

The relationship between Public Opinion, Migration and Care Regimes: a Six Country Study

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Summary

Migrant care work in contemporary Europe is increasingly becoming a solution both for private households, to tackle the problem of reconciliation between work and family responsibilities, and for private and public care providers, to solve the shortage of care work. The positions and the forms of employment of migrant care workers largely vary across Europe, but the shift towards a new division of domestic labour is increasingly converging in European countries. Some studies have explained the variation of migrant care work by making use of the concept of 'regime' and by arguing that the way in which different care, gender and migration regimes intersect produces specific contexts of 'caring' with specific policies, regulations and attitudes for what concerns 'care' and 'migration'.

The present study was conceived within the broader project 'Caring Labour in a Migrating World' which aims at understanding the caring contexts as well as the position of migrant care workers in three European countries (UK, the Netherlands, Austria). As part of this scope, I analysed public opinions in six European countries (UK, the Netherlands, Germany, Austria, Spain and Portugal) in order to elaborate a further conceptualization and operationalisation of regimes intersections and to give an account of macro contexts of values and opinions towards migration and gender roles attitudes. In the present study I assumed that gender, care and migration regimes, as institutions, are correlated with people's opinions in terms of ideals of caring, gendered roles and ideas on migration, without implying that regimes determine attitudes. Even though not interested in finding a causal relation between regimes and opinions, this work aimed to provide an overview of the relationship between regimes and opinions in the context of migrant care work.

For this purpose, I selected two attitudinal items from the ESS dataset as dependent variables, which represent migration and care regimes respectively and constitute two overall attitudes on migration and gender roles, from the most conservative attitude to the most liberal one. The research questions focused on understanding to what extent there is a mutual relation between migration and care regimes respectively and opinions on migration and gender roles, or whether 'care and migration arrangements' (intended as the interaction of institutional and social factors related to migration and care in specific contexts) also play a role. Furthermore, the study also investigated to what extent opinions on migration and on gender roles reflect the regimes intersection.

The results from the descriptive analysis and the regression models used partly confirmed that there is a relationship between opinions and care/migration arrangements, in particular when examining opinions on migration. I observed that ‘care’ measured with the variables ‘caring position’ has a significant role when considering opinions on migration especially for Spain and Austria, which, having in common the dramatic increase of the ‘migrant in the family’ model, show similar attitudes towards migration. In parallel, I observed that opinions on migration seem not to be influenced by the caring position both in the UK (high presence of migrant care work in residential care homes but not in private households) and in the Netherlands (no significant presence of migrant care work). The results for the dependent variable on gender roles confirmed the hypothesis which assumed a mutual relationship between opinions and care regimes.

Considering the preliminary results, we believe that future research on migrant care work should include comparative opinions and values, with particular attention to the role of the caring position.

Introduction

The demand for care in the European countries has risen as a consequence of ageing societies and changes in the labour market structure (Taylor-Gooby, 2004). National welfare states are under pressure for the growing costs of social care as well as of health services. Outsourcing, privatization and ‘cash for care’ are some solutions found by national welfare states to respond to the demand of care. In this context, a larger number of migrant domestic workers are joining the care labour force in residential homes as well as in private households. In parallel, the ‘dual earner model’ in the labour market gained prominence in several European countries in the last decade, even though the ‘modified industrial model’ still predominates in the UK and in the Netherlands (Lewis, 2001, Taylor-Gooby, 2004). Given these demographic, labour and social welfare changes, the need of care has been conceptualized as a new social risk (Taylor-Gooby, 2004).

Migrant care work in contemporary Europe is increasingly becoming a solution both for private households, to tackle the problem of reconciliation between work and family responsibilities, and for private and public health care providers, to solve the shortage of care work. Some authors defined this as a new division of domestic labour where migrant workers, in particular women, are employed to provide care at home, in the private sector and in the state (Lutz, 2011, Kofman *et al.*, 2000, Anderson, 2000), a shift which is increasingly converging in European countries (Williams, 2012 forthcoming).

However, important national and regional differences shape the various forms that migrant care work can take. Thus, migrant care work can take the form of skilled and semi-skilled labour, as in the UK context, where a larger number of nurses and care workers migrate to fill the labour shortages in the national and private care sector. In fact, the UK is becoming one of the biggest importers of migrant skilled and semi-skilled migrant labour in Europe (Kofman, 2008, Kofman & Raghuram, 2005). On the contrary, in Southern European countries, as the case of Spain and Italy, the demand of care has been solved through ‘quotas’, directly addressing migrant care workers, which created a cheap labour force available for informal employment (Bettio *et al.*, 2006). The variations in migrant care work throughout Europe have been explained through welfare regime organization of care, labour market characteristics, gender division of work, migration policies and regulations (Van Hooren, 2012, Kofman, 2008, Lutz, 2008, Williams & Gavanas, 2008, Ackers, 2004).

In particular, the regime concept, firstly conceived by Esping-Andersen (1990) and then used in order to analyse national welfare states in terms of organization of care (care and gender regimes) and migration patterns, has been largely adopted.

The regime concept refers to the organization and the related cultural codes of social policy and practice that lie behind the relationship between state, market and family (Lutz, 2008). The notion of 'regime' as ideal type is an abstraction which does not correspond to any real or concrete case. Therefore, it is particularly useful for comparative studies, as various countries can be studied in relation to the theoretical construct. For this reason, we apply the regime concept as the starting point of our study.

Some studies have already hypothesised the intersection between care and migration regimes (Lutz, 2008, Williams & Gavanas, 2008, Kofman & Raghuram, 2007) to explain different position of migrant care workers in diverse societal contexts. Studies have also pointed out the complex relationship between culture and welfare in reference to migrant care work (Pfau-Effanger, 2005) and the relevance of 'ethics of care' (Kremer, 2006, Kofman & Raghuram, 2007) for understanding the cultural, social and moral context of caring (Weicht, 2010). Following this stream of research, the core idea behind this study is that individuals' opinions and attitudes are embedded in institutional contexts which shape their behavioural choices and potential strategies of action by regulations, information and capabilities. Thus institutions have an effect on people's identities and preferences (Hall & Taylor, 1996).

We assume that regimes, in particular care, gender and migration regimes, are correlated with people's opinions in terms of ideals of caring, gendered roles and ideas on migration, without implying that regimes determine attitudes. Even though we are not interested in finding a causal relation between regimes and opinions, this work aims at providing an overview of the relationship between regimes and opinions in the context of migrant care work.

This study is conceived within the broader project 'CareMig - Caring Labour in a Migrating World' (Weicht, forthcoming) which aims at understanding the caring contexts as well as the position of migrant care workers in three European countries (UK, the Netherlands, Austria). As a part of this scope, public attitudes and values will be analysed in order to elaborate a further conceptualization and operationalisation of regimes intersections and to give an account of macro contexts of values and opinions towards migration and gender roles attitudes.

For this purpose, we will look at broad opinions towards migration and gender roles in six European welfare states which belong to different care, gender and migration regimes but have in common a high and diversified presence of migrant care work. We will be using data from the European Social Survey (Round 2 - 2004). This survey includes attitudinal information for some twenty European and associated countries, and provides a specific module on migration and minority related issues. This module gives information on the overall attitudinal response of individuals to immigration, but also direct responses to a battery of questions concerning family work and well being. From the ESS dataset, we have select two attitudinal items as dependent variables, which represent migration and care regimes respectively and constitute two general opinion attitudes on migration and gender roles.

1.1 Necessity of the research

Migrant care work is increasingly investigated in social research, in particular it has been studied in the context of Southern European countries, Austria, Germany and the UK. In particular research on migrant care work engages with a micro level of migrant care workers focusing on their positions and relationships with employers, a meso level which invests institutional arrangements and changes on policies and regulations, a macro level of transnational economy of care. At the meso level, a field of research focuses on regimes and regimes intersection to explain the variation of migrant care work. In this context, however, little research has been devoted to the analysis of opinions and values in a comparative perspective. On the other hand, studies on migration which attempted to analyse values and opinions have seldom taken care into consideration for their analysis. The literature on migration focuses prominently on male migrants while very little on migrant women or migrant care workers. The present study constitutes a first attempt to comparatively analyse opinions in the context of migrant care work. Taking into account those missing points we argue that since migrant care work became a central issue in contemporary Europe and it is likely to increase in the future, research focusing on the nexus between care and migration needs to be enlarged and, in this regard, opinions and values need to be included and linked to the meso level research on institutional arrangements.

1.2 Objectives

This study, within the broader ‘Caring Labour in a migrating world’, aims at enlarging the literature on the nexus between regimes and migrant care work in contemporary Europe by focusing on public opinions. For this purpose, we want to contribute to a further conceptualization and operationalisation of the ‘regimes intersection’ which so far has only being investigated through qualitative studies. With this study we want to observe whether opinions on migration and on gender roles reflect the migration and care regimes configurations respectively in six European welfare states and whether opinions can be used to explain the regimes intersection. With this purpose we place ‘care’ and in particular migrant care work at the centre of our investigation by pointing out its role on influencing opinions and values around migration and gender roles within the institutional framework of regimes.

2 Theoretical exploration

The current chapter addresses the role of social institutions, as regimes, in influencing the variation of migrant care work. Our aim is to investigate the extent to which different institutional arrangements associated with various ‘regimes’ types are related to country variations on migrant care work. Furthermore we present the intersectionality of regimes as a possible analytical framework for the investigation of those variations and in particular the nexus between opinions and regimes. In the last part we introduce our research questions which aim to find out to what extent a relationship between opinions on migration and gender roles attitudes can be inferred.

2.1 Theoretical framework

The regime concept

On the theoretical level we adopt the concept of ‘regime’ (Esping-Andersen, 1990) which refers to the organization and the corresponding cultural codes of social policy and practice that lie behind the relationship between social actors: state, market and family (Lutz, 2008). The regime concept also brings together different aspects: class coalitions expressed through enduring partisan alliances, state formation, structure and administrative capacities (Orloff, 2009).

In this perspective, we want to consider three different regimes as a framework. Firstly, *gender regimes* which have been conceptualized as a result of the criticism to the Esping-Andersen typology of welfare regimes. In this conceptualization, care and its organization are seen as expression of different gendered cultural scripts. Secondly, *care regimes* which concern the organization and the service delivering of care between state, market and society. Finally, *migration regimes* that directly or indirectly encourage migrant care work by entrance criteria, residency regulations and rights (Lutz, 2008).

With the ‘regime’ concept we refer to the work of Esping-Andersen ‘Three Worlds of Welfare Capitalism’ (1990). The work illustrates that different welfare states may be analyzed according to ideal types which display qualitatively different ways of connecting state, market and family. The typology was built on the criteria of ‘de-commodification’ and ‘stratification’: the former refers to the way in which social policy reduces market dependency of workers, while the latter refers to the shared socio economic conditions,

inequalities and political actors embedded in certain welfare states. Consequently, various regime types come to create specific social cleavages and conflicts in the transition from industrial to post-industrial societies (Esping-Andersen, 1990). Welfare states are thus seen to cluster into three types: the 'Liberal', the 'Conservative' and the 'Social democratic'.

In the Liberal welfare states (the UK, US, Australia) the market constitute the main welfare provider and thus class cleavages tend to dominate other possible sources of inequality and conflict. The Conservative regimes (Austria, Germany, Italy, Spain) creates strong conflicts between 'insiders' and 'outsiders', between groups with an adequate protection from social insurance and groups with a weak labour market attachment. In the Social democratic welfare states (Sweden, Norway, Finland) the state sector constitute the main welfare provider with attached egalitarian and gender equality's principles. The Netherlands depicts a quite ambiguous case since, when looking at income maintenance (strong universalism, de-commodifying benefits), it appears to belong to Social democratic welfare states but it becomes to belong to the Conservatives when looking at the role of the family and the strong breadwinner's assumptions behind the income maintenance (Esping-Andersen, 1999). The Esping-Andersen's typology has been criticized by many studies. For instance, the idea of a fourth cluster emerged with respect to Southern European countries such as Italy, Spain, Portugal and Greece (Leibfried, 1993, Ferrera, 1996). What makes those welfare states different from the other Conservative regimes are the less developed delivery systems of services and their reliance on older systems of social support as the family and the Catholic church. According to the 'subsidiarity' principle, the state does not intervene until care can be provided informally by the family and formally by the market (in particular in the form of Catholic voluntary organizations).

