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NEW MORAL ECONOMIES OF WELFARE: THE CASE OF DOMICILIARY ELDER CARE IN GERMANY, FRANCE AND BRITAIN

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ABSTRACT: Currently, deregulation of social welfare provision is underway throughout Western Europe. The major tendency is for *disorganisation,* together with the emergence of *welfare markets*. This is also changing the way elderly people are provided with personal and socio-medical services. Focusing on domiciliary eldercare, the paper explores if this is accompanied by a change in what Kohli has termed the *moral economy* of old age welfare. Departing from a general reflection on the organisation of social services in modern welfare capitalism the paper sketches evolutions in the eldercare system of three major European countries, with a special focus on the role of civic rationales and professional norms in the organisational field under consideration. It is argued that the moral economy of eldercare has become fluid, thus implying a broader transformation in the societal treatment of old age.
Key words: welfare culture; formal care; comparative social policy analyses; professionalism; governance; old age provision

For some years now, change has been underway in most West European welfare systems. This has affected social services, including personal care and nursing for the elderly. After the end of the 'golden age' of European welfare states (Esping-Andersen 1996), the landscape of social welfare has become more pluralistic, a key characteristic of which has been the emergence of 'welfare markets' (Taylor-Gooby 1999). While some scholars have discussed an 'era of privatization' (Ascoli and Ranci 2002), it would certainly be erroneous to see the current reorganisation of the welfare system as being conducive to a complete marketisation of social services outside of the family. For the most part these services remain under public

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control, and there are clear limits to the free play of the market. Moreover, social welfare continues to be a political issue, with a broad range of collective actors debating statutory regulations in the public domain. Yet things are changing nonetheless. As is argued in this article, the overall evolution can be conceptualised as a move towards *disorganisation* and *a new moral economy of welfare*, thereby making service provision systematically more volatile.

The article draws on the example of *domiciliary eldercare* in order to elaborate this argument. It contends that there is a general evolution, occurring independently of national traditions, which shapes European welfare regimes (in the sense of Esping-Andersen 1990). Importantly, this evolution is multi-faceted, with the changing design of social policies as but one of its dimensions. The transformation of professional and civic norms, as well as changing interorganisational relations proves equally crucial. The argument will be developed by referring to the concept of 'disorganised capitalism' and to the work on 'moral economies' in the welfare state. In the first section, it will be argued that, irrespective of (undeniable) national particularities, a Western European model for the production of social services based on a specific moral economy of welfare has taken shape in the post-war decades. However an overall agenda of disorganisation has called into question the mode of governance underlying this model for some years now. In addition, the example of domiciliary eldercare will be explored to both assess the tendency towards disorganisation in a given organisational field and to examine how the economy of welfare is morally (re-)embedded under these conditions. This will be done by reviewing evidence from Germany, France and Britain.[1] The conclusion will briefly examine whether the same dynamics can be identified in other domains of old age provision. The overall finding suggest that while moral rationales continue to impact on 'disorganised' systems of old age provision, they are subject to permanent negotiations between the actors involved, rather than being instilled into a mode of governance pointing towards a more universalistic form of social welfare.

1. The moral economy of welfare and the agenda of disorganisation

In theories of the welfare state, there is some debate over the influence of moral rationales upon the design and the evolution of welfare state institutions (e.g., Rodger 2003; Rothstein 1998). While some scholars

1. Some of the following observations do not apply to all parts of Britain. Recently, social and eldercare services in Scotland, for instance, have developed specifically in some respects. This article, however, will not elaborate on such nuances.

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argue that state-regulated welfare has emerged and taken shape through an aggregation of economic interests, others emphasize the role of moral ideas in framing institutional arrangements within the welfare state. Regarding the moral rationales underlying the state-regulated pension system in Germany, Kohli (1987) has interpreted the latter in terms of a *moral economy*.[2] The general idea of the moral economy concept is that the economic organisation of welfare provision corresponds to moral norms that serve as guidelines, on which to build institutions and thereby give meaning to them (Mau 2003). With regard to pension systems, a certain norm of reciprocity is deemed necessary to channel streams of institutionalized income redistribution and in economic terms, to arrange the life course of succeeding generations. According to this understanding, institutions of the welfare state must (at least partially) be seen as an expression of moral rationales.[3]

To date, however, rarely has the wider literature explicitly addressed the role played by such rationales in *service-based forms of welfare*. From a theoretical point of view, three aspects appear fundamental when it comes to the constitution of moral economies of welfare in social (care) services. One aspect is the *responsibility for supplying service facilities* outside of the family. Notwithstanding the obvious undersupply in some segments of the social sector, the post-war decades have undoubtedly seen a growing input of tax- or social-insurance-based funds into the social sector. At the very least, this input has been perceived as complementary to existing streams of private or voluntary efforts. The moral rationale that can be assumed to have endorsed this collective investment will be discussed in more detail below (for the example of domiciliary eldercare), yet it stands to reason that a certain idea of generalised social reciprocity has become powerful in social service fields as well.

A second issue is the normative shaping of work settings in these fields. During the course of the 20th century, these settings have increasingly come under the influence of '*welfare professionalism*' (Foster and Wilding 2000). The general idea promoted by the latter was that social services should be delivered to clients on the basis of both specialist knowledge and experience-based practice, with a strict respect of the clients' need and without material interests biasing work-related interactions. While such

2. The concept of moral economy draws upon seminal works such as Thompson's study of collective protest during the 18th century (Thompson 1971), or Polanyi's book on the non-economic foundations of market economies (1941).
3. This also includes moral norms shaping those institutions which are often seen as the 'ugly face' of welfare states, e.g., by casting social stigma upon certain groups of beneficiaries or welfare programs. For a more elaborate analysis of the moral foundations of old-age provision, see Bode (2007a, chapter 3).

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norms were institutionally enforced by elaborate systems of peer oversight and related jurisdictional regulations (Freidson 2001), they were also collectively perceived as conducive to interpersonal trust governing the encounters between users and practitioners (Harrison and Smith 2004). This too will become clearer with regard to eldercare in the next section.

A third element important for the moral framing of social service systems emanates from what many have termed 'welfare pluralism'. While it holds true that, in a few European countries, central state agencies simultaneously became funders and providers of social care, a widespread pattern has been the development of partnerships between public bodies as funders and partially independent agencies as providers, which were also (more or less) participating in the governance of these systems. A whole body of research has shed light on this non-statutory infrastructure of the welfare state (Ascoli and Ranci 2002; Katz and Sachße 1996; Laville 1996).[4] It has been shown that models of social welfare were spearheaded by social entrepreneurs, and that, in European history, numerous organisations of what is commonly labelled the voluntary sector 'pioneered concepts of the collective good and notions of social rights' (Evers 1993: 6). These organisations did (and do) not only deliver services but they also became engaged with political advocacy and opinion-building in the wider society. Hence social service systems came under the *influence of particular civic rationales*. This applies to a broad set of social forces involved with the 'welfare mix' of Western societies – trade unions, civic associations, community groups – and their particular normative references whether these are humanitarian, faith-based or linked to profane visions of a 'good society'. The case of domiciliary eldercare will illustrate the role such morally-based non-statutory agency played in welfare systems.

