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Collectivizing care at the local level: a critical perspective on the changing role for the social economy in local care policy. Learning lessons from strategies in Madrid and Utrecht.

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Collectivizing care at the local level; a critical perspective on the changing role for the social economy in local care policy. Learning lessons from strategies in Madrid and Utrecht.

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Graduation thesis submitted in partial fulfilment
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ABSTRACT

The financial crisis of 2008 intensified or legitimized a further dismantling of the welfare state. Care, a keystone of any redistributing society, is more and more reallocated to non-public care service providers. Classical liberalization of such services (i.e. privatization with maximization of profit for shareholders) clashes with basic social needs. On the other hand, the shortcomings of a too bureaucratically organized and too sector-based public body are generally acknowledged. Amidst these private and public spheres citizens' initiatives and social enterprises (together the social economy) emerge, forming new alliances of the cared-for and caregivers, showing hybrid features of typical private and public approaches. From the left to the right this third sector, in between market and state, is supported by political leaderships, which triggers the need for a critical understanding of the objectives behind it (budget cuts, empowerment, etc.). In some cases, e.g. in Madrid and Utrecht, the ambition of the local government is identified to be inspired by the commons and by ethics of care. The comparison of the two cases, where a seemingly similar evolution takes place in a very different context, gives insights and better understanding of techniques which serve an institutionalization of the social economy. It can be concluded that social economy plays a promising role in the reinvention of the welfare state when the process is characterized by a collectivization of care: where elements of self-governance and self-management are introduced in the public administration, while inclusive redistribution of public resources is secured.

Keywords: welfare state, neo-communitarianism, governmentality, civil society, social economy, commons, collectivization

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[1] Figure **Fout! Alleen hoofddocument.**: Protest in Madrid against privatization of health care services (Asociación por el derecho a la salud, 2013)

Because we cannot ignore the situation of today, we should do * everything to help people who are suffering from it. So if we have to collaborate with institutions (on the short term) to avoid people profiting from our life, care and community, then we should do that. But we will remain critical and resisting.

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1. INTRODUCTION

TRABENSOL, a solution from and for elderly people, is a housing and care cooperative to the north of Madrid[2]. More than 50 elderly people live together in the social centre, owned by the shared cooperative. The people care for each other and the household, supported by a large number of care workers, paid by the cooperative. Referring to their past and to their spirit, TRABENSOL means nothing less than 'workers in solidarity' (*TRABajadores EN SOLidaridad*). It was created as a result of insufficient availability of elderly people's residences , and on top of this, insufficient accessibility (restrictive admission conditions in the case of public institutions and too expensive services in the case of private institutions).

This is one of many interesting examples of self-organisation. People search for alternatives in a context where both the market and state are not satisfying social needs. Under the influence of liberal ideas and the 'crisis of the welfare state', statehood got restructured in the last decades (Brenner, 2004). This happened through an externalization of state functions and the up- and downscaling of governance (Swyngedouw, 2005). As a result, social policy –"the distribution of material certainty through public means (Restakis, 2016, p.13)" – became a more fragmented responsibility of a diversity of actors. The relation between the market, the state and civil society is redefined. As hybrid structures dilute accountability, universal access to social services and protection is under pressure, which affects mostly the already socio-economically disadvantaged groups.

The recent 2008 crisis enforced social exclusion (through increased unemployment, housing evictions in certain areas, socio-economic precariat) and emphasized again the incapability of a welfare state's response to the societal needs of today. Above this, austerity measures widely taken by many European national governments, whether or not forced by the EU, legitimated more retrenchment of social expenditure (Peck, 2016). To the social, political and environmental crisis, 'civil society' appears to bring innovative solutions. A strong civil society is used as a measure for increased social cohesion. It appears to react to the financially unsustainable bureaucratic centralized system and to a private market, where profit outweighs social value. Yet, a communitarian approach fits perfectly the liberal agenda, where the state intervenes the least as possible in both market and civil society (Fyfe, 2005). Simultaneous to the increasing importance of the market in the public sector, policy makers showed a renewed interest in a bigger responsibility for the civil society to deliver social service in the so-called third sector. The civil society was considered to be adaptive enough to deliver new goods and

[2] Source: Memoria TRABENSOL, un proyecto joven hecho por mayores (Trabensol, n.d.).

services in a changing society, marked by further individualization, women's participation in the labour market, an ageing society and so on. The pitfall of this approach could be the disconnection between the expectations from the sector and the strength of its organisation. Therefore it is often seen as a form of governmentality, in which the civil society's performance is aligned to the expectations of the government, where economic rationality, and the purpose of budget cuts, form the main objective (Fyfe, 2005; Morison, 2000).

Although the ambiguous role of civil society should be critically analysed, its potential for reinforcing social cohesion cannot be overlooked. Except for a response to reduced or abolished services, it has the capacity to address diverse needs appearing on a micro-scale level, where the public administration is often too disconnected from. Organisational forms like a cooperative model, illustrate the urge for autonomy towards other actors. Voices coming from the commons movement argue for a movement beyond only state and market, introducing new organisational forms in terms of ownership, management and deliberation (Mattei, 2011). State regulation and support are thereby assumed to be indispensable to guarantee structural redistribution and to assure social rights. The commons could introduce a reinvention of politics, whereby space is given for self-governance and self-management. Local government seems to offer a promising arena in which new organisational models can find their place, institutionalizing an inclusive and empowering alternative in the transformation of the social welfare model.

In this thesis, I will focus on the field of health care and social welfare service provision because it represents one of the most critical issues faced by ageing European societies and thus is an indicator of the overall welfare system (Longo *et al.*, 2015). The introductory story about the social centre Trabensol is needed to think about the morality by which profit-thinking has been introduced in the care sector, how the discourse of personal responsibility has found its entrance into people's lives and how public support is withdrawn from a crucial arena of redistribution (Lawson, 2007). A few topics illustrate the shifting roles between public, private and civic actors better than care.

In recent years civic collaboration and commons management experiences are spreading in urban areas after a long lasting period where participatory governance practices dominated (Mattei, 2011). The urgency for transformative politics became evident with the recent crisis. Social movements re-emerged. The 15M movement, often referred to as the '*indignados*', is seen as a major example of discontent. The encampment of the *Puerta del Sol* square showed, next to the protest, the search for alternative forms of organisation. In Madrid, for example, this resulted in the current minority government led by the citizens' platform Ahora Madrid and the Socialist Party PSOE. This is a promising stage for a public institution to radically transform the social policy.

Austerity measures in social policy aren't limited to the worst affected countries by the crisis. Also in the Netherlands budget cuts have been announced together with the 'participation society', in which new space for civil society can make an end to the 'over state' behaviour. The left-wing municipal government of Utrecht sees the resulting decentralizations as an opportunity to transform the current model of care. The question emerges how both governments move beyond an empowering rhetoric to discursive practices. A comparative analysis of the techniques by which the social economy is institutionalized will illustrate the role that social economy is 'granted'. In the discussion the normative and empirical analysis can serve to understand a spectrum of political discourses in which civil society is approached, to enlarge the theory of Jessop on neo-communitarianism (Jessop, 2002).

The thesis consists of a comprehensive literature review, to be able to profoundly understand the context and socio-economic processes that define the current role of social economy, and an in-depth analysis of the care policy of Madrid and Utrecht. With this thesis I hope to contribute to the debate and to act as a critical citizen towards active citizenship to support collectivized local care arrangements which strengthen the movement against national austerity.

The study for this master thesis was conducted between February 2016 and August 2017 at Universität Wien, Københavens Universitet, Universidad de Autónoma de Madrid, and Universidad Complutense de Madrid, with fieldwork in Madrid and Utrecht in February – July 2017.

2. LITERATURE REVIEW

THE STATE AND THE MARKET AS SOCIAL ORGANIZATIONS

The organizational form and nature of the national government in Europe is grounded in the welfare state model (Esping-Andersen, 1990). The evolution of the welfare state is mostly characterized by the growing influence of the state in among others social policy. By the 80's, its large bureaucratic, paternalistic and hierarchic form has been criticized. Under the influence of the liberal thought coming from the Thatcher reign in England, the state was reduced in its interventional power, in favour of the market economy and liberal citizenship. Swyngedouw (2005) argues that a threefold reorganization took (and still takes) place: "firstly, the externalization of state functions through deregulation or privatization (decentralization); secondly, an upscaling towards higher levels of governance and thirdly, a down-scaling of governance to 'local' practices and arrangements through vertical decentralization" (p.1998). The restructured organisation redefines the relation between the public institution (the state), the private actors (the market), and civil society. The original goal of ensuring universal coverage of among other public health and social care, gets undermined by increasing financial and societal constraints (Longo *et al.*, 2015). This chapter will be focussed on the reorganisation between the state and the market which took place in the last decades to understand the complexity of current welfare systems, its polycentric governance, the importance of the local government and the influence it has on the relation towards civil society.

THE CRISIS OF THE WELFARE STATE AND ROLL-BACK NEOLIBERALISM

Due to globalization, crises of the mixed economy and the welfare state linked to Fordism, and the rise of social movements, governments have gone through rescaling over the last decades (Jessop, 2002). Both exogenous, like internationalization of economies and competition and endogenous factors, like changing demographics (ageing population, increasing role of women in the labour market), demanded a reorganisation of the welfare model. The welfare state was generally perceived to be, at its end. As a result, the Keynesian national welfare state, got seriously undermined by the economic project of neoliberalism, which Jessop (2002) describes as: "the liberalization and deregulation of economic transactions […]; the privatization of state-owned enterprises and state-provided services; the use of market proxies in the residual public sector; and the treatment of public welfare spending as a cost of international production, rather than as a source of domestic demand" (Jessop, 2002, p. 454). Along this, the effect of growing individualization decreased the moral basis

for re-distributional politics (Gerometta *et al.*, 2005). A liberalization of what used to be public in order to expand the market economy makes state intervention, in both the market and civil society, politically undesirable. Peck and Tickell (2002) define this process as 'roll-back neoliberalism', in which the state withdraws from its prominent role of redistributive logics.

ROLL-OUT NEOLIBERALISM

At the same time the state starts manifesting new forms of governance, more suited to a market-driven economy. This process could be called 'roll-out neoliberalism'. It involves an upscaling and downscaling of state capacities, defining new roles for supranational institutions (like the EU, IMF,…) and sub-national actors, like local governments (Brenner, 2004). Harvey (1989) defines local governments as strategic partners in the rescaled configuration because they can take an entrepreneurial approach towards economic development, in contrast with the managerial –strong state- government in advanced capitalist societies of the 60's. Cities became, following Brenner and Theodore (2002), important arenas for the implementation of neoliberal policies and practices, also described as the "urbanisation of the political process" (Boudreau, 2010 in Blanco & Griggs, 2014, p.3132). Because of this evolution an increasing autonomy for the local level emerged, not necessarily conditioned by proportional funding for public services by the central state. Important to understand is that the market increasingly became the main "social institution of resource mobilization and allocation" (Swyngedouw, 2005, p.1998), which had to respond to crisis of the Keynesian welfare state.

In the transition from government to governance (see Jessop, 2002; Swyngedouw, 2004; Obeng-Odoom, 2012), resources outside the state are seen as a "vital part of democratic, efficient and effective governance" (Pierre, 2000 quoted in Swyngedouw, 2005, p.1995). Harvey (1989) defines it as the increasingly facilitative and coordinating role or power a public institution and administration gets in reorganizing urban life, with the involvement of more private interests, whereby it moves beyond the classical-modernist political institution (Hajer, 2003).

Swyngedouw (2005) describes it as 'governance-beyond-the state', referring to:

> The emergence, proliferation and active encouragement […] of institutional arrangements of 'governing' which give a much greater role in policy-making, administration and implementation to private, economic actors on the one hand and to parts of civil society on the other in self-managing what until recently was provided or organized by the national or local state (p.1992).

Responding to state failure and the shortcomings of bureaucratic and hierarchical state forms, this innovative configuration, could give the impression of being automatically more empowering and democracy enlarging. The greater involvement of different actors could be assumed to be more socially inclusive, delivering services more collectively (by different kind of providers). Rule making, rule setting and rule implementation are exacerbated on different scales by a horizontal and polycentric entourage (Hajer, 2003b in Swyngedouw, 2005, p.1992). But the polycentric arrangements create some tensions with the idea of representative democracy and the traditional idea of political citizenship (Hajer, 2003; Swyngedouw, 2005). This kind of governance "has also consolidated and enhanced the power of groups associated with the drive towards marketization and has diminished the participatory status of groups associated with social-democratic or anti-privatisation strategies" (Swyngedouw, 2005, p. 2003). Swyngedouw (2005) uses the concept of 'stakeholder governance', in which the participants of governance processes represent a 'stake' in the issue they are addressing. The associative democratic aspect gets seriously undermined when a

foundation of established rights or entitlements for the 'holders' doesn't exist (Schmitter, 2000). Hierarchy and power distribution among different actors become major decisive factors in this context (Blanco and Griggs, 2014), which creates a democratic deficit (Swyngedouw, 2005). The absence of 'codification' and lack of transparency in who is involved, is a major concern for deliberative democratic theory (Hajer, 2003). It also creates a difficulty today to interpret and analyse forms of participation and new forms of governance (named as a.o. networked governance, polycentric governance, collaborative governance and even cooperative governance). Swyngedouw (2005) describes six different characteristics of pluralist democracy that became more vague: entitlement and status (i.e. who is allowed to participate), the structure of representation (concerns a.o. the structure of the new involved organisations), the accountability (division of roles), legitimacy, scales of governance, and orders of governance. Hajer (2003) claims that in these new spheres of governing agreements are formed among the new actors, decreasing the legitimacy of constitutional representative democracy. The division between public and private is increasingly blurred, which is "integral to the observed shift in the functions and activity patterns of modern states – away from direct provision of goods and services toward support for economic enterprises competing in global markets" (Joshi and Moore, 2004, p.45).

In the perspective of this thesis, it is important to understand that this process of transferring competencies is always largely initiated by the state (Swyngedouw, 2005), although the state's actions have to be interpreted in a context of dominant liberal policies and consequent path-dependency. Among others, Blanco and Griggs (2014) highlight the importance of not linking all societal processes directly to the hegemonic project of neoliberalism, while Peck and Tickel (2002) define the existence of different strategies and techniques as 'neoliberalization'. The limits of liberalism are constantly negotiated by other "discourses, strategies and organizational paradigms such as corporatism and statism" (Jessop, 2002, p.457).

The roll-back neoliberalism of deregulation, for promoting greater flexibility and innovation and roll-out neoliberalism of "reinforcing the welfare state's role in aiding adjustment to global pressures in small open economies" (Jessop, 2002, p.459), exist within different modes of regulation; a mix of neo-statist, neo-corporatist, and neo-liberal features (more in detail later). One of the four ideal types to reach, what he calls, the Schumpetarian Workfare State, concerns the neo-communitarian strategy:

> It emphasizes the contribution of the 'third sector' and/or the 'social economy' to economic development and social cohesion, as well as the role of grassroots economic and social mobilization in developing and implementing economic strategies. It also emphasizes: the link between economic and community development, notably in empowering citizens and community groups; the contribution that greater self-sufficiency can make to reinserting marginalized local economies into the wider economy: and the role of decentralized partnerships that embrace not only the state and business interests but also diverse community organizations and other local stakeholders (Jessop, 2002, p.463).

Thus, Jessop (2002) identifies an atypical element that is not linked to orthodox liberalism: the promotion of community which can compensate for the inadequacy of the market provision. He claims that neo-liberalization and globalization essentially go together with a focus on third sector provision of public services. The third sector refers to organisations other than the publicly owned (the 'State') and the private for-profit ones (the 'market'). This term emphasises the intermediary nature of the belonging organisations (European Commission, 2015). Already from the 90's on, tensions caused by neoliberalism emerged in the sense that national governments started promoting

a 'Third way' (explained later) to answer social needs that were not provided by the market forces introduced with roll-back neoliberalism.

NEO-COMMUNITARIANISM AND CIVIL SOCIETY

The third sector became a place where welfare needs could be met, political participation could be widened and "the place where politics can be democratized, active citizenship strengthened, the public sphere reinvigorated and welfare programmes suited to pluralist needs designed and delivered" (Brown *et al.*, 2000 quoted in Fyfe, 2005, p.144). Fyfe (2005) emphasizes that it is important to move beyond the simple identification of neo-communitarianism, emphasizing the differentiation in how third sector is defined.

In more detail, the third sector can be defined as: "self-governing associations of people who have joined together to take action for public benefit, that are independent, do not distribute profits and are governed by non-paid volunteers" (Taylor, 1992 in Fyfe, 2005, p.144). Fyfe (2005) adds to this that the third sector lies in a tension field between the market, state and the informal sector (family and community). A widely studied and one of the best known examples of the communitarian strategy in Europe is to be found in the 'Third way' discourse of the Labour party in the UK (Fyfe, 2005). It is an example of state-initiated policies exploring the opportunities on the local level to address "social costs and political repercussions of economic polarisation and social exclusion associated with neoliberalism" (Fyfe, 2005, p.143). When the Labour party got elected in 1997, the third sector gained more responsibilities in new welfare reforms. The party envisaged an enabling state, empowering civil society by creating partnerships. Brown, Labour's Chancellor of the Exchequer, declared in 2004 how "civil society finds its embodiment in the strength of voluntary organisations —a genuine third sector established not for self or for profit but for mutual aid and, most often, to provide help and support for those in need'' (Brown, in Fyfe, 2005, p.146). The neo-communitarian idea was translated in fostering active citizenship and social capital with devolving service responsibilities to voluntary organisations (Fyfe, 2005). Local governments were promoted to act in the same way. The main techniques that were used were: the establishment of 'compacts' with the third sector (including areas of funding, consultation and volunteering), the creation of a role for voluntary organisms in the public service delivery and the establishment of a favourable regulatory environment (Fyfe, 2005).

