

Social Policy Development During the COVID-19 Pandemic in Cyprus

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Chapter 1: Introduction

In recent decades, many within and outside of academia have started debating about a crisis of the welfare state. Especially visible in south European countries, where austerity measures after the 2008 financial crisis further diminished the size of an already limited welfare state, the welfare state seems to struggle to adapt to new realities and social risks that citizens are facing. Due to globalization, joining the European Union, and economic modernization, market and labor structures expanded and became more flexible, allowing for further social and demographic changes, such as the rising number of women entering the labor market, a change in family values, a decline in marriages- and birth-rates, and flexible work and movement across Europe. This has created new groups and strata within society that are currently not covered by the welfare state: for instance, freelancers whose jobs are flexible but risky, young adults who cannot earn a sufficient income and have to rely on their parents, single parents, or immigrants who are never full citizens of one country. The welfare state is still struggling to adapt to these new realities.

It is, however, the elderly population that is becoming one of the most vulnerable and overlooked groups within society. There seems to be a false perception that all the elderly population needs for survival is a decent pension and access to healthcare. This is not enough, considering the new realities of today's societies. Many societies are facing a big post-industrial issue of an aging society that not only compromises the sustainability of the pension system but also puts, institutionally, much pressure on the healthcare sector and, individually, on families and working women specifically to perform caretaking duties.

The problem with this is most visible in south Europe, where existing welfare structures still reflect a welfare culture and tradition of the past. Traditionally, the family is the main welfare

provider in these countries and the institution responsible for taking care of elders. The welfare state in south European countries is heavily focused on providing monetary benefits rather than services, placing the responsibility for the physical care of elders primarily on the family. Therefore, it is no surprise that formal long-term care services are quite a foreign concept, as opposed to northwestern European countries that, for example, boast an increasing number of nursing homes.

It is colloquially argued that formal caretaking by state services is an idea that is not readily embraced neither by the welfare state nor by south European societies at large. Explanations for this are often attributed to an “intra-family solidarity” and specifically to a “moral responsibility” of the woman to perform caretaking duties (Markoviti and Molokotos-Liederman 2017; Moreno 2006). Elderly care was seen as a familial obligation, and the predominant family-model was structured in such a way that it dictated women stay at home and perform the task of caretaking, while men were considered the “main breadwinners”. Therefore, the welfare state relied upon this unspoken agreement and left the responsibility to housewives. This became a problem when more women started entering the labor market, and the family-model started changing, putting more and more pressure on women to work outside *and* inside the home.

However, cultural changes in the value and the structure of the family-model suggest that women’s role has also changed. If the woman is also supposed to generate some income, then surely, her responsibilities must have also changed. The welfare state in south Europe currently still struggles to adapt to this cultural change. No matter if a woman’s “moral responsibility” has culturally changed, the welfare state does not adequately assist her in her new role. Then, it is conveniently assumed that women still carry this “moral responsibility”, which is why “superwomen” exist. They feel it is their obligation to take care of matters both inside and outside the home because not attending to the needs of family members by themselves is still stigmatized.

Dysfunctional welfare institutions persist because of this cultural block. Meanwhile, it could be equally valid that women continue to overexert themselves not because of any “moral responsibility”, but because they simply have no other choice.

The current COVID-19 crisis is pushing this issue to the forefront by illuminating the weaknesses of current welfare structures. All strata of society have been impacted in one way or another by this crisis: businesses incurred dramatic losses, employees lost their jobs, parents were faced with the dilemma of going to work or staying at home to take care of children since schools were closed down, many lost their means of earning an income and, of course, the imminent health risk threatened human life directly. Since the pandemic has restricted excessive physical movement and social contact, it is mainly the elderly population in need of care, though, that suffered most under these isolating conditions. Especially in south European countries, where lockdown measures were the strictest among European countries and, in some cases, enforced by the military, elders whose caretaking continued to be the responsibility of family members and were not co-residing with them were left completely unattended and isolated.

Many governments worldwide have shown remarkable capability in adapting to the “new normal” and temporarily expanding their welfare state structures to support people in need. Where welfare structures were lacking before, the pandemic has given them the opportunity to address those gaps in welfare provision by intensifying socio-economic risks that could no longer be overlooked. Surprisingly, many south European welfare states that were previously labeled as “lagging behind” their northwest European counterparts and merely in their “infancy” (Katrougalos 1996: 40) introduced new, innovative social policies and expanded in ways they had never before. For example, specifically in the case of elderly care, the Republic of Cyprus – a small island country in the Mediterranean region – introduced a new delivery service providing isolated elderly people

with everyday life necessities and medicine, being a form of care that they could no longer receive from their family members due to strict physical lockdowns. Since there are barely any public caretaking services in Cyprus, and elderly people rely heavily on their families for welfare and care provision, this was an unfamiliar and innovative service that, perhaps, even went against what is culturally believed to be appropriate if we are to believe in the “intra-familial solidarity” and “moral responsibility” of the woman. Only time can tell whether these temporary changes will permanently change welfare state structures in the South. However, this temporary re-adjustment and innovation showed that welfare state reform is possible, and the COVID-19 crisis illuminated the pressing issues that need to be addressed.

What can explain this sudden change in social policy development? If the cultural notion of the “moral responsibility” of the woman were as strong as it is argued to be, would it be possible for the state to assume a responsibility that went against its society’s cultural belief? Would it be possible for people to accept this new policy merely because they were faced with a socio-economic and health crisis? Did the pandemic overpower the everyday informal workings of society and temporarily erase this “moral responsibility” that is supposedly so deeply embedded within Cypriot society?

A lot of the current COVID-19 literature on social policy development and welfare state change focuses on the pandemic as an exogenous factor that *caused* this institutional change. Based on previous theories that explain social policy development, such as functionalism, power resource theory, or the role of political institutions, they miss a crucial point that remains unanswered: why *this* specific direction of change? In order to answer what caused the sudden change, perhaps it is time to look at what *kind* of change occurred first. What becomes a question is whether this change was suddenly brought forth by the pandemic or whether this change has been brewing over a certain

period of time. Unlocking the latter view of this problem, we may find that the change was not surprising at all and, more importantly, that it was caused by something more than just this exogenous shock.

It is imperative that we look at welfare attitudes and people's attitudes towards welfare state reform itself if we want to find out how welfare state reform and the development of new social policies can become possible in south Europe. This is, of course, based on the theoretical assumption that there exists a two-way relation between public opinion and welfare state changes: changes in welfare structures affect public opinion, but public opinion also affects how welfare structures are changed (Vis et al. 2011: 342). If public attitudes towards the changed welfare structures are positively dispositioned, we should ask why this is so. The answer lies in why people accept a new type of welfare structure. The cognitive process that leads to such an attitude of acceptance or rejection has been forming for a long time, as one's belief system forms through life experiences and the environment they grow up in.

The COVID-19 crisis offers an excellent opportunity to inquire about people's attitudes toward welfare state reform since it opened up the debate and made it a salient topic not only for political leaders but also for society at large. People's socio-economic conditions have been severely affected by the pandemic, while examples of how welfare structures can change have also been practically presented to them. Within this time of intensive changing circumstances, I ask questions on what factors affect the cognitive process of attitude formation towards welfare state reform and how the crisis itself is affecting these attitudes.

Looking ahead toward welfare state reform raises another critical issue of the sustainability of the welfare state. The temporary re-adjustment of welfare structures was possible due to reserves and borrowing, but states cannot expand their structures indefinitely without additional spending

power. Who will finance a reformed welfare state after the crisis? Taxation is the primary way a welfare state increases its budgetary power to reallocate resources. If the old structures are to be reformed permanently, it is very likely that tax rates need to be raised or newly introduced. The question is how willing people are to pay those taxes for an improvement of their welfare states. This depends on a number of issues, including political and social trust, past experiences with old welfare structures, performance evaluations, cultural values of welfare provision responsibility, and even self-interest.

Consider the case of south European states, in which people show low political and social trust due to the prevalence of welfare clientelism and corruption. Because welfare state institutions are considered of low quality and welfare provision becomes a bargain between political patrons and social clients, political and social trust are severely decreased. People have low trust in their political leaders because of visible corruption and even lower social trust because they know that these patron-client relationships exist, within which people can informally acquire benefits that should be distributed formally by welfare state institutions that they pay for. Moreover, since, culturally, it has been a tradition to keep the matter of welfare provision within the family rather than making it the state's responsibility, we can observe some reluctance to support existing welfare structures. Therefore, it is not surprising to see that south European countries report a lower willingness to pay taxes than, for example, northern European countries (Zhang et al. 2015).

However, the level of political distrust is not entirely separate from the cultural value of welfare provision responsibility. People's willingness to pay taxes can also reflect their view on whether they agree or disagree with the state assuming more responsibility and whether they think the group that will benefit from redistribution is worthy of being supported. Looking at people's willingness

to pay taxes also hides some cultural elements that may contribute to changing welfare structures and the introduction of new social policies.

This is why it is imperative that, when research is conducted on the south European welfare state, more attention should be allocated to public attitudes towards the welfare state, new policies, and matters of taxation, and where these attitudes come from. Since attitudes are formed within specific frames, these cultural frames should receive more explanatory power in the determination of factors that affect social policy development. Moreover, it is essential to focus on the target group that is to become the beneficiary of a new social policy and how it relates to public attitudes. In this case, it is the elderly population that is of interest. As one of the most vulnerable groups in society that will face increased risk in the near future, research and public discourse about this group suffer from a lack of focus on needs other than the pension system or healthcare. Currently, elderly care is mostly being debated about through the lens of healthcare. Instead, it should be given its separate focus as part of social care, specifically long-term care – for there is more to a person’s social life than health and income. Moreover, the lives of people that are responsible for elderly care, such as younger generations within a household, are also affected by matters that concern dependent elders.

Therefore, we should ask some more specific questions. What are the effects of changing cultural values of the family-model and caretaking responsibilities in south Europe on attitudes towards welfare state reform? What are the effects of willingness to pay taxes towards reform that addresses elderly care? Can we say that there is a “clean slate” and people are able to set aside their low political trust to support welfare state reform? How does the crisis play into this? Does the impact of COVID-19 directly affect reform attitudes? Does it have any impact on cultural values or the willingness to pay taxes, which would manipulate attitudes towards reform?

I intend to answer these questions by using the case study of Cyprus as an example of a south European welfare state that heavily relies on the family for welfare provision, has limited welfare structures to address elderly care, suffers from persistent welfare clientelism and corruption, whose society shows low levels of political and social trust, and has introduced a new policy during the COVID-19 pandemic to address the immediate needs of elderly people, thereby temporarily changing its welfare structures. A survey distributed in August and September of 2021 gathered responses from 240 respondents on various questions, such as cultural values, willingness to pay taxes for elderly care, the impact of COVID-19, and their disposition towards the newly introduced delivery service aimed at elderly people. The responses were analyzed quantitatively, and results were drawn from various regressions.

The main argument of this dissertation is that social policy development is the result of cultural changes within society that form long before a social policy is formally institutionalized and that the process of its birth starts at the grass-roots before it enters public discourse. Specifically, I argue that the introduction of the new social policy during the COVID-19 pandemic in Cyprus was the result of a change in cultural values of the family-model and caretaking responsibilities, which was already circulating within society and structuring the initial grass-roots response to the pandemic. This cultural change enabled the institutionalization of the idea that at least a part of the caretaking responsibility can be transferred from the family to the state, and the acceptance of such a change made people not only accept and readily use the service during the pandemic but also consider adopting it into a long-term social policy. The fact that people accept such a change as a long-term change in social policy and not only as a temporal solution reflects the fact that this change is the result of deeper cognitive change and how temporal socio-economic changes are accentuating the demand for the incorporation of such changed cultural values into social policy.

The dissertation is structured as follows: the second chapter introduces the main arguments in the debate around welfare state change and social policy development, the welfare state in south Europe, including cultural values of the family-model and care arrangements within families, welfare clientelism, and political trust, as well as the debate on crises and the welfare state, and the COVID-19 crisis in particular. The third chapter is dedicated to the construction of the Cypriot case by introducing the Cypriot welfare state, the cultural values of the family and experiences with elderly care in Cyprus, welfare clientelism and political trust, and how Cyprus has dealt with crises in the past, as well as with the current pandemic, by introducing a new social policy. I include some preliminary descriptive statistics that resulted from my survey in order to illustrate how my respondents have experienced elderly care before and during the crisis. In the fourth chapter, I discuss my theoretical framework and the main hypotheses of this research, while in the fifth chapter, I explain my methodology, including what variables I use and how I operationalize them to test the hypotheses previously mentioned. In chapter six, I introduce the results of my regression analyses and the main findings. In the seventh chapter, I discuss the implications of these results, while I close this research with some concluding remarks in the final eighth chapter.

Chapter 2: Literature Review

2.1 Introduction

Broadly speaking, this research contributes to the debate around welfare state change and social policy development. In order to answer the question of why and how (in what way) welfare states change, it is required first to review the concept of change, define the concrete object of change, and situate it within the proper context. For the purpose of this research, the subject in question is welfare state *change*, for which I will first review existing theoretical approaches. Then, I will define the concrete object of change as “elderly care”, for which the factors of cultural (family) values and care arrangements as *ideas*, and the willingness to pay taxes as the *intersection* between institutions and ideas, are considered instrumental to change. Situating the whole discussion within the spatial context of south Europe and the temporal context of the COVID-19 pandemic will assist in creating clear boundaries for my argument.

Current scholarship needs to pay more attention to institutional change from a grass-root level perspective (for example, public attitudes), as well as from the point of view of cultural ideas, especially within the context of crisis and socio-economic changes. The little attention that has started to focus on ideas, in general, has not given ideas an adequate explanatory power for change but has used the concept merely as a “tool” that elites use within political discourse to promote change. On this note, most literature has also focused on change in countries where formal institutions are more prominent, efficient, and wide-reaching, leaving out welfare states situated in societies where informal institutions define a different type of welfare distribution. Ideas that originate within such informal structures of welfare states have not been discussed adequately in their ability to change welfare structures. In general, research on institutional change has been

limited to elite-level decision-making processes, while research on grass-roots-level concerning, on the one hand, cultural ideas has remained abstract in their connection to institutional change, and, on the other hand, concerning public attitudes has been one-sided in ignoring where public attitudes come from (for example, that they, too, are culturally driven). The aim of this research is to fill in this gap between elite- and grass-roots level analyses of institutional change by combining cultural values and attitudes towards political institutions (i.e., political trust and deservingness), which are complementary to each other, and explain how ideas flow from society to political institutions to ignite change.

It is essential, as Lieberman (2000) notes, that one looks at where institutions and ideas intersect in order to find out where, why, and how change occurs. In this research, an area where institutions and ideas intersect is found in taxation – an indication of political trust. Two recent studies have looked at people’s willingness to pay taxes to evaluate how people see reform within the context of the COVID-19 pandemic, but they do not go beyond the concept of political trust and government evaluation to explain this willingness that has the ability to influence institutional change. Moreover, the pandemic is primarily used as a contextual factor and not as an independent variable that changes people’s attitudes towards the welfare state. I believe that if we combine this area of where people interact with institutions with the actual cultural ideas that they confront institutions with, we can identify what ideas enter the political discourse, why, and when.

Consequently, the present research considers public attitudes as the level of analysis in an attempt to break free from a dominating elite-level focus within the discussion of institutional change while giving more substance to abstract cultural ideas by focusing on the intersection between ideas and institutions. This chapter is dedicated to reviewing existing literature on these topics, starting with theories on welfare state change, followed by specific factors that this study considers instrumental

to change, such as cultural values of the family and gender, as well as political trust and deservingness of the elderly as a group to spend taxes on, within the context of the south European welfare state, and situating it within the temporal context of the COVID-19 pandemic, which has seen a different kind of institutional change compared to recent previous crises.

2.2 Theories on welfare state change

Theories on the welfare state view change from two angles. Traditionally, change was approached from the point of stability: how do welfare states remain stable over time and reproduce their structures, even when these are dysfunctional, and how is that stability threatened, leading to change? Another, more recent angle views change through the lens of a dynamic, non-path-dependent structure of welfare states, admitting that welfare states are in constant flux, involved in a struggle or contention of competing, possible directions. Depending on how one views change, various theories of welfare state change have emerged over time, such as functionalism, power-resource theory, and, more prominently, institutionalism. By taking the second premise, much progress has been made in explaining how welfare states change and in what direction, covering for old theories' limitations, as was evident in their inability to predict changes that occurred in Europe after the fall of the USSR and onward (Blyth 2003: 695).

Functionalist scholars view change as driven by socio-economic changes. An expansion of the economy, for example, through the industrialization process and the consequent economic growth, accompanied by an aging, post-Fordist society, makes citizens more demanding and provides the government with the necessary resources to expand welfare policies and social expenditure (Köppe n.d.: 9). Conversely, neo-functionalists argue that a worsening of socio-economic conditions, such

as the negative effects of globalization, will lead to welfare retrenchment. The recent COVID-19 pandemic, seen as having had a negative impact on the socio-economic condition of people, would, therefore, constitute such an exogenous factor that explains an inevitable change in welfare structures.

However, as Seeleib-Kaiser and Fleckenstein (2007: 436) rightly argue in their case study, socio-economic changes do not necessarily lead to changes in welfare structures that address those changed socio-economic conditions, as is the case with sticky, dysfunctional institutions that survive long after socio-economic conditions that caused their birth have already disappeared. In the same line of thought, even though the COVID-19 pandemic has caused many socio-economic changes and revealed gaps in welfare provision addressing existing socio-economic structures, this approach cannot explain *the way* in which welfare states change. For example, in the case of Cyprus, why was there a service-oriented measure for elderly care but not for childcare, even though both areas were affected by the pandemic in similar ways? The functionalist approach supposes that welfare states change by themselves to fit the needs of people at any given time. However, as Cox (2001: 475) puts it, “welfare states do not need to reform, people must want them to reform”.

Another theory argues for the interests of specific groups or political parties to drive change in welfare policies. Power resource theory, having roots in rational choice theory, where every individual pursues policies that correspond to their own self-interest in order to maximize utility, aggregates those interests of similar-minded groups, such as labor unions or political parties, and posits that, if labor unions are strong and left-wing parties are in power, welfare expansion is more likely to occur, as it corresponds to their ideologies and interests (Köppe n.d.: 10). On the other hand, the welfare state will retrench, if liberal parties are in office and interest groups do not have significant bargaining power. However, welfare expansion or retrenchment does not tell us

anything about radical change. Welfare structures can expand or retrench within the same line of logic, for example, by providing monetary benefits or limiting entitlement requirements. If a welfare state's structures change from monetary benefits to service-oriented provision of welfare, both of these directions can still be defined by left- or right-wing ideologies. Moreover, applying this to the COVID-19 pandemic, Cyprus is an excellent example of a liberal government that expanded welfare provision during the crisis, contrary to its ideological background. Therefore, even though power resource theory can explain welfare expansion and retrenchment, it cannot explain radical change as was seen during the pandemic.

A more prominent theory of welfare state change is institutionalism. There are two strands of institutionalist theories that emerged in the 1980s due to the analytical limitations of some of the aforementioned theories: rational-choice institutionalism and historical institutionalism. Historical institutionalism essentially emerged out of state-centered and functionalist theories, while rational-choice institutionalism succeeded rational-choice theory. The two theories have opposing views about the relationship between preferences and institutions, but both of them faced the problem of not being able to explain welfare state change.

The theory of rational-choice sees self-interest as the driving force of politics. "What people want drives politics" (Blyth 2003: 696), and this "want" is driven by a desire to maximize utility. However, self-interested individuals naturally clash with each other leading to so-called collective action problems (Olson 1965), and cooperation, or stability, is hard to achieve. Therefore, in their attempt to explain stability, rational-choice theorists turned to institutions, thus, creating a new theoretical strand of rational-choice institutionalism.

In order to overcome collective action problems, institutions are created as specifically chosen structures with the purpose of minimizing transaction costs, providing information, and eliminating

uncertainty. With this logic, all institutions ever created were done so intentionally based on individual self-interest. “A priori there exists nothing to the individual that another individual did not put there” (Blyth 1997: 230). The problem with rational-choice institutionalism is that it is better equipped to explain stasis than change. How and why institutions emerge – in other words, change – cannot be explained by rational choice since the conditions for cooperation between self-interested individuals, such as repeated interaction, high levels of information, or transparency, can exist without the need for creating an institution (Blyth 1997: 239).

Whereas rational-choice institutionalism saw people’s preferences shaping institutions, early historical institutionalism proposed the opposite, namely that institutions shape people’s preferences. For historical institutionalists, institutions are preventing rather than inducing political action. In their ability to reproduce preferences, institutions become so stable that only an exogenous shock, such as war or economic depression, can cause radical change (Blyth 1997: 230). Therefore, institutions were seen as “sticky and path-dependent” (Blyth 2003: 700). Again, as was the case with rational-choice institutionalism, this line of reasoning explains stasis well but has a hard time explaining change, as institutions are seen to be stable over time.

Driven by the urge to explain change, both rational and historical institutionalists shifted their focus and began to search for new variables that could cause an interruption in the stable path of institutions, thereby creating a new theoretical strand of welfare state change: the ideational approach. This very recent turn towards ideas as causal factors of welfare state change is still quite vague in both defining what “ideas” are and the mechanisms behind their influence on welfare state structures. In general, though, it was the concepts of culture, identity, and norms that were utilized as ideas (ineffectively) within the new institutionalist theories. While for rational institutionalists, ideas are mere “tools” that decrease uncertainty and achieve cooperation, for historical

institutionalists, they are becoming “a crucial variable in understanding both the path of institutional change and the origins of change itself” (Blyth 1997: 230). From this statement alone, it is to be noticed that “ideas” worked best for the latter theorists, while it changed nothing in the theoretical reasoning of the former.

Rational-choice institutionalism considers ideas as mere “information” or “economizing devices employed to reduce search costs” (Blyth 1997: 240). More specifically, “institutions overcome collective action (defection) problems by providing information, while ideas are simply another facet of information” (Blyth 1997: 243). Since ideas have no life of their own, they become just simple instruments that essentially explain nothing and do not fix the stability vs. change problem of rational-choice institutionalism.

The most prominent scholar of rational-choice institutionalism that utilized the concept of ideas is Douglass North. He argued that it is cheaper for agents to act on shared ideologies (or ideas) than it is to act based on their own individual beliefs (Blyth 2003 696). According to North (1990:85-86), “institutions, by reducing the price we pay for our convictions, make ideas... important sources of institutional change”. This means that ideas make institutions, and institutions make ideas, which makes it hard to identify where institutional change occurs (Blyth 2003:696). According to Blyth (2003: 696-697), if rationalists consider ideas as causal variables instead of just supplying information so that the circular fallacy in North’s theory about change is overcome, it becomes inevitable to conclude that ideas *can* change a person’s interests. The most basic premise upon which rational choice theory rests is that a person’s interests are unchangeable and a given and annulling this means that “rational choice is no longer rational choice” (Blyth 2003: 697) – which is why rational institutionalists turned away from the concept of ideas altogether.

On the other hand, historical institutionalists were able to change their perspective on institutions from sticky and path-dependent to more dualistic because they allowed ideas to assume power over changing one's beliefs and interests. They do so because ideas are embedded in institutions, and institutions shape people's material environment – in other words, they shape people's interests (Blyth 2003:700). For historical institutionalists, ideas and institutions are “mutually supportive *and* antagonizing” (Blyth 2003: 700). However, how ideas become embedded in institutions is still unclear.

The under-theorization of ideas stems from the inability to consider ideas as independent causal variables. Within this strand of theory as well, ideas are still used as “fillers” to cover up gaps within institutionalist theories and not as an explanatory variable of change. For example, even though Skocpol's (1992) analysis of institutional change is an innovative attempt that focuses on actors' ideas that are incorporated into the decision- and policy-making (i.e., what their own cultural beliefs are, and what kind of resources they are able to mobilize), those ideas are only of instrumental value. According to Steensland's (2006: 1280) interpretation, in Skocpol's work, “[i]deas are influential only when they are consciously articulated and strategically deployed. Yet elements of culture can also be constitutive of the social order”. Béland (2009) also uses ideas as powerful tools that are picked up by actors and used in public discourse through the use of specific “keywords” that are reframed (in his case, the idea of solidarity) so that they can justify their new policies – a process that Cox (2001: 445) had previously labeled as “the social construction of the need to reform”.

Yet, ideas are not just tools that came to exist within society out of nothing and devoid of any cultural influences. Ideas came from somewhere. In order to understand welfare state change, scholars need to identify which ideas are competing with each other, which ones are not present at

all, why they exist, and whom they benefit. For Lieberman (2000: 700), “[t]he important point is not only where ideas come from or how they cohere or collide but also how they come to be prominent, important, and powerful, even determinative in shaping political behavior and defining political rationality”. According to him, the answers to these questions can be found when looking at where institutions and ideas intersect, which is why he adopts a dynamic approach that considers both institutions and ideas as independent variables.

Asserting the fact that ideas come from somewhere, he is able to advance his argument that political order is, in fact, not a single coherent and stable order that gets replaced again and again; instead, multiple political orders are layered on top of each other (Lieberman 2000: 702). Sometimes, these layers “fit”, which prolongs stability, and sometimes they clash. “If we picture politics as occurring in multiple concurrent orders, it is in the friction between orders that we may more readily find the seeds of change within the politics of any given moment” (Lieberman 2000: 702). Identifying a clash of orders is achieved by comparing three areas: (a) institutions (such as the law, courts, bureaucracies, etc.), (b) political parties, interests, NGOs, and (c) ideas and cultural elements used in political discourse. When a configuration between these three areas happens, an opportunity is created, and “an idea’s time arrives” (Lieberman 2000: 709).

For Lieberman, an idea needs to meet its timing, as change is a process of configuration and not necessarily a cause-effect phenomenon between variables. Although this is a step in the right direction, it is still unclear how ideas enter the arena of politics that leads to change through configuration. His analysis, like most others, focuses on the elite-level process of change after an idea has already been picked up by formal political institutions.

In trying to compensate for this lack of insight into the origin of ideas, Steensland (2006) develops a framework for examining cultural influences on policy development – and essentially change.

He sees cultural ideas as having three types of influence: a schematic influence that defines collective schemas, a discursive influence that determines how ideas will be used by actors within public discourse, and institutional influence that considers the final incorporation of ideas into institutions (Steensland 2006: 1282-1285). In his analysis, he explains how political elites took a cultural idea and reframed it in such a way that it did not correspond to the collective schema within society (what is termed as “symbolic pollution” – the reframing of an idea into something that was unfamiliar to people), and forcibly institutionalized it. Eventually, because of the prior symbolic pollution of who is worthy of receiving social welfare, the new policy of guaranteed basic income in the US failed because people could not get behind the new definition of “worth” and “deservingness” being applied to both categories of what was previously considered “deserving” and “undeserving” groups (Steensland 2006: 1286).

Steensland’s significant contribution is that he acknowledges cultural ideas on the part of society, where they originated from in the first place. He acknowledges that institutions are essentially structuring a society that has its own cultural ideas and structures. In the word of Cox (2001: 475), “welfare states do not need to reform, people must want them to reform”. That is why scholarship on social policy development and welfare state change should shift its focus from elite-level processes of change towards incorporating more grass-root-level analyses. Ideas can originate at the elite level through policy learning and transfer methods that have nothing to do with society (see Seeleib-Kaiser and Fleckenstein 2007) and are used through public discourse to forward specific policies and interests. However, political elites that initiate these policy transfers have also been influenced by their own cultural environment and choose to learn and transfer policies to which they themselves are open. Moreover, it is not guaranteed that imported ideas will be accepted by society, and if they do, it may likely be so because society accepts them in the first place, as

they might converge with specific societal or cultural values. This line of reasoning parallels Steensland's (2006) views, which urge scholars to focus on giving more explanatory power to culture when discussing welfare policy development.

