Care Regimes and the Political Participation of Personal Care Workers in Europe

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Abstract

This paper examines how national care regimes shape the political participation of personal care workers in Europe. Drawing on European Social Survey data we compare care workers' political participation with that of other workers across Europe on four dimensions: voting, non-electoral institutional participation, trade union membership and non-institutional participation. Our results show that there are considerable cross-national differences in the political participation of care workers which can be associated with different care regimes. In regimes with high public investment and more public-sector employment, care workers are more politically active, whereas fragmented, marketised and migrant-reliant regimes coincide with lower participation. We hypothesize that these differences emerge both from policy effects on workers' resources and the varying visibility of the state as accountable actor. Our results partly confirm these expectations and contribute to research on the political feedback effects of welfare states, by showing that care policies affect not only the socio-economic position, but also the political engagement of care workers.

Keywords: care work; political participation; working conditions; care regimes; social policy

Introduction

The functioning of democracies depends not only on formally equal political rights, but also on the extent to which different social groups actually participate in politics. Political participation is unequally distributed across citizens: women, people with a migration background, and those with lower levels of formal education and income tend to be less politically active than men and socio-economically advantaged groups, because the latter have more resources and opportunities to engage (Brady et al. 1995; Schlozman et al. 2018; Grasso & Giugni, 2025), as well as more positive experiences with engagement (Pateman 1971). These participation gaps can bias policy responsiveness toward the preferences of more privileged groups. The importance of participation is underscored in power resource theory (Korpi, 1978; Refslund and Arnholtz, 2022), in work on the mobilisation of women for welfare state reform (Hobson and Lindholm, 1997; Sainsbury, 2001), and in recent research on the congruence between voters' preferences and policy outcomes (Weisstanner and Jensen, 2024; Busemeyer, 2022; Peters and Ensink, 2015).

It is well established that welfare states shape the living conditions and resources of politically under-represented groups, yet we know less about how welfare institutions affect political participation. Research in the United States has suggested that generous, universal, and visible welfare programmes are associated with higher levels of political participation among beneficiaries, whereas low, means-tested, and stigmatising benefits tend to depress participation (Soss 1999; Watson 2015; Campbell 2012). This work highlights the importance of policy design for political participation, but it has rarely been extended to the European context and has focused primarily on cash benefits rather than on welfare services. Only a few pioneering studies have started to consider the aggregate effects of investments in public services in the European context, with mixed results for different forms of political participation (Marx & Nguyen 2018; Grasso and Giugni, 2025).

A social policy domain where political participation acquires particular relevance is the provision of personal care work, here understood as the provision of daily assistance for young children, older people or people with disabilities. Population ageing, rising female labour force participation, and greater intergenerational mobility have increased care needs across Europe (Da Roit et al., 2007; Theobald and Luppi, 2018; Razavi and Staab, 2010). These developments have fuelled demand for paid personal care, both in the public sector and in private markets (Razavi and Staab, 2010). Despite their essential role, personal care workers generally endure worse than average working conditions within their skill level, including high and often involuntary part-time work, limited job benefits, and low wages (England et al., 2002; Colombo et al., 2011; Duijs et al., 2023).

However, working conditions in personal care vary markedly across countries (Budig and Misra, 2010), which is the result of political choices about the funding and regulation of child care, eldercare and disability care. In some states such care is provided directly by the state and personal care workers are employed in secure public sector jobs. In other states, care is marketized or privatized through cash benefits or the absence of policy, often resulting in more precarious working conditions and a growing reliance on migrant workers (Simonazzi 2009; Van Hooren 2012). While there is considerable research on the working conditions of care workers and how these are affected by care policies, we know very little about the ways in which these policies affect the extent to which care workers participate in politics.

Existing models of political participation suggest that personal care workers are unlikely to be politically active: they are predominantly women, often migrants, frequently low-educated, and usually low-paid. Some scholars further argue that the intrinsic motivation and altruistic orientation associated with caring labour may discourage them from “standing up for their rights” for fear of harming care recipients (England et al., 2002; Whitfield, 2022). Hence, care workers appear as a group that is both structurally disadvantaged and culturally socialised into docility. At the same time, various qualitative studies show that care workers do mobilise politically. These document protests, strikes, and broader campaigns in which care workers have sought better working conditions (Yates, 2010; Briskin, 2012; Van Hooren, 2018;

Rogalewski, 2018). This work, however, tends to focus on single countries or specific campaigns and does not provide any systematic cross-national evidence on whether, to what extent, and why care workers' political participation varies cross-nationally and how this relates to care policies.

In this paper we aim to address this gap by studying how national "care regimes" - the institutional and legal arrangements governing the financing, organisation, and employment conditions of care (Bettio and Plantenga, 2004; Simonazzi, 2009) – shape care workers' political participation. We hypothesize that care workers' participation is shaped by the extent of state financing, which contributes to a more secure labour market position for care workers and more resources enabling participation, by the extent to which the state acts as employer, making it directly visible and accountable as the institution that determines care work conditions, and by the extent to which the state facilitates immigration into care work, thereby contributing to a workforce that faces formal obstacles to political participation. Large cross-national institutional differences in state investment, public employment and migrant labour make the personal care sector an ideal case for exploring welfare state effects on political participation.

Our analysis focuses on personal care workers, defined as people providing child care or long-term care in private homes or residential facilities. Care work entails many more occupations (England et al., 2002) and elsewhere we have shown that these different care occupations participate in politics to very different extents (Arévalo-Iglesias & Van Hooren 2026), with some occupations (social workers, school teachers) being strikingly active. Here we deliberately concentrate on personal care workers because they constitute a particularly vulnerable occupational group which is subject to very different policy regimes across Europe. Moreover, by studying personal care workers, we put the spotlight on a sector that consists primarily of women from lower socio-economic backgrounds, a group that is often overlooked in political science research, but constitutes a major part of the contemporary working class.

Using pooled data from multiple rounds of the European Social Survey (ESS), we compare the political participation of personal care workers to that of other workers and assess cross-national variations in Europe. To capture the different ways in which workers can become politically active, the analysis covers electoral participation, trade union membership and various other institutional and non-institutional forms of engagement. Our findings suggest that where public investment in care is high and employment is concentrated in the public sector, care workers are more politically active; where care is underfunded, privatised, or weakly regulated, they are markedly less engaged. This shows that decisions about how to fund and organise care services affect not only labour market outcomes but also whose voices are heard in democratic politics, thereby creating a strong policy feedback effect.