Despite international and sectoral variation, then, a general moral framework can be assumed to have increasingly given shape to social services during the post-war decades. Especially in the 1960s and the 1970s, increasing state interventionism, the proliferation of professionalism and a growing space for civic agency have been emblematic of these systems in Western Europe. Importantly, these phenomena went along with a specific pattern of inter-organisational coordination or *mode of governance* in the production of social welfare. With the 'process of social

4. In the post-war settlement, the participation of the voluntary sector in the welfare state often went beyond providing services. In countries such as France, Belgium, The Netherlands, Sweden or Germany, the state co-opted representatives from this sector as administrators of quasi-public bodies. The most evident case is trade unions involved in the administration of welfare systems, based on a firm 'nexus between the sphere of industrial relations and the system of social security' (Hemerijk *et al*. 2000: 107; see also Bode 2003b, 2004).

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care "going public"' (Antonnen *et al*. 2003: 171), the state became responsible for promoting the delivery of services whilst collaborating with non-statutory actors in order to assume this responsibility. It is true that the concrete division of labour differed in each (national) welfare state regime (Esping-Anderson 1990; Salamon and Anheier 1998); and coordinated welfare systems emerged at different historical moments. Yet in one way or another, inter-organsiational coordination can be found in most European societies. As scholars such as Salamon (1995), Taylor (2002) or Giaimo (2002) have stressed, even more liberal welfare regimes were, at least partially, characterised by this kind of organising social welfare. This embraced the political process through which welfare systems were built and reshaped, including the local level where notabilities or communities exerted influence on the systems' governance.[5] In some countries, public and civic actors even engaged in quasi-institutionalized routines of organising the infrastructure of social services.

Thus, social services became part of a historical configuration that might be labelled *'organised welfare capitalism'*. While the state – being increasingly keen to ensure citizens' protection from market forces – was (more or less) pushing towards universalistic patterns of service provision in a range of areas of social reproduction, non-statutory actors were involved with the process of defining needs and shaping professional practice. These actors derived their organisational capacities and legitimacy from the fact that they were deeply embedded in social and professional milieus and benefited from the high level of societal trust accorded to their practice.[6] This particular equilibrium within the post-war public–private partnerships provided for an 'organised social welfare' that was set apart from the free market.

It is obvious that this has been associated with the larger political economy of what, almost two decades ago, Lash and Urry (1987) referred to as 'organized capitalism'. As these two authors as well as more recent

5. While the state proved more dominant in Britain than on the continent, there is some evidence that in Britain too 'there were "partnerships" in the classic welfare state, but (that) non-state partners were clearly junior-partners in the welfare firm' (Powell and Hewitt 2002: 132, see also Kendall 2000; Means and Smith 1998; Taylor 2002). The moral rationale of these junior partners – e.g., a preference to make local neighbourhoods participate in the process of social care – may not have been visible in the sense that the official norm was a publicly guaranteed provision for all (low income) users. Yet it cannot be denied that the voluntary sector in Britain proved powerful in advocating social policies and designing a range of personal care services on the basis of public grants.
6. For a broader elaboration of this argument, including evidence from the wider literature, see Bode (2004: esp. 51–7).

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commentators in the political economy literature have argued, major transformations in the (world) economy, together with a range of social and cultural developments, have profoundly transformed the socio-economic foundations of Western societies.[7] According to Lash and Urry, one can understand this change as a process of *disorganisation.* This process does not solely materialize in phenomena such as the weakening of state interference into the economy, the loosening of the inter-linkage between banks and firms or the erosion of collective bargaining.[8] It is also characterised by states outsourcing public services or creating quasi-markets, thus resulting in a move from substantial regulation to context-steering with much more flexible patterns of resource allocation and collective good production. Moreover, Lash and Urry suggest that, in a broader sense, all this goes along with social change, as in the pluralisation of class structures and the new ideological representations prevalent in the major social strata of society.

Drawing on this formulation of societal change, there can be no doubt that the grounds on which the post-war systems of 'organised welfare' were built have become affected by progressive erosion. The old mode of governance and the related moral economy of welfare have been called into question. What does that mean for the organisation of social services?[9] Many contend that it has been paralleled by an overall demise of both public responsibility and need-based service supply in the welfare state (Gilbert 2002). With regards to the infrastructure of welfare systems, it has been argued that the frontiers between non-statutory and market-oriented forms of service production have become increasingly blurred (Kramer 2004), and that 'sectoral shifts ... in regard to the relationship between market-controlled, associative and state controlled

7. See e.g., Coates (2005). The major interest of this literature is upon the respective fitness of varieties of capitalism, mainly with regard to the coordinated market economy or 'social capitalism' as opposed to the expanding liberal, Anglo-American model. The discussion focuses on those institutions that are embedding market economies, in fields like education, vocational training or labour law.
8. There is an argument over how far this evolution has occurred in Europe. Many still distinguish 'social capitalism' from 'the liberal or 'disorganised' model of capitalism' as it is known from the Anglo-Saxon world (Pierson 2001: 432; see also Crouch 1999: 362–3). In countries like France, Germany or the Netherlands, centralized industrial relations have indeed survived; law still considerably shields workers from business power there. Yet at the same time, the key move has been towards reducing the scope of such regulations, together with less substantial contents.
9. Neither Lash and Urry nor most of the remaining political economy literature have considered this area in greater detail. The organisational underpinnings of economies of welfare have remained widely neglected (or reduced to the mere agency of mainstream interest groups).

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forms of service production' (Kaufmann 2001: 20) have taken place. Furthermore, attention has been drawn to the emergence of 'managerial' or 'enterprising states' (Clarke and Newman 1997; Considine 2001; Harris 2003) that have adopted terms taken from ordinary business to rearrange the welfare mix and relating inter-organisational relations. At the same time, however, statutory control as such persists (Bahle 2003), while in many places the processes of contracting in the social (service) sector have been found to reflect network-like rather than market-based inter-organisational relations (Powell and Exworthy 2002). In addition, though the voluntary sector are exposed to new market forces (Bode 2003a), civic agency continues to be a key ambition of non-statutory actors busy in this sector.

Thus, the agenda of disorganisation which constitutes the general societal background of changing welfare systems seems likely to produce complex outcomes. So what role have social services adopted following the end of 'organised welfare (capitalism)'? Is it possible to uncover, within the social sector, what Lash and Urry, when regarding the changing political economy of Western societies, have called a 'fairly systematic process of disaggregation and restructuration' (Lash and Urry 1987: 8)? What happens to the 'old' moral economy of welfare in this sector? How does the moral framework governing this economy of welfare evolve under conditions of disorganisation? The remainder of this article will deal with these questions by exploring evolutions in the field of domiciliary eldercare in three major European nations: Germany, France and Britain.

2. The case of domiciliary eldercare

For some years now, domiciliary eldercare has become an important topic both of public policies and of the comparative study of economies of welfare (Anttonen *et al*. 2003; Ascoli and Ranci 2002; Evers 1993; Bode 2007b; Laville and Nyssens 2001; Ungerson 2003). It is a field where across Europe institutional and social change has been remarkable, with quasi- or welfare markets as a key vehicle of system transformation. In many countries, commercial actors have taken centre stage, and traditional non-profit providers have been obliged to revise their missions and methods, including their relationship to major stakeholders. New systems of public purchasing or contracting, partially based on competitive tendering, have encouraged these providers to become more business-like. Notwithstanding these dynamics, eldercare has remained a *moral issue*: In the public and academic debate, this materializes in discussions about who gets which kind of services and about how far citizens in need should be granted entitlements to public subsidies; in

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the same vein, quality issues have been given increasing attention, both by formal regulations and public scrutiny.[10] Further aspects are choice of service, the accountability of providers and regulators or gender-based role divisions within families, the latter against the background of changes in women's life course. In what follows, however, the focus will be upon the three dimensions introduced by the preceding section: the responsibility for service supply, the prevailing approaches to care work and the influence of civic rationales on processes of service provision and their governance.