Ideas originate among ordinary people *for* ordinary people. Especially in societies where informal institutions play a significant role in distributing welfare, such as the family, an elite-level analysis of formal institutions' handling of ideas cannot explain how informal institutions are structured and keep evolving. How ideas enter public discourse and shape social welfare still remains unanswered.

The aim of this research is to shed light on the interaction between institutions and public sentiments, adopting an approach that looks closer at how cultural values and ideas of ordinary people interact with formal welfare state institutions and transform them. This hopefully contributes to the discussion of social policy development at the roots and gives more theoretical robustness to the still very new and undertheorized ideational approach of welfare state development. In the remainder of this chapter, I will go into more depth to define the specifics of the south European welfare state and the cultural ideas of the family and elderly care specifically, which are of central focus to this research.

2.3 The welfare state in South Europe

In order to avoid analyzing ideas and institutions on an abstract level, it is essential to recognize their uniqueness, which is the result of the history and culture of a specific location. Every analysis of a welfare state requires an understanding that each state has its own unique structures, which stem from a welfare culture that is particular in the area controlled by that welfare state. That is

why some ideas have various levels of influence in different areas that prompt people to act and interact with state institutions in varied ways across countries. Therefore, it is important to define the welfare state one is analyzing, as well as the specific ideas that permeate welfare distribution.

In this study, the south European welfare state comes into focus because of the uniqueness of its welfare institutions' structures, notably the dominance of the family as an informal institution for welfare distribution. Because of the family's central role and the minimized presence of formal welfare structures, cultural ideas of the family seem to be the most relevant ideas to be examined. Since I am also specifically looking at elderly care, care arrangements within the family are ideas that are influential in structuring the south European welfare state and how people are disposed towards it.

The south European welfare state should first be acknowledged as unique among the several categories of welfare states for its welfare culture. Culture does not follow the same borders as states. Therefore, there are often neighboring countries with similar welfare structures and policies. The most influential categorization of welfare states was developed by Esping-Andersen (1990), who observed three major types based on differing degrees of decommodification of labor, social stratification, and type of welfare state program. According to him, the three main categories of welfare states are the liberal "Anglo-Saxon" model, the conservative or corporatist "Continental" model, and the socialist "Scandinavian" model. These models describe the welfare states of northern and western European countries, while the South of Europe was completely ignored. Some researchers followed in these footsteps and defined the South European welfare state as part of the conservative model, merely in its "infancy" (Katrougalos 1996: 40), and which would eventually catch up to the more developed conservative welfare systems. This, of course, was an

assessment following a linear, path-dependent evolution based on economic development (Papadopoulos and Roumpakis 2013: 205).

There were others who disagreed with this approach, recognizing that aside from the market and political systems, culture was also a defining characteristic for welfare structures. These critics emphasized the lack of focus on the effect of the informal labor markets and of the family, which had a quite prominent spot in South European societies (Rhodes 1996: 5). In these societies, it is because the state was characterized by an unequal distribution of social security, a low state-penetration into welfare, welfare clientelism, low efficiency of public services, and an unequal share of contributions to the welfare state by professional groups that the family became the main welfare provider instead of the state (Kourachanis 2018: 71). Much research on welfare started shifting towards the “family” rather than the state or the market, as its pivotal role in welfare provision became evident (Gal 2010: 283). Eventually, by the mid-1990s, a new direction of research developed, which called for a distinctive “South European” or “Mediterranean” model of welfare states, including Italy, Spain, Portugal, and Greece, and centered around common characteristics found in those states, rather than finding differences between North and South (Papadopoulos & Roumpakis, 2013: 205-6).

However, the most common reason for the existence of a familial model of welfare distribution was attributed to the particular family-model that existed in southern Europe, namely the “male breadwinner” model. In its strict form, it described a family in which the man was the main breadwinner and the woman the main caretaker who was involved in home affairs. Explanations for why this arrangement was structured like this were mainly about the “moral responsibility” of the woman. For example, Markoviti and Molokotos-Liederman (2017: 114) talk about this “moral responsibility” of the woman, and the family in general, to provide welfare and care services to

their kin and a morality of “intra-family solidarity”. According to them, the provision of welfare became the responsibility of the family, as social protection in the welfare state’s system in Italy and Greece depends on labor market participation, which in these countries follows a typical “male breadwinner” model, “a precondition for any type of social rights, insurance and benefits, with a tendency towards cash transfers rather than provision of social services, targeted primarily at families” (Markoviti & Molokotos-Liederman, 2017: 113).

More interestingly, Moreno (2004) focuses on the important role that women played in providing welfare in the family, calling those between the ages of 40 and 64 “superwomen” for shouldering an immense workload and responsibility. He uses the term “superwomen” to explain a situation “where the growth in female activity in the formal labour market has not been accompanied by a decrease in their responsibilities within the household” (Moreno, 2006: 76), attributing this phenomenon to the passiveness of the state in taking their work for granted, to a “moral responsibility” of families to take care of their own, and to a “familistic” perception that the services provided by the family are better and more trustworthy than those of the state (76).

Pfau-Effinger (2003: 21) describes the mechanism behind it as a matter of “gender arrangements” or “care regimes” around which families are structured and which assumes that the allocation of care responsibility of children, the elderly, or the disabled in a given society is based on gender-specific roles within the family. According to Pfau-Effinger (2005: 24), these care arrangements are based on two types of cultural values, namely family values and welfare values, of which the former decides the predominant family model within society. In the past, family structures in South Europe used to follow the strict “male-breadwinner/female housewife” model, in which the woman was a full-time caretaker, while the man was the primary income generator. This model has evolved, though, changing responsibilities within the family. Welfare values have not changed, however, so

the new “male breadwinner/female part-time carer” birthed "superwomen" who are responsible for both work and care. The welfare culture of a country is, therefore, the result of an interplay between welfare state policies and these cultural values and models (Pfau-Effinger 2005: 22).

If women’s role has evolved to become more than just a housewife, why have welfare structures not adapted to these cultural changes? This is due to what Lück and Hofäcker (2008: 309) call a “temporal lag” between changes in welfare culture and welfare structures. According to them, the temporal lag between structures and culture is creating gender imbalances that “may promote a gradual altering of gender arrangements” (Lück and Hofäcker 2008: 301). In order for this altering to be successful, though, there need to be reformist politicians who can “pick up trends or contradictions in the attitudes of the general population in favour of the changed values” (Pfau-Effinger 2005: 24) and gain the support of the voters in public debates.

It seems that politicians in South European countries have a difficult time with this endeavor, as political trust is notoriously low in the region due to the presence of welfare clientelism. As scholars have pointed out, South European welfare states place an enormous role on the informal sectors for the distribution of welfare (Kourachanis 2018: 69). The clientelistic environment in which this distribution is occurring decreases trust in politicians and state institutions, with South European states reporting high levels of tax evasion due to low political trust. Taxation is the way a welfare state generates its budgetary power to reallocate resources to certain areas of need. If this is not happening effectively, as the budget generated from taxation is siphoned halfway through, citizens lose trust in welfare state institutions, and their willingness to pay taxes decreases. As Zhang et al. (2015: 2) put it, "when citizens perceive public institutions as corrupt and wasteful, they are likely to reciprocate by being dishonest in turn", referring to tax evasion when interacting with low-quality institutions. Indeed, as Zhang et al. (2015) found in their comparative analysis of tax

compliance between north and South European citizens, the willingness to pay taxes is much lower in South Europe than in the North. With the family functioning primarily as the welfare provider instead of the state, and with high corruption among politicians and citizens themselves, taxation can naturally be considered “useless”, and lawmakers have an increasingly hard time enacting any kind of reform.

However, following recent economic and migration crises in southern Europe, as well as demographic and structural changes, such as aging, marital status, women’s participation in the labor market, integration into the European Union and the European Monetary Union (EMU), families are facing new social risks that put a strain on the family’s capacity to provide welfare needs. Moreno (2006) first talks about new social risks and demographic transitions that have adverse effects on the well-being of mostly young workers, families with small children, and working women: balancing paid work and family responsibilities (i.e., childcare, taking care of elderly relatives) becomes nearly impossible, not having connections to family becomes a risk, having outdated skills or training cannot guarantee a well-paid or secure job, relying on private funds may lead to an inadequate pension, etc. (Moreno, 2006: 81). Moreno also directs attention to a recent trend that has not been adequately studied, namely, the outsourcing of care services, most notably to low-cost immigrants that are part of a flourishing informal economy, a service that not every family can, however, afford. Coupled with a decline in the hyperactivity of “superwomen”, elderly care and childcare become increasingly risky factors of welfare, for which the family cannot take over.

Furthermore, in his analysis of homeless single-parent families in Athens, Kourachanis (2018) proves that being cut off from family (i.e., being disowned, having bad relationships, or single-parenthood) puts vulnerable groups at a higher risk of poverty and social exclusion, highlighting

the ineffectiveness of relying on the familistic model. He also notes that the integration of southern European countries into the European Union and the convergence project has caused a positive change in women's position in the family and the labor market, therefore changing the landscape of responsibilities within the family and that of the labor market (Kourachanis 2018: 72). More specifically, integration into the European Union and the introduction of the Euro as a mutual currency came with agreements of, on the one hand, restructuring institutions and economies, in order to ensure economic stability for the smooth and fair operation of the common market and the Euro, and on the other hand, with agreements of combatting discrimination within political institutions that are based, among others, on gender. This did not only enable more women to enter the labor market and support their working rights, but it also empowered their political representation, thereby altering women's position within the family while also altering the meaning of "family" itself.

These are phenomena that started unfolding in the latter half of the 2000s, rendering most previous analyses on the southern European family outdated. Notions such as the "male breadwinner" model and the "moral responsibility" cannot adequately explain the current conditions in the Mediterranean anymore. However, they constitute the context within which social policy was developed in south Europe, and they contributed to the formation of current welfare state structures, as well as political attitudes towards them. They are, therefore, the starting point of analyzing current ideas of elderly care.

2.4 Crisis and the welfare state

For institutional change to be examined, it is important to keep in mind *when* reform surfaces. Timing is a good indicator of why specific ideas gain power over others and how they end up being institutionalized. It is often said that crises give birth to welfare state reforms, especially in the form of retrenchment and austerity measures. Since the most recent crises have been financial in nature within mostly neoliberal market economies, much of the reform in Europe focused on enhancing the efficiency of welfare states by restructuring or by limiting expenditure in order for the state to generate enough revenue to function. There are usually three ways in which researchers have tried to explain how crises affect welfare states and induce reform. These include an institutionalist approach, a socio-economic approach, or an ideational approach (Vis et al. 2011: 339). The most popular approach has been the first, presumably because it is easier to identify what structural changes institutions have gone through in the aftermath of a crisis, while it is harder to justify what kind of ideas within society are leading to welfare changes and when exactly and how these ideas changed the structures of a welfare state.

For example, Hacker (2005) drafts a matrix that explains how changes in welfare structures are based on various institutional changes. Depending on whether political resistance and barriers to internal change are high or low, four types of institutional changes can occur: stable policies are transformed only when circumstances change, layering new policies on top of existing ones, conversion of old policies, or complete elimination and replacement of old policies (Yerkes & Veen 2011: 435). In any case, the adaptation of existing policies or the introduction of completely new policies depends on institutional changes.

The most dominant institutional change in this line of reasoning explaining welfare state transformation is austerity measures and welfare state retrenchment. For instance, in his analysis of the reform of the National Healthcare System (NHS) in the UK over time, Gorsky (2008)

examines what kind of institutional changes various crises have induced since its inception in the 1940s. As a result of a dominant neoliberal ideology and a focus on the market economy, austerity measures and a retrenchment of the welfare state and, in this case, in the healthcare sector were the response to the oil shock of the 1970s that triggered more austerity in the 1980s and 1990s (Gorksy 2008: 440-441). Similarly, a popular crisis for researchers to analyze, the 2008 financial crisis followed by a recession in 2009 in Europe, has mostly been analyzed through this lens. Josifidis et al. (2015) examine how the 2008 financial crisis affected welfare states in Europe according to their welfare regime typology, answering the question of whether different welfare regimes lead to different responses and whether similar welfare regimes lead to similar types of reform. They find that reform in most European countries happened because of their welfare regime typology, except for Mediterranean countries, where reform was a result of external forces, namely austerity measures introduced by the European Commission, the European Central Bank, and the IMF (known as “Troika”).

The introduction of austerity measures after the financial crisis and their impact on the healthcare sector in various South European countries has also raised doubts about how beneficial those measures really are for society. Simou & Koutsogeorgou (2014), analyzing the Greek case, and Belvis et al. (2011), analyzing the Italian case, found that, although austerity measures enhance the efficiency of the welfare state and the healthcare sector, the actual healthcare of people suffered under those changes: more people lived without insurance coverage, there was lower access to medication and treatments, public hospitals were overloaded with long queues as a result, while clientelism has worsened, as people made more out-of-the-pocket payments to receive treatment and to bypass long waiting lists (Simou & Koutsogeorgou 2014: 117). Both papers also find that the public’s perception of the healthcare sector has worsened as a result of these measures.

This is very important to consider because public opinion and welfare state changes have a two-way relationship: not only do changes in welfare structures affect public opinion, but public opinion can also trigger changes in welfare structures. It is interesting to note Vis et al.'s (2011: 342) observation that when public opinion supports the welfare state, responses to the crisis tend to be the same among countries, and it actually prevents retrenchment. Welfare attitudes' importance is further enhanced by the fact that they do not follow the same pattern as the welfare regimes to which they belong, but they differ by region, that is, North and West Europe on the one hand, and South and East Europe on the other (Meuleman, Oorschot & Laenen 2020: 9). More specifically, it seems that the public in northwestern European countries supports the welfare state and makes positive evaluations of it, while the southeastern countries also support the welfare state but evaluate it negatively. Since the welfare regime type cannot account fully for how the public perceives the state, and since that perception, in turn, affects welfare structures, focusing only on institutional factors does not seem to adequately explain welfare state reform and welfare attitudes.

2.5 COVID-19 and the welfare state

Among the crises described above, none seems to have had the power to change welfare institutions as radically in the past few decades as the current COVID-19 pandemic. The pandemic that erupted in early 2020 and triggered a global health crisis has caused significant disruption in every aspect of human life. It has not only posed a risk to life quite literally, but it has also intensified already existing social risks and issues. The disruption of smooth economic and social conduct leading to increasing inequalities, stifling economies, people on the brink of poverty, and

energy crises, naturally put the welfare state back into the forefront of political and academic debates.

European welfare states have responded quite swiftly and in different ways to the crisis, but all of them showed signs of change and temporary transformation. These changes were starker in the South, as is evident by the higher expenditure on social protection measures by South European countries in comparison to Northern European countries. The European Social Policy Network's (Baptista et al. 2021) report shows that for South European countries such as Cyprus, Spain, Greece, Italy, and Malta, social expenditure during the first year of the pandemic ranged from 2,7% to 5%, while in northwest European countries the percentage stayed below 1,5%. The much stricter physical lockdowns enforced during the pandemic in that region compared to northwestern Europe created considerable gaps in welfare provision. In creating the necessity to bring back the welfare state, COVID-19 has presented a good opportunity for welfare state reform, which has potentially created a re-imagination of the welfare state. In fact, when conducting their assessment, the Cypriot team at ESPN stated that for Cyprus, "the support measures adopted are an important legacy for the post-COVID-19 era, providing innovative ideas, and enabling the testing of financial tools in the field of social policy..." (Baptista et al. 2021: 109).

However, the vast literature on COVID-19 and welfare of the past two years has been focusing heavily on how welfare structures should or have changed according to the welfare typology they belong to; that is, the main focus has been on formal institutions and policy processes. Moreover, it is geographically limited to western and northern Europe (see Greve et al. 2020; Cantillon et al. 2021; Hick and Murphy 2020), where the welfare state is far-reaching, and political trust is relatively high. Research on South Europe's changed welfare structures and on people's attitudes towards new welfare policies created during the pandemic is scarce. More so, there is no analysis

of how the civil sector and ordinary people have cooperated with formal political institutions in decision-making processes to bring about change.

The majority of approaches have analyzed the effect of the pandemic on the welfare state primarily either through welfare state transformation based on regime type or through policy analyses and outcomes. In the case of welfare regime typologies, scholars are noticing that the welfare typologies once drafted by Esping-Andersen in 1990 to describe three distinct types of European welfare states are not a static construct but are constantly changing, mixing, and evolving – something they temporarily did during the pandemic as well. For example, in the case of the “social democratic” regime, Greve et al. (2020) examine whether the measures taken during the pandemic in Norway, Sweden, Finland, and Denmark are still in line with their existing welfare traditions or have navigated their system into a new direction. Due to the fact that the Nordic welfare states were already quite mature and generous before the pandemic and that these countries enjoyed a good economic position, they did not have to change drastically or face grave social and economic inequalities. Besides a decrease in pension funds, easier access to social benefits, and more generous family policies, which are all measures still in line with the Nordic political traditions, the most surprising expansion was to include segments of society that were previously completely neglected by the state, namely the self-employed in the private sector, such as freelancers, small shop owners, or hairdressers (Greve et al. 2020: 307-309).

In a similar fashion, Cantillon et al. (2020) argue that the “continental” or “Bismarckian” European welfare states of Germany, the Netherlands, and Belgium have shown signs of moving towards a what they label “Bismarckian cum Beveridge” direction, that is, they are evolving into becoming systems that also incorporate Anglo-Saxon characteristics. They argue that these models never existed in their pure form but have been mixing elements for a long time now and that “the

policy responses [to COVID-19] were a response to the dual transformation of social protection that took place in recent decades without, however, changing its course” (Cantillon et al. 2020: 326).

On the other hand, institutionalist approaches also consider how different institutional settings created different policy responses to the pandemic through policy analysis and outcome variations. It is mainly the neoliberal “Anglo-Saxon” welfare regimes of the US, the UK, Ireland, and Canada that are comparatively analyzed to explain policy variations and different levels of success, tackling the question of why these countries took different measures to combat COVID-19-related issues and had different levels of success, despite having the same origin and facing the same health crisis.

For instance, Béland et al. (2020) compare the policy-making process in the US and Canada during the pandemic. As both countries belonging to the liberal welfare state type were faced with the threat at almost the same time, they show that Canada reached a consensus much faster than the US, and their policy measures were more comprehensive than those of their neighbors. Looking at differences between political institutions, political legacies, and cross-partisan consensus, they argue that these factors contributed to variations in measures and outcomes. Specifically, the centralized structure of social policy in Canada, as opposed to the decentralized architecture of social policy in the US, helped emergency funds reach their targets much quicker; greater parliamentary power and a weaker Senate in Canada helped reach a consensus much faster than in the US, where a strong Senate led discussions into a dead-end and hindered legislative power; and strong party polarization in the US led to constant disagreements as opposed to party consensus in Canada, which led to faster decision-making (Béland et al. 2020: 289).

Similarly, for European case studies, Hick and Murphy (2020) attempt to answer why policy initiatives in the UK and Ireland differed, even though both countries share an intertwined history

and the same origin of their liberal welfare states, and how these policy variations led to different types of inequalities in the two countries. Much like the previously mentioned study, this study also argues that the UK and Ireland chose different tools of social security to combat social and economic threats posed by COVID-19 because of different policy legacies and political and institutional differences. More specifically, differences in social security generosity (greater generosity of social policies in Ireland), policy emphasis (greater policy-making capacity in the UK with an emphasis on policy design, as opposed to Ireland's emphasis on administration), organization of political institutions (majoritarian electoral system in the UK, as opposed to proportional representation in Ireland), and stability of government (stable government in the UK, while Ireland was governed by a transitioning caretaker government at the onset of the pandemic) were the reasons why policy variations could be observed in the two countries (Hick & Murphy 2020: 315).

Even though these studies give interesting insights into the understanding and evolution of European welfare states, they do so only from an elite-level point of view while disregarding another important starting point of variation between institutional differences that led to different responses during the pandemic, which is the culture from which these institutional structures arose. At the same time, the myopic tendency to focus primarily on formal political institutions limits our understanding of institutional change, as we paint a picture of political institutions being shaped only by elite-level decision-making and automated processes of political systems. It is possible to imagine that responses to the COVID-19 pandemic are the result of civil society's interaction with formal institutions, while formal political institutions are also embedded within a broader culture and ideas that shaped current politics and responses to crises.

Moreover, the aforementioned studies' conclusions should be taken with a grain of salt. The policies and measures taken during the pandemic cannot be proven to be permanent changes to welfare structures yet, as these may indeed be temporary band-aids for a temporary crisis. It is true that the pandemic has pointed out insufficiencies of the welfare states that are a product of the changing labor market conditions to which the welfare states are struggling to adapt. However, the expansion of social policies should come with a higher maintenance of the welfare state, which taxpayers have to finance. Transformation of the welfare state requires support from the very people it seeks to protect. Conflicting views about what needs to change, how it has to change, and who will finance it are of importance here. If leaders want to navigate well through this political debate and push for reform, they first and foremost need people's trust and support. Political trust and willingness to pay taxes, indicators of welfare attitudes, are two major variables that determine the capability of the welfare system to transform. Unfortunately, this approach remains understudied, especially in the COVID-19 literature.

Two studies have addressed the willingness to pay taxes specifically during the pandemic, which is a rare insight into real-time welfare attitudes during a crisis. The first one is an experimental survey by Lachapelle et al. (2021), who linked social trust to the public's willingness to pay a COVID-19-related tax. The study contributes to our understanding of how social and political trust affects the public's opinion on contributing to the welfare state. Their experiment conducted in Canada manipulates the purpose and amount of taxation. Respondents are divided into two groups that are conditioned on the purpose of the taxation, specifically whether they supported a tax "to revive Canada's economy" or "to help fight the spread of COVID-19 (coronavirus)". Additionally, the two groups are further divided into sub-groups and are treated on a specified amount of 1%, 2%, 5%, 10%, or 0% taxation rates (Lachapelle et al. 2021: 542). Interestingly, their findings

suggest that the purpose of taxation had no significant effect, as both reasons yielded a similarly low willingness to pay such a tax. Social trust was also tested, and in line with previous literature, they found that higher social trust (more significantly than political trust) was associated with a higher willingness to pay this tax.

Busemeyer (2021), on the other hand, puts political trust and government performance to the test in his quantitative research about healthcare spending in Germany during the COVID-19 pandemic. The data gathered in three waves during the first full year of the pandemic points towards an “improvement reaction” in Germany, where people evaluated government performance well and, therefore, trust that additional healthcare spending will improve the system (Busemeyer 2021: 2). This government performance is measured by three indicators: preparedness of the system, the effectiveness of the system’s response, and fairness of the response. In the end, it is performance perceptions more than political trust that influences support for more health care spending, even though both variables matter. According to him, “[c]itizens who regard the system as badly (well) prepared to cope with the crisis are more likely to support (oppose) additional spending” (Busemeyer 2021: 1). Since in Germany, people are generally satisfied with the government’s performance during the pandemic and can rely on well-performing welfare state institutions, willingness to pay taxes is increased.

The two studies mark an important directional turn within the COVID-19 and institutional change literature, focusing on public attitudes towards the welfare state and how ideas of political and social trust can affect attitudes towards reform. However, the pandemic is used only in a contextual manner and not as an independent variable that may influence those attitudes. Moreover, the fact that tax morale is taken only as an indicator of political and social trust makes the concept more applicable in cases where formal political institutions are efficient and wide-ranged, such as the

two case studies that were used here, namely Germany and Canada. Willingness to pay taxes may indicate deservingness or people's views on state vs. society's responsibilities as well – responsibilities that are especially defined and refined during crises. These concepts are shaped by the cultural values of a state, which differ across regions, as discussed previously.

Unfortunately, to the best of the author's knowledge, no research has been conducted on how attitudes differ in countries where people regard their political institutions as low-quality and having been inefficiently prepared to combat COVID-19, such as in South European welfare states. Moreover, the lack of focus on welfare attitudes during this crisis and other contextual factors, such as cultural factors or even a focus on informal institutions and grass-roots level organization, leave considerable gaps in understanding the mechanisms behind how exactly crises induce welfare state changes, and how specific changes are chosen over others.

2.6 Conclusion

The COVID-19 crisis stands in stark contrast to previous crises in that public spending on healthcare in 2020 increased in all EU member states, with Cyprus, for example, “recording the largest increase in the ratio of government expenditure devoted to health to GDP” (Savva 2022). It is not surprising to see such an increase since the nature of this crisis involved public health itself. This means that the previous focus on austerity measures and retrenchment of the welfare state during crises might not be applicable.

Within this context, the literature on COVID-19 discussing the public's evaluation of the welfare system based on healthcare provision also largely left out the debate about elderly care and how it has been affected by the pandemic. Literature on crises and the welfare state, in general, tends to

discuss welfare state changes through changes in the healthcare sector rather than elderly care, which makes elderly care not only an understudied field in research but also an overlooked issue in the political debate. The COVID-19 pandemic has highlighted the misalignment between public healthcare and elderly care by leaving many elderly people isolated, vulnerable, and unable to get access to healthcare, for example, in the case of chronic illnesses other than the coronavirus and prescribed medication (D'cruz & Banerjee 2020: 4).

On the other hand, literature on social policy development and change in welfare structures, in general, is just now discovering the power of ideas in initiating change. Since the COVID-19 pandemic created such a good opportunity to investigate how welfare states and social policy change, it is baffling to see no ideational analysis of the social policy developments during this crisis, which has been becoming more popular in the past decade or so. Initial research on the role of ideas in social policy development has already stressed the importance of culture, which can explain not only change but also the motivation behind it and the direction it can take. While other theories are focused primarily on whether change is happening or not, the ideational approach can go deeper and investigate why change is happening in the form it does and what possible directions it can take. In the case of South European welfare states, and in Cyprus specifically, for example, it can explain why the government decided to implement a *service*-oriented policy instead of giving financial benefits during the COVID-19 pandemic. These nuances are missed if we focus only on what triggers change, such as socio-economic changes or political power struggles. These approaches also miss the fact that each actor and institution is embedded within their own culture and set of ideas, so even their motivations originate from some form of idea.

Therefore, this research will focus primarily on elderly care in the sense of social care rather than healthcare when describing the effects of COVID-19. Moreover, those effects will not be discussed

on elite-level decision-making or according to welfare regime type, but it will focus on public attitudes and the intersection between formal political institutions and society, using factors such as cultural values and ideas and the willingness to pay taxes. In the next chapter, I introduce the case study of this research, the Republic of Cyprus, and how the discussion on welfare state structures, elderly care, and COVID-19 are applied in this case.

Chapter 3: The Case study of Cyprus

3.1 Introduction

Although welfare state reform can differ from country to country based on several contextual factors and experiences specific to that area, regions such as South Europe share some similarities in welfare culture that affect welfare structures. The present research takes the Republic of Cyprus as a case study, but implications can be made for the broader cluster of Mediterranean welfare states. This chapter introduces the specifics of the Cypriot welfare state by starting off with a description of the predominant family model and gendered care arrangements, the situation of elderly care on the island, the prevalence of welfare clientelism and low political trust, and experiences with crises, and COVID-19 in particular.

3.2 Cultural values, the family model, and elderly care in Cyprus

Cyprus, an island country of less than one million population, fits the description of a typical South European welfare state in terms of cultural values, limited welfare structures, and welfare clientelism. As in other Mediterranean societies, Cyprus is also characterized by a tendency to provide informal care within the family as a result of its specific welfare culture that is affected by cultural values of the family model and its care arrangements, welfare clientelism, and low trust in political institutions, and no public assistance. Recently, informal care within the family also translates into hiring a migrant female worker that assists in this task along with other family members. These trends show that despite a change in gender roles, the family model, or the way care is provided, care is still very much a family affair.