The 'Third Way' was strongly criticized. It was seen as an instrumentalisation of the third sector to reach government's goals using cheap, voluntary work (Morison, 2000). Access to basic services became more and more dependent on individual responsibility (Fyfe, 2004), described by many researchers as an illustration of Foucaults governmentality idea - i.e. the individualization reinforcing state power (Fyfe, 2005; Mitlin, 2008; Morison, 2000). Reorganization doesn't imply a withdrawal of state sovereignty and planning capacities, but defines this new technique of power through 'agency' and 'performance' (Swyngedouw, 2005); agency through mobilizing individuals to take their responsibility (discourse of the 'Third Way'), and performance through the defined 'lines of action' (referring to the created 'compacts'). As such risks of policy failure are devolved. It does not allow for a ''radical openness to alternative standpoints, and active incorporation of different, marginalized voices from the periphery into a [third] sector traditionally dominated by society's mainstream groups'' (Wolch ,1999 in Fyfe, 2005, p.160), which largely depoliticized the process. Above this idea of fostering active citizenship, the government expected from the third sector that it provided professional and cost-effective services, as a substitution for its own shortcomings (Fyfe, 2005). This resulted in what Brown calls the "paradox of the shadow state" (Brown, 1997 quoted in Fyfe, 2005,

p.159); because working on a neighbourhood level, voluntarily, isn't likely to provide the services the government hopes for.

On the other hand, when the 'grassroots' organization professionalizes, becoming more hierarchical, both the idea of empowerment of its volunteers and the new relation between users of the service and the producers get easily undermined, which is argued to be the main value of third sector provision. In this way, some argue that the newly defined partnership between the state and third sector undermine the independence and autonomy of the sector, and as such destructs its work (Morison, 2000). The new established compacts between the UK government and the third sector were based on criteria wherein the third sector was expected to follow the priorities of the state. This illustrates how the voluntary work by citizens was easily incorporated into the state apparatus (Dahrendorf, 2001). This situation is completely contradictory to the idea of Amin, Cameron and Hudson (2002), who argue that third sector organizations should work as a space 'alterity' or even resistance towards the mainstream, state induced way of life.

In the context of the UK, it must be mentioned that in many cases it was hard for third sector organizations not to subscribe to the ambiguous neo-communitarian agenda, because often a relation with government institutions is needed for management and financing (Fyfe, 2005). And ironically, they don't have a choice "to see how these instruments are an integral part of the consolidation of an imposed and authoritarian neo-liberalism, celebrating the virtues of self-managed risk, prudence, and self-responsibility" (Castel, 1991; O'Malley, 1992; Burchell, 1996; Dean, 1995, 1999 quoted in Swyngedouw, 2005, p.1998).

Another critique or paradox that evolves from the neo-communitarian type of governance, is linked to its conception of 'civil society'. The reinvigoration of civil society is believed to result into social capital and social capacity to take over, and substitute for, responsibilities from the government. Above this, citizenship gets redefined in a sense that rights must be earned through the acceptance of responsibilities (Fyfe, 2005). Related to this, civil society is illustrated as a unity, working together. A 'consensus-based' (Mouffe, 2005) approach in participation and identity politics depoliticizes civil society and reproduces the inequality between integrated groups and excluded groups (Moulaert *et al.*, 2005; Swyngedouw, 2005). Working with the 'local' as the new space where new forms of social action and active citizenship should take place is seen by Raco (2003) as a feature of liberal governance. It ignores the uneven social development of social capital.

Peck and Tickel (2002) bring a good conclusion for this critiques:

> Hence the deliberate stretching of the neoliberal policy repertoire (and its associated rhetorics) to embrace a range of extramarket forms of governance and regulation. These included, inter alia, the selective appropriation of "community" and nonmarket metrics, the establishment of social-capital discourses and techniques, the incorporation (and underwriting) of local-governance and partnership-based modes of policy development and program delivery in areas like urban regeneration and social welfare, the mobilization of the "little platoons" in the shape of (local) voluntary and faith-based associations in the service of neoliberal goals, and the evolution of invasive, neopaternalist modes of intervention (along with justifications for increased public expenditure) in areas like penal and workfare policy (p.391).

The neo-communitarian approach taken by the Labour party was continued with the 'Big Society' framework under the Coalition government (Bakker *et al.*, 2012). Later, similar discourses appear in

the German Bürgerkommunen idea, as well as in those expressed by Prime Minister Rutte of the Netherlands who mobilized in 2015 for a 'participation society' (see later) (Sociaal en Cultureel Planbureau, 2014). This kind of policy definitions and values influence the governance, the resource allocation and services features and standard of public services. The Third Way approach showed how the use of elements of the communitarian tradition in political discourses can overrule the debate about the needs and structural inequalities which should be answered (Boyle and Harris, 2009, p.6).

WELFARE STATE AND THE ROLE OF THE THIRD SECTOR

The importance of the third sector should not solely be linked to a neo-communitarian ideal type in the restructuring of the welfare state. "The birth of the Welfare State in the early twentieth century was considered as an exceptional intervention by regulation (by means of fiscal policy) into the market order, with the specific aim to guarantee some social justice to the weaker members of society" (Mattei & Nicola, quoted in Mattei, 2011, p. 1). The market and the state became the central modes of social and economic inclusion due to regulated labour markets and welfare systems. In the welfare state literature, the classification by, among others, Esping-Andersen (1990) and extended by Rodríguez Cabrero (2000), is relevant to understand the strength and background of that same third sector within a political ideology and institutional distribution in public policies regarding the size of the public sector. In the social-democratic Nordic model, with a strong state presence in the production and distribution of goods and services, the third sector responds to social needs complementary to the state. The second category, the conservative model, could be further distinguished in the continental and Mediterranean kind. In the former, a strong state has a significant function in the regulation and financing of the public sector (conservative-corporatist), but with an important role for the third sector in welfare production, complementary to the state (in a partnership model). The Mediterranean model allocates, like the liberal Anglo-saxon model, the redistribution role to the market and third sector. The major difference between the last two is that the role of the third sector in the Mediterranean model is rather substitutionary, and traditionally strong, being more important than the state in meeting social needs. The liberal Anglo-Saxon model could be called a 'workfare regime' in which the access outside the market to social benefits is conditioned by labour market activation. The ones excluded from the market are supported by a charitable sector (third sector). The most relevant aspect of the classification is the either substitutionary role of the third sector (conservative- Mediterranean and Anglo-Saxon) versus the complementary role (conservative- continental and social-democratic). This categorization for welfare states in Europe can facilitate a certain perception of civil society. It is therefore not accidental that the 'Third Way' approach was adopted in the UK (Anglo-Saxon model). The configuration and relation between the third sector and the institutional framework is dynamic, and with the restructuring of the last decades, under pressure (roll-back and roll-out neoliberalism). To give an example, also in countries with a Nordic welfare state model, the state is increasingly retrenching the public sector (Bakaikoa Azurmendi *et al.*, 2013).[2] The importance of alternative provision of welfare services by the social economy (see later) is finding ground all over Europe, partly independent of the traditional welfare model. In current macro-economic considerations the ideas dominate that universal welfare systems are not affordable anymore and that welfare needs can only be met by a stronger self-organization (Sociaal en Cultureel Planbureau, 2014). This urges the debate about what kind of role for different kind of providers is feasible and affordable, and, more importantly, what kind of welfare state is desirable and for whom. The next part will be focusing on the organisational features of different providers and their inability to respond to current societal needs.

PUBLIC AND PRIVATE IN CRISIS

"No market can survive without extensive public goods provided by governmental agencies. No government can be efficient and equitable without considerable input from citizens. Synergetic outcomes can be fostered to a much greater extent than our academic barriers" (Ostrom, 1996, p.1083). Next to a crisis induced restructuring and the influence of liberal ideas, which were summed up before, the monopoly of the bureaucratic and paternalistic state can also be questioned because of its organisational features. The equal accessibility, often described as universalism, which should be guaranteed through a public sector seldom addresses the unique needs of an individual (Restakis, 2016). The inflexibility of the public administration is often prescribed to bureaucratic centralized organization. The public sector is not based on supply side market mechanisms, but is shaped by a demand, which can easily transcend availability. Above this, 'too-much-state' is perceived as disempowering towards non-state actors.

These criticisms made it easier to introduce managerial thinking in public policy, often described as 'New Public Management', in which the choice of the user/consumer/client becomes more important, and the diversity of managers of public services, can create forms of competition, which increase the efficiency and productivity of the service (Pierre, 1999). This management form needs an externalization of services and the introduction of e.g personal tax allowances to purchase services, which can also be a stimulus for the development of market provision of services.

The ambiguity is that the economic principle of the public sector is welfare redistribution, to reach equity, whereas the economic principle of the private sector is the exchange of goods and services for a certain value, to reach a maximum return on investment (Foundation for Ecological Security (FES), 2011). Next to this, for different kind of public services, it can be argued that a supply-side provision is not viable and profitable (e.g. price which can be asked is limited, in lower populated areas the demand is not high enough, so no private actor will risk to set up something there). Productivity and efficiency cannot be infinitely expanded, because a great deal of the services are labour intensive (care, education, etc.). Privatized services have led to various forms of active resistance by social movements. The water re-municipalisation movement in a.o. Italy and Spain is a nice example of a fight for public ownership of water services, which is believed to be more democratic and accessible (Mattei, 2011).

A dichotomous solution, with only state and market, for the welfare state's unsustainability, clearly cannot be found, not only because liberal pressures, but also because of its organisational features and values. Whereas the Marxist critique says that "civil society is transformed as a flanking, compensatory mechanism for the inadequacies of the market mechanism, models need to be found to target current urban processes of fragmentation and social exclusion of social services, if they are now public or private" (Jessop, 2002, in Gerometta *et al.*, 2005, p.2010). The re-distributional function of the state during the welfare paradigm shows the need of a new form of statehood for sustainable social inclusion. Governmentality, therefore, is

> "At once internal and external to the state, since it is the tactics of government which make possible the continual definition and redefinition of what is within the competence of the state and what is not, the public versus the private, and so on; thus the state can only be understood in its survival and its limits on the basis of the general tactics of governmentality" (Foucault, 1991 quoted in Swyngedouw, 2005, p.1997).

This chapter showed that forms of statehood that show an increased attention toward the third sector must be analysed critically. A tension field emerges in seeing a division between emancipatory justice pursuing neo-communitarian forces and colonization by neoliberal macro-politics.

Therefore, in the next chapter the focus will be on the commons, a concept that I believe deals with a sphere in between public and private, refers to the reclamation of basic human needs, and conceptualizes a pluralistic management form. Especially the design principles can help to understand different organizational features than merely public/private/in between and can help to imagine aspects of the pursued emancipatory justice.

ALTERNATIVE TO PUBLIC AND PRIVATE PROVISION

> The language has undergone significant change from the urban commons to that of urban enclosure. From gardens we have gone to parks (off limits to humans too), from markets to malls and plazas, from streets to flyovers and playgrounds to stadiums. New usage such as 'gated communities' have also invaded the vocabulary marking the success of enclosure movements and the disconnection of the elite from economic production, cultural vibrancy and democracy of the city (FES, 2011, p.32).

In a context where services are delivered by a diverse group of actors, new forms of management have to be found to secure forms of deliberation and accessibility. After showing the ambiguity of considering civil society organizing social services in the third sector as the solution to market failure, it is important to acknowledge the possibilities of movements that build on alternatives to public and private management of goods and services. Ostrom (1990) criticizes the narrow view of the prevailing models that are exclusively public or private and mobilizes to understand and imagine a different institutional framework.

In this part of the thesis I make a normative claim to not only understand welfare services (naming them public nor private) as a basis necessity (which problematizes the decreasing access to them and the ongoing fiscal crisis), which is needed for redistribution of wealth and as such social justice, but also approach welfare services as common goods, which have to be governed differently to ensure access to them, which opposes both the state and the market as its 'governors' (Mattei, 2011). "Households have reached a high degree of dependency on markets and public services for their subsistence and for the protection of their position in society […]" (Polanyi, 1944/1995 in Gerometta *et al,* 2005, p. 2011). The use of the concept of the commons is responding to economic and social needs and defines opportunities to reimagine the value of social relations that are lost through this dependency.

THE COMMONS

"In modernity the public was what was produced by all of us but did not belong to any of us as it belonged to the state. The institutions of the common are the organizational force of the collective appropriation of what is produced by all of us" (Roggero, 2010, p.370). In recent year the commons became an inspiration for a new political and economic discourse to create alternative institutions as a reaction to failure of the public institution today, to protect non-commodified access to services related to the reproduction of life and to the restriction of governance to state and market. Mattei (2011) argues that commons relate to inclusion and access, while private property and state sovereignty are "economical-quantitative categories based on exclusion (produced scarcity) and violent concentration of power into a few hands" (Mattei, 2011, p. 2). Gerometta *et al.* (2005) and in other civil society studies add to this that large and bureaucratic associations have lost

attractiveness and see an increase of new bonds which go beyond the traditional (regulatory) framework. An essential aspect of 'commoning' public goods and services is that it defines an urgent struggle against commodification and capital accumulation. In the context of neoliberalism commons are in conflict with privatization or direct state management and the dominant idea of individual working for self-interest (An Architectur, 2010). "Commons must be promoted to an institutional structure that genuinely questions the domains of private property (and its ideological apparatuses such as self-determination and 'the market') and that of the State: not a third way but an ecologically legitimized foe of the alliance between private property and the state" (Mattei, 2011, p. 5).

A broad range of historians have been working on and analysing the history of the commons for a long time, related to the enclosure of the common lands in England in pre- and early-capitalism (An Architectur, 2010). But the topic found its revival from the 1970, linked to 'pro-market' critique on the commons, well known as the 'tragedy-of-the-commons-debate' initiated by Hardin (De Moor, 2015, p. 114); which says that private property is the only means of protecting finite resources from depletion, in which he supposes no communication between consumers. But commons are more than the resources itself (An Architectur, 2010). It needs the common-pool resources, which are non-commodified means, created and managed by communities ('the commoners'), which counters the idea of Hardin. Above this, the social process of 'commoning' must be acknowledged, and being reproduced. Ostrom (1990) as a renowned author in the field defends them as the sharing arrangements that have sustained communities for ages without private property or state regulation.

Although it was originally only used to refer to natural resources, in the last decades, the commons have been more broadly used, practiced and researched. Public goods and services are economically seen as common goods, which are governed publicly and available for 'open-access', which is characterized by non-excludability and rivalry. The idea is that when this non-excludability and rivalry is in danger, the public administration is responsible of solving this. This is related to the assumption that the fulfilment of social rights is on the account of the State (Mattei, 2011). Mattei (2011) claims that commons are essential to fulfil human rights, because the right to food, water, education and so on, should be essentially understood as common goods and resources which are needed to reproduce life and to maintain for the future generations. As such, all aspects of the public sector related to basic needs and accessibility to wealth could be claimed as possible commons: wages and income, work time, job security, pensions, health care, housing, food (which may mean land in many cases), and education. Enclosures –defined by private property and accumulation of capital – takes away both the public nature of the supplieer and the representative democratic aspect, and the public nature in terms of accessibility.

Claiming for a 'commonification' of public services can be interpreted as a reaction to privatization as well as to the traditional management in the public sector. Fattori (2013) defines the field being public, but non-state, in which the collective actions take place. The important difference which exist with the natural resources as traditional commons, is that public services are capital and labour intensive, which makes direct self-management in different contexts unfeasible and maybe even undesirable. Therefore the next parts of this chapter will function to understand different ways in which elements of the commons can be brought in public services, which can help the commons to move from bottom-up extractive institutions to generative ones

INSTITUTION OF THE COMMONS

A commons can be governed by "groups of users who are able to cooperate to create and enforce rules for using and managing resources […], using rich mixtures of public and private

instrumentalities" (Ostrom, 1990, p. 90). The eight principles for successful collective action, proposed by Ostrom (1990) are the following:

1) Clearly defined boundaries: Individuals or households who have rights to withdraw resource units from the Common Pool Resources (CPR) must be clearly defined, as must the boundaries of the CPR itself.
2) Congruence between appropriation and provision rules and local conditions: Appropriation rules restricting time, place, technology and/or quantity of resource units are related to local conditions and to provision rules requiring labour, material and/or money.
3) Collective-choice arrangements: Most individuals affected by the operational rules can participate in modifying the operational rules.
4) Monitoring: Monitors, who actively audit Common Pool Resources conditions and appropriator behaviour, are accountable to the appropriators or are the appropriators.
5) Graduated sanctions: Appropriators who violate operational rules are likely to be assessed graduated sanctions (depending on the seriousness and context of the offense) by other appropriators, by officials accountable to these appropriators, or by both.
6) Conflict-resolution mechanisms: Appropriators and their officials have rapid access to low-cost local arenas to resolve conflicts among appropriators or between appropriators and officials.
7) Minimal recognitions of rights to organise: The rights of appropriators to devise their own institutions are not challenged by external governmental authorities.
8) Nested enterprises (For CPRs that are parts of larger systems): Appropriation, provision, monitoring, enforcement, conflict resolutions and governance activities are organised in multiple layers of nested enterprises.

(Ostrom, 1990, p.90)

Commons governance can be done by diverse types of organizations (neighbourhood or community organizations, associations, co-operative structures) with the precondition that they follow the design principles. The differentiation in national legislations and definitions of the different organisational forms complicates it to define an appropriate inclusive term. In general, social economy seems to be the most inclusive form of organisations 'able' to govern common goods (see Table 1 below). It is made up of "voluntary, non-profit and co-operative sectors that are formally independent of the state" (definition used in Moulaert and Aleinei, 2005, p. 2042). It could be seen as an extension to the third sector, wherein the third sector is exclusively governed by non-paid volunteers. It includes the social enterprises, in the definition of the European commission (2013). It is important to note that not all kinds of cooperatives fit the definition of social economy. The International Co-operative Alliance (ICA) defines a cooperative as: "an autonomous association of persons united voluntarily to meet their common economic, social and cultural needs and aspirations through a jointly owned and democratically-controlled enterprise" (ICA, 2017). As such, in this definition the limited return on investment to the members is less emphasized, which means that people can join for solely mutual interests and profits. A differentiation in between cooperatives is therefore needed, but is different between European countries.

Table 1: Overview of definitions

Third sector	This term is mainly used in the scientific literature to overcome the differences between the many national models. It refers to organisations other than the public owned (the 'State') and the private for-profit ones (the 'market'). This term emphasises the intermediary nature of the belonging organisations.
Social enterprises	A social enterprise is an operator in the social economy whose main objective is to have a social impact rather than make a profit for their owners or shareholders. It operates by providing goods and services for the market in an entrepreneurial and innovative fashion and uses its profits primarily to achieve social objectives. It is managed in an open and responsible manner and, in particular, involve employees, consumers and stakeholders affected by its commercial activities.
Social economy	Third sector and social enterprises.

Source: definitions are elaborated by the European Commission (2013,p.9) in a European comparative research on Social Enterprises.

