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Care and Home Support Services and the Social and Solidarity Economy

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Abstract

In many countries, the social and solidarity economy (SSE) takes a major role in the field of home support services for people with disabilities, alongside the public, private and domestic (family caregivers, friends or family members) sectors. This participation of different service providers manifests in a variety of welfare mixes in different countries. Research demonstrates that the SSE falls within hybrid models of policy and resources, within which it is considered either as a service subcontractor in a competitive (co-production) context, or as an actor participating in the co-construction of these services within a collaborative and partner-based framework. In these diverse regimes of service provision, SSE acts as an intermediary between the supply and demand for these services that contributes to the emergence of social innovations. Many of these innovations are made in the dimension of an ethics of care, encouraging the recognition of the skills needed for care work, which are often underappreciated and carried out primarily by women for the benefit of dependent people.

Keywords

welfare mix; ethics of care; hybridization; home support services; dependent people; social innovation

Introduction

The field of home support service provision has seen considerable growth over the past few decades due to aging populations in the Global North, deinstitutionalization of people with physical or cognitive disabilities (Lenzi 2014), and demands brought by the Independent Living Movement that favour keeping individuals within their home communities. The expansion of these services was accompanied by a renewed interest from public authorities - originating in the 1990s - in certain components of the social and solidarity economy (SSE) that had historically developed expertise in responding to the needs of these populations, often as a result of the initial influence of charitable or religious organizations (Jetté and Vaillancourt 2011) (see the entries “SSE and social service sector” and “SSE and social policy”). Over time, home care activities diversified in multiple territories and regions, occupying an increasingly important space in the production of these services, whether in terms of home cleaning and maintenance, meal preparation, bodily hygiene, supervision, accompaniment, paratransit, friendly visits, respite care for loved ones, or advocacy. The SSE’s diverse components (associations, community organizations and cooperatives) working in this field have also gained new recognition, despite the existence of certain ambiguities.

1. Welfare mix and SSE in personal services for people with disabilities

Increasing reliance on the SSE for the provision of personal services for people with disabilities has coincided with a questioning of the welfare state and a new sharing of responsibilities between the public, private, SSE and domestic (family, friends, family caregivers) sectors (Vaillancourt and Jetté 1997). Two dynamics also contributed to shaping the SSE’s trajectory during the 2000s. The first, a liberatory dynamic, as previously mentioned, was brought by the Independent Living Movement, and relayed by a fringe of the feminist movement, through demands supported by an ethics of care in favour of developing and recognizing jobs held primarily by women (in particular, elder care, care for people with disabilities, and childcare). The second, a dynamic with a more strategic target, was inspired by a neo-classical current in economics emphasizing government budget rationalizations, lifting the fiscal burden from the shoulders of individuals and businesses, and reducing public services in favour of the private market and the family. In some cases, the force of this dynamic, associated with neoliberalism, led to a strong push for privatization and the creation of (quasi-market) competition between different service providers, both in the Americas (Leduc-Browne 2003) and in Europe (Kendall 2001).

Many refer to these new social protection systems as ‘welfare mix’, as they leave more space not only for competitive dynamics and lucrative private sector stakeholders but also for stakeholders from the associative, domestic and public sectors influencing aspects of financing, regulation and services (Evers and Laville 2004). These actors mobilize a mix of transactional (contributions and fees), redistributive (public financing) and reciprocal (donations, activism and volunteering) resources for the benefit of people with disabilities.

This welfare mix takes different forms based on the country of implementation, evolving according to two differentiated visions of developing services for people who are losing their autonomy (also see the entries “Social policy and SSE” and “Social service and SSE”). In the first case, it may have served as a veil for commodification and privatization strategies, in which SSE organizations are prioritized primarily due to their low cost of service production, cheap labour, and ability to mobilize volunteer resources. Meanwhile, in the second case, this welfare mix takes inspiration from a more participatory and democratic approach within a

plural economy that falls under a perspective of social innovation, decommodification and co-construction of policies and services (Jetté, Vaillancourt and Bergeron-Gaudin 2012). This second vision involves respecting organizations' autonomy (rather than their framework under a centralized body or subordination to management principles such as New Public Management) to allow for the development of new practices adapted to the specific realities and needs of people, territories and communities; recognition and appreciation for expertise from different careers and professions working in the field of care; and recognition of the importance of their contribution in a more general sense. It also involves participation from the SSE, not only in terms of generating services in a simple co-production relationship (contractualization, outsourcing or subcontracting) but also one of co-construction: developing programs and policies that provide guidelines for these services as part of collaborative and partner-based entities with other stakeholders (the State, users, private businesses, independent contractors, SSE organizations and enterprises, caregivers) (Vaillancourt 2012) (see the entry “ Partnership and Co-construction and SSE”).