It is hard to trace informal care empirically since official statistics do not exist, and it is often overlooked and seen as a cultural norm. Especially in European agricultural societies of the past, we can mostly rely on observational data and qualitative accounts of the portrayal of a family and its traditional care arrangements.

However, research conducted as recently as 2000 in the mountainous regions of Cyprus can be a source of information on how care arrangements and families were structured in the past, as these structures are still alive nowadays and give more insight into informal care. Most households in the mountains are still agricultural families that use agriculture for self-serving purposes. Within those private farming households, the division of labor is clearly divided between men and women: women are responsible for domestic work, childcare and the education of children, elderly care, as well as the management of the household's budget, with older women performing some manual farm labor, while men decide about the farm's management, business, structure, and farm equipment (Antoniades & Papayiannis 2000: 8). Within the research's sample, 76% of women received no help with domestic work, while 14% received help from other family members. Women in the remaining 10% of households received help mainly from older daughters (8%), and only in a small fraction (2%) of households did women receive help from men. Although this is a typical family structure of any agricultural society, it is remarkable that this family structure and care responsibilities still prevail to this day in the mountainous areas of Cyprus.

Generally, in South Europe, intergenerational care within the family is the most common form of caregiving, which is enforced by law and binds family members to the duty of financing and providing care to older family members so that children and often (step)siblings are legally obligated to provide for the elderly whenever these cannot care for themselves (Haber Kern and Szydlik 2010: 302; Deusdad et al. 2017: 271). In the case of Cyprus, the British introduced a law

in 1945 to declare the neglect of elderly family members as a criminal offense, punishable by law. In essence, this was already an unwritten law within Cypriot society, so its legal enforcement was merely “the legislative stamp of an established social behavior” (Drousioti 2006: 15) and not an introduction of a foreign cultural value.

Nowadays, cultural values have shifted away from the strict “male breadwinner” model, as data on female labor force participation in Cyprus shows. In 2019, 57.6% of the female workforce was employed, while 14.2% of these employed women were working as part-timers in 2018, double as much as men at 7.4% (Philenews 2020). As more women enter the labor market, the family model is gradually transforming into a “male breadwinner/female part-time carer” model, indicating the presence of so-called “superwomen”. This means that, while more women are working, their caretaking responsibilities at home have not diminished, and the man is still the main breadwinner of the family. We may conclude that some elements of patriarchy still exist in Cypriot society, despite the change in cultural values.

In fact, these traces of traditional care arrangements are also still reflected in the current living arrangements of older people in modernized Cyprus and other South European countries. Research conducted in 2000 in 11 European countries examining old people’s living arrangements found that “[m]en and women in a ‘Southern’, or ‘Catholic’ group of countries are much more likely to live with their children, either with or without a partner, than men and women in ‘Northern’, or ‘Protestant’ countries, who tend to live with just a partner, or to live alone” (Iacovou 2000: 1), while these living arrangements were also found to be connected to care provision, or the lack thereof, by family members. Specifically, in South European countries, older people who live with their children tend to receive care from them as well. Overall, in this situation, the caretaking is

usually performed by daughters, and in cases where the elderly person lives with a son, the caretaking is usually provided by the daughter-in-law (Iacovou 2000: 20).

Even though cultural values are changing, welfare structures seem to remain unchanged and are not assisting women in their changing social and economic roles, which reinforces their role as both caretakers and breadwinners. Specifically concerning elderly care, according to the European Commission's Ageing Report of 2018, public expenditure on long-term care (minus pension) constituted only 0.3% of GDP, which was below the EU average set at 1.6% (Eurocarers 2022). In fact, long-term care is almost nonexistent on the island, with informal caretaking, either by family members or inexperienced migrants being the predominant form of caretaking services. According to Eurocarers (2022), Cyprus focuses more on cash benefits rather than service-oriented welfare provision because of a lack of formal welfare structures addressing the issue of caretaking.

To illustrate this lack, we can observe the creation of the island's first-ever, sophisticated universal healthcare system in 2019 that does not necessarily address elderly care, but public care facilities still numbering only 7 in all of Cyprus (Drousioti 2006: 21). Even the social services official website has not been updated since 2014, with outdated information from 2009. Public care facilities are not nearly enough to take care of the 4% of the elderly population over the age of 80 (Eurostat 2019). At least in 2006, these facilities hosted 266 people, while 137 private care facilities hosted 2462 people, and 295 elders were receiving public (part-time) caretaking assistance at home (Drousioti 2006: 21). If the numbers are to be trusted, in 2006 only 8.7% of elderly were being taken care of by public assistance, while a large proportion was still dependent on their family's caretaking services (Drousioti 2006: 22).

Even though these limited care services are provided by the state, they are usually reserved for those elders whose families cannot afford to privately finance and provide care or who do not have

family members to provide care. Therefore, public care services are often a last-resort option for many who cannot even afford to follow the recent trend of hiring a private migrant carer for assistance.

In fact, this recent trend of migrant workers taking over care responsibilities is prevalent in most Mediterranean societies, so much so that it was dubbed the “care drain”, paralleling the term “brain drain” (Bettio et al. 2006: 272). This is especially true in the case of Italy, where hiring a migrant female carer is affordable for even low-income households, and care still largely remains a family duty. Of course, migrant carers do not take over this task completely, with many living *with* their employers as part of the family and family members still providing some form of care that is assisted by the extra help of migrant female carers. Even in this scenario, “the burden of elderly care falls disproportionately on women in their mid-forties and fifties” (Bettio et al. 2006: 272), evidencing the fact that elderly care is still a gendered task in modern Mediterranean societies.

However, not all people in Mediterranean countries can afford to hire assistance. In countries such as Malta, Israel, and Spain, hiring someone from the informal market is quite costly, and the ability to do so has been severely compromised in the past decade following the financial crisis of 2008, especially in the case of Spain (Deusdad et al. 2017: 262). With eligibility limitations and long waiting lines, elders from low-income families still have to rely mainly on their families for care provision.

Cyprus is not an exception to this, with migrant carers being a luxury only middle-class and higher-income families can afford – an option that has become less affordable after the 2011 financial crisis. Even though home nursing and home services started operating as late as 2004, they also are reserved only for those families who are unable to finance or provide care for their elderly members and constitute only a last-resort option. Both short-term and long-term nursing

services provided by trained caretakers and home care provided by social services exist in Cyprus. However, due to their short time in operation, many inefficiencies have been reported, such as infrastructural issues, a lack of communication between carers and elders, and an overall lack of information about these services (Kouta et al. 2015: 382).

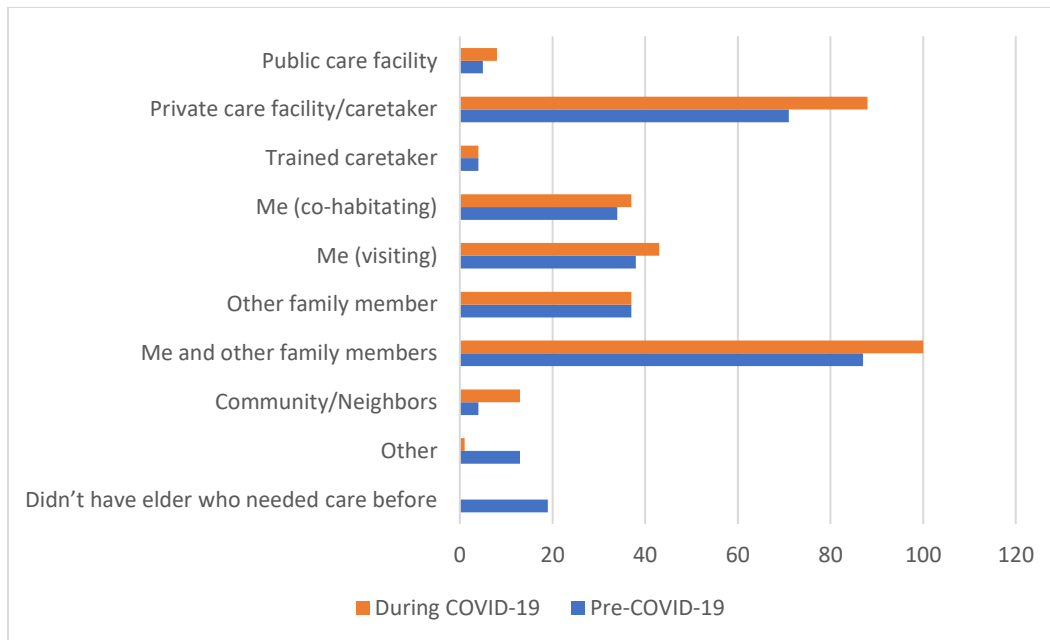
Within this scenario, women still remain primarily responsible for the caretaking duties, and this takes a toll on their own well-being. The ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives in 2016 conducted in Cyprus empirically shows that it is women whose employment is significantly negatively affected by the presence of disabled family members or family members in bad health, while the presence of live-in migrant workers has a positive effect on their employment (Eurocarers 2022).

This picture of informal caretaking can also be confirmed by the survey that was conducted for this research. Although its results will be discussed in detail in Chapters 5 and 6, some preliminary descriptive results illustrating the general situation of elderly care on the island can be mentioned here.

Figure 1 shows the distribution of answers to the question “Who is taking care of the elder(s) in your family” for two points in time, before and after the COVID-19 pandemic. The answers were multiple choice, so the 240 respondents who participated in this survey likely chose more than one answer. The differences based on the two points in time are not of great interest at the moment. I would like to draw attention to the fact that the majority of answers are distributed between the “private care facility/caretaker” and “me and other family members”, while the “public care facility” received one of the lowest distribution of votes. Also note that there is a considerable amount of people who are living with their elderly family members, while during the pandemic, it seems that neighbors and the elder’s community helped in the caretaking as well. The responses from this

survey confirm the fact that elderly care in Cyprus largely remains a family responsibility, that the welfare state does not provide any caretaking services, and that in times of crisis, one's neighborhood and community become important welfare providers.

Figure 1 The Responsibility of Elderly Caretaking in Temporal Comparison

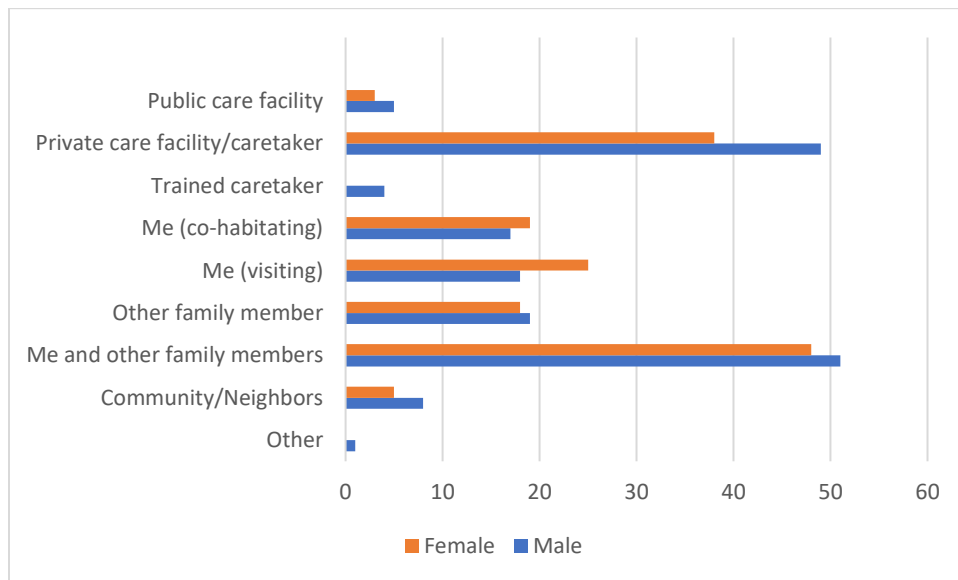


Note: The figure shows the caretaking responsibilities pre- and during COVID-19.
Source: Survey conducted by the author in Cyprus in August and September 2021.

To be more specific about the caretaking responsibility, I illustrate in Figure 2 the distribution of answers to the question of elderly caretaking responsibilities during COVID-19 based on gender. According to the figure, the responsibility of caretaking is slightly different for men and women, with more women reporting that they alone are taking care of elderly family members, while men tend to receive help from others or leave the caretaking to a public or private caretaker. The differences between the two genders are more pronounced in the case of private caretakers and

visiting the elders, with more men opting for a private caretaker and more women visiting the elders. From this, we may conclude that more men than women receive help in their caretaking responsibilities, while more women are performing the caretaking among Cypriots.

Figure 2 The Current Caretaking Responsibility of Elders Based on Gender



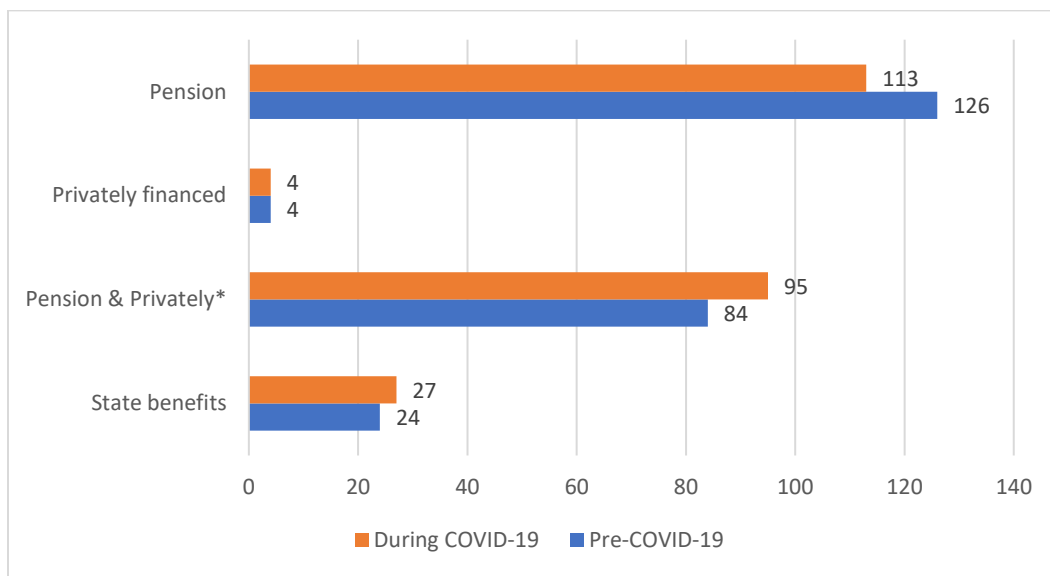
Note: The figure shows the caretaking responsibilities during COVID-19 based on gender.

Source: Survey conducted by the author in Cyprus in August and September 2021.

Turning over to who finances elderly care, Figure 3 also confirms the fact that the welfare state in Cyprus is more money-oriented rather than offering practical services for elderly care. However, it seems that even these monetary offers are not enough to cover elders’ needs fully. This figure shows a temporal comparison between before and during COVID-19 as well, but again, the difference in responses does not matter at this point. The most notable information from respondents’ answers is that the majority depends on the elder’s pension to cover their needs, but

they also complement that amount with out-of-pocket funds, presumably because the amount of pension is not enough to fully cover the expenses related to elderly care. However, the number of people who only rely on private funds seems to be negligible, while about one out of ten receives additional state benefits.

Figure 3 The Responsibility of Financing Elderly Caretaking in Temporal Comparison



Note: The figure shows the responsibilities of financing care pre- and during COVID-19.
Source: Survey conducted by the author in Cyprus in August and September 2021.

A factor that contributes to the underdevelopment of elderly care and long-term care, in general, is what Arlotti & Aguilar-Hendrickson (2018) call the “vicious layering” of responsibilities and policies between the healthcare sector and the social care sector. Due to the institutional fragmentation of long-term care that is prevalent in Mediterranean countries, efforts to improve and integrate both of these sectors often lack coordination, and social care receives much less funding than health care, so elderly care tends to suffer from blame-avoidance and cost-shifting

strategies (Arlotti & Aguilar-Hendrickson 2018: 647-649). In Cyprus, this was made clear by the efforts to improve the general healthcare system but not any other forms of social care.

From this analysis, we can infer that even though the family model and women's responsibilities in Cyprus (and other South European countries) are gradually changing, elderly care is still a family affair and falls, specifically, under the responsibilities of women. Whether female migrant workers are hired, or families provide care services by themselves, elderly care is approached by the state as an affair that should remain within the family. The measures that have been taken in the past two decades in Cyprus (and in southern Europe in general) support the concept of "aging in place", instead of its institutionalization (Damiani et al. 2011: 2).

3.3 Welfare clientelism and low political trust

Cyprus also has to deal with welfare clientelism. Clientelist behavior on a citizen level keeps persisting despite dissatisfaction with the clientelist behavior of politicians. Faustmann (2010: 284) writes that almost everyone on the island is engaging in this patron-client practice, so that it has become almost impossible to succeed or go far in life without the necessary "connections," and there exists "a strong systemic pressure to enter into a clientelistic relationship". According to the Eurobarometer's survey in 2010, 54% of Cypriots believed that many of the jobs obtained in the public sector were through clientelist ties, that Cypriot society was not fair (scoring a low of 2.41), and that favoritism could not be prevented (Faustmann 2010: 281-282).

The root of modern clientelist ties can be found in the establishment of the Republic of Cyprus in 1960. After Cyprus's independence in 1960, many of the freedom fighters that had survived the revolution of 1955-1959 against the British colonizers were granted positions in the civil service,

which signaled the start of the hugely inflated public sector of the island, whose salaries should be financed by taxes. It was common practice that recruitment in the civil sector was only possible if the recruited became members of the ruling party. Consequently, many Cypriots joined parties in exchange for favors, employment, and other benefits, which extended to include whole families. "The phenomenon of large scale membership growth in the parties of a ruling coalition became ever since a characteristic of Cypriot politics and one indicator of *rusfeti* [clientelist] practices" (Faustmann 2010: 277). It is very common nowadays that whole families support a particular political party due to clientelist relations.

Presently, the European Commission's survey in 2014 revealed that two-thirds of Cypriot respondents perceive high corruption among tax officials. In the past years, there were numerous corruption scandals in the waste management of major cities, in several projects of updating the sewage systems in various cities, as well as in infrastructure projects, for which millions of taxes were pocketed by mayors, parliament members, and contractors (Paizanou 2017). It is not surprising that Cypriots highly doubt the purpose of taxation to the point that the President himself announced anti-corruption measures in 2021 that were the "island nation's "greatest-ever intervention" to battle a widespread perception" (AP News 2021). Thus, the Cypriot case constitutes a classic model of family-based welfare systems with low trust in the state due to rampant clientelism.

3.4 Crisis and the welfare state in Cyprus

The Cypriot welfare state has sustained two major crises, with a third one currently unraveling. In contrast to other European welfare states that were born out of necessity after two World Wars

and were a product of industrialization, welfare structures in Cyprus were first introduced during the British colonization era as the product of external influence. In fact, Cyprus was not heavily affected by the Second World War. Instead, the 1974 Turkish invasion acted as a major crisis and triggered the necessity for a welfare state, as hundreds of thousands of displaced refugees from the North fled to the Greek South, leaving behind all of their belongings, houses, and sometimes even family members. Therefore, during the 1970s, the welfare state expanded to provide free education, housing, medical care, and other social services mainly to refugees, but it was not until the 1980s that it decided to further expand and provide these services to all its citizens universally (Shekeris 1998: 124). The crisis that came after the invasion of 1974 triggered the introduction of new welfare structures, much as it had in Western Europe after the Second World War. It was only in the 1980s that Cyprus started to be considered a welfare state, and it quickly caught up with other South European countries through rapid economic growth.

In 2008, however, much like other South European countries, Cyprus could not escape hard austerity measures that followed the financial crisis and put a hold on welfare state expansion. Cyprus witnessed such measures after 2011 by signing a bail-out agreement with the Troika. In the case of healthcare, this agreement demanded reform of an inefficient healthcare sector by reducing spending and restructuring the system to adhere to demand and supply levels (Petrou & Vadoros 2018: 75), which eventually gave birth to a general healthcare system (GESY) in 2019. Just like it was reported in other countries as well, the austerity measures eventually enhanced the efficiency of the state, but the healthcare of the people seemed to have worsened. The number of people with no insurance coverage increased, public hospitals absorbed a large portion of patients visiting private hospitals, leading to long waiting queues, and access to medication became harder (Petrou & Vadoros 2018: 75).

The introduction of a universal healthcare system (GESY) in 2019 came just in time before the outbreak of the COVID-19 pandemic. However, any improvements in the healthcare system did not correspond with improvements in elderly care, as public care facilities and other social services for the elderly are still limited. Elderly people are still dependent on their families, who, during the strict lockdown mandates, did not have any way to get into physical contact with them. Therefore, when the pandemic hit, elderly people were among the most vulnerable portion of the population.

3.5 The COVID-19 pandemic experience in Cyprus

As the online newspaper Offsite News (March 10, 2020) reports in its coronavirus timeline for March, the first two cases in Cyprus were confirmed simultaneously on March 9, 2020, after the first case in Europe was confirmed on February 21. Therefore, Cyprus was already on alert and informed about the virus and how to handle it based on other countries' responses. Even though these were only two cases, the government did not take it lightly, having witnessed the panic caused in Italy, and the next day, as the interaction chain between the two cases and other people became untraceable because of the frequency of interactions, it was decided that schools and universities all over Cyprus would close until March 20. Additionally, since one of the two cases was a cardiac surgeon working at the capital's public hospital and kept seeing many patients while being sick, on March 11, the hospital closed for 48 hours. Several doctors and nurses were quarantined in the capital's hospital, which was already understaffed, making it a problem. On the same day, the public hospital of Limassol (the second largest city) also closed for 48 hours due to 3 suspected cases.

Upon the news of several confirmed cases within a short amount of time and two public hospitals closed down, mass panic broke out, as in several other countries worldwide, and people started panic buying at supermarkets. Up until that time, 20.000 people had been infected in Europe, 930 died of COVID-19, and the WHO declared COVID-19 a pandemic. On the same day, the Ministry of Finances announced a financial support package for businesses and employees concerning taxation and subsidies in order to prevent employees from losing their jobs, as well as additional budget allocation to several ministries so that they could create their own programs and measures for prevention of the spread of COVID-19 and social protection.

The government's response turned much stricter on March 21, when the first death caused by COVID-19 was recorded. International travel ceased, and borders closed completely on that day. Coffee shops, shopping malls, restaurants, clubs, casinos, cinemas and theatres, museums, libraries, gyms, spas, and hairdressers, were closed indefinitely. On March 24, a strict physical lockdown was imposed. From March 24 until April 13, unnecessary movement out of the house was banned, and people were allowed to leave their homes only for going to work, grocery shopping, visiting the hospital or pharmacies, going to the bank, doing physical exercise around the neighborhood, or going to funerals or weddings of first- and second-degree relatives, with no more than ten people attending. In order to be allowed to move for the aforementioned reasons, every person had to fill out a form or send a text message signifying the reason for leaving the house, and it was mandatory to carry one's ID at all times. This evidence was checked by the police at checkpoints, and people failing to comply with these rules were fined 150 euros.

At that time, it was still possible to visit a relative's home in case the family member was unable to care for themselves. However, this changed on March 30, when all visitations to relatives' homes were banned. This was the time when especially elderly people and people who required care were

at their most vulnerable, as their dependency on their family was cut, leaving them with no support or caretaker. The fact was, however, that even before this ban, younger family members opted to keep their elderly family members isolated in fear of accidentally transmitting the virus. Since the beginning of the pandemic, many elderly people had been desperately calling the authorities and social groceries for help, as their families could not attend to their needs anymore.

Among other measures that the government took in order to support businesses, employers and employees, parents, single mothers, consumers, and the health sector, considering the growing needs of isolated elderly people, the government also created a delivery service to provide these elderly and isolated people with groceries and medicine during the lockdowns. This was the first time the state created such a service for the elderly that, up until then, were usually cared for by their family. Among all the other measures the government took, such as monetary benefits for parents and child care, subsidies for businesses, or temporary price caps on consumer goods and electricity, this was the most innovative, as it involved drafting, organizing, and implementing an entirely new *service* for society, and whose *raison d'être* traditionally did not fall under the responsibility of the state.

The first wave of the coronavirus (and the lockdown) eventually lasted until May 21. After gradually opening up, infections started rising again from October onwards until they reached a peak in December (12,086 cases). A second wave was declared following the Christmas and New Year's holidays, and the next lockdown lasted from January 10 until March 12, 2021. A third lockdown was imposed just about one month after, from April 26 until May 10, during the Easter holidays. Vaccinations and the so-called "Safe Pass" (a pass declaring that the person had received their vaccination and was safe to enter certain areas, such as coffee shops and shopping malls) were almost completed by most by June 2021. By that time, Cyprus had reported a total of around 70,000

cases and 334 deaths from COVID-19. On January 4, 2022, a record of 5,024 daily infections was announced. January was the deadliest month up until that point, with 96 deaths due to Covid-19, but no fourth lockdown was imposed. It is safe to assume that the lockdown approach will not be taken by the Cypriot government any longer.

During the first month of the pandemic in March 2020, the Economic Index in Cyprus fell by 12.1 points in comparison to February (Philenews, 2020). As the first closures of businesses and, later on, the first lockdown, were both imposed in March, economic transactions plummeted drastically. Eventually, the GDP growth rate decreased from 5.3% in 2019 to -5% in 2020, but it recovered again in 2021, reaching 5.5% (World Bank 2022). The unemployment rate rose only minimally from 7.1% in 2019 to 7.6% in 2020, but it actually decreased in comparison to pre-pandemic times to 6.1% (World Bank 2022). Although the GDP and the unemployment rate figures show that Cyprus recovered somewhat in 2021, inflation rose from 0.3% in 2019 to 2.4% in 2021, and people were required to pay a larger amount for social contributions. At the time of the survey, therefore, people were facing higher consumer prices and a higher cut from their salaries, contributing to the government's social policy.

3.6 The delivery service as a service for elderly people during the pandemic

Despite a previously limited welfare state and widespread corruption, the Cypriot government had a relatively swift and good response to the COVID-19 pandemic. Especially for the unemployed, for businesses, for working parents struggling with childcare, or for families struggling to pay their rent and bills, the government provided much relief. None of these measures were new for the Cypriot welfare state, though, and mostly took the form of additional monetary

benefits. In terms of elderly care, however, a new innovative plan was devised to create a service-based provision of social protection – something quite new for Cyprus’ elderly population.

The delivery service did not originate from the government’s initiative per se to tackle COVID-19. It all started at the local social grocery of Larnaca, one of Cyprus’ districts. Social groceries are supermarkets that provide groceries, clothes, and other daily necessities for free for people in need, such as poor households or single mothers. The products are either donated by supermarkets, factories, butchers, schools, or individuals, with local governments additionally donating funds for the purchase of more necessities by the social supermarket itself (Christoforou 2020). In order to be able to shop there, people need to fulfill specific eligibility criteria, making social groceries a targeted service that does not cater to everyone universally. However, during COVID-19, Larnaca’s social grocery received excessive amounts of phone calls from isolated elderly people. In an interview, the Dean of a local school, who initiated the creation of a COVID-19 program related to the local social grocery, described the situation:

“Especially grandmothers and grandfathers, who are alone at home and have no support, are calling us crying. It’s very hard to hear an 80–85-year-old elder cry. They tell us that they are alone and that they are out of food, but they can’t go out. When we deliver groceries to them, they can’t stop saying thank you.” – Gianna Nicolaou, Dean of Larnaca’s Open School (Christoforou 2020).