One should however bear in mind that the comparative analysis of systems of eldercare and their moral framing is a complex endeavour. These systems are divided in several subsystems, with a particular role allocation in each country. Domiciliary eldercare comprises different forms of services, ranging from out-patient medical care for personal support to housekeeping work. The frontiers between these different pillars of care are not clear-cut. Housekeeping and day care, for instance, frequently embraces some body-related care acts, and, as far as France or Germany are concerned, an increasing number of eldercare services include two departments, one for nursing services and one for personal care. Against this background, it is not easy to provide, particularly within the limits of a sole article, an encompassing comparison of how the organisational field of domiciliary eldercare has transformed over the last two decades. The following analysis therefore is confined to a sketchy picture of recent transformations and has to be read as an empirically informed set of hypotheses which requires further elaboration.

The analysis considers national organisational fields of eldercare, consisting of 'key suppliers, resource and product consumers, regulatory agencies, and other organisations that produce similar services' (DiMaggio and Powell 1983: 148). Since the division of tasks is different in each of the three countries under consideration, these fields are not necessarily congruent with each other. Yet roughly, the paper focuses on care comprising personal support and health-related acts as potential supplements. It draws upon a literature review and on case study research from

10. In the UK, such debates occurred after the report of the 'Royal Commission on Long-term Care' in 1999. In Germany, concerns have recurrently been expressed in discussions about the viability of the long-term care insurance, including its performance in terms of service quality. In France, a passionate debate over shortcomings of the care systems broke out after many elderly people failed to survive the extremely hot summer of 2003, leading to far reaching governmental initiatives.

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Germany, France and Britain.[11] Initially, the investigation will cast some more light upon the process of *disorganisation* in domiciliary eldercare. Since, empirical evidence is in short supply with regards to the past, analysis is confined to making general observations. Secondly, the changing moral economy of welfare of domestic elder-care is examined, by considering the moral dimensions of social services as discussed in the preceding section.

2.1. A changing mode of governance ...

Irrespective of the differences in the welfare system of the three countries under study, similar kinds of public-partnerships have helped shape the organisational field of home care during the post-war period. While the state slowly began to invest in domiciliary services – in fact, there had been a long-standing preference for institutional care in most places – voluntary sector organisations rooted in highly integrated social milieus or communities offered some service provision through the use of both their own resources and public grants. Public bodies often gave a remit for them to run services on their territory. The state set the frame for entitlements to publicly funded services and to professional standards. In the same vein, civic organisations were influential when it came to public planning (at different levels), due to their practical expertise both in running services and dealing with users.

In this respect, the *German case* is the most remarkable because the partnership was enshrined in social law. In this country, the respective pattern of inter-organisational coordination has been referred to as being an expression of 'social corporatism' (see Bode 2003b: 350–1). Local (albeit nationally federated) welfare associations such as the church-linked *Caritas* were given priority over public agencies in cases where the former were able to run a service on their own. Following World War II, the activity of these associations progressively included personal care, with a mostly female volunteer workforce participating in activities such as

11. This research focused on organisational change within typical service providing agencies in Germany, France and England. For this purpose, interviews with managers of locally based service providers in the voluntary sector have been conducted: Some have been arranged as informal conversation in order to approach an organizational reality hardly accessible by official interviews, while others have been based upon an open questionnaire. The questions were addressing various issues, ranging from what the organization was actually doing to how its role evolved in changing environments. Furthermore, organizational media (reports, journals and magazines) have been extensively reviewed. Methods and results are presented in more detail by Bode (2004).

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befriending or housekeeping support. This workforce was often anchored in settled social milieus. However, there was a clear tendency towards greater professional care, a key vehicle of this orientation being the so-called 'Sozialstationen'. During the 1970s, these service centres were considered as a model for the future (Grunow *et al*. 1980). They were conceived as multi-service agencies providing various kinds of care based on professional standards and with complementary informal inputs from groups of volunteers. These centres were set up by public authorities or by welfare associations, the latter being quite generously subsidized by the former for that purpose. The welfare associations worked hand in hand with statutory bodies whilst maintaining a considerable amount of discretion in the running of their services. It should be noted that not only were such centres spreading quite slowly over the national territory, but there also existed heterogeneous regional support policies. Thus, the centres were not able to meet the rapidly growing demand. However, the impulse towards a broader coverage of needs for non-residential care proved strong, and by the end of the 1980s, the centres were able to access extra resources paid out of the budget for public health insurances.

There is evidence that a similar mode of governance existed in post-war *France*. While paramedical help was largely provided by nurses and funded by the national health insurance, the provision of personal care ('aide ménagaire') often remained in the hands of municipalities and voluntary associations. However, the state was increasingly striving for universalism in service supply (Archambault and Boumendil 2002, Clergeau *et al*. 2002; Henrard *et al*. 1989). Some providers started their activities during the 1950s with the help of volunteers located in the neighbourhood, yet the bulk of services were developed when public or quasi-public bodies provided subsidies for employing waged personnel. The main funding bodies were local or regional authorities collaborating with these providers on a consensual basis.[12] Increasingly, municipal or voluntary associations began to set up integrated service centres which offered both nursing and personal care. Even though the then existing service infrastructure was quite patchy and did not meet the growing demand, the overall tendency was to extend this infrastructure on the basis of a quasi-corporatist public–private partnership. By considering the case of one of the leading provider

12. Clergeau *et al*. (2002: 48) depict the rise of this politique gérontologique, où les services d'aide à domicile occupent une place pivot' and see this policy as la résultante d'une interaction complexe entre les acteurs privés du champ de l'économie sociale et les acteurs publics de l'Etat central, des organismes sociaux et des collectivités territoriales'. While there was a general tendency to provide services everywhere in the country and for all frail elderly, the supply remained heterogeneous especially because of a 'système de financement balkanisé' (*ibid*.: 59).

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networks, the '*Association d'aide à domicile en milieu rural*' (ADMR), the conditions of this partnership are apparent. After having been licensed by public bodies, the local associations received subsidies mainly (but not exclusively) for taking care of users with low incomes. They largely made use of volunteers, but they were employing an ever growing number of paid workers, mostly on a part-time basis. It is notable that the female workforce was highly integrated in a rural life in which familial and work relations were habitually blended. Until the end of the 1980s, the overall tendency was to increase the proportion of paid work and to concentrate the participation of volunteers in administrative and brokering functions (Dartiguenave *et al*. 2001).

In *Britain*, the division of labour in the eldercare system was, to some extent, quite different. While public bodies heavily relied on voluntary agencies in order to provide basic (non-medical) support to the elderly after World War II, formal responsibility for providing domiciliary eldercare services was devolved by the central government upon local authorities in the late 1960s (Baldock 2003: 123–31; Kendall 2003: 162–3; Means and Smith 1998: 219–45). Local authorities became the prevailing service provider for people with low income. Since direct public investment remained scarce, however, 'much home care provision necessarily developed within the voluntary sector, . . . often mainly funded by the public sector' (*ibid*.: 131). This public–private partnership was less institutionalised than in Germany; as a result, service supply proved particularly patchy and comparatively less 'political energy' was spent on making eldercare more universally accessible throughout the country. In principle, however, a 'symbolic consensus' existed that services should be funded though general taxation and organised under the lead of public bodies (Player and Pollock 2001: 233). Although substantial regional inequalities persisted, this consensus had some impact, with the post-war period presenting 'a period of incremental progress' (Means and Smith 1998: 271). The consensus was also endorsed by civic organisations such as '*Age Concern*' which were running some non-medical services at the local level but were mainly involved in user counselling and political advocacy.[13]

Regarding the three countries, then, one can easily discern a mode of governance, characteristic of what has been labelled above as 'organised welfare capitalism'. There was (more or less) active coordination between

13. Cf. Kendall (2000: 69). As Means and Smith (1998: 315) have put it, 'the main focus of Age Concern war to be the creation of national publicity about the needs and aspirations of elderly people rather that the service delivery by local committees.' Yet field studies of Means *et al*. (2002: 105–9) also show the involvement of Age Concern groups into formal partnerships with local authorities, including 'joint planning' and 'joint finance' (*ibid.*: 107) for a range of care-related services.