The inclusion of the social enterprise next to the third sector has the advantage of possible independence from the state and therefore implies the self-sufficient creation of employment, needed as an alternative for a labour intensive sector like the public sector. Yet, institutions of the commons often need public financial resources that make a legal framework necessary.

The social economy has gained importance in the context of the crisis and is promoted by many international organizations as a way of fostering sustainable development (Chaves, 2013, p.57). By Moulaert *et al.* (2005), the social economy is –next to institutional innovation- seen as a main pillar of social innovation for responding to local needs (in our complex and more diverse localities). "The integration of the Social Economy (or its enterprises) in public policies is not new. What is new is the emergence of its integration as an economic and social field in the wide sense, as a sector of private enterprises and organisations whose manner of taking decisions is participative and democratic, whose manner of sharing out profits favours activity, persons and work rather than the capitals and whose objective is to serve the group interest of the members and/or of the 'collectivity'. This vast field, as intellectual construction of a socio-economic reality, includes the cooperatives, the mutual insurers and the associations, but also other forms of organisations constructed by the civil society to meet its own needs and face the socio-economic problems that it encounters." (Chaves and Demoustier, 2013, p.12-13).

Chaves (2008) mentions four ways in which Social Economy is addressed by public policy:

- Within economic policy, due to its capability of strengthening economic development, and territorial autonomy.
- Filling the gaps in social welfare services.
- Creating social cohesion, participation and democratic culture.
- Correcting imbalances in the labour market; for jobs in enterprises threatened by closure, work stability, transforming jobs from informal economy to formal economy.

Supporting the social economy as a public institution can be done both by enabling 'commoning' of public resources and by bringing in elements of the commons in the public institution.

COMMONS AS A REINVENTION OF THE PUBLIC INSTITUTION

Iaione and Foster (2016) put forward the principles of "horizontal subsidiarity, collaboration, and polycentrism to reorient public authorities away from a monopolistic position over the use and management of common assets and toward a shared, collaborative governance approach" (Iaione &

Foster, 2016, p.289). The first objective of enabling 'commoning' fits perfectly the polycentric system, which has resulted from the rescaling of governance (previous chapter). It includes, following Mansbridge (2014), the provision of a public interest solution if commons organisations cannot agree, relatively neutral information and data, an arena for negotiation and the help to monitor compliance and sanction detection. This is relevant for example when a certain public resource, like a public square, is 'given' for self-management to a community[3].

To introduce the commons in the public institutions, elements of self-governance and self-management have to be included, because commons is as much about participatory governance as about alternative property arrangements. The transformation of public services into 'common services' means inserting elements of self-government in the various stages of orientation, planning, programming, management, supply and monitoring of the services (Fattori, 2013). In this way it could be seen as a deliberative form of policy making, contradicting the classical-traditional representative democracy. Hajer (2003) approaches this kind of public policy as a *public domain*, "a space in which people of various origins deliberate on their future as well as on their mutual interrelationships and their relationship to the government" (p.88). In newly formed political communities, decisions can be made autonomously (Hajer, 2003).

The disadvantages of the commons could be avoided by a regulating public institution. Newly formed political communities should be "appreciated as sites for the articulation of conflict and difference, as a place of social and cultural contestation" (Mouffe, 1996, in Hajer, 2003,p.99). In some extent, value pluralism and issues of identity and difference should find new sites in policymaking. Openness for diversity implies firstly a culture of pluralism in terms of values and identity, secondly the overcoming of a too sectoral focus and, ultimately, the prevention of inequality between the delivery of services in different political communities.

The techniques of commoning seem quite vague until now, while actually both elements (participatory policymaking and participatory property arrangements) have been practiced and analysed abundantly. In the last decades we see an increasing diversity of participatory techniques (online tools, participatory budgeting, etc.). Also participatory management in public services have been practiced, better known as co-production, or more narrowly defined "institutionalized co-production (Joshi and Moore, 2004, p. 31), to exclude co-production in the purely private sphere. Theories about co-production offer a framework in which examples are discussed where "citizens can play an active role in producing public goods and services of consequence to them" (Ostrom, 1996, p. 1073). Following Ostrom (1996), co-production organized in a polycentric governance system can achieve higher levels of welfare. It questions the aspect of the 'delivery' of public services, as it was a television, or a washing machine, of which the citizens are the consumers. The concept of co-production also shows the importance of a difference between the policy-making process with politicians, and the public service delivery, which is done by a great number of public employees. Co-production has proven to work well; services were more responsive, increased satisfaction towards citizens, and so on (Boyle & Harris, 2009) . Although it is often categorized following more or less contribution of users in the idea of the ladder of Arnstein (which refers more or less to the amount of power, but not always), Bovaird argues that provider-user relation is more complex (Bovaird, 2007). He mentions how co-production "extends the opportunity space of available solutions to social problems" (Bovaird, 2007, p.857), where he concludes that it shouldn't be downsized as being the shadow of the state, but on the other hand, not in every situation it works. A couple of limitations,

[3] The self-management of public spaces and public buildings within legal commons framework has been recently regulated in Bologna, Italy (Comune di Bologna, 2014).

stated by Bovaird (2007) are important for this thesis. Introducing co-production may dilute public accountability, blurring the divide between public and private (although, it could be argued that this already the case in many context). On the hand, he argues that through participation within a public service, co-production can lead to a democratization of governance. Finally he points out the uneven distributed capacity to take part in co-production, which could become problematic when co-production is institutionalized and not adapted to a differential public.

Until now, the theory was involved with a broad spectrum of public services. With having identified two main elements needed for a reform of the public institution, and different techniques which can be used, the next chapter will outline the importance of the commons and the specificities of it in the area of (health) care, to understand the relevance of a different social enterprise. The first chapter of the literature review showed a critique on the interconnection between the market and state, whereas theory on the commons in the second chapter revealed the importance of the organisational features of both. The characteristics of an area like care will show the importance of debate and action in an area where its complexity makes it unfeasible to merely devolve responsibilities to a 'strong' civil society, which discredits the neocommunitarian strategy in the example of the Third Way.

CARE AND CARE WORK

> "We need to think about democracy as the allocation of caring responsibilities" (Tronto, 2013).

WHY CARE?

This chapter focuses on the broad policy field of health care and social welfare service provision as a representation, or as a way of understanding more practically the evolutions, outlined in the previous chapters. It could be seen as all personal services and benefits which target inclusion and protection in which, for the ease of the analysis, exclude education and pensions (Longo, 2015). Also acute health care services will be taken out of account. "The delivery of care – physical, emotional and affective – involves political and economic infrastructures as well as social and cultural values and formations" (Raguram, 2013, p. 160). The subject of care embodies more than just the institutions of its provision and the political and economic discourses around it. Care could be seen as the fundament of our social relations, and a universal need at one point in everybody's life. Care work should not be undervalued, because it essentially structures our work societies (Pfau-Effinger & Rostgaard, 2011), and has an influence on the reproduction of socio-economic inequalities.

The interaction of different social organisations in the provision of care is grounded in a cultural, political, social and economic context. But the extension of market relations and the decrease of public provision have been a widespread phenomenon. This neoliberal agenda has been highly controversial, more explicitly in a sector as health care (see Figure 1 above as an example). At the same time, the area poses new challenges for society. A changing demographic structure with an ageing population and improved technologies are considered to bring unbearable costs (Pfau-Effinger & Rostgaard, 2011). Next to this, the emancipation of women and changing family structures have created a care deficit in the domestic sphere, especially in the context of traditionally family-based welfare models. The needed and very challenging reform provides the opportunity (and challenge) for governments to take a different direction.

INSTITUTIONS OF CARE

The institutions of care cannot be understood without a better understanding of shifting family structures, which has significantly changed due to gender roles, labour markets and welfare systems (Knijn *et al.*, 2013). Care services have always been the work of interplay between professionals and informal care givers. The different care arrangements include informal/formal, paid/unpaid, for-profit/non-profit, and private/public, differing between the family, the market, the state and the community sector. The increasing diversity in care provision, where currently the term 'welfare mix' is being used, blurs the lines of accountability and responsibility. When it is not publicly provided, it is done by publicly supported institutions, externalized to private actors or transformed into citizens' own responsibility. Several researchers evaluated that the family remains the last resort on who to count (Knijn *et al.*, 2013).

De Moor (2015) elaborates on how the history of care is dominated by 'institutions of collective action', like neighbourhood guilds, craftsmen's guilds and mutual funds. The creation of the welfare state increased the importance of the state as a regulator of care and welfare, linked to a male breadwinner/ female home caregiver model. Social policy was seen as a means to redistribute material security and seen as an important aspect of democracy (Restakis, 2016). The systems consisted of social security, health insurance, family assistance and public welfare. The delivery of services as such defined the relation between the state and citizens. Centralized bureaucracies needed to assure some kind of universalism and equity. Innovation in medicine increased the costs of care massively, which made the system, from around the seventies, less and less sustainable. As mentioned before, there were worries about the efficiency and effectiveness of a centrally organized model. The public domain of care was opened up for commercial interests through privatization and externalization. Influenced by liberal ideas, this was complementary to a more individualized society and consumption society in which personal choice became more and more important. European countries have two main trends in common (Verbeek-Oudijk *et al.*, 2016). Where publicly financed care was abundantly present, the focus is shifting towards more importance for informal care or care-taking by the social environment. When informal care was already of great importance, public administrations try to strengthen publicly financed care to increase accessibility to care.

ETHICS OF CARE

One cannot talk about care without discussing the self-evident ethical issues concerning working with people in need of care. The literature about the ethics of care gives a critical reflection on the increasing importance of market relations in the care sector. The logics of efficiency and competition, which justifies cutbacks (Lawson *et al.*, 2007), goes against the value of the social relation that care is based on and the accessibility and affordability that should be strived for. This evolution is called the marginalization of care; which reflects the autonomous responsibility of a care need, and as such individualizes a collective problem. "In the privatization of care, we construct certain sorts of people as in need of care—the infirm, the young/elderly, the dependent, the flawed—ignoring the fact that we, all of us, give and need care." (Lawson *et al.*, 2007, p.3).

On the other hand, the theories draw the attention on the global aspect of care (Lawson *et al.*, 2007). The emancipation of women in the global north has reproduced gender inequality in a different way. It resulted in some kind of redistribution of care on the global scale, referred to as 'circuits of care' (Sassen, 2000). The care deficit is transferred to other places in the world by introducing informal care, done by immigrated women from the Global South. In this way, gender roles are reproduced and the problem reflects an ongoing importance of the domestic sphere to provide care. A semi-formal care market is created, in which care is paid but happens non-professionally (by among others

immigrant women, often not protected) (Knijn *et al.*, 2013). The inability to care for these caregivers is quite paradoxical.

Ethics of care mobilizes for creating relationships that are based on mutuality, interdependency and well-being. It highlights the importance of the interdependency between the "carers and the cared-for" (Beasley and Bacchi, 2007 quoted in Raghuram, 2012, p.157). It is a critique on the individualistic notion of care. Above this, Lawson *et al.* (2007) mention how a localized responsibility takes us further away from global inequalities and that we have "to build spatially extensive connections of interdependence and mutuality" (p.1). A feminist critique mobilizes for a relocation of care from the personal to the public realm (Raghuram, 2012) and for a reshaping of responsibilities.

Collectivization of care

People recently started more and more to create self-organized systems outside the market economy and the state: day-centres for children cooperatively ran by their parents, care cooperatives, social organizations that focus on a specific social group of the population, etc. De Moor (2015) refers to this evolution, being more apparent in countries with extensive liberalization of services like the Netherlands and Germany, and in countries that were hit most by the financial crisis of 2008, like Greece, Italy and Spain. These countries have in common that the state dismantled its institutions of care and the market could only partially fulfil the social needs.

From research done in the area of care, citizen-based initiatives seem to respond more or less to: a retrenchment of market and state in housing, care and welfare, a decreasing quality of the services which are delivered, and new needs resulting from an ageing society, which seems to especially be a problem on the short term in sparsely populated areas, and areas where young people are moving away (Gijselinx, 2013). All three aspects have led to a care deficit (Opstal, 2008). This were the driving forces for engaged citizens to create initiatives, typically characterized by solidarity, group cohesion and participation (Beest, 2013). For caregivers, being professionals or volunteers, being a member of the cooperative/organization or not, the advantages are: the consultation between formal and informal care and welfare services, and the values of reciprocity, equivalence and responsibility, which influence the relation, and the quality of the service with and for the cared-for; the potential of decent and sustainable working conditions. For care-recipients, the advantages have been more or less discussed, although of great importance is the accessibility of the organization to reach less connected people, which is harder for governmental organizations or professionals only (Restakis, 2016). This last aspect is also a reaction to the danger that exists when citizens' have to become more self-responsible which, in the end, will always discriminate the people who are less connected. On the other hand, close connection to a local organization, can create shyness or embarrassment to ask for help, especially in services of informal help and care (Opstal, 2008).

For the public administration, there is possibly interest in these social economy actors in the care sector, mainly because of two specific characteristics (Chaves, 2008): a more direct relation between service provider and end user and secondly the labour-intensive rather than capital-intensive nature of care. Both characteristics create a potential of territorial development while not creating a 'spillover' effect which imbalances the international exchange. In different studies concerning citizens' initiatives, the local policy context is assumed to be important. Gerometta *et al.* (2005) claim that third sector organizations easily start cooperating with the local state, with the idea of promoting social inclusion and fighting socio-economic polarization. "Cities are important power bases from which to work" (Harvey, 1989, p.16) and to fight uneven development. Whether the initiative reacts to an insufficiency from the government or not, whether it fits the local government agenda or not, there exists the discussion about the (dis)advantages of institutionalization and

regulation. Institutionalization is often perceived as possible co-option by the government/state. Wijdeven *et al.* (2013) discuss that local governments should support but not overregulate, which limits initiative takers because of e.g too much administration. Institutionalization can also be interpreted in an economic way, meaning professionalization and reaching economic independence from any other actor. In terms of social economy, legal rules and statuses (requirements to be acknowledged as a social economy actor, compartmentalization in commercial/non-commercial, obliged dissociation of prevention from sanitary or social work) have been both obstructing the development of social economy, and protecting the sector (Chaves, 2008).

In the search for a commonification of care services, including democratic governance and shared property arrangements (Fattori, 2013), in which social value is pursued, and where care work is valued and becomes a collective responsibility, in which a balance is found between formal and informal care, I use the term 'collectivization'. Before exploring possible techniques of collectivization, two assumptions are made out of the literature review. Firstly, that the local government plays an important role in care policy and (the organisation of) care provision (both towards other scales of government and non-state actors). Secondly, that a larger role for the social economy is essential for the collectivization. The social economy is seen as a possible institution of the commons and its active involvement can serve to democratize governance. The nature of its components possibly increases the accessibility of care. Analysing how the local government institutionalizes the social economy in the area of care, can help to understand the possible techniques in different contexts for collectivization and its relation to former stated neo-communitarian approaches.

3. RESEARCH QUESTION

How is the social economy institutionalized in the care policy of the local government within a national austerity environment?

a. What are the main scopes and limits of this?
b. Which instruments have been used to integrate social economy in the policy?
c. What is the balance in between different types of social economy?
d. How is the civil society interpreted?
e. Does this lead to a collectivization of care?

4. METHODOLOGY

METHODOLOGICAL APPROACH

To answer the research question, the analysis should allow me to, through identifying social economy factors in the care policy plan, interpret how the local government sees the role of civil society, and more specifically, in which ways they are interpreted to be organized (different types of social economy). Institutionalization (of social economy) is understood as the way how institutions are adapted to provide a good fit towards social economy actors (Spear, 2013).
As such, there will not be made an overview of the relative importance of social economy in comparison to the public and private sector. This would mean an in depth research and evaluation of the three sectors in its functioning and social and economic value, which is impossible on this moment of transition in the political system, especially in Madrid. On the other side, a focus on a singular service would make it impossible to draw a certain conclusion about the perception the public institution has of social economy, which is essentially the research question. Analysing singularly the social economy policies and support, on the hand doesn't say anything about where it responds to (e.g. decreasing public services, increasing of certain social needs, etc.), and on the other doesn't say where it leads to (e.g. decreasing public services, restructuring local administration, etc.). Therefore, the presence of social economy in public policy will be analysed in the care sector, recognized as a sector in which changes are required and the ethical questions which can be posed about who's role it is to take care. Although I will only look at policies, not at the implementation, I will be able understand the techniques of institutionalization and be able to frame the possibilities and limitations in the degree of the collectivization of care.

In the introduction of each case, the actual social, economic and political context of the local government will be laid out, to profoundly understand the conditions in which the care plan was formed (social, economic and political). In the second part, the care policy plan, provided by the local government will be analysed. Hajer (2003) framed in his work on deliberative policy analysis, how policy analysis methods have to be renewed to understand the complexity, of current interactive policy-making. For this, the care plan will be analysed following a newly created scheme. The scheme is developed according to the research done by Rafael Chaves on the relation between the social economy and public policy, although interpreted with a view on care as a commons. As such, I will be able to identify critically how social economy actors are approached, and to separate and value the needed co-existence of the two following parts: the adaptation of the public sector in care and the support of social economy in care which exists in the private sector. I finish with a comparative

overview of the rationalities behind, the techniques that are used, and the main objectives that are framed related to the care plan and the social economy focus.

SELECTION OF CASES

The cases are selected based on the preconditions for a care policy reform, from a classical perspective, which are set by Rafael Chaves (2013, p.336):

1. A visible *social or economic reality* which is conceived as the subject of public intervention or as a reality with a strong social and political topicality (crisis, disaster,…) and where the existing public policies reveal to be ineffective.
2. A *public administration responsible* for social policy that relates to that social or economic reality and makes an analysis of this reality (influenced by its values, beliefs and ideology which will influence the intervention). This will be determined by among others the state of public opinion, the organised political forces (in particular the political parties) that support this option, an executive power with the capacity to lead this political process and, finally, a context of social dialogue and construction of social pacts" (Chaves & Demoustier, 2013, p.336),
3. *Objectives* to be achieved by said administration in respect of said reality to be acted upon,
4. A catalogue of *instruments* by means of which public policy may be put into operation.

These conditions create a 'window of opportunity' for the integration of social economy in social policy. Chaves and Demoustier (2013) identify next to this preconditions, two other key elements; the presence of 'policy enterpreneurs', public or private actors, who have the political will to see a solution for the presented social and economic reality in the change of a public policy, and secondly the way *how* the former mentioned preconditions led to a new policy agenda defined on how it will be implemented, which techniques will be used, and who will participate.

