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***“Deae ex Machina”*: migrant women, care work
and women’s employment in Greece**

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“*Deae ex Machina*”: migrant women, care work and women’s employment in Greece

Antigone Lyberaki[#]

ABSTRACT

This paper is about women’s work in the context of fast socio-economic change. Drawing from feminist analyses on women’s work and the care sector, it highlights the link between women’s paid employment and the supply of low-paid immigrant (female) labour in Greece in the sphere of care provision. It examines three issues: *First*, the acceleration of women’s involvement in the paid labour force after 1990. *Second*, the parallel influx of immigrants in Greece –half of whom are female (of which, half are involved in service provision for households). And *third*, the “big picture” of the demand for care (both paid and unpaid, childcare as well as care for the elderly) in the context of ageing and rising female participation in paid work. The analysis highlights the key contribution of migrant women acting as catalysts for social change, the ‘*deae ex machina*’ of the story.

Keywords: female migrants, care services provision, elderly, family structure, female employment participation

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***“Deae ex Machina”*: migrant women, care work and women’s employment in Greece**

1. Introduction

This paper is about women’s employment and care arrangements in Greece. It seeks to shed light on the link between women’s paid employment and the supply of low-paid immigrant (female) labour in Greece. Its objective is to show that the sudden supply of –relatively cheap and flexible– immigrant labour has accelerated female paid economic activity; moreover, that the balance between unpaid and paid care provision is changing at the expense of the former. This process of economic liberation has considerable costs attached in terms of the gender division of labour and remuneration. It also involves benefits: jobs for migrants and rising supply of care services for families (and working women in particular).

Greece is an interesting case because it is a latecomer in more than one ways. It joined late in the EU group prosperity after experiencing diverging economic performance in the 1980s. It still displays low, albeit rising levels of female participation in the labour force. The traditional family links (and gender roles) appear rather resilient to change, although the winds of change are hard to disregard. It is an ageing society with low fertility rates and increasing needs in

the care sphere (traditionally performed by women). More importantly perhaps, it is a country that went through a very rapid transformation from emigration to immigration dynamics in the span of less than a decade. Finally, in common with other Mediterranean countries, Greece embodies a duality between a statist, rigidly regulated formal sector and a large, adaptable and unregulated informal sector. This duality applies to the social policy area, but equally to business structure, dominated by family-run Small and Medium Enterprises. Hence Greece is illustrative of the opportunities and pitfalls of socio-economic transformation and their gender implications.

The discussion is organized as follows: Section 2 presents an overview of the issues involved in (feminist) analyses on work and care. Then, section 3 looks at female labour force participation in Greece since the early 1980s. The evidence suggests that the acceleration of female participation in the labour force has coincided with the arrival of migrants. My hypothesis is that this is no mere coincidence but a causal connection. Section 4 attempts to look into it by examining a specific aspect of the labour supply in Greece, namely the sudden availability of female immigrant labour. The next step is to explore the terrain that brings together working Greek women with female immigrants, namely the care sector. Section 5 examines the care sector in Greece in the context of ageing, the “care deficit” due to increased female employment and rising needs for care as well as the predominantly “informal character” in care provision (performed by women both in the paid and the unpaid variant). In view of the fact that there are no time-use data for Greece, the analysis draws from other

sources (mainly from SHARE¹ –Survey on Health, Ageing and Retirement in Europe, but also Labour Force Survey– LFS, the EC Household Panel and the Survey on Income and Living Conditions -SILC). My argument here is that the prevailing pattern of change in care arrangements is from exclusive (unpaid) family provision to a mixed situation which is very close to what has been labelled “migrant in the family model” (prevalent elsewhere in the European South). Finally, section 6 concludes by highlighting the main points of the preceding analysis.

2. The cost of women’s economic liberation: shifting the burden onto *other* women?

Women entering paid employment create a double job multiplier, visible on both the production and the consumption side: their earnings increase households’ purchasing power while their employment reduces households’ capacity to service their own needs (Esping-Andersen, 2002: 69). Labour force participation of women and of married women in particular is constrained by the nexus of women’s obligations vis-à-vis dependents; the provision of care for infants and young children, the sick and the elderly is largely a gendered

¹ SHARE offers a valuable source of information on economic, health and social issues while allowing international comparisons on the basis of a common interview material covering 30,000 individuals aged over 50 in 11 European countries (Börsch-Supan et al., 2005, www.share-project.org). The SHARE data collection has been primarily funded by the European Commission through the 5th framework programme (project QLK6-CT-2001- 00360 in the thematic programme Quality of Life) and through the 6th framework programme (projects SHARE-I3, RII-CT- 2006-062193, and COMPARE, CIT5-CT-2005-028857). Additional funding came from the U.S. National Institute on Ageing (U01 AG09740-13S2, P01 AG005842, P01 AG08291, P30 AG12815, Y1-AG-4553-01 and OGHA 04-064, IAG BSR06-11, OGHA04-064).

activity². The gradual transfer of such activities from the opaque household domain to the market has a clear liberating potential for those women who hitherto performed these tasks for free and largely invisibly.³ This process has been labelled as the “commodification” of care and remains a sore point among feminists. A number of issues have been raised regarding the effects of relying increasingly on the market for the provision of care, especially with regards to the quality and quantity of services that become “outsourced” (as they are delivered by the market mechanism and/or the state).⁴ Market and/or state provision do not cover all possible arrangements; informal (albeit paid) provision is often neglected in the current discussions.

Outsourcing part of caring activities appears to be both the result and the precondition/facilitator of women’s labour force participation. It has been estimated that between the 1960s and the 1990s, the average US couple added the equivalent of another half-time job per year in terms of time and effort that used to be spent on children, leisure and sleep (Schor, 1991).⁵ The link between women’s labour force participation and the emergence of jobs in personal

² The definition of caring labour and the analysis of its economic implications are open to debate (England, 2005). Here I use the term in its narrow sense as referring to specific activities such as childcare and elderly care. I do not examine motivations as others do in order to define it with reference to a caring motive (in Folbre’s definition ‘caring labour is undertaken out of affection or a sense of responsibility for other people, with no expectation of immediate pecuniary reward’, 1995, p.75).

³ Economic autonomy of women involves changes in their unpaid activities as carers (Orloff, 1993; Kessler Harris, 2001).

⁴ McCloskey (1996) takes the view against commodification, Nelson (1999) adopts a more balanced position, while England and Folbre (1999) point out the main difficulties of the actual markets both on the demand and the supply side of care.

⁵ The same phenomenon has been described in negative terms as “parenting deficit” (Etzioni, 1993) or “abandonment” syndrome (Rifkin, 1995: 234). Nevertheless, Folbre and Nelson (2000) cite evidence from Bryant and Zick (1996a, b) to argue that outsourcing may have actually increased the amount of time parents spend per child, as ‘families purchase more services allowing more time with children’ (p.128).

services is more or less clear, the causality however is open to speculation and may work both ways.