Upon this excessive demand, the social grocery, in cooperation with the local government in Larnaca city, created a program under the hashtag #stayinghome (Gr: #μένωσπίτι), with the official title of “Staying home and Serving Vulnerable Groups and Older People” (Gr: Μένω σπίτι και

εξυπηρετώ Ευάλωτες Ομάδες και Άτομα 3ης Ηλικίας). Within one month of its conception on March 19, the program continuously served 160 households in the city of Larnaca (Signalive April 14, 2020). Word about this program spread around quickly so that the local social grocery started receiving calls from other cities as well. In the Dean's words:

“They are calling us from all over Cyprus. They even called us from Paphos [a city that is two hours away]. We urge people to speak to their district offices and communities so that they can receive help”. – Gianna Nicolaou, Dean of Larnaca's Open School (Christoforou 2020).



**Ο Δήμος Λάρνακας
βρίσκεται πάντα
στο πλάι του δημότη!**

ΔΗΜΟΣ ΛΑΡΝΑΚΑΣ

Πρόγραμμα **#μένωσπίτι** και εξυπηρετώ
Ευάλωτες Ομάδες και Άτομα 3ης Ηλικίας

24816568 Δευτέρα - Παρασκευή 8.30 π.μ. - 1.30 μ.μ.
97897694

A photograph of an elderly couple sitting on a sofa with a dog. The woman is wearing a blue shirt and glasses, and the man is wearing a brown jacket. They are both smiling. A golden retriever is sitting on the sofa in front of them.

Note: On the left is a picture of Larnaca's social grocery organizing groceries for each household. On the right is a flyer of the program #stayinghome by the local government of Larnaca.

Source: Christoforou, Natasa. April 4, 2020. «Δε μπορείς να ακούεις ένα παππού να κλαίει... Δεν θα αφήσουμε κανένα να πεινάσει». *Reporter.*

Within a few days, several district offices copied this initiative and created their own delivery programs for serving vulnerable people and isolated elders who had no one to support them during the strict lockdowns. The information was dispersed through social media and SMS texts, with many district offices creating special offices and telephone numbers where older people could call and request deliveries to their doorsteps. The service included volunteers listing people's needs, then going to pharmacies and supermarkets to buy the requested goods, and finally delivering them personally to people.

At the same time, the Bank of Cyprus and the NGO *Reaction* also supported this cause. In fact, the Bank of Cyprus, as part of its corporate social responsibility, in cooperation with the NGO *Reaction* and several private companies (including several big computer firms, bakeries, oil companies, McDonald's, DHL, and more), initially created an umbrella organization under the hashtag #SupportCY, in order to support *other* public services during the pandemic. The initiative started as support for the Ambulance Service and the public Call Center for COVID-19-related matters when they realized the need for more technical equipment, staff, and transport means due to the high demand and calls received. So, the umbrella organization started assisting mainly the COVID-19 Call Center, the Ambulance Service, the Committee of Epidemiologists in the Ministry of Health, the Institute of Neurology and Genetics, and the Blood Donation Center (Simerini, March 30, 2020).

After the government sat down to discuss what measures it would take to tackle COVID-19 and how it would assist society's needs, the Ministry of Labor, Welfare and Social Insurance, which was already in cooperation with this umbrella organization, finally announced on March 30 that it would create a delivery service for vulnerable groups and isolated elderly people all over Cyprus,

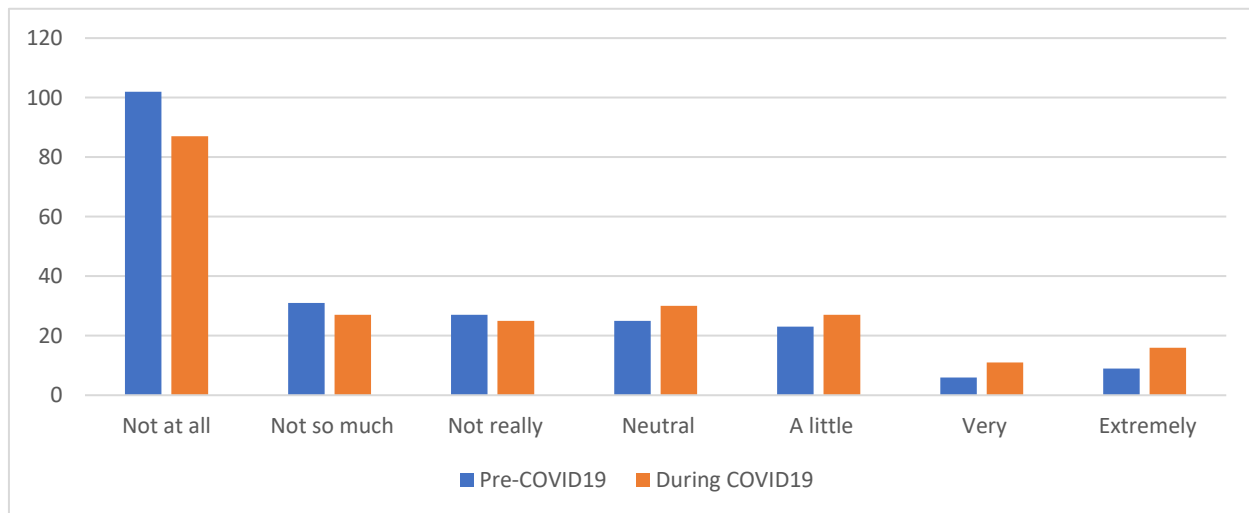
who required everyday necessities, food, and medicine. Essentially, the government's role was to combine all public, private, and grassroots initiatives into a well-coordinated program. At the table of negotiations, the #SupportCY umbrella organization, the NGO *Reaction*, the Bank of Cyprus, the local government offices, the Commissioner for Volunteering and Non-Governmental Organizations, and the Commissioner for the Development of Mountain Communities were present.

Finally, on March 30, the delivery service was created to assist specifically people who could not move from their homes and have no supportive environment, such as family, neighbors, or friends, who can provide them with necessities. The program was strictly designed to only help those eligible. In order to achieve this, the application process was not a simple phone call, but it had to go through the local government channels and local social services, which knew exactly who was eligible and who was not. In an interview, the Commissioner for Volunteering and Non-Governmental Organizations explicitly said that the service was not associated with any low-income criteria or any other criteria that were not associated with COVID-19 and mentioned as an eligible example an elderly person that would be isolated in the mountainous areas and did not have any family members close enough to take care of him or her (Adamou, March 30, 2020).

According to the Bank of Cyprus (2022), the umbrella organization #SupportCY was able to pool €191.000 for funding the delivery service for as long as it existed. After only ten days of running, the delivery service served 300 households all over Cyprus. From its inception until its final form, it becomes apparent that this service was the product of popular demand, and it served many people to a satisfactory level. By the time of this research's survey in 2021, Cyprus had already undergone three lockdowns, during which the delivery service operated. Therefore, people were already familiar with the difficulties created by the lockdowns in terms of elderly care and (at least for the people who made use of it) with the service itself.

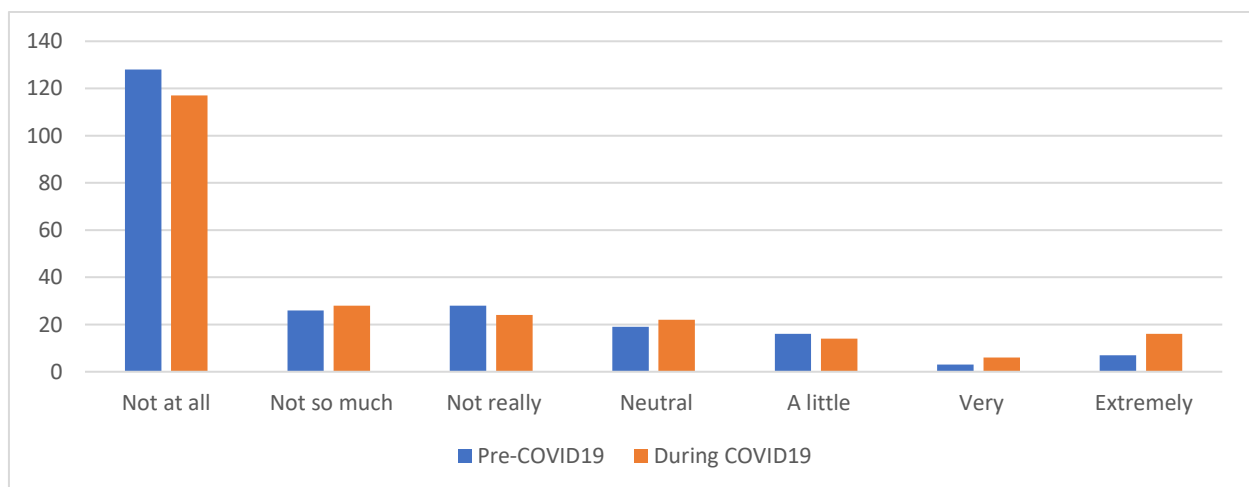
Some preliminary descriptive data gathered from this research’s survey can confirm the positive response the delivery service received even after three rounds of lockdowns, as well as its usefulness, as it exactly tackled what families are concerned about when it comes to elderly care.

Figure 4 Stress About Financing Elderly Care



Note: The figure shows how much stress respondents felt about the cost of elderly care.
Source: Survey conducted by the author in Cyprus in August and September 2021.

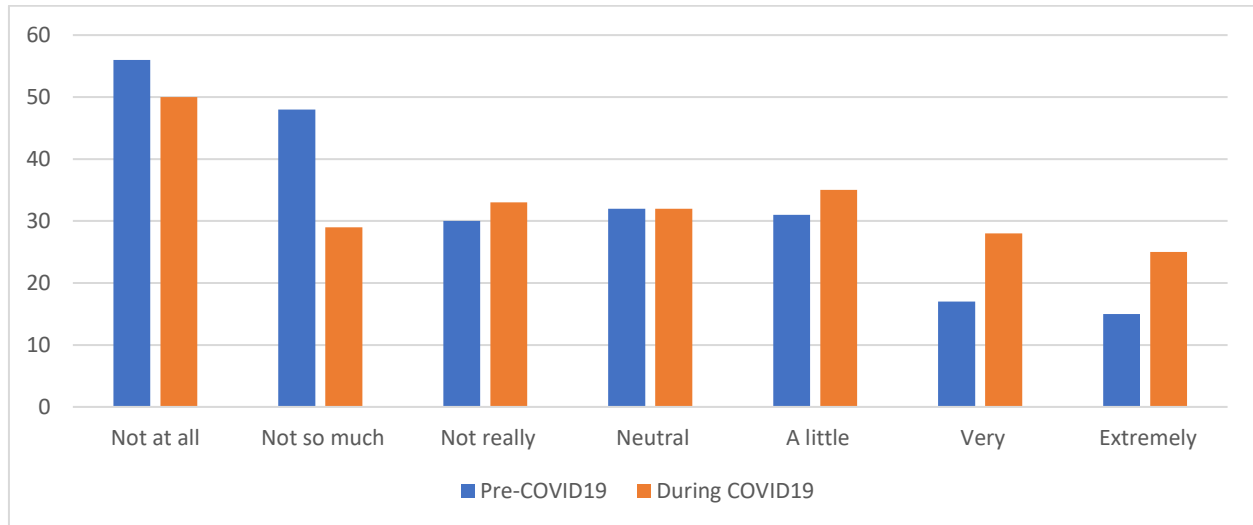
Figure 5 Stress About Housing for Elders



Note: The figure shows how much stress respondents felt about housing for elders.

Source: Survey conducted by the author in Cyprus in August and September 2021.

Figure 6 Stress About Physical Caretaking of Elders

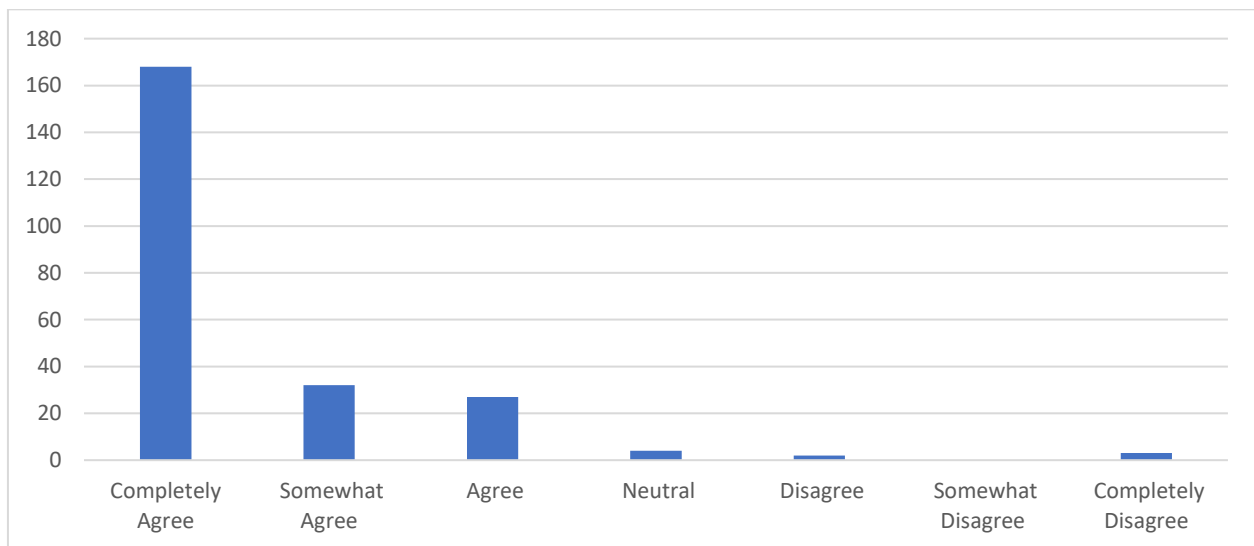


Note: The figure shows how much stress respondents felt about the physical caretaking of elders.
Source: Survey conducted by the author in Cyprus in August and September 2021.

Figures 4, 5, and 6 illustrate why this policy was helpful and exactly the service needed for elderly people. The data was derived from the same survey that was conducted for this research in 2021, asking respondents how much stress they felt in specific areas of elderly care. It can be derived from these figures that people generally do not struggle with the caretaking cost, nor do they face issues with housing, as the majority, even before and during the pandemic, were not at all stressed about these needs. In contrast, stress about physical caretaking received mixed responses, but an overall increasing trend of stress can be observed during the pandemic. The availability of not only medicine but also everyday necessities can also be considered physical caretaking, which many families perform in Cyprus.

Therefore, the delivery service was considered very helpful, and an overwhelming majority of respondents agreed with its creation, as can be seen in Figure 7. Despite the fact that many respondents had not heard of this service before (Figure 8), and an overwhelming majority had not used it at all (out of 236, only 15 had used it), the majority thought that it was extremely helpful (Figure 9) and that it could keep elders safe (Figure 10). As for the likeliness that they would use this service (ever or again) for as long as it exists, in an aggregated manner, Figure 11 shows that the majority would consider using it (again). This is an indication that information about this service was either not well-circulated or people naturally did not depend on social services and, therefore, did not pay much attention to new social services.

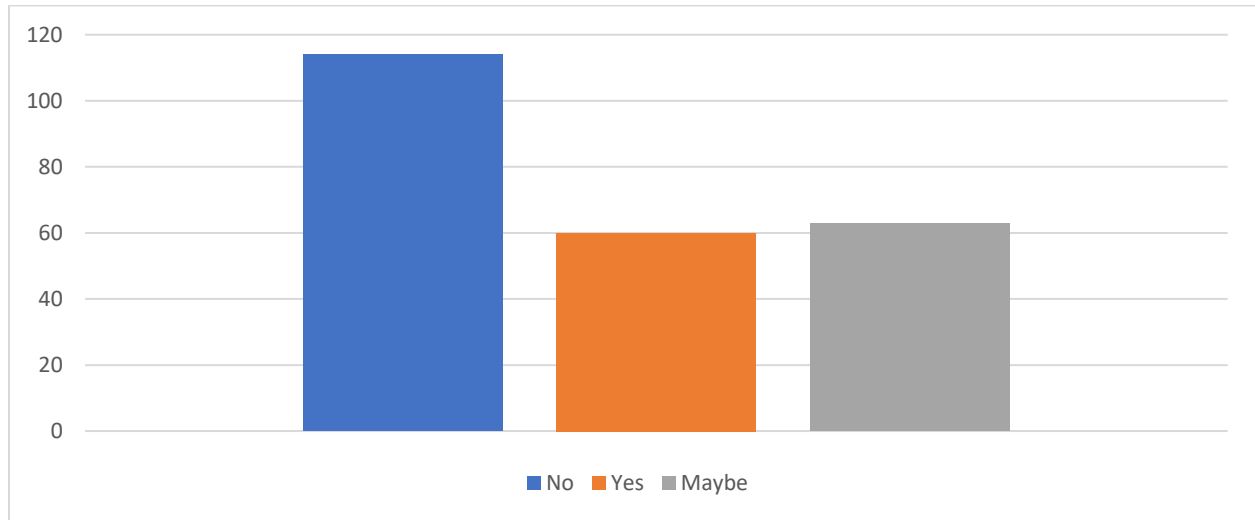
Figure 7 Level of agreement with creating the delivery service



Note: The figure shows if respondents agree or disagree with the creation of the delivery service.

Source: Survey conducted by the author in Cyprus in August and September 2021.

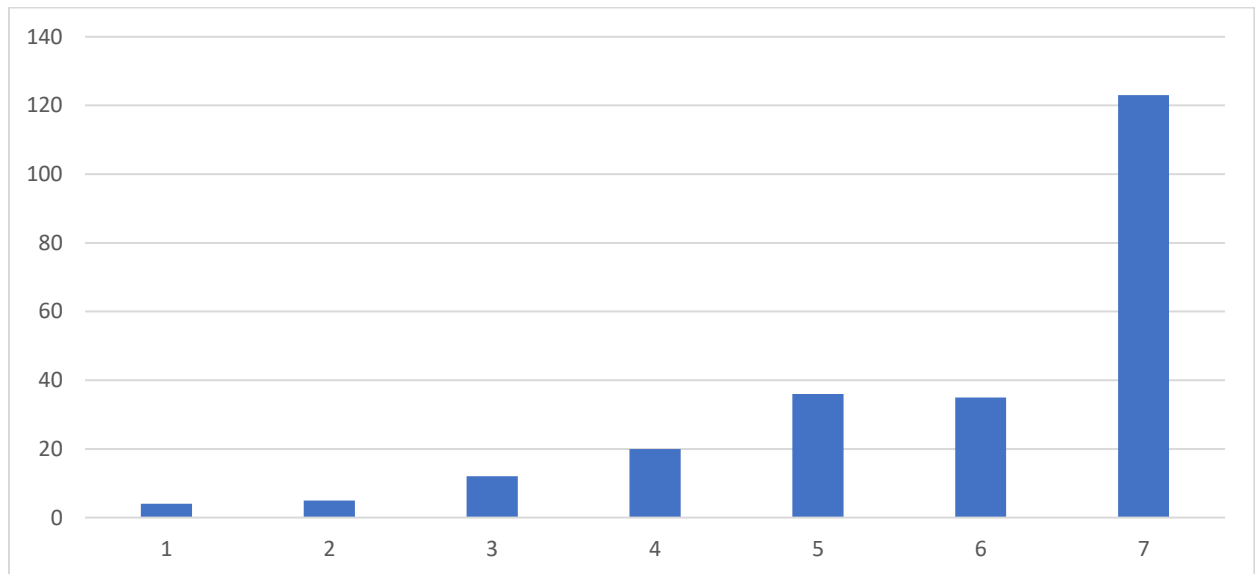
Figure 8 Awareness of the existence of the delivery service



Note: The figure shows if respondents are aware of the existence of the delivery service. The “maybe” option in the survey was formulated as “I may have heard about it, but I don’t know a lot of details about it”.

Source: Survey conducted by the author in Cyprus in August and September 2021.

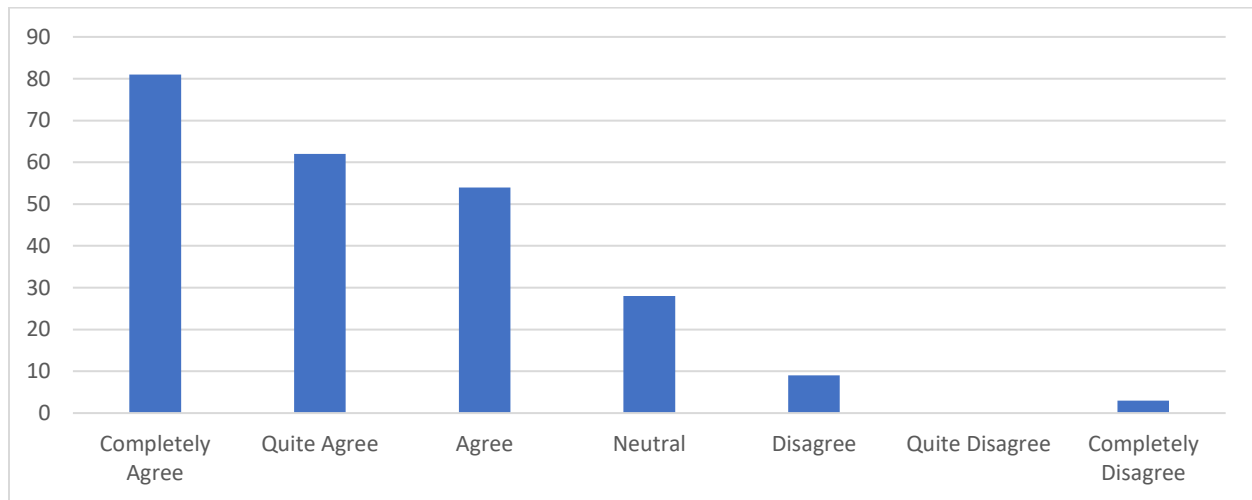
Figure 9 Level of helpfulness of the delivery service



Note: The survey question was formulated as “From “not helpful at all” (1) to “extremely helpful” (7) how helpful do you consider this service?”.

Source: Survey conducted by the author in Cyprus in August and September 2021.

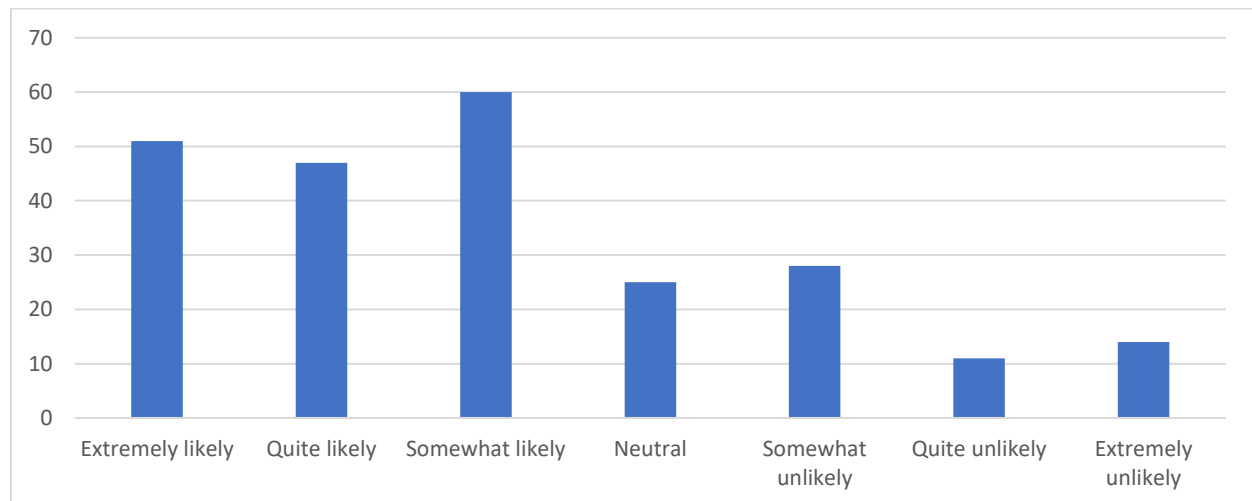
Figure 10 The level of agreement concerning the safety of elders by using the delivery service



Note: The survey question was formulated as “Do you agree that this measure can keep the elderly safe?”.

Source: Survey conducted by the author in Cyprus in August and September 2021.

Figure 11 Probability of using the delivery service (again)



Note: The survey asked respondents how likely it is for them to use the service (again) for as long as it exists.

Source: Survey conducted by the author in Cyprus in August and September 2021.

3.7 Conclusion

As much as it has exacerbated social issues, the pandemic has also opened up possibilities for welfare state reform, not only in Cyprus but worldwide. However, citizens will have to share the costs for financing these new welfare structures, should they become permanent in the future, while they evaluate how close these structures follow the cultural rules of a changing society. Within this reformation period, it is exciting to examine how perceptions of the welfare state, low political trust, and cultural values can affect this transformation. Since much research on COVID-19 and welfare states has focused on wide-reaching and well-functioning welfare states in northern and western Europe, Cyprus can be a good example of the insufficiently studied South European clientelist welfare states during transition times. In the following chapter, I will explain in detail the hypotheses that are derived from this inquiry into welfare attitudes, cultural values, and willingness to pay taxes as a form of political trust.

Chapter 4: Theoretical Framework and Hypotheses

4.1 Introduction

This research looks at how new welfare structures and new social policies are developed by identifying the cultural ideas that led to their existence and incorporation into political discourse. During the COVID-19 pandemic, a change in welfare structures has been observed in many European countries. In the case of Cyprus, the introduction of a completely new social policy, the delivery service for elderly people, signaled a departure from traditional welfare policy in that area. The emergence of the service can be argued to be the result of an immediate need due to an external shock such as the pandemic, and as such, it is not of interest to people in the long run. With the theoretical framework and the hypotheses that follow, I will argue that because it was in the interest of the people for some time, even before the pandemic, due to changed cultural values, it was not a surprise that such a policy emerged. For the people, it was an acceptable adaptation of their idea by the government, which is why it emerged and why it was successful. Not only was the delivery service not met with public resistance, and not only did people make use of the service readily, but people were open to making this temporary measure a permanent one.

This is neither the emergence of a policy due to necessity alone nor is it a policy that was born out of nothing, following the government's initiative. The driving force behind its manifestation into social policy was the accepted notion that elderly care is an area that has escaped the home/family boundaries to be co-performed by agencies other than the family or women. The notion of "responsibility" for taking care of elders is a cultural value that has changed. With it, it allowed people to re-imagine social policy and the welfare state – something that the government picked up and institutionalized, at least temporarily.

4.2 Hypothesis 1 – Cultural values and reform attitudes

Socio-economic changes brought forth by the COVID-19 pandemic can be considered a trigger for social policy change – perhaps a window of opportunity. They cannot, however, tell us a lot about *why* a specific social policy has been chosen (i.e., why the delivery service?), why it was not exclusively performed by NGOs or civil society without the help of the government, and why it ended up being a service-oriented provision instead of just monetary benefits, as has been the case with childcare, which is the typical kind of welfare provision by the state in Cyprus, and South Europe in general.

Welfare state structures tend to follow the welfare culture of a given society. Therefore, culture holds the answers to questions about why specific policies emerge in the way they emerge, as an idea must not go against the very people it seeks to satisfy if it is to work at all. In order for a social policy to work, people must make use of it. If demand for specific services or benefits does not exist from the beginning, political institutions are most likely not even going to pick up those ideas, as they would not receive significant support. If the policy outlives its purpose and becomes dysfunctional is another story. In order for it to emerge in the first place, demand for it should exist. In turn, the demand would not exist if it went against people's values.

In South Europe, the welfare state is limited in its scope and range due to the fact that the family unit is the main welfare provider. In other words, as per the welfare culture of South European countries, it is common for their societies to expect social services from the family instead of the state. According to Pfau-Effinger (2005: 24), this welfare culture determines the family values and, in turn, the predominant family model of a given society. She argues that the predominant family

model is based on the allocation of care responsibilities and that this allocation is based on gender relations within the family – what she calls “gendered care arrangements” (Pfau-Effinger 2003: 21). In South Europe, the predominant family model has transformed from a strict “male breadwinner/female housewife” to a more liberal role on the women’s part. That means that, even though males are still considered to be the main breadwinner, the increased participation of women in the labor market makes them part-time breadwinners as well. Based on the logic described above, changes in the predominant family model occur because of changes in the cultural values of the family. We can, therefore, expect that family values in South Europe, and the role of the woman specifically, are becoming more liberal.

