

Paper to be presented at the ESPAnet 2010 Conference
Social Policy and the Global Crisis: Consequences and Responses
Budapest 2-4, September 2010
Stream: Public Futures
Convenors: John Clarke and Janet Newman

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Local welfare governance and informal care: fragmentation and new inequalities

Introduction

In this article we study local welfare governance (LWG) from the perspective of informal carers. The concept of LWG provides a new theoretical and empirical framework through which to evaluate the reorganization of service provision at the local level of municipalities in Finland. Public service provision has given way to new ways of financing and producing care services. The lines between private and public providers and responsibilities are shifting. This trajectory shapes and frames both public policies and everyday practices of care in Finland and other part of Europe (Anttonen & Häikiö 2010; Pfau-Effinger & Geissler 2005; Ungerson & Yeandle 2007; Vabø 2006).

The governance framework makes it possible to look at the general transition from 'government to governance' as Rhodes (1996) terms it, and the more context-bound change taking place in service provision in Finland, whose social policy systems have relied on the principle of universalism. Universalism refers to equal access, uniformity of service provision and to social rights citizens have received to certain services (Anttonen 2002). The concept of LWG refers to the multiple systems and logics behind welfare production and thus extends the traditional understanding of what is called the 'local welfare state' (Kröger 1997). In this article LWG serves firstly as a theoretical framework to analyse informal care provision at local level, and secondly, as an analytical model through which it is possible to interpret informal carers' conceptions of LWG. So far citizens' views have remained little unexplored in governance theory, even if there is a widespread debate on horizontal and self-governance that has prepared the ground for citizens to become involved in policymaking and governing practices (Clarke & Newman 2007; Evers 2005; Warren 2009).

Studies on citizens' perspectives are however critical for understanding the dynamic of the LWG and its consequences for society at large. In addition, current welfare reforms try to enhance the self-governing capacities of individuals and communities (Daly 2003). Informal care is a field where self-governance oriented citizen's involvement is important. Informal carers attach different meanings to social care (policies) than for instance do care managers and other professionals (Kremer 2004).

We are interested to some extent in the governance structures and practices that shape individual agency and the choices made in relation to social care. Our main interest is in how informal carers encounter local welfare governance. We ask how informal carers cope with changing governance structures, particularly those managed by the municipality. Informal care given in the homes of aged people has become a major political objective strongly supported by public authorities and decision-makers in Finland, but also by informal family carers and older people themselves.

The article is divided into three parts. The first discusses concepts and approaches with reference to governance theory. Publicly recognized and financially subsidized informal care exemplifies very well the transition that has paved the way from hierarchical state driven service provision to mixed governance (Bode 2006). The second part of the article is based on interview data gathered from informal carers. We look at carers' views on LWG and investigate their coping strategies in the changed situation. The third part presents the main conclusions and discusses how new governance structures and practices challenge the idea of Nordic universalism.

Rationales of local welfare governance

The concept of LWG is here applied to diverse logics and rationales of organizing and providing social care. Knowing that governance theory refers to a large number of different debates and research traditions (Kooiman 1999; Pierre 1999), we need to define what LWG means in this article and why we use the concept. Does it bring some additional value compared to other concepts reflecting the complexity of modern societies and their social policy systems? Some scholars use the notion of welfare mix to refer to the same type of complexities (Evers 2005; Miller 2004). They both use same kind of languages finding answers to how welfare is produced in complex societies, how to solve social political problems and to meet citizens' basic needs and what kind of new opportunities are created for and by citizens.

We use here the well-known premise that the state, civil society and market have their own specific governing and organizing rationales. Table 1 presents the sets of rationales that characterize the three spheres of activity in an ideal-typical way. Organizing principles, governing methods, coordination mechanisms and citizens' positions differ between the state, civil society and market domains. Hierarchies being constituent parts of organizing activities within and by the state rely on command and control rules, such as laws and regulations (Burau et al. 2007). Most scholars define civil society through networks based on trust and mutual support (Rhodes 1996). Markets in turn are coordinated by money, competition rules and choice.

