

Paper proposal for the 8th ESPAnet Conference 2010, Social Policy and the Global Crisis: Consequences and Responses, Budapest 2-4 September 2010

Ellen Grootegoed, MSc.

PhD Candidate

University of Amsterdam

Amsterdam Institute for Social Science Research (AISSR)

Kloveniersburgwal 48

1012 CX Amsterdam

+31(0)20-5252156

e.m.grootegoed@uva.nl

Stream: **12.2. Local Care Policies and Care Work in Times of Global Crisis**

Abstract

Decentralization is a major characteristic of activation governance wherein a new welfare mix between market, family and state is aimed for. In a time wherein welfare states are experiencing a 'care crisis', local arrangements are preferred over national securities. Herein, municipalities become increasingly responsible for their inhabitants' welfare. In The Netherlands, the introduction of the Social Support Act (SSA or WMO) marks a shift from national to local care responsibilities. Whilst the SSA is based on ideological grounds of community care, financial savings do play a substantial role.

These savings largely result from a shifting private/public balance in the (local) care provision. Informal care is regarded as a main shock absorber for rising care costs. As municipalities do not have the finances to uphold extensive care services – but rather operate on a project basis – care is only directed to those who cannot find aid in their private networks. Care is thus targeted to meet individual circumstances – of which local communities are best informed. As Newman (2007) argues, tailor-made services imply a match between local services and individual care needs. As such, individuals can no longer demand care on basis of a 'category' of people to which they belong – and hence care rights are replaced by care favors.

In this paper, in-depth interviews of 30 care dependents that are subject to decentralization of care tasks will be used to analyze the ways care needs are reframed in six Dutch municipalities. In The Netherlands, 60.000 care dependents have recently been confronted with the shift from a national health care system (Exceptional Medical Expenses Act – EMEA or AWBZ) to the local SSA. Their collective entitlements to support and activating guidance have been replaced by a local 'compensation duty' to cover for their care needs. These respondents undergo the transition from old to new forms of service delivery and can provide insight into the mechanisms of the decentralization of care service delivery.