Gender regimes

Feminist works criticised Esping-Andersen's typology for its focus on labour market indicators around the criteria of commodification and stratification stating that these criteria are not able to take into account those who are not involved in the formal labour market, such as women. According to this view, the typology did not address the family as the main welfare provider, neither how welfare states as institutions define gender relations (Lewis, 1992, Orloff, 1993). Thus, 'care' and the gender division of work were claimed to be a central political and social concern, and became a criteria for the construction of care and gender regimes. Lewis built a gender typology according to the degree of welfare state

incorporation of the ‘breadwinner model’ (Lewis, 1992). According to this classification, the UK is classified as a ‘strong male-breadwinner state’, France as a ‘modified breadwinner’ and Sweden as a ‘weak breadwinner’. Feminist incursions pointed out the importance of considering the domestic sphere of production and reproduction, and, consequently, care and the family-household system in the analysis of welfare regimes. After these criticism, Esping-Andersen revisited the typology and added the criteria of ‘de-familiarization’, namely the extent to which the dependency from the family is reduced by the state intervention in education, health and care (1999).

Care regimes

More recently, some studies followed the idea of care regimes and built a regime typology based on care configurations (Bettio *et al*, 2006, Bettio & Plantenga, 2004, Lyon & Glucksmann, 2008, Ungerson, 2004, Anttonen and Sipilä, 1996). Other studies focused on the changes in the configuration of responsibility between state, market, family and voluntary organizations (Lyon & Glucksmann, 2008). Bettio and Plantenga (2004)¹ built a regime configuration which represents models of care performed by the institutions, contributing to define a multiplicity of models of economic organization for the family. For this reason, in our analysis, we give particular attention to this configuration which is also being used to justify our selection of countries. Since Bettio and Plantenga’s configuration was built in 2004, there have been important changes in care policies and regulations; however, since our data were gathered in 2004, we find the classification consistent to our purpose.

According to the care regimes classification, Nordic welfare states such as Sweden belong to one specific cluster where a large segment of the population is covered by public care and the family plays a small role as a provider (Anttonen and Sipilä, 1996, Bettio & Plantenga, 2004). UK and the Netherlands form another cluster where, despite the high degree of informal care, care for children is to a large extent privatized while care for elderly is provided by the state through residential care (Bettio & Plantenga, 2004). However, those countries present important differences as a consequence of the changes in policy undergone in the last decade. In the UK there has been a huge shift in the provision of home care services away from local authority providers to the private and third sectors (a ‘mixed

¹ The Care regimes configuration made by Bettio and Plantenga (2004) aimed at identifying models of care in European welfare states considering both formal and informal care strategies for children and elderly. Care provisions (such as leave arrangements), financial provisions and social services have been taken into account for the analysis of formal care.

economy of social care providers). The main responsibility of local authorities shifts to a ‘facilitator’ role for public funds distribution by purchasing services from the private and third sectors; this role also includes the eligibility assessment of elderly people for publicly funded provision (Cangiano et al, 2009). In the Netherlands, after the ‘deinstitutionalisation’ process, the capacity of residential care moved from the highest level in Europe in the 1970s and 1980s to a medium level. However the state remains the main care provider by indirectly providing care through outsourcing to voluntary organizations. (Lyon & Glucksmann, 2008). A third cluster includes Austria and Germany which are also characterized by a large amount of informal care. The family is actively encouraged to perform this role through receiving state support rather than by direct interventions from the state, but the costs of this strategy are partly compensated by collective arrangements. The emerging model for Austria and Germany is defined as ‘publicly facilitated, private care model’ (Bettio & Plantenga, 2004). South European countries such as Spain, Greece and Italy form a specific cluster where management of care is almost entirely delegated to the family. This cluster is the one that most intensively recurs to informal care. Furthermore, Southern European countries are the lowest public providers of both institutional and home-based care; nonetheless, social transfers, in particular pensions, have been particularly generous and prioritised upon services (Bettio & Plantenga, 2004). Portugal shares all the relevant features regarding formal care arrangements with the Southern European cluster, but it scores lower on the informal care indicator² (Bettio *et al.* 2006).

Migration regimes

The growing demand of care in the domestic and care sector contributed to the feminization of migration in the last decades (Zlotnik, 2003, Sassen, 2000, Anthias & Lazaridis, 2000, Kofman *et al.* 2000, Morokvasic, 1991) even in former out-migration countries such as Italy and Spain (Bettio et al, 2006). This phenomenon has been called ‘care drain’ (Hotchschild, 2000). Furthermore, the geo-political changes within Europe and the openings of borders led to growing migration flows from East European countries.

Migration regimes determine the entrance and exit rules as well as citizenship and naturalization regulations. Three regimes types have been formulated by Castles and Miller

² Portugal shows a ‘peculiar mix of very high female participation in the labor force, which dates to colonial times, when women replaced men away in the colonies, and a family structure that resembles closely that of other Mediterranean countries’ (Bettio & Plantenga, 2004, p. 101). See also Bettio et.al, 2006.

(2011): the ‘classical immigration’ regime (Sweden) where family reunion and permanent settlement were encouraged, the ‘colonial ties’ (UK, the Netherlands, France) where naturalization occurred for migrants from the former colonies, the ‘guestworker’ regime (Austria, Germany) which recruited temporary (male) workers from abroad and was reluctant to grant residence status and to allow naturalization processes. In the last decade, these distinctions have shifted to some degree; nevertheless the clustering remained quite stable (Castles & Miller, 2011). Since the 1970s, UK and the Netherlands have been employing the same social policy responses targeting immigrants and minorities (Castles & Miller, 2011), but the Netherlands is moving towards a new ‘assimilationism’ (Castles & Miller, 2011). Despite the end of the recruitment system, ‘circular migration’ still predominates in Austria (Castles & Miller, 2011), while Germany adopted a ‘managed migration’ policy by which priority is given to skilled workers, whereas care work is not comprised among them (Koffman *et al.*, 2000). Portugal and Spain became countries of migration after the 1980s without adopting any specific migration policy: post-regularizations and quotas have been used to recruit a certain number of workers and regularise them as domestic workers. The state intervenes as an actor not in the organization of care but through migration regularization policies (Scrinzi, 2009).

If migration policy in European countries is dependent on labour market needs, gender norms are deeply inscribed in the definition of these needs (Lutz, 2008). The current pattern of migration in Europe is highly gendered, where skilled migrants are entitled to citizenship rights (often male, in the IT and other knowledge sectors), while unskilled migrants (and semi-skilled in the case of UK) are confined in the care and services sectors and are more often female (Kofman & Raghuram, 2007). However, the UK is an exception: skilled migrant workers are employed in the care and health sectors through a model of ‘managed migration’ (Kofman & Raghuram, 2007).

2.2 The Regimes Intersection

Williams and Gavanas (2008), in their comparative study on the employment of migrant workers in home-based childcare, argue that the way in which migration, care and employment regimes intersect in different contexts shapes the experiences of both the migrant carers and the employers: it is in the intersection between these regimes that practices and actions are shaped and that differences between countries emerge (Williams 2012, forthcoming). Their study (2008) constitutes one of the first attempts to extend the analysis of

intersectionality from the daily experiences of migrant care workers to the institutional context of these experiences in specific times and places. In this regard, to explain the variation of migrant care work we have to take into account new trends in care policies and how they intersect with migration policies (Williams, 2012, forthcoming).

Care and migration policies nexus

The nexus care-migration becomes visible in the landscape of current changes in European welfare states with particular reference to the marketization and the ‘commodification’ of care, processes which have been defined as an indirect driver of home based care, with particular reference to Mediterranean countries, (Simonazzi, 2009) and as a worsening factor for working conditions and labour shortages (Cangiano *et al.*, 2009). The marketization of care has been already introduced in the Netherlands (Knijn, 2001) and the UK (Cangiano *et al.*, 2009) by the ideology of ‘choice’, ‘managing the self and the household’ and the individualization of care obligations. In Austria reform debates have emphasised concepts of autonomy, choice and preference for care in the community aiming at strengthening care in the private households (Österle & Bauer, 2011). Nowadays, in most European countries, there is a general convergence on establishing market driven services which are replacing state provided social care services. Within the care system, a policy shift towards ‘personalization’, including provision of ‘direct payments’ to elderly people to enable them to purchase their own care, is intended to increase user choice and control over the care they receive (Cangiano *et al.*, 2009). In parallel, care in the community has been favoured resulting in the retention of significant responsibility for care within the families, sometimes combined with support from formal, paid services (Cangiano *et al.*, 2009).

One of the major changes in care policy in the last decade has been the shift from the provision of care services to the provision of incentives for individuals to buy care privately. Incentives include cash payment, tax credit and tax incentives to pay relatives, semi professional or professional care workers, as the case of UK, the Netherlands, Austria and Spain. The so called ‘cash for care’ schemes have had a major impact on the employment of migrant care workers by favouring a particular form of home-based, often low paid commodified care through the market. In this regard, there has been a shift from the state (the Netherlands) or the family (Austria, Spain) to the market (Ungerson, 2004, Da Roit & Le Bihan, 2010, Österle & Hammer, 2006). An example of cash for care is the Austrian ‘Pflegegeld’ aimed at financially supporting the person who needs care through monies for

care users without any regulation: the payment can enter the household economy of the care receiver but not necessarily the care receiver. Monies can be used also to hire a care worker from the grey labour market. These dynamics often occur in contexts such as Austria, Spain, and Italy (Ungerson, 2004). The Netherlands is an example of fully ‘commodified informal care’ (Ungerson, 2004) where the state acts not as a direct provider but by financing voluntary, intermediate organizations which provide care services to individuals (Lyon & Glucksmann, 2008) or by cash payments according to the amount of care work estimated as necessary (Ungerson, 2004). As a result, cash for care schemes have commodified, to varying degrees, informal and unpaid care arrangements and favoured the employment of (migrant) domestic workers. Low cost migrant labour is indeed particularly attractive for those who need longer hours care, also 24/7 time.

On the other hand, migrant workers are directly or indirectly targeted by immigration policies which define entry criteria, residential and working status, and rights (Van Hooren, 2012). In this regard, workers from EU³ have different access to citizenship rights than those outside the EU (Castles & Miller, 2011). Furthermore, even with important differences, all the countries, except the Netherlands and Germany, adopted migration policies targeting care workers directly or indirectly. In the UK most migrant care workers, with the exception of senior care workers, entered through non labour entry channels (e.g family reunification, asylum seeking and studying). Most recently, recruitment has been enhanced by migrants from EU, although their number is now in decline (Cangiano *et al*, 2009). Spain uses indirectly the regularization of illegal migrant workers combined with quota allocations⁴. Furthermore, while in the Mediterranean countries there is legal recognition and an attempt to regularise the sector, in other countries, such as Germany, the absence of policies ignores the existence of migrant care work by transforming it into a ‘twilight zone’ that exists only as an irregular market (Lutz 2007). The analysis of the situation of care in Germany is defined by Lutz and Palenga-Möllenbeck (2010) as ‘semi compliance’ attitude from the institutions who grant residence permits for care workers without granting residential and working rights.

³ Workers from countries who entered the EU in 2004 can work without any restriction in all the countries analysed. Anyway, since we use data from 2004, we do not consider these differences in migrant policies of particular importance for this study.

⁴ The absence of migration policies and regulations results in the existence of a large underground economy. The household sector has been an entry route for foreign women who arrive without a working permit. Successive governments in Spain, and also in other Southern European countries, have adopted a policy of regularization to bring to the surface the millions of workers who have lived and worked in the country illegally. In the 2005 regularization process, 83% of applicants were granted working permits (548,700 people), of whom one third applied through the domestic sector (183,000) (León, 2010).

Migrant care work helps to solve the care deficit in the short term and avoids to tackle major reforms in social care, traditionally liable for path dependency (Lutz & Palenga-Möllenberg 2010).

As our analysis shows, there are direct and indirect ways to target migrant care workers. Examples of policies which are directly targeting care workers are ‘quotas’ and ‘regularization’ on one hand, restriction of ‘entrance criteria’ for migrant workers on the other hand. Examples of indirect policies are either cash for care benefits, no response for the increasing demand of care or restrictive immigration regulations for low-skilled workers (Van Hooren, 2012).

Introducing the countries

The countries selected for the present study are the UK, the Netherlands, Germany, Austria, Spain and Portugal. These countries share an informal tradition of caring, a general increase in migrant care work (Cangiano et al. 2009, Lutz, 2008) and they have been classified as strong breadwinner models. Taking into account these similarities we decided to exclude Social democratic welfare states where migrant care work did not gain prominence.

In the table 1, the regimes patterns previously described are displayed. The majority of these regimes have been classified as strong breadwinner models according to the gender regimes classification (Lewis, 2001). As shown in the table, care is delivered mostly informally through the family (particularly for Spain, Austria and Germany) and to a lesser extent by the market (UK) and the state (the Netherlands). However, cash for care schemes and direct payments to buy care from the market contributed to a re-familiarization of care. Furthermore, while in the UK and the Netherlands migration policies have been influenced by historical legacies with former colonies, circular migration still predominates in Austria and to a lesser extent in Germany. Portugal and Spain lately became countries of migration, regularisation and quotas are largely adopted.

To look more closely to the meaning of intersection in the countries studied we assume that the characteristics (and the recalibration between state, market and family) of the three regimes and the way in which they interact produce different positions, policies and discourses in the specific contexts.

