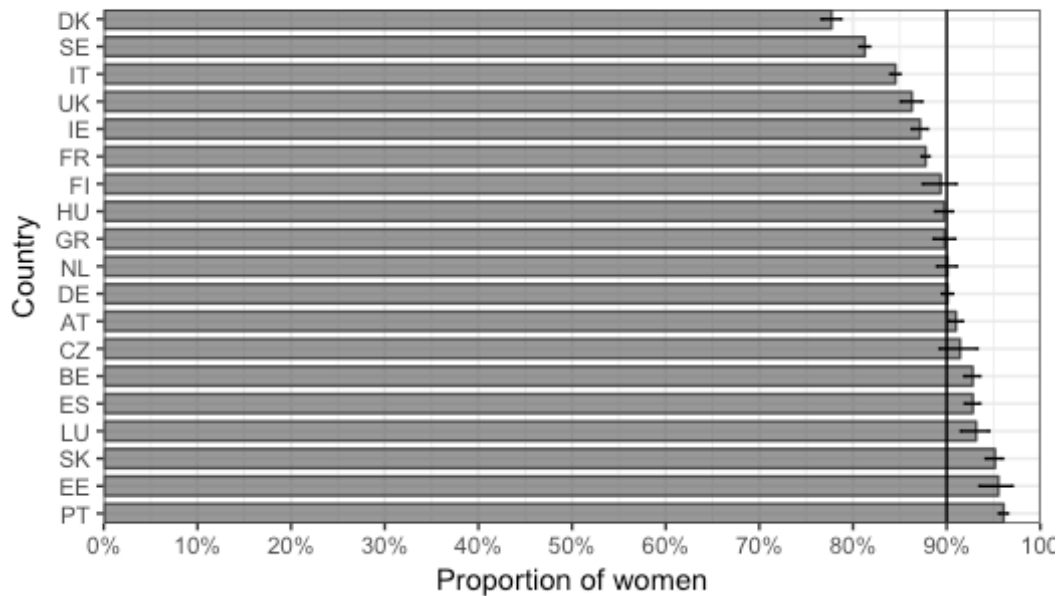
The regression analysis shows that, when combining the two typologies, only the care typologies have an effect on the size of the domestic sector. In particular, it suggests that belonging to cluster 1 or 3 of the care typology increases the proportion of the domestic sector. Two considerations can help explaining this finding. First, in countries where the care system is less familialistic, care and domestic activities are more likely to be externalised, compared to countries where domestic work is considered to be a family matter. Moreover, in these countries female participation rates are usually higher. This would explain the high share of paid domestic work in Northern countries and in France and Belgium. However, also countries characterised by familialistic care regimes are expected to show a high share of externalised care and domestic work, because, although female participation rates in Mediterranean countries are not as high as in continental and Northern countries, welfare states are known to be weaker in supporting the strong demand for care services (Simonazzi, 2009). In Mediterranean countries, families rely more and more on the market for domestic services, which explains the large share of the sector compared to other professional sectors. Additionally, it should be noticed that the share of undeclared work in the domestic sector is generally very high. This is particularly true in Mediterranean and Eastern European countries – cluster 3 of the gender and cluster 3 and 2 of the care typology¹³. Therefore, even in these countries the magnitude of the sector might be hidden by the large share of undeclared work.

Workforce composition

Figure 4 shows the proportion of women in the domestic sector in the European countries included in the analysis:

¹³ According to the European Federation for Services to Individuals, in 2010 the share of informal work in the market for personal services was 70% in Italy and Spain; 50% in the United Kingdom; 45% in Germany; 40% in the Netherlands; 30% in France and Belgium; and 15% in Sweden (“Invisible jobs: the situation of domestic workers”, Briefing December 2015, European Parliament).