This means that the cases are selected on the existence of a social and economic reality of a care deficit, and an increased ambition of citizens willing to organize themselves. On this reality the local government raises a new strategy. Moulaert and Mehmood (2015) add to this arguing that for collective action with socially innovative value, "leadership, involvement of complementary agencies, modes of cooperative and associative behaviour, and institutional codes to gather and mobilize people and to share knowledge in order to identify existential conditions and opportunities for change" (p.99), are required. Therefore, the cases are chosen based on, not only an observable presence of social economic actors in the care sector, which shows a present debate around alternative economy and/or the local need for a different provision of care, but also a perceived urgent reality in which a new care policy should take form. The latter aspect was researched through document analysis (media, including websites, reports, newspaper articles, blogs, opinion pieces, policy documents and even items on TV or radio). These documents also gave a context, and allowed me to prepare pilot interviews. Madrid, the capital of Spain and Utrecht, a middle-sized city in the Netherlands, both meet all preconditions and parameters. Although, evidently, the analysis could be interesting for more cities among Europe which could learn us something about the methods of the collectivization of care.

MADRID

To deal with the financial deficit created in crisis of 2008, the national government of Spain imposed major austerity measures. "The Stability Programme Update has set a reduction in public expenditure from 45,2 % of GDP in 2010 to 39,7 % of GDP in 2017", mostly focused on social policy (Knieling & Othengrafen, 2016). This places the country almost 25% below the European Average in

size of the public sector. One of the major consequences is the reduction of social aid, and a destruction of crucial sectors in social services. This has increased mutual aid and 're-familiarisation (Knieling & Othengrafen, 2016). Already before the recession, series of privatization in health and social services took place, mostly on regional level[4]. This was heavily resisted in the beginning of the crisis by social movements. Public expenditure in health care, education, unemployment and social protection has declined since 2010 and this evolution is paralleled with an increase of social needs. A reform is needed. Massive citizen protests eventually led to the election of the citizen platform Ahora Madrid (see later), who has the ambition to reinvent the public institution and finds its strength in "those who sought alternatives to the lack of public facilities, to the degradation of neighbourhoods, those who supported the city's economy with their own projects, initiatives and efforts. And especially, the women of Madrid, charged with the double responsibility of work inside and outside the home" (Ahora Madrid, 2015).

Utrecht

King Willem Alexander declared the end of the 20th century welfare state in a speech in 2013 (The Independent, 2013). The transformation to a 'participation society' was initiated. After years of spending cuts in a.o. unemployment compensation and healthcare subsidies, a strong focus will be laid on social security and long term care. In 2015 three important parts of public care were decentralized to the local governments, following the subsidiarity principle. The recent boom of care cooperatives in the country (quite exceptional in comparison to other countries in Europe) shows that a more collective approach is desired, in response to shortcomings in public and private care provision. Utrecht is seen as one of the most innovative cities in terms of participation in the Netherlands (M. Redeman, personal communication, July 5th 2017) and recently hosted a conference on the commons that was co-organized by the public administration, where I was taking part in myself. The city of Utrecht is actively investigating how the local government can enlarge the commons and how they can be an active facilitator.

Methods of data collection

A qualitative analysis of formal declared policies by the local government, will be done following an adapted scheme (see later). In the case of Madrid, three interviews were done, because the main care plan will only be officially published in September 2017. In both cases, pilot interviews were done, to get a grasp on the main tensions in care and the importance of the role of social economy.

Analysis of the results

Public policy and social economy

Chaves and Demoustier (2013) are part of the International Centre of Research and Information on the Public, Social and Cooperative Economy (CIRIEC). Based on inductive research done by CIRIEC, I created a scheme that shows the opportunities and legitimation of an intervention by public policy in the social economy and the different instruments (in blue) which can be used (**Figure 1** below). The researchers defined three spheres within economic policy in which public intervention in social economy can be justified: "the institutional framework, market failures one and the maximization of the level of social and economic welfare" (p.61). I will highlight a few important aspects. The first one concerns the institutional framework in which the generic collective aims of the Nation are included,

[4] The Plan of Health Infrastructures *2004-2007* implied a private management of hospitals and the externalization of services in the Community of Madrid (Knieling & Othengrafen, 2014).

as well as a demarcation of the action by public and private players. As such, the Constitution possibly obliges an institution to support social actors that can fulfil the aims when the institution is incapable of doing so[5]. This can refer to the social economy as a whole or a specific form of social economy. Another technique within the institutional framework is the ensured equality of opportunities compared to other actors in the economy. It should not discouraged to use this legal status, and as such, social economy actors have to be compensated for the efforts they do (internalisation of social costs). The second sphere adds to this statement because it contains a correction of economic failures. Market failures, but more often institutional failures in social economy (related to its organisational complexity) should be compensated. The difficulty in the access to financing, where the social economy is so often faced with, can be both linked to the disadvantage in comparison to big companies and to less interested investors because of the limited benefits options. The last sphere includes the economic theory of externalities, following the collective aims. The traditional capitalist system is perceived to generate welfare market failures (increased inequality in distribution of wealth, resources, etc.), while the social economy sector is perceived to compensate for failures. In a capitalist economic system negative externalities are excluded from individual transactions and outsourced to society, typically to public sectors, whereas social economy includes negative externalities. These negative and positive externalities should be included as a technique.

Following their research, the techniques can be divided in two groups; the first group actively includes social economy and focuses on its activities (enhancing social cohesion, territorial development, etc.). In this way the social economy is seen as instrument to reach collective aims. The second kind of techniques are the ones that create a favourable environment for social economy as an organisational form or a socially and economic desirable model.

TECHNIQUES OF INSTITUTIONALIZING SOCIAL ECONOMY IN CARE POLICY

Based on the scheme, an analytical scheme is created to identify techniques of institutionalizing the social economy in the care plan. The model enables a comparison between the two cases, and is elaborated to direct the analysis towards the collectivization of care. The difference in between the two groups, mentioned before, is important to take into account for the analysis of the care policy. Essentially, techniques are analysed divided among those that cause a realignment of the role of the public sector (in which social economy starts to play a more important role, in relation to current public care and welfare services) and those that encourage the general enlargement of the social economy. The latter will not be restricted solely to the advantages of the organisational form, but will also include the general encouragement of the organisation of care services outside the public sector. As such, the scheme for the analysis (Figure 2 below) is composed of the public and the private sphere. This division makes it possible to reveal whether the new care policy is directed only towards more civil society organisation or also includes a transformation of the own institution. The techniques defined by Chaves and Demoustier (2013) are subdivided in the two columns. In order to not only draw the attention on the social economy, but also include the other elements of the concept of collectivization, other aspect(s) are included.

[5] The first paragraph of article 2 of The Treaty of European Union includes: “The Union shall set itself the following objectives: to promote economic and social progress which is balanced and sustainable, in particular through the creation of an area without internal frontiers, through the strengthening of economic and social cohesion and through the establishment of economic and monetary union, ultimately including a single currency in accordance with the provisions of this Treaty.” (European Union, 1997).

Adaptation of the public care sector

The analysis will be focussing on the willingness of the public sector to open up towards the social economy in care policy. This is defined firstly by the explicit recognition of the social economy as an active agent in policy-making, which was also set as a precondition to select the case studies. Secondly, by the recognition of the social economy as social representatives in the elaboration and negotiation of general measures of public policy. Thirdly, by which means the public sector adapts to forms of co-production in service provision. And ultimately, how forms of positive discrimination towards social economy are implemented in the public tender (e.g. through social clauses or subcontracting).

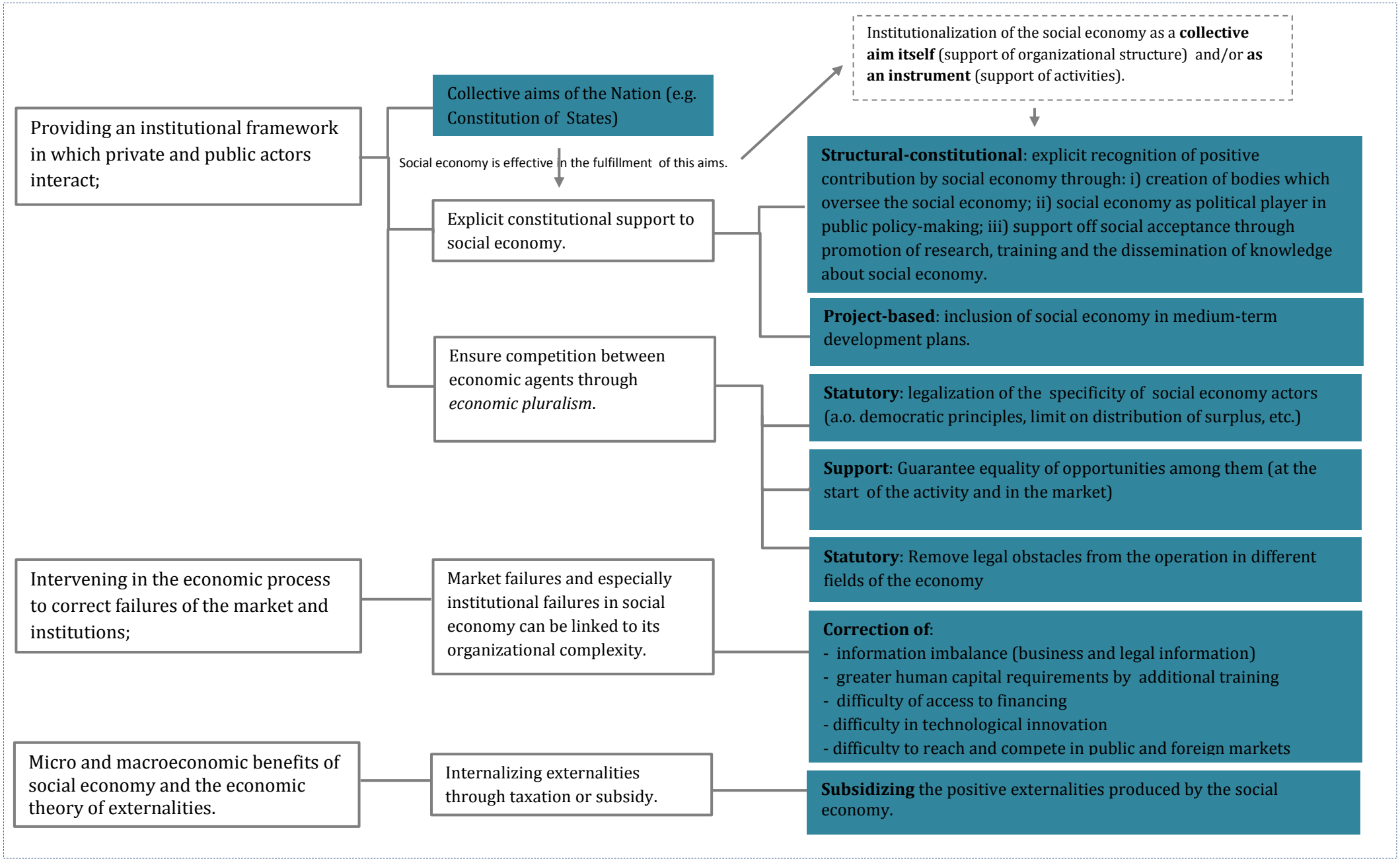
Support of social economy for the provision of care services

The working conditions of the social economy social economy are often set by other scales of government than those social economy is operating in. Those conditions facilitate or limit the emergence, deployment and development of the social economy initiatives. They include juridical and statutory recognition of the sector or at least of the different types of social economy: financial legislation, favourable taxation (often different between non-profits and cooperatives) and specific public organisms dedicated to the sector. This information is relevant for the social economy in general but in this thesis it will only be limitedly covered. A second aspect of determining working conditions is material, technical or financial support which can be delivered through the offer of services like legal information, training, research, advice, network (where the advantage of the involvement of the public sector lies in their capability of offering support). In contrast to the juridical measures, these measures are rather taken on a more local level, because of the need for a closer relation, and more sensitivity. The organizational measures can reach different degrees, from passive structures to proactive forms where the public authorities specifically create policies in favour of the social economy. Other influencing factors are an increase of the visibility of the sector, which shows recognition of its capacities, and the support of knowledge creation around it.

POTENTIAL LIMITATIONS

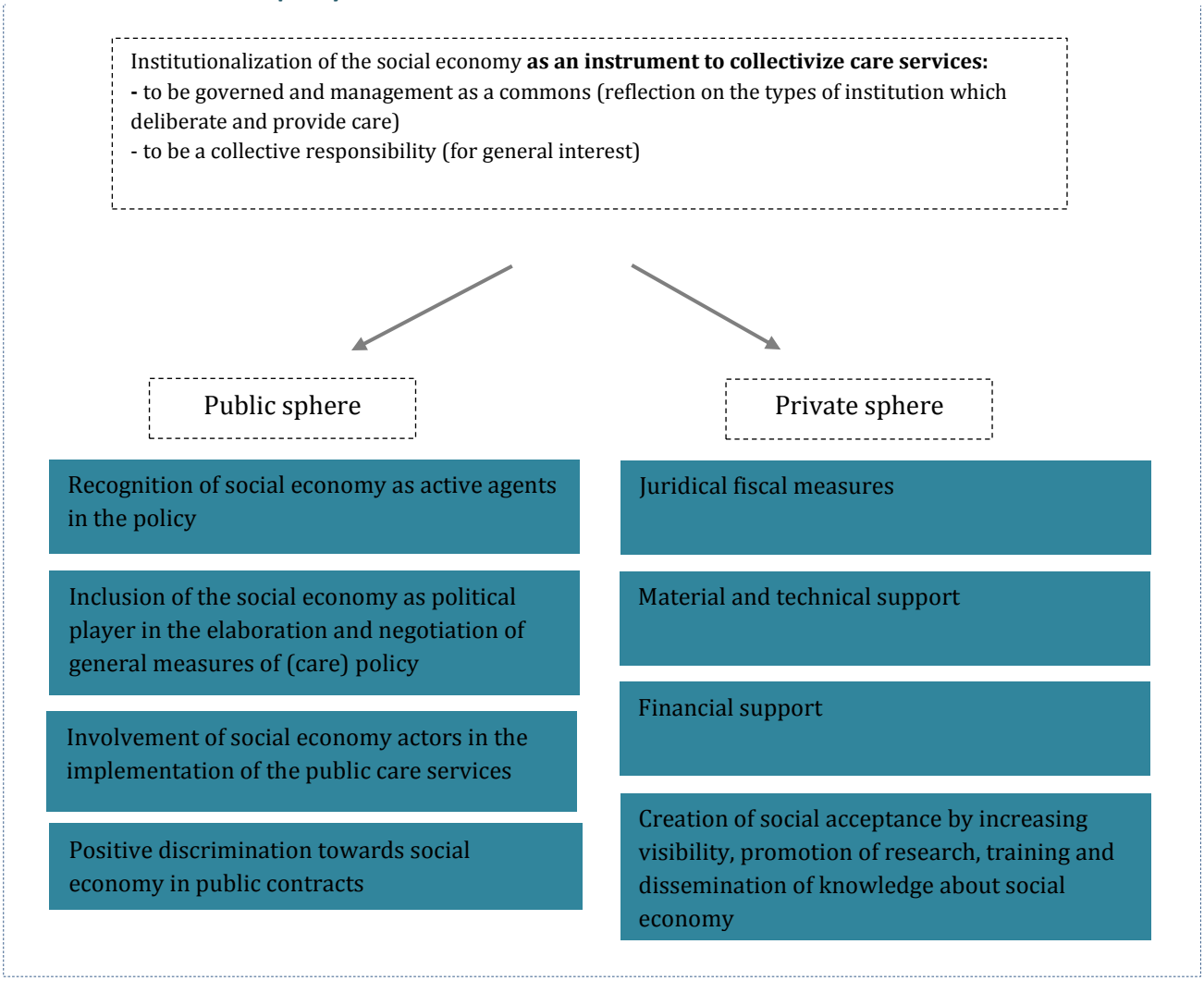
This research aims to define different techniques used by two different local government, both in need to initiate a different care model. It will not be possible to make an in-depth evaluation of the implementation of the government's plan, because these were only recently published and initiated. Nevertheless, the set objectives of Madrid and Utrecht will be analysed. Above this, the introduction will give compact overview of the initial situation where the reforms respond too. A complete comparison of macro-economic and cultural shifts through time would be impossible, making the comparison between two cities increasingly difficult. But, although the autonomy and competencies of the city governments is different, similar techniques are used in a comparable challenge.
Within the analysis of local government policy it is assumed that the public actor is a possible initiator/facilitator/co-creator of the collectivization of care. The kind of collectivization will be valued based on the public and social economy sector (who is assumed to be quite dependent on the public sector). This means that a conclusion on the collectivization of care will neglect the current or continued power of private actors (through lobby, in privatized companies, etc.). Except when there is an active intervention, mentioned in the policy plans towards private for-profit actors, through re-municipalisation, transformation of traditional enterprises into social economy enterprises, etc.
A last limitation to the methodological approach is that the scheme doesn't integrate the specific type of social economy where the technique is aimed for. This is important in the discussion around the value of work in the care sector. Therefore, it will be taken into account in the analysis and mentioned where it is appropriate or functional.

Figure 1: Justification of public intervention in social economy, related to different tasks of economic policy, resulting in techniques of institutionalization.



Source: Own compilation, based on Chaves and Demoustier (2013).

Figure 2: Analytical scheme for the categorization of techniques by which the social economy is institutionalized in care policy



Source: own compilation, based on Chaves and Demoustier (2013).

> 80% of health care depends on women who take care of their kids, on sports and on healthy food. We must recognize that health is a collective given and create mechanisms and institutions that are capable of taking responsibility with the scope on community care, not only with specialists, but with the whole society involved (Carmona, councillor Madrid, in Gutierrez, 2015, own translation).

5. CASE MADRID

INTRODUCTION: POLITICAL, ECONOMIC AND SOCIAL CONTEXT

The Municipality of Madrid is with its 3,2 million inhabitants the largest city within the Community of Madrid and within the Spanish Kingdom. From the transition to democracy onwards, the right-wing Popular Party (Partido Popular) led the majority of the municipal council, as well as in the Community of Madrid. Under its influence, the major objective was, focusing on economic development, in order to boost Madrid towards a global city (Davies & Blanco, 2017). After years of speculation, the city was hit dramatically by the crash in 2008, leaving a municipal debt of 17% of the national debt. The crisis led to major restructuring in the country, induced by national austerity measures to meet European requirements, which included public spending cuts, entrenchment of the public sector and welfare state, the extension of market, and tax cuts for business and intensified workfare (Davies and Blanco, 2017). The effects of the crisis are unevenly spread over the country, which is mainly related to the asymmetrical powers and autonomy of regions and municipalities (Davies & Blanco, 2017) and other aspects like “specific dynamics of the metropolitan economy, the unequal territorial impact of social-demographic changes such as immigration or ageing, as well as the type of public policies developed by local governments” (Blanco and Subirats, 2008). Crisis was mostly affecting certain neighbourhoods, with unemployment, poverty and inequality and as such created a clear socio-spatial inequality in the city (Fuente & Velasco, 2016). It meant also a deterioration of the social tissue.