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public welfare and civic agency, together with a tendency towards the universalisation of public inputs via professional standards, grants and social planning. While there was a cross-country undersupply of services, this partnership model had appeared in outlines during the 1970s and tended to become generalized in the sequel. Put in other terms: the then spreading concepts and initiatives were prone to make existing fragmentations and disparities being phased out. In the model dominant at that time, domiciliary eldercare was heavily channelled through a pattern of inter-organisational coordination driven by mutual adjustment and communicative action. The market logic remained marginal.

This overall tendency, however, did not endure. Rather, the mode of governance underwent more or less paradigmatic change. A key driving force was the rise of competitive pluralism as a new logic of governance (see Figure 1). Instead of actively moderating the process of service supply, the coordination of the latter became 'passive' in the sense that the interplay of micro-economic incentives was given more emphasis (even though at varying degrees when internationally compared).

Britain, at the beginning of the 1990s, saw the introduction of social care markets and the systematic devolution of eldercare to independent agencies, including private firms (Wistow and Hardy 1999). It is the private and voluntary sector that at present run facilities for day care, respite care, carers' relief services or household-related support to the elderly. In many cases, this takes place after passing fixed-term or even spot contracts with public purchasers at the local level (Forder *et al.* 2004).[14] Moreover, recent legislation has made it mandatory for local authorities to offer the option of direct payments to service users to organise personal care on their own. In *Germany*, a long-term care insurance – paying for paramedical, but also a range of personal care services – has been introduced as of the mid-1990s (Wegner 2001). Though part of the social security system, the insurance leaves new space

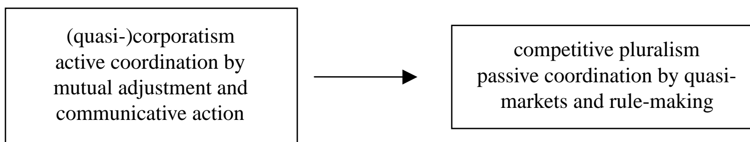

Figure 1. Trends towards disorganised governance ... and new moral economies.

14. Today, non-statutory agencies provide for two-thirds of the service hours under local authority contracts (personal care mostly), with the private sector representing the lion's share.

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for market relations since it is based on capped budgets and a competition between service providers, including private firms (that make up for half of the market). More recently, there have been experiments in direct payments to 'care consumers'. In *France*, tax and labour market policies have strongly endorsed a competition between service providers and individual employees in private households from the beginning of the 1990s onwards (Enjolras and Laville 2001; Noguès 2003). In contrast to Germany and Britain, commercial provision and suppliers competing on a given territory have remained the exception in this country. Public subsidies for private employees provoke quasi-competition, though.[15]

It holds true that, in all countries under consideration, the state still pursues the ambition to exert a universal control over the system, especially by making rules concerning quality or contracting standards. The case of Britain is outstanding in that respect (Humphrey 2003). However, the idea of universalizing public inputs and actively coordinating service supply within a mixed economy of welfare no longer prevails. Due to the proliferation of micro-economic thinking within the organizational field, the responsibility for outputs tends to be devolved upon the (increasingly independent) providers, including for-profit enterprises. It is the provider that faces the risk of bankruptcy; at least, it has to come to terms with strong fluctuations in the new care markets. The public approach to steer service outputs has been transformed in a strategy of ex-post controlling. Providers in the voluntary sector are often unable to rely on consensual partnerships with public bodies. Rather, there is pressure to behave like an ordinary, profit-seeking enterprise, and this is also due to a more fluid endorsement of civil society (see below). In sum, there is a clear trend towards a *disorganised governance* of domiciliary eldercare.

Above, it has been argued that organised welfare capitalism went along with a particular *moral economy of welfare*. How did the latter materialize in the case of home care, and how has the moral framing of eldercare evolved in an era of disorganisation? The wider literature allows only a sketchy picture of the past. Firstly, the discourse of state authorities reflected, in all three countries, a generalised concern for the issue of domiciliary eldercare and a publicly endorsed (future) collective responsibility for building and moderating a fully accessible service system.[16]

15. Clergeau *et al*. (2002:63) see the organisation field being subject to an 'ouverture à des logiques lucratives'. In fact, the tax advantages granted to those who engage private employees are a kind of direct payment conducive to a market logic governing the relation between demand and supply.
16. This is an outstanding element of the history of home care in all of the three countries (Grunow *et al*. 1980; Henrard *et al*. 1990; Means and Smith 1998).

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While the rhetoric was not followed through everywhere, it was nonetheless inspirational. Given the existing voluntary inputs, the state was expected to supplement them in order make home care more broadly accessible. Moreover, a professional culture was emerging in the care system, with social gerontologists setting the frame for the renewal of the very concepts of eldercare (Powell 2001; Scharf 2001). Eldercare became an issue for welfare professionalism, the latter stipulating that care work should take into account the individual, multi-faceted and social character of the client's needs in stead of treating the latter more or less 'instinctively' as had been done so far, especially in residential care. Professional care work was deemed to blend an interest in salaried work with a client-centred mode of service provision, and this was seen as a guarantee of trust-based interactions within the work place. Finally, civic rationales had some impact on the governance of domiciliary eldercare. German welfare associations pursued a concept which promoted both a statutory responsibility for eldercare and an acknowledgement that needs had to be assessed and served at the local level, with the active participation of actors rooted in the clients' ecological milieu. These actors were to operate on behalf of public authorities but continue their particular capacity to manage social proximity. In France, equally, non-profit providers of personal care insisted on the importance of local social ties, deemed to give them an advantage over more bureaucratic patterns of service provision. In Britain, the prevailing normative concept in the social (policy) sector viewed voluntary organisations as brokers for innovations responding to local needs, sometimes as exemplary service provider, but more often as a charitable lobby (Kendall 2000; Vincent *et al*. 2001: 41–50).