Figure 4: Proportion of women in the domestic sector Europe (2015)



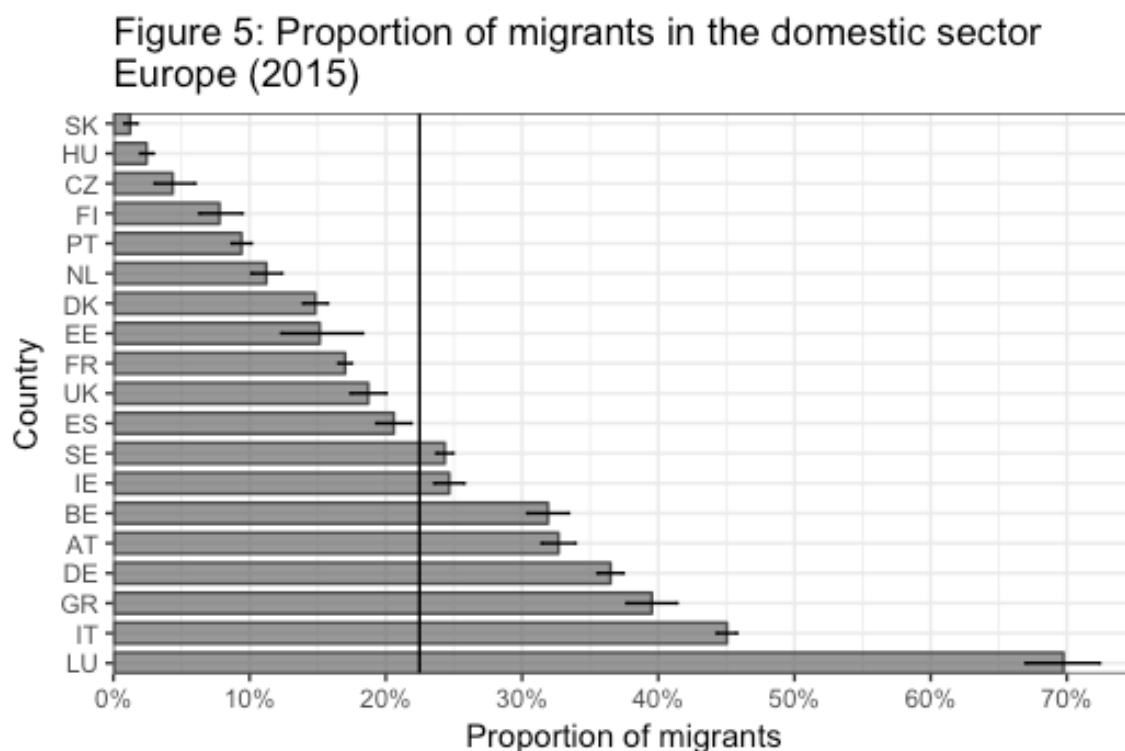
As it emerges from the graphic, the feminisation of paid domestic work is a phenomenon that concerns all countries with no exception. Even in more egalitarian systems, such as those of Northern European countries, the labour market is both horizontally and vertically segregated by gender and domestic and care activities tend to be identified with female labour (Leira, 2002). This suggests that even when welfare and gender policies are successful in alleviating families from their care burden, they are not successful in creating more gender balance in the sharing of domestic activities and in paid domestic work (Bettio & Plantenga, 2004). However, if we look at the differences, the countries with the more feminised domestic sector are Mediterranean and Eastern EU countries, where the traditional views about gender roles are reflected in the almost universally feminised sector. The exceptions are Luxembourg and Belgium that also show a very important feminisation of domestic work, even greater than other Mediterranean countries (Greece) and than some Eastern European countries (Hungary). At the other end, we see a more gender balanced sector in Northern countries. The only remarkable exception is Italy, which stands out with a relatively high share of men in the sector. However, when sex is cross-analysed with the country of birth (not reported) it emerges that almost all men working in the domestic sector in Italy are migrants. This is both the remaining of a tradition where employing a live-in male domestic work was considered a status symbol for wealthier families (Andall, 2000), and also the consequence of the particularly poor reputation of such work, where migrants represent the biggest share of the workforce. According to recent research, in Italy there has been a re-masculinisation of domestic work, but only of migrant men, who choose to temporarily work in this sector because of the strong demand (Catanzaro and Colombo, 2009).

	R2 adjusted	Coeff (b)	SE b	p-value
Proportion Women	0.23			
Constant		92.9571	2.1432	< 0.001
Cluster 1 - Gender regime		-5.5910	2.9613	0.0799 .
Cluster 3 - Gender regime		-0.7003	2.2938	0.7646
Cluster 1 - Care regime		-3.6869	2.9472	0.2314
Cluster 3 - Care regime		-2.6847	2.2938	0.2614

Signif. Codes : 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 '' 1

The regression analysis shows that there is a slight effect of the gender regime typology, suggesting that being part of cluster 1 of the gender typology decreases the proportion of women in the domestic sector.