Although decentralization reforms have taken place in the last decades, they mainly devolved power towards the regions, especially in social policy, health care and education (M. Diaz, personal communication, June 10th 2017). Nevertheless, privatization of public goods and services was not as important, until now, under austerity measures. A law imposed in 2013 prohibited the municipalities in Spain to cover falling revenues with deficit spending and public debt (M. Diaz, personal communication, June 10th 2017). This makes it e.g. impossible to contract new public employees, to start new public organisations, etc.

The consequences of the crisis and austerity measures led to the protests by the 15M movement (started on 15th May 2011), known also as the *indignados* with the encampments of the *Puerta del Sol* square in Madrid (Walliser, 2013). It showed the discontent of the people with the crisis, the lack of real democracy, but also raised the question about how politics and economy should be organized on the local level, emphasizing that passive participation is not enough, action is urgent (Fuente &

Velasco, 2016). The feeling of autonomy by the diverse movement grew, together with the idea that an alternative way of governing was possible (Fuente & Velasco, 2016). The strengths of the social movements are mainly due to their different organizational features (massive use of online communication), diversification of struggles (like gentrification) and a diversity of groups which take part to demonstrate, but also by community interventions, both framed together by Walliser (2013) as 'new urban activisms', which cooperate to "cover the gap left in public services and community development at the neighbourhood level" (Walliser, 2013, p.330). Yet, it must be noted that the increase of social economy initiatives (foodbanks, shelter, etc.) during the crisis are linked to the precarious situation in which many people were living (G. Morales, personal communication, June 15th 2017) and therefore cannot function as a sustainable solution. The protests and movement building ultimately led to the creation of the citizen platform 'Ahora Madrid' that ran, supported by Podemos, for the local elections. Although the Popular Party won in terms of votes, the coalition of Ahora Madrid and the Social Party PSOE, lead the minority government from 2015 onwards, under the mayoralty of Manuela Carmena. The city's right wing history, and political opposition in the region and the national government, makes it increasingly difficult to effect a regime change (Davies & Blanco, 2017). A culture of participation was only marginally present in Madrid in the last decades, and neighbourhood governance got even more retrenched after the crisis (Davies and Blanco, 2017).

The new government wants to build further on the practices of political representation and the organizational characteristics of the movements they originate in. Davies and Blanco (2017) consider cities like Madrid and Barcelona as the hearts of contentious politics towards 'neoliberalisation', or called in the media as 'rebel cities' (Gutierrez, 2017). Fuente and Velasco (2017) mention how the city introduced communitarian strategies to limit free competition, support social economy and third sector and include social use value in the design of policies. The new government has the ambition to initiate a 'municipalist' approach, reinventing democracy from the local level (Büllesbach, 2017). Its ambition is shown by increasing social expenditure (including social services and promotion) and promotion of employment (Ayuntamiento de Madrid, 2017).

The responsibilities for the city in the social domain are laid down by an intergovernmental agreement[6]: "information and counselling; social and day care services for disabled and elderly; offering refuge for abused women, single mothers, orphans and mistreated minors; providing shelter for homeless people; prevention and social insertion" (Moreno and Arriba, 1999, p.15). The local governments objective is to take its responsibility in the provision of welfare services. Nevertheless, the question raises whether municipalities like Madrid can counter general welfare state retrenchment under austerity, and what kind of roles citizens' initiatives play among different policy arenas.

[6] This agreement was already implemented for cities larger than 20 000, like Madrid, in 1982. The decentralization in line with the transition to democracy from 1978 onwards, brought many competencies to both the regional and local level. The local government is, following the law 7/1985, del 2 de abril, *Reguladora de las Bases del Régimen Local*, should provide the services which are according to the population of the municipality. As such, also responsibilities, mostly due to proximity and greater effectivity, that were formally in hands of the region, were taken by the local government, which led easily to financial deficits.

ANALYSIS OF THE CARE POLICY

INTRODUCTION IN MADRID 'CITY OF CARE' AND AFFILIATED POLICY DOCUMENTS

The care plan was formed by the municipality of Madrid during the last two years, and will be finalized in September 2017. Related to its incentive to work transversally (see later), the plan was supposed to be carried out by the mayor's department. Eventually, the complexity of the institution didn't allow such approach, resulting the plan being headed by the autonomous public organization Madrid Health (*Madrid Salud*). Because "the Municipality wants the public policy's focus from the perspective of care"(Diario de Madrid, 2016, own translation), the plan is created cross-sectorally –transveral-, with a profound collaboration of professionals from different municipal government departments (Health, Safety and Emergency Area and the Area of Equity, Social Rights and Employment), and a transversal planning team including which all political parties (Ahora Madrid, Partido Popular, Socialist Party PSOE, Citizens' Party). Apart from this, the plan focuses on hybridization with social organizations –which is of particular interest in this thesis-, and therefore the Regional Federation of Neighbourhood Associations of Madrid (FRAVM) was also involved. The care plan's objectives state that they reflect the practices of social movements, with perspectives of feminism, social ecology and care ethics. The city wants to pursue social sustainability, which means the equal accessibility of basic needs' goods and services.

The local governments' fundamental idea of care is broad, being "activities linked to the daily management and maintenance of life, health and well-being of people", including not only health, but also all kinds of social services. Care is not approached as an economic product, but as a need, open for use; not only public or private responsibility. The focus of the plan is the neighbourhood level. Certain projects will therefore be functioning as a pilot project in the most disadvantaged neighbourhoods, and, after a positive evaluation, up-scaled to the whole city. The plan is complementary to the Human Rights Plan of the city council (see Table 2). The main reason for this separate articulation of a care plan is due to the recognition that a strict application of rights and justice (by providing services in e.g. the Community Health Centres of the Community of Madrid) does not sufficiently address collective responsibility for diversity and concrete needs. Both plans are clearly interdependent, but the Care Plan gives a broader view on care, including more individual approaches and the current societal needs, mainly focusing on the resources within the communities. The plan is also affiliated with the strategic Healthy Neighbourhoods Plan (see Table 2), which is mostly concerning the work of the 16 Municipal Health Centres, functioning on neighbourhood level. These centres play a key role because they will be the main working places of the plan. In terms of the promotion of active citizenship related to financial support, the strategic plans concerning the subsidies are of importance. The result of the plan will be community interventions creating a co-responsibility between the public administration and social organisations; a participative coordination model.

TECHNIQUES OF INSTITUTIONALIZATION

The analytical scheme (Figure 2) is applied on the Care Plan and for more detailed information about certain strategies and technique other municipal plans are consulted (Table 2). The result of the analysis is shown below in Figure 3, with a reference to the plan (P). In the next paragraphs the results will be explained.

Table 2: Overview of the analysed plans with its relation to the Care Plan and reference to the analytical scheme in Figure 4

Strategic plan	Relation to Care Plan	Scheme
Care plan (M. Diaz, personal communication, June 10th 2017)	/	P1
Municipal program City Hall Madrid (Ayuntamiento de Madrid, 2016a)	Overview of the ambition and strategies of the local government	P2
Mares project (F. Sabin, personal communication, June 20th 2017; G. Morales, personal communication, June 15th 2017)	Included in the plan	P3
Human Rights Plan (Ayuntamiento de Madrid, 2017)	Complementary to Care Plan	P4
Healthy Neighbourhoods Plan (Ayuntamiento de Madrid, 2010)	Complementary to Care Plan	P5
Subsidies of the Government Area of Citizen Participation, Transparency and Open Government (Ayuntamiento de Madrid *et al.*, 2017)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P6
Subsidies of the Area of Government of Economy and Finance (Ayuntamiento de Madrid & Área de Gobierno de Economía y Hacienda, 2016)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P7
Plan Estratégico de la Economía Social y Solidaria Ciudad de Madrid (Red de Economía Alternativa y Solidaria de Madrid , 2017).	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P8
Other		
Regulation of Operation of Local Forums of the Districts of Madrid (Ayuntamiento de Madrid, 2016a)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P9

Figure 3: Analytical scheme applied on strategic plans of the Municipality of Madrid, with reference to the plans in Table 2

A. Public sphere

A.1 Recognition of social economy as active agents in the policy

Care as a responsibility of all P1

A.2 Involvement of social economy in the design, planning, elaboration and negotiation of (care) policy.

- FRAVM P1
- Participation tools P2
- Local Forums P9

A.3 Involvement of social economy actors in the management, supply and monitoring of the care services.

- Public-social partnerships P2

A.4 Inclusion of social economy in public contracts.

- Revision of contracts P1
- Enforcing the social clauses P8

B. Private sphere

B.1 Juridical fiscal measures

Definition of Social Economy in national legislation; set by Law 5/2011 of 29 March 2011. P8

B.2 Creation of social acceptance (visibility, research, training, dissemination of knowledge)

- Promotion of broad vision on care; personal care P1
- Promotion of decent employment in the care sector (Project MARES) P1

B.3 Material and technical support

- Facilitation for the creation of a network between different organizations in the neighbourhood P1
- Constitution of a council for Social and Solidary Economy P8
- Transparency and access to open data, with the explicit outreach to initiatives to provide it P8

B.4 Financial support

- Projects supported through the Community Health Centres P1
- Specific subsidies for Social and Solidary economy for their consolidation, promotion and development P7
- Subsidies for the development of voluntary organisations P6
- Subsidies for representative entities of the social economy to achieve actions of activation of social economy P7
- Agreement with financial institutions P8

Adaptation of public care sector (See Figure 3, column A)

A.1 The recognition of the social economy, is defined in the goals of the plan within the objective to involve the citizens more into public policy-making, because this is where the great amount of citizens' initiatives which have been build up during the crisis, have asked for. This is also legitimated by the argument that care should be a responsibility of all, not only one of the public administration or the family. Social and solidarity economy can work around aspects of care that are part of the economic field and where employment could be generated (G. Morales, personal communication, June 15th 2017). A cooperation between the social economy and public administration is important to make sure that what is public, remains public; without externalization or privatization.

A.2 As mentioned before, the care plan was created with the participation of the FRAVM, as a representation of neighbourhoods committees. Other forms of direct participation in public policy-making for citizens is possible through online tools like Decide Madrid where citizens can propose actions for the municipal government. Participatory budgets will also be introduced and deliberated through the online tool. What is of greater relevance is the economic, political and administrative decentralization to the district level, which is perceived to be the only way to adapt public policy to a diversity of needs in the neighbourhoods, and collaborate with the social organisations, which have shown their strengths during the crisis. Local forums become the new institutional territorial participatory entities wherein citizens, and associations 'have a closer connection' to the government. The local forums get the capacity to: make proposals, collaborate in planning and act as an advisory board which will be consulted in certain decision making processes by the city government to form binding conclusions[7]. In the local forum, each citizen gets one vote, and social organisations two up to four votes, depending on the size of the organisation. A consensus is pursued, but if impossible, a two-third majority should be reached. The Forum is chaired by a president who is a municipal councillor and a vice-president, elected by the Forum. Further development of the decentralisation will be translated in 25% of the municipal budget towards the district level and management competencies.

A.3 In the objective of 'the city which manages with care', administrative decentralization of management capacity towards neighbourhoods and districts is foreseen to ensure better the provision. A formation of public employees about the ethics of care, increases the awareness and responsibilities by the public administration. The participation of social organizations has been defined as 'hybridization'; the "joint work between the administration and the third sector". Although this will be more facilitated in the second part (column B), than having an effect on the configuration of the current public services. Public and private sector, which includes social entities, keep on playing an important role in the provision of care. Private companies can continue to provide services as they have been doing so far. Public management of care services is seen as essential in the care sector, and cannot be totally replaced by empowered citizenship. The municipality is working on a framework for public-social partnerships, which can institutionalize co-management for cession of spaces, investments in social economy, cooperative projects and subsidies for social innovation (G. Morales, personal communication, June 15th 2017). Partnerships will be based on experiments done with the co-management of public spaces (like *Campo de la Cebada* and *Este es una Plaza*). A new council for social economy will be created that has to oversee this process.

[7] The proposals can be submitted through the Decide platform, can form a proposition in the Muncipal Board of the District, or is considered as an advice for different governments. The collaboration takes part in the elaboration of Participative Plans of Territorial Action, collection and analysis of data, creation of Citizens Reports, to evaluate actions which affect the district. Decisions: shall be those agreements whose purpose is to express the binding opinion of the Local Forum when required by an ordinance or regulation.

A.4 The municipal management has a very important role in the provision of care because they really are the ones who are on the street in daily work with neighbours. That's why the plan proposes to strengthen the territories, empowering the citizens because they continue to intervene directly in the neighbourhoods. One of biggest challenges the city faces, is working with the contracts they inherited from the former coalition (F. Sabin, personal communication, June 20th 2017). Due to austerity laws, it is impossible to re-municipalize services. For the services which have been externalized, the agreed contracts will be closely reviewed, to ensure that services are provided respecting decent working conditions for staff in home care, day centres or residences and adjusted to labour law. The current social clauses in public procurement by the city hall and the autonomous organisms in the public sector will be enforced. Social clauses, which are linked to public contracts, are also included in the human rights plan (OE 16.4) in terms of the right to decent cork and adequate working conditions. Since 2016, the clauses are extended by adding requirements of equality between women and men, insertion of people in situation of social exclusion and functional diversity. Thus, the city tries to guarantee the quality and stability employment, improvement of professional training, the safeguarding of occupational safety and health, reconciling family and work life, and the best accessibility of people with functional diversity. For services the administration cannot provide themselves, it is important promote and support social and solidarity economy to provide them. Therefore the Mares project can promote the constitution of these companies. The focus by Mares in this respect lays now on home care assistance. Because of the precarious working conditions of a large group of domestic workers, often informally (G. Morales, personal communication, June 15th 2017). The workers, most often women, work in an informal network, without labour rights. It's an example of the care system in Spain, which is still really dependent on the family network. The home care workers could be joined in workers' cooperatives.

Support of social economy actors which provide care services (See Figure 3, column B)

B.1 Definition of Social Economy, which was set by Law 5/2011 of 29 March 2011:

> "The set of economic and business activities carried out by institutions in the private sector, which pursue a general economic or social interest, or both, and in accordance with the following principles: priority to people and the social objective over capital, turnover obtained from economic activity is reinvested in the social objective or calculated according to the partner's work, commitment to local development, equal opportunities for men and women, social cohesion, the integration of persons at risk of social exclusion, generating stable and quality employment, reconciliation of personal and professional life and sustainability and Independence from the public authorities" (MPDL, quoted in Schneider & Laino, 2014, p. 14).

Other laws concerning the entities of the social economy are formed at the national and regional level. Although, the Spanish constitution recognized the municipal autonomy, following the L Law Regulating the Bases of Local Regime (Law 7/1985, of April 2) and the Law of Capitalidad and Special Regime of Madrid (Law 22/2006, of 4 of July).

B.2 There is a focus on the strengthening social organisations which help in reaching out to less accessible social groups. Next to this, the city will work on the visibility of 'best practices' of care and the promotion of collective forms of care for personal discomforts, like depressions, anxiety, etc. The plan is considered to be an active promotion of the social and solidary economy to include care in the productive system. Therefore it includes the MARES project, which is the main responsible for this objective (G. Morales, personal communication, June 15th 2017). It gives impulse to these initiatives, promote a different kind of economy, and work on the visibility.

B.3 Social cohesion is seen as an important factor for collective (health)care. Therefore, the technical and material support includes firstly the facilitation for the creation of a network between different organizations in the neighbourhood to make them more responsive to local problems, where all possible public and private resources can be utilized. A mapping of different initiatives will be done. This objective includes the creation of spaces in which professionals and community agents can come together to solve problems of the neighbourhood. Above this, greater transparency about the work of the city council should allow more participation. The project MARES creates tools that support the emergence and the survival and maintenance of initiatives; support in registering, feasibility plan, search for funding and different existing subsidies (G. Morales, personal communication, June 15th 2017). One of the four pillars of the project Mares wants to support social economy in the care sector to dignify informal work and to take care of dependent people (elderly and disabled people and children), by creating productive social economy entities that can provide decent working conditions and labour security. Generating employment in care will become more and more important.

B.4 The projects carried out by the care plan are closely linked to the Community Health Centers, and will also work with resources coming from this department of Madrid Health. The government start to subsidize social economy entities. In order to facilitate the capitalization of companies and improve their liquidity, € 1.5 million has been budgeted for the years 2016, 2017 and 2018. In order to facilitate the capitalization of companies and improve their liquidity, € 1.5 million have been budgeted for the years 2016, 2017 and 2018. The city has signed an agreement with five financial institutions (Coop57, Elkargi, Fiare Banca Etica, Laboral Kutxa and Triodos Bank) to ease the access to capital by social economy actors by ensuring favourable loan terms. Extra subsidies are possible for voluntary organisations and organisations that encourage the development of social economy, are also subsidized (e.g. leading organisations of the MARES project).

> "Support should be given as close as possible to the usual life of the client: informal when possible, professional where needed. […] Generalist where possible, specialist where needed" (Gemeente Utrecht, 2015a, p.30).

6. CASE UTRECHT

INTRODUCTION: POLITICAL, ECONOMIC AND SOCIAL CONTEXT

The municipality of Utrecht is a northern Dutch city that, in terms of population (343 134) forms the fourth largest city of the Netherlands (Gemeente Utrecht, 2017). It is the capital of the province of Utrecht and is part of the Randstad, one of largest metropolitan areas in Europe. The city is anticipating on a population increase, which is predicted to transcend 400 000 inhabitants in 2028. However, Utrecht is chosen because of socio-economic challenges it is facing and how this moment in time is important to set the agenda of how solutions will be found.