With the *disorganisation* of the field, however, considerable change is underway. Considering the case of *Germany* first, a new, hybrid configuration has come to the fore (Leitner and Lessenich 2003). On the one hand, the introduction of the long-term care insurance has led to an expansion of collectively financed home care. Symbolically drawing on the legacy of public health insurance, the new institution exhibits, to some extent, the moral rationale of the latter, i.e., the idea of a far-reaching generalized reciprocity (between healthy and frail people, and between generations). On the other hand, this reciprocity ends once the demand exceeds the capped (and in real terms decreasing) insurance budget. What is more, public bodies are barely accountable anymore with regard to the coordination and the design of the overall infrastructure, let alone the oversight of those parts of home care that are not covered by the long-term care insurance. Thus, there are clear limits to a collective responsibility. Furthermore, there is a tendency towards de-professionalisation. This tendency – which occurs to some extent undercover –

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materializes in a more tayloristic organisation of care work and the use of low-skilled personnel, both developments being due to the funding of services according to narrowly calculated time slots. Contrary to what has been promoted by the 'Sozialstationen' model, a growing part of the 'service work chain' is left to people that are not (especially) qualified to undertake eldercare work.[17] Eldercare is less seen as knowledge-based intervention in response to complex individual needs, and more as a low-skilled service job. There is a never-ending public debate over quality issues and continuous pressure on public authorities to ensure adequate services. However, quality commitments have become external demands rather than in-built measures that are 'taken-for-granted'. Change has also occurred with the civic rationales that guide non-statutory providers in the organizational field. Those provider organisations belonging to the aforementioned *Caritas* must to some extent adapt their practice to a care market that rewards standard, time-saving and dispassionate service work. This being said, they have deployed efforts in activities that counteract this trend. Their federations are lobbying for regulations that impose new quality standards on providers and purchasers. At the local level, provider organisations have tried to build networks in order to achieve quality-neutral economies of scale. Moreover, some of them have brought their traditional reputation (for example as faith-based organisations) to bear, arguing that it is their very tradition that makes them trustworthy. Coincidently, however, it has proved more difficult in the recent past to recruit enough volunteers to accompany the providers' professional services in a sustainable way so that this competitive advantage over private competitors is in some places endangered. From this angle, the influence of the civic rationale is shrinking.

Such mixed evidence can also be provided for the *French case*. The last years have seen, in this country, a growing awareness of the role of the state in improving service supply. This has led to both growing subsidies for unskilled workers personally employed by elderly people and (recently) to the introduction of a quasi-care long-term care insurance (Roth 2004).[18] Symbolically, the latter is deeply anchored in the approach of 'national solidarity' which underlies a good deal of the French welfare state institutions and stands for a generalized social reciprocity between all

17. This also pertains to more recent regulations stipulating that the long-term care insurances have to fund special care for people with dementia which, by preference, shall be handed over to lay persons.
18. This 'Caisse nationale de solidarité pour l'autonomie' is funding services for the dependent elderly, but also for the handicapped. From 2005 onwards, it replaces existing funds for the provision of professional care. As to the subsidies given to private individual employers, one should note that these do not strictly speaking include paramedical services.

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citizens. Yet more recently, the government has also sought to encourage private firms to offer personal care services (which had not previously been the norm). Thus, while still firmly insisting on its responsibility for service supply, the state is keen to leave part of the field to less regulated (market) forces. Concerning professionalism in personal care, the evolution seems equally ambivalent. On the one hand, needs unmet by the existing licensed services continue to be served by unskilled workers. On the other hand, a new diploma has been created together with a renewed collective agreement for this industry. Nonprofit providers represented by federations such as the aforementioned *ADMR* have been busy advocating such new regulations, also by means of a street protest in Paris. This emphasis on professionalism has also tended to counteract the propensity of individuals to employ carers at home. However, the quasi-competition seems to endure, with a partial de-professionalisation of domiciliary eldercare as a consequence. Simultaneously, many providers adopt a managerial approach to their everyday practice. Many are seeking to conquer new market segments. Again, providers belonging to the aforementioned non-profit federation provide a good example. These traditional rural associations now run start-ups in bigger towns without having a base of volunteers. The general strategy of the ADMR is to open 'service shops' in which a range of services can be offered to costumers, like in a supermarket. More recently, the ADMR has set up a national call-centre with a remit to direct those people who are seeking general advice to service providers within their own network. The interest centres on capturing an anonymous clientele that several provider networks may be competing for. In the traditional strongholds of the organisation, it has proved ever more difficult to involve volunteers in the care process. The civic role of the ADMR is not (yet) affected by this. At least, it invests much energy into public relation strategies defending a professional approach based upon public regulation and entitlements in the wider public domain.

As to *Britain*, the picture is in some way similar. A key evolution of the 1990s has been the devolution of large parts of the service field to independent providers, with only a minor part of them belonging to the voluntary sector. Following the introduction of quasi-markets, public bodies remained responsible for service supply insofar as they were able to purchase domiciliary care packages for low income earners, with all personal care providers being inspected by a 'National Commission for Care Standards'. Especially under New Labour, good care for those in need has been defined as being in the national interest (Humphrey 2003). From this perspective, one can say that collective responsibility for eldercare is normatively defined in terms taken from the 'National Health Service' and its culture of generalised reciprocity. With the overall transition to mere context-steering,

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however, public bodies are no longer directly accountable for the provision of personal care. As to the work rationales prevailing in the field, statutory professionalism, based on a steady and qualified workforce, has come under attack while the bulk of services have gone over to independent providers with sometimes little professional experience and an often low-skilled workforce. In the same vein, there is a high awareness of quality issues in the public sphere. As to voluntary agencies involved in this field, it is evident that they – having concentrated on niche activities or lobbying in the past – are now eager to bid for public contracts on a broader scale, thus accepting the culture of the new quasi-market. By using a flexible workforce and adapting their managerial techniques to rapidly changing portfolios of service activities, organisations such as local *Age Concern* have attempted to find a balance between operating as cost-efficient as possible, and sticking to their mission of prioritizing social needs over economic concerns. On the one hand, they have attempted to promptly adapt to changing purchaser strategies, and to capture clients within a sometimes highly competitive service market. In doing so, they confront harsh shifts in their service portfolio which is energy-consuming and has placed their capacities for advocacy under pressure. With regards to volunteerism, case study findings suggest that there are more (especially younger) people looking for a short-term engagement rather than committing themselves to the long-term (see Bode 2004: 213–9). To this can be added the fact that volunteers have generally been found to be less keen to support frail elderly people in their homes (Kendall 2000: 77). In this sense, the link between these agencies and civil society has also become more volatile. On the other hand, 'voluntary sector advocacy for and by older people in the UK has grown in recent years' (Kendall 2003: 176). The civic mission of raising public concern about current needs of the elderly by practical flagship initiatives or political agency remains though the latter is increasingly based on campaigning as opposed to directly influencing policies.[19]

With these general developments, several fields of tension arise in all of the three countries (see Figure 2). First, domiciliary eldercare is still considered to be under the responsibility of the collectivity. There are high expectations on the involvement of public bodies into the sector's activity. Thus, the norm of *collective responsibility* remains influential. However, quasi-market regulations have set 'technical' limits to this responsibility. The new concept is *context steering* rather than social planning and governance through grant-funding, in short: system-steering. Secondly, *professionalism* has come under pressure, especially in Germany and in

19. It should also be taken into account that 'a competition for influence in setting agendas and designing policies is . . . taking place with the for-profit sector' (Kendall 2003: 177).

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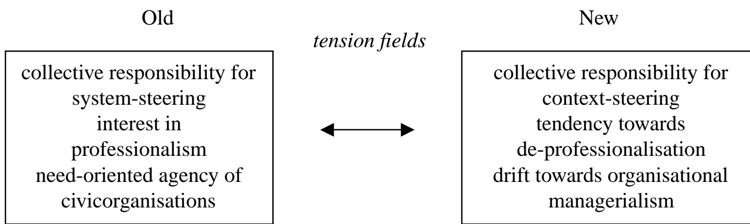

Figure 2. The changing moral economy of domiciliary eldercare.