However, even though we see a change in family values, the welfare culture still remains the same in South Europe. The state remains limited in its provision of social services, and the family is still expected to perform this task, which is why the term “superwomen” (Moreno 2006) was coined to describe working women who also performed caretaking duties. Even though the woman is seen to be less responsible for taking care of children and the elderly, it is still women who provide care services within the family. As described in Chapter 2, in recent decades, too much pressure on the family to take responsibility for welfare provision is rendering it unable to do so, and people are exposed to enormous risks. It is plausible to expect that people desire welfare state reform in South Europe in the face of such uncertainty.

Based on the fact that family values and the role of the woman are affecting the welfare culture, and on the fact, the family is increasingly experiencing more and more pressure to provide social services, I expect that people’s notion of “responsibility” for taking care of elders is changing as well. More specifically, I expect that for people who, on average, have more liberal family and caretaking values, it is more acceptable to allow the transfer of some care responsibilities to

institutions other than the family. By more liberal family and caretaking values, I mean support for the view that the woman does *not* have a “moral responsibility” to take care of her or any extended family’s elderly parents and that she is also expected to work outside the house, instead of only performing her traditional role as a housewife. Vice versa, then, people who, on average, still hold some conservative values of the family and care responsibilities are most likely not going to accept such a transfer and would, therefore, reject the idea of a continuation of the delivery service as a social policy. In the same line of reasoning, I expect that the more (or, the less) prevalent the value of tradition is – in other words, the level of conservativeness – will also play a role in defining support for (rejection of) reform.

In any case, it is argued that culture plays a significant role in attitudes toward reform and new social policies. I expect to find a significant effect between cultural values of the family-model and of caretaking responsibilities and the acceptance of social policy reform. I formulate Hypothesis 1 as follows:

H1: Those who are more likely to hold patriarchal values of the family and of caretaking responsibilities are less likely to agree with the continuation of the delivery service, and those who are holding more liberal values are more likely to agree with its continuation.

4.3 Hypothesis 2 – Willingness to pay taxes and reform attitudes

Cultural values usually affect welfare structures in the long run and cannot change overnight, even in the event of a crisis. A more short-term and immediate effect on welfare attitudes and state or policy reform is the willingness of citizens to pay taxes. In fact, besides agreeing with reform

based on ideology or policy evaluation, willingness to pay taxes can be a manifestation of political and social trust. Political trust is expressed towards the government or other political institutions, for example, as a result of performance evaluations or transparency, and can fluctuate because of short-term factors and events such as crises (Kumlin et al. 2017: 386-387). On the other hand, according to Kumlin et al. (2017: 386), social trust can take longer to form or change and is a “stable and robust “trait” rather than a transitory “state” of a society”. It is a kind of trust towards bureaucrats and fellow citizens that can be expressed as a fear of being fooled or robbed by them. Feelings of deservingness of certain welfare policies, for example, can be rooted in social distrust that inevitably affects willingness to pay taxes for such people. Specifically, in the area of welfare, social trust can affect political trust as citizens can evaluate political institutions negatively for their failure to establish a trustworthy society (Kumlin et al. 2017: 387).

In addition, social trust also includes notions of the deservingness of certain groups to receive state benefits and can indicate people’s acceptance of a social policy based on cultural values of “responsibility”. With responsibility, I am referring to whether it is considered the state’s responsibility to assist certain groups within society and whether people’s resources in the form of taxes deserve to be redistributed to these groups. This is especially relevant to South European countries, where until now, there has been a clear distinction between family and state responsibilities in terms of welfare provision. Willingness to pay taxes in this case study may indicate cultural values of caretaking responsibilities and what is considered an acceptable social policy worthy of people’s (financial) contributions.

Recent studies have argued for a causal relationship between the cultural values of the family and tax morale, otherwise also defined as the willingness to pay taxes and civic engagement in general. Maré et al. (2020: 236), for example, argue that the power of the family in Italy and other South

European countries is mainly defined by the role of the mother within the family and that gendered care arrangements and division of labor make up the “familial mentality”, which contributes to the low tax morale and civic engagement. Specifically, they argue that “the asymmetric role of the father and the mother within the family may largely explain the different effects of the family on individuals, which in turn influence economic behavior and civic and cultural values” (Maré et al. 2020: 241). They go on to prove that there exists a negative relationship between what they call “family ties” (a multi-level variable including “the role of the mother” and “the role of the father”) and tax morale and trust.

In South Europe, and especially in Cyprus, where welfare clientelism persists, and corruption does not only exist between public officials but also within society at large, political trust and social trust are inextricably intertwined. Because of rampant clientelism and corruption, a culture of distrust is formed that is manifested in high rates of tax evasion and a generally low willingness to pay taxes. As Busemeyer (2021: 3) notes, “declining institutional performance might fuel political distrust and a declining willingness to further contribute to the collective goods of the welfare state, potentially accompanied by richer citizens opting out of public social insurance schemes in favor of private solutions”. Because political and social distrust is so deeply manifested within Cypriot society due to dysfunctional political institutions, it is doubtful whether a shock like the COVID-19 pandemic has the power to immediately change people’s perception of dishonest political institutions.

Based on the assumption that willingness to pay taxes speaks either for agreement with the contents of the policy because of cultural notions of caretaking responsibilities or for political trust, I expect that, specifically in the Cypriot case, citizens who, on average, are unwilling to pay taxes will not agree with state reform, whether that is because they do not trust political institutions, or

because they do not accept elderly care as one of the state's responsibilities. Vice versa, I expect that people will, on average, accept the continuation of the delivery service if they have a higher political trust or if they are ready to transfer caretaking responsibilities to the state – both of which are manifested in the willingness to pay taxes. Specifically, I formulate Hypothesis 2 as follows:

H2: The more unwilling people are to pay taxes for elderly care, the less likely it is that they will agree to the continuation of the delivery service, and the more willing people are to pay taxes, the more likely they are to agree with the continuation of the delivery service.

The goal of this hypothesis is not to separate political trust from views on caretaking responsibilities or cultural values. It is to establish the fact public attitudes towards social policy development and welfare state change depend on people's participation in the financing of any new policy, and it is not merely an ideational acceptance in theory. However, it also highlights the role of cultural framings with which people view taxation, redistribution, and the beneficiaries thereof. Willingness to pay taxes is not completely devoid of the cultural value of elderly people being cared for by the state instead of the family.

4.4 Hypothesis 3a – The effect of COVID-19 on reform attitudes: Willingness to pay taxes

According to functionalist theory, socio-economic changes and external shocks cause welfare state change and the development of new social policies (see Chapter 2). It is plausible to assume that the delivery service as a new social policy has emerged because of the adverse effects of the COVID-19 pandemic. However, as has been discussed in Chapter 3, the service did not emerge out

of nothing from the governmental ranks, but it originated from the initiatives of ordinary people before it was institutionalized. Moreover, this service was a temporary solution for as long as the pandemic continued to make elderly care difficult for families to perform.

Since there is no way of knowing whether the policy will become permanent or not at this stage, we can only look at the public's opinion on the extension of the service as a social policy for elderly care beyond the crisis. The delivery service originated from the people, so support for it will be crucial for its continuation.

It is often stated that crises naturally catalyze discussions of welfare state reform, and this can be observed at any point of a major crisis, such as the 1973 oil shock or the financial crisis of 2008. As discussed in Chapter 2, the most common course of action after such crises has been welfare retrenchment and the introduction of austerity measures by restructuring the welfare state to increase its efficiency and the state's budget. According to Kumlin et al. (2017: 394), "[t]he *combination* of major crisis and feared or realized retrenchment means citizens experience greater social risks at the same time as protection against those risks also deteriorate or are perceived as threatened". Therefore, on an institutional level, the expansion of the welfare state during crises is discouraged, but among citizens, there is increased support for the welfare state (Vis et al. 2011: 342-343).

Did the adverse socio-economic effects of the pandemic cause people to support this service and its continuation, as functionalism would propose? Following this argument, we would expect that the pandemic has made reform a salient topic for all affected societies, with many who have been affected by the crisis being in favor of a social welfare reform that expands the state's services and may assist them in times of increased risk. If we follow this reasoning, we may conclude that any policy that helps people during times of crisis will be accepted unconditionally by the public,

especially by those that are in need. Those who have been negatively affected by the pandemic will be more likely to agree with the continuation of the delivery service, while those who have not experienced increased risk will be less likely to agree with its continuation. People would be at the mercy of external shocks, socio-economic changes, and governmental decisions.

While socio-economic changes have the power to trigger change, it is misleading to argue that change is inevitable and automatic as a response to a changed environment. It is only half of the story to assume that welfare state structures change because they need to change. In fact, it is something else that takes advantage of an adverse environment and gives direction to the need for change. If people want welfare structures to change, then it means that people can envision the direction in which it needs to change. Since the delivery service as an idea did not originate from the government but from the grass-roots themselves, it is doubtful that people are at the mercy of socio-economic changes and accept any social policy that extends the welfare state. Therefore, the baseline argument is that being affected by the COVID-19 pandemic alone is not enough to affect support levels for the continuation of the delivery service.

This does not mean that the COVID-19 pandemic has no impact on other factors that affect support for the continuation of the delivery service. Following Hypothesis 1 and 2, which suggest that cultural values and the willingness to pay taxes affect support levels for the continuation of the new social policy, we might expect that socio-economic changes might interact with these two factors, as a crisis causes a change in people's reality, which in turn may require people to use familiar framings to make sense of an unknown reality. Then, it is possible that these familiar framings are altered to adapt to new realities.

As explained in Hypothesis 2, political and social trust can have an effect on people's willingness to contribute to the welfare state in the form of taxation. That is, based on performance evaluations

of past decisions, existing welfare structures, or experiences with welfare state services, people are already predisposed to matters of taxation. If those evaluations and experiences are bad, people tend to “punish” political institutions by withdrawing support and withholding funds (taxes), while the opposite is also true (Busemeyer 2021: 5). This explains why in South Europe, the tax-evasion rate is higher than in the west or the north.

In the case of South Europe, where disappointing experiences with welfare and other political institutions have made people quite despondent, a culture of political distrust has already manifested itself deeply within society (see Chapter 2 & 3). This political distrust that has spilled over to relations between ordinary individuals within society has become a cultural trait that is not easily shaken by external shocks or crises. We cannot expect that because of a crisis, people embedded in such a culture of distrust will suddenly restore their faith in political institutions, even when they are in need of help. In this case, we should expect that socio-economic changes due to the COVID-19 pandemic should not affect the willingness to pay taxes if this “willingness” is taken as an indicator of political trust.

Moreover, I expect that during times of need, people are not necessarily concerned with their trust in the state when they are faced with an opportunity to receive much-needed benefits from the state. The prospect of reform to include new social policies during a crisis, when people’s risk perceptions are higher and social policies become increasingly relevant for more people, is not evaluated based on the relation between state and society. Internal processes of the state that are defined, among others, by corruption or transparency that contribute to trust levels are not as relevant for society, whose everyday life and needs are viewed through its own familiar framings, such as culture. Therefore, I expect that willingness to pay taxes will not be an influential factor for reform attitudes that depends on socio-economic changes. I formulate Hypothesis 3a as follows:

H3a: The effect of people's willingness to pay taxes on their support level for the continuation of the delivery service is not conditioned by the pandemic's impact on them.

4.5 Hypothesis 3b – The effect of COVID-19 on reform attitudes: Cultural values

If people in times of crisis use familiar framings to make sense of new social policies, then we may expect that, in the case of elderly care, they will evaluate the adoption of such a policy through the familiar framing of “care arrangements”. Since this is a policy that suggests a transfer of responsibility from the woman and the family to the state, people in need will accept or reject it based on whose responsibility they think elderly care is. Would one let their elderly family members be cared for by the state in times of crisis? Would one, who has gone through a crisis, change their framing of responsibility to allow the transfer of responsibility from the family to the state even after the crisis is over? These are possible questions that people ask unconsciously through their framing of elderly care when deciding whether they want policy reform or not.

I argue that in times of crisis, such as during the COVID-19 pandemic, the reform of the state to include new policies for elderly care is influenced by cultural values, especially the “moral responsibility” in South European welfare states. The crisis accentuates the role of cultural values, not as rules by which people structure their lives (or, in this case, their families) but because they have no other way of knowing the task of caretaking. The caretaking of elderly people has always been a question of responsibility: some people believe in a “moral responsibility” of the woman and, by extension, the family, while others are ready to transfer some of that responsibility to the state. This question becomes important during the COVID-19 pandemic, as people's direct experience with the crisis in elderly care and the appearance of a social policy at exactly that time

makes people think deeper about elderly care in general through their known cultural framing of responsibility. Whether this notion of responsibility defines arrangements of caretaking within the family is not of importance when viewing people's framings during the pandemic to analyze their attitudes towards reform. What is important is the view that the implementation of a caretaking policy requires the transfer of responsibility for caretaking, so that, specifically, the cultural value of "moral responsibility" becomes relevant. Therefore, by separating the "moral responsibility" value from its group of values that constitutes the gendered "care arrangements", I hypothesize that:

H3b: The effect of people's views on the "moral responsibility" of the woman to take care of elders on their support for the continuation of the delivery service is conditioned by the pandemic's *negative* impact on them.

How exactly is this "moral responsibility" affected by the impact of COVID-19, and how does this affect attitudes towards the new welfare policy? I specifically expect that people who (do not) believe in the "moral responsibility" of the woman to take care of elders are less (more) likely to agree with the continuation of the delivery service in the case that they are negatively affected by the pandemic. Since an interaction between the impact of COVID-19 and "moral responsibility" is expected, there is naturally a reason to expect that those who have been affected negatively by the crisis will react in a different way than those positively or not at all affected. That is because the COVID-19 pandemic had a different intensity for everyone. Especially in the case of elderly care, because of the increased stress of physical and financial caretaking, people's experience during the pandemic varies. As a factor that affects reform attitudes, this insight acknowledges the perspective

that attitudes have a different starting and divergence point for everyone and that they can be based not only on deeply embedded social and cultural norms or practical past experiences with state institutions but also on current short-term experiences. Without a doubt, COVID-19 has impacted some people negatively, but it might also have had a positive or no impact at all on others.

In fact, for those that experienced a positive effect or no change at all during COVID-19 regarding elderly care, this time is no different from any other normal time. Even though the crisis may have impacted others around them, it has not impacted them specifically. Therefore, it is plausible to expect that these people do not feel an immediate need or desperation to make sense of an unknown situation because their situation has actually not changed. This means that, like during normal times, those who have been positively or not affected at all by the pandemic will evaluate reform based on other possible factors because their sense of “responsibility” is not threatened.

It is for those who have been negatively impacted by the pandemic that I expect to find change in the effect of “moral responsibility” and, consequently, change in how it affects attitudes towards welfare state reform. Those who experienced a worsening of their situation in terms of taking care of elders are people, who have experienced loss, and who stand to benefit the most from a welfare policy that addresses their needs. Then, the policy becomes a very salient topic for them, which they will judge according to how they themselves judge elderly care in general. While the short-term implementation of that policy would not threaten their views on elderly care, permanent reform would. That is why people that are negatively affected are more concerned with the policy itself and with its long-term implementation, as they are the ones who are most likely going to make use of and benefit from it.

To be clear, I do not expect that these people show a change in their views of “moral responsibility”. What I expect is that the influence of different levels of conservativeness gains in

strength so that people do rely on their perception of “moral responsibility” when deciding to agree or disagree with the continuation of the new welfare policy in the future. Therefore, I expect this interaction between “moral responsibility” and the impact of COVID-19 to be different for those positively or not affected and for those negatively affected. The more positively affected, the less people will accept or reject the continuation of the delivery service based on the notion of “moral responsibility”, and the more negatively affected they are, the more likely it is that their acceptance of the continuation of the delivery service will depend on their views of “moral responsibility”. In the latter case, the more they agree with the “moral responsibility” of the woman, the less likely they are to agree with reform, and the less they believe in this “moral responsibility”, the more likely they are to accept reform.

4.6 Main argument and conclusion

This chapter has explained the main argument of this research, which is illustrated in Figure 12. The key takeaways are that (a) reform attitudes are directly affected by cultural values of the family-model and care arrangements, as well as the willingness to pay taxes, and (b) the impact of the COVID-19 pandemic on its own has no effect on reform attitudes, but it can still affect them by changing the importance of cultural framings of elderly care.

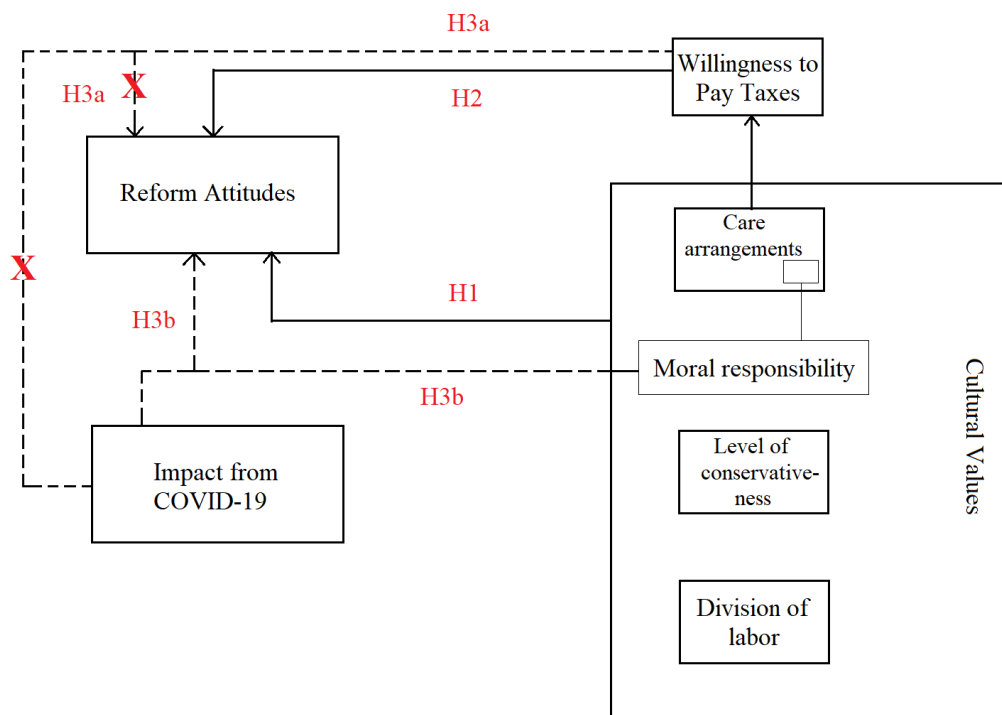
After proving that the two cognitive factors of cultural values and the willingness to pay taxes affect attitude formation directly, I go into more depth in analyzing the willingness to pay taxes. First, I argue that the willingness to pay taxes should not only be seen as an indicator of the level of political trust, which is very hard to shake in South European countries but also as the acceptance of a (partial) transfer of caretaking responsibility for elderly care from the family to the state. How

willing people are to pay taxes for elderly care and, essentially, formally institutionalizing it, is related to the cultural value concerning the gendered arrangements of caretaking responsibilities within the family. These usually fall into the hands of women (as discussed in Chapters 2 & 3), as less agreement with believing that the woman has no moral responsibility to take care of elders does not mean that men should share the responsibility, but it is more a statement towards family vs state responsibility. By proving that there is a link between willingness to pay taxes and care arrangements, I confirm that the level of willingness to pay taxes can generally be an indicator of not only political trust, but also of how much the transfer of caretaking responsibility to the state goes against people's views on the family's responsibility to perform caretaking duties for the elderly parents and the extended family. Whether people are more or less likely to agree with any care arrangements within the family to care for elderly parents or the extended family is reflected in their willingness to pay taxes for elderly care.

After empirically showing that socio-economic changes interact with this notion of "moral responsibility", I argue that (dis)agreement with the continuation of the delivery service as a reform attitude, besides being directly affected by cultural values and the willingness to pay taxes, is also affected by the fact that socio-economic changes due to the COVID-19 pandemic are interacting with the "moral responsibility" towards elderly care. This happens due to the configuration of two factors: the impact of the pandemic as an external shock manipulates the importance of cultural framings, affecting people's attitudes towards reform. For those who have been negatively affected by the pandemic, the shock has the power to alter the influence of cultural framings because people in an unfamiliar situation who depend on the state will try to make sense of the new situation through familiar cultural framings.

In the following chapter, I discuss in detail how I can test these hypotheses empirically using a quantitative methodology, including how to operationalize the dependent and independent variables of cultural values, willingness to pay taxes, reform attitudes, and the impact of COVID-19. The findings of this empirical test can be found in the subsequent Chapter 6.

Figure 12 Flow of Main Argument



Note: Main effects and interaction effects on reform attitudes

Chapter 5: Methodology

5.1 Introduction

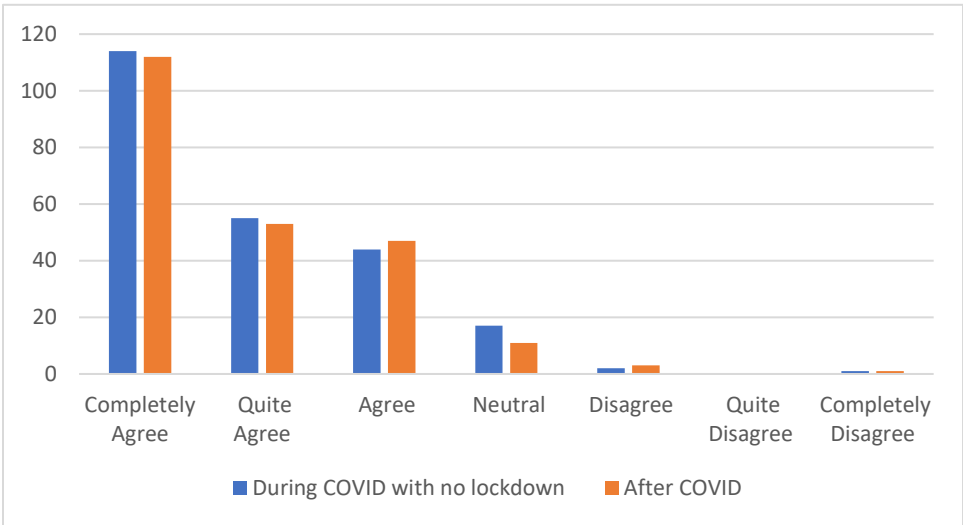
This chapter is dedicated to the methodology used to prove the hypotheses of this research. In order to test these hypotheses, I conducted an online survey in Cyprus between August and September of 2021. In total, 240 respondents took part with a gender quota of 51% male and 49% female. An eligibility parameter was set to include only those who had at least one elderly person in their family that required care. The distribution of the survey was done via Facebook ads, a method that has gained attention in recent years for its convenience and low cost. This approach enables the researcher to reach a broader range of people rather than asking participants from specific communities of friends or survey company monitors. Since Cyprus has the highest percentage of Facebook users in the EU (52.69% of the population), and the platform is being used by 99% of internet users (Business Culture 2022), it can grant access to a significant portion of the population. The parameters used for the advertisement's distribution were geographic location (people living in the Greek-speaking Southern part of Cyprus), age, and additional, but not exclusive, interests and hobbies. Some preliminary findings have already been presented in Chapter 3 concerning respondents' experience with elderly care in Cyprus during the COVID-19 pandemic.

The data is analyzed through the statistical program *R*. It is important to note that this research does not seek to explain the causal mechanism between the variables tested, but strictly looks at the causal effect. Therefore, the purpose of the regressions is to test covariations among variables in the way expected by the hypotheses. I begin this chapter by introducing the various variables used in the regressions and how they were collected and calculated, followed by their operationalization within the regressions.

5.2 Dependent Variables

There are two similar dependent variables in this analysis, differing only by their definition of a short- and long-term solution: attitudes towards a welfare policy that is considered as a short-term solution, or as a long-term policy reform. These are specifically measured by attitudes towards a delivery service targeted at elderly people during the COVID-19 pandemic. One variable measures the degree of agreement with the continuation of such a service during the pandemic but with no lockdown in place, and the other measures the degree of agreement with its continuation even after the pandemic as a long-term welfare policy. As can be seen in Figure 13, the majority of respondents agree with the continuation of the service in both cases, as a short-term solution and as a long-term welfare policy adopted even after the pandemic, showing strong support for such a welfare reform. Since the graphs are negatively skewed, a Poisson regression will be used when analyzing the interaction between the independent and dependent variables. The options to answer the question corresponding to this set of variables were coded from 1 to 7 (i.e., 1="Completely agree", 7="Completely disagree") and will be used as such in the regressions.

Figure 13 Agreement with Continuation of Delivery Service During the Pandemic with no Lockdown and After the Pandemic



Note: Respondents were asked how much they agreed with the continuation of the delivery service after the pandemic.

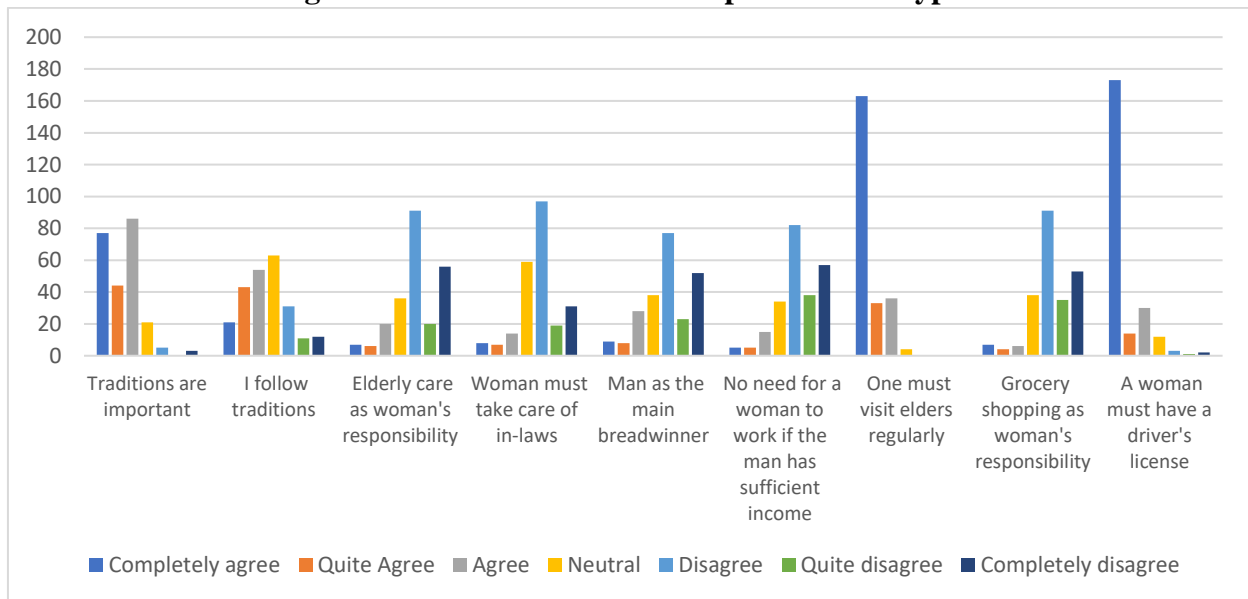
Source: Online survey conducted by the author in August and September 2021.

5.3 Independent Variables

Of interest to this research are three independent variables, namely cultural values, willingness to pay taxes, and the impact of COVID-19 in three areas concerning elderly care. Starting with the “cultural values” variable, it is a measurement of the level of agreement with nine cultural statements (see Figure 14 for a detailed description). These statements are based on cultural values of the family model and of caretaking responsibilities, as well as additional statements that have to do with the disposition towards tradition and the delivery service itself. The first two statements measure the level of the conservativeness of respondents by asking about the importance of traditions. The following two items are measuring the woman's responsibility in elderly care and its reach, allowing us to identify how strong the “moral responsibility” reasoning is within society.