Figure 5 shows the proportion of migrants in the domestic sector in the European countries included in the analysis:



As it emerges from this graphical representation, the differences among countries in terms of *ethnicisation* of the sector are wider than in the case of the proportion of women. Luxembourg is the country that shows the higher proportion of migrants in the domestic sector¹⁴. However, Italy, Greece, Germany, Austria and Belgium also have a significant

¹⁴ The case of Luxembourg is not commented further, as it represents an exception in the European landscape. According to the European Observatory of Working Life, in Luxembourg the high percentage of non-nationals is

proportion of migrant labour force in the sector, compared to the European mean. Indeed, many studies have highlighted the fact that Mediterranean countries, as well as Germany, Austria and Belgium, have recently experienced an increase of migrant workers in domestic services, but for different reasons. In the Mediterranean countries, welfare does not adequately support families with public services. This, combined with the low level of cash allowances, created a strong demand of cheap and flexible labour force and contributed to the development of a basin of an often-undeclared migrant workforce (Catanzaro and Colombo 2009; Ambrosini, 2013). In the case of continental countries, such as France and Belgium, welfare traditionally offers a better support in terms of public services, albeit with cross-national differences. However, in these countries welfare policies are more and more shifting from in-kind services to conditional and/or unconditional cash allowances, leaving families “free” to buy these services in the market (Simonazzi, 2009). Germany and Austria are somehow in between these two types of countries: their welfare state is traditionally more generous than that of Mediterranean countries, but they tend to be familialistic with respect to domestic and care work and they adopted a system of unconditional cash allowances to families (Simonazzi, 2009). As in the case of Mediterranean countries, families rely more and more on migrant women, as they represent a cheaper and more flexible workforce compared to local women.

Finally, it is important to notice that when “second generations” are added to the analysis, the *ethnicisation* of the sector in countries such as Belgium, France and the Netherlands becomes even bigger than that in Mediterranean countries¹⁵. This confirms that even in countries that show high scores in gender equality the domestic sector typically gathers the weakest segments of the working population, namely new migrants and/or second generations, depending on the national immigration history.

The regression analysis is not reported, as it does not show any significant effect.

Job quality

With regards to job quality, the three aspects included in this analysis are income level, job security (temporary vs. permanent contract) and unusual working hours (working on Saturdays, Sundays, evenings and nights).

Concerning income, its level in the domestic sector was compared to the income level in low-skilled occupations. To this purpose, only the most basic occupations (“elementary”, as per ISCO-08 classification) have been retained for the comparison, the reason being that domestic work is generally associated to low-skilled occupations, for which no qualification is required. Figure 6 shows the mean income in the domestic sector compared to the mean income in other low-skilled sectors, in each available country:

remarkable in every sector of the labour market, as the phenomenon of cross-border workers is typical of this country. The immigrant population in the country is characterised by high education levels, which explains their presence in all levels of the labour market.

¹⁵ The analysis including second generations is not reported in this paper, which focuses only on the migrant population defined as individuals born in a country other than that of residence.

Figure 6: Income in the domestic sector compared with other low skilled sectors by country (2015)