Britain. A field of tension emerges since there is both an acceptance of less professional input and demands for higher service quality. This being said, *de-professionalisation* is a reality in many places and reversing the former tendency towards professionalisation.[20] Thirdly, nonprofit providers participating in eldercare drift towards a market-oriented (organisational) *managerialism*. Concomitantly, they are looking at possibilities to set limits to this logic and to bring their traditional civic rationales to bear. The field of tension is evident: Making money by capturing customers easily overrules the building of trust-based relationships with users and public bodies through a firm *need-orientation* of the everyday practice and of political agency. At least when it comes to public communication, there is still an emphasis on quality given priority over revenue, on advocacy driven by experienced needs, and on lobbying for equitable social policies. Today, however, the nonprofit providers seem to be less firmly rooted in civil society when compared to the past. They are controlled by managers rather than by boards of stakeholders, and unpaid support has become less reliable since the old voluntary workforce consisting of women following a model of humble, life-long volunteering is dying out.[21] The fundament on which civic agency had been built is less solid than in former times.

20. This especially holds if broader dynamics in the eldercare sector are taken into account. In the case of Britain, for instance, health organisations had claimed a strong professional responsibility for taking care of frail people. With the gradual disengagement of these organisations, statutory social service departments and a number of well-organised non-profit providers tried to fill the gap. The far-reaching devolvement of care services on independent providers during the 1990s then led to an ever higher proportion of care work to be accomplished by low-skilled personnel (see Means *et al*. 2002: esp. 38–40).
21. It holds true that the role of volunteers did already change during the rise of what has been labelled as ‘organised welfare capitalism’ in this paper. Volunteer work was evolving towards a more complementary or accompanying role in this period. Yet culturally, voluntarism remained a crucial element within the then established public-private partnerships.

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3. New moral economies of welfare and their consequences

Resuming this review of changes in domiciliary eldercare across Western Europe, several conclusions can be drawn. In general, it can easily be seen that, with the political economy of Western societies moving from organised to disorganised capitalism, there is also *disorganisation in social service systems.* The case of home care is an emblematic example for this. The material outcome of this new configuration is not (necessarily) a reduction in the overall quantity of services available. Rather, service provision has become chronically unsteady and subject to new inequalities. This is the case because the provision of a given service now *systematically* depends on the fluctuating processes of quasi-markets and the sphere of public regulation. The result in terms of outcomes is more heterogeneity: In some places, service innovations may provide for more efficiency *and* higher quality while in others, organisational performance is inconsistent or places certain 'consumer' groups at a disadvantage. Given the new mode of governance (more or less) based simultaneously on 'state control' *and* 'organizational autonomy', the implementation of home care has become 'varied, highly contingent, and uncertain' (Powell 2001: 129).

The main objective of this paper has been to shed more light on the background of this new configuration. On the one hand, it has uncovered the *complexity of the mode of governance* occurring with disorganisation: While commercialization has remained limited,[22] users, providers and purchasers have to cope with the turbulences of welfare markets. With a more passive coordination of the service system, public–private partnerships based on mutual adjustment and communicative action are loosing ground. Due to the proliferation of 'New Public Management' and the decrease of institutional securities, providers have to consistently revise routines and methods when interacting with their environments.[23] While the voluntary sector has not been crowded out by this overall evolution – continuing to some extent to bring its civic rationales to bear–, it seems to be caught in the middle: It is now a business partner rather than an ally of the welfare state, and it has to face a declining reliability of (stable) voluntarism as one of its key resources.

22. To some extent, this assertion also applies to the British case where private entrepreneurs that constitute the majority of service providers do not necessarily behave or think in terms of commercial profit-making (see Forder *et al*. 2004).
23. To be sure: Volatile operative conditions have always existed especially for non-statutory providers of social care. Yet prior to disorganisation, an overall tendency to harmonize organisational practices prevailed whereas nowadays unequal procedures and outcomes have become largely accepted as being something 'normal' or even a precondition to service supply.

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Therefore, it is not the case that the only remaining option is mere market opportunism. At least theoretically, the range of flexible responses is larger. Thus, a given provider may be fortunate in finding a stable market position, based on informal relations with (public) purchasers or simply on extraordinarily good management. It may also strive for market reputation by rolling out flagship initiatives attracting several stakeholders, or by demonstrating 'on-the-spot' excellence in providing service quality. Endorsed by a civic network or a strong federation, it may also try to invest in public campaigning in order to raise non-market resources such as volunteer inputs (donations of time and money). Finally, its network or federation may contribute to demonstrate the shortcomings of the welfare system, thus urging the state to revise the regulation of the field. In a similar vein, actors in the field may revitalize the norms of professionalism when it comes to debates regarding any lack of quality. Given the now prominent pattern of rule making as opposed to active coordination, the state can constantly be challenged in its role of designing 'appropriate' standards; the recent experience of re-regulations of the British and German quasi-markets is indicative of a remarkable dynamism in that respect. Notwithstanding this repertoire of flexible response, the new mode of governance implies that the organisational field is systematically moulded by simultaneous ups and downs as well as winners and loosers.

On the other hand, this paper has shown that the process of disorganisation goes along with a *changing moral economy of eldercare* which is prone to become *more fluid*. The evidence, sketchy as it might appear, clearly shows that disorganisation does *not* entail the end of collective responsibility, professionalism and civic influence in the field under study. Rather, it seems that the moral economy of welfare leaves space for a permanent and local negotiation about *how far* to publicly coordinate the system, to rely on professional quality and to allow for civic concerns, as opposed to economic considerations focusing on (face) value for money or (numerical) service efficiency. All this tends now to be disputed between users and providers, institutional purchasers and executing agencies, and advocacy actors and public authorities, be it at the local level (concerning e.g., the very practice of eldercare) or in the public sphere (where state policies are dealt with). In a word: There is *disorganisation within the moral framing of organized eldercare itself*, with this framing undergoing a systematic process of disaggregation and permanent restructuration. What this means for the solidity of the organisational field remains open at this point. It is however quite likely that a more volatile moral economy will weaken the overall pervasiveness of normative standards in this field as to take effect these standards require a high degree of prevalence.

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It holds true that some diversity persists when comparing the three countries under consideration. Britain seems to be most affected by disorganisation, while France presents a more ambiguous picture (since market forces have remained marginal and the state fulfils a relatively active regulatory role). Regarding the role of civic rationales within welfare systems – which has been particularly emphasised in this paper –, the role that non-statutory providers have internalised during the era of organised welfare capitalism seems to be of some importance. While British voluntary organisations draw on a tradition of lobbying for statutory policies and delivering but small-scale complementary services – with comparatively low interference of the welfare state – German and French providers can bring their richer experience of public–private partnerships to bear. So far, the legacy of corporatism has made them more successful in stressing the role of voluntary organisations as providers of public welfare (as opposed to commercial service-provision) while their British counterparts have faced more problems in setting limits to the laws of the (welfare) market. This being said, the international tendency towards disorganisation is undeniable. It also applies to those Nordic countries which are usually deemed to be most solidly rooted in traditions of collective responsibility, social professionalism and civic agency focusing needs and political voice (Blomqvist 2004).

Interestingly, the new configuration is not confined to the field of eldercare. Disorganisation occurs in other segments old age provision, too. A good example is pension systems where 'state to market' (Gilbert 2002: 99) seems to be an international trend which, however, goes along with hybrid institutional designs and different moral economies as well.[24] Creeping privatization is evident; yet collective responsibility remains instilled in European pension systems, and again, it is focused upon context-steering rather than system-steering (Hyde *et al*. 2003). Private accountability is increasingly stressed, yet moral issues remain quite prominent in the public sphere, especially those relating to 'intergenerational fairness, intragenerational solidarity and gender equality' (Myles 2002: 134). Furthermore, while the pension industry is increasingly under the influence of sales managers rather than quasi-public administrations

24. The British case is telling: With the emergence of 'pension fund capitalism' (Clark 2000), the quite complex system of more or less state-regulated saving schemes has repeatedly come under intense debate in this country. The instigation of a 'Financial Service Authority' with a watchdog role and the introduction of poor-people stakeholder pension scheme illuminate the dynamics of the related welfare mix. Arguments over injustices and unequal risks prove important levers of recalibration (see e.g., Ginn 2003). In Germany, the recent introduction of publicly subsidized private pensions will lead to much more diversity within the pension system (Schmaehl 2004).