Items five and six determine views of the family model and the division of labor. By examining the family model separately, it is possible to detach views on it from any moral obligations. There is also a statement that measures how important elders are considered in Cypriot society and, therefore, how much their welfare is considered. The last two items measure the ability of a woman to replace the delivery service itself. The logic here is that if a woman can perform the functions that the delivery service is supposed to cover, then there might not be a need for the provision of such a service.

Figure 14 Cultural Values of Respondents in Cyprus



Note: Respondents were asked how much they agree with nine statements on culture.

Source: Online survey conducted by the author in August and September 2021.

These nine items have been analyzed through factor analysis, and six of them could be grouped into three main categories, which I label "moral responsibility" (Factor 1 – items 3, 4, 5), "level of conservativeness" (Factor 2 – items 1 and 2), and "division of labor" (Factor 3 – items 5, 6). I set the eigenvalue of 1 as a threshold to determine the number of factors. Since the remaining three

items could not be grouped into any factor, they are used separately in the analysis. The factor loadings are presented in Table 1. It is assumed that those who are more likely to agree with the statements hold more patriarchal views and value a stricter “male breadwinner” family model.

Table 1 Factor loadings for all cultural values

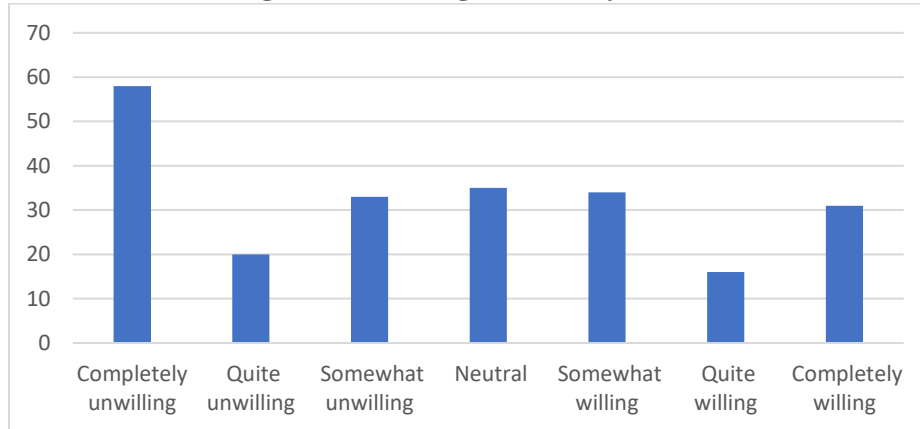
	Factor1	Factor2	Factor3
Traditions important		0.752	
I follow traditions	0.34	0.661	
Moral responsibility	0.795	0.188	
Extended family care	0.509	-0.135	
Man breadwinner	0.708		0.372
Woman no work	0.499		0.491
Visit elders often	-0.141	0.392	-0.187
Woman groceries	0.74	0.158	0.156
Woman driving license	0.106	-0.406	

Note: The table shows the factor loadings for every cultural value tested. The first six values were grouped into 3 factors, the last three were used separately in regressions.

Source: Calculated by author using the statistical program *R*.

The independent variable of “willingness to pay taxes” for elderly care (Figure 15) is measured on a Likert scale from “completely unwilling” to “completely willing” to pay taxes, and coded into a 1-7 scale with 1 indicating complete unwillingness and 7 complete willingness. A first look at the figure makes it a bit unclear to find a trend or conclude that people are generally unwilling to pay taxes for elderly care, as the distribution of answers is broad.

Figure 15 Willingness to Pay Taxes



Note: Respondents’ willingness to pay taxes for elderly care aside from pension.
Source: Online survey conducted by the author in August and September 2021.

Finally, the third independent variable is that of the impact of COVID-19 on three areas involved in the caretaking of elders. Respondents were asked to evaluate their general anxiety level due to elderly care, their anxiety due to financing elderly care, and how much elderly care is getting in the way of other daily activities. These questions were asked twice, once for an evaluation before the pandemic and once for their situation during the pandemic. Some may reason at this point that asking for an evaluation of a past situation in retrospect is not an accurate measurement for comparison between before and after. For this research, the actual situation is not of concern. What is desired is to see how respondents evaluate their past situation, and if they feel like they are in a better or worse state *now* when they are asked to agree or disagree with the continuation of the new policy at *this* moment. The evaluations ranged from “Not stressed at all” to “Extremely stressed” and respectively coded from 1 to 7. A first look into this comparison can be seen in Figures 16, 17, and 18 corresponding to each area affected.

Figure 16 Anxiety About Elderly Care

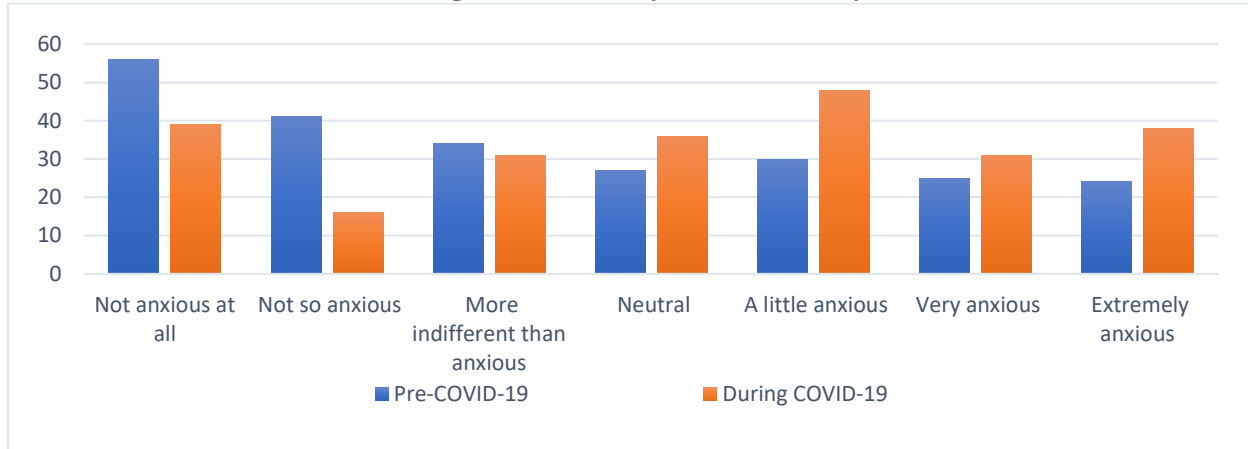


Figure 17 Financial Burden of Elderly Care

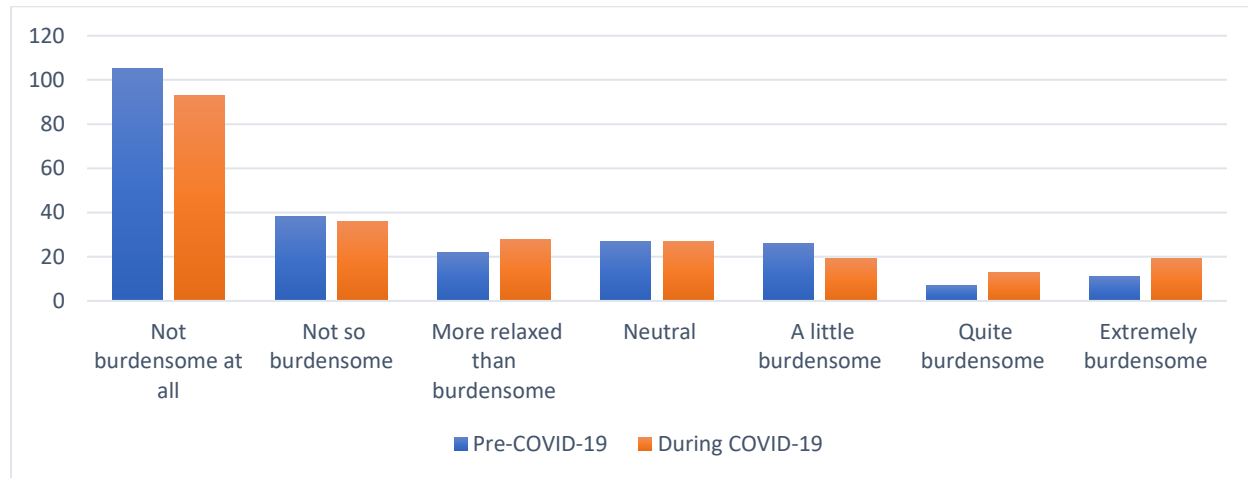
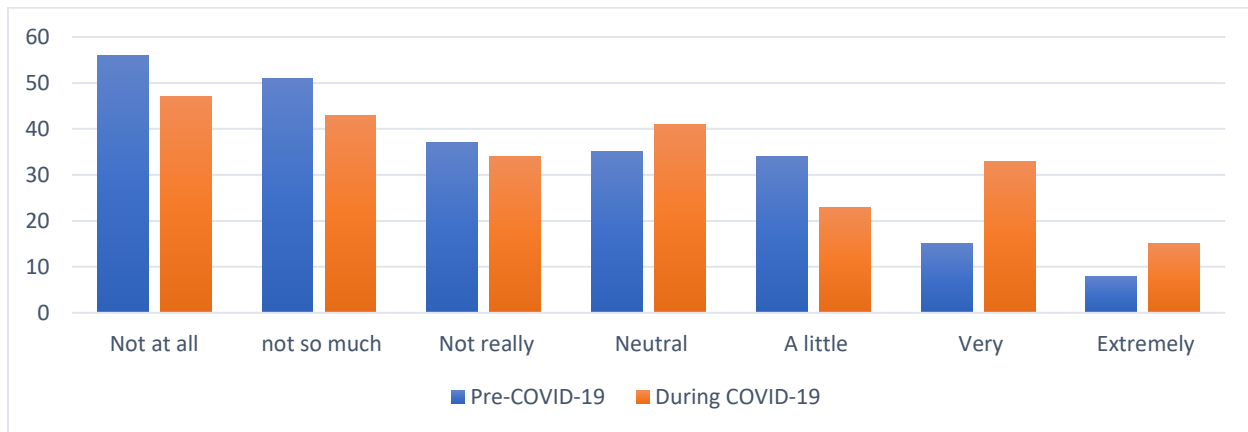


Figure 18 Elderly Care Getting in the Way of Other Daily Activities



Note: Respondents’ evaluation of their situation pre- and during-COVID-19.

Source: Online survey conducted by the author in August and September 2021.

The next step was to create a general profile of the respondent’s situation as negatively, positively, or not at all impacted by COVID-19. For this, I subtracted the “after” evaluation from the “before” evaluation. Therefore, if the “before” evaluation is higher than the “after”, the result will be positive, indicating that the person has experienced improvement due to COVID-19. Vice versa, if the “after” evaluation is higher than the “before”, it means that the person experienced higher stress due to COVID-19 and, therefore, a negative impact. If the result is 0, then there was no impact. Based on this calculation, respondents’ situation after the impact of the pandemic was calculated as a margin of difference between the “before” and “after” evaluations for all three areas impacted by COVID-19 separately, ranging from minus 6 (-6) to 4. The distribution of respondents’ situation for the three areas impacted by the pandemic is displayed in Figures 19, 20, and 21.

Figure 19 Impact of COVID-19 on general anxiety about elderly care

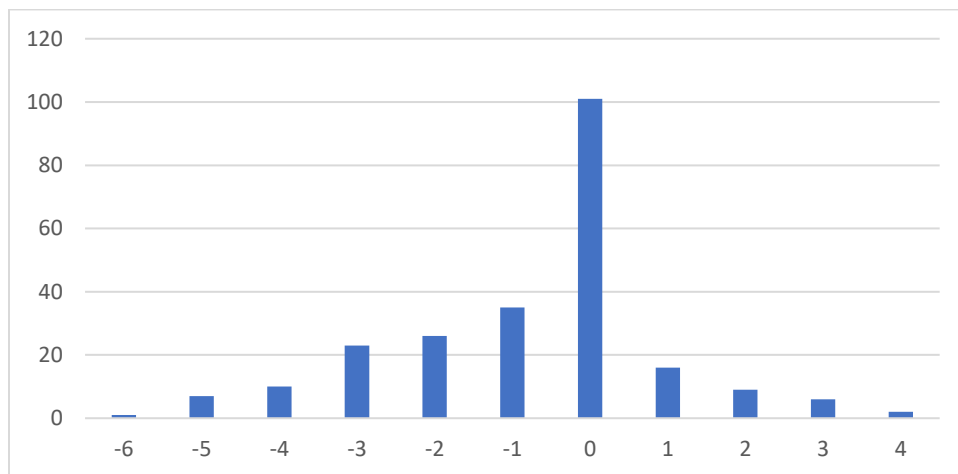


Figure 20 Impact of COVID-19 on financing elderly care

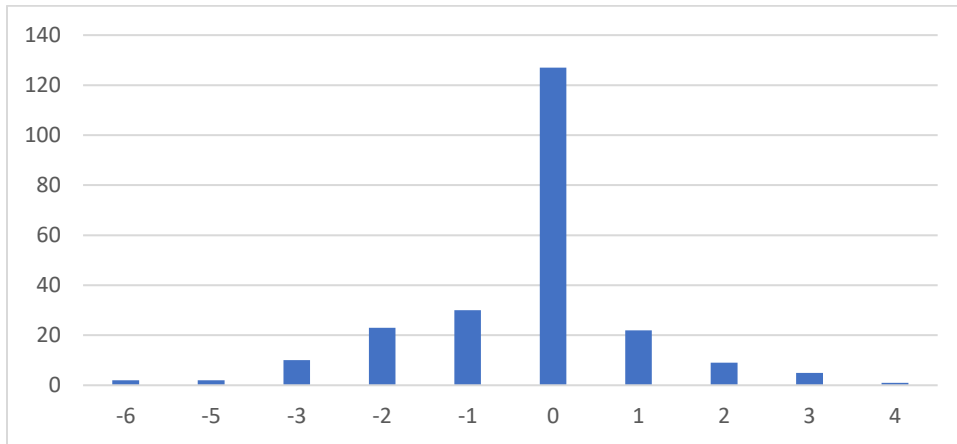
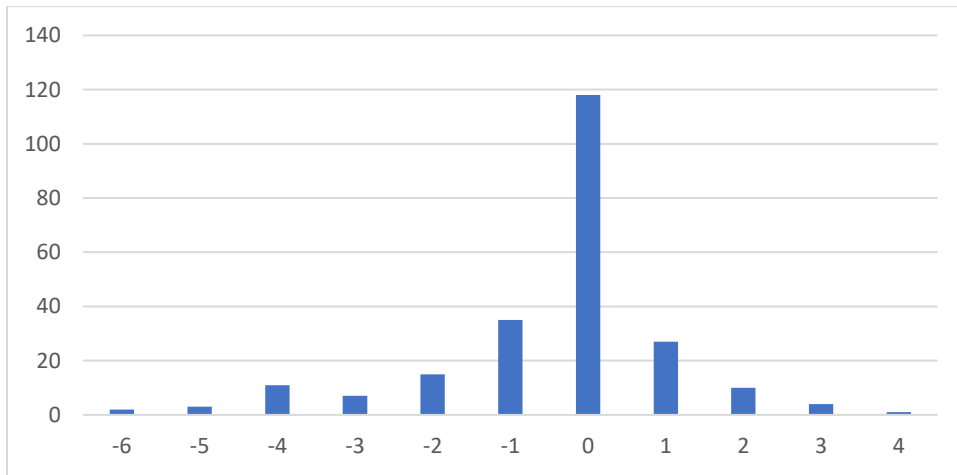


Figure 21 Impact of COVID-19 on elderly care getting in the way of other activities



Note: Respondents’ evaluation of their situation pre- and during-COVID-19, calculated as a margin of difference between the two points in time.

Source: Online survey conducted by the author in August and September 2021.

5.4 Control Variables

As a final step, I controlled for various demographic and political factors that might interfere with people’s attitude towards the continuation of the delivery service and their willingness to pay taxes, such as gender, age, education, income, ideology, and government satisfaction, assuming the heterogeneity of the sample.

Concerning the willingness to pay taxes, as well as attitudes towards the continuation of the new social policy itself, much like political trust, they can be affected by ideology, government satisfaction, or pure evaluation of its necessity. Left-wing ideology is considered to be more social oriented, encouraging welfare policies and the expansion of the state's responsibilities, while right-wing ideology is more liberal and market-oriented, favoring less interference by the state and the contraction of the welfare state's responsibilities. Therefore, ideology, which in Cyprus is almost equal to partisanship is controlled for in the regression models. Government satisfaction is another factor that may affect both agreement with any government policy and people's willingness to pay taxes. The more satisfied one is, the more likely they are to agree with a policy and vice versa. Considering the policy useful and necessary in itself might also be a factor influencing attitude towards its continuation. However, according to my survey, an overwhelming majority considers the policy helpful and good, thereby eliminating the possibility of dissatisfaction with the policy itself being an influencing factor.

In terms of education, previous research has associated education with more liberal views, individualist values, and a lower confidence in most institutions (Weakliem 2002: 148-151). More specifically, education also fosters more liberal views on gender roles, more liberal moral judgements, but more conservative views concerning the economy. Therefore, in the regressions I control for education as a factor that might lead to disagreement with welfare state reform based, on the one hand, on more liberal cultural views of the gendered care arrangements, and on lower confidence in the welfare state and taxation on the other.

Age is also another factor that is controlled for. According to the age-stratification theory, people's political attitudes and behavior vary based on their age, as they themselves age and live through each stage of their own life-cycle, and as they age through social changes as part of a

generation that experiences a different social, political, and economic situation (Riley 1978: 40). More specifically, “in political terms, aging differentiates age strata insofar as people may become more conservative as they age, or may gain greater access to political power” (Foner 1974: 188).

Another factor that might influence attitude towards welfare state reform is income. According to Lipset (1960: 223-229), higher income is associated with more right-wing political attitudes that are against redistribution or taxation. This is relevant for the second and third hypotheses that involve taxation as part of the analysis. For the first hypothesis, in the context-specific case of Cyprus it is plausible to assume that people with a higher income are in a better position to care of their elders themselves, for example by hiring a private, in-home caretaker, so that the elder does not need constant caretaking by the family or the state. In this context, gender is also controlled for, as in Cyprus elderly care seems to be primarily performed by women. Finally, heteroskedasticity-robust standard errors were used in all regressions.

5.5 Structure of regressions

Each hypothesis has two sets of regressions corresponding to the two dependent variables for short-term and long-term policy reform. This means that each hypothesis is tested for the continuation of the delivery service in the short-term, and for its continuation as a long-term policy reform. In the remainder of this chapter, I will discuss the structure of the regressions for each hypothesis.

The first hypothesis is testing for an effect between reform attitudes and cultural values. As a reminder, Hypothesis 1 was formulated as follows:

H1: Those who are more likely to hold patriarchal values of the family and of caretaking responsibilities are less likely to agree with the continuation of the delivery service, and those who are holding more liberal values are more likely to agree with its continuation.

One set of regressions uses as a dependent variable the continuation of the delivery service during the pandemic with no lockdown. I run three regressions based on the following three models: the first model uses as the main independent variable Factor 1 of the cultural values, which is the “care arrangements” to take care of elders; the second model uses Factor 2 of the cultural values (“level of conservativeness”) as an independent variable; and the third model tests the effect of Factor 3 (“division of labor”). For all models, I also control for gender, age, education, income, government satisfaction, and ideology. The same regressions are run with the dependent variable set as the continuation of the delivery service after the pandemic.

Moving on to the second hypothesis, Hypothesis 2 states that:

H2: The more unwilling people are to pay tax for elderly care, the less likely it is that they will agree to the continuation of the delivery service.

As in the first hypothesis, I use two sets of regressions with the aforementioned two dependent variables for each set. This time, I use the “willingness to pay taxes” as the independent variable. In addition to demographic factors, I also control for government satisfaction and ideology that may interfere with both the dependent variable and the willingness to pay taxes.

As an additional step to strengthen the theory that a cultural element is entailed within one’s willingness to pay taxes, I perform a separate regression that takes the willingness to pay taxes as

a dependent variable and the cultural factor of “care arrangements” within a family as an independent variable. As explained in Chapter 4, there has been theoretical discussion about willingness to pay taxes being culturally driven. Specifically, it has been argued that the role of the mother and the father within the family (what I define as “care arrangements”) can explain lower willingness to pay taxes, especially in countries where family ties are exceptionally strong (Maré et al. 2020: 236). Moreover, Andriani et al. (2021) have found that “femininity” is associated with higher willingness to pay taxes. Therefore, I perform this extra regression to show that willingness to pay taxes is affected by cultural values of care arrangements within the family, also controlling for gender, government satisfaction, and ideology.

Finally, the third hypothesis is separated into two halves:

H3a: The effect of people’s willingness to pay taxes on their support level for the continuation of the delivery service is not conditioned by the pandemic’s impact on them.

H3b: People who (do not) believe in the “moral responsibility” of the woman to take care of elders are less (more) likely to agree with the continuation of the delivery service, only when they are negatively affected by the pandemic.

Before I start working on these two hypotheses, I first show that the COVID-19 pandemic on its own does not show any effect on reform attitudes. Here, in another Poisson regression, I use the agreement towards the continuation of the delivery service in the short-term and in the long-term as the dependent variable, and the impact of COVID-19 on three areas concerning elderly care as the independent variable. I construct separate models for each area impacted by COVID-19:

general stress due to physical caretaking, financial stress due to caretaking, and the caretaking getting in the way of other activities. In sum, there are three models for each dependent variable. I also control for various demographic factors such as age, gender, education, and income, as well as government satisfaction and ideology.

With Hypothesis 3a, I am attempting to find an effect of the pandemic's impact on the reform attitudes, by examining its interaction with the willingness to pay taxes. Here, the dependent variable depends on two independent variables. More specifically, the continuation of the delivery service (both in the short- and long-term) depends on the interaction between the impact of COVID-19 and the willingness to pay taxes. How the two independent variables interact with each other has an effect on the dependent variable. For this reason, I check for an interaction effect, using three models that correspond to the three areas of the pandemic's impact. Model 1 uses the "impact of COVID-19 on general anxiety about elderly care" as an independent variable that interacts with the "willingness to pay taxes", and that interaction is checked for its effect on the dependent variables of "agreement with the continuation of the delivery service" in both the short- and the long-term separately. Accordingly, Model 2 uses the "impact of COVID-19 on financial burden of elderly care", and Model 3 uses the "impact of COVID-19 on elderly care getting in the way of other daily activities". For all models, I also control for gender, age, education, income, government satisfaction, and ideology. Finally, for all regressions I use a heteroskedasticity-consistent standard error estimator HC3.

The next additional variable that I want to check is that of the "moral responsibility". With Hypothesis 3b, I want to check whether the impact of the pandemic interacts with the cultural value of responsibility, which would imply that willingness to pay taxes entails an element of agreement

with the transfer of some responsibility from the family to the state. Three models are created like in Hypothesis 3a, each corresponding to the three areas impacted by the COVID-19 pandemic.

In the following chapter, I show the results of these regressions in both table and figure format where warranted, and discuss some preliminary conclusions. The implications and a deeper discussion on conclusions regarding all of South Europe and welfare state reform in general will take place in Chapter 7.

Chapter 6: Findings

6.1 Introduction

This chapter presents the results of all sets of regressions that were designed to prove the hypotheses of this thesis. Each set consists of two regressions, one for the short-term policy reform as a dependent variable, and one for the long-term welfare state reform as a dependent variable. The first set of regressions examines the relation between cultural values and attitudes towards welfare state reform, while the second examines the relation between willingness to pay taxes and welfare state reform. These two sets identify factors that affect attitudes towards welfare state reform. Then, the third set of regressions attempts to prove an effect of COVID-19 on attitude formation. Divided into two halves, the first examines the interaction effect between the impact of COVID-19 on three areas concerning elderly care on the one hand, and willingness to pay taxes, on attitudes towards welfare state reform. The second half does the same but for the cultural values. Lastly, with a visualization of the last regression, I show the direction of this interaction effect in detail, and how the kind of impact from the pandemic (positive or negative) is affecting reform attitudes differently. Some first interpretations of the results are mentioned in each case, but further implications will be discussed in the next chapter.

6.2 Findings for Hypothesis 1

The first hypothesis seeks to find a link between cultural values and attitudes towards welfare state reform. Depending on whether the policy is considered as a short- or a long-term reform (that is, continuation of the delivery service during the pandemic with no lockdown and after the

pandemic), the significance of the three factors measuring “care arrangements” (Factor 1), “level of conservativeness” (Factor 2), and “division of labor” (Factor 3) in altering attitudes differs. Overall, it seems that the cultural values of tradition and the division of labor within the family gain slightly in significance, when the policy reform is considered as a temporary measure, while in the long-term, the level of conservativeness (values of tradition) has no significance at all, and the division of labor becomes slightly less influential. Although the point of this study is not to analyze the differences between the short- and long-term adoption of the policy, but merely showing that such a difference exists, we may conclude that these results reflect people’s ability to imagine the future implementation of a policy, as opposed to real-time experiences with the pandemic.

Before analyzing the main regression for the long-term implementation of the policy, which shows almost similar results for Models 1 and 3 as in the case of its short-term implementation and will, therefore, be discussed together, I would like to note a surprising result for Factor 2 in Table 2. In the case of short-term implementation of the delivery service, Model 2 deviates from the narrative that conservative people oppose reform while progressive ones support it. The more people follow traditions and think they are important, the more likely they are to agree with the continuation of the delivery service after the pandemic, and vice versa. This means that welfare structures in Cyprus are affected by how much importance people place on traditions. On the one hand, it does enforce the fact that welfare structures are affected by people’s perception of the family model (either more patriarchal or more liberal) which, in itself, is a tradition within society. On the other hand, respecting traditions can be interpreted by respondents as “preserving or caring about the old” – in this case, caring about elders. The survey revealed that *all* respondents agree, albeit in various degrees, that it is important to visit elders regularly. This coupled with the

traditions statement is an indication that Cypriot society places a lot of value and respect to older generations. The more respect one has towards traditions and the older generations, the more they agree with the continuation of the delivery service as a form of elderly care.

Moving on to the main point of the first hypothesis, namely the long-term implementation of the new policy, which is reflected in Table 3, we see that some cultural values are significant, while others are not. The analysis is divided into three models, each corresponding to one set of factors derived from the factor analysis discussed in the methodology section. In this case, Model 1 concerns the “care arrangements” for the elderly within the family. The negative estimate of Factor 1 suggests that those who are more likely to agree that it is the woman's responsibility to take care of elders are less likely to agree with the continuation of the service. Vice versa, those who are more liberal and believe it is not (only) the woman's responsibility are more likely to agree with such a service provided by the state. Similarly, Model 3 that concerns the division of labor within a family finds that the more people agree with the strict “male-breadwinner” model, the less likely they are to agree with the continuation of the delivery service. These results show that *H1* is confirmed only at certain points, especially in the case where those who are more likely to hold patriarchal views of “care arrangements” are less likely to agree with the continuation of the delivery service.

The “care arrangements” factor was separated from the “division of labor” in order to examine whether the existing gendered care arrangements are based on this “moral responsibility” of the woman. Both seem to have a negative effect on attitudes towards the continuation of the welfare policy after the pandemic, but the “care arrangement” factor shows a slightly higher significance. However, since both of them have a significant effect on attitudes towards future welfare state reform, we cannot conclude with absolute certainty that the current division of labor within the

family is completely devoid of any “moral responsibility” attached to the woman. Nonetheless, according to Figure 14 shown in the previous chapter, the majority of respondents show a more liberal view of gender roles within the family. Therefore, we can conclude that, even though the majority adopted more liberal views of care arrangements and the family model, there exists a portion of people in Cypriot society that still believes in the “moral responsibility” of the woman which, in turn, is associated with disagreement towards welfare state reform in this regard. Seeing how higher age is also associated with this disagreement, we might conclude that the older an individual is, the more likely it is that they hold a patriarchal view of gender roles, and the more likely they are to disagree with the continuation. I will discuss the age factor further below.