Theorising the political participation of care workers

Forms of political participation

Research on political participation initially focused on institutionalised, electoral forms of engagement such as voting, contacting an elected official, or working for a political party (Brady et al., 1995). Subsequent work has broadened the concept to include a wider "repertoire" of activities, ranging from party membership and union involvement to demonstrations, petitions, and other non-institutionalised forms of contention (Brady et al., 1995; Van Deth, 2014; Theocharis and Van Deth, 2018; Jeroense and Spierings, 2023). To capture the various ways in which care workers might become politically active, in this paper we include four forms of political participation, which are each associated with slightly different logics.

Voting is the most widespread and least resource-demanding form of political participation. It requires basic information and minimal time and money, and it is strongly structured by legal eligibility (citizenship, residence) rather than by organisational ties or advanced civic skills. Studies of the link between political preferences, participation and policy responsiveness have traditionally treated voting as the primary mechanism through which social groups mobilise their power resources (Brady et al., 1995; Wlezien and Soroka, 2012; Weisstanner and Jensen, 2024). Whether care workers exercise the right to vote is therefore central to the political representation of their interests.

Other forms of institutional participation include joining a political party, becoming a party activist or contacting an elected official. These are more demanding and more exclusive. They require more time, organisational skills, and social capital, and they are often dominated by socio-economically advantaged groups. Empirical work suggests that gender differences in voting are nowadays relatively small, whereas gaps in these more demanding, institutionalised forms of participation remain substantial (e.g. Grasso and Giugni, 2025; Coffé and Bolzendahl, 2010). This makes it especially important to consider how far care workers, as a structurally disadvantaged group, are represented in these arenas.

Because our focus is an employment-related category, we also treat **trade union membership** as a form of (institutional) political participation. Trade unions have been widely analysed as key actors for the improvement of working conditions (Doellgast et al., 2018; Burdin and Perotin, 2019; Brega et al., 2024), but also in policy responsiveness to lower-income groups (Weisstanner and Jensen, 2024). Power resource theory in particular situates unions as the primary organisational vehicle through which workers transform their resources into collective action and influence the development of social policies and labour rights (Korpi, 1978; Refslund and Arnholtz, 2022). Some of the political participation literature likewise emphasises unions as drivers of mobilisation, increasing turnout and fostering other forms of engagement (Schlozman et al., 2018; D'Art and Turner, 2007; Kerrissey and Schofer, 2018).

Many studies have emphasised the need to look beyond institutional forms of participation, among other things because conventional political organisations – like political parties or trade unions – have in the past privileged the experience of male industrial workers and neglected other bases and repertoires of power (Hobson and Lindholm, 1997; Refslund and Arnholtz, 2022). Responding to this, more recent work highlights a diversified repertoire of political action in post-industrial societies, including **non-institutional forms** such as signing petitions, boycotts, demonstrations or online activism (Brady et al., 1995; Van Deth, 2014; Theocharis and Van Deth, 2018; Jeroense and Spierings, 2023). These forms often have lower formal entry barriers and may be particularly relevant for groups with restricted legal rights or precarious employment, such as migrant care workers.

Care policy and the political participation of care workers

Public policies, including care funding instruments, employment regulations and migration regulations, shape the conditions under which care workers work. These public policies and associated conditions of care workers vary enormously across national care systems (Simonazzi, 2009; Williams, 2012; Van Hooren, 2012), but we know very little about the effects of this variation on the political participation of care workers.

Various studies in the United States researched the effects of welfare state benefits, like social assistance, insurance or public pension benefits on political participation (see Campbell 2012 for a review; Hamel 2025; Campbell 2005). These studies show that political participation is enhanced by universal, generous and visible benefits, because these provide both the resources (time and money) and concrete goals (influencing the state to improve your own position) to participate.

Following this American literature on the institutional feedback effects of social policies, we hypothesize that the political participation of personal care workers is affected by the extent to which the state invests in care work - providing care workers with resources necessary for participation – and by the extent to which the state is a direct employer of care workers – making the state visible as the actor that shapes working conditions. We add to this the effects of encouraging or facilitating the employment of migrant workers in the personal care sector, which potentially creates a workforce that encounters legal and cultural barriers to participation. We further elaborate on these three mechanisms (summarized in figure 1) below.

First, more state **investment in care work** generally contributes to better pay, better regulation of working time and more employment and social protection for care workers (Budig & Misra 2010; Eurofound 2020). Even though worse working conditions could increase grievances and fuel political participation, following existing research we anticipate instead that better working conditions contribute to more political participation because they provide workers with more resources (money, time) which are generally found to be necessary precondition for all kinds of political participation (Pateman 1971; Brady et al., 1995; Smets & Van Ham 2013; Selenko et al. 2025). By contrast, people in precarious work are commonly found to

participate less (Azzollini & Macmillan 2023), because they direct their scarce resources to other more urgent priorities, like providing for themselves and their families. In addition, precarious workers who have a temporary, part-time or otherwise more precarious or informal employment position are likely to miss a workplace where political socialization and coordination occurs, nor are they likely to experience that their actions have influence (Pateman 1971). They may have translated their powerlessness at work into "perceived powerlessness in other realms of social and political life" (Azzolini & Macmillan 2023: 3).

Second, even when states invest in care, there are still strong cross-national differences in the extent to which they opt to directly provide **public care** or outsource care provision to market or family providers. In recent decades, many states have shifted away from direct care provision towards outsourcing. American research showed that direct social benefits (like social security) have a more positive effect on political participation than indirect benefits (like tax credits), because direct benefits make the state visible as the provider of welfare, thereby providing recipients with a clear incentive to participate and organize vis-à-vis the state. We anticipate similarly that public sector care has a positive impact on political participation. In public sector jobs, workers are more likely to hold the state directly responsible for their position, giving them a clear and rational goal for political mobilization and participation (Geys et al. 2022). Research generally finds public sector workers to be more likely to be politically active and to join a trade union (Kerrissey et al. 2021). By contrast, workers in outsourced jobs may be unaware of the impact of the state on their employment position and thereby have no incentive for political mobilisation. Moreover, and specifically important for care work, public sector employment may defy the common discursive division between the male-coded public sphere of politics and a female-coded private sphere of care, which has been found to contribute to women's underrepresentation in organisationally demanding, public-facing forms of participation, such as party activism or union leadership (Coffé and Bolzendahl, 2010; Ledwith, 2012).

Third, in many European countries, a high share of the care workforce consists of **migrant workers** (Van Hooren, 2012; King-Dejardin, 2019; Simonazzi, 2009). States explicitly encourage such immigration or are indirectly complicit in facilitating migrant care work (Lutz & Palenga-Möllenbeck 2010). We expect a workforce largely consisting of migrant workers to participate less, especially in institutional politics, due to legal impediments, language barriers, cultural differences and discrimination (Bauböck et al., 2006; Zani and Barret, 2012). By contrast, we expect non-institutional forms of participation, such as protests or community organising, to be less constrained by legal status or migration background, since they do not require formal membership or electoral eligibility (Vintilla and Martiniello, 2021, Strijbis, 2015).