Already in 2003 the national government introduced a strategic plan 'Other government', which initiates a new role for government and citizens (Ossewaarde, 2007). Followed by an action programme in 2005, with indications how 'decent citizenship' should take form. With the introduction of the Social Support Act (*Wet Maatschappelijke Ondersteuning*) in 2007, which is responsible for dependent people, the welfare state is transformed into a 'participation society', where the government's role is 'not to be leant upon but to support' (Dutch Cabinet, in Ossewaarde, 2007, p.505). It included the governmental provision of household help, housing adjustments, wheelchairs and transport facilities as instrument to support self-reliance. Citizens' initiatives which provide social assistance, social aid and care are promoted following De Bakker *et al.* (2012) to enhance social cohesion and to reduce de reliance on the state in different policy fields. Since January 1st of 2015 the Social Support Act is expanded, with the local government becoming more responsible for the support of people who are no longer self-reliant (Verbeek-Oudijk *et al.*, 2016). The General Health Insurance Act (*Algemene Wet Bijzondere Ziektekosten*) is partly replaced by the Social Support Act and the Health Insurance Act (*Zorgverzekeringswet)*[8]. Intramural care is avoided as much as possible by organizing the provision of care on local, and even neighbourhood level, more adapted to the supply of informal care. The Social Support Act is part of a larger process of government decentralization. Firstly, the Youth Act (*Jeugdwet)* implies that municipalities will organize all kinds of care for youth (for disabled children, children with a severe mental disorder, in

[8] With its introduction in 2006 , the funding for curative care was poured into a regulated market. A competitive health insurers market replaced the National Health Service (Intramural care was transferred to a seperate law) (Veldheer *et al.*, 2012).

need of protection, in need for education aid, etc.). Furthermore, the Participation Act (*Participatiewet)* replaces the former Unemployment Benefits Act (*Bijstandswet)* and regulation concerning social employment which means that the local government is in function to reintegrate people in the labour market. Decentralization goes together with budget cuts by the national government from 15 to 25%, increasing the budgetary pressure on local governments. On top of the greater responsibility in the support of citizens' initiatives within the Social Support Act, the local government has to rely more on the inhabitants. The local government has to ensure that people can keep on living in their own environment, either with the help of own social network and when this insufficient, they must be able to apply for support by the municipality (Rijksoverheid, 2016). Local governments get more freedom in deciding how care is organized. The public sector in the Netherlands is based on public private partnerships with the private non-profit sector, mostly subcontracted. The decentralization doesn't essentially mean that the local government will provide public services themselves, but they become accountable for the subcontracting of (possibly more locally based and smaller) private actors.

Since 2014 the coalition is formed by D66 (social liberal), GroenLinks (green party), VVD (conservative-liberal) and SP (Socialist Party), with the D66 as the biggest party. After the last elections Utrecht introduced a new participation plan 'We make Utrecht together' in which the focus is laid on the support for citizens' initiatives. The second pillar of the Coalition programme is focused on work in which the support of social entrepreneurs is highlighted. In the third pillar 'for a healthy future', the government shows its broad approach to health, in which lifestyle, environmental, work and social network are of major importance (Gemeente Utrecht, 2017). The city government wants to reorganize the (health)care provision to adapt to the new national legislation and takes on the challenge to accustom more to individual needs. Therefore they institutionalized the structure on neighbourhood level where they want to link more informal care to formal care. The manifest of the network of citizens' initiatives in the care/welfare/living domains was partly translated in the new strategic plan of the city about the social brokers (M. Redeman, personal communication, July 10th 2017).

ANALYSIS OF THE CARE POLICY

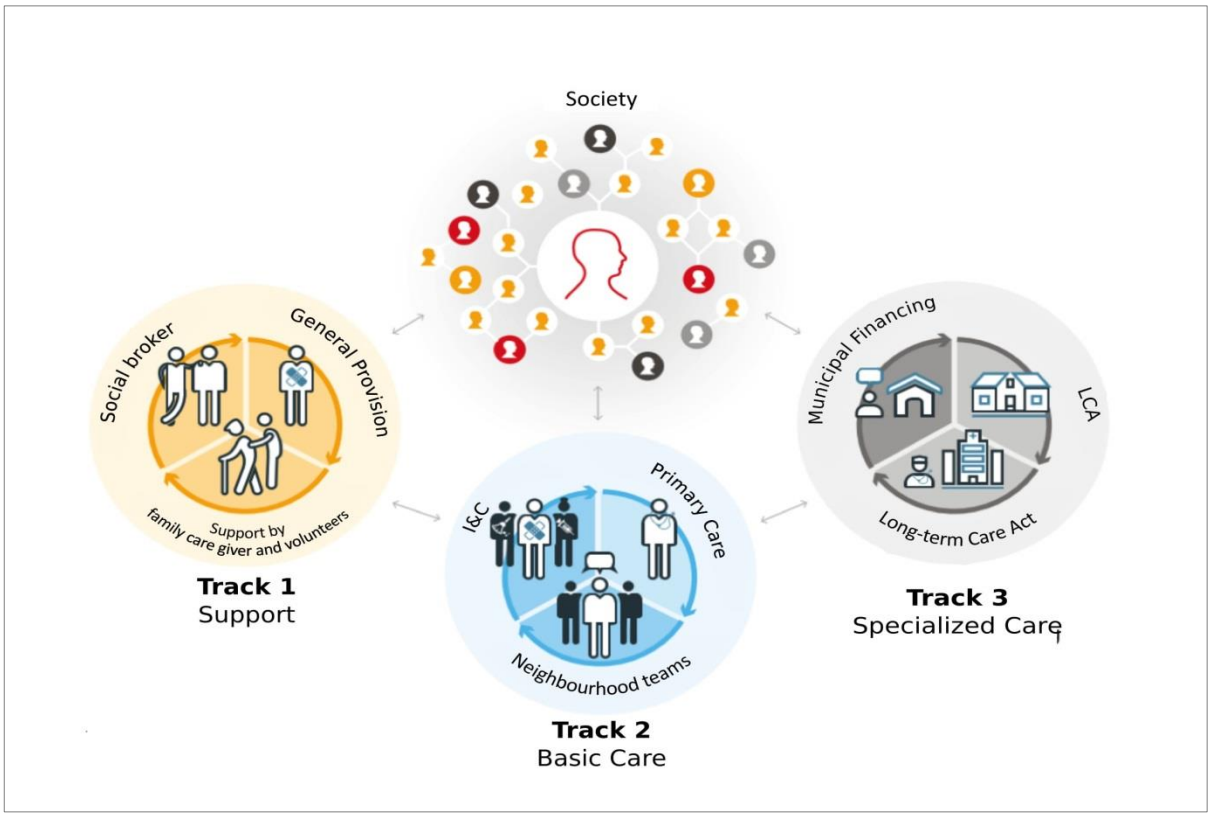
INTRODUCTION IN THE CARE MODEL 'CONNECTING TO THE POWER OF PEOPLE: UTRECHT RENEWS SOCIAL CARE' AND AFFILIATED POLICY DOCUMENTS

The new care system is focused on offering qualitative, accessible care and support, complementary to what people are able of do themselves. It was introduced on the 1st of January 2015 when the decentralization became operational. Nevertheless, the plan and structure is based on years of experimentation and deliberation between different actors in the sector; pilot neighbourhood teams were formed, in line with citizens' initiatives, and were evaluated by the citizens of Utrecht.

In fact, the public administration acknowledges its role as having to solve the problems for the central government and therefore fully supports the decentralization because it is seen as an opportunity to replace an outdated care system that couldn't respond anymore to the growing care demand, because of an ageing population (Gemeente Utrecht, 2014). The system also 'suffered' from secularization and individualization which "made Dutch people behave as a critical 'client' towards the government" (Gemeente Utrecht, 2015a, p.10). The supply got increasingly fragmented and complex with both public and private provision, sectoral division, organized on different territorial scales. All this created a larger distance between the cared-for and the care-giver. In the aftermath of the financial crisis, the old social system was dismissed. Leading principles of the new approach

became: stronger focus on personal capacities instead of problems, leaving space for the professional and a simple and less bureaucratic system. The plan forms the result of a collaboration between partners in domains of care, wellbeing, employment and income and education, with an integrated approach on healthcare, prevention of debts and combating poverty, as result. The neighbourhood forms the centre of the new model (replacing a target group or theme-based approach). Whereas in other municipalities this is executed by the public administration, in Utrecht the neighbourhood teams are executed by independent private organizations, but publicly financed and regulated. With a team of professionals they are the first contact point for the neighbourhood, providing household help, debt relief support, activation, etc.) (see Track 2 in Figure: 4 below). When possible, they forward people to 'support organisations (this ranges from day care facilities, neighbourhood activities organized by a social broker, all kinds of volunteer support but also informal care and self-organized arrangements like care cooperatives) (see Track 1). If needed, they can also refer people to 'specialized care' (general practitioner, nursery, …) and the WMO office (Track 3). The neighbourhood team is also constituted of public employees from the municipal department of Employment and Income, who are in function to activate and reintegrate people in the labour market. The local government takes up a facilitative, directing and organizing role. Although the financial aspects remain a challenge, with a less fragmentary and less bureaucratic approach (less standardized procedures and more personal approach), more responsibility for the citizens and only professional assistance for those who really need it, the city government hopes to work within the limited budget.

Figure: 4 Care Model Utrecht



Source: Gemeente Utrecht, 2015a (own translation)

Techniques of Institutionalization

The analytical scheme (Figure 2) is applied on the Care Plan. For more detailed information about certain strategies and technique the other mentioned plans are consulted (Table 3). The result is shown below in Figure 5. In the next paragraphs the results will be explained.

Table 3 Overview of the analysed plans with its relation to the Care Plan and reference number for the analysis

Strategic plan	Relation to Care Plan	Scheme
Care plan (Gemeente Utrecht, 2015a)	/	P1
Coalition agreement (Gemeente Utrecht, 2014)	Overview of the ambition and strategies of the local government	P2
Other		
Note on voluntary contribution (Gemeente Utrecht, 2015b)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P3
Municipal procurement policy (Gemeente Utrecht, 2015d)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P4
Procurement policy additional care (Gemeente Utrecht, 2015c)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P5
Note on social brokers 2019-2024 (Gemeente Utrecht, 2017)	A more detailed elaboration of (a) certain technique(s) mentioned in the Care Plan	P6

Figure 5: Analytical scheme applied on strategic plans of the Municipality of Utrecht with reference to the plans in Table 3

A. Public sphere

A.1 Recognition of social economy as active agents in the policy

- Co-responsibility with citizens P1/P3
- Importance of voluntary work P3
- Modest role for local government P3

A.2 Involvement of social economy in the design, planning, elaboration and negotiation of (care) policy.

- Elaboration through experiments P1
- City talks P2
- Co-creation of future social brokers P6

A.3 Involvement of social economy actors in the management, supply and monitoring of the care services.

- Structure to facilitate collaboration P1

A.4 Inclusion of social economy in procurement policy

- Basic principles P4
- Social return P4
- One-to-one P4
- Right to challenge P4

B. Private sphere

B.1 Juridical fiscal measures

- Non-profits or cooperatives

B.2 Creation of social acceptance (visibility, research, training, dissemination of knowledge)

- Training and workshops P7

B.3 Material and technical support

- Social brokers P6
- Use of space P3
- Platform Social Impact Factory

B.4 Financial support

- Flexible budget P6
- Viability budget P6

Adaptation of public sector (See Figure 5, column A)

A.1 The public budget for social domain was reduced, and will be even further reduced. In the reform, next to social organisations, companies and education, citizens production and management become even more important. The active civil society in Utrecht is diverse, both in its activities and in its composition. Voluntary work is supported to more easily integrate in the labour market and therefore the group of volunteers also exists out of disadvantaged groups. Especially these groups will need, with the reduced public budget, practical, social and organisational support, to keep the active civil society. On the neighbourhood scale, the social brokers-organization supports citizens' initiatives, and forms together the support part of the new care approach. The municipality argues that when a government takes a more modest role, new forms of active participation will be promoted; like social entrepreneurship, housing cooperatives, etc.

A.2 The details of the care approach were formed through an experimental process of pilot projects, and as such a cooperation between the municipality and the professionals, with evaluation of the clients. They see the new model not as definitive, but as a transition. They organize 'city talks' in function of an evaluation. An entity of representatives (private partners, public employees, active citizens and external advisors) is created that will be a co-producer in the adaptation of the model.

A.3 Co-management is introduced in the way that the local government institutionalized a structure in which care on neighbourhood level is as much as possible a collaboration between citizens' initiatives, volunteering services, municipal services, professionals organisations, and specialists in health care. Care services are limitedly provided by the municipality itself, therefore the public procurement policy is of greater relevance.

A.4 Neighbourhood organisations are subsidized and additional care is delivered through a public procurement. The city also has an agreement with a health insurer to offer health insurance with a discount. The main principles behind public procurement are the following: positive discrimination towards local professionals and on efforts to decrease unemployment, focus on sustainability, open up to innovation. The statement of public procurement policy is based on the Economic Most Advantageous Tender (EMVI) principles, which refers to qualities, other than the price. Furthermore, they try to divide the assignment in smaller parcels, which makes it feasible for smaller companies to apply. If possible, local sourcing is applied. Assignment can be described in function to contract an innovational project. The government works with the concept of social returns, where the contractor can choose between different options to support its application (Contracting of young unemployed, collaboration with social economy actors, connecting to local initiative or sharing of knowledge, expertise and means for general interest). Employment is the most important one, support for a citizens' initiative only counts when the first one is not possible. A public procurement below the European thresholds can be assigned one-to-one, which means that a local initiative or social entrepreneur can be positively discriminated. Above this, for any of the goods and services managed or procured by the municipality, a citizens' initiative can apply to take over, which is called 'the right to challenge' (e.g. management of neighbourhood centre, support for elderly people, ...). When a case is feasible for this, a programme of requests is build up with citizens/client council and the applications evaluated.[9] The execution cost has to be lower than before, and the initiative should be marked as a local initiative. On the other hand, it is the objective of the municipality to give 'more space' to the professionals; more trust, responsibilities in its care activities. These aspects will be

[9] A day care center De Nieuwe Jutter is self-managed by the neighborhood. A bus facility is challenged by a local initiative. And thirdly, the social broker organisation, normally subsidized from the city, was challenged (Gemeente Utrecht, 2017).

evaluated along the satisfaction of the services, the increase of participation and self-reliance of the inhabitants and the financial solidity.

Support of social economy actors which provide care services

B1. The Netherlands is one of the European countries without a clear definition of social enterprise or social economy and without an institutionalized funding scheme. Social economy organisations use the legal form of foundations and associations (non-profits) and (cooperatives) with commercial activities (European Commission, 2015). Their activities cover almost the full range of possible activities within the economy. The welfare state made the non-profit sector more dependent on the state, financially and regulatory. Under influence of the New Public Management, deregulation took place and market working was introduced in the non-profit. Because the state partly withdrew from its financial support, non-profits were obliged to take on a more entrepreneurial approach, also enforced by the increased competition from for-profit companies. This hybrid structure, became in the beginning of the 2000, acknowledged as a social enterprise; "Organizations that operate more and more according to market logics, but at the same time apply their means to serve society". It carries a public accountability. On the other hand there is a movement striving for the social enterprise recognition. Some argue that a legal definition could be used by both. To make it more clear, a social enterprise is a vague semi-public non-profit organisation, whereas a social enterprise is now perceived as an independent (from government) company which is not profit driven and has societal relevance. Although the independence could be questioned when a social enterprise is contracted by a government.

B2. The whole care plan and associated plans are focused on the mobilization of citizens to organize themselves or to support each other, with 'We make Utrecht together'. Training and workshops are organized by the volunteers' office. The municipality wants to be open for citizens' initiatives and therefore wants to decrease the administrative burden.

B3. The role of the social broker exists to support materially and technically citizens' initiatives where possible. Their objective is not creating but facilitating action. Therefore they connect different citizens' initiatives and support them with information about funding and administration. They also forward the initiative to the District Office for funding (Initiatives fund) and the use of spaces from the municipality. Next to this, citizens' initiatives are referred to Platform Social Impact Factory who can help to build up a social enterprise (Gemeente Utrecht, 2017). Utrecht defines Social entrepreneurs as a separate group, companies who find answers for societal challenges (Gemeente Utrecht, 2017). The municipality considers them as essential actors who contribute to creation of employment.

B4. Separate subsidies will be directed to activities and services that follow the objective of the policy. Per neighbourhood a certain amount of m² will be available for cheaper rent, as an indirect subsidy. Next to this, within the social broker organisation, 5-10% of their budget will be directed to the flexible budget, to which citizens' initiatives can apply if they take over responsibilities from the social broker organisation.

7. Comparison

The social and economic value of the social economy is acknowledged by both governments. A comparison can give more insights in the diversity of techniques which are used towards a collectivization of care. The major challenges in both cities are different. In Madrid, social exclusion to care is related to the unregulated informal care, and a modest amount of public and private provision. Austerity measures, and political opposition at the regional level limits the local government in action capacity. The city wants to build up structures for support and strengthen the public. In the Netherlands, care has been abundantly externalized, and rationalized. Quality measures and work-time compression became more important, where the social aspect of care got more and more lost. The care landscape got increasingly fragmented, which made it inaccessible for already disadvantaged social groups. Also in the Utrecht, new accountable structures have to be built and the decentralization has provided the local governments with new public responsibilities.
Yet, the context for the local governance in both cities is dominated by austerity and cutbacks. Both governments felt the budget pressure, which made it impossible to react in a flexible way on the demand of the citizens for care. But the urgency, together with a favourable political context, have created a window of opportunity for the installation of a different care model on the local level, which integrates more actors in the planning and implementation of the care policy.
The care plan in Madrid is designed to complement the work of the Community Health centres by community interventions, and takes on a transversal broad approach to care, in which they have the competences. On the other hand they feel the need to transcend their own responsibilities. For example home care for disabled people is a responsibility of the region, where the budget is what it is and whereas the municipality want to focus on the labour rights of the caretakers, they cannot. Also towards immigrant population they have a limited capacity to take care because their rights to health care are defined by the region. This is in contrast with Utrecht, who got recently more responsibilities, has to reorganize, especially because of expected financial constraints. The municipality sees the decentralization as an opportunity to change an unsustainable care model, but acknowledges the possible difficulties which come with the budget cuts. In both cased the care plan forms an integral approach from the Employment, Health, Social environment and Participation departments. And both municipalities want to install a different organisational structure on neighbourhood level, to be more connected with the citizens, have an increased outreach, more co-production, an a better overview of the locally diverse needs. On the neighbourhood level the neighbourhood councils and local budgets are expected to democratize the public institution.