Table 1. Logics and rationales of state, civil society and market.

Logics of governance	Organizing principle	Governing method	Coordination mechanisms	Citizens' position
State	Hierarchies	Administrative and political power	Command and control	Political citizen/client
Civil society	Networks	Norms	Trust and support	Social citizen
Market	Markets	Money	Competition and choice	Consumer

This model helps to illustrate that informal carers have and assume different positions within LWG. It is, however, noteworthy that the rationales of state, civil society and market co-exist and intersect with each other. Anttonen and Häikiö (2010) show that in Finland elder care consists of a combination of public, civic, private and market based activities shaped by different governing principles. Equally, LWG is not about hierarchy, networks or markets but a configuration that innovatively combines these distinct logics (Newman 2001; Bode & Firbank 2009). New emerging structures do not necessarily replace old ones but various tensions may arise between new, innovative and more traditional structures and practices and between opposing rationales implemented side-by-side (Häikiö 2007).

Specific governing and organizing rationales assign individuals specific positions. Citizen and consumer, for example, are positions that differ from each other and construct distinguishable relationships and identities for people (Clarke et al. 2007). As Clarke and others argue, 'the citizen' is a political and 'the consumer' an economic construction: they co-exist as two key figures in liberal capital democracies. These figures refer to different aspects of LWG. Horizontal networks are empowering for citizens compared to positions they have in hierarchical and bureaucratic networks. Strong emphasis on consumerism however might lead to the individualization of responsibility and choice.

Payments for care schemes that reinforce both informal care and utilisation of market solutions provide an illustrative example for this article to evaluate these rationales of LWG.

Previous studies show that individuals combine various logics of governance as informal carers (Burau et al. 2007) and that people as citizens, clients, and consumers do act innovatively and utilize state or market based governance structures, also for their own purposes (Newman & Kuhlmann 2007; Bolzan & Gale 2002). This is particularly the case when new support systems such as market-like governance structures are brought into being. Informal carers have to use different coping strategies for dealing with changing LWG structures. In the analysis we utilize the distinction proposed by Dahl (2009). She identifies between three types of strategies, those of negotiation, protest and resignation, in her study of professional care workers who tried to cope with new market-based structures.

The overall discussion on governance rationales proposes that universal principles and politics have to be rearticulated in relation to more fragmented structures and individualized positions offered to citizens and occupied by them. The system of payments for informal care represents an important policy alternative to public care service provision that in turn has been closely linked to the promotion of equality between citizens. We ask, if new inequalities are emerging due to changes in structures and new positions offered to citizens within LWG.

The Finnish municipalities: from providers to purchasers

In Finland, the municipality is of crucial importance for informal carers, because most social services are produced and mainly financed within the local sphere of authority. The Finnish municipalities are political and administrative units with autonomy to organize and govern their activities, even though the state sets the frames through its legislative power (Kettunen 2006; Burau & Kröger 2004). Since the 1990s, legislative reforms have increased local autonomy. Some reform oriented municipalities have taken advantage of such new opportunities, while others have retained traditional ways of producing services. In general, the Finnish LWG model is characterised by wide local variation, however, most of the recent reforms have applied market-based governance rationales.

The informal carers, whose interviews are analysed for this study, lived in an urban area representing one of the most reform intensive regions in Finland. The biggest city in the region, Tampere, has implemented a fairly strongly market oriented management model:

The reform is based on developing municipal service provision, improving efficiency and looking for new solutions, either by making better use of existing markets or by generating new ones. (...) In January 2003 the City Council accepted new principles for the municipality's corporate structure and management, aiming at a more diverse mix of service provision, improved channels of civic participation, reasserted political decision-making and stable conditions for strategic management. (The new management model for the City of Tampere.)