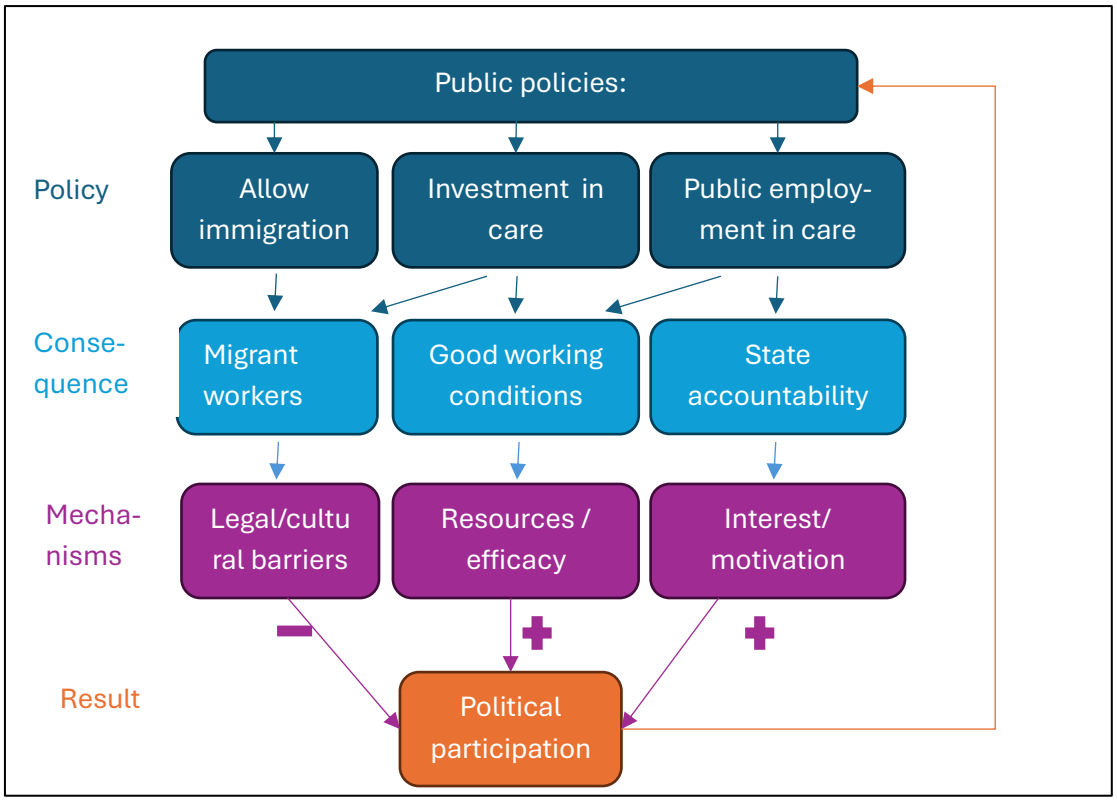


Figure 1: Effects of public policies on the political participation of care workers

The three ways in which state policies shape care work and political participation outlined above are not independent but come in various combinations. To synthesise broad patterns of variation in institutional designs, scholars have employed a number of different 'care regime' typologies. These classifications focus on different aspects such as the extent to which care is provided by the public sector, the private market or the family (Leitner, 2003; Bettio and Plantenga, 2004); the configuration of the care labour market (Simonazzi, 2009); or the role played by migrant workers in care provision (Van Hooren, 2012; Williams, 2012). There is no straightforward agreement on the best way to classify care regimes. Moreover, the fact that this paper focuses on personal care workers who work in both childcare and long-term / eldercare means we have to take both these sectors into consideration. We therefore use empirical clustering to identify care regimes, taking into account public spending, public employment and the reliance on migrant workers (more on this below).

We anticipate that different care regimes foster different kinds of political participation. We expect overall most political participation among care workers (see configuration 1 in table 1) in states where public investment is high (providing resources and positive workplace socialisation), the state directly employs care workers (making the state visible and directly accountable for working conditions) and reliance on migration is limited (no barriers to participation). Conversely, we expect overall least political participation where public investment is low and the state does not act as an employer, providing neither resources for participation nor a clear goal (configuration 5).

For other care regime configurations, our expectations require some further nuances. Table 1 below outlines some configurations that we expect to find in our analyse. Where high public investment is combined with limited public sector employment – i.e. care regimes that outsource state funded care to the market, as is found in many Western European countries – this creates a situation where care workers have some resources to participate, but do not hold the state accountable. We anticipate that this leads to overall less institutional participation (voting, contacting a politician or joining a trade union) compared to configuration 1, but higher non-institutional participation. Where moderate public investment is combined with a strong reliance on immigrant workers (configuration 3, expected in countries like Italy and Spain), we anticipate a combination of very low institutional participation – due to legal and cultural barriers, but more non-institutional participation: the only available alternative for many migrants.

The combination of low public investment with a relatively large share of state employment (configuration 4) – which we expect to find especially in former state socialist countries in Central and Eastern Europe – creates a situation where the state is visible, but care workers may lack the resources to participate or have negative experiences with state responsiveness. Here we still expect higher voting and union membership than in configurations with less public employment, but less resource-intensive forms of participation (like joining a political party, or participating in a demonstration).

Table 1: Overview of expected political participation of care workers in different care regimes

Configu-rations	Care regimes			Political participation			
	Public invest-ment	Public employ-ment	Migrant reliance	Voting	Other institutional	Trade union membership	Non institutional
1	+	+	-	+	+	+	+
2	+	-	+/-	+/-	+/-	+/-	+
3	+/-	-	+	-	-	-	+
4	-	+	-	+	+/-	+	+/-
5	-	-	-	-	-	-	-

Methods

Data source and sample

Our study employs pooled data from the eight waves (4 to 11) of the European Social Survey, covering 29 countries[1] in a 16 year-period (2008-2024). The survey's universe includes all persons aged 15 years or older regardless of their nationality, citizenship or language. Respondents were sampled following strict random probability methods and administered a one-hour long face-to-face interview at home. For the purpose of this study, we excluded all

[1] Austria, Belgium, Bulgaria, Switzerland, Cyprus, Czechia, Germany, Denmark, Estonia, Spain, Finland, France, United Kingdom, Greece, Croatia, Hungary, Ireland, Iceland, Italy, Lithuania, Latvia, Netherlands, Norway, Poland, Portugal, Sweden, Slovenia, Slovakia and Ukraine.

respondents who were not in paid work at the time of the interview as well as those who were below 18 years old (the minimum age for voting in most European countries). The final sample includes 185928 respondents, out of which 6608 work in personal care. The sample likely provides an underestimation of informal, regular or rotating migrant care workers (common especially in Germany, Austria, Italy and Spain), meaning our analysis might miss or underestimate some of the consequences of immigration.