On the other hand, the level of conservativeness shows no significance at all. Whether following traditions or thinking that traditions are important, does not seem to be related to whether people support or reject long-term reform. The fact that values of tradition do not show any significance, while other cultural values do, suggests that “care arrangements” and the division of labor are not defined by the respondents as part of “tradition”.

Overall, the “care arrangements” factor seems to be the most consistent in judging attitudes towards reform, either in the short- or long-term. Believing in values such as the “moral responsibility” of the woman to perform caretaking duties instead of the man, and taking care of extended family members as well, are negatively related with support for long-term implementation of the delivery service. The division of labor within the family, namely that the woman should stay at home and not work, while the man should be the main breadwinner, is also negatively related to it, although the significance is not as high as for the “care arrangements”.

Considering the control variables, age and education also seem to affect agreement with the continuation of the service in all models. The older the respondent is, the less likely he or she is

going to agree with the continuation. This can possibly be explained by the age-stratification theory which supposes that the older people get, the more conservative they become, and that values differ between generations. At least in the case of Model 1, which examines cultural values of care arrangements and “moral responsibility”, Factor 1 is correlated with age ($p=0.008$), suggesting that the older one is, the more likely they will agree with cultural values of traditional care arrangements. This suggests that, at least in the case of care arrangements, older people are less likely to agree with the continuation of the delivery service because of their traditional view of care arrangements within a family that is different and more patriarchal from younger generations’ views.

On the other hand, the higher the level of education, the less likely one is to agree with the continuation of the delivery service. This also confirms the theory that education leads to lower confidence in institutions, especially in Cyprus where political trust is already severely diminished. More educated people are more critical towards government policies.

Table 2 Effect of Cultural Values on Continuation of Policy During the Pandemic and no Lockdown

Variable	Model 1			Model 2			Model 3		
	Coef.	Robust SE		Coef.	Robust SE		Coef.	Robust SE	
(Intercept)	-0.13128	0.330763		-0.03803	0.3359426		-0.1814672	0.3275657	
Care arrangements	-0.0625	0.03065	*						
Conservativeness				0.087151	0.0484421	.			
Division of labor							-0.0451843	0.0276089	*
Age	0.072864	0.036998	*	0.093188	0.037439	*	0.0834453	0.0363698	
Gender	-0.04896	0.086419		-0.0777	0.0885056		-0.0270296	0.0830937	
Income	0.004963	0.022216		-0.00239	0.019956		0.0080657	0.0232804	*
Education	0.104133	0.040738	*	0.079397	0.0408399	.	0.0947573	0.040874	
GOVSAT	-0.01323	0.028171		-0.02012	0.0282672		-0.0099461	0.0278082	
IDEOL2	-0.08838	0.139381		-0.17523	0.1534159		-0.0936994	0.1382726	
IDEOL3	0.072291	0.147216		0.033723	0.1525187		0.0897968	0.1457423	
IDEOL4	0.074223	0.133095		0.075165	0.1319112		0.0763627	0.1324069	
IDEOL5	-0.10525	0.133886		-0.12344	0.1358014		-0.1099131	0.133367	
N	218			218			218		
AIC	661.55			659.33			661.46		
	Factor1	Factor2	Factor3	Age	Gender	Income	Education	GOVSAT	IDEOL
VIF (Model 1)	1.104533			1.128182	1.073654	1.23917	1.304126	1.230499	1.311746
VIF (Model 2)		1.14421		1.14847	1.086408	1.24548	1.292548	1.220188	1.361352
VIF (Model 3)			1.100153	1.124553	1.120888	1.255508	1.272185	1.231666	1.28091

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program R.

Table 3 Effect of Cultural Values on Continuation of Policy After the Pandemic

Variable	Model 1		Model 2		Model 3				
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE			
(Intercept)	-0.14844	0.314067	-0.04525	0.3215542	-0.215728	0.315259			
Care arrangements	-0.07057	0.032772 *							
Conservativeness			0.100048	0.0483674					
Division of labor					-0.053296	0.028296 .			
Age	0.067811	0.033719 *	0.091384	0.0335698 **	0.081459	0.032622 *			
Gender	-0.05177	0.087118	-0.07998	0.087754	-0.021499	0.083015			
Income	0.007221	0.02153	-0.00188	0.0187667	0.011519	0.022955			
Education	0.108856	0.040194 **	0.080304	0.0395811 *	0.096176	0.039593 *			
GOVSAT	-0.0143	0.027378	-0.02179	0.027677	-0.01013	0.027044			
IDEOL2	-0.07593	0.145006	-0.18102	0.1605013	-0.072836	0.142698			
IDEOL3	0.088309	0.147245	0.0469	0.1528624	0.111766	0.143153			
IDEOL4	0.078433	0.134748	0.073699	0.1319287	0.079907	0.132659			
IDEOL5	-0.13561	0.139612	-0.15498	0.1407356	-0.136696	0.137229			
N	212		212		212				
AIC	634.86		631.84		634.52				
	Factor1	Factor2	Factor3	Age	Gender	Income	Education	GOVSAT	IDEOL
VIF (Model 1)	1.125938			1.13018	1.078784	1.217914	1.315226	1.204717	1.280206
VIF (Model 2)		1.14049		1.155102	1.090644	1.228749	1.286805	1.194874	1.328071
VIF (Model 3)			1.126236	1.133714	1.134398	1.242741	1.268659	1.20964	1.258045

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program R.

6.3 Findings for Hypothesis 2

In addition to the cultural values, I examine the association between the formation of welfare attitudes and the willingness to pay taxes, which indirectly points to the effect of political trust. Perceptions of taxes paid towards existing welfare policies have had a negative effect on attitudes towards the welfare state and the government in general. The second hypothesis is testing whether this traditionally negative perception of taxation in Cyprus has an effect on a prospective reform of old welfare structures. Table 4 and Table 5 show the results of regressions when controlling for demographic factors, government satisfaction, and ideology/partisanship. As in the first hypothesis, one regression was performed for a temporary policy during the pandemic with no lockdown (Table 4) and one for a long-term policy reform (Table 5). The results for the long-term reform are identical with the once for the short-term. Therefore, I will discuss the results of the more relevant temporal regression (Table 5).

The regression shows that the willingness to pay taxes has a significant effect on the dependent variable. The negative coefficient reveals that the less willing people are to pay taxes, the less likely they are to agree with the continuation of the delivery service after the pandemic. Seen as an indicator of political trust, we may conclude that a low willingness to pay taxes is associated with low trust in political institutions to implement this policy as elderly care reform. The opposite is also true that the more people entrust their political institutions with the implementation of this policy, the more they will support the reform.

Table 4 Effect of Willingness to Pay Taxes on Attitudes Towards Welfare State Reform During the Pandemic with no Lockdown

Variable	Coef.	Robust SE
(Intercept)	0.067263	0.30925
Tax	-0.05493	0.019487 **
Age	0.073411	0.035383 *
Gender	-0.02163	0.085542
Income	0.006588	0.021696
Education	0.100888	0.038857 **
GOVSAT	-0.0103	0.026784
IDEOL2	-0.12432	0.142944
IDEOL3	0.076808	0.149184
IDEOL4	0.043802	0.135111
IDEOL5	-0.1411	0.137947
N	216	
AIC	652.15	

	Tax	Age	Gender	Income	Education	GOVSAT	Ideology
VIF	1.097526	1.098266	1.126717	1.219109	1.230807	1.210527	1.30825

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program R.

Table 5 Effect of Willingness to Pay Taxes on Attitudes Towards Welfare State Reform After the Pandemic

Variable	Coef.	Robust SE
(Intercept)	0.085347	0.301263
Tax	-0.06005	0.019762 **
Age	0.070011	0.032475 *
Gender	-0.03013	0.085745
Income	0.005749	0.021455
Education	0.10237	0.038147 **
GOVSAT	-0.01179	0.026116
IDEOL2	-0.10882	0.148096
IDEOL3	0.098517	0.147362
IDEOL4	0.054655	0.135893

IDEOL5	-0.14973	0.144964
N		210
AIC		626.52

	Tax	Age	Gender	Income	Education	GOVSAT	Ideology
VIF	1.080653	1.097593	1.130906	1.197046	1.227538	1.189208	1.279112

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program *R*.

Furthermore, similar to Hypothesis 1, age and education have a significant effect here as well, confirming once again the age-stratification theory and the theory that education leads to more skepticism. Education seems to have a more significant effect. The more educated one is, the more likely they are to disagree with the continuation of the policy. Other control variables such as income, government satisfaction or partisanship/ideology are not significant, as can be seen in Table 5. Considering that, according to my survey, 82.5% of respondents find the service helpful, dissatisfaction with the service itself can also be rejected as a factor determining unwillingness to pay taxes. Therefore, less agreement with the continuation of the welfare policy that is associated with less willingness to pay taxes is viewed more so as a result of low political trust rather than the result of a right-wing ideology, economic deprivation, or policy dissatisfaction. Contrary to Busemeyer's (2021) observation in Germany, where people regard their political institutions as capable and efficient and are willing to pay for a COVID-related tax to reward the system (or unwilling to pay to punish the system for its low performance), low confidence in political institutions in Cyprus takes away the reward/punishment strategy, as people are unwilling to pay taxes, despite considering the measure taken during the pandemic as good and helpful.

For both regressions, the willingness to pay taxes is a significant factor in determining one’s attitude towards the continuation of the delivery service. Hypothesis 2 is, therefore, supported. Higher willingness to pay taxes is associated with positive attitudes towards future welfare state reform and vice versa.

However, I also argued that one may see willingness to pay taxes as a projection of cultural values of “responsibility” for elderly care, which structures family models as well. As it has been argued before that willingness to pay taxes is culturally driven (Andriani et al. 2021; Maré et al. 2020), and specifically that the role of the mother and the father within a family is related to willingness to pay taxes, I check if this is the case here as well. A cultural element should be entailed within the willingness to pay taxes, regardless of how it is connected to acceptance or rejection of the continuation of the delivery service. I performed an extra regression concerning the relation between willingness to pay taxes and the cultural value of “care arrangements”. The results can be seen in Table 6.

Table 6 The Effect of “Care Arrangements” on Willingness to Pay Taxes

Variable	Coef.	Robust SE	
(Intercept)	3.330117	0.568754	***
Care arrangements	0.345129	0.141901	*
Gender	0.783132	0.297563	**
GOVSAT	0.062533	0.104569	
IDEOL2	-0.300054	0.522763	
IDEOL3	0.012748	0.517774	
IDEOL4	-0.280384	0.426139	
IDEOL5	-0.733389	0.466998	
N	217		

	Care Arrangements	Gender	GOVSAT	Ideology
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VIF	1.033394	1.088196	1.164734	1.196835
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Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program *R*.

The results confirm that there is a link between the willingness to pay taxes for elderly care and views of the “care arrangements” within a family. The moral responsibility of the woman to take care of elders and of the extended family, while the man is the main breadwinner, are cultural values with which people frame the payment of taxes for elderly care. The more liberal values of care arrangements people have, the more willing they are to pay taxes for elderly care, and vice versa, the more conservative people are, the more unwilling they are to pay such taxes. When people are more willing to pay taxes, they also most likely to believe that it is not the woman’s (and in effect, the family’s) responsibility to take care of elders, and that the woman can also be the main breadwinner of the family. This shows that when people are willing to pay taxes for elderly, they accept that a part of the caretaking responsibility *can* fall with the state. Therefore, a higher willingness to pay taxes can also be an indication of agreement with the transfer of responsibility from the family to the state.

Moreover, it is also confirmed that gender is also affecting one’s willingness to pay taxes for elderly care. Specifically, women are, on average, more willing to pay taxes than men. Therefore, the argument that willingness to pay taxes entails some cultural influences of the gendered care arrangements within the family is strengthened.

Taken together, willingness to pay taxes for elderly care as an indicator of political trust, but also as an indicator of cultural views on gendered care arrangements, is a multidimensional variable

that is linked to the level of support for reform in the area of elderly care. This ties in with the findings of Hypothesis 1 that specific cultural values, including views on the care arrangements, are linked to reform attitudes. Whether it is higher willingness to pay taxes that causes more liberal cultural values of gendered care arrangements or the opposite is not clear. The point we can make here is that both willingness to pay taxes and the cultural values of gendered care arrangements and the division of labor within the family are associated with attitudes towards elderly care reform.

6.4 Findings for Hypothesis 3a

Having identified factors that are affecting attitude formation, I turn, now, to the effect of the COVID-19 pandemic on attitudes towards welfare state reform. As explained in the previous chapter, the impact of COVID-19 is measured as the margin of difference of respondents' self-evaluation of their situation before and during the pandemic. I first check for covariation between the impact of COVID-19 and agreement with the continuation of the delivery service during the pandemic with no lockdown, and after the pandemic. The results can be seen in Table 7 and Table 8 respectively.

**Table 7 Effect of COVID-19 on Agreement with Continuation of the Delivery Service
During the Pandemic, with no lockdown**

	Model 1		Model 2		Model 3	
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE
(Intercept)	-0.0351996	0.2570769	-0.04332	0.2820243	-0.0495623	0.268524
General Stress	-0.017406	0.0756267				
Financial Stress			-0.07916	0.0830714		

Care Burden					0.0023689	0.081457
Gender	-0.05548	0.0810914	-0.05663	0.0820523	-0.0557612	0.081028
Age	0.0753093	0.0360754 *	0.08056	0.0377924 *	0.0713434	0.037421 .
Income	0.0022983	0.0212337	0.001899	0.0214453	0.0035504	0.021479
Education	0.0755941	0.0378415 *	0.084469	0.0403549 *	0.0802624	0.039504 *
N	222		217		218	
AIC	668.13		654.13		657.94	

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program R.

Table 8 Effect of COVID-19 on Agreement with Continuation of the Delivery Service After Pandemic

	Model 1		Model 2		Model 3	
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE
(Intercept)	-0.0093492	0.2516316	0.03166	0.273222	-0.0069652	0.261309
General Stress	-0.0530793	0.0750753				
Financial Stress			-0.07848	0.0820498		
Care Burden					-0.0045457	0.082658
Gender	-0.0664222	0.0811979	-0.05804	0.0826361	-0.0520851	0.080701
Age	0.071505	0.0328871 *	0.065355	0.034828 .	0.0621601	0.03418 .
Income	0.0027939	0.0210666	0.008634	0.0212704	0.008975	0.021159
Education	0.0759593	0.0375997 *	0.073298	0.0403134 .	0.0725266	0.039292 .
N	216		211		212	
AIC	643.18		629.48		632.9	

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program R.

The regressions show that there is no significant effect in any areas concerning elderly care that COVID-19 has affected, which means that attitudes towards welfare state reform, either temporary or long-term, do not solely depend on whether people were affected by the pandemic or not. In other words, the crisis does not automatically make people more favorable of welfare state reform, thereby not supporting the functionalist theory, which supposes that socio-economic changes

automatically lead to social policy development. It seems that there are other additional factors that contribute to more or less support towards social policy development.

With Hypotheses 3a and 3b, I attempt to identify those additional factors with which socio-economic changes due to the pandemic could interact. I first start with the willingness to pay taxes. In Tables 9 and 10, I show the results for the regression that examines the interaction effect between COVID-19 and willingness to pay taxes on agreement with the continuation of the delivery service. More specifically, I created three models based on the three areas for which I calculated the pandemic's impact: general stress concerning elderly care (Model 1), financial stress concerning elderly care (Model 2), and caretaking getting in the way of other daily activities (Model 3). Table 9 shows the result for attitudes towards the temporary continuation of the delivery service during the pandemic, and Table 10 for attitudes towards a long-term welfare policy reform after the pandemic.

Both tables show similar results, namely the interaction between willingness to pay taxes and the impact from COVID-19 does not have an effect on reform attitudes. This confirms Hypothesis 3a that the effect of willingness to pay taxes on reform attitudes, which is once again confirmed as significant in this regression, is not conditioned by the impact of the COVID-19 pandemic. It is not that people suddenly trust their political institutions when they are impacted by an exogenous crisis, but more so that their willingness to pay taxes in the form of political trust does not depend on their changed socio-economic condition. Times of need and changed socio-economic conditions do not affect people's trust or distrust of the state, or even their views on deservingness of some groups, and are, therefore, not linked to their judgement of welfare state reform.

Table 9 Interaction Effect Between COVID-19 Impact and Willingness to Pay Taxes on Attitudes Towards Welfare State Reform During the Pandemic with no Lockdown

Variable	Model 1		Model 2		Model 3	
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE
(Intercept)	0.069895	0.341689	0.00939	0.3403124	0.0680639	0.3423684
Tax	-0.04229	0.023641 .	-0.05474	0.0215627 *	-0.0509621	0.0217449 *
COVID-19_General Stress	-0.07993	0.064653				
COVID-19_Financial Stress			-0.0757	0.0748236		
COVID-19_Care Burden					-0.0409827	0.0613133
Age	0.068022	0.039053 .	0.075334	0.0388436 .	0.0675744	0.0392336 .
Gender	-0.01713	0.088203	-0.01095	0.0889038	-0.0118325	0.0885215
Income	0.005693	0.02327	0.005528	0.0237359	0.0090847	0.024129
Education	0.091765	0.042934 *	0.111093	0.0429948 **	0.0993986	0.0429317 *
GOVSAT	-0.00708	0.028845	-0.00553	0.028267	-0.0077157	0.0286378
IDEOL2	-0.12829	0.141275	-0.10788	0.147373	-0.1172928	0.1520054
IDEOL3	0.088772	0.151118	0.084741	0.151114	0.0779281	0.1548753
IDEOL4	0.05617	0.140201	0.03735	0.1421513	0.0451942	0.1404185
IDEOL5	-0.14384	0.14242	-0.1757	0.1445123	-0.150606	0.1481419
COVID-19_GS: Tax	0.021269	0.013233				
COVID-19_FS: Tax			0.020454	0.0150209		
COVID-19_CB: Tax					0.0115998	0.0132765
N		213		208		209
AIC		645.63		632.69		637.48

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program *R*.

Table 10 Interaction Effect Between COVID-19 Impact and Willingness to Pay Taxes on Attitudes Towards Welfare State Reform After the Pandemic

Variable	Model 1		Model 2		Model 3	
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE
(Intercept)	0.096464	0.32687	0.155868	0.3316533	0.15757261	0.32811155
Tax	-0.04819	0.024675	-0.06557	0.0216816	-0.0612379	0.02167703
COVID-19_General Stress	-0.07623	0.060134				
COVID-19_Financial Stress			-0.0455	0.081971		
COVID-19_Care Burden					-0.0372205	0.06513082
Age	0.064101	0.036049	0.05594	0.0360093	0.05519013	0.03536737
Gender	-0.02472	0.088507	-0.00873	0.0887093	-0.0009865	0.08720997
Income	0.005332	0.023061	0.012904	0.0229956	0.01457133	0.02327633
Education	0.092423	0.041984	0.100402	0.0419733	0.09284242	0.04161773
GOVSAT	-0.00925	0.027719	-0.00807	0.0274379	-0.0075511	0.02752613
IDEOL2	-0.11631	0.146157	-0.14977	0.1517086	-0.1392101	0.15488202
IDEOL3	0.108109	0.149405	0.100669	0.1451512	0.08683609	0.15164373
IDEOL4	0.063149	0.140293	0.030221	0.1369567	0.03363607	0.13778349
IDEOL5	-0.15743	0.150378	-0.19749	0.1474787	-0.1821279	0.15240784
COVID-19_GS: Tax	0.019554	0.01227				
COVID-19_FS: Tax			0.014334	0.0163765		
COVID-19_CB: Tax					0.0099988	0.01349533
N		207		202		203
AIC		620.3		606.49		610.75

	Tax	General Stress	Financial Stress	Burden	GOVSAT	IDEOL	Age	Gender	Income	Education
VIF (Model 1)	1.093657	1.028997			1.234665	1.331671	1.131372	1.139839	1.263212	1.280128
VIF (Model 2)	1.115738		1.030269		1.23083	1.311917	1.170747	1.136454	1.291806	1.321719
VIF (Model 3)	1.115193			1.035639	1.231707	1.314354	1.156832	1.137284	1.283421	1.300144

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$

Source: Calculated by the author using the statistical program *R*.

6.5 Findings for Hypothesis 3b

If people in times of crises do not decide on whether to accept or reject welfare state reform based on their willingness to pay taxes, seen as political trust or views of deservingness, then what other factor do they take into consideration? Hypothesis 3b states that they consider cultural values of the “moral responsibility” of a woman to take care of elders. Based on this, it was stated that in times of need, people try to make sense of social policies according to their cultural frames with which they make sense of their own reality. Looking for an interaction effect between the impact of COVID-19 and the “moral responsibility” variable, the results in Tables 10 and 11 for agreement with the continuation of the delivery service during and after the pandemic respectively, show that such an effect does, indeed, exist.

For the acceptance of the existence of the delivery service in the short-term for as long as the pandemic is ongoing, the interaction effect is significant only in the case where the view that caretaking duties are getting in the way of other daily activities has been affected by the pandemic (Model 3, Table 11). On the other hand, in the case of long-term reform, the interaction effect is significant in both areas that have been affected by the pandemic, that of general stress concerning elderly care, and caretaking duties getting in the way of other activities. First, this proves that the interaction between the cultural value of “moral responsibility” and the impact of the COVID-19 pandemic is stronger in the long-term reform case, underlining the significance cultural values have on attitudes towards long-term social policy reform in opposition to short-term solutions. Then, the interaction effect tells us that, on average, people’s view of the “moral responsibility” can be defined by how they have been affected by the pandemic, negatively or positively, and this

Table 11 Interaction Effect Between COVID-19 Impact and “Moral Responsibility” on Attitudes Towards Welfare State Reform During the Pandemic with no Lockdown

Variable	Model 1		Model 2		Model 3	
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE
Intercept			-0.02313	0.3600964	0.0314248	0.3517611
COVID-19_General Stress	-0.09869	0.070012				
COVID-19_Financial Stress			-0.08836	0.1230937		
COVID-19_Care Burden					-0.1494683	0.0689196 *
Moral Resp.	-0.01809	0.026889	-0.03275	0.0268916	-0.0237578	0.026761
Age	0.075197	0.038394 .	0.079271	0.0393831 *	0.0708982	0.0391682 .
Gender	-0.05363	0.090517	-0.0491	0.0901063	-0.0691903	0.0916393
Income	0.00424	0.022551	0.004545	0.0231372	0.0080946	0.0230202
Education	0.096911	0.039926 *	0.11163	0.0412495 **	0.0993229	0.0408302 *
GOVSAT	-0.01229	0.028664	-0.01344	0.0286085	-0.0125495	0.0285138
IDEOL2	-0.10288	0.140648	-0.06603	0.1419351	-0.1014993	0.14452
IDEOL3	0.072457	0.148512	0.091933	0.1497759	0.0462526	0.1535305
IDEOL4	0.085354	0.135905	0.083614	0.1392457	0.0665758	0.1371257
IDEOL5	-0.10461	0.132909	-0.1105	0.1353112	-0.1230754	0.1360218
COVID-19_GS: Moral Resp.	0.020995	0.013951				
COVID-19_FS: Moral Resp.			0.018214	0.0220592		
COVID-19_CB: Moral Resp.					0.0305011	0.0132198 *
N		218		213		214
AIC		665.59		652.55		655.08

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$.

Source: Calculated by the author using the statistical program *R*.

Table 12 Interaction Effect Between COVID-19 Impact and “Moral Responsibility” on Attitudes Towards Welfare State Reform After the Pandemic

Variable	Model 1		Model 2		Model 3	
	Coef.	Robust SE	Coef.	Robust SE	Coef.	Robust SE
Intercept	0.0074	0.330932	0.143052	0.343119	0.137352	0.333505
COVID-19_General Stress	-0.11924	0.065044	.			
COVID-19_Financial Stress			-0.07716	0.133772		
COVID-19_Care Burden					-0.15273	0.06786 *
Moral Resp.	-0.0195	0.029256	-0.04721	0.028471	-0.036562	0.027731
Age	0.0695	0.034828	*	0.058857	0.036116	0.057354
Gender	-0.06087	0.09144		-0.05025	0.091554	-0.057991
Income	0.004847	0.022033		0.012232	0.022487	0.014815
Education	0.097742	0.039243	*	0.105672	0.041201	*
GOVSAT	-0.0129	0.02813		-0.0138	0.028152	-0.010897
IDEOL2	-0.09526	0.145772		-0.10314	0.146859	-0.119492
IDEOL3	0.084441	0.148296		0.092666	0.145179	0.044706
IDEOL4	0.084797	0.137417		0.068307	0.134944	0.048703
IDEOL5	-0.12166	0.139416		-0.13834	0.137355	-0.154675
COVID-19_GS: Moral Resp.	0.024561	0.011881	*			
COVID-19_FS: Moral Resp.				0.017048	0.023536	
COVID-19_CB: Moral Resp.						0.030756
N		212			207	208
AIC		640.26			626.76	629.26

	Moral Resp.	COVID-19_GS	COVID-19_FS	COVID-19_CB	GOVSAT	IDEOL	Age	Gender	Income	Education
VIF (Model 1)	1.18229	1.027895			1.201827	1.313625	1.143892	1.094015	1.242809	1.313002
VIF (Model 2)	1.201302		1.027424		1.199692	1.275761	1.178798	1.091512	1.277521	1.368656
VIF (Model 3)	1.198808			1.030285	1.19931	1.285131	1.169135	1.095694	1.272042	1.337791

Note: . indicates a significance of $p < 0.05$, * a significance of $p < 0.01$, ** a significance of $p < 0.001$.

Source: Calculated by the author using the statistical program R.

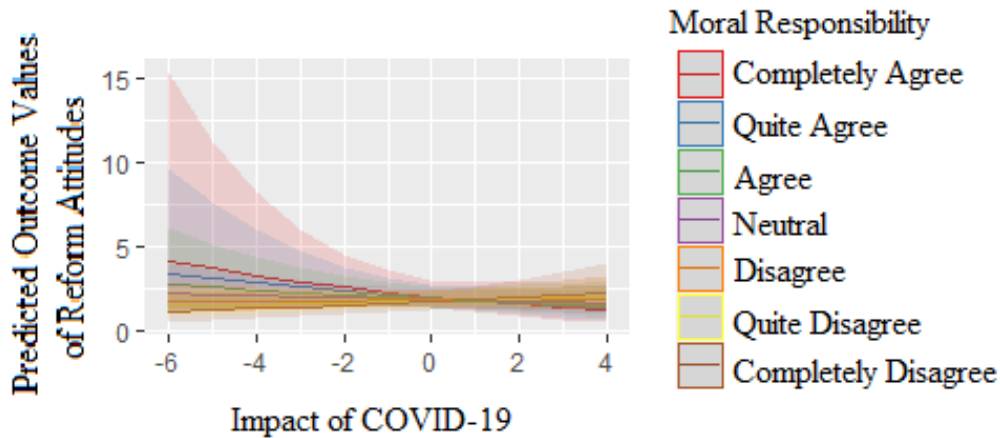
interaction affects people's level of acceptance of the continuation of the delivery service after the pandemic.