At the same time, our understanding of the dynamics of the care sector is to a large extent incomplete. Care work crosses the boundaries between formal and informal, public and private, as well as paid and unpaid work (Daly and Lewis, 1998, 2000; Lewis, 2002). In doing so, it sits uneasily with mainstream economic analysis for a variety of reasons: *First*, because it transcends the dichotomy between private and public –the market- spheres (and hence the market metaphor does not deliver). *Second*, because it comes in the shape of both paid and unpaid work, thus confusing the meaning of “proper work”. *Third*, because the agent is not the usual rational, self-interested, utility-maximizer (REM), hence motives and incentives have to be worked out using more complex and richer starting points. Moreover, the utilitarian calculus fails to come to grips with issues related to women’s power to choose that lie at the core of the feminist project. And *fourth*, because the line between private and public good gets blurred when referring to care activities, hence there are formidable problems in estimating the real value of care services.⁶ Is care work undervalued because it is performed by women in the market (collusive behaviour of men in the crowding hypothesis of Bergmann, 1986; externalities, in Folbre, 1994a; information problems, in Folbre, 1995), or is the

⁶ An interesting debate has emerged on the question of the ways that caring labour should be valued. Pro-market feminists are reluctant from demanding more public support for parental labour for fear that their effect will be women staying at home with the kids or that the intrinsic value of non-market care will diminish (Bergmann, 1986, Nelson, cited in Folbre, 1995: 87). Other feminists defending non-market institutions are in favour of parental support schemes (Folbre, 1994b, 1995).

undervaluation problem generated in a “pre-market” stage (as argued in institutionalist –non-neoclassical– analyses emphasizing that norms, preferences and values are constructed in ways that work against the interests of women as caretakers, as in Bergmann, 1986)⁷.

What is more or less common understanding of the issue is what Baumol termed as “the cost disease” in service provision.⁸ An important characteristic of care work (what Donath, 2000 termed “the other economy”) is that few or no productivity gains are possible.⁹ Precisely because productivity improvements are so difficult, the cost of care work is expected to rise faster than the cost of manufactured goods.¹⁰ Over the long term, the difference in the growth rate of costs will make such services considerably more expensive.¹¹ Demand for care services is thus constrained by the supply and also by the relative cost of care. In other words, latent demand for domestic assistance becomes effective demand only when such assistance becomes easily affordable (Milkman et al, 1998). Here comes the issue of migrant labour into the picture (Hochschild, 1997; Donath, 2000).

⁷ Bergmann (1986) describes the development of a *sexual caste system* based on the enforcement of gendered norms of behaviour.

⁸ Baumol (1967) and Baumol and Blinder (1985); for a feminist critique of the notion of “cost” see Donath (2000) and Himmelweit (2005).

⁹ Attempts to improve productivity by reducing the amount of time or personal contact merely reduce the quality (Donath, 2000).

¹⁰ In view of the important productivity increases in services over the past 15 years, this whole approach stressing “cost disease” problems appears rather dated today. Although the required quantity of care-work does not appear to decline as a result of new technologies, there exist promising possibilities concerning the quality of care.

¹¹ This does not mean that there is going to be an eclipse of care services because of their rising cost. In Baumol and Blinder’s (1985: 547) view, as productivity increases elsewhere in the economy, it is a question of how we order our priorities... “...if we value services sufficiently, we can have more and better services –at some sacrifice in the rate of growth of manufactured goods”.

The supply of care work is intricately linked with immigrant labour and female immigrant labour in particular (internal and, more recently, trans-border migration movements). Although historically the supply of unpaid care was always seen as a woman's task, paid care-work was not always performed by women. In fact it has been convincingly argued that women came to dominate paid care only in the modern era (of capitalism and industrialization) (Moya, 2007). Be it as it may, there is little doubt that female immigrant labour is poorly paid and performed under difficult conditions most of the time.¹² At the same time, it offers a way out for a number of women both on the demand and the supply side: women in the households that buy the services, and also women seeking for an entry into paid employment (mostly vulnerable and precarious groups from migrant background). Is the liberating potential of some women realised at unacceptable costs for other women? Are the opportunities more important than the traps? Who pays and who benefits – and how much? What are the chances for upward mobility (if any)?

What I intend to do is to examine the factors that influence both the supply and the demand for care work in the context of the Greek economy. In order to do so, I shall start by examining women's participation in paid work.

¹² Duffy (2007); Curran et al (2006); Ehrenreich and Hochschild (2002); Ho (2006); Raijman et al (2003).

3. Women in the paid labour force in Greece

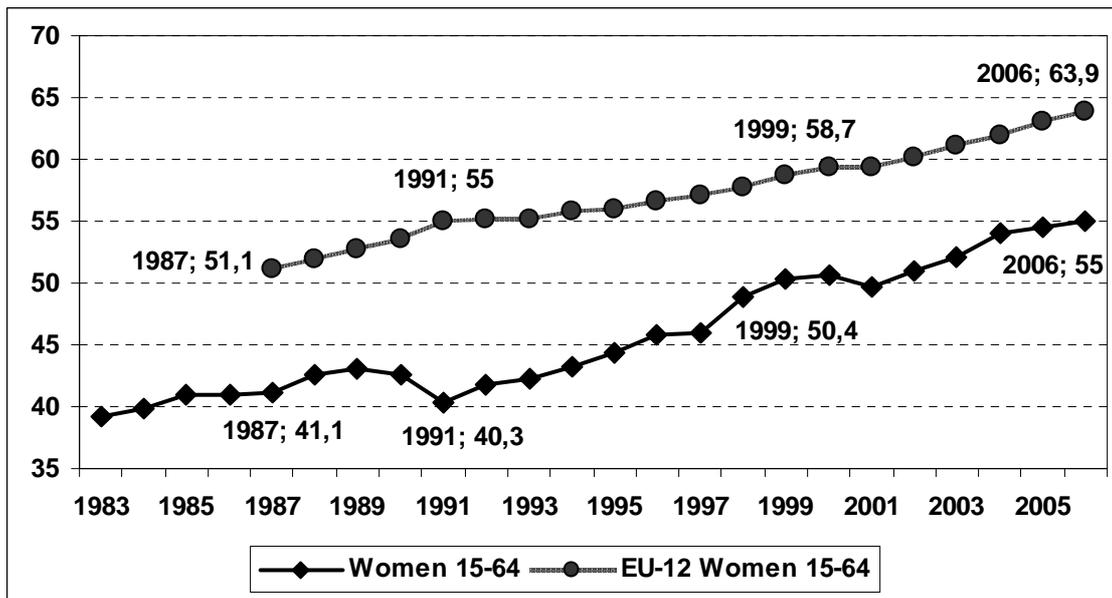
In Greece, as elsewhere, women's activity rates followed economic growth and industrialization with a time-lag. While Greece in the 1960s was the second fastest growing economy of the OECD, activity rates for women in 1971 were 29.1% while 6 out of 10 working women (59.7%) had "unpaid family member" status. Their participation in the labour force took off much later, notably in the 1990s. Even so, today women's participation in the Greek labour market is relatively low by European standards (55%, compared to 79.1% for men in 2006),¹³ while unemployment is twice as high as men's (12.5% vs 6%). Women constitute the largest pool of untapped reserves of labour as large numbers of women remain "economically inactive". Interestingly, the prime reason cited for not seeking a job is linked to "family obligations": 49.8% of non-working women (between 20 and 59 years of age) attribute their reluctance to work to family obligations, while only 3% because they think they will not be able to find a job (Eurostat, Labour Force Survey, 2001). There is a clear gender gap in employment but the picture is far from stagnant. Change is occurring. Figure 1 shows trends in female activity rates since 1983.