Tab 1: Care, Gender and Migration regimes characteristics

	Welfare regimes's core actor	Care Regimes	Gender Regimes	Migration Regimes
UK	Market	II - market/state (residential care): Cash for care	Strong Breadwinner model	Colonial ties, now managed migration (skilled workers in care/health sector but restrictive entrance policies for unskilled workers)
The Netherlands	State/market?	II – state/non profit (voluntary) organizations Cash for care		Colonial ties. Then multicultural policy now becoming assimilationist.. Citizenship allowed. Restrictive entrance policies for unskilled workers
Germany	Family	State (childcare) – Market/family (elderly care); cash for care	Strong Breadwinner model	Guestworker regime, now managed migration
Austria	Family	III - Family/market; cash for care	Strong Breadwinner model	Guestworker regime, now circular migration
Spain	Family	III - High informal care. Family/market; cash for care	Strong br. – women's employment doubled since 90s	Unmanaged migration. Regularization through quotas, citizenship and naturalization impeded
Portugal	Family	III - High informal care. Family/market;	Strong br.	Unmanaged migration, strong link with former colonies

In the following section we describe the variation of migrant care work produced by the regimes intersection in the six countries by referring to studies which already analysed migrant care work taking into account the nexus between care and migration (Van Hooren, 2012, Lutz & Palenga-Möllenbeck, 2010, Lutz, 2008, León, 2010, Williams and Gavanoas, 2008).

Variation of Migrant Care Work

Migrant domestic workers can be employed by public or private organizations (agency based employment) or directly employed by families (private employment) while the employment relationships can be both formal and informal (Bettio & Plantenga, 2004, Van Hooren, 2012). Workers employed in agency based employment have a different position than those employed in private households. Furthermore, in different countries, there are important

differences in terms of what is defined as ‘migrant care work’, ‘domestic work’, ‘formal’ and ‘informal’. In this section, in order to give a detailed picture of the variation of migrant care work and to look at the intersection of regimes more closely, we decided therefore to include information on skilled migrant care workers, foreign born and native care workers, and domestic workers who also do care work among other tasks. Although the number of migrant care workers is difficult to establish, especially in contexts of high informal home-based care such as Spain, we are able to draw a preliminary analysis by making use of available data from the literature.

In the majority of EU countries (apart from Nordic countries) private households are the main players in the undeclared care work economy (Lutz & Palenga-Möllenbeck, 2010) and informal care performed by families and friends remain the dominant form of care provision for elderly people (Cangiano *et al.*, 2009, Lyon & Glucksmann, 2008).

In the UK, most long-term care for elderly people is still provided informally, usually by family members. Around 1.7 million elderly people in the UK are receiving informal care from relatives and/or friends providing unpaid help with everyday tasks. In addition, elderly people that would have previously looked for moving into institutional care are increasingly being cared at home often by a family member, sometimes by formal services, and sometimes by a combination of the two (Cangiano *et al.*, 2009). In the UK, job shortages in the care sector led to the recruitment of migrant care workers, in particular in the private sector where the wages are lower. The migration system is managed by requesting skilled workers especially from the former colonies, East European countries and unregistered migrants already in the UK such as asylum seekers, domestic workers, students (Cangiano *et al.*, 2009). Among the care workers, migrants account for 19%, and, in London, for more than 50% (Cangiano *et al.*, 2009). Migrants and British minorities are both over represented among those employed on a temporary basis in social care and are more often found in the private sector and to a lesser extent in state funded residential homes. In the past decade, most of these care workers have come from Zimbabwe, Poland, Nigeria, the Philippines and India. The number of migrant care workers who are currently working in these occupations have increased dramatically since the mid 1990s. Almost half of the current migrant care workers entered the UK at the beginning of 2000s (Cangiano *et al.*, 2009).

The Dutch care provision is state funded, particularly for elderly care. With its social democratic characteristics it has not given rise to the demand for either a ‘migrant in the

family' or a 'migrant in the market' for care (van Hooren, 2012). In the Netherlands, in 2004, the percentage of workers with a foreign born parent ('allochtonous') was 13,5% in residential and nursing homes and 11,3% in home care, most of them with a former colonies background (van Hooren, 2012). According to van Hooren (2012) the weight of recent immigrants in long term care is not very large in the Netherlands; however, more recent and precise data are lacking.

In Germany, the nexus between care regimes and migration regimes shaped what has been called 'twilight zone'. While the official welfare state policy on domestic work avoids to directly support elderly care by the model of direct transfer payments, unskilled migrant workers (particularly those outside the EU), are addressed by restrictive migration regulations. This brings migrant care workers close to clandestinely and places undeclared care migration as an integral part of German welfare state policies. At the same time, the unofficial reality of 'kin care' is reinforced by the political discourse and by a family-oriented culture of care for dependent family members. In this context the recruitment of 'undocumented' migrant care workers in private households is tacitly accepted and families, in order to conciliate work and family responsibilities, find a solution with low cost migrant labour through the private market (Lutz, 2008). For what concern Germany, data are not easily accessible. Nonetheless, Lutz & Palenga-Möllenbeck (2010) estimate the number of migrants working as care workers to be between 150.000 and 200.000.

In Austria, the informal care provided by the family networks has been reinforced through cash for care schemes and reform debates which emphasise concepts of autonomy and choice and a strong preference for care in the community. The presence of cash for care combined with the lack of services covering longer hours of care and the availability of cheap labour from Central and Eastern European countries led to the regularization of 24h care in 2007 (Österle & Bauer). In Austria, about 80% of people in needs of care receive care at home by close relatives (Österle & Hammer, 2004). In Vienna, the number of migrant care workers employed in residential care is around 80% (Weicht, forthcoming), while the solution for many families has been the employment of a migrant care worker living in the house of the person cared for. The majority of migrant workers come from Eastern European countries and their recruitment is organised by specialised agencies which provide carers in rotation. The 'pendulum migration' allows to conceive care as an intimate and close relationship between care giver and receiver. These values are emphasised by both private and public

discourses in Austria (Weicht, 2010). In the Austrian context, the employment of migrant care workers in private households performs the practice and ideal of family care delivered through love and personal connection (Weicht, 2010, Lyon & Glucksmann, 2008) as a continuation of the family care model. Furthermore, Weicht (2010), in his analysis of public discourses, pointed out how these discourses empowered the integration of the migrant worker into the family and enabled the performance of a form of idealised care, perceived as lost in the Austrian society, maintaining the normative Austrian care model (Weicht, 2010).

In Spain, women constitute the majority of informal carers (83%), while institutional care is provided to around 3% of the dependent population. Private care provided by migrant care workers is increasing as the main support to middle classes women mainly in urban areas. To facilitate the conciliation between work and family life, the official government policy relied more on tax relief for carer households than care provisions (Moreno, 2004). The combination of the fast increasing participation of women in the labour market, the belonging to a family based care model, and the lack of both care arrangements and migration policies led private families to hire cheap migrant labour waiting for being regularized. Furthermore, the historical trajectory of a familial welfare regime and the migration model of the last two decades have converged in facilitating and even encouraging the expansion of home based care as the main site of care provision. This form of care work embodies a way of reviving the patterns of traditional societies, 'replacing' the social group that performs these tasks under similar working conditions (León, 2010). In Spain, permits for domestic work to foreigners raised from 221.500 in 1996 to over 500.000 in 2009. However, in contrast to the other countries, migrants are mostly employed in private households thanks to the undeclared basis of employment. Spain and Italy have a much smaller percentage of foreign born workers in the residential sector (under 4%). According to the most recent 2009 data, over 90% of the more than 280.000 employees registered with the 'Special Regime of Household Employees' are women and 61% of all registered workers are non-nationals, the large majority of which are non-EU citizens (87%), mainly coming from Latin American countries. It is nonetheless important to underline that these figures underestimate the real level, since this is an occupational sector with a significant presence in the black economy. According to the 2001 census, the number of foreign women actually working was about 30% higher than the number of foreign women registered with social security that same year (León, 2010).

Compared to the Spanish context, Portugal shares similar trajectories. The strategy of employing migrant labour to meet care needs has become institutionalized through government policies, including migration quotas. It has been described as a shift from a 'family' model of care to a 'migrant-in-the-family' model of care where migrants are gradually replacing unpaid care by native women, and a new division of labour is emerging between the family, the market and the state (Bettio *et al.*, 2006). The high underground economy in Portugal makes it easy for migrants to work as domestic workers even without a residence permit. The largest numbers of female migrants come from Latin America, South East Asia and South East Europe (Bettio *et al.*, 2006).

2.3 Regimes and Opinions

Regimes are defined as institutions or institutional configurations (Esping-Andersen, 1990). The historical institutionalism approach has seen the relationship between institutions and individuals as the core of its investigation (Hall, 1993, Hall & Taylor, 1996) providing two main possible explanations for the impact of institutions on individuals and *vice versa*: the 'calculus approach' (or self interest) and the 'cultural approach'. According to the former, institutions affect individual action by providing information relevant to the behaviour of others, enforcing mechanisms of agreement, penalty and thus influencing the expectations that actors have in response to other actors (Hall & Taylor, 1996). According to the latter, 'institutions provide moral or cognitive templates for interpretation and action. The individual is seen as an entity deeply embedded in a world of institutions, composed of symbols, scripts and routines, which provide the filters for interpretation, of both the situation and oneself, out of which a course of action is constructed. Not only do institutions provide strategically-useful information, they also affect the very identities, self-images and preferences of the actors.' (Hall & Taylor, 1996 p 939). Both approaches state that the impact of institutions on human attitudes, behaviour and opinions is significant. The power resource approach explains this relationship by the idea that welfare attitudes of individuals can be directly deduced from long-term class interests (Korpi, 1983).

However, previous studies which tried to find empirical evidence about the impact of institutions (regimes) on opinions have reached few firm conclusions. Some studies found patterns of overall support for the welfare state consistent with institutional feedback effects (Andreß & Heinen, 2001, Larsen, 2008, Svallfors, 1997). Other studies did not find discernible evidence for a relationship between welfare regime and public support for

redistribution or at least, not on the type that can be directly interpreted as created by regime differences (Bean & Papadakis, 1998). Possible explanations of the inconsistency of the results may be the complexity of the welfare state and the attitudes towards it (Jaeger, 2006) since regimes, as ideal types, do not really represent the complexity of any particular country (Jordan, 2010).

Previous studies which comparatively investigated public opinions towards the economic aspects of migration found that low skilled people have more negative opinions on migration because of job competition among low skilled jobs and concerns regarding public burden (Dustmann & Preston, 2007, 2006), while other researchers linked positive attitudes with high educational levels because of the recognition of important values that immigrants bring to the country (Hainmueller & Hiscox, 2007). These studies focused on factors that are rationalizable with economic models (Dustmann & Preston, 2006), and none of these fields of research did consider neither gender nor care in the analysis (Nawyn, 2010).

Possible limitations may be due to the fact that those studies considered regimes as fixed institutions without considering neither cultures and values nor the relationship between welfare state policies and culture (Pfau-Effinger, 2005). The welfare arrangement approach is based on the assumption that culture does not simply exert a determining influence on politics, or *vice versa*. Instead, their mutual impact is influenced and modified by the interaction of institutional and social factors in the respective 'societal context' (Pfau-Effinger, 2005). The term 'arrangement' refers to the specific form of 'interrelations of the differing levels in a particular context of time and space, which is the result of conflicts, negotiating processes and compromises of social actors' (Pfau-Effinger, 2005, p 6).

As we have observed through our theoretical model, the way in which gender, care and migration regimes intersect produces a complex variation of patterns, practices and actions in relation to migrant care work. In this framework, we hypothesise that, on the meso level, there is a complex relationship between opinions and regimes to the extent to which opinions towards migration and gender roles are embedded in broader regimes arrangements and their related institutions. Institutions block or allow citizenship rights and the political participation of migrant workers in the public sphere, invest in public care services or finance cash for care schemes, facilitate the emergence of public debate around issues such as care, migrant work, state responsibility and ageing society. Regimes and their constituent related institutions shape needs and rights of care givers and care receivers in ways that contribute to gender

inequality in citizenship rights (Knijn & Kremer, 1997). Our question is whether a relationship among regimes and their related institutions, and attitudes and opinions can be inferred.

2.4 Research Questions and Hypothesis

Regimes are ideal types but they display different policies, service delivering, regulations and gender attitudes which produce different social stratification, values and opinions. The relationship between opinion and regimes is hard to prove and probably it is not a direct one. Our purpose is not to investigate the extent to which a causal relation occurs. Nonetheless we want to test whether certain opinions are displayed in different regimes and, in particular, whether opinions themselves reflect what we have described as ‘intersection’. If the position of migrant care workers has been studied through intersectional analysis, with this analysis we want to observe whether intersectionality can be extended also to institutional regimes and opinions (*Hypothesis 1*).

(Q) To what extent do opinions about migration and gender roles reflect the intersection of care and migration regimes?