In order to better understand this interaction, I visualize it in Figures 22 and 23. In both figures, we can see that the interaction effect is larger for those, whose general stress levels of taking care of elders has been negatively affected by the COVID-19 pandemic, and for those who during the pandemic thought that elderly care is now getting more in the way of other daily activities than before. The more positively one was affected by the pandemic, the less their level of agreement with the cultural value of the "moral responsibility" mattered in evaluating whether the new policy should become permanent or not. That is because all the levels of agreement with the "moral responsibility" are converging on the right side of the figure, while on the left side (for those negatively affected) the various levels start diverging. The more negatively someone was affected by the pandemic, the more likely it is that their view on "moral responsibility" affects their reform attitude.

What does this tell us about people's reform attitudes during crises? In times of perceived need, the more people evaluate their situation as negative, the more likely they are to evaluate social policies through their cultural frames. In this case, the more people have been hit negatively by the pandemic, the more likely they are going to make sense of the new social policy concerning elderly care through their views on the "moral responsibility" of the woman to take care of elders. For them, agreeing or disagreeing with reform of elderly care will be affected by whose responsibility they consider elderly care to be. On the other hand, the more positively people have been affected, the less they are going to care about matters of responsibility. In this case, there are probably other factors by which they approach reform.

Hypothesis 3b, which predicted an interaction effect between the cultural value of “moral responsibility” and the impact of COVID-19 on reform attitudes, holds true for two out of three areas of elderly care that COVID-19 has affected. Only when considering the worsening of finances due to the pandemic do cultural values not seem to affect reform attitudes. This interesting finding tells us that short-term economic realities do not affect long-term cultural values with which social policy is interpreted. It is the more psychological and physical realities that accentuate cultural framings when thinking about social policy reform.

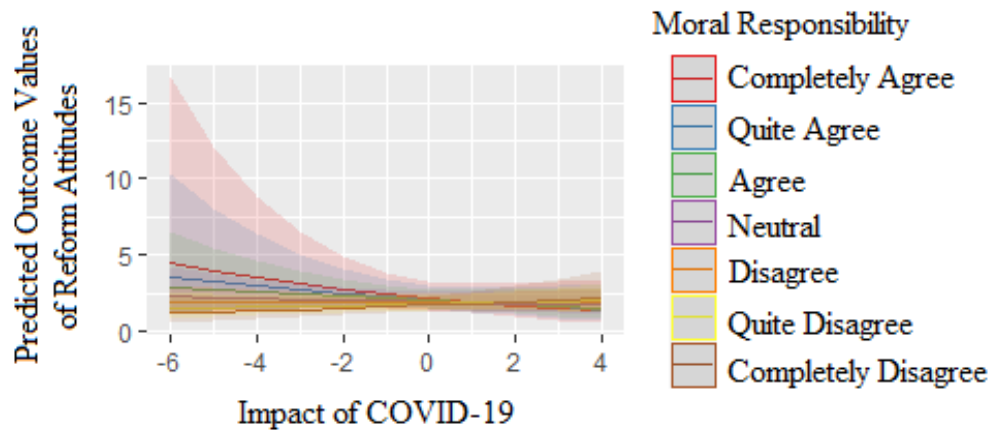
Figure 22 Predicted Outcome Values of Reform Attitudes, Based on the Interaction Between the Impact of COVID-19 on General Stress of Elderly Care and “Moral Responsibility”



Note: The figure shows the predicted outcome values of reform attitudes, taking into consideration the interaction between the impact of COVID-19 and “moral responsibility”.

Source: Calculated and visualized by the author using the statistical program R.

Figure 23 Predicted Outcome Values of Reform Attitudes, Based on the Interaction Between the Impact of COVID-19 on Elderly Care Getting in the Way of Other Daily Activities and “Moral Responsibility”



Note: The figure shows the predicted outcome values of reform attitudes, taking into consideration the interaction between the impact of COVID-19 and “moral responsibility”.

Source: Calculated and visualized by the author using the statistical program *R*.

6.6 Conclusion

This chapter has presented the results of various regressions performed to prove the hypotheses of this research. The argument that was expected to hold true was that cultural values, such as “care arrangements”, the family model, and traditions, on the one hand, and the willingness to pay taxes, on the other hand, are two cognitive factors that affect attitudes towards welfare state reform, and that the COVID-19 pandemic as a crisis that has impacted elderly care in three ways (psychologically, financially, and physically) has the power to influence reform attitudes, by highlighting the importance of cultural values, specifically of the “moral responsibility” of woman (and the family, in general) to take care of elders. The results show that some of the cultural values, namely, the “care arrangements” and the “division of labor”, and the willingness to pay taxes are, indeed, influential in forming an attitude towards welfare state reform. Moreover, it was shown that willingness to pay taxes for elderly care entails an element of cultural framing of gendered

care arrangements, meaning that willingness to pay taxes can reflect how people expect caretaking duties to be allocated within the family, or whether elderly care is the responsibility of the family or the state. Further results show that the impact of the COVID-19 pandemic has an effect on reform attitudes only through the interaction with other variables, such as the “moral responsibility” of the woman to take care of elders, and in this case, the effect is different for those who have been negatively affected and for those who have been positively affected. In the next chapter, I will discuss the implication of these results.

Chapter 7: Discussion

7.1 Introduction

What drives welfare state change and social policy development? Why do welfare state structures in South Europe suddenly change to accept more responsibility in welfare provision? How can we explain the innovative welfare state expansion in South European countries during the COVID-19 pandemic? In order to answer these questions, this research looked at the example of Cyprus, a Mediterranean island country, which introduced an innovative, service-oriented, new social policy during the COVID-19 pandemic to assist in the care of elderly people. Previous theories explaining welfare state change and social policy development would suppose that either a decline in the socio-economic status of people directly caused the change, or that interests from powerful groups, such as unions and parties, pushed for change that parallels their interests, or that the right political system, with its degree of centralization, bicameralism, or the right coalitions, enabled the change.

However, none of these approaches is applicable in this case. Socio-economic changes can trigger a need for change, but they do not tell us anything about the form the change can take. For example, they cannot explain why the Cypriot state introduced a new service instead of offering monetary benefits, as it has done in the case of childcare or employment benefits. On the other hand, since the new service was initially born out of civil society's initiatives and was driven by popular demand, with no organized group behind it, it is hard to argue that change was the result of organized interest. Finally, the right configuration of political institutions can enable change, but, again, it cannot tell us about the form this change will take. Having a centralized emergency committee during the COVID-19 pandemic and good communication between the local and national government certainly helped in successfully delivering people's needs, in quick decision-

making, and in the successful implementation of the new policy, but it does not tell us why a new service was the answer.

In order to explain change, it is important to examine “not only where ideas come from or how they cohere or collide but also how they come to be prominent, important, and powerful, even determinative in shaping political behavior and defining political rationality” (Lieberman 2000: 700). To see where an idea comes from and why it is so powerful, one has to acknowledge the fact that in order for the idea, which is translated into policy, to work, *people* must have the right disposition to accept it. First, socio-economic changes and political institutions might enable change, but the idea of change itself is not suddenly born to satisfy the need for change. The idea has most likely been circulating within society for some time, and when the right conditions are met, the idea is adopted into policy discourse and institutionalized. In order for it to be successfully institutionalized, though, people must have accepted it. In other words, the idea should not go against people’s own cultural values.

It is not always guaranteed that an institutionalized idea is accepted by society. This is especially true in the case of policy learning and transfer, that is, imported ideas that come from societies of different cultural values. However, it can also be true with original ideas. For example, a social need may be picked up by political actors, but the solution and the institutional change that ensue may not necessarily adhere to people’s expectations that are based on their own cultural values. Usually, such institutional changes are short-lived as they become dysfunctional and met with public resistance, as was the case with the failed guaranteed basic income security for all citizens in the US in the 1960s and 1970s (Steensland 2006).

Culture holds the answer to the explanation of welfare state change and social policy development. Successfully institutionalized ideas that change welfare structures come from society

itself, as they represent culturally acceptable changes. In essence, ideas are cultural values. Ideas that change welfare structures and introduce new social policies represent changes in the cultural values of a given society. Cox's (2001: 475) words echo in this instance: "welfare states do not need to reform, people must want them to reform".

Therefore, an analysis of welfare state change and social policy development should look not only at institutional configurations and external socio-economic changes that enable change but also at cultural elements hidden within a new social policy and cultural values within society at large and how they have been changing over time. By taking this approach, the focus also shifts away from elite-level decision-making to include public attitudes as well. This research does exactly that.

The main argument, as expressed in detail in Chapter 4, is that the new delivery service that was initiated as a social policy helping isolated elderly people during the COVID-19 pandemic was the result of a change of cultural values of the family-model and caretaking responsibilities, which was already circulating within society and structuring the initial grass-roots response to the pandemic. This cultural change enabled the institutionalization of the idea that at least a part of the caretaking responsibility can be transferred from the family to the state, and the acceptance of such a change made people not only accept and readily use the service during the pandemic but also consider adopting it into a long-term social policy. The fact that people accept such a change as a long-term change in social policy and not only as a temporal solution reflects the fact that this change is the result of deeper cognitive change and how temporal socio-economic changes are accentuating this cultural change.

7.2 Discussing the findings

In its primitive stages, the delivery service set to assist isolated elders during the COVID-19 pandemic was born out of grass-roots initiatives, more specifically, a single social grocery in a particular city district. This makes assisting elderly people by providing a service an idea of civil society. Social groceries are at the intersection between civil society and local government. They assist people in need who have to prove their eligibility by the means-testing method, specifically testing for financial status. Therefore, social groceries strictly assist poor households, including single mothers or unemployed individuals on the brink of poverty. Elderly people who do not face financial troubles and have a supportive environment do not fall under this category.

Nevertheless, during the pandemic, such isolated elders were considered worthy of being taken care of by social groceries. Why did social groceries, with their strict means-testing, think it was their responsibility to look after them? Without receiving guidelines from other formal political institutions, they decided to start delivering necessities and food to isolated elders after receiving several calls for help. What social groceries did was an expansion of their definition of “needy” and “responsibility”. Since families, as the primary carrier of the caretaking responsibility, were unable to perform this duty, it was felt that the local government and the community had the right to take on this responsibility. People would not have called social groceries in great demand if it was thought of as shameful to transfer this responsibility to strangers other than family members.

The idea that family, and especially women, had the “moral responsibility” to take care of immediate and extended family members is a cultural value that has been undergoing a transformation in the past few decades. With a gradual change of the traditional male-breadwinner family-model into one where women became increasingly active in the labor market and unable to

perform all caretaking duties, values of “moral responsibility” and of the caretaking arrangements have also been changing. It is nowadays acceptable for a woman, or a family, to receive external help in taking care of elderly family members, as is evident from the rising presence of migrant care workers. This cultural change enabled social groceries to imagine and assume an active role in elderly care in the first place. The socio-economic changes and the exogenous influence of the COVID-19 pandemic finally enabled such an idea to turn into action out of necessity.

After popular demand started rising and the performing capacities of social groceries started running out, a plea was made to people and to local government authorities to transfer this issue to social services. The demand finally reached the Ministry of Labor, Welfare, and Social Insurance. In order to better organize a (by the time) already existing service, albeit in its infant stages, the ministry brought together several actors who could contribute financial resources, manpower, training, and equipment. The government’s role, therefore, was one of a mediator, transforming an incomplete idea into a formal service. The service ended up being successful, as people made use of it readily and found it to be very helpful.

Was this acceptance only possible because the delivery service was a temporary solution that would not go against the cultural value of “moral responsibility” of elderly caretaking in the future? This research’s survey findings suggest this is not the case, as people are willing to accept the continuation of such a service even after the pandemic. Then, it made sense to look at public attitudes towards this continuation and to find the factors that led to its acceptance since the service itself was the product of popular demand and reflects an acceptance of an extended notion of “responsibility” of elderly care.

The empirical results suggest that socio-economic changes due to the COVID-19 pandemic on their own do not automatically affect the acceptance or not of the continuation of the delivery

service. This suggests that reform attitudes have been forming for a long time and that they are a cognitive process that runs so deeply within the collective's mind that it is not easily affected by sudden exogenous changes. However, the pandemic can have an effect on this cognitive process itself: people's attitude towards the continuation of the delivery service is related to how people, who have been negatively affected by the pandemic, regard the notion of "moral responsibility" of the woman (or the family) to take care of elders.

This empirical evidence solidifies the fact that the acceptance and success of the delivery service were the results of more liberal values within Cypriot society. The pandemic made the cultural value of "moral responsibility" more important in accepting the service. If the agreement with the continuation of the service depends on views of the "moral responsibility" and of "care arrangements" within the family, and if the majority reported more liberal views of these cultural values, then we may conclude that the success of the social policy was the result of the more liberal cultural values within Cypriot society. Essentially, accepting such a service as a social policy reflects the fact that people agree with such a transfer of responsibility. In the end, based on how people were affected by the pandemic, they accepted or declined the prospect of reform by taking into consideration what "responsibility" meant to them. They were aware that accepting or declining the continuation of the service involves a partial transfer of responsibility for elderly care from the family to the state.

This would not have been the case if cultural values played no role in shaping reform attitudes themselves. The findings confirm that culture is a determining factor in shaping public attitudes towards social policy development, and this is important because the successful development of social policy itself depends on public acceptance. In other words, the empirical results confirm that the acceptance of social policies reflects cultural values. If a new policy that seems to deviate from

the original structure of welfare policies is accepted, it reflects cultural values that also deviate from traditional values. Thus, the introduction of a new social policy that contradicts old cultural values may be a testimony to the existence of altered cultural values within society.

In the case of Cypriot society, the acceptance of caretaking responsibility being at least partially transferred to the state suggests that society has already undergone a cultural transformation. This transformation changed the value of the family and the general idea of the division of labor and of care arrangements. Because society witnessed this kind of cultural transformation, it was possible to imagine a welfare state that plays a more active role in elderly care. People who have not experienced such a cultural transformation and are proponents of the old family model have a harder time agreeing with such an enhanced role of the state because their cultural values and the new welfare structures are antagonizing each other. Such is the power cultural values hold over social policy development.

In Cyprus and, generally, in southern Europe, where culture and family play such a significant role in shaping welfare state structures, rather than taking ideology as an indicator of support for social policy and welfare state expansion (i.e., left-wing proponents supporting welfare state expansion), it might be better to look at an individual's cultural values and how they associate with social policy developments. How a person in South Europe views family, caretaking responsibilities or the division of labor can tell much more about social policy development than support for a political party. Especially in Cyprus, support for the left-wing party AKEL, or support for the liberal DYSI, does not automatically translate to ideological support but traces back to Cyprus' history of civil and ethnic conflict.

The same can be said for another procedure of formal political institutions: the matter of taxation. It is argued that willingness to pay taxes in South European countries, which is notoriously low,

reflects the level of political and social distrust. Since this distrust has permeated not only vertical relations but also horizontal ones in society, a culture of distrust has embedded itself deeply within South European societies. This distrust is not easily shaken by external shocks such as the COVID-19 pandemic, so we cannot expect that people will suddenly become more willing to pay taxes out of necessity or because they suddenly trust their political institutions in times of crisis. The empirical results confirm that the willingness to pay taxes, seen as political trust, is not a factor by which socio-economically affected people evaluate social policy reform.

However, an important finding to keep in mind is that political trust is not completely separable from cultural values. Willingness to pay taxes can reflect the level of political trust, but it also entails views of deservingness. People agree or disagree with the redistribution of their *own* resources, depending on whether they believe that the beneficiaries of that redistribution are deserving of it. For example, some with a relaxed view of the family-model and the role of the woman may agree with unemployment benefits for job-seeking mothers, while others may disagree, thinking that mothers, and perhaps women in general, do not need to work, so they are not entitled to unemployment benefits.

When an external shock hits a society, such as a crisis or a war, the group of deserving people broadens as the socio-economic status of people worsens. In countries where the family has been the main welfare provider, such as in southern Europe, a broadening of the definition of “needy” or “deserving” people supposes a transfer of support responsibility from the family to the state. Of course, such a transfer cannot be imagined or accepted if cultural values of responsibility go against such developments. In the case of elderly care, the less convinced people are that it can be performed by institutions other than the family, the more they will reject this transfer of responsibility, and vice versa. “Should elderly care be the responsibility of the state?”

What happened during the COVID-19 pandemic is that the influence of people's cultural values on accepting the delivery service as a social policy was split between those who have been negatively affected and for those who have been positively affected. If this was about political trust alone, we would see a level of influence of the willingness to pay taxes for both groups. This was not the case. Among those positively or not affected at all in terms of elderly care during the pandemic, some did not perceive elderly care as deserving to be the responsibility of the state, and some did. However, because their socio-economic status had not been affected much due to the pandemic, the different levels of agreement with a "moral responsibility" of the woman and the family to take care of elders did not affect their judgment of long-term policy reform. Their views on responsibility converged in the face of an improved or not changed situation.

On the other hand, for families who experienced trouble in taking care of elders during the pandemic, the value of "moral responsibility" played a significant role in accepting or declining the continuation of the social policy reform. Those who believed that women and families have a "moral responsibility" to take care of elders were less likely to agree with the continuation of the social policy, while those with a more relaxed view of the value of responsibility were ready to transfer it from the family to the state by accepting the long-term reform. How can we explain this split between those positively and those negatively affected?

It is possible to see this as a matter of saliency. It is the life of those who have been negatively affected by a crisis that changes drastically. Families whose socio-economic status is negatively affected are more in need of assistance and are the ones who will most likely make use and benefit from welfare provided by the state. While in the short-term, this may not shake up people's worldview, if the reform turns out to be permanent, it will cause a change in how they view their everyday life for those who will make use of new policies. Therefore, for those who have been

negatively affected by the pandemic, the “new normal” is an unfamiliar situation. The new social policy introduces a new notion of “responsibility” for elderly care that either converges or diverges from their own framing of it. With the introduction of a new policy, the process of elderly care for those who will use the social policy will change. If a family traditionally took care of its elderly members, but the pandemic has forced them to rely on state assistance, this process will be in conflict with the family’s cultural view of elderly care. People recognize that new social policies have consequences on their everyday life because they consider their practical application. Therefore, they try to make sense of new policies through their own cultural framings. Political attitudes overlap with cultural schemas that structure people’s everyday life. On the other hand, for those who have not experienced an increased need for assistance in elderly care, such framings are not necessarily applied to the evaluation of a new policy because the new policy is not so relevant to them. Whether the policy antagonizes their cultural beliefs or not does not seem to be an influential factor in evaluating state reform.

In the end, what leads to social policy development in the area of elderly care in South European countries are socio-economic changes meeting the demand for social policies that correspond to cultural values within society. It is because of a misalignment between society’s cultural values and cultural values covered by existing social policies, coupled with the negative impact of COVID-19, that a new social policy could be developed and accepted. The notion of “moral responsibility” is an outdated cultural value whose transformation is affecting the direction of social policy development. The introduction of a new, service-oriented policy (an innovation for the Cypriot state) was possible because it came from the people – from a demand that already existed within society – and because the changing notion of “responsibility” enabled people to imagine a policy that could share the caretaking responsibility between the family and the state.

The COVID-19 pandemic did not give birth to this idea, but it created the necessary conditions that pushed this idea onto the radar of formal political institutions. Because of changed cultural values, the idea of a welfare service provided by institutions other than the family was born, and the idea met the right moment (a worsening of socio-economic conditions), which led to its temporary institutionalization. Its permanent institutionalization, if realized, will have depended on the fact that Cypriot society has already established views of elderly care becoming a shared responsibility between the state and the family and will have been more likely to favor such a development in social policy.

7.3 Policy Recommendations

The successful adoption of the delivery service for the elderly into a long-term policy plan depends on whether people can accept it. According to the results of this research, the fact that Cypriot society has been undergoing a cultural transformation of the family-model and of the “responsibility” of elderly care, which led to people having, on average, more liberal cultural values, was a crucial factor for the overall acceptance of the delivery service. The times are favorable for the state to assume more responsibility in elderly care, as both cultural transformations and worsening socio-economic conditions are strengthening people’s perception about who is responsible for elderly care. Moreover, people do not demand more financial help from the state but more service-oriented provision. It is predicted that if the state introduces this delivery service for elderly people, the majority of Cypriot society will look favorably on it, with no stigma being attributed to people who make use of this social service. This is because the service has nothing to do with the financial status of families but with the mobility conditions of elders and their family

members alike. The author recommends that the Cypriot state considers including this service as a long-term policy in its social welfare plan.

Additional issues that the Cypriot society is facing in terms of welfare have to do with a lack of service-oriented provision and with a lack of information concerning social policies. It seems that people's concern is less financial and more about the burden that comes with caretaking. This is not a new insight. Families with working women are finding it increasingly hard to take on caretaking responsibilities. It is evident that the majority of families do not consider caretaking done by institutions other than the family as stigmatizing as it used to be in the past because the notion of "moral responsibility" has been changing. The majority of people within Cypriot society do not consider that the woman, or the family, has the moral responsibility to take care of elderly family members alone. At least partially, the responsibility can be transferred to the state. Therefore, there is no huge risk of receiving backlash or negative evaluations for introducing more caretaking services that are not based on financial means-testing.

Finally, there seems to be a disconnect between the existence of services and people's awareness about them. Even the official website concerning caretaking services has not been updated in recent years, which leaves room for doubt about how seriously the state takes elderly care. The state would receive increased support if it signaled to the people that it is ready to discuss a more service-oriented provision of welfare.

Chapter 8: Conclusion

This research has focused on finding the answer to the broader question of what drives welfare state reform and social policy development in South European countries. With an ongoing debate about the crisis of the welfare state, accentuated by the current COVID-19 pandemic, which has surprisingly shown the resilience and necessity of welfare states (albeit being weakly prepared for the crisis), the issue of reform has, once again, become increasingly relevant. By understanding how and why welfare states change and social policy is developed, policymakers are better equipped to engage in meaningful reform.

Specifically, this research made inquiries into the reasons for the sudden change in welfare structures that occurred in Cyprus during the COVID-19 pandemic in the area of elderly care. For the first time, a new and innovative service was introduced, which went against the kind of welfare provision that is typical for the Cypriot welfare state. What caused such a change and why the change took this specific form was of central focus in this research.

A South European welfare state was chosen as a case study because of several reasons that proved to be analytically interesting. First, south European welfare states operate very differently from other categories of welfare states in that welfare is usually distributed through informal rather than formal institutions, notably the family. This leaves family-dependent social groups, such as the elderly population, extremely vulnerable since they are dependent on their families, which, as an institution, are facing increasing difficulties in sustaining themselves and their family members without much public assistance. This issue was negatively highlighted during the COVID-19 pandemic, leaving elderly people exposed and even more vulnerable. Second, welfare clientelism that characterizes those welfare states causes low political trust, which is translated into a lower

willingness to pay taxes. This is a dilemma, for even if people are in need of a more effective and expanded welfare state, they cannot trust their political institutions and are unwilling to contribute to their expansion. This unwillingness can stem from political as well as cultural reasons, such as views on deservingness or responsibility. Third, during the COVID-19 pandemic, it was especially welfare states in southern Europe that showed a more radical change of structures to adapt to the risks that people were facing, with Cyprus being a rare case to introduce a completely new and innovative policy for shielding the elderly population.

What accounted for this change cannot be adequately explained by existing theories, such as functionalism, power resource theory, or traditional institutionalism. First, these theories are better at explaining why welfare states remain stable over time, essentially viewing change from the point of stability, which limits their explanatory power. Second, socio-economic changes and the configuration of political institutions can enable change, but they do not cause it automatically, nor do they tell us much about the type of change that occurs.

Instead, this research turned to the theory of ideas, specifically of cultural values of the family, care arrangements, and the willingness to pay taxes as an indicator of political trust and of deservingness (culturally driven), in order to explain institutional change. Recalling why the south European state is a unique category of welfare states, the fact that family plays such an important role in welfare distribution prompts us to look at family values and cultural values of care arrangements to identify why formal welfare structures came to be so minimally influential, to see how the current cultural values shape attitudes towards future welfare state structures, and how these played out during the pandemic. On the other hand, the area where these cultural values intersect with formal political institutions, expressed by public attitudes towards matters of taxation, as well as attitudes towards reform, was also seen as being culturally driven. Both factors, cultural

values and willingness to pay taxes, were seen as potentially being affected by socio-economic changes as well, and not as factors merely *within* the context of a worsening socio-economic situation.

I argued that the new delivery service that was initiated as a social policy helping isolated elderly people during the COVID-19 pandemic was the result of a change in cultural values of the family-model and caretaking responsibilities, which was already circulating within society and structuring the initial grass-roots response to the pandemic. This cultural change enabled the institutionalization of the idea that at least a part of the caretaking responsibility can be transferred from the family to the state, and the acceptance of such a change made people not only accept and readily use the service during the pandemic but also consider adopting it into a long-term social policy. The fact that people accept such a change as a long-term change in social policy and not only as a temporal solution reflects the fact that this change is the result of deeper cognitive change and how temporal socio-economic changes are accentuating this cultural change.

By taking this approach, my argument contributes to the relatively new and undertheorized discussion of the role of ideas in social policy development. Thus far, “ideas” have had minimal explanatory power in the institutional change literature, mainly being used as “tools” that elite politicians use to trigger change. Only in a few selected studies (see Lieberman 2002; Steensland 2006) do ideas have a life of their own, but even then, their origin is never discussed. They are taken for granted and examined only after they have already entered the political discourse. With my research, I hope to shed some light on the initial stages of social policy development that occur informally at the birthing stages of an idea that somehow finds its way into political discourse. When analyzing welfare state change and social policy development, we could go as far back as when cultural changes started occurring within a given society. Especially in South European states,

where welfare provision is known to happen mainly through informal channels, such as the family, we could say that social policy change occurs within society long before a new social policy is born or formally institutionalized. Society has probably already institutionalized it informally.

Finally, two additional important points can be taken away from this scholarly endeavor. First, change is a gradual process that happens over time, even in the area of social policy development. It does not happen suddenly, but it is a process that takes decades. Welfare state change, especially one that is examined during the COVID-19 pandemic, should not be seen as the result of a sudden exogenous shock but as the result of decades of transformation. Social policy should, therefore, be analyzed in a historical manner. Second, the public is not at the mercy of elite-level decision-making but does, indeed, affect policy development. Not only does the public do so by influencing the initial stages of idea formation that leads to a social policy, but the life expectancy of such a policy depends on its acceptance by the public. If the policy goes against the cultural values of the public, it is likely that it will fail in the long run. Therefore, studying public attitudes is also an important aspect of social policy analyses.

On the other hand, this insight can also have important implications for the area of cultural studies. A possible methodological approach to discovering a change in cultural values can be achieved by analyzing public attitudes towards specific social policies. That is because social policies reflect cultural values, to which people can be favorably or unfavorably disposed of based on their own cultural beliefs.

However, it must be noted that this study does not adequately examine how ideas enter the political discourse. It briefly touches upon one possible factor, the worsening of socio-economic conditions, that enables change by making an issue no longer ignorable. Although some research has already been done concerning how ideas are used in public discourse, there needs to be a focus

on the intersection between society and institutions in order to answer this question. The present research has shown why and how a cultural idea moved from the minds of society onto the negotiation table of a ministry. Functionalism or resource power theory can still be good approaches to enhance this view and examine how an idea moves beyond the negotiation table, but they still need to acknowledge that political actors themselves are embedded within their cultural belief system and approach social policy-making processes in a certain way because of it.

In conclusion, more focus should be placed on the role of “culture”. Since every society has a different welfare culture, welfare structures work differently in each country, even if only slightly. That also means that differently-working structures require different mechanisms for change. Whether culture is the universal driving force of change for *every* welfare state remains to be proven, but even culture can take on different forms that are specific to each country. It remains true, however, that welfare states were not adequately prepared to combat the socio-economic needs that ensued with the outbreak of the COVID-19 pandemic. State actors had better get more in touch with the societies they attempt to serve, and understand their ideas, their culture, and their expectations, in order to avoid greater risks due to unforeseeable circumstances, but also gain greater trust from the public. In the end, welfare states serve people, and people give meaning to welfare states.

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