At a more local or organizational, and thereby micro-sociological level, this plural economy recalls the notion of multi-stakeholders heralded by the presence of a diversity of actors on the Boards of Directors and other avenues for participation in organizations and businesses. It follows that general interests are best served, and the balance of power is best assured within an organization if all of the people and groups affected by the production of goods or services are represented within it. Social and solidarity economy organizations and enterprises (SSEOs) are especially well-suited for applications of this multi-stakeholder principle, as the legal frameworks related to the associative or cooperative movements already accommodate this type of participation. For example, an SSE organization or enterprise working on home support services could have seats on its Board of Directors for representatives from categories such as service users, family caregivers, home health aides, and community members from the area where the organization operates. Decisions made pertaining to the organization's orientations or management become the subject of tripartite or even multi-party discussions that allow for each stakeholder to express their concerns and interests. Production and consumption relationships are then articulated according to a variety of configurations involving demand for, and supply of, home services as part of a process that seeks a satisfying conclusion for all parties. Certainly, these participation mechanisms don't shield SSEOs from power struggles or a preponderance of a certain category of stakeholder to the detriment of others, especially in questions of funding, but they do allow for statutory representation of all parties involved in the services (Vaillancourt, Aubry and Jetté 2003).

2. Hybridization of organizational and institutional formats

The question of funding raises important issues for the SSE in the field of home support services (see the entry “Financing for SSE”). Whether its origins are in the public, philanthropic, insurance or private sectors, this funding and its related conditions introduce dynamics that can, in some cases, appear unusual compared to those that define the organizational and operational models used in SSE, such as a non-profit nature, solidarity, proximity, participation and innovation. They can therefore lead to phenomena of institutional isomorphisms within organizations (DiMaggio and Powell 1983), meaning a propensity for organizations to duplicate modes of operation, governance or management based on principles from an actor, or group of actors, that are exercising domination and structuring a field of activity. While this tendency has been observed in the home support services provided by the SSE in some territories, given the central role frequently played by the public and private sectors in the funding and regulation of these services—their influence being able to introduce regulations that are competitive or technocratic in nature and interfere

with its social and democratic ultimate goals—it remains true that the SSE rarely permits itself to be completely absorbed by an institutional environment that it is not familiar with (Jetté and Vaillancourt 2011).

The reality on the ground suggests a hybridization of governance regimes in home support services based on national territory (Quebec, United Kingdom, Belgium, France, and Italy) and further within these territories at a national, regional and local level, meaning a combination of actors, public policies, funding and interactions from competitive and partner-based regimes that call for a diversity of service providers (Lévesque and Thiry 2008). While researchers remain critical of the true ability of SSE to extend its principles of social profitability and economic viability to the full gamut of programs and policies in the field of personal services for people losing autonomy, they generally agree that, due to its more participatory and democratic visions, SSE has the capacity to enable optimised socio-economic development and innovation both for service users and service providers (Laville and Nyssens 2001).

The SSE also assumes a specific intermediary role between the supply and demand for services, distinguishing it from the roles of the public and private sectors, who tend to structure their service programming based on technocratic or economic viability norms (Petrella 2012). Of course, these norms could be justified in terms of optimal informational conditions and user-adaptation capabilities, but their strict application has led to exclusion of those whose social, financial, physical or cognitive conditions do not match up to the programmed service offered by the public or private sectors. As for the SSE, it tends to construct its activities from a bottom-up model, starting by jointly constructing the supply and the demand in a manner that centres on the needs of people with disabilities. This philosophy of action - inherited in part from a long pragmatic tradition that has its roots in the Americas - manifests in outreach work that is adapted to their rhythms and the specific conditions of their environments. This helps centre interventions on the abilities of the person rather than on their functional limitations. When developing services, by including contributions from those who use these services, practices can be adjusted for the individuals' specific needs, especially for people who are living alone, isolated, marginalized or especially vulnerable (Le Goff 2013).

This approach has led to several social innovations, as the SSE is often called to meet needs that are not met by the public or private sectors. Whether in terms of information, orientation, personalized support, collective outreach or developing new partnerships on the ground between stakeholders affected by home services (whether public, private or associative), SSE actors bridge the divide between individuals and the resources that can meet their needs. These social innovations may be considered radical in the sense that they provide new approaches in an activity sector. For example, the “Initiatives de travail de milieu auprès des aînés en situation de vulnérabilité (ITMAV)” developed by the Quebec Association of Senior Centres took the form of outreach activities that aimed to directly contact vulnerable seniors in their familiar environments (apartments, parks, malls, etc.), creating a bond of trust to identify their needs in terms of quality of life, whether referring them to appropriate resources, providing information on government assistance, providing individual support, providing training on new technology, organizing parties, advocating, and so on (QASC 2012). Social innovations can also be of a more incremental nature when they improve on processes already in place. This is the case with the Société coopérative d'intérêt collectif (SCIC) in Versailles, France, which helps facilitate transitions for seniors between different types of services (housing services, nursing care, day centres, home services, support from

loved ones, etc.) or the Quebec-based community organization Carpe Diem that encourages developing alternative approaches for those living with Alzheimer's disease (Gil and Poirier 2018).