This change has both cohort content and conjectural aspects. The cohort story is that younger women are better educated and tend to participate more in employment. As more and more of these women enter the labour force, the picture gradually changes. Apart from this, there is another –largely conjectural- process at work. This involves a step change in the increase of

¹³ The Greek picture is similar to the Italian and the Spanish situation: the Mediterranean model.

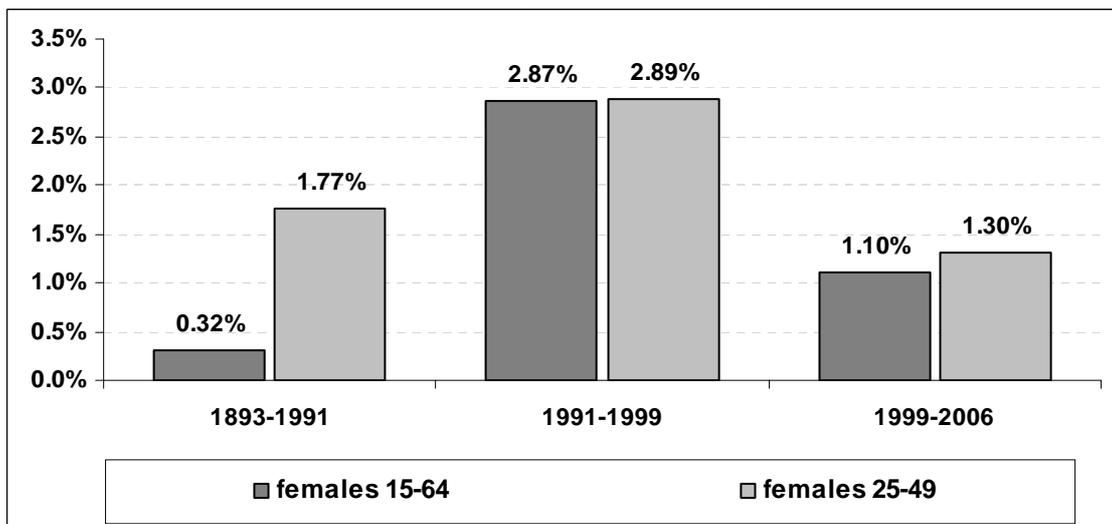
women’s labour force participation after 1991, as illustrated in figure 2, showing the average annual increase in female employment by period and ag-group. This step increase characterizes both overall trends (women between 15 and 64 years of age) as well as women in the so-called “reproductive age brackets”, namely between 25 and 49 years of age.

Figure 1. Activity rates of females in Greece and EU (15-64 years), 1983-2006



Source: Eurostat, Households Statistics, LFS series.

Figure 2. Female activity rates –average annual rate of growth



Source: Eurostat, Households Statistics, LFS series.

A corollary to the above is the decline of female employment in agriculture by a third between 1992 and 2007¹⁴ and the dramatic decline of the category of “unpaid family members” in family businesses (by half), especially after 1990 (from over 400,000 to less than 200,000). The latter reflected the reality of the intricate connection between families and businesses in Greece and the “auxiliary” (unpaid) nature of women’s work in family firms. Part of the story of Greek women’s advancement in the labour market is the shift away from family firms (and unpaid status) to independent employment.¹⁵ So, *the real increase in women’s employment shares is much more impressive than what the aggregate data tell us*. These rising female employment rates occur in the context of a highly rigid labour market protecting insiders rather than first entrants (Nicoletti and Scarpetta, 2005) whereby part-time job opportunities are few (Greece has one of the lowest rates of part-time incidence in the EU). Hence, women’s employment refers to full-time jobs.

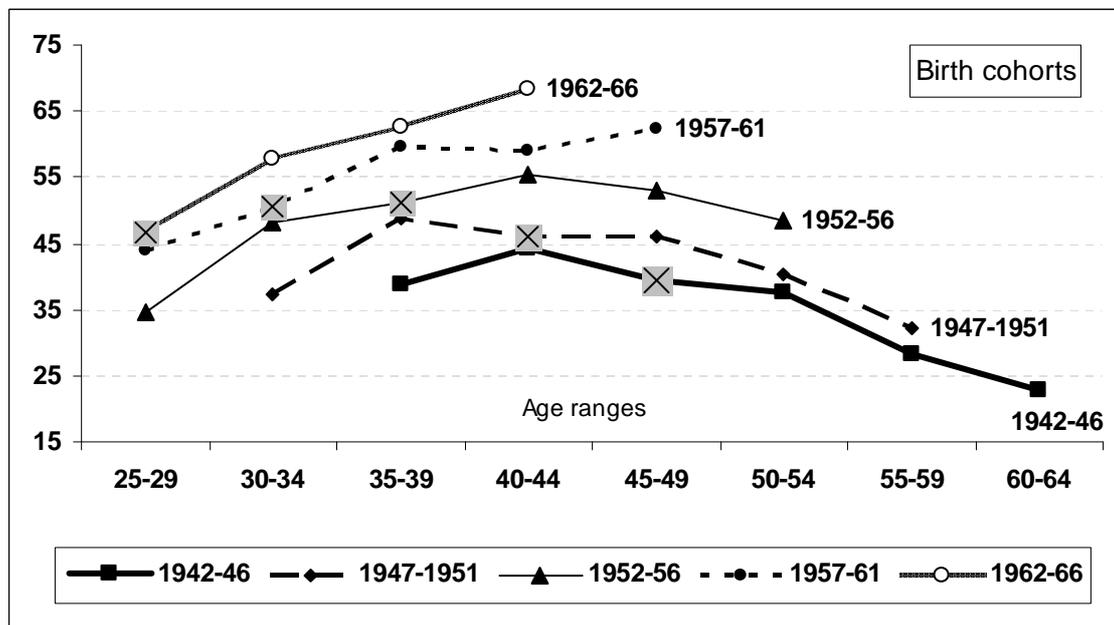
Clearly there is a cohort effect at work here, illustrated in figure 3 below: there exists a clear change in activity rates through time. Earlier generation women tended to participate less and also to exit employment sometime along the way, while younger generations exhibit higher activity rates and greater perseverance in the labour market. In particular, women born after 1957 did not record any decline in their activity rate up to the age of 40 years (as women of

¹⁴ For females aged 15+ the decline of employment in agriculture has been from 337 thousands in 1992 to 216 thousands in 2007

¹⁵ A similar point is raised by Cavounidis (2006, p.641) when she argues that the rapid expansion in the supply of migrants “facilitated achievement of the long-held goal of withdrawal of family labour from certain activities (i.e. unpaid family workers) and its substitution by wage-labour”.

previous cohorts did). More importantly, if one distinguishes between two sub-periods, before and after 1991, it is clear that the latter period -characterized by the influx of immigrants- exemplifies faster increases in activity rates and slower declines for all age groups (cohorts).