The governments use a different language in their policy. Whereas Utrecht focuses on self-reliance and concludes quite rationally that citizens have to do more, Madrid wants to start from the power of the people and adapt more to their needs. In a liberalized care system like in the Netherlands, the language which is used includes 'buying care' and 'clients' wherein Madrid they talks about the cared-for and the use of care. Further on, the language of the Municipality of Madrid is based on concepts like the commons, municipalism and communitarian health, which shows their relation to the social movements and their ideology. In Utrecht its policy the language is way more neutral, which is possible linked to its diverse coalition (socialist, greens, liberals). Both make a difference in between citizen's initiatives and social enterprises, where the latter are mostly emphasized in their employment policy. The democratic aspect of the social economy organisations is not mentioned. In the next paragraphs, I will follow the division from the scheme to make a more in depth comparison between the used instruments.

Adaptation of the public care sector

In the new model the local government of Madrid wants to become an active actor and sees its role important to guarantee universal access. In this view it must be taken into account that the welfare model in Spain is based on universal access, but on the other hand, quite limited in terms of public function (importance of the family, etc.). In the Netherlands, a strong public sector is in the last decade withdrawing, with introducing more market working. Utrecht's care model is based on this regulating, and facilitating approach (with a great importance of public procurement). Both governments work on the neighbourhood level to answer on a more differential social needs which characterize them. But it is translated in Madrid by devolving power towards the district level to enforce participation in decision making and to create alliances with social organisations. In Utrecht, the new responsible private care organisations will be divided following the neighbourhoods. The notion of citizenship differs. In Madrid citizens are approached as active political agents, while in Utrecht as active agents. But in both cases, the model of care is seen as an integrated approach for improving healthcare, creation of employment, strengthening of the social tissue, and a more close relation between formal and informal care (although the competence for formal care in Madrid is more limited). The latter is shared in the idea of co-responsibility.
The municipal government of Madrid is limited in reforming the public institution, due to the austerity laws. As such, the new ideas of the coalition, based on social economy and social movement practices, cannot easily be translated in the work of the public employees. The power of the social economy in the public administration, is therefore limited to the participation in the Local Forums. The services which have been externalized, will be revised, and if possibly managed by social economy actors. Social clausulas are inserted. For the creation of decent employment in care, and more democratically managed services, they rely on projects like MARES. Although Utrecht also introduced some participatory processes, especially in the evaluation of the pilot projects, the organisations which manage the public services, are assumed to integrate their clients view on how they work. In the public procurements the social returns opportunities enforce societal engagement from the companies. Also the 'right to challenge' method of Utrecht is ambitious.

Enforcement of social economy in the delivery of care services

Social economy and social enterprises are in both cities regarded as instruments to increase and dignify employment. In Madrid citizens' initiatives are seen as complementary to the public delivery, and is seen as impossible to replace public provision. While in Utrecht, voluntary work forms the basis of the new care model, which should be enforced to reduce the costs of healthcare in general (budget is transferred from additional, specialist care to 'social basis' and 'basic care'. For the municipality of Madrid, care should be more integrated in the productive sector. Next to subsidies to

citizens' initiatives, they want to build up a social economy in the production of services, by creating a council for Social Economy, strengthening the sector with training and workshops. In Utrecht, a local network of citizens' initiatives will be strengthened, and new initiative creation will support by the social brokers organization.

It must be emphasized that in both cases, the implementation of the care model and the newly formed neighbourhood structures (in Madrid based on local forums and the Community Health Centres, in Utrecht with the neighbourhood teams and social broker organisations) is not explicitly supported by an increase of budget (in the case Utrecht, financial support will be directed differently, but decreasing in total). On the other hand, within the municipal budget, Madrid increases the social expenditure, while Utrecht, with limited municipal taxes, depends highly on the national funding, which obliges them to decrease the overall social expenditure. The former one, lacks the competencies to create a transformation over the whole care model, while the latter has the competencies but lacks the budget.

With the recognition of the introduced techniques, an approach of the collectivization of care will be formed in the discussion and conclusion.

> The bottom line is that open democratic deliberation and citizen engagement, while a promising and perhaps necessary road to take in the political-institutional landscape of the new modernity, will be constrained from all sides by the realities of power politics in the liberal constitutionalist state (Hajer, 2003, p. 27).

8. Discussion and Conclusion

Social protection systems are under pressure because of austerity measures. Directed by social policy, the social security, social assistance, public services and labour law are more and more conditioned by a workfare state. A reform is needed to secure re-distributional measures. This thesis focuses on care, because it is a keystone of any social welfare system. Through taxation and social contributions it belongs to all of us[10], and could (should?) be seen as a commons. Socio-political circumstances condition to what extent care can become a commons. This goes beyond merely representative democracy, and emphasizes the importance of the inclusion of citizens in the design, implementation and regulation of our system.

The commoning of care, and commoning in general, cannot be seen apart from the larger redistributing system. Currently, the economic system is questioned and the welfare system and social justice are pursued. Within this debate, this thesis elaborates on the current relation between civil society and the state. It is a topic that deserves more attention. Civil society/the third sector/social economy is celebrated as the contemporary solution to safeguard social security, but it still needs to prove to be more than a new 'Third Way' (and thus, a confirmation of neoliberal logics). In different political discourses, the focus on the enforcement of civil society has regained importance. The potential of the third sector to address problems of social exclusion, has been defined as a neo-communitarian strategy. The different strategies behind these discourses should be analysed and emphasized. Enforcing civil society to empower collective citizenship is clearly something else than an obvious dismantling of public bodies.

In any case, the state remains important to guarantee universal social rights. Social (and financial) capital is not evenly distributed. Social services should be equally accessible and serve the general interest. On the other hand, there is no doubt that governments have their shortcomings in fulfilling their tasks of taking care of the public good.

[10] An argument -not mentioned before- concerns the limits of citizenship, in which migrants and refugees are often excluded, although they form an important part of socially disadvantaged groups. This problem became mostly clear in the case of Madrid, where the municipality wants to strengthen the rights to care for this group, but is unable to do so, since it is a competency of the city (M. Diaz, personal communication, June 10th 2017).

A new imagined welfare model has to respond to inadequate public and market provision of social welfare. I make the normative claim that techniques within public policy should be found and acknowledged in which the access to basic services, is secured today, and in the future. In this sense, the commons introduce a new kind political citizenship. Pivotal is a democratization and, as such, a transformation of public services that incorporates self-governance and self-management. Theory about care and care work ethics show the need to bring care and social support into the collective sphere, in respect for mutuality, the quality of work and the cared for, remaining non-profit and inclusive.

Based on these findings, I propose to define the collectivization of care. Shortly, this means a transition or process in which both aspects of democratic governance and management are introduced in the care sector and redistribution and the security for social rights are secured. Although it could be argued that institutionalization inherently undermines the autonomy of the social economy, I claim it to be necessary to counteract both the highly bureaucratic state (these initiatives anyway have to fit in the system to exist) and the increased state support for the for-profit sector (through deregulation and the current governance model). The case studies in Madrid and Utrecht reveal techniques by which the role of social economy is redefined, and how civil society initiative is facilitated and regulated. Both local governments took the initiative of using the competences they have in transforming the current care model. A collective approach could be imagined with strong and revitalized (in terms of participation) public bodies or a more polycentric way in which services are more organized privately, but where social economy actors are promoted to be doing this. The question is whether an 'active'/activist local government can introduce techniques of collectivization in which a sustainable and accessible care can be pursued, and democratic mechanisms can make sure that precariousness in the care sector can be prevented, following the ethics of care. Can the lessons learned from the (possibly) transformative politics (in terms of care policy) in Madrid and Utrecht help in interpreting state-induced civil society approaches? Can these approaches help to imagine the organization of care going beyond solely state and market (and other micro-scale and anti-state and market entities at the side-line)?

COLLECTIVIZATION VERSUS INDIVIDUALIZATION

Elaborating more on the collectivization of care, could answer the question whether there is a difference between the actual evolution towards a stronger social economy and the highly criticized 'Third Way'. From the literature and the formulated criticisms, the latter is characterized by a process that promotes the 'individualization' of care[11]. In terms of the set objective the differentiation is made between increasing the opportunities for individual choice and equal accessibility, or instead focusing on increasing inclusivity and reaching equality. The objective is also conditioned by proportional public expenditure. Within care policy, the promotion of self-help, an increased social capital and promoted voluntarism, can counter processes of social exclusion. Nevertheless, there is no reason to assume that such care system is *in any case* cheaper than the substituted care system.

The social economy can be merely 'instrumentalised' (carrying the risks and responsibilities), substituting for the public actor who becomes a facilitator in the process. In contradiction to this, in a collectivized approach the social economy is institutionalized, with the public actor as an important

[11] 'Individualisation' doesn't mean that the Third Way political discourse was about individual self-help. But out of the research that has been done about the Third Way can be concluded that, due to the lack of support for collective organisation (financial, legal, etc.), it became very individualized.

partner (keeping public responsibility). Thereby the social economy gets 'reponsibilized' autonomy, or becomes an actor in the deliberation of care policy. This is closely related to the notion of citizenship. Whereas in an individualized approach a conditional welfare ("no rights without responsibilities") is used, in a collectivized idea critical citizenship is promoted. Therefore the individualized approach can be called more depoliticized, where democracy should take place within the private sphere, taking a more pragmatic technical approach.

A collectivization of care emphasizes the connection between the public sector and decent employment. Precarious working conditions are omnipresent within care work and should be actively addressed, with respect for the mutuality between the caregiver and cared-for, and the connection between informal and formal work (less rationalized, work-time controls, bureaucratic administration, etc.). Collectivization of care as alsoimplies an integral or holistic approach – in contradiction to the merely sectorally organized public administration.

The comparison of cases made clear that the municipality of Madrid deliberately chooses for a collectivization of its care policy. Yet, they want to formalize informal work and therefore count more on public accountability than on self-management. Self-governance is more important. Forms of co-management cannot be introduced due to limited freedom of the institution. In public procurement they see the social economy as a way to introduce decent employment and strengthen local economies. Utrecht's policy objectives approximates more the governmentality idea (self-reliance, own responsibility) and follows thereby the national 'participation society' rhetoric. Self-management and self-governance become of major importance, co-management has to be introduced by the private organisations. Although this seems more like a governance-beyond-the-state idea, it is their objective to keep public accountability and above this, follow up the capacity of the neighbourhoods. Nevertheless, the public accountability was reduced in the last decades. Public procurement policy includes social value, but due to the lack of a legal recognition, social enterprises cannot really be involved (in a different way). Both governments take more and more the role of a facilitator, and want to oversee equity in between neighbourhoods. This is done through structural reorganisation, but lacks financial support.

Certain limitations in this analysis should be taken into account. The analysis was based on care policy and not on its implementation. Next to this, there is an incoherence with techniques and criticisms induced from a national Third Way approach, compared with techniques being used at the local level. However, I believe that, within its context, the different rhetoric used within social policy can be valued. Partly related to this, I will elaborate in the next two paragraphs on two assumptions I made that laid the foundations of the case study analysis: the importance of local government and the pivotal role of the social economy in the collectivization of care.

BEYOND THE METROPOLIS[12]

In the case study analysis the care policy was related to the local political, economic and cultural situation in which certain challenges exist, which partly explain the differences. Yet, the size of the public expenditure and the importance of the third sector, should not only be related to recent austerity measures but within the historical background of the welfare state, which has formed the different challenges which exist today, as well as the differing historical strength of the third sector.

[12] Linked to the quote: "If autonomy has any meaning as an anti-capitalist venture, then it must be constructed in-against-and-beyond the metropolis" (Stavrides, 2014, p.549).

The Netherlands and Spain have both been marked as conservative welfare states (Bakaikoa Azurmendi, 2013). Yet, following different researchers, the former is conservative – continental - mainly marked by a strong state presence while Spain is part of conservative-Mediterranean welfare states, which in line with the liberal Anglo-saxon type, leave the full weight of redistribution to the market together with social institutions. This means that the Netherlands is known for a high public expenditure, although with high liberalization in the care sector. The social domain is structured around public private non-profits, financed with public money. In Spain, under the leadership of Franco, a scarce amount of public finance went to social assistance, which was dominated by private institutions like the Church and the Red Cross. Until now, privatization as such has not formed the major challenge, mostly because the limited public provision historically resulted in informal or for-profit care givers.

Forms of care organization are totally different. In Spain informal family-based structures are of major importance in social reproduction. In the context of Madrid, this form of care is seriously challenged, because of increased woman emancipation and a larger number of single-person households. In the Netherlands, the third sector always had an important role to play, but rather complementary. The influence of the market, together with the change in the social demographic structure during the last few decades, challenges the informal structures in Spain; whereas the public private structures in the Netherlands are fundamentally criticized for their unsustainable, and immoral rationalization of care, where efficiency and work-time compression jeopardize quality.

Next to the influence of the evolution of the welfare state, the cities are differentially limited in competences. Whereas the care Plan in Madrid is largely dependent on the public sector, it is already questioned, before it is actually published, by the leading autonomous organism of Madrid Health's department (Madrid Salud) (M. Diaz, personal communication, June 10th 2017). Firstly, the workforce of the Community Health Centres decreased over the last years, as a result of budget cuts (one third of the nursery group was fired). Secondly, austerity law prohibits replacing retiring people. The local government of Utrecht got recently more responsibilities, but these are mainly used to regulate the structure around private organisations.

The local level more and more becomes the arena in which the struggles and attempts for counter-politics are formed (Peck, 2016). Nevertheless, a democratized government will not reach its goal, if it doesn't go beyond the local. The asymmetrical relation between its responsibilities and financial capacity, will possibly further erode the power for action, and as such destruct its attempts to democratize the public administration. Because of the national welfare state background, and the limited capacities, the local government remains dependent on the national state, and other levels of statehood (e.g. IMF in terms of austerity measures). This context will finally have a major influence on the provision and accessibility of care services, and as such on its collectivization.

SOCIAL ECONOMY AT THE HEART

Both Utrecht and Madrid chose the social economy to become the beating heart of the new care system. This assumes the support of its public administration and its citizens, as well as an acknowledged, co-produced role defined by the local government. Next to this, the established configuration of public and private actors and the size of the social should not be forgotten to enforce the collectivization process, although this was not integrated in the thesis. Especially visible in Madrid, it is clear that the public policy of today is the result of a mobilization in the sphere of civil society. But the analysis didn't show how the social economy actors perceive the reform. In the

Netherlands the network of care cooperatives is large, and acknowledged by the local government. This thesis didn't include an ethnographic study of the perception of civil society on the policy measures under study, which would be necessary to interpret the societal support for the policy-making. One of the characteristics of the Third Way revealed a disconnection between the political discourse and the civil society's opinion about their responsibility. This brings us to the main differentiation in between the individualization and collectivization: a laissez faire approach versus active support for collective organisation.

The choice of working around collectivization techniques and not purely on participatory mechanisms in care policy or on co-production of care services, resulted in a broad analysis, which made it impossible to give a detailed technical or an in-depth discourse reflection. On the other hand, it enables a more critical understanding of the broader picture of the intentions and the used language.

CONCLUSIONS

Within the social domain, a stronger civil society, is valued to be essential for improving social cohesion. Therefore, the presence and the increase of citizens' initiatives in a diversity of areas, can only be applauded and supported. They form part of a movement against the privatization of our public realm and corporate power in which economic value outweighs social value. On the other hand, in the context of governance restructuring, the growing importance of the social economy within public policy, referred to as the neo-communitarian strategy, is considered essential to cover the inability of the state and the market to address social needs, flanking the consequences of neoliberalism.

Through this thesis I claim that it is necessary to differentiate within neo-communitarian strategies. Dividing the more collectivist from the individualist approaches on the spectrum has the potential to not only enforce a movement against governmentality but also strengthen the autonomy of the social economy and to protect the accessibility to care (services) now and in the future.

The power of a bottom-up movement and self-sufficiency can be seen as a strength, but within the area of care it is acknowledged to be insufficient to address the social exclusion and inequalities reproduced within the public, private and domestic sphere. Action on different levels is needed, and cooperation even more. The reforms in care policy in both the cities of Madrid and Utrecht were used to 'learn from the practice' how social economy can be institutionalized, providing a 'good fit'. In both cities the focus is laid on further decentralization towards the districts and neighbourhoods, where the balance should be found between the capacity of the social economy and the support it needs to build a care model including both formal and informal care. Therefore, the public institution has to open up for debate, reinventing its political structures and pay attention to the individual vulnerability of the caregiver and cared-for. Social policy reform on local level has to go hand in hand with the a greater movement against national anti-social austerity. If it is widely acknowledged that the welfare state has to be restructured, the belief in economic growth and further retrenchment in public expenditure proven to fail.

These practices should be used to open up a broader societal debate on how social and environmental externalities are offloaded to cities and communities, whereas different levels of statehood ignore their responsibility and further motivate an increased dependency on private actors (Peck,2016). Citizenship should not be misused within the neoliberal anti-social story. The

austerity measures in the social domain in the aftermath of the crisis are a perfect example of this, which will only reproduce and strengthen social inequality.

This thesis could be further supported by mapping the accessibility to care, in terms of cost and provision, to acknowledge which enclosures of the common good have been taken place or have to be prevented and secured. As much as active citizenship is needed, academic research should motivate, inspire and strengthen critical and activist citizenship.

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APPENDIX

SYNTHESISED INTERVIEW TRANSCRIPTS

Information obtained from semi-structured interviews conducted with a three actors in Madrid, involved in the care plan or the project Mares, was needed to understand the context better. The interviews were translated from Spanish to English. In Utrecht, only one interview conducted with the organizer of Healthcare smartening (*Zorgverslimming*) served as an introduction to understand the context. This interview was translated from Dutch to English. All interviews will be introduced in a synthesized version, including only the most important aspects.