Variables and operationalisation

We use 6 dummy items to construct 4 dependent variables measuring different forms of political participation. The first two items are a) whether the respondent has voted in the last national election, and b) whether the respondent is currently a trade union member. These are used as dependent variables of their own, measuring electoral participation and union membership respectively. Further, we build two indicators of institutional and non-institutional non-electoral participation. Institutional participation is marked if respondents have a) worked for a political party or political action group, or b) contacted a politician or government official. Non-institutional participation is marked if respondents have a) signed a petition or b) taken part in a lawful demonstration in the last 12 months.

Our main independent variable is personal care work. Respondents are marked as working in personal care if their occupation falls, depending on the survey wave, within ISCO-08 code 53 or ISCO-88 code 51, both corresponding to "personal care workers". These include pre-kindergarten or out of school child-care workers (also including nannies and family day care workers), institution-based personal care workers (in residential or nursing home care) and home-based personal care workers. We exclude personal care workers in health services like hospitals or clinics.

Control variables include part-time employment, temporary employment, gender, citizenship, education and employment sector, which are directly available in the survey. For the migration variable, we distinguish between people born in the country of work, people born abroad in other European countries and people born in other, non-EU countries. Education is measured using International Standard Classification of Education (ISCED), and we distinguish between respondents with tertiary education, advanced vocational education, and secondary education or below. Employment sector includes four categories: 'public' (covering central or local government, other public sector such as education and health, and state-owned enterprises), 'private firm', 'self-employed' and 'other'. Further individual level controls include household income, age, cohabitation with partner/spouse and number of dependent children in the household. All numeric variables were standardised.

At country level, state investment in personal care is calculated as the combination of expenditure in early childhood education and care (ECEC) and long-term care (LTC), obtained from the Eurostat database (Eurostat 2026a, 2026b). Since similar indicators are not available in relation to the public employment of care workers, nor in relation to the facilitation of migrant employment, we relied instead on share of public care employment and share of

migrant care labour, computed as averages of the individual level dummies for the 'foreign born' and 'public sector' categories mentioned above.

Modelling strategy

Our analytical strategy consists of three steps. First, we fit multilevel logistic models with country random intercepts using each participation form as a different outcome. In a hierarchical fashion, we start from a model with only a care worker indicator to progressively add relevant control variables. These models allow us to estimate differences between care workers and other workers across the entire sample. We only report the main marginal effects for the complete models, but full model tables can be found in the Supplementary Materials.

In the second step, we cluster the countries in our sample based on the three theoretically relevant country-level variables mentioned above: share of migrants in the care workforce, share of public care employment, and public care expenditure. The cluster analysis allows us to identify country profiles that are theoretically meaningful to explain cross-national variation in care workers' political participation. To enhance conceptual clarity, we average each variable at country level and cluster countries instead of country-waves. Variables were scaled before clustering to ensure equal weighting across dimensions. We implemented k-means clustering with 25 random starting partitions and a maximum of 10 iterations per solution. The optimal number of clusters (5) was determined as the optimal balance between statistical fit, indicated by the elbow criterion in a total within sum of squares plot, and substantive interpretability of resulting groupings. Alternative cluster specifications, as well as the plots used to identify the optimal number of clusters, are reported in the Supplementary Materials.

Last, we fit a new set of multilevel logistic models including our clusters as a country-level variable and adding an interaction term between care worker status and cluster. These models allow us to observe differences in the political participation of care worker across our country clusters, as well as differences between care and non-care workers within each cluster. The interpretation of the interactions in all models is done through predicted probability plots and first- and second-difference tests, as recommended by Mize (2019). The former are reported in the main text, while the latter, along with full model tables, are available in the Supplementary Materials.

Results

Exploratory results

The initial exploration of care workers' political participation (*Figure 1*) reveals both differences between participation types and across countries. Voting is the participation form most exercised by personal care workers, whereas non-electoral institutional participation is the least exercised. These trends go in line with previous evidence that voting constitutes the easiest and most common type of political activity in Europe (Linssen et al., 2015). It is worth highlighting that Italy, which is characterised by the highest share of migrant care labour, also

displays very low rates of voting (0.56) and institutional participation (0.06) among care workers. This suggests that the structural barriers that citizenship status poses for participation in institutional politics might be particularly relevant for care workers in the Italian context.