Figure 3. Cohort effects in activity rates (%) of married women, Greece



Note: Data points marked as X indicate the female activity rate of each cohort in 1991.

Source: Eurostat, Households Statistics, LFS series.

So, female employment rates accelerated discernibly after 1990. This could be attributed to a number of enabling factors: changing values and attitudes, educational achievements, institutional factors (equality legislation), rising incomes and the sectoral restructuring of the economy. There is more to it, however. The enabling factors tend to work gradually setting a long-term trend, whereas the employment picture suggests a discontinuous and abrupt step change in female activity rates after 1990. Furthermore, enabling factors come

up against countervailing tendencies creating obstructions. Such obstructing forces include the “hidden demands” on women (care roles and domestic responsibilities), the increasing needs for elderly care in the context of ageing as well as the diminishing supply of affordable private care provision on a large scale.¹⁶ The tension between enabling and obstructing factors to female employment in Greece seems to have been resolved in the 1990s thanks to the mediation of a catalyst: the labour supply shock due to mass migration in a short period of time.

There is little doubt that women’s participation in formal employment creates new needs for care work. According to some rough calculations, for every 100 women entering paid employment, some 15 new full-time jobs are created in the care sector (Esping-Andersen, 1999, p.118). The causality, however, may work the other way as well: the supply of affordable care workers may liberate women from their previous obligations and allow them to pursue a career. No matter which of the two is more important, the link between them is clear and strong.¹⁷ The hypothesis of this paper is that the timing of this major shift in employment and gender roles is causally related to the shift of migration flows of the early 1990s. Female migrants played the role of “*deae ex machina*” (just-in-time goddesses) in facilitating women’s employment, affecting both the timing and character of the changes. They acted as catalysts in a virtuous circle

¹⁶ The reduction in the indigenous supply of labour for domestic work is documented by Fakiolas and Maratou-Alipranti (2000) as well as in Papataxiarchis et al (2008).

¹⁷ The observation that the increasing participation of women in the labour force goes parallel to the increase in female economic migration can be found as early as 2000 (Fakiolas and Maratou-Alipranti, 2000), but no causal link is acknowledged. Cavounidis (2006) argues that after 1990 work that was formerly carried out within the context of the family has been assigned to migrants, as waged work, thus facilitating the labour force participation of native Greek women.

of self-determination, where increased female employment proceeds in tandem with disentanglement from a patriarchal family business culture.

4. Female immigrants in Greece: numbers, jobs and wages

Migration to Greece is a relatively recent phenomenon. For the greater part of the twentieth century, Greece was predominantly a country people emigrated *from*. This picture was reversed at the beginning of the 1990s. The great majority of migrants come from neighbouring Balkan countries, though waves of economic migrants and asylum seekers have also been arriving from Eastern Europe, the former USSR, the Middle East and several Asian and African countries. Early on in the process, Greece was a stepping-stone on their preferred migration route westward; increasingly though migrants see it in terms of long-term residence or even permanent settlement.¹⁸

In the 2001 Census the reported stock of foreigners living in Greece was 762,200 amounting to approximately 7% of the total population (OECD, 2004)¹⁹. Recent estimates suggest that the immigrant population in Greece (including estimated illegal stocks) stands at around 900,000 non-EU/EFTA persons (Baldwin-Edwards, 2004). According to a broader definition that also

¹⁸ This reversal caught both society and policy makers by surprise (on the issue of attitudes see Triantafyllidou, 2000; while on the gradual formation of “migration policy” see Triantafyllidou, 2005). Policy has been designed in order to cover the needs of the original majority of migrants, i.e. men, so it is not only male-orientated but also family-orientated, adopting a rather patriarchal approach towards migrants. This stands in sharp contrast with the new reality and the fact that there is a growing trend towards the feminisation of migration (Liapi and Vouyioukas, 2006).

¹⁹ Due to their irregular status, the total number of immigrants is greater than in official statistics. Fakiolas (2000) estimated that 400,000 migrants were not enumerated in 2000 (20% of the total).

takes into account ethnic Greeks from the ex-USSR (that do not appear as “foreigners” in statistics but are immigrants to all intents and purposes) the total stock of migrants should exceed 1,100,000 persons, out of a population of almost 11 million.²⁰ Interestingly, this large infusion of migrant labour does not seem to have affected labour force participation rates of men, but significantly increased the rates of women’s employment: in the context of regional labour markets an increase of 1% in migrants share was accompanied by a substantial increase in women’s labour force participation by 2.5% (Lianos, 2003).

Women make up 45.5% of all immigrants in Greece according to the official data. Their involvement in the informal sector, however, especially in lines of activity that are notoriously under-recorded (such as services to households²¹) may create an additional gender bias in the official records. Although women make up almost half of the immigrant population, the gender balance in the composition of the various ethnic groups is very heterogeneous, ranging from less than 5% for migrants from Pakistan and Bangladesh to over 75% for migrants from Philippines and Ukraine.

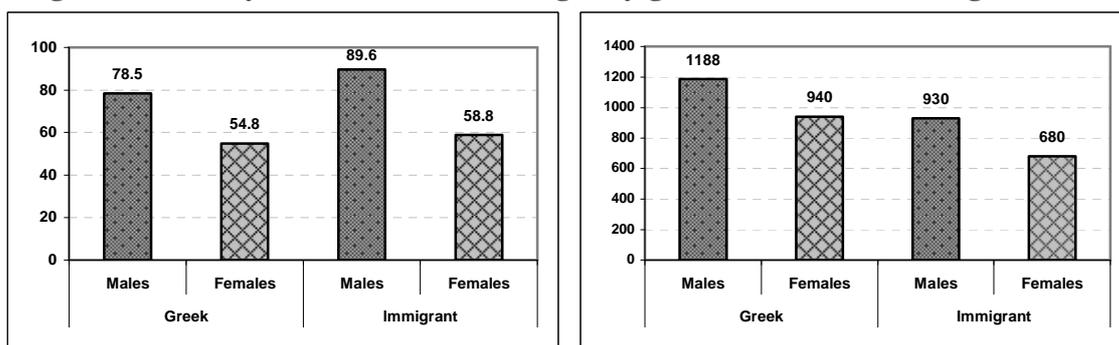
Female immigrants tend to participate in the labour market at higher rates compared to Greek women, though less than male immigrants. So, the gender gap persists among immigrants. The same is true with respect to the wage gender gap: it is persistent and wide. As is shown in Figure 4, wages are

²⁰ Migrants officially account for 9,5% of employment in Greece. Nevertheless, their real share may be higher (closer to 12%) due to the fact that they tend to be underrepresented in the Labour Force Survey of Greece due to sampling and irregularity factors (Cavounidis, 2006: 643).