Since 2007, the purchaser-provider model has been implemented throughout the municipal administration, but the emphasis has been on service provision, which by far outweighs all other tasks of the local authority (Häikiö 2010). Like many other Finnish municipalities, the city of Tampere is becoming a purchaser of social services, outsourcing some parts of service provision to the market and networks. Market mechanisms are novel instruments to take care of public responsibilities for citizens with care needs. These changes emphasise markets as an effective regulatory system in society and private companies as key providers of services. Public service provision, like civil society based care activities, is transformed into market like systems or replaced with market competition. In addition, the negotiation system used earlier with civil society associations (see Burau & Kröger 2004) and political steering of public service provision have been replaced by competition rules and market contracts. It should be stressed that in Finland the importance of civil society based service provision has a long tradition in elder care policies (Kröger, Anttonen & Sipilä 2003).

Services for the elderly have been one of the major fields of reorganization. Local policy discourse, in accordance with national policy discourse on elder care, underwent thorough overhauls in the 2000s. As Anttonen and Häikiö (2010) demonstrate, rights-centred policy discourse has increasingly given way to responsibility-centred discourse. The former one was embedded in the language of social citizenship and universalism, while the latter draws on the vocabulary of active citizenship. According to the rights-centred discourse public authorities bear the main responsibility for meeting citizens' basic needs. Citizens for their part are entitled, for instance, to care services, but also bear many, often hidden, responsibilities. In the responsibility-centred discourse independent living at home, self-help and personal resources have become key words connecting the idea of responsibility to individuals instead of local authorities or other collectives. Besides individuals, social networks and communities have also been given a new value so that they now represent both new resources and new modes of participation.

In practice, the legal responsibility for meeting citizens' care needs is still in the hands of public authorities and municipalities (Anttonen & Häikiö 2010). Yet the idea of public responsibility has become rearticulated. In the elder care context public responsibility now refers to enabling social policy measures. Choice has become an important overarching goal: to make choice entails information on different care arrangements (new information centres have been created), cash for care, proxy money and tax reductions have been introduced on a wider scale, there are tighter means and needs tests to allocate public service only to those with extensive care needs, service fees have gone up so that not all citizens can afford to use them. Senior citizens are extensively encouraged to use market-based solutions instead of public solutions. In 2010 the city of Tampere was one of the first municipalities in Finland to introduce a very extensive voucher system for its residents to purchase social and health care services from private providers.

Interpreting informal carers conceptions of LWG

It is justifiable to argue that a discursive and practical change has taken place in LWG in Finland, particularly in the Tampere region, in relation to care policies for older people. To understand citizens' relations and positions in the LWG domains, we focus on informal carers' experiences and conceptions. We analyse interview data collected in Tampere region in 2006. At that time, elder care policies already had some market orientation and the share of public finances had been reduced, even if major structural reforms emphasising market mechanisms were mostly in the planning stage.

The data consists of 23 in-depth interviews with informal carers. Roughly half of them were supported financially or otherwise for their care work by the municipality. All of them were members of carers' associations, meaning that carers have identified themselves as 'service providers' or co-producers of care services. Fourteen care-givers were female and nine were male. The age of the carers varied between 41 and 83 years, and most of them were spouses. In the open-ended, partly biographical interviews the carers were asked to describe the overall caring situation as freely as possible, the care given and needed, the services and benefits used and how content they were with the present situation.

We analysed interviews at two levels, those of structures and practices. We wanted to know what positions and relations informal carers expressed in their comments in relation to LWG. They did not use governance language as such but made several references to state, market and civil society related and interrelated activities and rationales. To understand informal carers' coping strategies within the changed governance structure we pay a special attention to

care arrangements and practices in which the municipality is involved. These kinds of practices manifest rearticulation of universal principles of elder care policies.

How do informal carers position themselves in relation to LWG?