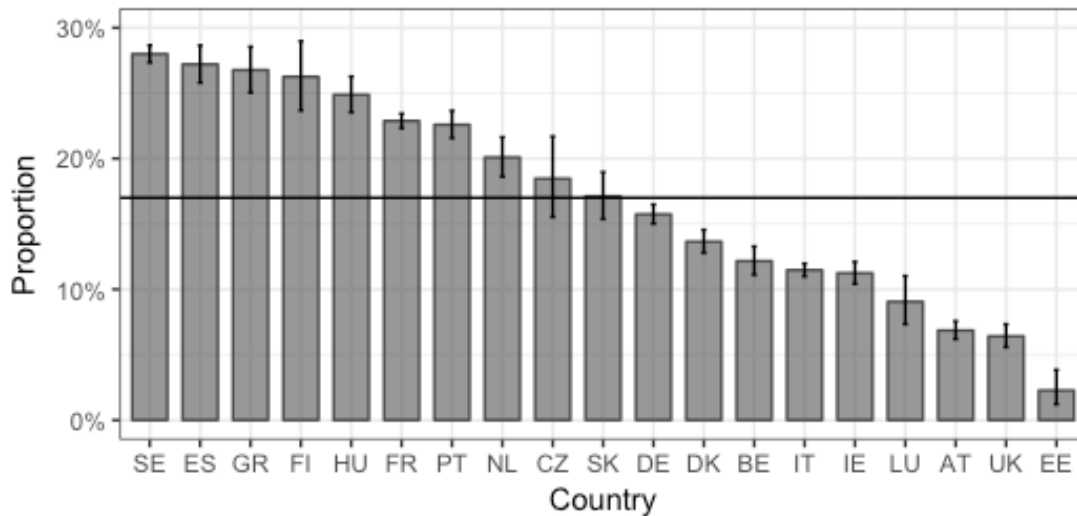
As we can see from the numbers on top of the bars, the difference of the mean income of domestic workers and the mean income of other low-skilled workers varies quite significantly from country to country. The Netherlands, Denmark and Slovakia are the only countries where the mean income in the domestic sector is higher than in other elementary occupations (it represents the 132%, 117% and 110% of the mean income in low-skilled occupations respectively). In the majority of the countries included in the analysis, the level of income in the domestic sector is lower than that of other elementary occupations, for which no qualification is required. In Finland the mean income in the domestic sector is 97% of the mean income in other elementary occupations, which means that there is no difference between the remuneration of domestic work and other low-skilled jobs. On the other extreme, there are countries where the mean income in the domestic sector represents less than 70% of the mean income in low-skilled occupations. In particular, Luxembourg and Germany are the countries where the mean income in the domestic sector is the lowest, compared to that in elementary occupations.

In Northern countries (cluster 1 of both typologies) domestic workers seem to have better income levels compared to other low-skilled workers, or at least approximately the same level of income. The countries that show the stronger penalty for domestic workers in terms of income are countries that belong to cluster 2 of the gender typology.

The regression analysis is not reported, as it does not show any significant effect.

Concerning job stability, Figure 7 shows the proportion of temporary work, compared to permanent work, in the domestic sector:

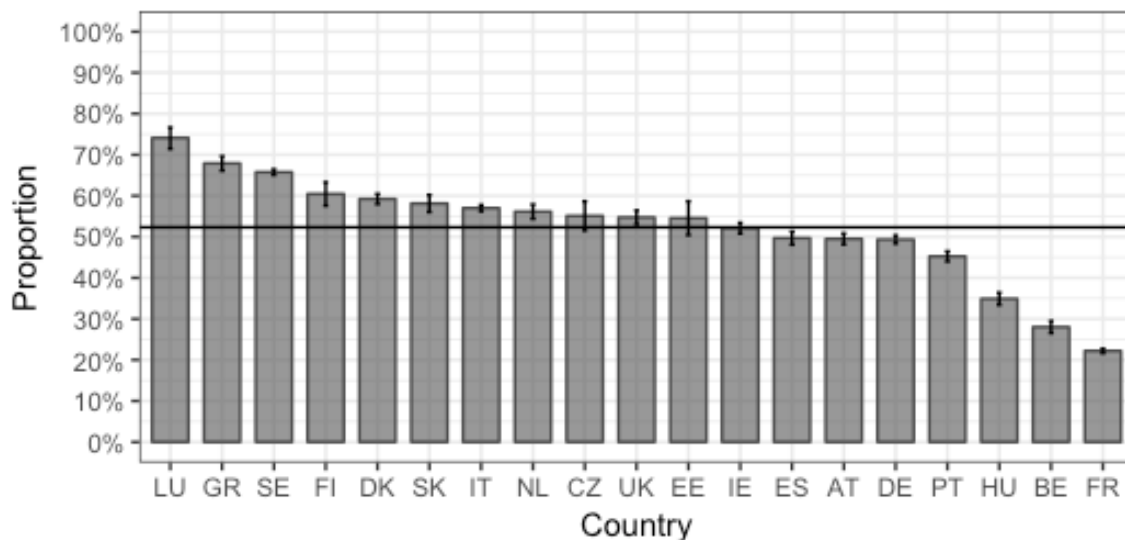
Figure 7: Proportion of temporary work in the domestic sector by country (2015)



As we can see from the graphic, no clear pattern emerges with regards to job stability, as the countries that show the highest percentages of temporary work are not only those belonging to the third cluster of both typologies (here Greece and Portugal), but also countries of the first cluster (Sweden and Finland). This can be due to a variety of factors, such as the regulation of the labour market, and in particular the difference in the safety net of unemployment benefits between contracts in countries of cluster 1 and 3. The regression analysis is not reported, as it does not show any significant effect.