These examples of social innovations illustrate an effort of organizational and institutional hybridization that nonetheless raises questions pertaining to funding, management and working conditions (Thériault and Vaillancourt 2021). Indeed, some SSEOs in the field of home support services have complex funding landscapes including government subsidies, user contributions, and financial resources from foundations. Frequently this is accompanied by volunteer and independent contractor management. In the latter case, these local and regional organizations act as brokers for users who have been provided with vouchers, often by a public administrative body, that can be used to partially or fully pay for expenses relating to some home care services. This formula initially developed for people with physical disabilities, has been extended over time to include seniors who are losing autonomy. Its advantages include a great degree of flexibility in terms of service scheduling and duration (day, evening or night), the type of work performed (housekeeping, hygiene, meal preparation, supervision, etc.) and the choice of the service provider. Disabled persons' associations have long considered this formula to be an essential condition for their autonomy and continued presence in the community. However, its limitations identified (among others, the feminist and labour movements) include poor wages for workers (frequently women), atypical work hours, and weighty administrative components of the work. SSEOs that work with people with disabilities are therefore evolving in a complex institutional environment, faced, on one hand, with contradictory tensions within its diverse components, and, on the other, the powerful attraction of the private sector model and the ponderous inertia of public regulations.

3. Ethics of care and home services

In this regard, studies conducted in France and Quebec demonstrate, among other findings, the importance of the relational aspect of these services and workers' mastery of tasks and behaviours that suggest an emotional involvement that supports the expression of an ethics of care (Lenzi and Jetté 2020). This ethics of care is defined as "species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web." (Tronto 2010, 160). In home support services, it refers to a wide range of "caring for" activities that are largely occupied by women on a basis of diverse professional backgrounds, but also through experienced knowledge acquired from their personal trajectories and socialization that brought them to care for dependent people. Poorly recognized and often underappreciated in society at a symbolic, professional, and financial level, these jobs (whose necessity was thrown into sharp relief by the COVID-19 pandemic) play a crucial role in ensuring that people losing autonomy can remain in their homes. The SSE occupies a leading position in this activity sector bringing together a collection of "small jobs", with diverse qualifications to be gained both on an experiential and a professional training basis. These roles include home health aides, health and social services aides, family caregivers, and so on. It contributes to making these tasks - which are often associated with unpaid work, due to being traditionally assimilated with domestic labour enacted by women - more visible. Running counter to this essentialist vision of specific social roles for men and women, some components of the SSE will provide a framework for such careers, giving the recognition needed to create an activity sector that finds a new legitimacy within the interdependent links that connect every member of society.

It's in this same vein that the SSE plays a leading role in gathering, accompanying, and supporting family caregivers. These individuals — partners, parents, friends, loved ones — themselves provide, without pay (or in return for a modest compensation), a major proportion of the services needed to ensure that people with disabilities can stay in their homes. These individuals are regularly called upon by governments, who may be struggling with the explosion of costs related to growth in demand for social and health services, and have only recently garnered the attention of social and health authorities. Their contributions to keeping people losing autonomy in their homes having been considered a given in a context of domestic reciprocity that, once again, refers back to the unpaid labour traditionally delegated to women (Petiau and Rist 2019). Several associations, community organizations, cooperatives and foundations in multiple countries have arranged to bring together these family caregivers, defend their rights, advocate for the recognition of their contribution to keeping people with disabilities in their communities, and provide them with respite measures.

Conclusion

The SSE plays a crucial role at the intersection of different activity sectors and in the implementation of tools for support and accompaniment that meet the needs of people losing autonomy. Its non-profit nature, its roots within the communities which it serves, its permeability to the specific situations of certain groups of people, and its capacity for the mobilization of transactional and non-transactional resources make it an especially well-adapted actor for meeting the needs of individuals who are vulnerable or have vulnerabilities on a physical or cognitive level. Such individuals may experience conditions that are far from ideal for confronting the competitive dynamics that regulate consumer choices for goods and services in other activity sectors. The primary challenges of the SSE remain, at the economic level, the mobilization of sufficient financial and material resources to carry out the mission that it shares with the public and private sectors, without compromising on working conditions. On a socio-political level, it must provide itself with the means to preserve its organizational and institutional autonomy and participate in a broader recognition of the labour of care for people with disabilities in a context where the costs of these services are still far too often considered an unproductive expense, rather than an investment in the common good.

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