In order to analyze whether public opinions in the countries selected reflect an affiliation with care and migration regimes described in the previous section we formulated the following subquestions:.

(SQ1) Do people living in countries exemplifying the same kind of migration regime tend to have similar attitudes, and do those who live under different migration regimes tend to have different opinions towards migration?

With reference to the relevant literature, we consider the following assumptions for the subquestion 1. Two different hypotheses are formulated. The former considers the mutual relationship between migration regimes and opinions on migration (*1.a*), while the latter involves the ‘care and migration arrangement’ and considers migrant care work as a possible factor in producing variance (*1.b*).

(Hypothesis 1.a) If we assume that opinions reflect the migration regimes configuration (Castles & Miller, 2011), we should find that public opinion respectively in the UK and the Netherlands, in Germany and Austria, in Spain and Portugal, display similar attitudes

concerning migration. Opinions on migration and migration regimes should turn to be quite correspondent.

(Hypothesis 1.b) If we assume that ‘care and migration arrangements’ play a role in determining attitudes and opinions on migration in different ways, we should formulate the following preliminary presumptions:

- We expect to find more positive attitudes on migration in those contexts where migrant care workers are seen as a solution (Bettio et al., 2006), and where the ‘migrant in the family’ model emerged with a dependency and interdependency relationship between migrant workers and families (Austria, Spain and Portugal). On the contrary, we expect to find more negative opinions in contexts where care work is not mainly performed in private households but is labelled as a ‘professional’ work in the residential sector (the Netherlands and the UK).
- We expect to find a relationship between positive opinions on migration and the emergence of positive images of migrant care workers in public debate. Indeed, in some countries (Austria, Spain, Germany), the image of migrant care work shifted to a positive one (Weicht, 2010), with care workers often represented as a continuation of the family care model (Weicht, 2010; Lyon & Glucksmann, 2008) and migrant care work depicted as contributing positively to the social welfare and especially to public expenditures (Lutz & Palenga-Möllenbeck 2010, Lyon, 2008). Moreover, at the EU level, migrant work is often seen as a solution to specific sorts of skills shortage, as for the care sector. This argument is increasingly used in the public debate to support more liberal migration policies (Dustmann & Preston, 2006).⁵
- Thus, we expect to find more positive attitudes in Spain, Germany, Austria and Portugal, where the interaction of specific care cultures and institutional factors encouraged (directly or indirectly) migrant care work and led to the prominence of migrant care work in private households.

⁵ We are aware that, in methodological terms, this hypothesis shows clear limitations. While the dataset we use was built in 2004, the discourse analysis considered has been all published after 2006 and takes into account a timeframe which could be subsequent the dataset. Therefore we should have ideally added to our analysis also a timeframe prior 2004. Unfortunately, as far as our knowledge is concerned, no studies are available.

(SQ2) Do people living in countries exemplifying the same kind of care regime tend to have similar attitudes, and do those who live under different care regimes tend to have different attitudes towards gender roles?

With reference to the relevant literature, we consider the following assumptions for the question 2. Two different hypothesis are formulated. The former considers the mutual relationship between care regimes and opinions on gender roles (2.a), while the latter involves the ‘care and migration arrangement’ and considers migrant care work as a possible factor in producing variance (2.b).

(Hypothesis 2.a) We expect to find different opinions according to the care regimes configuration with Spain and Portugal forming one cluster, Austria and Germany a second one and UK and the Netherlands a third one (Bettio & Plantenga, 2004). Opinions on gender roles and care regimes should turn to be quite correspondent.

(Hypothesis 2.b) If we assume that ‘care and migration arrangements’ play a role in determining attitudes and opinions on gender roles in different ways, we should formulate the following preliminary presumptions:

- The male breadwinner model works, to some extent, in terms of prescription (Lewis, 2011). The idea that women should be ready to cut out their paid work constitute one of the main assumptions regarding the position of men as earners and women as caregivers (or half earners). There are different ways through which institutional factors concerning care and migration interact with caring cultures and gender roles. The commodification of both informal and unpaid care work has maintained the gendered division of care work and has favoured, in some contexts, migrant care work in private households.
- Even though in some welfare states the dual earner model replaced the breadwinner one in the labour market, the gendered assumptions behind care and care arrangements did not undergo major changes and care, as a gendered role, is performed by women (either family members or migrant women). Even though in Spain and Portugal the participation of women in the labour market increased dramatically in the last decades and the dual earner model replaced the breadwinner one, the need for care is solved through migrant care work which replaced the

previous gender division of (care) work. This is where the ‘migrant in the family’ model takes place (Spain, Portugal, and Austria). Differently, in the Netherlands, in the UK and to a lesser extent in Germany, the breadwinner model was replaced by the modified industrial model. The high percentage of part time work especially among women partly allows caring and conciliating between work and family responsibilities. Nonetheless, care responsibilities remain highly gendered and performed by women.

- Thus, we expect to find little difference on opinions on gender roles.

3 Research Design

In this chapter we introduce the dataset used for the analysis. Moreover, we present the variables, methods and the operationalisation of concepts. In the last two sections, we argue for the scientific and social relevance of our research and its interdisciplinary character.

3.1 Data - Dataset

The European Social Survey (ESS) is an opinion survey designed to chart and explain the interaction between Europe's changing institutions and the attitudes, opinions and behaviour patterns of its population. For our study we will especially use the ESS, Round 2, 2004. The Round 2 survey covers twenty countries and the main questionnaire is made up of a core module, relatively constant from round to round, and three rotating modules: health and care seeking, economic morality and family, work and well being. In our analysis, we will use data for six European countries: UK, the Netherlands, Germany, Austria, Spain and Portugal.

One of the main problems when dealing with comparative opinion surveys is how to establish the cross national validity of indicators, since attitudes and opinions as well as the meaning and connotations of various concepts are context-dependent (Svallfors, 2003). Within the ESS this problem has been dealt with a source questionnaire which includes annotations defining terms and concepts that would prove difficult for translation and the translation guidelines⁶.

With reference to the Round 2 (2004), the sampling is contained in 'Principles and requirements Sampling in ESS'. The report, downloadable from the ESS website, states that 'full coverage of the population, non-response reduction and considering design effects are prerequisites for the comparability of unbiased or at least minimum biased estimates'. In order to achieve these objectives the survey has to be representative of 'all persons aged 15 and over, resident within private households in each country, regardless of their nationality, citizenship or language'. The minimum 'effective' sample size is of 1,500 and has been selected by 'strict random probability methods at every stage'. Respondents have been

⁶ However, only national coordinators are responsible for the questionnaires translations. In the 'ESS Round 2 - Specification for participating countries' it is stated that 'for speakers of certain minority languages (spoken by fewer than 5% of the population), it may be possible to adapt the questionnaire produced by another participating country. If national coordinators wish to offer translated questionnaires to these smaller minority language groups, they should refer for advice. Countries are not, however, required to interview language minorities under the 5% cut-off' (European Social Survey, Round 2 - Specification for participating countries).

interviewed face-to-face (ESS - Sampling for the European Social Survey- Round II: Principles and requirements).

3.2 Variables

In this section we introduce the dependent, independent and control variables used in our analysis. For each variable we provide a description and a table which illustrate both advantages and disadvantages of using those variables and concepts. Variables operationalisation is provided in the next section.

Dependent Variables: The two variables below constitute the dependent variables of this study. The two variables are used as measures of migration regimes and gender/care regimes respectively: the first one is an overall question on the economic aspects of migration, while the second one is a general statement on gender roles attitudes.

The first dependent variable ‘imbgeco’ is a continuous interval variable, from 0 to 10, where the minimum is ‘bad for the economy’ and the maximum is ‘good for the economy’. The order is from the most negative to the most positive attitude towards migration. The question is the following: *Would you say it is generally bad or good for [country]’s economy that people come to live here from other countries? From 0 to 10 where 0 is bad for the economy and 10 is good for the economy*

The second dependent variable ‘wmcptwk’ is an ordinal variable, from strongly agree to strongly disagree with the statement: ‘a woman should be ready to cut down on her paid work for the sake of her family’. The order is from a very conservative position to the most liberal one. The question is the following: *A woman should be prepared to cut down on her paid work for the sake of her family (1 ‘agree strongly’; 2 ‘agree’; 3 ‘neither agree or disagree’; 4 ‘disagree’; 5 ‘disagree strongly’).*

In the table 2 the advantages and disadvantages of using our dependent variables are described.

Tab 2 Advantages and disadvantages of the dependent variables

Variables	Advantage	Disadvantages
Imbgeco	It captures the economic aspects of migration: migrant care work can be seen as a solution for social problems such as care needs or ageing society. Easy to measure	Not referred to migration policies. Too broad: what is the meaning of bad/good and the different values attached to these notions cross-culturally? Validity: it captures only opinions on the economic aspects of migration.

		Response biases (often cultural)
Wmcpwrk	It captures the gender roles attitudes which lie behind the gender division of care work and the belonging to the breadwinner model. Easy to measure	Not referred to care policies. Not referred explicitly to care. Validity: it consider just one dimension of the gender division of care work.

Independent variables: Six countries have been chosen for our analysis: the UK, the Netherlands, Germany, Austria, Spain and Portugal. The selected countries constitute the independent variables of this study. Countries have been operationalised as dummy variables. The reference category is the Netherlands: it constitutes the only country in our study where migrant care work did not gain prominence in the last decade. Furthermore, although the ‘restructuring’ of the welfare state and the ‘marketisation’ of care policy have been taking place, the state still remains the main care provider. Thus, in our opinion, the Netherlands can constitute a valid reference point.

Control variables: The following controls have been selected and operationalised: age, gender, caring position, equivalised income, migration background. In choosing these particular controls, our aim is to include variables which can show different subjects’ positions in relation to migration and gender roles. In particular, equivalised income and caring position are here conceived as key variables. The equivalised income variable constitutes an indication of the earning capacity of the entire household which has a strong influence on the decisional power of the families and individuals when dealing with the need of care. For instance, the household income capacity can be a crucial factor in ‘choosing’ whether to buy care from the market, cut down on paid work or make use of cash for care schemes. The caring position has been operationalised as two separate variables: the first one considers the respondent position as informal care giver, while the second one considers the respondent position as informal care receiver. For these variables, we have considered ‘care’ as comprising both domestic tasks, such as housework, and child and elderly care, directed to a family member, a relative or a friend. Care received can also be performed by family members, such as children, but also friends and generic ‘others’ outside the household. The caring position is a key variable for its link with our hypothesis: it permits to control whether opinions change when a kind of need for care occurs (and migrant care work may be seen as a solution). Another relevant variable in this study is the migration background. It permits to control for differences on opinions among natives and people who have experienced (or closely experienced) a history of migration.

Method: The countries chosen have in common a high and diversified presence of migrant care work and have been subjected to changes and restructuring of the welfare state. In order to analyse these cases we apply the method of difference which looks at differences among similar cases. Macro-comparative analysis permits to set up approximations to controlled comparisons with a small number of cases (Skocpol & Somers, 1980). With this purpose we will firstly explore, with descriptive information, opinions on migration and opinions on gender roles comparatively. This will allow us to look at important differences and similarities among countries and within countries. Afterwards, we will test our theoretical models through empirical analysis. We will use regression analysis to see if differences between macro opinions in these countries are significant, while controlling for gender, age, equivalised income, caring positions and the migration background.

3.3 Variables operationalisation

Age: In order to control for the age of the respondents, the variable ‘Yrbrn’ year of birth has been recoded to another variable ‘age’ which is the calculation of the age of the respondents.

Gender: The gender variable ‘gndr’ controls for the gender of the respondents and it is dummied as 0 male, 1 female.

Care provided (informal): With the aim to control for the (informal) respondent’s caring position as care giver, we have chosen the following variables which gather information both on informal care in the own household and informal care to a family member/relative outside the household. The first item, ‘Ikafohh’ asks the following: *‘and apart from housework, do you look after others in your household, such as small children or someone ill, disabled or elderly?’* (1 ‘Yes’; 2 ‘No’); while the second items ‘Updhlrl’ asks *‘apart from your own children, how often, if at all, do you give unpaid help to a family member or relative outside your household with childcare, other care, housework or home maintenance?’* (01 ‘Never’; 02 ‘Less than once a month’; 03 ‘Once a month’; 04 ‘Several times a month’; 05 ‘Once a week’; 06 ‘Several times a week’; 07 ‘Every day’).

We have recoded the dummy variable labeled ‘care_give’ into a 0-1 range with ‘1’ indicating an active caring position as care giver and ‘0’ indicating not to care. Missings have been excluded. ‘1’ includes ‘Ikafohh’ (1) and ‘Updhlrl’ (04 – 05 – 06 – 07). In the table 3 the advantages and disadvantages of using our variable ‘care_give’ are described.