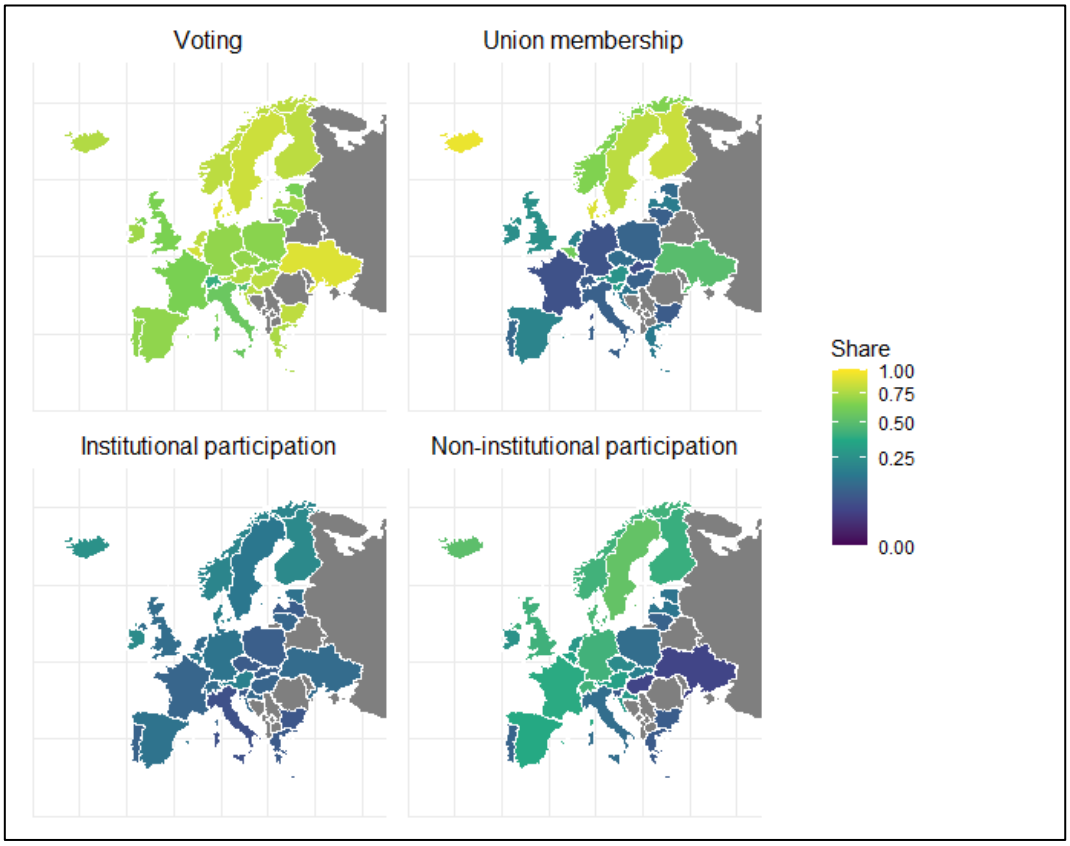


Figure 1: Political participation rates among care workers

Care workers' union membership rates are extremely variable across the continent, with shares of unionisation above 0.8 in Scandinavian countries (which generally provide workers with strong incentives to unionise) contrasting with unionisation rates below 0.1 in countries like Germany, France or Slovakia. Non-institutional participation, in turn, seems to follow an East-West gradient, with participation rates below 0.1 in Bulgaria, Greece, Slovenia, Ukraine and Hungary; and above 0.4 in Northern Europe but also in Germany, Switzerland and the United Kingdom.

Next, we explore the extent to which care workers differ from other workers (*Figure 2*). In terms of electoral turnout, general differences are small. Switzerland, Italy and Slovenia stand out as the countries where care workers are comparatively least likely to vote. In the case of Switzerland and Italy, this difference is likely driven by the high shares of migrant labour in the care workforce. In turn, in Ukraine, Bulgaria and Czechia care workers are over 0.10 times more likely to vote than the average worker.

In almost every country, care workers' share of institutional participation is below that of the overall workforce. The biggest negative differences are seen in Italy, Latvia and Slovakia,

where care workers are more than 0.5 times less likely to become active in political parties or contact politicians. Hungary is the only country where care workers are more likely to engage in institutional participation.

Once again, the greatest cross-national variation appears when looking at unionisation and non-institutional participation. Regarding the former, care workers are over 0.5 times more likely to be union members in countries like Spain, Czechia and Estonia. Care workers also show higher union membership rates than the entire workforce in Scandinavian countries, although proportional differences are smaller in this case. This is still a noteworthy fact though, given that trade union membership is already very high in Scandinavia. Conversely, care workers are considerably less likely to unionise in France, Slovakia and Germany, as well as in Italy and Switzerland.

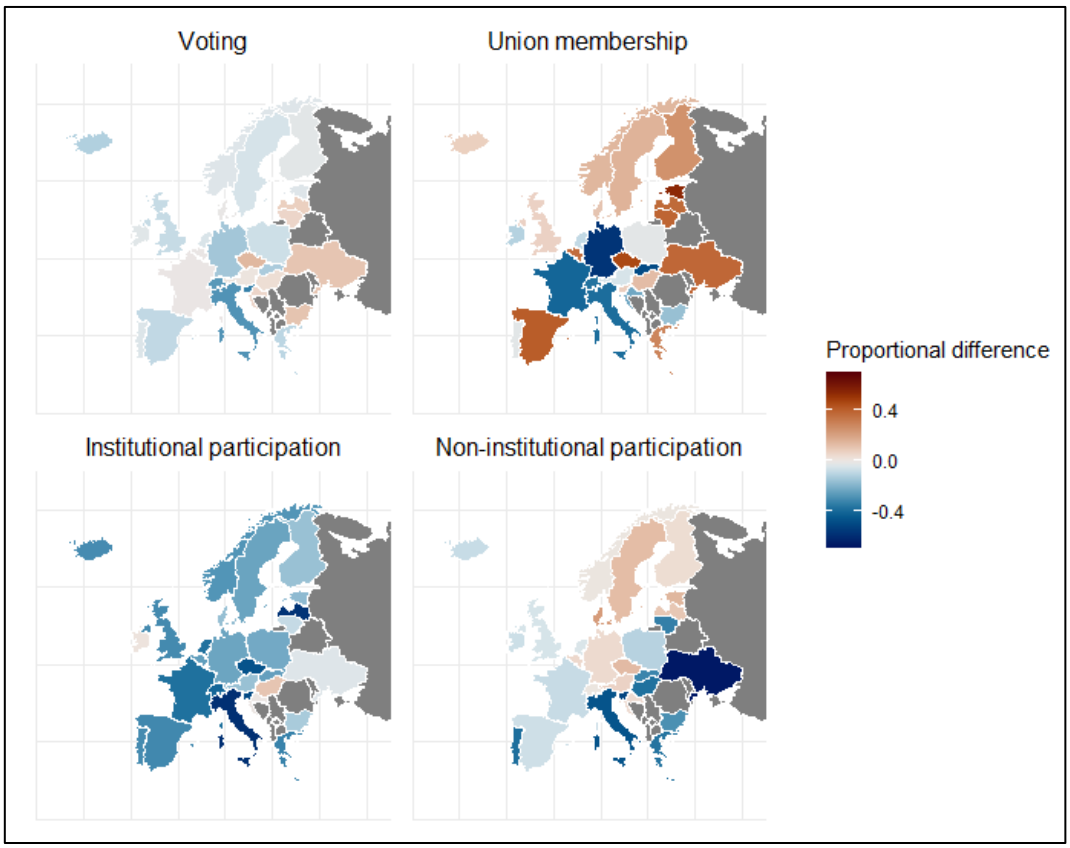


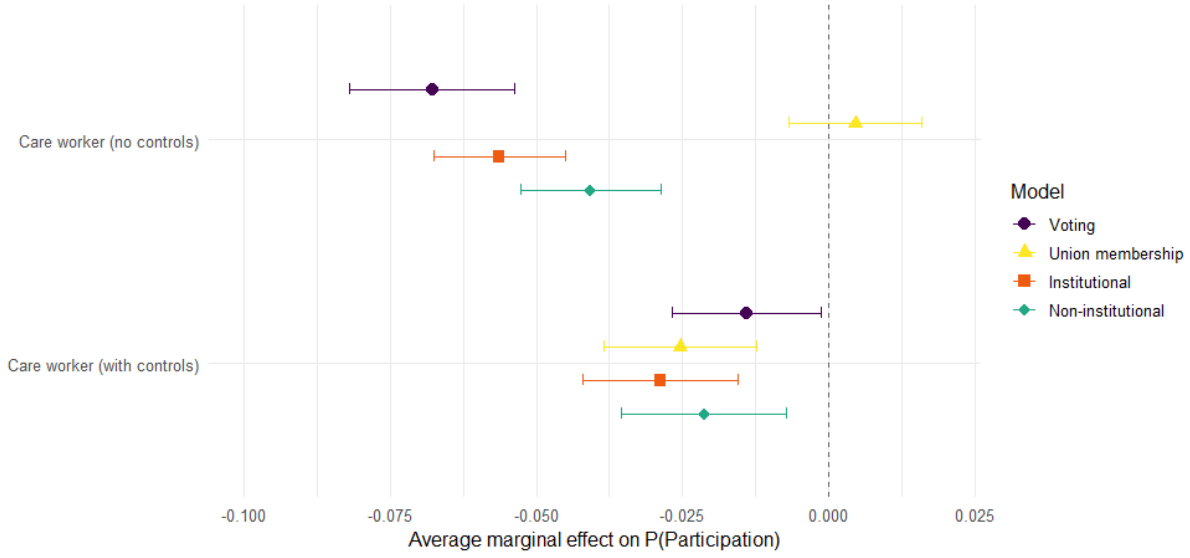
Figure 2: Proportional differences in political participation between care workers and the entire workforce

