Still the Case of a Neglected Policy? Unveiling the Role of the Demand-Side of Politics in the Long-Term Care Sector in Southern Europe.

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"Long-term care involves a range of personal, social, and medical services and support designed to assist individuals who have, or are at risk of, a significant loss of intrinsic capacity (OECD, 2011). This policy sector has historically been regarded as an overlooked aspect of social welfare (Spasova et al., 2018) and a newcomer to social policy in many welfare states transitioning to post-industrial societies (Greve, 2017; 2018). However, in recent years, with rapid demographic aging, the European welfare state has experienced dysfunctions in care regimes (Llena Nozal et al., 2022). As Fischer et al. (2023) underline, the issue of long-term care has shifted from a private to a public concern across European member states, leading several countries to introduce public long-term care systems over the past few decades. Analyzing their reform trajectories remains relevant from both empirical and theoretical perspectives.

Despite their structural and functional similarities (Ferrera, 1993; 1996), Southern European countries have diverged in how they address long-term care risks through national reforms. In 2006, while Spain and Portugal adopted structural reforms in long-term care, Italy failed to do so, with its reform materializing only in 2024. Starting from similar initial conditions (a residual system based on in-cash transfers), the three countries followed different reform trajectories. The Spanish reform introduced a major structural change, recognizing long-term care as a fifth branch of the welfare state, thereby establishing shared responsibility between the Ministry of Health and the Ministry of Social Policy. Spain's long-term care system transitioned from a residual to a universalistic scheme, incorporating new quasi-market solutions to recognize both formal and informal private markets. The Portuguese reform institutionalized long-term care within a single "normative container," recognizing it as a nationwide statutory benefit integrated between the two ministries. However, this reform did not alter the pre-existing status quo regarding long-term care measures, resulting in a gradual institutionalization of the previous order. In contrast, the Italian government did not approve a structural reform in 2006; the reform came into force in 2024. The final reform output recognized long-term care as a separate social risk, restricted to the responsibility of the Ministry of Social Policy. This reform strengthened in-cash transfers for dependent people, reinforcing—through minor and gradual changes—the initial policy equilibrium.

Mainstream literature has focused on three explanatory factors for policy change in the long-term care sector. First, functionalist theories suggest that the development of welfare states in long-term care arises as a response to new problem pressures, including socio-demographic, financial, and socio-cultural factors (Ranci & Pavolini, 2015; Oesterle, 2024). Second, from a historical neo-institutionalism perspective, gradual but transformative changes are shaped by past institutional arrangements, policy legacies, and evolving contexts (Ranci & Pavolini, 2013). Third, political institutionalists highlight how the configuration of electoral systems influences the development of generous elder care programs, with party-vote-oriented and cohesive party systems being more likely to do so (Hieda, 2012). However, the politico-institutional dynamics in Southern Europe reveal a gap from both theoretical and empirical perspectives. The design of long-term care reforms reflects a compromise among for-profit, nonprofit, and governmental actors, resulting in political exchanges between the supply and demand sides of politics.

Given these premises, the research question posed is: "How do collective action groups shape the long-term care decision-making process?" This paper focuses on the supply side of politics, aiming to understand how the composition, incentives, and strategies of collective action—namely, stakeholders' coalition groups—influence the decision-making process of long-term care policies that are still residual and neglected. The research examines how agency, specifically stakeholders' strategies and positions, impacts pre-existing policy equilibrium in the different phases of the decision-making process. The paper considers three reform periods in the selected countries: 2004- 2006 in Portugal and Spain, and 2021-2024 in Italy. It employs qualitative methods, combining content analysis of annual programmatic stakeholders' documents and parliamentary hearings with interviews with key representatives in both government and interest groups.