Figure 8 shows the proportion of shift work in the domestic sector:

Figure 8: Proportion of shift work in the domestic sector by country (2015)



Again, no clear pattern emerges concerning shift work, whose percentage is quite substantial (more than 50% as average) in countries belonging to different clusters. In particular, all countries that belong to the first cluster present a percentage of shift work in the domestic

sector above the EU mean. What is worth noticing is that the two countries where the domestic sector is regulated through the system of vouchers (France and Belgium) are the countries with the lowest share of shift work. This seems to suggest that the voucher system succeeds in regulating working hours in a sector where unusual time shifts are considered the norm.

	R2 adjusted	Coeff (b)	SE b	p-value
Proportion Shifts work	0.42			
Constant		47.549	5.073	< 0.001
Cluster 1 - Gender regime		25.113	7.009	0.0030 **
Cluster 3 - Gender regime		1.019	5.429	0.8538
Cluster 1 - Care regime		-16.343	6.975	0.0344 *
Cluster 3 - Care regime		9.272	5.429	0.1097

Signif. Codes : 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1

The regression analysis shows that there is an effect both for cluster 1 of the gender typology and for cluster 1 of the care typology, but going into different directions: belonging to the first cluster of the gender typology increases the proportion of shift work, while belonging to the first cluster of the care typology decreases the proportion. What seems to be a paradox can be explained by the presence of Belgium and France in the first cluster of the care regime. As numerous researches show, although the voucher system in place in the two countries has not significantly improved the working conditions of domestic workers in terms of income and job stability, it has nevertheless strongly regulated working hours.

Overall, when the three aspects selected to define job quality are taken into account, the effect of the two typologies is only visible in the case of shift work, while for the other two features all clusters are mixed. These findings suggest that, contrary to what literature suggests, countries that belong to the first cluster of both typologies do not seem to offer better working conditions to domestic workers. In other words, better outcomes in terms of gender equality and the existence of a formal care market are not an adequate predictor of better job quality in the domestic sector.

Conclusion

In this paper, I have conducted two sets of analyses, in order to investigate whether the gender and the care regimes of a given country influence certain aspects of paid domestic work. In particular, the relative size of the domestic sector, the workforce composition (with a focus on the feminisation and the *ethnicisation* of the sector), and three aspects linked to job quality (income level, type of contracts and shift work) have been analysed.

The construction of two typologies allowed to obtain three clusters of countries for each typology that behave similarly with respect to gender and care systems. The resulting groups of countries only partially coincide with the main typologies identified by scholars based on welfare and gender systems. While Northern countries seem to represent a constant block of countries in almost all welfare models, the other European countries do not conform to other typologies: Eastern European and Mediterranean countries are quite an homogeneous group with respect to gender systems, but they clearly differentiate themselves in the way care is

organised and provided. The Netherlands behaves similarly to Scandinavian countries in both typologies, although it shows considerably lower scores, especially in terms of opinions on gender roles. Although Belgium and France belong to the second group of the gender typology, they stand out as strong providers of care services and financial support for care, which makes their care system similar to that of Northern countries. Finally, Mediterranean countries belong to the third cluster in both typologies, suggesting that they combine traditional gender regimes with familialistic care regimes, where the support from the state is limited.

The analysis on the functioning of paid domestic work in the European countries for which data was available shows that when we take into consideration both the care and the gender regime some patterns emerge, but only with respect to the size of the domestic sector, the feminisation of the sector and one aspect of job quality (unusual working hours). Also, the emerging patterns are generally stronger in the case of the first cluster, which proves to be the most robust cluster. Northern countries present a greater size of the domestic sector, compared to all other professional sectors, a relatively more gender balanced workforce and better income levels compared to other low-skilled occupations. However, this group of countries is not homogeneously represented when the proportion of the migrant labour force in the domestic sector is considered.

These findings suggest that, although three defined ideal-types of countries emerge when we measure the gender regime and the care regime at European level, these typologies do not fully explain cross-country differences in terms of the functioning of paid domestic work. If the degree of feminisation of domestic work, as well as poor working conditions in the sector, are confirmed in all European countries under analysis, wide differences exist, especially regarding the size of the domestic sector and the presence of migrants in the sector. The behaviour of European countries in the two typologies seems to have an impact only (and only partially) on the size of the domestic sector and the degree of feminisation, while it does not allow for identifying clear patterns regarding the *ethnicisation* of the workforce.

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