Italy is also among the countries where care workers are comparatively less likely to engage in non-institutional participation, only surpassed by Slovenia and Ukraine, where non-institutional participation rates are over 0.5 times smaller among care workers. Positive proportional differences are less striking, exceeding 0.2 only in Denmark.

Figure three shows how much care workers differ from other workers. The marginal effects reported in Figure *3* correspond to the entire sample, controlling for unobserved country characteristics and waves. It shows that without controlling for any compositional

factors, care workers are on average less likely than other workers to vote or engage in institutional or non-institutional political participation, while they are as likely to unionise. After controlling for theoretically relevant factors, being a care worker is still negatively associated with voting, institutional and non-institutional participation, and also with trade union membership. However, the differences with other workers have become much smaller. This suggests that a substantial share of the observed differences in political participation between care workers and other workers is accounted for by observable characteristics of the care workforce.

Figure 3: Marginal effects of main predictors on political participation forms



Some of these composition effects are worth mentioning here (full details reported in the supplementary materials). Migration background is a decisive factor enabling political participation of care workers. This is particularly true when it comes to voting, which is not surprising given legal restrictions of voting rights to citizens. But the country of birth is also the strongest predictor of institutional and non-institutional participation and is significantly related to union membership. Strikingly, however, foreign care workers are more likely to join a trade union than other foreign workers. Employment precarity, whether it is type of contract or working time, appears especially relevant as a predictor of unionisation, with those on temporary or part-time contracts being less likely to unionise. Finally, a higher educational level increases the chances of all forms of participation for care workers, except for unionising, which is not significantly associated with education.

Country clusters

As explained in the methods section, we constructed five distinct country clusters based on three relevant macro-level variables identified above: public care expenditure, share of public

sector employment and share of migrant labour. The generated clusters (Figure 4) fit quite well with typologies of care that have been identified in other research and with the theoretical configurations outlined in Table 1. In the analysis below, we have given each cluster a name that fits substantively with patterns found within each cluster and with broader understandings of care regimes.

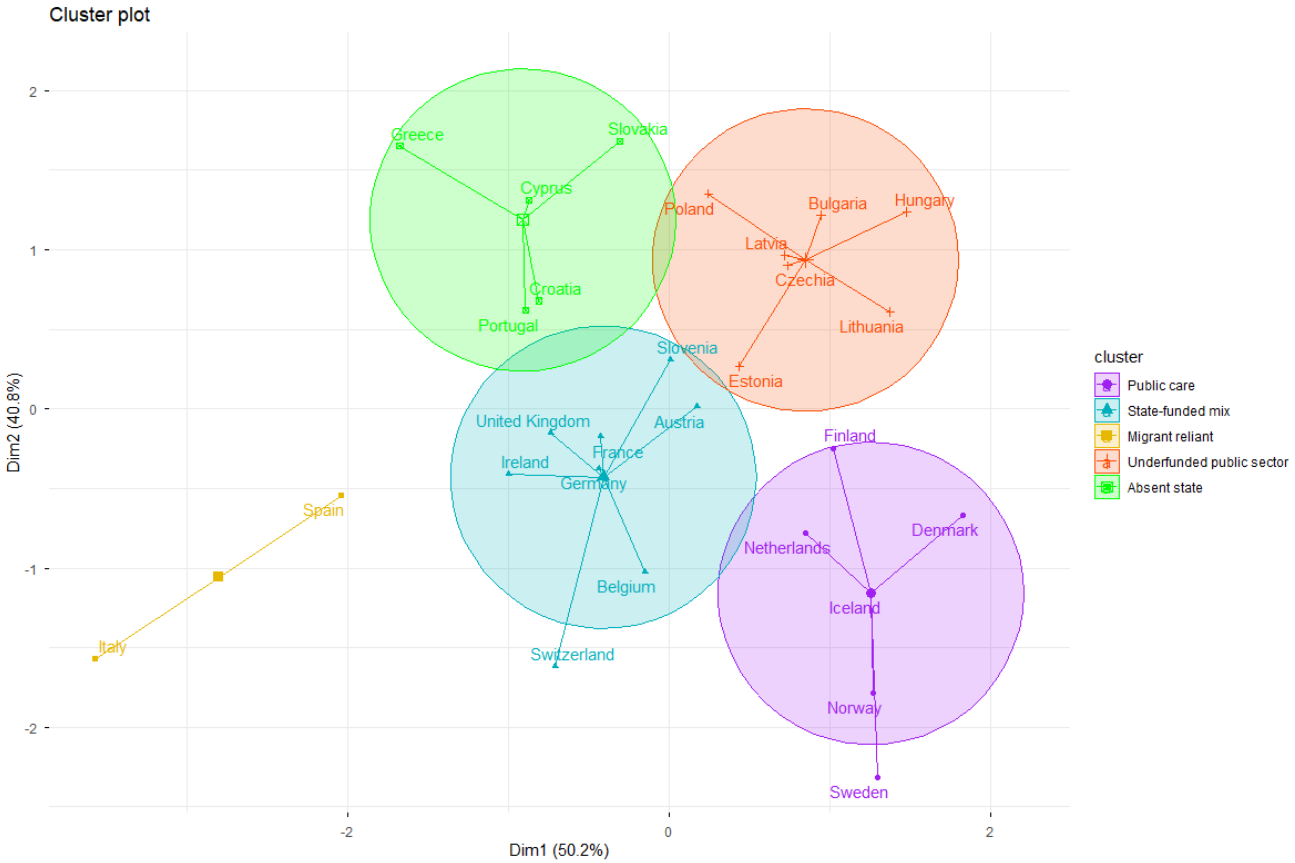


Figure 4: Clustering based on share of migrant labour, share of public employment and public care expenditure

Cluster 1 (**Public care**; Denmark, Sweden, Norway, Iceland, The Netherlands and Finland) displays the highest level of public investment (3.63% of GDP) combined with high public sector employment (0.81) and a low share of migrant labour (0.12). This cluster represents the 'high road' of public sector care employment, where the integration of care work within encompassing welfare states provides resources as well as a visible role for the state, which should together facilitate all-round high political participation.