Informal carers constitute an ideal group of service users for assessing local welfare governance. The notion of informal carer refers here to a family carer who may or may not be supported financially or otherwise by local government. Informal carers position is at the very interface of changing relations and responsibilities of public and private spheres. Informal carers assume different positions in relation to LWG; they all however positioned themselves at the very centre of care production when describing their roles as informal carers.

The carers interviewed did indeed identify and position themselves within a governance type of environment when they reported the ways they organized and used services, negotiated with different authorities and tried to find solutions to difficult situations. The fragmented and complex structure positioned informal carers in the way the two following extracts illustrate:

Well I got this paper from the supervisor of home and informal care (a municipal worker) where they gave the, like, what you pay and where you can contact. And then she's underlined something in it... she said that you can try there. (Female carer, interview 8.)

Now I'm supposed to call every place in the third sector, start to find out if they have this and if they have that.

Interviewer: So it was too spread out?

It's completely spread out. And they just think up these projects. A best I counted that in elderly care in Tampere they've got 17 projects at one time. (Male carer, interview 33.)

The ongoing reorganization positions carers as individual designers in the production and management processes of social care (Newman et al. 2008). For the carers there are different domains where they have to act and behind these domains they identify different logics based on intersectional rationales of control, support and choice. As two of the informal carers describe above, they now have the responsibility for finding suitable services from the 'list' of potential providers. This means that informal carers identify their position as service producers and users in the context of mixed governance even though the role of the public authorities is crucial for framing informal care

It is not surprising that in the Finnish type of welfare society most informal carers regarded local government and public service providers as key actors within LWG. The relation between informal carers and municipality includes the idea of public responsibility for social support, as one male carer phrased it:

I was thinking about the support and assistance, where it comes from and it's still from the municipality. (Male carer, interview 22.)

The male carer above, similar to other informal carers, referred in his interview also to changes and tensions occurring in care management. Even if the municipality was expected to be the first one to help, the rearticulation of public responsibility and the fragmentation of local service provision were identified by informal carers. This kind of fragmented structure creates new alternatives and spaces for other local actors. Important parties alongside the local government based agencies in social care were family networks, civil society organisations (particularly carers' associations), and to some extent also private service providers (Anttonen & Häikiö 2010). Often carers however had difficulties in decoupling public, market and civil society based providers:

It's a sheltered accommodation facility... one where there are old people living and where there are all the services... it might be just some enterprise, or then a non-profit organization... with the municipality involved.. it's most likely made up of something like that. (Female carer, interview 26.)

The mixed and blurred relations between public, private and civil society become very concrete in the way this informal carer tried to define where her spouse goes from time to time for respite care. There was much this kind of confusion among informal carers, when informal carers define their positions and relations with other local actors. In spite of the variety of different service providers and other actors in the field, informal carers regarded the municipality as something that frames and shapes informal care and also the very concrete world of caring.

Negotiation and protest: Coping with individualized care responsibility

As illustrated above, when considering the LWG structure from the perspective of informal carers, we can talk about blurred activities and responsibilities that combine (often invisibly) various principles and forms of governance. The consequence is that LWG is far from being a coherent system. Such a framework with shifting organizing principles, relationships and positions at its best supports individuals in their concrete care responsibilities and at its worst leaves them high and dry with the same responsibilities. In the following section we turn to

this dilemma manifesting inequalities in the LWG context by focusing on the coping strategies that informal carers had adopted for dealing with municipalities as key actors in care provision. Firstly, we concentrate on strategies of negotiation and protest, because they reflect analogously new inequalities that are emerging.

Negotiation was often the carers' preferred strategy when they identified new needs to be met or problems with daily care situations. As a coping strategy, negotiation emphasises co-operation with authorities and other service providers. The following excerpt is typical:

Interviewer: If you have a trick situation, whom do you contact?

Well of course it depends on what sort of a situation it is... At one time – in the early days - I used to contact the social worker at the health centre. (..) And through her an awful lot of things got taken care of, and now again everything to do with the home help workers, for example, and that sort of thing, well then I contact, in the council chambers there's this informal care unit where you can work it out

Interviewer: And then you have this, what was it, this care and support plan?