A. SYNTHESISED TRANSCRIPT OF INTERVIEW WITH MONICA LOPEZ DIAZ - HEAD OF DEPARTMENT OF STUDIES AND ANALYSIS OF MADRID SALUD, CIVIL SERVANT, COORDINATING CARE PLAN OF MADRID 2016-2019 (PLAN MADRID CIUDAD DE LOS CUIDADOS)

- Cause: New approach to care is needed because of the effects and the situation of vulnerability that were generated because of the crisis, and which are still visible today. We need to take the opportunity to strengthen collective care, that could be organized on a more local and neighborhood scale, because of the diversity in social inequalities between neighborhoods. During the crisis, many associations, linked to the social movements, have been taking collective action in terms of care. One of the main goals of the plan is as such to empower the citizenry, to mobilize for a greater involvement in public policy making and support networks that have been emerging informally (by formalizing them). Another point is, that in our current economic system production is the main element, whereas reproduction seems to be overlooked, which is the essence of life. Care is then essentially required to sustain and ensure this life, and maintain the possibilities for production.
- Objective: Care should become a responsibility of all; often care is something which is kept within the family, mainly provided by women. The care plan puts care in the center of public policies, to not only involve the family environment or the public administration but make it a responsibility of everybody. The local government has established different channels of participation, the goal here essentially is to create openness to the participation of social organizations; which we call hybridization; the joint work between administration and social organizations. On the other hand, social problems cannot be solved through one area of government but often needs a cross sectoral and integral answer. We want to create a participative space where all the areas of government that are involved are invited. Next to hybridization, we want to work transversally. (Also for the design of the plan professionals from all areas of government and the Federación Regional de Asociaciones Vecinales de Madrid (FRAVM)
were represented). For all this we approach care in a broad way, also in terms of equity and social rights.
- Structure: The plan has defined four areas of intervention: 1) the city that takes care of the public space and the life in common (objective: to promote the care of the public space that can become places of encounter and life in common, project: care of the public spaces in the area of

schools); 2) Managing the city carefully (three projects); 3) City sensitive to daily life (three other projects); 4) Incorporate care into the production system (MARES project).

- Organisation: used to be directed straight from the mayor, but due to organizational complexity, directed by the Area of health. Although the project MARES is the only one coordinated by the Area of Economy and Finance, but their care intervention is in co-coordination with the Area of Health.
- Support: The projects which will be carried out of the plan are seen as community interventions, to strengthen the bonds between different actors in the neighborhood. The city offers support by creating this links. When a social organization takes up provision of care, it can get possibly subsidies, but this support is not where the plan is about.
- Participation: In each project is defined which area of the government fits best the coordination. Together with the area of social services, the district members, and the social organisations of the neighborhood try to build up a group which form the public and private resources to respond to a problem. We will try to visualize this, to make sure that resources will not be underutilized.
- Roles: The essence is co-responsibility. Public and private sector, which includes social entities, keep on playing an important role in the provision of care. Private companies can continue to provide services as they have been doing so far. But we want to promote another type of economy, the social and solidarity economy. One of the axes of the plan and that is where it links with the MARES project is to bring care into the productive system in which it is directed to generate other alternative economic forms that have principles of altruism, solidarity, cooperation and decent working conditions. Especially important is to make it possible for companies of the social and solidarity economy to provide some of the services that are needed from the administration. The Mares project can promote the constitution of these companies, which can then legally provide services which are externalized by a public tender.
- Role of the municipality: The municipal management has a very important role in the provision of care because they really are the ones who are on the street in daily work with neighbors. That's why we propose from the plan to strengthen the territories, empowering the citizens because we continue to intervene directly in the neighborhoods.
- Role of citizens: The role for the associations and in general social and solidarity economy in the development of the projects of the plan responds to the philosophy of the co-responsibility and to the believe of empowering the territories by making them active agents. This gained importance does not respond to the types of limitations (see later). The limitations the public administration faces in term of services, cannot be solved individually, through empowerd citizenship.
- Limitations:
    - Working transverally, where we are aiming for. With a city hall for a city as big as Madrid, one area doesn't know what work is done in other areas. To get all that machinery move with time and work under common objectives and get out of the competencies that have stipulated each of the areas of government is a very complex and costly coordination.
    - Difficulty of working with other professionals, like architects for example. A different professional cultures and different terminologies make it difficult to establish some intervention process.
    - Disconnection between de competences of the municipality versus the region. For example home care for disabled people is a responsibility of the region, where the budget is what it is and whereas we want to focus on the labor rights of the care takers, which we cannot.

Also towards immigrant population we have a limited capacity to take care because their rights to health care are defined by the region. There is not always a fluid understanding, because of the different political situation.

- Regarding the national state, the constraints concern a budget issue; currently there is an expenditure ceiling as one of the austerity measures, set after the crisis. One of the effects is a very important limit to the municipality, which concerns the staff. The municipal staff is very old and the replacement after retirement is prohibited by the state. The ambitions we have from for example the Health Area cannot be achieved with the current amount of civil servants and the state budget doesn't allow us to the provison we want either.

B.Synthesized transcript of interview with Guiomar Morales - Project MARES, Coordination of the care axis.

- The project objective is to generate quality, dignified and sustainable employment through solidarity and social economy initiatives. It is an innovatory pilot project, now carried out in only four districts but the goal is scale up to the whole city.
- Each of the areas (energy, recycling, mobility, care) will be focused on in one neighborhood, except for care, which will be promoted in each neighborhood.
- Tradition of cooperatives exists already a long time, but is especially more active in other regions of Spain, like Cataluna. REAS is the organization which unites the social economy initiatives in Madrid. Culture and political support are perceived to have a great impact on the evolution of the social economy. Legislation and financial support are important, as well as e.g. a recognition that social economy actors can apply to a public procurement. The department of *participation territorial y el strategio publico-social* tries to build up this forms of partnerships (see later).
- During the crisis many initiatives emerged which were trying to give a response the very large social and material precariat. The way of organizing, collectively, imaginative and innovative, were the main inspiration from MARES. But it wants to work like an institution which gives impulse to these initiatives, promote a different kind of economy, and work on the visibilisation. Work differently and give a response to the austerity policies that they consider unfair.
- The sectors will be divided into different subsectors in which cooperatives can exist and will be promoted. For care the focus lays now on home care assistance. Because of the precariat in which the domestic workers work; often informally. The workers, most often women don't have any rights. It's an example of the care system in Spain, which is still really dependent on the family network. Different cooperatives are possible. The home care workers could be joined in a workers' cooperatives. But consumer cooperatives are also possible, for example in a medical center. . A subsector of sea of care, is the health from a perspective bio psyco communitarian, the most biological perspective fysica and also emotional; It is an intervention perspective the communitarian feminist. An organization regarding the respect is the cooperative "cos" (Catalan); Is a consumer cooperative, in which we say of a kind of medical center, where they carry out therapies a little more alternatives covered by health, social health. As, very evoked in the promotion of health maintenance. And care for your safety is that the users, what they do is contribute a monthly quota that gives the user the right to the service.

- The project does not financially support the (emergence of) cooperatives. It creates tools that support the emergence and the survival and maintenance of initiatives; support in registering, feasibility plan, search for funding and subsidies which exist.
- Public-social partnerships: Are a strategic, concept of alliance, mutual aid, that initiatives of social and solidarity economy also bring benefits, strengthen the network of public services, bring innovation, take another way to do things, little complement. Little management of public resources, public services, and resources that more than public are common, then civil society through the constitution of economic initiatives of this type can also participate in management. So do not lose this concept universal coverage that guarantee the public sector, another way of forming alliance.When the public-social pact is build up, it will be able to be able to compete in public competitions, to accelerate market blindness, to be able to obtain cession of public resources like soil or spaces, another type of agreement.
- A collective response is needed; not because public professionals do not care out their work in a bad way, but as it is not a political priority, the resources are low. But the response of small organizations is not sufficient; because 1) it is often not universally accessible which is needed and 2) this initiatives exist within certain groups, which more mobilized and where the leisure time allows it.
- The care plan of the city is a strategic overview on the different aspects of care. Whereas Mares is very focused on the part of the economic field and generation of employment. A large part of the care economy is not part of the market. And we need to work together with the public administration to make sure that it remains public, without externalization or privatization.

C.Synthesized transcript of interview with Fernando sabin (translation by Rosa de la Fuente) - member of Reas and member of the Andaira cooperative: one of the organizing cooperatives of MARES.

- Social Economy in Madrid before, during and after the crisis: The social economy has always been a weak sector in Madrid. It was not so developed as in other parts of Spain. But Madrid is a city of services. Social economy is linked to the crisis; it grows in bad economic period, it decreases during good economic periods. During the crisis, there are two main discourses which are produced. One which the institutionalized processes; the system is not able to solve the crisis, roll-back of the state, DIY. The other one is about focusing on developing new possibilities of enterpreneurialism. Between this two ideas, different economic practices were developed; some of them coming from the social movements, as a way of resistance and other ones, linked to communitarian processes. All of them started during the crisis, slowly by 2010 they start to be more relevant. All of them are part of the service sector, which is new compared to before. Social economy players which have the knowledge, social and cultural capital, In context of crisis, they try to break through in this window of opportunity. Before the crisis, those third sector companies were linked to public sector. Because of the externalization of public services, these third sector companies got linked to the public sector. Around 7000 social economy companies are now working in Madrid, and around 6000 are working for the public sector. A lot of them cover social services and get contracted by the city. There are some associations, public and private, so different contractual agreements. The public administration open a call for contracts and the organizations apply and get the money. So there are different ways to be connected to the public administration. The 15M brought a turner point, creating the possibilities of working together and getting more strength among them. Although they are still

weak, there was this kind of networking among different actors. post-15M: In this context consumer cooperatives appear (which was existing before but less), trying to create commons. So social economy actors who try to build commons or respond to citizen needs in a collective and democratic way. A lot of cooperatives exist in the energy, food, financial and cultural field. The consumers are getting more relevance in managing itself in the process of the cooperatives. This communitarian practices, unite different economic transformatory paradigms like feminism and ecology. These discursive practices were a seed bed for the municipalism ideas. Our discourse is really linked to the social movements. On the other hand, we are really present in the public space. And as such, in the moment where communication became important, we had communicative skills to have an impact to support the politics where we linked to. We implemented some innovative formulas like the social currency. The media uses this practices to show a discourse. In the end, in this period between 2007 and 2011, the social economy had some attraction because the economic system was highly questioned. But what was abundantly there, was precarity and a fragile production. This process or cycle, came together with the phenomenon of Podemos. An active presence together with the practices brought forward the political candidates 'of change'. In the cities of change, the councillors are highly linked with solidary economy. In Barcelona, with Ada Colau, they were working in a social research cooperative. In Zaragoza, where the partner of the mayor is the leader of biggest energy cooperative. In Madrid, on another scale, but they are also involved. Three of the councillors also have background in social movements, so like social economia. So the people in the governments are linked with the social economy. As such, the politics they implement, will enforce this type of economy.

- Limitations: this context was bad for the market in general, consumption was decreasing massively. There was no help from the institutions. oriented to individual enterpreneurialism. Social economy could not compete. After the austerity, now, the public sector is pushing the social economy and they are improving the conditions for social economy.
- Advantages : The key is if the public sector is more oriented towards innovational practies, they should look at those social economy cooperatives, because they know how to deal with democracy, with social economy and environment implemented in social policies. The social innovation is not coming from the third sector (normally linked to public sector) which are dealing with social exclusion and more, but new areas of innovation like participation, what public policies need. Now we are working on a plan for the city, reforming the private sectors who provide services, to re-orientate and facilitate them to introduce principles of democracy, equita, equality. To obtain a reform which is not dependent if the political landscape changes or not. (they are already externalized! so working on this third sector) For this plan the city hall opened a call for a new strategic and participatory plan, we won, and the city hall is going to approve the plan. (they are working together on it) It is a plan for 2025. // So, there are three main lines in the plan: the first line is about joining freelancers, collectivize them and the second line is about companies which are going to end, but by supporting them converting the company into cooperatives. The third line is about improve the recognition of the social value of the social economy; introduce a kind of evaluation for a company to look at themselves in terms of democratic process, feminist, in order to give this companies a better consideration of what they are doing, and using it to better attract people.

- Publico-social: -The new city government tries to support what already existed in social economy and support communitarian initiative in de public sector. They signed agreements with REAS, neighborhood organisations. They opened up some budget of €200 000. It is easier to support groups to develop ideas in an agreement way, not to contract the people. The other way is to support the already existing organisations, by giving them spaces. Therefore a new kind of protocol was approved. There is another line; include new ways of management, coming from the commons. Trying to include users and the administration, and create new institutions is hard because of financial and legislative constraints (austerity laws). It is difficult to make a new organisation/foundation, because it is against the legislation. (on the other hand, cooperativize the already externalized entities, is possible when they are autonomous, but not when they are in a contract. And in the end, the relation between the public and this entity is still the same, it is an externalization of the service. The only thing you can do is creating new companies)

For example; the public company EMT, dealing with transport in Madrid, created a new division in the public company for the bikes. In this public company, they could hire more public workers, but they couldn't remunicipalize the previously externalized bike company. Although the city hall is creating participatory processes and reordering the power in the city, but in the economic sector there are not so many changes, less options to create new kind of governance. To introduce new democratic ways of governing is really difficult. We experimenting in different ways this new kinds of governing, but institutionalize them on the moment is really hard, to change what is already happening.

- Everytime they cannot do anything they create something parallel; e.g, the cannot increase the amount of civil servants, then, they contract cooperatives. They want to create new public policies, but they don't have enough civil servants to do it, and they cannot hire more civil servants (national limitation), so they contract services out to this cooperatives, who follow their ideology. The main criticisms on this, is that the municipality is contracting out only to their friends.// But what should they do? It's not possible to open up the discussion about what kind of services we want to deliver: public-private-common. The constraints of the legislation is closing the debate. The administration is blocked to make new social policies and the civil servants which are hired now maybe don't know how to deal with this. The strong hypothesis that we develop in MARES that we can not get in the middle, is that if the policies of change of city model city want to want to pair because there is a business fabric that is acapace to carry is the same without the public depends. The initiative to be able to change to make a city more sustainable, more time-consuming, more amenable, ending a public policy strong consumers more confessed. Private enterprises more capable of developing work and innovation. (What they try to pursue in Mares is trying to incorporate this commoning ideas into the private sector; because also the private sector is building the city.)

- Autonomy versus institutionalization: it is relevant to build a stronger autonomy and create a supporting frame. The same as the policies will try to govern important is to create entrepreneurs able to advance, to evolve, to grow, and that becomes so also in people d change the city, autonomous, sense that models of development, we want the paradigm of proximity has seen us with The energy, entrepreneurship co-products by the consumers has more capacity for development and also of territory in the territory.

D.Synthesized transcript of interview with Marco Redeman - Zorgverslimming (Health care smartening) project in Utrecht

- Why project? Problem with care and well-being. Participation society makes citizens taking up more and more responsibilities. For example, look at the care of severely handicapped children. Professionals need to have all kinds of certificates, but home care relies more and more on the family and the environment. Ultimately, a family member's overload also costs society in the end, in addition to the burden on the family, which is not expressed in costs. We must solve this. And in the neighbourhood, this is the best level to find each other and to clarify those problems, than when a welfare organization or the city would organize a training. The organization is in fact a network of people who organize fairs and trainings. We are in contact with GPs, referring people to us and checking if there are experienced experts in the area.
- Main objective of the project: Connections people in the district, here in Leidsche Rijn. I believe there is a lot of power in the neighbourhood where many people want to do something. Those people I want to gather to see what we can mean in a theme that affects us all, namely care and well-being. Outside the connections there is also a lot of knowledge. And that knowledge is getting lost. A lot of people have to look so alone, get in the wrong boxes, while we can use that knowledge. The main purpose of Care Smartening is: When you need care, you can not only make use of professionals who are there but can also help you close by; in a smarter, more efficient way.
- The organizational form: is a care cooperative. In the long run, we want to go for a member work, but at the moment, it is even more an intermediary between GPs and citizens. This is different from other care cooperatives in the Netherlands, in which effective citizens unite to care for each other. So at the moment there are no services yet, but more a mobilization function to unite people with the same problems, which can not be organized by other actors because they can not reach people. Collaborate more. [dealing with complex system!]
- Other actors: social realtors do welfare work in the neighbourhood, are private actors who work for the municipality. Care Smartening seems similar to other methods. At first we seemed to be competitors, but now we are working together. Ultimately, Care Smartening works as a result of a deficit of their work, which has to do with budget cuts, but also because certain things cannot be done by private actors. We reach other people.
- Causes to project: decentralization of care (youth care and other things went to the municipality). This means new tasks for the municipality. And that was accompanied by childhood diseases. Inequality between municipalities. But also the group of severely handicapped children fell apart. There is therefore a high risk that neighbourhood teams, the municipality and professionals can not ensure that these people get a personal budget and what insurance they can. White spot, and an urgency!
- Many healthcare operations arise in the Netherlands. Also many people who take the initiative to live longer at home and want to make a group like the municipality; can you help us with this? Or an alternative search for old-age houses. In the past we were waiting for the market organized because we are used to this. We have become more and we are asked to do that, so you need to help us to do that! We do not deliver home care or so, we are part of a movement.
- Facilitation of governments:
  - Organizational form: As a resident, you will be seen as a writer / complainant. If you want to organize yourself, they listen to it. But we are not a care organization, so we are in between. In the

past year, I tried to make that position clearer. Money is important because we spend a lot of time there and not just enthusiastic residents, but provide some kind of professional help. It's very complicated to live here, somewhere else I could be hired as an adviser. What is the position of active professional residents.

• Speed and dynamics: The municipal budget system, with subsidies for e.g. informal care, is based on a policy plan last year. That policy plan is based on two years ago, which are the truths of three years ago. That's old news. While this is about urgent matters. The world is changing rapidly. Now, the need for this experiential effort is needed. This is not currently in the municipality's program, maybe within two years, but we are not in a position now. How do you deal with the urgency of now? What may not fit your subsidy pot. They must get used to the speed of the residents.

• Care Smartening must prove to be a reliable partner, but at the same time it should be helped with basic funding. They must be able to see the added value, trust us, not as unfair competition, this is what we all want. How can we connect with what the municipality wants and can take serious assignments.

- The social value may exceed the monetary value.
- Political context; Utrecht is far from participating. City council elections four years ago had the motto 'Utrecht we make together'. I then collaborated with various political parties on how it was seen, cooperation, equivalence, or even partnership on certain themes. More money has been released for this, city talks. Can certainly go further. An equal partnership would be good for Care Smartening. The officials are also excited. So now we are looking what we already do and what can we do and how can we contribute to a common goal? I know only a few other municipalities in the Netherlands who are so busy with participation, in any way, seeking. It's really new, civil budgets and so on those things, more experimenting. For Care Smartening, there are interests from different parts of the municipality and they think constructively.
- Participation in care? I'm trying to figure out where the energy is. Sometimes I am a welfare initiative, sometimes a care initiative, work and income initiative. Everything is ultimately related. Family Care is a policy theme at the municipality. And what we are doing, so they ask them to help. On the other hand, informal care; take care of the doctor, care for each other.

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