Cluster 2 (**State-funded mix**; Austria, Germany, Switzerland, France, Belgium, Ireland, United Kingdom and Slovenia) occupies an intermediate position, with mid-high public investment (2.33% of GDP) combined with mid-low shares of migration (0.16), mid-low public employment (0.55). Here public responsibility, market elements and reliance on migration coexist. The state invests structurally in care, but due to extensive outsourcing, it remains at a distance. We therefore expect only moderate levels of participation among care workers, situated between the structurally enabling environment of the Public care cluster and the more discouraging regimes represented by the other clusters.

Cluster 3 (**Migrant reliant**; Spain and Italy) is distinguished by a mid-low public care expenditure (1.49% of GDP), combined with very high share of migrant labour (39% of care workers are foreign born) and low public sector employment (0.30). This constellation reflects the 'migrant in the family' model (Bettio et al. 2006; Van Hooren 2012), where care provision heavily relies on migrant workers hired directly by families. Here, we expect lower engagement in institutional politics among care workers, primarily due to legal exclusion from voting rights, precarious residence status, and weaker collective mobilisation networks. In turn, care workers in these countries might turn to forms of non-institutional participation such as demonstrations and petitions as alternative channels for political voice.

Cluster 4 (**Underfunded public sector**) combines a high share of public sector employment (0.78) with limited public funding (1.2% of GDP) and the lowest share of migrant labour (0.03). With Lithuania, Latvia, Estonia, Czechia, Poland, Hungary and Bulgaria, this sector consists of formerly-socialist states which have maintained the dominance of the public sector, yet public employment does not necessarily translate into favourable working conditions or meaningful opportunities for political participation. Nevertheless the role of the state is highly visible and it could be held accountable. We therefore expect medium-high levels of voting and trade union membership, but lower levels of resource intensive modes of institutional and non-institutional participation.

Finally, cluster 5 (**Absent state**) consists of countries (Portugal, Greece, Cyprus, Croatia and Slovakia) in which the lowest level of public care expenditure (0.65% of GDP) is combined with a low share of public sector employment (0.47), and a low share of migrants (0.09). In these countries, most care is provided by unpaid family members and working conditions for paid care workers are structurally adverse. Here we expect overall low levels of political participation among care workers on all dimensions.

Clusters and political participation

Next, we estimate random-intercept models with cross-level interactions and calculate the predicated probabilities of political participation for care workers and other workers in each of the clusters (5).

For the **Public care cluster** (Northern Europe), the results confirm most of our expectations, with one notable exception. In a context of high public investment and public employment, fostering good public sector jobs, political participation of care workers (the blue dots in the figure) is high on all dimensions, except for institutional participation. Most care workers vote and trade union membership is exceptionally high. Many care workers engage in non-institutional activities (signing a petition or taking part in a demonstration). The only activity that care workers engage in with less than other workers in the same cluster, is institutional participation (having worked for a political party or action group, or having contacted a politician or government official). This gap also comes back in some of the other clusters too. It seems that even in a context that is very conducive to political participation overall, where

care workers have sufficient resources and reasons to hold the state directly accountable, there is still a barrier to join or contact formal political organisations for care workers. We come back to this in the conclusion.

In line with our expectations, the **State-funded mix cluster** (Western and Central Europe) is characterised by considerably less overall participation than the Public care cluster. Care workers are less likely to vote than other workers, which might be related to the fact that immigration into care work is fairly high in this cluster. As anticipated, trade union membership is quite low (though equal to that of other workers). Institutional participation is as low as in the Public care cluster. After voting, non-institutional participation is the most common form of political engagement in this cluster. Overall, the picture that emerges is that of a workforce that is not nearly as politically active as its Northern European counterpart, but more engaged than workers in the other clusters, especially when it comes to non-institutional participation.

In the third, **Migrant reliant cluster** (Spain and Italy), where much care work is provided by migrants directly employed by families, care workers vote much less than other workers, as was predicted due to formal barriers preventing immigrants from voting. Other forms of institutional participation are similarly low, likely for the same reason. Trade union membership is low, but not lower than for other workers in the cluster. This could be related to the fact that trade unions in these countries have more pro-actively organized migrants as well as domestic workers than those in many other countries (Seiffarth 2023). As in the State-funded mix cluster, non-institutional participation is the second most common form of political participation, which fits with our expectation that this form of participation is the only form that is easily accessible for people without citizenship, though it is also a form of participation that is quite common in the entire workforce in these countries.

Care workers' political participation in the **Underfunded public sector** clusters (former state-socialist countries in Central and Eastern Europe) deviates considerably from our expectations. Political participation is the lowest of all clusters for all forms of participation. Apparently public employment and related state accountability are not a sufficient condition for participation. While most care workers do vote, they are hardly member of a trade union, never contact a politician or join a party, and do not participate in demonstrations or sign petitions. It should be noted that political participation is very low for all workers in this cluster. This pattern is also found in other studies (Kostelka 2014) and should be understood in the context of a legacy of authoritarianism under former state socialism and subsequent liberalisation and austerity which have together suppressed political efficacy and trust in all political institutions, including trade unions.

Finally, political participation in the **Absent state cluster** (various South and South-East European countries) is higher than expected. On all dimensions, except for non-institutional participation, it is quite similar to participation rates in the State-funded mix cluster, which contradicts our expectation that state funding provides resources that increase care workers' political participation. We can speculatively come up with two potential explanations for the

higher than expected activity rates in the Absent state cluster. The first is that there are only very few paid care workers in this cluster, who form a formally employed minority within a sector otherwise dominated by informal family labour. This may paradoxically increase their political and organisational coherence: they are not a diffuse workforce scattered across thousands of outsourced providers (as in the State-funded mix), but a more concentrated group whose employment more depends on whatever public or semi-public infrastructure does exist. Second, the finding could support a grievance-mobilisation logic: workers who are intensely experiencing the consequences of the absent state, have both a clear grievance and a direct target for their grievances.