²¹ Research on migrants working in supply of services to Greek households has taken off only recently (Kambouri, 2007; Psimmenos and Skamnakis, 2008; Lyberaki, 2008b; Papataxiarchis et al, 2008).

relatively low and their level is near the statutory minimum wage for the economy as a whole. The fact that these women work in the opaque sphere of the informal (unregulated) economy creates a nexus of dangers as well as opportunities. On the one hand, their access to the officially defined social protection schemes remains problematic (access to social security, health care and childcare facilities, for what they are worth). On the other hand, informality carries blessings: it offers a degree of freedom to choose; alleviates the burdens of time-consuming bureaucratic procedures; and, more importantly, offers tax free and contribution-free earnings.²² Hence the paradox: women, especially middle-aged women whose previous experience in Eastern Europe was one of rigid regulation, gradually discovered the attractions of a “culture of informality” in the context of their involvement in the informal care sector. These attractions make them often reluctant to change their status into “regulated” when the chance arises (Psimmenos and Skamnakis, 2008).

Figure 4. Activity rates and median wages by gender: Greeks and Migrants



(a) Activity rates

(b) Median wages (EUR/month)

Source: EU-SILC 2005, own calculations.

²² Tax evasion of the majority of earnings does not necessarily imply uninsured status. A special (much lower) social insurance class was instituted for domestic work in 1998 to counteract non-wage costs. Many women ensure they have the minimum annual social insurance coverage (50 days per year, recently raised to 100 days) at the lowest rate, which is sufficient to secure health insurance coverage.

So it seems that the care sector provides a point of entry into the labour market for many women (internal migrants in the past, foreign-born today) (Duffy, 2006, Hondagneu-Sotelo and Cranford, 1999). Although instances of poor remuneration and discrimination abound, there exists a perception of the domestic sector as constituting a “protected sphere”, suitable for vulnerable female immigrants (with few other alternatives). Work content varies a lot and so does the risk of exclusion. As has been convincingly argued, though, it would be a mistake to approach female immigrants in the hidden domestic economy as mere passive victims and/or condemned to remain silently marginalised. Their role should be viewed rather as active agents involved in a continuous process of contention and bargaining (Papataxiarchis et al, 2008). Their employment is a response to the pressing care needs created by demographic and other socio-economic trends (Stark, 2005; Moya, 2007). Their involvement in the domestic care sector often produces double and triple discrimination (Duffy, 2006, 2007; England et al, 2002; Rajiman and Semyonov, 1997; Kambouri, 2007, 2008) and may be seen as giving rise to a “global care chain” (Ehrenreich and Hochschild, 2002).

Employment in the domestic care sector offers a mix of opportunities as well as the obvious dangers hinted above. Partial control over the pace and the content of their work offers some bargaining power, while the development of a personal relationship with the family they mind often enhances satisfaction and self-esteem derived from their work (Papataxiarchis et al, 2008; Psimmenos and Skamnakis, 2008). The domestic care sector involves better chances for

upward mobility for some migrants (in the same or different line of activity) while for others it involves moving “backwards” to inactivity as soon as their economic situation of their family in the host country permits them to become “housewives again”. Both these trajectories are relevant in the case of female migrants in Greece (Albanians in particular in the latter case) (Kambouri, 2007; Labrianidis and Lyberaki, 2001; Lyberaki and Maroukis, 2005; Lyberaki, 2008b; Psimmenos and Skamnakis, 2008).

5. The care sector in Greece: from family provision to the “migrant-in-the-family” model

5.1. The family and the welfare state in Greece

The provision of personal care across Europe varies with labour market and welfare state regimes (Bettio et al, 2006). In Greece, as in Italy and Spain, the management of care (for children as well as for the elderly) is delegated almost entirely to the family (Bettio and Plantenga, 2004; Matsaganis, 2000; Featherstone and Tinios, 2006). This was not always the case. In the 1950s and 1960s middle-class families employed domestic helpers (female internal immigrants from the poor areas of the countryside) to perform many of the caring tasks assigned to the family, as well as other domestic functions. This practice, however, was not linked to any discernible mass shift of their female employers into the labour force. Nor did it signify that the responsibility of care ceased to be a women’s task in the sphere of family gendered roles. So,

although families were not totally unassisted in their caring functions, care remained squarely their own responsibility. This family-centred model of care is changing gradually. But before examining the dynamics of change in the Greek family-welfare state nexus (next sub-section), first we need to review briefly the main characteristics of the Greek Welfare State.

The Greek welfare state is often characterized as “rudimentary”. What is less often recognized, if at all, is the “statist” character of the Greek welfare system. It is statist in the sense that it defines the supply of social services exclusively as provisions by the State. It allows little space for regulation of services provided by others (the market and/or non-profits). It is either the State or nothing. The Greek welfare system is mainly directed towards pensions (half of the total social spending goes to pensions) with only negligible (direct and indirect) provision of other social services. Although there has been a substantial increase in social spending since the mid-1990s (by 25%) this expansion was not accompanied by any realignment in allocation priorities with reference to the covered risks. It comes as no surprise, then, that in spite of the intensification of spending effort its effect in addressing inequalities and poverty reduction remain the lowest in Europe (Sapir, 2005; Boeri, 2002).

The historical development of the Greek welfare state did not derive from a coherent policy; it is rather the product of a generalized gradual build-up of provisions for specific categories of workers enjoying a great deal of protection in the labour market (which is Trifiletti’s view of the Italian welfare state as

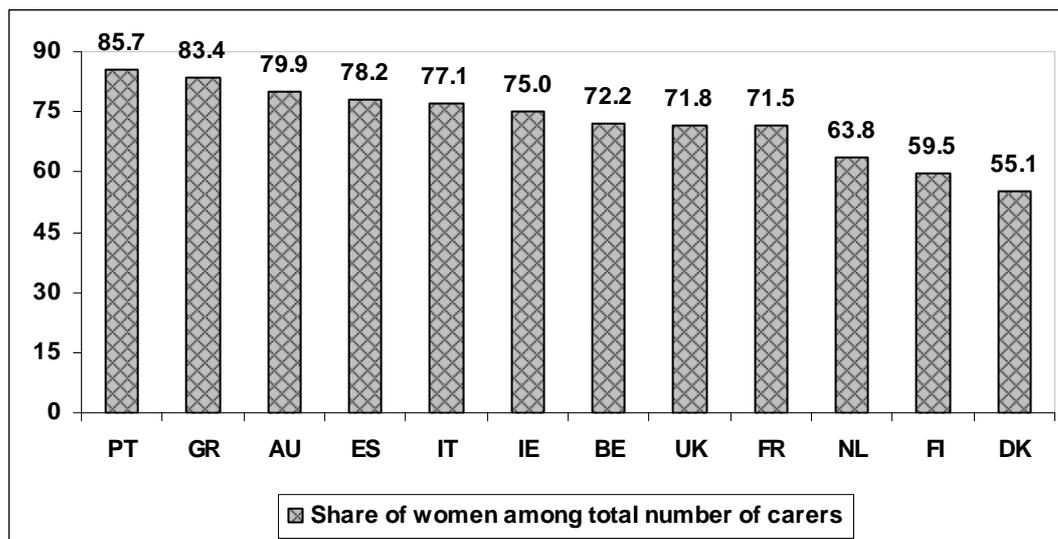
well, 1999). Category-based benefits were gradually modified to include other groups as well. Hence, although not planned to have universal application, a number of expanded measures (originally targeting special “insider” groups) were transformed into de facto measures of social assistance. However, their social assistance character appears under the guise of social insurance. As in Italy, the apparent lack of income maintenance provisions is misleading: income maintenance is “hidden” within the pensions system. Disability pensions, additional pensions for those not qualified to get minimum pensions and numerous other initiatives create a “tacit policy of a disguised minimum pensions” whereby scarcity of resources often goes hand in hand with a generous distribution of low benefits (Tinios, 2003). In this context, the prevailing family strategy in Greece has been the “synthesis of breadcrumbs”, each of which is negligible, but in total they contribute to meeting more or less the needs of the family (see Trifiletti, 1999, for a similar argument for Italy).