Yeah, it's done again once a year. (Female carer, interview 26)

Institutionalized negotiations are used, for instance, to work for signing a contract between the informal carer and the local authorities. Negotiations entail certain procedures: in the extract the carer above specifies that she meets home care workers once a year to review the contract. The contract defines the responsibilities of family members and possible service providers (Valokivi & Zechner 2009), however, the prime responsibility for care rests with the informal carer. Through such negotiations public authorities are defined as controllers of (scarce) resources. There are also informal negotiations that are based on mutual interaction and trust, not on legal obligations or money. Through these negotiations home care workers are defined as co-producers and supporters, and practical helpers in "a trick situation".

There are considerable differences between carers' capacity to take an active position in social care (Valokivi 2004). Some care-givers have extensive resources for negotiating and making demands, while others are in a very vulnerable position and just surviving in their everyday life situations. These differences between carers emerged as they described informal, sometimes also formal, negotiations with public authorities or other service providers and their chances to challenge these authorities and their decisions.

Informal negotiations and protests are coping strategies available specifically to those endowed with personal resources and contacts. Some carers had ample information, were able to make contacts, and wrote effective texts and complaints. They were even able to challenge public authorities and their decisions in individual cases, as one male carer describes:

The applications went to the informal carer support office. And back they came like a boomerang that there's no more money. (...) Then I sent great bunches of letters and questions to three city managers. I bombarded them until he (the city manager) took water in. (...) I have learned in six years. At first I waited, but nobody helped. Then was time to start bawling and shouting, then things started to happen. (...) (The city manager) called the informal carer support office to give them enough money that it would shut them up. (...) That all of a sudden the money was found. (Male carer, interview 35.)

The example illustrates how protest can be an effective channel for exerting influence. In a democracy there is room for protesting agency but as Eriksen and Weigård (2000, 27) has noted, they are often "those individuals or groups who are particularly affected by a certain decision who are allowed to express their views, and who are granted the opportunity to put forward their own demands...thus these interests retain a private nature". The example above also helps us to understand that LWG may create new inequalities as those with resources may use their capacities to have their individual needs met, but those whose resources are limited cannot act in the same active manner. Often the latter were those whose care load is very heavy and sometimes their personal health was very poor. There are resource-rich and resource-poor citizens, whose voices are differently heard and whose needs become differently met.

Resignation: Exit from local welfare governance

The third coping strategy, resignation, supports the view that new inequalities are emerging and that the informal and market based LWG structure is fertile ground in which new types of inequalities can breed. In our data the carers with insufficient financial and social resources used this strategy with the effect that they disengaged from care services. Against the background of traditions of Nordic universalism, astonishing examples are to be seen in the cases of resignation causing exit from public service provision (Egger de Campo 2007), as public care services earlier have served to ensure equality between all citizens regardless of their economic or social position.

One older spouse taking care of her husband could not use services that are in principle available for all. She also described how care responsibilities were distributed between her, the care professionals and other family members:

Well then the home health nurse said that if there's something let them know (..) That they's see to it. So it's their job to see to it then.

Interviewer: So that the children don't need to?

Not the children. They couldn't and they wouldn't have the time, no.

Interviewer: There was no need for the others to think about it.

No need to think about it that the home health nurses would then (take care of it LH and AA), and then there's papers come by the bundle. There's where there's be a chance but when I don't have the money to pay for them. Because there's always a part to be paid. (Female carer, interview 14)

On the one hand, this carer says that the public sector workers are willing to carry out their responsibility, on the other hand she does not have the money to pay the part she ought to pay. Resignation means that some carers cannot use services they are entitled to by law. Public services are not free of charge and an increasing amount of the total cost is put onto service users (Anttonen 2009). LWG and the mixed economy of care further increase totally private responsibilities in elder care, because the new fragmented structure effectively causes both non-use and underuse of services.