Tab 3 Advantages and disadvantage of ‘care_give’

Advantages	Disadvantage
‘Care_give’ gathers information on informal care provided both in the own household and outside the household.	‘Care_give’ does not provide information on the amount of care provided informally. This information is available with the variable ‘Updhlrl’ but we decided to lose this information in order to recode a new variable merging the two. ‘Care_give’ does not provide information on the care receivers: are they children, ill, elderly?

Care received (informal): With the aim to control for the (informal) respondent’s position as care receiver, we have chosen the following variables which gather information on the respondent’s position as care receiver both from someone outside the household and from a family member (grown child/ren) not in the household. The first item ‘Updhlrl’ asks: ‘*and if you needed help, is there anyone outside your household you can count on to give you unpaid help with childcare, other care, housework or home maintenance?*’ (1 ‘Yes’; 2 ‘No’); while the second item ‘Clhwkrc’ asks: ‘*everyday housework/care you receive from grown children not in household*’ (1 ‘A lot of support’; 2 ‘Some support’; 3 ‘No support’).

We have recoded a dummy variable labeled ‘care_receive’ into a 0-1 range with ‘1’ indicating an active position as care receiver position and ‘0’ indicating not to be cared. Missings have been excluded. ‘1’ includes ‘Updhlrl’ (1) and ‘Clhwkrc’ (1, 2). In the table 4 the advantages and disadvantages of using our variable ‘care_receive’ are described.

Tab 4 Advantages and disadvantages of the variable ‘care_receive’

Advantages	Disadvantages
‘Care_receive’ gathers information on the informal care received from someone outside the household who can either be a family member (in particular children) or a person who belongs to a voluntary organization, NGOs etc. Data shows that informal care provided from own children is the most common throughout European countries.	‘Care_receive’ does not provide information on the amount of care provided informally. This information is available with the variable ‘Clhwkrc’ but we decided to lose it in order to recode a new variable merging the two. ‘Care_receive’ does not provide information on the reasons why respondents receive care: is it because they are ill, elderly?

Household Income: The variable ‘eqinc’ is the household total net income divided by the household size. For this purpose, after recoding the age of the other people in the household (if any) and counting the number of adults and children, we calculated the effective household size. Afterwards, we have divided the variable ‘household total net income’ in the ESS dataset to the calculation of the effective household size. This normalisation is often

used is the ‘OECD income equivalence scale’ which defines the effective household size as $0.3 + 0.7*adults + 0.5*children$. In the table 5 the advantages and disadvantages of using our variable ‘eqinc’ are described.

Tab 5 Advantages and disadvantages of the variable ‘eqinc’

Advantages	Disadvantages
It considers a broader gendered and social dimension: the number of people living in the household has a strong influence on the earning capacity, especially for women.	No information on the source of income Does not represent ‘class’

Migration background: As the sample in ESS included a very small percentage of minority groups (around 5%), we decided to create a new variable (dummy) based on two variables. This new variable ‘mingr2’ considers whether the father ‘Facntr’ or the mother ‘Mocntr’ of the respondent were born in the ‘country’. The aim of this operationalisation is to create a variable which gathers information on having directly or indirectly experienced migration. Thus, we created a new variable with the aggregate data of the two variables above to obtain a bigger sample, around 10 – 12%. In the table 6 the advantages and disadvantages of using our variable ‘mingr2’ are described.

Tab 6 Advantages and disadvantages of the variable ‘mingr2’

Advantages	Disadvantages
It considers people with a migration background either directly or indirectly. Some family members can be employed as care or domestic workers.	No information on where the respondent’s parent(s) come from.

3.4 Scientific and social relevance

The present study constitutes a first attempt to carry out a comparative analysis on opinions and values by using the intersectionality of regimes as theoretical model. We argue that the operationalisation of the concept of regimes intersection still needs to be achieved in order to analyse migrant care work in a comparative perspective. For this purpose, with the present study we want to contribute to the operationalisation of concepts by exploring the relationship between opinions and institutions in the context of migrant care work. Moreover, previous studies on migrant care work did not take opinions and values into account. We argue that opinions need to be taken into account and need to be strongly linked to discourse analysis in the context of the current changes of welfare states institutions. In Europe, migrant

care work is becoming a central issue and it will dramatically increase in the future. Giving this premises, in the forthcoming years, it will be crucial to understand macro opinions and values on migration and care, and where these ideas come from. Only with this knowledge it will be possible to draw recommendations for policy makers, public and private bodies in order to deal with the social risks connected to the societal shift to post industrial societies.

3.5 Explanation of the Interdisciplinary character of the research

The present study is being conceived taking into account different research fields in order to contribute to a further exploration of the relationship between opinions and institutions. The theoretical model incorporates welfare states studies and concepts which have been used to explain the rise and the changes of the European welfare states: the regime concept by Esping-Andersen, feminist theory, the inclusion of care into the analysis of regimes, and theoretical models aimed at explaining the relationship between culture, values and institutions. Moreover, migration studies and in particular the analysis of migration regimes are included in our model, as well as relevant qualitative studies on the intersectionality of regimes which have been carried out in order to analyse the positions of migrant care workers and employers.

4 Results

In this chapter we provide descriptive information for the empirical analysis. We have looked at means and standard deviation for the dependent variables to explore the variance of attitudes on migration and on gender roles among countries and within countries. The empirical analysis tests whether the countries can be clustered into different migration and care regimes respectively and whether our theoretical assumptions were correct. Regressions are used to test the countries variance and the theoretical models we have described.

4.1 Descriptive overview - Opinions towards migration and opinions towards gender roles

In this section we provide some preliminary information based on descriptive statistics. Means scores and data explorations are used in order to analyse the variance of opinions on migration and opinions on gender roles among countries and among groups within countries. We firstly provide a descriptive overview of opinions on migration and secondly of opinions on gender roles. The descriptive section ends with some preliminary observations.

Opinions towards migration

(SQ1) Do people living in countries exemplifying the same kind of migration regime tend to have similar attitudes on migration, and do those who live under different migration regimes tend to have different attitudes towards migration?

In order to answer this question we analyse the variation of opinions among countries and then within countries to see whether opinions mutually reflect the migration regimes classification (*Hypothesis 1.a*) or whether opinions describe a different clustering which may take into account ‘care and migration arrangements’ (*Hypothesis 1.b*). In the table 7 means for the dependent variable ‘Immigration is bad or good for a country’s economy’ are displayed for each country from the most positive attitudes to the most negative ones. The table introduces unexpected results for what concerns opinions on migration. Firstly the countries are not displayed as we would expect and they do not represent any clustering according to migration regimes. Spain and Portugal are at the opposite, scoring the highest and the lowest mean respectively. Similarly, we expected to find close means between Austria and Germany for their belonging to the same ‘guestworker’ migration regime, while in fact they are opposite to each other. Only the Netherlands and the UK have close means

and this confirm to some extent our previous expectations. Austria (4.92) and Spain display the more positive opinion on migration, in particular Spain with the higher mean (5.57). Germany (4.44), UK (4.55) and the Netherlands (4.61) have more negative opinions on migration and score quite similarly. Portugal has the most negative attitudes towards migration (4.39). However, it is hard to find any clear clustering of countries.

Tab 7 Immigration bad or good for country's economy – Means

Country	N	Mean	Std. Deviation	Variance
Spain	1582	5,57	2,334	5,450
Austria	2147	4,92	2,457	6,038
Netherlands	1840	4,61	2,009	4,037
United Kingdom	1853	4,55	2,375	5,639
Germany	2753	4,44	2,451	6,007
Portugal	1923	4,39	2,203	4,854

Group differences within and between countries

Our assumptions (*Hypothesis 1.b*) suppose the mutual influence that ‘migration and care arrangements’ (intended as the interaction of institutional and social factors related to migration and care in specific contexts) exert on opinions and attitudes on migration. For the formulation of the hypothesis we have taken into account the extent to which migrant care work solves care needs both for families, to tackle the conciliation between work and family responsibilities, and for social institutions. To understand if there is any relationship between positive/negative opinions and people who have a kind of caring position, we compare attitudes on migration among those who are actively involved in care and those who are not. The graph below displays means of opinions on migration (dependent variable) in relation to the variable ‘care_give’ (Figure 1). The graph does not show any important difference in terms of opinions among countries: apart from Spain and the UK, all countries display very close means. Interestingly, in Spain people who have an active caring position are more positive on migration; on the contrary in the UK people who have an active caring position display more negative attitudes. However, the close means scores do not really allow us to draw precise considerations.

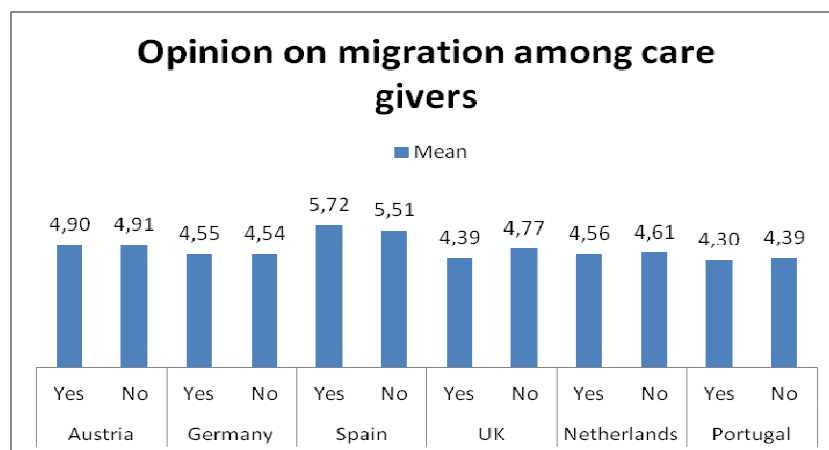


Figure 1. Opinions on Migration: care givers

In the following graph, we analyse opinions on migration among care receivers (Figure 2). Similarly to the previous exploration, the graph does not show any important difference among people who receive informal care and people who do not receive any help. However, in all countries, people who receive care tend to be more positive on migration, with the exception of Spain and the UK. The two countries show the biggest means difference among groups; moreover, in both countries, those who received care tend to have more negative opinions on migration.

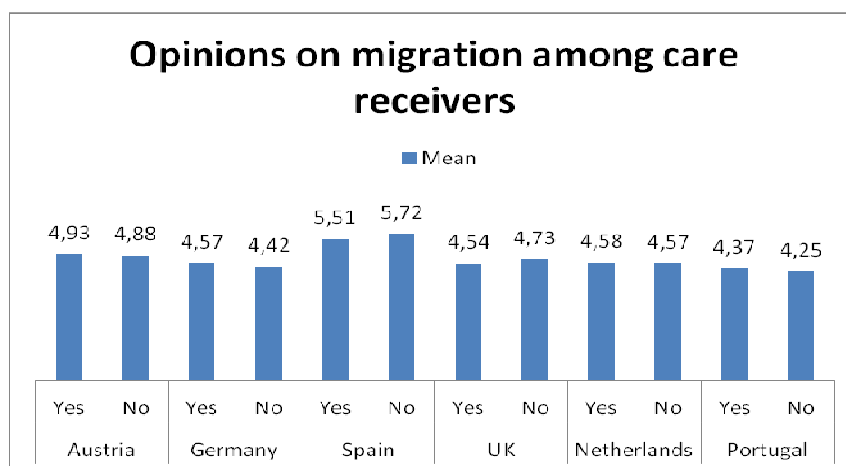


Figure 2. Opinions on Migration: care receivers

Moreover, to look more in depth to the relationship between the caring position and opinions on migration, we provide a graphical representation of the extent to which opinions on migration vary according to how often people care. Worthy of note, is the fact that in two countries (Spain and Austria), the more often people are involved in informal care, the more they have positive attitudes on migration. It is also valuable that, in the Netherlands, opinions

do not change according to how often people care. The Dutch attitude probably indicates that caring does not have any relationship with opinions on migration for that context. Furthermore, in the other countries (UK, Germany and Portugal), the trend is the opposite: the more people care, the more they have conservative opinions on migration.

In the graph below the dependent variable ‘migration is bad or good for a country’s economy’ is compared with the variable ‘updhrlr’ labelled ‘Give unpaid house/care help to relative outside household, not own child’(figure 3).