So there exists a grey area of undefined provisions -situated between social insurance and social assistance- that are used ad hoc to fill the gaps of the system, which was introduced in a piecemeal and fragmented manner in the first place. To facilitate this “patching-up process”, the state tolerates the strategies that families pursue in accumulating diverse informal “breadcrumbs”²³ while, at the same time, ensuring that at least one family member gets a job in the protected labour market (Burtless, 2001; Petmesidou, 1996). The economic objectives of the families, however, are realized at a

²³ Such as the second (but undeclared) job of the breadwinner as well as various invisible income-generating activities on the part of female members.

considerable cost to women: care provision continues to be performed in the family realm by women (mothers and/or grandmothers, but also sisters and in-laws). Figure 5 illustrates the distribution of the burden of caring: women do most of the work everywhere in Europe, but Greece scores very highly even by Southern European standards.

Figure 5. Women in care activities in the EU, 2001



Note: Carers defined as adults devoting at least 2 hours daily to care for children or other persons.

Source: ECHP, 2001, own calculations.

It is this excessive care burden that is being gradually outsourced to female immigrants as a means of coping with economic and social transformation processes. The parallel with Small Enterprises (SMEs) is instructive. SMEs faced with the globalization challenge, diversified risk with a twofold strategy: they outsourced part of their in-house function to sub-contractors, in Greece and abroad; at the same time, family members previously unpaid moved to paid work outside the family firm, securing thus money income and independent social rights (Lyberaki, 2008a). Families, even those not possessing a family

firm, behave much as an SME: they outsource part of the caring functions and attempt to maximize the family money inflows (dual earner model).

5.2. Supply of care for children and the elderly: a family business?

Children create obstacles to female employment in Greece as elsewhere, especially in view of inadequate supply of childcare. Hence the gender employment gap in the presence of children is 50% higher than the gender employment gap of childless people. The family and informal networks play a crucial role in assisting families with children in Greece (as in other Mediterranean countries). About 22% of the households with children under 12 years receive regular childcare (14% unpaid, 8% paid; based on the 2001 ECHP).

Survey evidence based on SHARE data shows that although the transfer of time of older people to mind for their grandchildren is a widespread phenomenon everywhere in Europe, the intensity of care provided for grandchildren is much higher in Greece (and in Italy and Spain) compared both to Continental and the Nordic countries. Table 1 offers some evidence on this.

Table 1. Looking after grandchildren- (%) by persons aged 50+

Persons (%) who looked after their grandchildren (under 10 years of age) regularly or occasionally					Frequency of care-giving
	Total (50+)	50-64	65-74	75+	Almost daily
Nordic	64,3	72,0	66,3	21,7	3,4
Continental Europe	56,0	64,9	54,3	24,8	14,8
Southern Europe	46,6	52,7	50,3	21,7	46,8
Greece	58,1	71,8	57,4	23,1	43,2
All countries	53,6	62,1	53,9	23,4	22,9

Note: Persons aged 50+ with at least one grandchild younger than 10.

Source: SHARE, release 2, 2007, own calculations.

Childcare provision for children under 3 is scant in Greece. Considerable progress was recorded in the public supply of childcare at the so-called “pre-school level” (children between 4 and 6 years old). The recent progress notwithstanding, there is considerable unmet demand for such care services.²⁴ This demand is met primarily via informal networks of support, while formal private sector provision remains limited (Karamessini, 2007; Symeonidou et al, 2001). It is nevertheless rising: according to ECHP data (own calculations), between 1995 and 2001 the mix of care changed decisively in favour of paid childcare provision (from 23% to 38%, respectively).

It appears, thus, that the late but accelerating transition of Greek women into paid employment boosts demand for childcare at a time when the availability of grandparents (grandmothers, really) to supply care silently and for free is diminishing fast. This is due to the fact that the cohorts of women reaching the age of becoming grandmothers are those that have had fuller careers -higher employment participation. So, migrant women appeared just in time to play the part of “goddesses ex machina” by meeting this demand in a relatively cheap and flexible manner.

The same is true of elderly care provision. Ageing and rising female activity rates trigger a growing demand for elderly care in a welfare system where care is delegated almost entirely to the family.²⁵ Greece has the lowest indicator for

²⁴ Recent estimates of childcare provision in Greece suggest that coverage remains below 10% for children younger than 3 years of age, while 60% of children between 3 and 6 years enroll in pre-school centers (Karamessini, 2007).

²⁵ The structural framework of care services for the elderly is ‘tripartite’ involving the statutory public services, the voluntary organisations and the informal sector, besides the family (Sissouras et al, 2002).

institutional provisions –community and residential care- for the elderly in the 1990s.²⁶ Until recently it was exclusively the family that supplied care for the elderly. As the private market is largely underdeveloped and the chronic shortages in public services remain, informal networks are expected to fulfil an important role, as in Italy (Bettio et al, 2006). Table 2 illustrates the prevalence of informal arrangements in care provision for the elderly (over 75 years old).

Table 2. Share of the people aged 75+ receiving personal care, by income class

Provider of personal care	Population aged 75+ years		
	Total	Poorest 25% *	Middle 50% *
Family, relatives or friends	12,9	15,5	12,6
Combination of family and private services	1,9	2,1	1,9
Private services	1,4	0,6	2,3
None (received no personal care)	83,8	81,8	83,3
Total	100	100	100

Note:“Poorest 25%” refers to the bottom 25% of the equivalent income distribution. Consequently, “Middle 50% stands for the second and the third quartile of the equivalent income distribution. Personal care is defined as help in dressing, bathing or showering, eating, getting in or out of bed, and using toilet.

Source: SHARE (Survey on Health, Ageing and Retirement in Europe), release 2, 2007.

It appears, thus, that provision of care for the elderly is 10 times more likely to be met via informal networks than through the market, while, predictably, poorer people rely more heavily on their family for care than the better off. In view of life expectancy rises, diminishing family size and increasing female labour force participation, modern families face very stressful demands in the sphere of elderly care. Although the prevailing views stress the primary responsibility of families to provide care for their members, time becomes scarcer and the challenges overwhelming. Hence, the very definition of family

²⁶ Residential care, calculated as number of places per 100 inhabitants over 65 years of age, accounted for 0.5% in Greece, against 2% in Italy and 13% in Denmark (Bettio and Plantenga, 2004).

obligations vis-à-vis the needy elderly members tends to become slightly modified to include the provision of care by non-family members in the context of the household. The ready availability of relatively cheap and flexible (mostly female) migrants offers a solution, which is at the same time affordable and compatible with the prevailing views: what came to be called “the migrant-in-the-family model”.