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driven by the ethos of ensuring universal entitlements, practices of misselling (have) come under severe public scrutiny. Finally, civic organisations are players in this organizational field as well. They have adapted their strategy to the new reality of pension markets,[25] yet they are still investing in advocacy and lobbying for people in need. Hence there are good reasons to assume that the logic of disorganisation (and volatile restructuration) is shaping retirement provision in a way similar to what has been argued in this article for the case of eldercare. With eldercare *and* pensions being subject to disorganised moral economies of welfare, however, a path-breaking transformation takes place in the societal treatment of old age as such. The challenge this evolution poses to the social sciences cannot be underestimated.

References

Anttonen, Anneli, Baldock, John and Sipilä, Jorma (eds) (2003) *The Young, the Old and the State. Social Care Systems in Five Industrial Nations,* Cheltenham: Edward Elgar.

Archambault, Edith and Boumendil, Judith (2002) 'Dilemmas of public and private partnership in France', in Ugo Ascoli and Costanzo Ranci (eds), *Dilemmas of the Welfare Mix. The New Structure of Welfare in an Era of Privatization,* New York: Kluwer Academic and Plenum Publishers, pp. 109–34.

Ascoli, Ugo and Ranci, Costanzo (eds) (2002) *Dilemmas of the Welfare Mix. The New Structure of Welfare in an Era of Privatization,* New York: Kluwer Academic and Plenum Publishers.

Bahle, Thomas (2003) 'The changing institutionalization of social services in England and Wales, France and Germany: is the welfare state on the retreat?', *Journal of European Social Policy* 13 (1): 5–20.

Baldock, John (2003) 'Social care in the United Kingdom: a pattern of discretionary social administration', in Anneli Anttonen, id and Jorma Sipilä (eds), *The Young, the Old and the State. Social Care Systems in Five Industrial Nations*, Cheltenham: Edward Elgar, pp. 109–41.

Blomqvist, Paula (2004) 'The choice revolution: privatization in Swedish welfare services in the 1990s', *Social Policy & Administration* 38 (2): 139–55.

25. Age Concern, for instance, sells life insurances to its members and stakeholders. In France and Germany, trade unions push for collective saving schemes that aim to make private asset management more equitable.

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Bode, Ingo (2003a) 'A new agenda for European charity. Catholic welfare and organisational change in France and Germany', *Voluntas* 14 (2): 205–25.

Bode, Ingo (2003b) 'The creeping disorganisation of welfare capitalism. The future of the social sector in Germany', *Review of Social Economy* 56 (3): 341–63.

Bode, Ingo (2004) *Disorganisierter Wohlfahrtskapitalismus. Die Reorganisation des Sozialsektors in Deutschland, Frankreich und Großbritannien*, Wiesbaden, Verlag für Sozialwissenschaften.

Bode, Ingo (2007a) *The Culture of Welfare Markets. The International Recasting of Pension and Care System*. New York/London: Routledge (forthcoming).

Bode, Ingo (2007b) La nouvelle donnedu marché-providence. Une comparaison internationale des systèmes d'aide à domicile et de leur régulation, forthcoming in *Retraite et Society* 51.

Clark, Gordon L. (2000) *Pension Fund Capitalism,* Oxford: Oxford University Press.

Clarke, John and Newman, Janet (1997) *The Managerial State. Power, Politics and Ideology in the Remaking of Social Welfare*, London: Sage.

Clergeau, Cecile, Dussuet, Annie, Noguès, Henry, Prouteau, Lionel, Schieb-Bienfait, Nathalie and Urbain, Caroline (2002) *L'économie sociale et solidaire et les services à domicile aux personnes âgées*. Final report of the programme 'Economie sociale et solidaire en region'. Maison des sciences de l'homme Ange Guépin, Université de Nantes and Paris: Délégation Interministérielle à l'innovation sociale et à l'économie sociale (DIISES) and Mission Interministérielle Recherche Expérimentation (MIRE).

Coates, David (ed.) (2005) *Varieties of Capitalism*, Houndmills Basingstoke, Palgrave Macmillan.

Considine, Mark (2001) *Enterprising States. The Public Management of Welfare-to-Work,* Cambridge: Cambridge University Press.

Crouch, Colin (1999) *Social Change in Western Europe,* Oxford: Oxford University Press.

Dartiguenave, Jean-Yves, Savine, Maïté, Garnier, Jean-François and Le Bot, Jean-Michel (2002) *Lien social et contribution associative. L'exemple de L'ADMR*. Final report of the 'Laboratoire de recherche en science humaines et sociales de l'Université Rennes 2 et de l'École d'Architecture de Bretagne'. Rennes.

DiMaggio, Paul J. and Powell. Walter W. (1983) 'The iron cage revisited: institutional isomorphism and collective rationality in organisational fields', *American Sociological Review* 48 (1): 147–60.

Enjolras, Bernhard and Laville, Jean-Louis (2001) 'France: Des services locaux, associatifs et publics, confrontés à des règles nationales

Downloaded from http://direct.mit.edu/euso/article-pdf/9/2/201/2489672/14616690601002574.pdf by guest on 18 May 2025

changeantes', in Jean-Louis Laville and Marthe Nyssens (eds), *Les services sociaux entre associations, État et marché. L'aide aux personnes âgées*, Paris: La Découverte, pp. 25–46.

Esping-Andersen, Gøsta. *The Three Worlds of Welfare Capitalism*. Cambridge: Cambridge University Press, 1990.

Esping-Andersen, Gøsta (1996) 'After the Golden Age? Welfare State Dilemmas in a Global Economy', in *Welfare States in Transition. National Adaptations in Global Economies*, edited by id, 1–31. London: Sage, 1996.

Evers, Adalbert (1993) 'The welfare mix approach. Understanding the pluralisms of welfare states', in Adalbert Evers and I. Svetlik (eds), *Balancing Pluralism. New Welfare Mixes in Care for the Elderly*, Aldershot: Avebury, pp. 4–31.

Forder, Julien, Knapp, Martin, Hardy, Brian, Kendall, Jeremy, Matosevic, Tihana and Ware, Patricia (2004) 'Prices, Contracts and Motivations: Institutional Arrangements in Domiciliary Care', *Policy & Politics* 32 (2): 207–22.

Freidson, Eliot (2001) *Professionalism. The Third Logic,* Chicago: University of Chicago Press, 2001.

Foster, Peggy and Wilding, Paul (2000) 'Whither welfare professionalism', *Social Policy & Administration* 34 (2): 143–59.

Giaimo, Suzan (2002) *Markets and Medecine. The Politics of Health Care Reform in Britain, Germany and the United States*, Ann Habor, MI: University of Michigan Press.

Gilbert, Neil (2002) *Transformation of the Welfare State. The Silent Surrender of Public Responsibility*, Oxford: Oxford University Press.

Ginn, Jay (2003) *Gender, Pensions and the Lifecourse,* Bristol: The Polity Press.

Grunow, Dieter, Hegner, Fritz and Lemper, Jürgen (1980) *Sozialstationen: Analysen und Materialien zur Neuorganisation ambulanter Sozial- und Gesundheitsdienste*, Bielefeld: Kleine.

Harris, John (2003) *The Social Work Business,* London: Routledge.