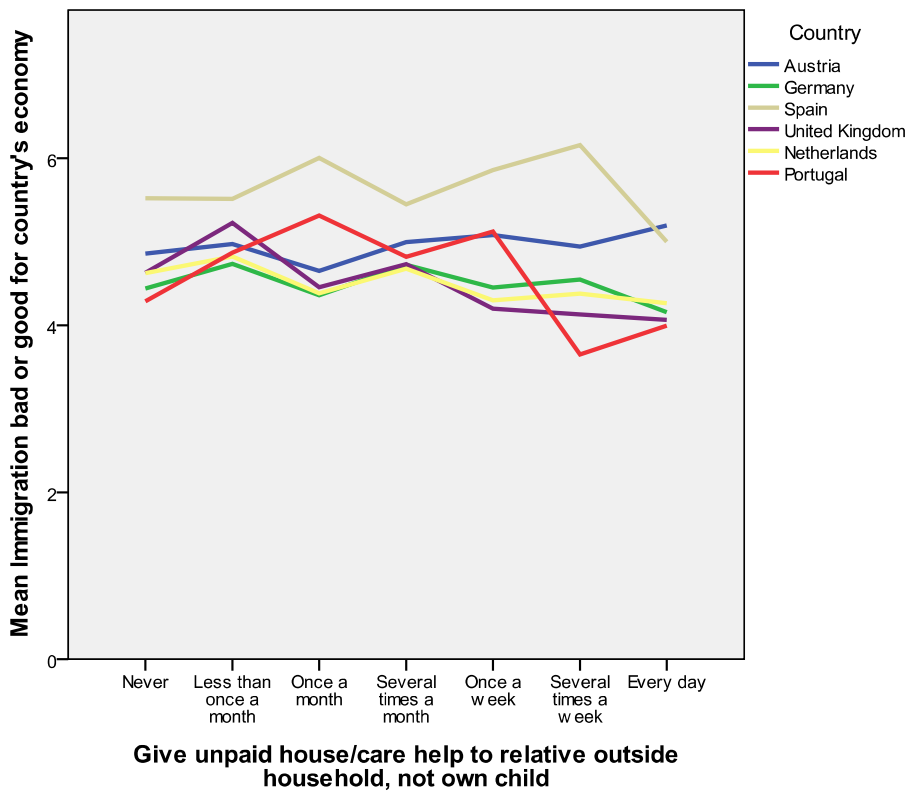


Figure 3. Opinions on Migration: how often care

Opinions towards gender roles

(SQ2) Do people living in countries exemplifying the same kind of care regime tend to have similar attitudes, and do those who live under different care regimes tend to have different attitudes towards gender roles?

In order to answer this question we analyse the variation of opinions among countries and then within countries to see whether opinions on gender roles reflect the gender regimes

classification (*Hypothesis 2.a*) or whether opinions describe a different clustering which may take into account ‘migration and care arrangements’ (*Hypothesis 2.b*). In the table 8, means for the dependent variable ‘A woman should be prepared to cut down on her paid work for the sake of the family’ are displayed for each country from the most liberal attitude to the most conservative one. From the table a number of interesting observations may be derived. By and large, the rank order of countries is as we would expect it to be. The Netherlands display the most liberal opinions on gender roles (3.14), followed by the ‘conservative’ welfare states: Germany (2.83) and Austria (2.74). The UK scores (2.73) and, at the bottom, Mediterranean welfare states as Spain (2.66) and Portugal (2.36) display the most negative attitudes on gender roles. From this first exploration we can moderately assert that the care regimes classification is quite represented by opinions on gender roles with only one exception. According to the care regimes classification (Bettio & Plantenga, 2004), the UK should have scored similarly to the Netherlands, as they both belong to the same cluster, on the contrary clearly they show a different attitude on gender roles. However, opinions on gender roles in the UK context probably reflect more the belonging to the ‘strong breadwinner model’ (Lewis, 1992).

Tab 8 A woman should be ready to cut down on her paid work to sake of her family - Means

Country	N	Mean	Std. Deviation	Variance
Netherlands	1867	3,14	1,150	1,323
Germany	2821	2,83	1,096	1,201
Austria	2205	2,74	1,127	1,269
United Kingdom	1872	2,73	1,038	1,078
Spain	1629	2,66	1,122	1,260
Portugal	2019	2,36	,935	,875

Group differences within and between countries

If results from the first data exploration show that opinions on gender roles moderately represent care regimes (*Hypothesis 2.a*), now we want to see whether a variation of opinions among care givers and receivers may be used to explain the mutual relationship between ‘care arrangements’ and opinions (*Hypothesis 2.b*). Our assumptions in fact suppose the mutual influence that ‘migration and care arrangements’ (intended as the interaction of institutional and social factors related to migration and care in specific context) exert on opinions and attitudes on gender roles. For the formulation of the hypothesis we have taken

into account the changes that occurred in care policy during the last decades and the extent to which migrant work is seen as a solution for the needs of care. We have assumed that opinions on gender roles reflect the gender division of care work. To understand if there is any relationship between conservative /liberal opinions and different groups within countries, we consider firstly the percentage of care givers and receivers among genders. Not surprisingly, women are more involved in care than men in all country, while the gender variance is not really relevant for care receivers (see Annexes 1 and 2). Furthermore, we compare the means score of caring for each country (Figure 4). Interestingly, South European countries have the lowest mean: it seems an indication that there are less people who have an active caring position compared to Austria (the highest mean), the UK, and Germany. The Netherlands is placed in the middle.

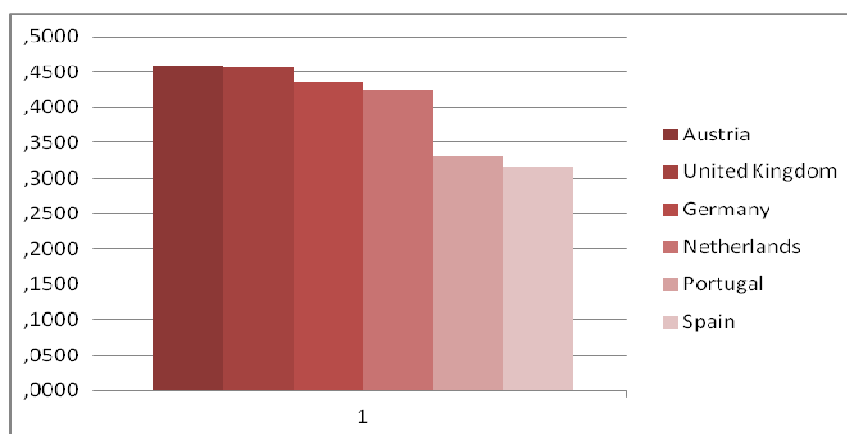


Figure 4 Care giving - Means

Secondly, we analyse differences in opinions on gender roles among those who have an active caring position and those who do not. Generally there are only slight differences in responses among people who have an active caring position and people who do not, as means scores are almost the same for all countries. However, generally, people who have an active caring position tend to have more conservative opinions on gender roles (Figure 5).

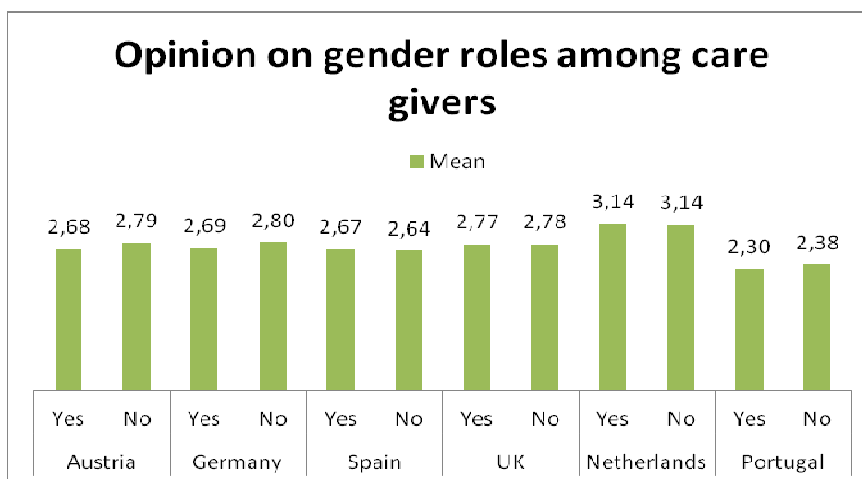


Figure 5. Opinions on Gender Roles: care givers

In the next graph, opinions among care receivers are displayed: as for the previous graph, there is not a clear differentiation among countries, neither among people who receive care and people who do not. Anyway, in both cases, people who are not cared for show more liberal attitudes than the others (Figure 6).

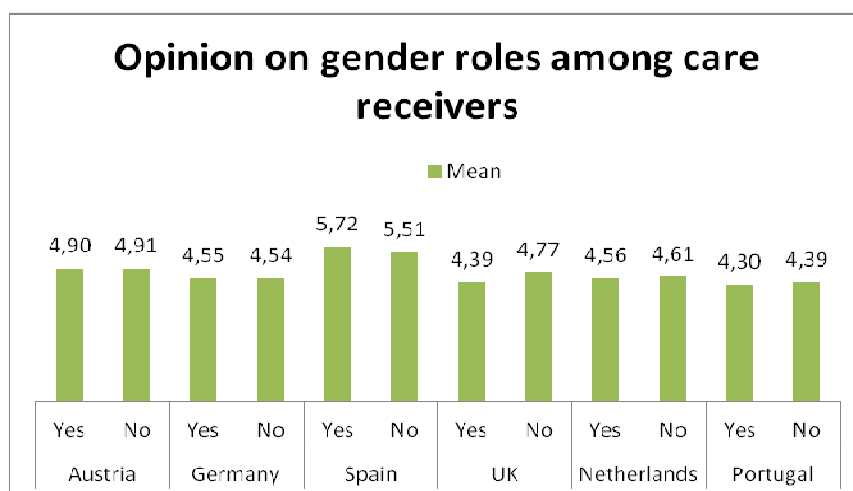


Figure 6. Opinions on Gender Roles: care receivers

Furthermore, we want to compare opinions on migration and opinions on gender roles to understand how attitudes on migration vary according to the extent to which people have more liberal or conservative attitudes on gender roles (Figure 7). Clearly, Spain and Portugal tend to have more positive opinions on migration while they disagree or strongly disagree on the fact that women should be prepared to cut down on their paid work. This trend probably indicates that opinions on migration and on gender roles are linked with overall liberal

attitudes. Austria displays the highest mean on migration both among people who show conservative attitudes on gender roles and those who show more liberal ones.

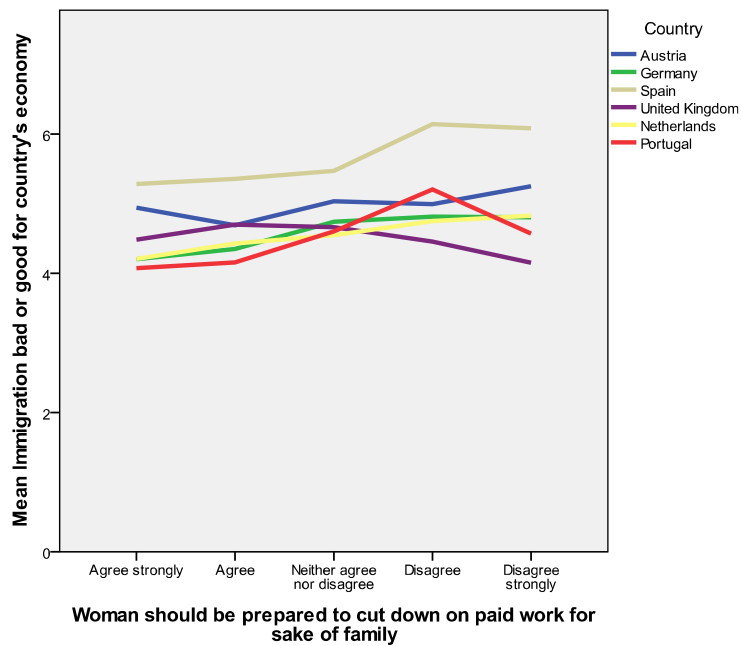


Figure 7 Opinions on Migration by Opinions on Gender roles

Germany and the Netherlands, on the contrary, do not show a clear tendency and it seems that opinions are not correlated. For the UK, the more people disagree the more they have a negative opinion about migration, indicating that more open opinions on migration are linked with more conservative opinions on gender roles.

As the findings from the data exploration have shown so far, there is no clear clustering among countries for what concerns opinions on migration, while there is some evidence for opinions on gender roles. The caring position seems to play a role at least in some contexts but not for all countries. In the graph below (Figure 8) we visually cluster the countries according to the mean scores for the two dependent variables. The clearest result is the position of Austria and Portugal: they are far both from each other and from the other countries. Portugal in particular is located as the most conservative country both for gender roles and for attitudes on migration. Spain is far from the cluster: it shows the most positive attitude on migration. The Netherlands is also distinguished from the others: if opinions on migration are similar to the other countries, opinions on gender roles are the most liberal ones. Austria presents similar opinions on gender roles compared to the UK and Germany, but much more positive attitudes on migration, a similar trend compared to Spain. Finally,

Germany and the UK are clustered very closely: they both show conservative attitudes on gender roles and quite negative opinions on migration.