5.3. Informal supply of care by migrant women: the “migrant-in-the-family” solution

In this light, it is no coincidence that the share of migrants working in the provision of services to households is very high in Greece (20.5% of the total, against less than 2% in the UK and a mere 1.2% in the US). While one out of every five immigrants is involved in work described as “other services”, more than one in two female immigrants are involved in such activities (2001 Population Census). It seems that migrants stepped in to fill a widening gap, which corresponds to latent unmet demand. Back in the 1950s and 1960s, part of this demand was met by internal migration (young females from large families in rural areas migrating to town). In 1971 housemaids accounted for 5.6% of total working women, while in the urban areas their share exceeded 12% of all working women). By some rough calculations, it appears that at least 4-5% of urban households employed a maid. This type of worker became extinct as Greece ascended the development ladder. By the 1980s, long-term care needs were met at a very high cost from retired nurses, active nurses (on the side), middle-aged female political refugees returning from Eastern Europe

and (only for very few well-off families) female migrants from the Philippines. Outsourcing care was expensive, therefore care-work was mainly performed by women in the context of the family.

Today, immigrant women, forming specific “ethnic niches”, cater for a growing part of the demand of households for care services (51% of all working female immigrants, while only 6,5% of male). This is equally true for urban and rural households.²⁷ Their presence underpins the transition from “family provision of care” to the “migrant in the family” model of care (Bettio et al, 2006; Karamessini, 2007).²⁸ As they deliver the supply of care and personal services to Greek families, they also have to find solutions to their own demand for care. And if migrant women from the Ukraine, Georgia, Moldova and the Russian Federation tend to leave their families back home (or their children are grown up), women from the Philippines and from Albania often have their children with them. The new trend among mothers of young children from the Philippines is to continue to work as live-ins and entrust their children as boarders under the care of other compatriots for 5 days a week –at affordable cost (Lyberaki, 2008b).²⁹

Thus, part of the caring needs of Greek families is outsourced to female migrants (some of whom live-in while others have their own living

²⁷ The employment of migrants to assist elderly persons has become widespread in rural areas, where evidence from recent research suggests that nearly 20% of all households employed migrants for domestic and care services (Kasimis and Papadopoulos, 2005).

²⁸ Sissouras et al (2002) present a similar argument arguing that the problem of home care for dependent older persons seems to be ‘resolved’ at the level of the family with the employment of (low-paid) economic immigrants capable to provide domestic support.

²⁹ There are at least 10 such boarding arrangements in Athens, at prices ranging around half of a wage as a live-in.

arrangements). How affordable a solution is this? Evidence on remuneration is fragmented, as fragmented and heterogeneous are the working conditions. Evidence from SILC (2005) suggests that the average wage in the supply of services to households is relatively low (between 650 and 900 euro on a monthly basis, plus in kind),³⁰ while even the cheap variants of “institutionalisation” would cost approximately twice as much.

From the point of view of immigrants three issues are important here. First, informality allows them to combine full-time and part-time work and thus accumulate higher wages in the end. Second, that the live-in helpers enjoy board and food for free, hence their income is “free of most expenses”. And third, and probably more important, these wages compare very favourably with what they could hope to get in their native country. Needless to stress that as conditions of work vary a lot, so does remuneration. Longer established ethnic niches of care providers (such as the women from the Philippines) get on average better paid than recently arrived Albanians, Ukrainians or Russians. Stability of employment and length of stay vary also, as different migrant groups have their own distinct migration projects (Lyberaki and Maroukis, 2005; Lyberaki, 2008a, b; Lyberaki et al, 2009).³¹

From the point of view of the households (buyers), the issue of affordability is of paramount importance. Table 3 presents the picture of elderly people (over

³⁰ This refers to full-time equivalent. Such services are often supplied on a part-time basis.

³¹ As their stay in Greece is prolonged, instances emerge of entrepreneurial initiatives among cleaning ladies in the informal market of household services. Headed often by a migrant woman with established good reputation and a broad network of connections, informal quasi-enterprises get started, with the head of the network acting as the guarantor of high quality service provision and trustworthiness.

75 years of age) that receive personal care and shows that although the majority meets needs via family provision, private provision caters for part of the demand while a combination of family and private provision is not rare.

Table 3. Meeting long-term care needs; people aged 75+, by income class

Population 75+ years: How are long-term care needs met?			
Provider of personal care	Total	Poorest 25% *	Middle 50% *
Family, relatives or friends	79,8	85,0	75,1
Combination of family and private services	11,6	11,7	11,1
Private services	8,6	3,3	13,8
Total	100	100	100

Note: “Poorest 25%” refers to the bottom 25% of the equivalent income distribution. Consequently, “Middle 50%” stands for the second and the third quartile of the equivalent income distribution.

Source: SHARE, release 2, 2007

So, while in 80% of the cases of the provision of long-term care it is the family that performs this role, the views and attitudes concerning whose responsibility this *should be* are slightly different. Evidence from SHARE suggests that although the prevailing views stress the primary responsibility of families to provide care for their members (66% of respondents reported that “*personal care for older persons who are in need such as nursing or help with bathing or dressing*” is totally or mainly family’s responsibility), clearly the actual burden on families is higher than what they bargain for, as shown in Table 4.

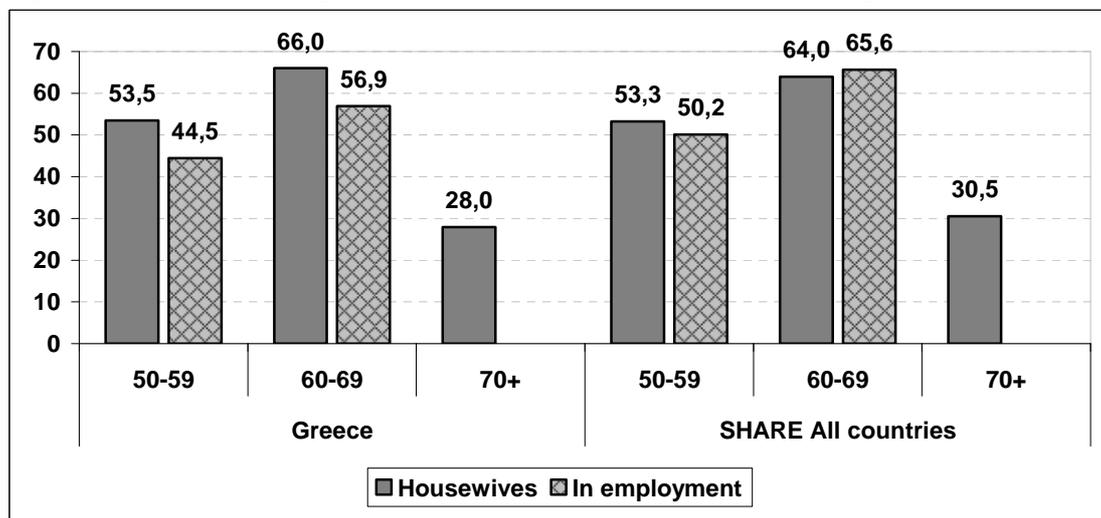
Table 4. Whose responsibility *should* personal care provision *be*? Views of people aged 50+ in Greece

Type of help needed for older persons	Totally family	Mainly family	Both equally	Mainly state	Totally state
Household chores (cleaning, washing, etc)	14,7	38,2	34,6	8,5	4,1
Personal care (nursing, bathing, dressing, etc)	24,7	41,2	25,4	5,4	3,2

Source: SHARE, release 2, 2007.