Hemerijk, Anton, Manow, Philip and van Kersbergen, Kees (2000) 'Divergent Experiences of Reform in Germany and the Netherlands', in Stein Kuhnle (ed.), *Survival of the European Welfare State*, London: Routledge, pp. 106–27.

Henrard, Jean-Claude, Ankri, Joël and Isnard, Marie-Claude (1989) 'Le soutien à domicile des personnes âgées en France', *Revue française des affaires sociales* 43 (4): 9–32.

Humphrey, Jill C. (2003) 'New labour and the regulatory reform of social care', *Critical Social Policy* 23 (1): 5–24.

Downloaded from http://direct.mit.edu/euso/article-pdf/9/2/201/2489672/14616690601002574.pdf by guest on 18 May 2025

Hyde, Mark, Dixon, John and Drover, Glenn (2003) 'Welfare retrenchment or collective responsibility? The privatization of public pensions in western Europe', *Social Policy and Society* 2 (3): 189–97.

Katz, Michael B. and Sachße Christoph (eds) (1996) *The Mixed Economy of Social Welfare: Public and Private Relations in England, Germany and the United States*, Baden-Baden: Nomos.

Kaufmann, Franz-Xaver (2001) 'Towards a theory of the welfare state', in Stephan Leibfried (ed.), *Welfare State Futures,* Cambridge: Cambridge University Press, pp. 15–36.

Kendall, Jeremy (2000) 'The voluntary sector and social care for older poeple. From origins to the Mid-1990s, Bob Hudson (eds), *The Changing Role of Social Care*, London & Philadelphia: Jessica Kingsley Publishers, pp. 65–84.

Kendall, Jeremy (2003) *The Voluntary Sector,* London: Routledge.

Kohli, Martin (1987) 'Retirement and the moral economy: a historical interpretation of the German case', *Journal of Aging Studies* 1 (1): 125–44.

Kramer, Ralph M. (2004) 'Alternative paradigms for the mixed economy: will sector matter?', in Adalbert Evers and Jean-Louis Laville (eds), *The Third Sector in Europe,* Cheltenham: Edward Elgar, pp. 219–36.

Kuhnle, Stein (ed.) (2000) *The Survival of the European Welfare State,* London: Routledge.

Lash, Scott and Urry, John (1987) *The End of Organised Capitalism,* Cambridge: Polity Press.

Laville, Jean-Louis (ed.) (1996) *L'économie solidaire. Une perspective internationale,* 2nd edition, Paris: Desclée de Brouwer.

Laville, Jean-Lois and Nyssens, Marthe (eds) (2001) *Les services sociaux entre associations, état et marché. L'aide aux personnes âgées,* Paris: La Découverte and MAUSS.

Leitner, Sigrid and Lessenich, Stephan (2003) 'Assessing welfare state change: the German social insurance state between reciprocity and solidarity', *Journal of Public Policy* 23 (3): 325–47.

Mau, Steffen (2003) *The Moral Economy of Welfare States: Britain and Germany Compared*, London: Routledge.

Means, Robin and Smith, Randall (1998) *From Poor Law to Community Care. The Development of Welfare Services for Elderly People 1939–1971*, 2nd edition, Bristol: Polity Press.

Means, Robin, Smith, Randall and Morbey, Hazel (2002) *From Community Care to Market Care? The Development of Welfare Services for Older People*, Bristol: Policy Press.

Myles, John (2002) 'A new social contract for the elderly?', in Gøsta Esping-Andersen (ed.), *Why We Need a New Welfare State*, Oxford: Oxford University Press, pp. 130–72.

Downloaded from http://direct.mit.edu/euso/article-pdf/9/2/201/2489672/14616690601002574.pdf by guest on 18 May 2025

Noguès, Henri (2003) 'De l'aide ménagère à la PSD: les avatars des prestations d'aide à domicile', in Claude Martin (ed.), *La dépendance des personnes âgées. Quelles politiques en Europe?* Rennes: Éditions ENSP and Presses universitaires de Rennes, pp. 133–154.

Pierson, Paul (2001) 'coping with permanent austerity: welfare state restructuring in affluent democracies', in *The New Politics of the Welfare State*, Oxford: Oxford University Press, pp. 410–56.

Player, S. and Pollock, A. (2001) 'Long term care: from public responsibility to private good', *Critical Social Policy* 21 (2): 231–55.

Polanyi, Karl (1944) *The Great Transformation,* Boston, MA: Beacon Hill.

Powell, Jason L. (2001) 'Theorizing gerontology: the case of old age, professional power, and social policy in the United Kingdom', *Journal of Ageing and Identity* 6 (3): 117–35.

Powell, Martin and Exworthy, Mark (2002) 'Partnerships, quasi-networks and social policy', in Caroline Glendinning, Martin Powell and Kirstein Rummery (eds), *Partnerships, New Labour and the Governance of Welfare*, Bristol: Polity Press, pp. 15–32.

Powell, Markt A. and Hewitt, Martin (2002) *Welfare State and Welfare Change,* Buckingham: Open University Press.

Rodger, John J. (2003) 'Social solidarity, welfare and post-emotionalism', *Journal of Social Policy* 32 (3): 403–21.

Roth, Nicole (2004) 'La prise en charge de la dépendance: où en sommes-nous?', *Revue d'économie financière* 76 (9): 187–208.

Rothstein, Bo (1998) *Just Institutions Matter: The Moral and Political Logic of the Universal Welfare State*, Cambridge: Cambridge University Press.

Salamon, Lester M. (1995) *Partners in Public Service: Government–Nonprofit Relations in the Modern Welfare State*, Baltimore, MD: Johns Hopkins University Press.

Salamon, Lester M. and Anheier, Helmut K. (1998) 'Social origins of civil society: explaining the nonprofit sector cross-nationally', *Voluntas* 9 (3): 213–48.

Scharf, Thomas (2001) 'Social gerontology in Germany: historical trends and recent developments', *Ageing and Society* 21: 489–505.

Schmähl, Winfried (2004) 'Paradigm shift in German pension policy: measures aiming at a new public-private mix and their effects', in Martin Rein et al. (eds.), *Rethinking the Welfare State. The Political Economy of Pension Reform*, Cheltenham: Edward Elgar, pp. 153–204.

Taylor, Marilyn (2002) 'Government, the third sector and the contract culture: UK experience so far', in Ugo Ascoli and Costanzo Ranci (eds), *Dilemmas of the Welfare Mix. The New Structure of Welfare in an Era of Privatization*, New York: Kluwer and Plenum, pp. 77–108.

Taylor-Gooby, Peter (1999) 'Markets and motives. Trust and egoism in welfare markets', *Journal of Social Policy* 28 (1): 97–114.

Downloaded from http://direct.mit.edu/euso/article-pdf/9/2/201/2489672/14616690601002574.pdf by guest on 18 May 2025

Thompson, Edward P. (1971) 'The moral economy of the English crowd in the 18th century', *Past and Present* 50 (1): 76–136.
Ungerson, Claire (2003) 'Commodified care work in European labour markets', *European Societies* 5 (4): 377–96.
Vincent, John A., Patterson, Guy and Wale, Karen (2001) *Politics and Old Age. Older Citizens and Political Processes in Britain,* Aldershot: Ashgate.
Wegner, Eldon L. (2001) 'Restructuring care for the elderly in Germany', *Current Sociology* 49 (3): 175–88.
Wistow, G. and Hardy, B. (1999) 'The development of domiciliary care. Mission accomplished?', *Policy & Politics* 27 (2): 173–86.

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