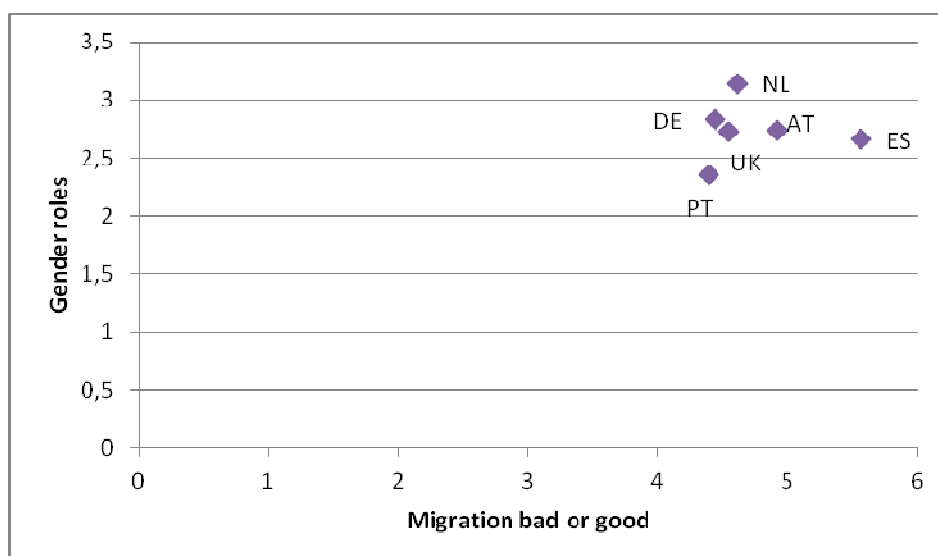


Figure 8. Country clustering

4.2 Observations

From this first descriptive analysis we introduce some exploratory considerations which can be used as guidelines for the next analytical part. According to the mean scores of opinions on migration there is no clear clustering according to the migration regimes while some confirmations appear for opinions on gender roles. According to the gender roles means indeed, it seem that opinions reflect quite well the institutional configurations of care. Informal care seems to be more important in Austria, UK and Germany than in Southern European countries which score very low. There is a very light evidence on the fact that caring has a role on opinions on migration: while in some cases caring brings more conservative attitudes on migration (Germany, UK, Portugal), in other cases people who care tend to have more open attitudes (Austria, Spain). Despite some differences, we have found that Austria and Spain share quite similar trends. They both tend to show quite conservative attitudes on gender roles but they display positive attitudes on migration. In those contexts, it seems that being a care giver also has an impact on opinions on migration, which become more positive the more often people care. However, even if women are the majority of those who have an active caring position in both countries, the sample mean for being a care giver is lower in Spain compared to Austria. The Netherlands is a peculiar case: it shows the most liberal opinions on gender roles but not on opinions on migration; caring does not play any

role for what concerns opinions on migration and there seems not to be any correlation between opinions on migration and gender roles. Interestingly, our findings on Germany show extensive links to the theoretical part: conservative attitudes both on migration and gender roles which may reflect the ‘semi compliance’ regime for what concerns migrant care work. Finally, we were expecting Portugal to be very close to Spain, but, at this stage, the descriptive information contradicts our expectations. The hypothesised link between care and migration for what concerns opinions can be supported by these findings. However, in order to test our model we proceed with the empirical analysis.

4.3 Regressions

With the aim to test if the differences between macro opinions in the selected countries are significant, we decide to use regression analysis while controlling for gender, age, equivalised income, caring position and the migrant background. The regression permits to understand whether a causal relation occurs and whether the model suits our expectations. The first model is repeated for each country, while, in the second model, all the countries are included and the Netherlands is the reference country (for both our dependent variables). In this section we explore our model for the opinions on migration. In the next section opinions on gender roles are investigated.

Dependent variable ‘Migration bad or good for a country’s economy’ – Regression for the countries separately

The model partly confirms our expectations (Tab 9): UK and the Netherlands display important differences compared to the other countries, in particular for what concerns the significance of caring and age. All the other countries present similar attitudes with small differences. Firstly, having a migration background is significant in all countries apart from the Netherlands. Secondly, in the case of Austria, Spain and Portugal almost all the variables are significant, in particular being a care giver and/or a care receiver. While in Austria the impact of the caring position on opinions seems significant, being a care giver in Spain and being a care receiver in Portugal becomes significant. Interestingly, in Germany, the Netherlands and the UK the caring position does not seem to play a role, while we were expecting to find similar results among Germany and Austria. Thirdly, in all countries, apart from the Netherlands and the UK, older people tend to have a more negative attitude on

migration: we can probably interpret the results as a confirmation of the belonging to the same migration regime, strongly linked with the colonial past.

Tab 9 Regression table for Migration bad or good (Countries)

Country		Standardized	T	Sig.
		Coefficients		
		Beta		
Austria	(Constant)		17,152	,000
	Gender	-,114	-3,785	,000***
	Eqinc	,106	3,472	,001***
	mingr2	,055	1,853	,064*
	Care received	,070	2,294	,022**
	Care give	,070	2,306	,021**
	Age	-,110	-3,664	,000***
Germany	(Constant)		19,210	,000
	Gender	-,076	-3,445	,001***
	Eqinc	,128	5,737	,000***
	mingr2	,095	4,266	,000***
	Care received	,005	,224	,823
	Care give	,007	,316	,752
	age	-,065	-2,906	,004***
Spain	(Constant)		21,295	,000
	Gender	-,168	-5,510	,000***
	eqinc	,050	1,633	,103
	mingr2	,175	5,618	,000***
	Care received	-,003	-,112	,911
	Care give	,062	2,016	,040**
	Age	-,111	-3,564	,000***
United Kingdom	(Constant)		13,793	,000
	Gender	-,098	-3,754	,000***
	Eqinc	,164	6,177	,000***
	mingr2	,173	6,531	,000***
	Care received	,010	,391	,696
	Care give	-,039	-1,456	,146
	Age	,043	1,599	,110
Netherlands	(Constant)		16,839	,000
	Gender	-,088	-3,492	,000***
	Eqinc	,139	5,494	,000***
	mingr2	,016	,618	,537
	Care received	-,007	-,263	,792
	Care give	,013	,488	,625
	Age	,026	1,005	,315
Portugal	(Constant)		15,572	,000
	Gender	-,060	-1,954	,051**
	Eqinc	,082	2,649	,008***
	mingr2	,140	4,532	,000***
	Care received	,083	2,673	,008***
	Care give	-,009	-,282	,778
	Age	-,111	-3,553	,000***

As described in the table below, the lower R squared for some of the countries indicates that the model does not fit the data very well and that probably there are other factors which have not been taken into account. Since our aim was not to explain the dependent variable, we consider the result satisfying.

Tab 10. R squared – Regression migration bad or good (Countries)

Country	R	R Square	Adjusted R Square	Std. Error of the Estimate
Austria	,211	,045	,039	2,338
Germany	,182	,033	,030	2,403
Spain	,291	,084	,079	2,200
United Kingdom	,271	,073	,069	2,278
Netherlands	,176	,031	,027	1,975
Portugal	,231	,053	,048	2,150

Dependent variable: Migration is bad or good for a country's economy

The model confirms that the difference is highly significant for Spain, Portugal and Austria compared to the Netherlands, Germany and the UK. All gender, income, age and a migration background have an impact on opinions on migration. Men are more likely to have positive opinions than women; people with a higher income and those who have a migration background also reflect more positive attitudes. Older people show more negative attitudes compared to younger people. Being a care giver or receiver does not play a role in this model.

Tab 11 Regression table for Migration bad or good

	Standardized Coefficients	T	Sig.
	Beta		
(Constant)		36,163	,000
Gender	-,096	-8,856	,000***
Eqinc	,125	10,963	,000***
mingr2	,097	8,843	,000***
Care received	,017	1,560	,119
Care give	,010	,928	,353
Age	-,049	-4,451	,000***
PT	,027	2,038	,042**
DE	,002	,123	,902
ES	,168	12,738	,000***
AT	,082	6,247	,000***
GB	-,025	-1,835	,067*

However, given that the value of the approximate R squared is quite low, we consider that the model does not fit the data perfectly (Table 12)

Tab 12. R square Regression Migration bad or good

R	R Square	Adjusted R Square	Std. Error of the Estimate
,252	,064	,062	2,250

Dependent variable 'A woman should be prepared to cut down on her paid work for the sake of the family' – regression with all the countries separately

From the regression (Tab 13) we can draw the following considerations. Only in the Netherlands and to a lesser extent in Germany, gender is significant, with women having more liberal opinions on gender roles. Income is significant and positive for all countries apart from Germany, indicating that people with a higher household's income tend to have more liberal opinions on gender roles. Having a migration background only plays a role in Germany, Spain and Portugal: while in Germany and Spain people with a migration background tend to be more conservative, in Portugal it is the opposite. Age is significant for all the countries and indicates that older people are more conservative on gender roles. The caring positions are not quite significant: care receivers tend to have more negative opinions on gender roles in Austria and Germany, while they tend to be more liberal in Spain. Care giving is not significant in any country apart from Germany where it indicates more conservative opinions on gender roles.

As described in the table 14, the lower R squared for some of the countries indicates that the model does not fit the data very well and that probably there are other factors which have not been taken into account. Since our aim was not to explain the dependent variable, we consider the result satisfying (Tab 14)

Tab 13 Regression table for Gender Roles (Countries)

Country		Standardized Coefficients	T	Sig.
		Beta		
Austria	(Constant)		21,137	,000
	Gender	,019	,632	,527
	Eqinc	,099	3,313	,001***
	mingr2	-,032	-1,093	,275
	Care received	-,062	-2,074	,038**
	Care give	,004	,143	,886
	Age	-,222	-7,491	,000***
Germany	(Constant)		27,510	,000
	Gender	,045	2,083	,037**
	Eqinc	,034	1,543	,123
	mingr2	-,093	-4,218	,000***
	Care received	-,037	-1,701	,089*
	Care give	-,059	-2,660	,008***
	Age	-,151	-6,781	,000***
Spain	(Constant)		21,221	,000
	Gender	-,039	-1,303	,193
	Eqinc	,073	2,423	,016**
	mingr2	-,082	-2,666	,008***
	Care received	,060	1,944	,052***
	Care give	,022	,706	,481
	Age	-,271	-8,821	,000***
United Kingdom	(Constant)		23,735	,000
	Gender	-,021	-,802	,423
	Eqinc	,069	2,587	,010**
	mingr2	-,042	-1,582	,114
	Care received	-,002	-,077	,939
	Care give	-,001	-,053	,957
	Age	-,204	-7,509	,000***
Netherlands	(Constant)		20,987	,000
	Gender	,059	2,346	,019**
	Eqinc	,111	4,394	,000***
	mingr2	,028	1,116	,265
	Care received	,015	,601	,548
	Care give	-,010	-,403	,687
	Age	-,156	-5,981	,000***
Portugal	(Constant)		19,018	,000
	Gender	,019	,666	,506
	Eqinc	,280	9,642	,000***
	mingr2	,051	1,751	,080*
	Care received	-,036	-1,245	,213
	Care give	-,003	-,104	,917
	Age	-,164	-5,560	,000***

Tab 14. R square Regression Gender Roles (Country)

Country	R	R Square	Adjusted R Square	Std. Error of the Estimate
Austria	,237	,056	,051	1,108
Germany	,177	,031	,028	1,053
Spain	,304	,092	,087	1,045
UK	,222	,049	,045	1,001
Netherlands	,194	,037	,034	1,115
Portugal	,342	,117	,112	,879

Dependent variable 'A woman should be prepared to cut down on her paid work for the sake of the family'

The model (Tab 15) confirms that the difference is highly significant for all countries compared to the Netherlands which, with reference to opinions on gender roles, forms a unique cluster itself. With the exception of care receivers (and to a lesser extent gender), all the variables are significant for our dependent variable. Older people tend to have more conservative opinions on gender roles. Being a care giver has a small impact on opinions on gender roles, while income has a huge influence.

Tab 15 Regression table for Gender Roles

	Standardized Coefficients	t	Sig.
	Beta		
(Constant)		55,254	,000
Gender	,018	1,662	,097*
Eqinc	,093	8,375	,000***
mingr2	-,036	-3,313	,001***
Care received	-,011	-,996	,319
Care give	-,015	-1,402	,161
Age	-,185	-17,209	,000***
PT	-,231	-17,533	,000***
DE	-,163	-11,710	,000***
ES	-,155	-12,066	,000***
AT	-,120	-9,330	,000***
GB	-,141	-10,703	,000***

To look more deeply at differences among countries, we run a separate regression with Austria as reference country. This regression will confirm that Austria is significantly different from Portugal, Spain and the Netherlands but not from the UK and Germany (Annex 3).

The value of R squared is close to 1.0 thus we can conclude that in this case the model fits quite good the data.