What is already known about the informal –mainly unpaid- carers is that they are mainly middle-aged women with hardly any earlier formal employment experience. Evidence from SHARE corroborates this picture. Of the total population of women for whom *some* demands for care can be made (estimated as those women who have a living parent and/or a grandchild under 10 years of age, regardless of geographical proximity), around half state that they provide care ‘occasionally’ or ‘regularly’. The caring function is shouldered mainly by women in their ‘60s (63% of whom provide care), though almost half of those in their 50s (48%) also provide care. Figure 6 compares Greece with the SHARE sample, for homemakers and those in employment. A noticeable difference is that working Greek women appear to find combining care and employment more challenging³².

Figure 6. Share of care providers: Greece and full SHARE sample



Note: % of women aged 50+ facing potential care demands (see text for definition of reference group) who provided care to a grandchild and/or a parent, by employment status.

Source: SHARE, release 2, 2007.

³² Some of the North-South differences could be attributed to different notions of the boundaries between ‘care’ and ‘responsibility’. The effect of cohabitation should also be noted: many in the South cohabit with other generations and nevertheless do not claim they provide care. See Lyberaki and Tinios (2008).

What is the big picture then of families outsourcing care functions in Greece today? The available evidence on paid carers and female migrants providing personal services to households suggests that “outsourcing” offers a safety valve to mounting pressures on time for care. The female employer coordinates all the care- and service-related tasks. While Greek female employers tend to view migrants’ work as “auxiliary” or “supplementary” to their own duties, migrant workers dispute this and suggest that they are the main providers (Kambouri, 2007). This discrepancy is easily interpreted in the context of the tensions arising within the household, but it need not be taken to imply that supervision has become a “gender-neutral” function. Hence, it seems that a new complex division of labour emerges whereby domestic women increasingly specialize in the coordination functions while the caring tasks are being entrusted to the female immigrant.

Estimating the size of the latent demand for services to households or measuring the actual incidence of “outsourcing” of services to the family in Greece today is very difficult on the basis of the evidence which is available so far. A rough attempt would follow this reasoning. Since immigrants provide the bulk of such services and 20% of immigrants are involved in this line of activity, care (and services) providers (all categories) should be about two hundred thousands (conservative estimate). Assuming that about a third of those are live-ins, we are left with 130,000. Assuming again that at least half of them work for more than one household, we end up with approximately 15-20% of all urban households having recourse to the assistance of migrant

workers. Alternatively, extrapolating from the SHARE survey, the percentage of households seeking to meet their care needs from the market is approximately 20% (coinciding with the upper limit or the alternative estimation³³). In any case, the unobserved demand of today is expected to translate further into real demand in the form of care outsourcing in the future. Regardless of whether it is observable or hidden, this demand is persistently situated in the sphere of informality.

6. Conclusion

The starting point of this paper has been the observation that women's labour force participation in Greece increased discontinuously in the 1990s. Rising female employment rates constitute long term tendencies, driven by education, equality legislation, rising incomes and cultural transformation. These enabling factors run up against countervailing tendencies, namely the "other" or "hidden" economy of care and domestic responsibilities. It seems that the tension between enabling and obstructing factors has been resolved in Greece in the 1990s thanks to the mediation of a catalyst: the labour supply shock provided by the immigrants in general and female immigrants in particular –the *deae ex machina*. My main argument is that rising female participation in paid employment in Greece was made easier by the supply of affordable services to the households due to immigration. The increase in female employment has

³³ This is plausible, as households with a member over 75 years of age tend to have more pressing needs for care.

had second order effects too: even greater demand for care and domestic assistance. These effects have triggered micro-level transformations in care provision, from the “family model” to the “migrant-in-the-family” arrangements.

I have also argued that, this largely unobserved demand for care and the pre-existence of a large informal sector act as mutually reinforcing pull factors for migrants to Greece (as in Italy, as argued by Bettio et al, 2006). Paid work offers a liberating potential for Greek and migrant women alike, albeit involving different costs. So far, the benefits accrued mainly to Greek families that increasingly outsource caring functions at affordable costs. Indeed, it seems that female migrants moved in to fill the growing gaps of social protection at a time of rising incomes and fast economic growth. In doing so they helped accelerate female (formal) participation in the labour market and the emergence of new complex domestic arrangements and responsibilities.

It is very likely that the market for care and the provision of services to households will accelerate its expansion in the years to come. Demographic, socio-economic and value-related trends all point in this direction. The economic crisis may alter the timing, but it is unlikely to alter the overall trend. Indeed, budget constraints are likely to restrict further the capacity of the welfare system to deal effectively with old and new pressing care needs. In this context, outsourcing offers a unidirectional path towards a solution to pressing care demands. A solution, which is private and informal; a solution resting on

ethnic and gender divisions; a solution that “recycles” women’s tasks among women to a large extent; but a solution all the same.

Although the long-term sustainability of this solution is open to speculation, it is highly unlikely that women move back to their previous “pre-outsourcing” status of responsibilities. As the number of migrants tends to stabilize, their wages will continue to rise. The number of live-ins may decline in the future, while an increasing number of households will continue to outsource (even at higher costs). As long as the state remains absent in this sphere, the current trends will be further reinforced. The informal market for care provision will expand, especially for the elderly. Informality need not imply poor remuneration. As the example of the construction industry vividly shows, wages can increase substantially without any decline in informality. The case in point may even suggest that informality may facilitate pay rises rather than hamper them. In a sense, then, the foreign-minder solutions are sustainable in the long-run, with some alterations. Wages are likely to increase and conditions to improve, as the market becomes tighter. Furthermore, the emerging entrepreneurial schemes (networks of minders and cleaners under the – informal- coordination of an immigrant with good connections and reputation) may expand further.

The evidence reviewed above is merely indicative so far. It seems, however, that the latent demand for care is so strong (and the alternative arrangements so few and so costly) that the supply of care will most likely continue to be

performed in the informal market, which is large and strong. Moreover, it seems to offer advantages both to the suppliers and the buyers of these services. It would be too much to ask from the emerging care arrangements to become the catalysts of change for the Mediterranean welfare system. They won't be. Recent "social policy activism" in Greece has started to formulate elementary care policies as a means of promoting women's employment. The recent policy initiatives notwithstanding, for the most part the solutions have been sought and found outside the realm of social policies; they remain firmly situated in the familiar terrain of informality behind the closed doors of households.

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