The same is largely true regarding the emerging, publicly subsidized care service markets. Proxy money, various kinds of service vouchers, created a situation where some of the carers interviewed refused to turn to the market when in need of extra help even if this decision led to a huge burden of care. The positions of the 'citizen-consumer' (Clarke 2006) and the client-consumer actively offered to informal carers are problematic because public care managers actually define the scope of choices available. Informal carers are invited to take the consumer position but in practice they find themselves in a client position with new financial and purchaser responsibilities.

Together the three coping strategies of negotiation, protest and resignation frame individual self-governing capacities and care agencies in the fragmented context of LWG. When informal carers opt for exit from public and market-based services, one important consequence is that care remains a private matter that belongs within the sphere of family. Such practice is embedded in something other than universal social citizenship. The new consumer ideology allocates "unequal redistribution of the social and cultural resources that enable and empower choice" (Clarke et al. 2007). There are informal carers who can derive benefit from the new fragmented governance structure, but most of them cannot.

Conclusion

In this article we approached local welfare governance from the vantage point of informal carers. We paid special attention to their interpretations of LWG as it appears in their everyday care practices and to the ways carers cope with that structure when discharging their care responsibilities.

The concept of local welfare governance is useful in analysing such a diverse phenomenon as informal care that has moved in the centre of care policies. Informal care also represents neatly self-governing of citizens: it is an activity through which it is possible to evaluate what active citizenship in practice means and what kind of tensions it contains. It also makes it possible to pay attention to coping strategies in relation to LWG.

As Sipilä, Anttonen and Kröger (2009) have shown since the 1990s Finnish care policies have been strongly influenced by marketisation and informalisation of social care. These processes weaken the principle of universalism. Against this background it is legitimate to argue that local welfare governance serves as an important theoretical framework to analyse and explain changes and tensions embedded in the transitional policies.

The main result of our analysis is that LWG is a fragmented and complex field of domains and activities that give rise to new inequalities between informal carers as service users and care producers. These inequalities arise because social care provision and partly also the management of informal care are defined to belong to the private sphere of family responsibility and individuals are encouraged and indeed compelled to use their personal resources to gain support for informal care work, and finally because individual autonomy materializes in terms of individual choice. One consequence is that those who have more social, political and economic resources receive more support than those with fewer resources. While citizens' (individualized) positions in LWG are widely accepted by politicians and professionals, informal carers' social rights are undermined as they cannot afford to make the choice to purchase social care services. The strong emphasis on individual choice challenges the personal autonomy gained through universal service provision. Universal principles and politics have not been rearticulated to support equality between citizens, but to support individual activity.

Inequalities are attributed to the existing and steadily increasing social and economic differences between people in Finland, but reorganized LWG increases these differences rather than reduces them. It is worth to remind that the multiple relations informal carers had within LWG provided them also with support, information and practical help. In this article however we have paid

attention to 'consumer' and 'client' positions that turned out to be problematic for informal carers. Very few informal carers were able to act as consumers and active citizens using their autonomy within LWG; most of them had major difficulties in struggling with the complexity and fragmented nature of the new mode of governance. They find it difficult to reconcile the position of citizen with the position of consumer; and the position of consumer with the position of client. Equally, interfaces with hierarchies, networks and markets seemed to be confusing for them. Those in vulnerable positions had serious difficulties in sustaining their frail autonomy through the highly individualized world of choice and responsibility for care.

All these findings are worth further research as universalism has provided a dominant frame for Finnish social policy with its strong commitment to equality and social integration. Informal care supported in the local governance structure is in need of a major reform. On the basis of this study, the new inequalities partly caused by the LWG could be avoided through a stronger commitment to collective responsibility and management of social care, by securing basic social rights for all informal carers, and by empowering the choices available to individuals beyond the market. All this requires collective action and participation by informal carers.

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