Tab 16 R square Gender Roles

R	R Square	Adjusted R Square	Std. Error of the Estimate
,297	,088	,087	1,048

4.4 Observations

For what concerns opinions on migration, the regressions confirm our previous results: it is not possible to find any parallel relation between opinions on migration and the migration regimes classification (Castles & Miller, 2011). Thus we consider the hypothesis 1.a as rejected. On the contrary the regression per country shows that all countries display similar patterns, apart from the Netherlands and the UK where the caring positions do not play a role. Concerning opinions on gender roles, we have observed that, apart from the Netherlands, all countries show a conservative attitudes on gender roles and the caring positions do not play a role. The Netherlands forms a unique cluster. The UK, Germany and Austria seem to form a second cluster, Spain and Portugal a third one. In our concluding remarks, we will go back to our research questions and hypothesis in order to report the overall findings both from the descriptive and the empirical analysis.

5 Discussion and conclusion

To analyse and compare opinions is not an easy task. There are really complex issues to deal with, such as culturally driven definitions, translations and operationalisation of cross culturally valid concepts, the choice of correct indicators and theory. Nonetheless, despite the difficulties, we found the analysis of opinions very relevant for the understanding of whether the analysis of intersectionality can be extended also to opinions on the meso level of institutions. The present study did not want to be considered as an extensive analysis; on the contrary, it constitutes a first attempt to investigate the relationship between opinions and regimes, taking into account the intersection of gender, care and migration regimes, in the context of migrant care work.

For our purpose, we adopted the concept of regimes as theoretical framework and hypothesised that the intersection of gender, care and migration regimes produces complex variation of opinions and values on migration and gender roles. For our analysis, we selected two items from the ESS which should have represented migration and gender regimes respectively. The descriptive information and the empirical test we carried out partly confirmed our expectations. After reformulating the questions and reporting the findings and the results, we discussed them and put forward some recommendations for future research in this field, taking into account the limitations of the present study and possible strategies to overcome them.

(SQ1) Do people living in countries exemplifying the same kind of migration regime tend to have similar attitudes, and do those who live under different migration regimes tend to have different opinions towards migration?

For the sub-question 1 we have formulated two different hypotheses. The former considers the mutual relationship between migration regimes (Castles & Miller, 2011) and opinions on migration (*1.a*), while the latter involves the ‘care and migration arrangement’ (intended as the interaction of institutional and social factors related to migration and care in specific contexts) as a possible factor which explains variance on opinions on migration (*1.b*). For the formulation of the hypothesis we took into account the extent to which migrant care work solves care needs both for families, to tackle the conciliation between work and family responsibilities, and for social institutions.

The results, based both on the descriptive information and on the regression analysis, brought us to reject the hypothesis 1.a and partly accept the hypothesis 1.b. The opinions towards migration per country seem not to reflect the regimes classification provided by Castles and Miller (2011). For instance, Germany and Austria have been classified as belonging to the same migration regime but they display quite different attitudes, with Austria showing positive opinions and Germany a conservative attitude towards migration. Furthermore, Spain and Portugal also display very different and opposite attitudes: while the former has the most positive opinions on migration, the latter has the most negative ones. Therefore we defend the hypothesis that takes into consideration care and migration arrangements because of the role that the caring position plays on attitudes on migration. We found that in Austria and Spain care has a significant role. Being a care giver in the Spanish context means to have a more positive opinion on migration; moreover, the more often the care giver is involved in care, the more positive attitudes increase. The latter is also true for Austria. Regressions have tested that the caring position is positively significant in these two contexts and negatively significant in Portugal. Given these results, we may infer that Spain and Austria can be considered as sharing similar patterns. The other important finding is that the caring position is not significant for the UK and the Netherlands, a result which is in line with our expectations as well. Opinions on migration do not change according to the caring position in the Netherlands. In the UK and Germany, when attitudes on migration are linked with the caring position, it reflects a more conservative attitude in general. In the UK and Germany, indeed, the more often people are involved in care, the more they have negative opinions on migration. However in the UK the impact of the caring position is not significant according to the results from the regression. These findings are also in line with our expectations as, within the context of the UK, debates on the future of long term care tend to ignore migrant care work which thus remains invisible (Cangiano et al, 2009). To summarise, we found that Austria and Spain, which show similar patterns in relation to migrant care work, also show similar patterns on opinions on migration as long as we consider the caring position in the model for our analysis. On the contrary, the UK and the Netherlands, which have respectively a high presence of migrant care work in residential care homes but not in private households and no significant presence of migrant care work, share similar patterns of opinions on migration, not influenced by the caring position. When analysing their attitudes we should probably take into account other factors which have not been considered in the present study. The results from Germany are also relevant and in line with our theoretical model. The

German context has been described as ‘twilight zone’ in reference to the presence of migrant care work, a semi compliance attitude which is reinforced by strict migration policies (Lutz & Palenga-Möllnbeck 2010). Germany shows indeed a quite conservative attitude on migration, also among care givers and receivers.

(SQ2) Do people living in countries exemplifying the same kind of care regime tend to have similar attitudes, and do those who live under different care regimes tend to have different attitudes towards gender roles?

For the sub-question 2 we formulated two different hypothesis. The former considers the mutual relationship between care regimes and opinions on gender roles (2.a), while the latter involves the ‘care and migration arrangement’ (intended as the interaction of institutional and social factors related to migration and care in specific contexts) as possible factors which explain variance on opinions on gender roles (2.b). For the formulation of hypothesis we took into account the extent to which changes in care policy during the last decades and migrant work have been seen as a solution for the needs of care.

The results partly confirm the first hypothesis (2.a), namely the fact that opinions on gender roles reflect the care regimes configuration (Bettio & Plantenga, 2004). However, we want to point out the following findings: the sample we have considered for these analyses presents different patterns for what concerns informal care, differently from the care regimes classification. We found that Southern European countries (Spain and Portugal) have the lowest mean for informal care while they scored the highest among European Countries in the informal care index (Bettio & Plantenga, 2004). That may be explained by the differences in labour market structure and participation of women in the labour market. While the modified breadwinner model (in the form of part time work) gained prominence in Germany, the UK and the Netherlands, women who moved to the labour market are employed as full time workers in Spain and Portugal (dual earner model). More comprehensive analysis on gender roles attitudes should probably consider the link between labour market structure, informal and formal care (Aboim, 2010). Furthermore, among those who have a caring position, attitudes towards gender roles seem to be more conservative than among those who are not care givers. However, generally the caring position does not have any significant impact for what concerns attitudes on gender roles. To conclude, the classification that emerges from our model appears as follows: the Netherlands forms a cluster with the most

liberal opinions; Germany, Austria and the UK are a second cluster, characterised by a high degree of informal care and conservative opinions; Spain and Portugal form a third cluster.

(Q) To what extent do opinions about migration and gender roles reflect the intersection of care and migration regimes?

The main question of the present study is based on the assumption that the intersectionality of regimes can be analysed through comparative opinions since opinions and institutions mutually influence each other. Unfortunately with the present analysis we are not able to demonstrate a concluding result. However, we argue that important findings have been found out. We observed that ‘care’ measured with the variables ‘caring positions’ has a significant role when considering opinions on migration. In particular, we described that Spain and Austria, which have in common the dramatic increase of the ‘migrant in the family’ model, show similar attitudes towards migration. In parallel, we observed that for the UK and the Netherlands, opinions on migration seem not be influenced by the caring position. Finally, attitude on migration and on gender roles in Germany seem to reflect precisely the qualitative studies on the intersectionality of regimes carried out in Germany: a country where conservative gender attitudes and officially restrictive migration policy do not consider the reality of the need for care and the conciliation between work and family responsibilities (Germany shows among the highest means of care giving). In this regard, Germany and the UK can be considered very similar, with negative attitudes both on migration and conservative attitudes on gender roles.

Considering our results, we believe that future research on migrant care work should include comparative opinions and values in the analysis. Given our findings, the role of the caring position has to be considered as an important factor for what concerns opinions on migration. Further exploration may illuminate the extent to which opinions and attitudes on migration change according to shifts in policy and in the public debate, both at the national and international level. In particular, we believe that a further understanding of opinions and values and their change over time is of fundamental importance when studying the current policy change. We also argue that the intersectionality of regimes has several advantages as a theoretical model, together with certain disadvantages. Rather than real and complex countries, regimes are ideal constructs. If on one hand using the regimes concept may facilitate the comparative research, on the other hand simplifications and more recent changes among social actors can narrow the expectations and thus compromise the results.

However, the intersectionality of regimes allows the researchers to connect the micro level of dependency/independency care relationships (Knijn & Kremer, 1997) as well as various experiences of discrimination among care workers and receivers to a meso level of institutions and culture. Care, as a mutual and interdependent relationship between care givers and receivers, is a central point to assess the worth of relationships themselves, also with respect to migrant care workers. To this purpose, the work of Benhabib (1987) may be useful as it distinguishes between ‘generalized other’ and the ‘concrete other’. The latter is someone with a concrete history, identity, and emotional constitution who centres the relationship as governed by the norms of equity and complementary reciprocity. In this respect, we argue that the image of the migrant care workers, in contexts of high informal care such as Spain and Austria, shifts from being the generalised migrant to the concrete carers, a shift which is also visible through the public debate.

The results and observations from this study can also guide further research in defining better indicators and variables. Firstly, one big limitation of this study has been the dataset chosen and the items available to carry out the kind of investigation we aimed at. There were no items explicitly referred to ‘care’, therefore, to overcome this problem, we chose an item which refers to gender roles, something that was not originally our objective. These limitations invest also our choice of dependent variables and the problem of validity, namely that the variables measure what we really want to measure: respectively migration and gender regimes in our case. Aware of these problems, we argue that our aim was not to build a new regimes typology but investigate to what extent opinions can be comparatively analysed in the framework of the intersectionality of regimes. Secondly, another limitation consists on the fact that the data have been gathered on 2004. The time frame did not allow us neither to analyse changes in opinions over time nor to analyse the relationship between opinions and public debate, ideational shifts and policy changes. How did opinions change according to the presence or absence of migrant care workers in the public debate? How are migrants carers defined? How is the problem depicted? Did the problem emerge as ageing society, the problem of reconciliation or discrimination of care workers? And which is the impact on opinions? Finally, more precise indicators are needed which can represent regimes in the context of migrant care work and in particular the intersectionality of regimes. We consider the choice of not including class or labour market indicators in this study as a limitation. Comparative attitudes research need to focus on how general mechanisms of stratification are modified by nationally specific institutions, policies and their intersection.

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7 Annexes

Annex 1: Variable care_give by genders: not surprisingly women have a more active caring position than men in all the countries.

Report				
Care_give				
Gender	Country	Mean	N	Std. Deviation
Male	Austria	,3862	1045	,48711
	Germany	,3909	1360	,48814
	Spain	,2758	848	,44716
	United Kingdom	,4128	924	,49260
	Netherlands	,3662	800	,48208
	Portugal	,2684	851	,44341
	Total	,3555	5827	,47871
	Female	Austria	,5250	1198
Germany		,4779	1507	,49968
Spain		,3565	811	,47928
United Kingdom		,4977	962	,50025
Netherlands		,4652	1079	,49902
Portugal		,3775	1199	,48498
Total		,4547	6755	,49798
Total		Austria	,4603	2243
	Germany	,4366	2866	,49605
	Spain	,3153	1659	,46476
	United Kingdom	,4561	1886	,49820
	Netherlands	,4231	1879	,49418
	Portugal	,3323	2049	,47114
	Total	,4087	12583	,49162

Annex 2: variable care_receive: the gender variance is not really relevant. Among care receivers women are more represented (apart from Spain) but genders do not relevantly differ.

Report				
Care_receive				
Gender	Country	Mean	N	Std. Deviation
Male	Austria	,7548	1000	,43041
	Germany	,7482	1333	,43420
	Spain	,6665	840	,47176
	United Kingdom	,7215	916	,44849
	Netherlands	,7731	788	,41909
	Portugal	,6795	807	,46698
	Total	,7267	5686	,44570
	Female	Austria	,7786	1155
Germany		,7635	1474	,42507
Spain		,6852	796	,46473
United Kingdom		,7606	953	,42693
Netherlands		,7582	1060	,42840
Portugal		,6811	1140	,46624
Total		,7411	6579	,43805
Total		Austria	,7676	2156
	Germany	,7562	2808	,42942
	Spain	,6756	1636	,46830
	United Kingdom	,7415	1870	,43795
	Netherlands	,7645	1848	,42440
	Portugal	,6804	1948	,46643
	Total	,7344	12265	,44165

Annex 3. Regression for the variable ‘women should be prepared to cut down for the sake of the family’ with Austria as the reference country

	Standardized Coefficients	t	Sig.
	Beta		
(Constant)		50,274	,000
Gender	,018	1,662	,097*
eqinc	,093	8,375	,000***
mingr2	-,036	-3,313	,001***
Care received	-,011	-,996	,319
Care giving	-,015	-1,402	,161
age	-,185	-17,209	,000***
PT	-,114	-8,124	,000***
DE	-,010	-,664	,507
ES	-,040	-2,895	,004***
NL	,138	9,330	,000***
GB	-,009	-,650	,515