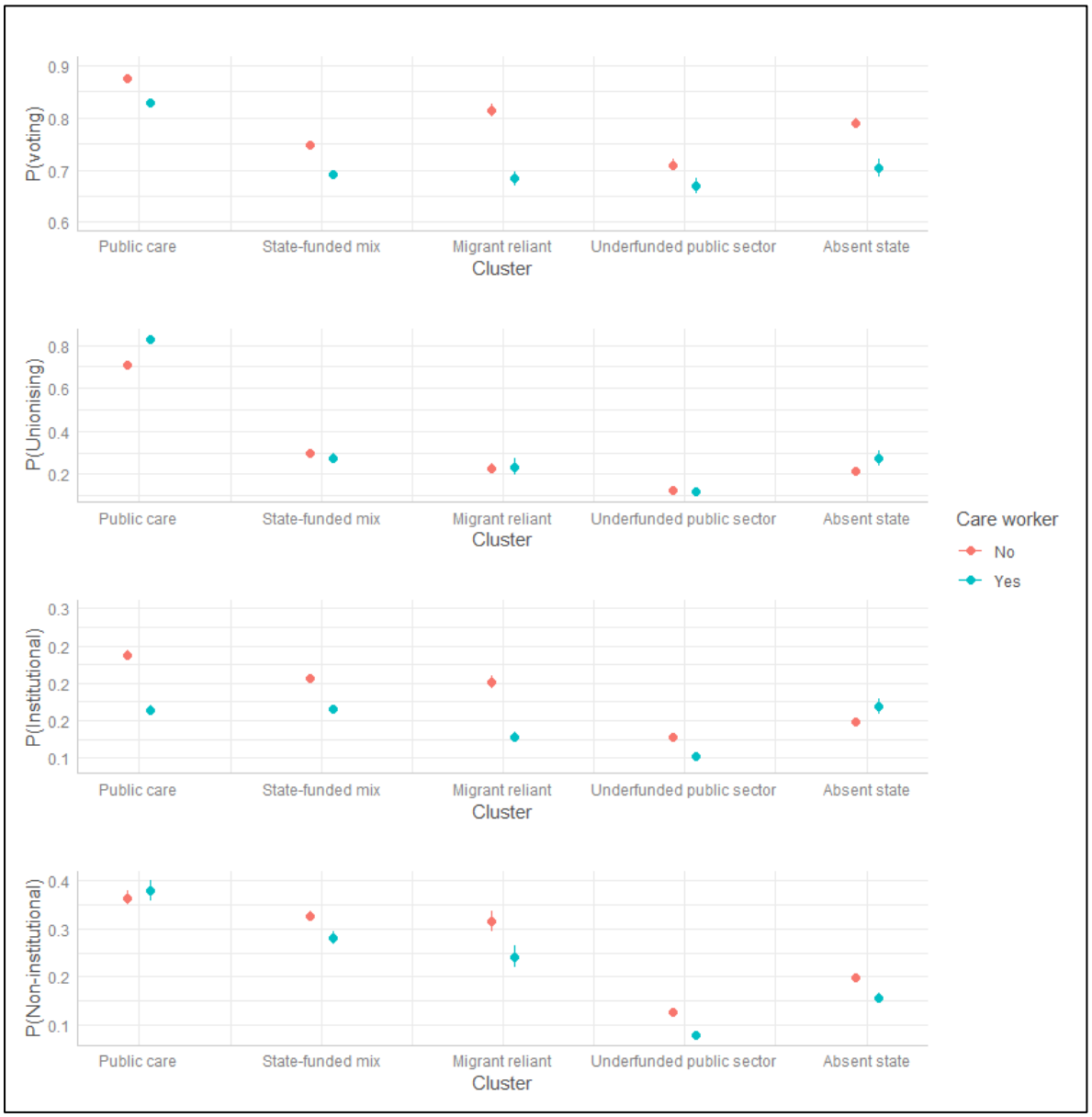


Figure 5: Predicted probabilities of participation by cluster and care worker status

Discussion

In this article we have examined how care workers' political participation varies cross-nationally and how this is coincides with different care regimes. Our analysis confirmed large cross national variations and different patterns for different care regimes, though these do not always match with our theoretical expectations. It seems that only the combination of very high public expenditure and public employment provides care workers with structural resources and incentives to engage in politics. Here a positive feedback loop emerges: more public investment and employment means more political engagement, which reinforces states' commitments to the sector.

By contrast, neither public investment nor public sector employment seem by itself sufficient to fuel political participation. In countries where publicly funded care is marketized or privatised, participation is as low as in countries where such public funding is absent. This is an important finding, because a trend towards more outsourcing and marketisation has been ongoing for decades. Our findings suggest that this may lead to a negative feedback effect, where less state accountability contributes less political engagement and consequently states feel less pressure to commit to improving working conditions in the sector.

The surprising finding that political participation is higher than expected in countries in the Absent state model suggests that we may have rejected the grievance-mobilisation theory too quickly. While it seems that resources and state visibility together are participation-enabling factors, grievances may motivate mobilisation in case of state absence. Further qualitative research is needed to understand whether grievances indeed motivated care workers in countries like Greece, Portugal and Croatia to engage in political action.

Another observation that deserves further scrutiny is the very low institutional participation (work for a political party or contact a politician or official) of care workers everywhere, even in Public care regimes. Women are generally less likely to engage in institutional participation. Coffé & Bolzendahl suggest this is because it would require more time and money and is therefore less accessible for women who "are balancing higher family responsibilities, along with work, friends, and non-political engagements" (Coffé & Bolzendahl 2010: 330). Yet we believe it is also conceivable that there are cultural factors that keep working class women from participating in these more formal political spaces. It would be particularly interesting to further study this gap in the context of an inclusive Scandinavian care regime. Similarly, the higher than expected political participation of care workers in the Absent state cluster deserves further scrutiny.

We want to acknowledge that our analysis has important limitations beyond the areas that require further research that we already flagged above. First, the analysis is cross-sectional and cannot establish causal relationships between care regimes and political participation, nor can it fully isolate the effects of care regimes from other factors. Further longitudinal and qualitative research is needed to disentangle the role of state generosity, visibility and

grievances and to understand the different mechanisms behind low participation rates among care workers in most of Europe.

Second, our survey-based indicators provide only a partial picture of the diverse forms of political action that care workers may engage in. Perhaps they undertake other forms of action, like small scale gatherings or workplace defiance, that are not captured by the survey. Nor do the survey items reveal with which purpose care workers engage in political action. Do they protest because of their employment conditions, or do they engage in protests against genocide or both? More qualitative research is needed to fully understand the motivations, political actions and barriers against participation experienced by care workers.

Third, the ESS does not allow us to fully capture important subgroups - such as live-in or rotational migrant carers or undeclared workers, while these are likely to be among the most precarious and disenfranchised (Ezzeddine & Krause 2022; Theis 2025).

Despite these limitations, we believe our findings underscore that debates about care regimes are also important for democratic voice. Ensuring high-quality, accessible care services requires not only adequate funding and decent working conditions, but also that those who provide care have the capacity and opportunity to make their interests heard. Strengthening the political inclusion of personal care workers – through secure legal status, improved labour protections, support for collective organisation and transparent and responsive governance of care services - should be a priority in European care reforms.

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