P146 / Thinking the role of the 'community' in care policies

Topic : Governance, Policy Networks and Coalition

Chair : Alice Picard (Ecole des hautes études en santé publique)

Second Chair : Alexandra Charette (Concordia University)

Third Chair : Catherine Needham (University of Birmingham)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Care research still approaches the ‘community’ as a loosely defined category (Haubner and van Dyk 2021). This panel addresses the ways in which public policies, at every level of government, practically shape the boundaries of the ‘community’, determine its resources, and ascribe specific roles to it. Teppo Kröger (2026) recently called to speak of a ‘care square’ rather than a ‘care diamond’ (Razavi 2007). The latter concept was itself brought into welfare research to overcome the limits of the welfare triangle (Esping-Andersen 1990) that includes only three provider sectors: the family, the state and the market. The ‘community’ also plays an important role — albeit less documented — in national welfare mixes (Evers 1990). It is now established that the for-profit and non-profit sectors, the state and the family are intertwined and interdependent in highly complex ways. To account for this reality, Evers et al. (1994) proposed replacing the triangle with a ‘welfare diamond’ composed of the family, the state, the market, and the ‘voluntary sector’. Against the idea that the ‘community’ only borrows its logics from the state or the market, Jenson (2015) has strongly argued in favor of a four-cornered model. It was the application of the welfare diamond concept to care research (Razavi 2007; Ochiai 2009) that led to the ‘care diamond’ model.

From one author to the other, the community has different boundaries and scopes. Ochiai (2009, 63) has defined the community as ‘various relationships that are informal but not between relatives’. Tingvold and Førland (2021, 158) have underlined that ‘third associations’ not only provide professional care services but also organize voluntary work, that is, ‘unpaid contributions that are given without reward or compensation that benefit individuals or groups outside family and close friends’. Moreover, there have been very few attempts at conceptualizing the community’s role in the provision of welfare (Mumtaz and Kihner 2025) or care (Ochiai 2009). By contrast, the three corners and axes of the traditional welfare triangle have been extensively described and analyzed, for instance through concepts such as marketisation (Mitton 2009), commodification (Esping-Andersen 1990; Bertrand and Panitch 2024), familization, defamilization and refamilization (Kroger 2011) or the construction of regime typologies (Leitner 2003; Bettio and Plantenga 2004; Geissler and Pfau-Effinger 2005; Le Bihan et al. 2013; Saraceno 2016). Whereas the role of policies has been extensively documented when it comes to marketization familization and the welfare state retrenchment (Pierson 1994), the dynamics of the community in care policies must be considered as a major research gap. This panel is designed as an opportunity to address it.

The panel welcomes papers on a wide range of care policies and drawing on a diversity of frameworks, methodologies and types of data. Comparative analyses and attempts at typologies will be particularly appreciated, but the organizers encourage all types of contributions.

CALL FOR PAPERS

This panel seeks contributions focused on community and care policies along the following themes:

1) How do care policies in general or a specific subset of them contribute to the overall shape of the care square? It is necessary to think about the community in a relational manner to the other three corners of the model: the state, the market and the family. How do national arrangements evolve over time and how can we build international comparisons?

2) How do public policies shape the ‘community’ boundaries? This includes, for instance, policy discourse analyses exploring the different meanings assigned to ‘community’. Is the approach primarily territorial, serving as a coordination instrument including civil society at the local level? Is community solely synonymous with de-institutionalization or has it given way to a range of policies actively structuring a powerful sector?

3) How do public policies and their instrumentation define the role ascribed to the community? This includes looking at the perception — and consequently construction — of the non-profit sector as a provider of cheaper labor, or even unpaid work when it relies primarily on volunteer work. Are advocacy and

campaigning overall an afterthought of policy-making? Do public policies actively promote or stifle the advent of a care democracy?

4) How is ‘community’ mobilized in capitalist welfare regimes and how can we understand it through policy analysis? This includes studies of community logics and dynamics, demonstrating how the community tends to substitute for public services or struggles to compete with the for-profit sector. How do public policies interact with historical resources built by the third sector?

5) What are the preferred funding instruments deployed by central and local governments? What are their impacts on the community sector? This includes repercussions on the workforce, territorial inequalities in terms of charities geographical location, dynamics of concentration in the sector, trends in creation and closure of community organizations.

6) How does the community fit in with policy networks at national and local levels? Are there formal policy instruments organizing its participation in policy-making? How influential is the community on the actual content of care policies?

Please note that this is not an exhaustive list and that contributions fitting within the overall theme the panel are welcomed.