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The varieties of multi-level governance systems in long term care: opportunities and risks

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A Multiscalar Comparative Method for the Analysis of Long term Care Reforms

This paper argues that the rescaling of welfare state policies, which has intensified over the past few decades, challenges most comparative designs usually used for the comparison of social policies. In this paper, we propose an original comparative approach that aims at addressing these challenges. Our comparative design is based on the combination of three methodological choices. The first one is to opt for *local case studies* as the relevant unit and level of observation. The second is *comparison in context*, which focuses on the analysis of the embeddedness of the various local cases in power relations with other policy scales. The third one is the *comparison of configurations of processes*, which consists in focusing on the processes of policy change. This structural, dynamic analytical grid is combined and applied to local case studies in three European countries – Germany, Scotland, Switzerland – to facilitate comparative research on domiciliary care for the elderly.

Rescaling dynamics such as decentralization and privatization (Kazepov, 2010), and more broadly, the quasi generalization of multi-level and network types of governance have transformed welfare policies in the Western world. According to Yuri Kazepov, rescaling is both a process of decentralization and a form of privatization of social policies (Kazepov, 2010). We propose to elaborate on the distinction he draws between *vertical* processes of rescaling – centre-periphery dynamics – and *horizontal* ones – based on the repartition of welfare tasks among various social instances such as the market, the state, the family or other forms of solidarity such as the associative ones. First, we think that beyond decentralization, all kinds of *vertical* dynamics – regionalization such as Europeanization, globalization, centralization, secession, etc. – are worth being considered as important forms of rescaling. Second, we argue that beyond privatization, there are

several forms of re-allocation of welfare tasks amongst society's various social bodies, such as the market, the state, the family, or the third sector. Familiarization, involvement of "primary communities" or the creation of mixed systems of financing, organization, service delivery, are for instance important *horizontal* forms of welfare state rescaling. Those processes of horizontal rescaling relate to the idea of a welfare society or a Welfare mix (Evers 1990).

Those processes re-organize the ascription of relevant policy mechanisms to specific policy scales. We define policy scales as spaces of social interactions relevant during the policy-making process. Rescaling processes not only affect the power relations between polities and among organized actors, but also affect the boundaries of the constituencies attached to these polities and actors. Traditional comparative schemes have mostly focused on the national scale, on a clear scalar hierarchy that regularly puts the nation state at the top of the hierarchy and have taken the independence of the units of analysis for granted. Rescaling dynamics precisely challenge those traits of the comparative methods as they have been applied to the comparative analysis of the welfare state. We think that more complex and differentiated comparative configurations have to be developed nowadays.

In order to move from a comparative analysis of the challenges posed by the rescaling of welfare arrangements, to an effort to address those challenges, we propose to proceed in four complementary steps. First, we begin with an analysis of the plurality of the rescaling processes in social policy domains and of the way in which those processes challenge traditional comparative methods. Second, we will develop an alternative comparative method based on local case studies, on comparison in context and on the analysis of configurations of processes. We will try to demonstrate how this method addresses most of the challenges to the comparative method discussed in the previous part. Third, we will apply our combined-method, which is primarily based on case studies, to recent results comparing reforms in domiciliary home-care policies for the elderly in three European countries: Germany, Scotland and Switzerland. Finally, in conclusion, we shall assess the added value of our methodological perspective.

1. Plurality of social policy rescaling dynamics and the comparative methods

Beyond the debates of the 1990's about the retrenchment of the welfare state (Pierson 1994), or more recent analysis of the emergence of new issues in social policies such as "new social risks" (Taylor-Goobie, 2004; Bonoli, 2007) or the "social investment state" (Morel, Palme, Palier, 2011), relatively little comparative literature has been dedicated to the impact of rescaling processes on the welfare state. The role of nationwide European welfare systems had been emphasized in foundational comparative literature about social policy, as national welfare systems are considered to have played a key role in the development of the national integration of the nation-states (for instance Flora, Alber, 1981). From this founding tradition, national institutional space, as well as the social policies organized at this institutional level, have largely dominated the field of comparative analysis of the welfare state. Functionalist approaches (for instance Wilensky, 1971), approaches in terms of power resources (Korpi, 1974; Esping-Andersen, 1990), and

institutionalist approaches (Weir, Skocpol, 1983) all focus on variables on the national level. Functionalists look at the national trajectories of development of “national” socioeconomic systems; specialists of the power resource approach focus on power relations in national spaces; and of course, institutionalists are mostly only interested in the way nationally organized actors interact with national institutions. Those nationally located dependent variables are dedicated to providing explanations about trajectories of development and about the evolution of national welfare state systems. The great influence of Gøsta Esping-Andersen’s clearly nation-centred typology has further nurtured this focus. In all of those dominant approaches to the welfare state, the most important elements of the policy process are assimilated with the national policy scale, including the formulation of the public problem, the decision-making process in its various dimensions, the choice of the policy instruments, the financing, and sometimes even the steering of implementation. In this context, regional as well as local policy scales only deal with the implementation of social policy schemes.

Today, the specificity of local dynamics, the importance of centre-periphery cleavages between regions, cultures [linguistic or religious groups], or the high diversity within national welfare states are no longer considered as mere secondary characteristics of welfare states but as key dimensions for comparative social-policy research (see for instance Cattacin & Lucas 1999, Ferrera, 2005). It is now widely accepted that most countries have embarked upon important rescaling movements – most of the time involving decentralization and privatization – of their social policy action since the 1980’s (Kazepov, 2010). However, from a medium-term perspective (and not a long-term perspective), most national welfare systems have already undergone, over the decades, many waves of widely varying forms of rescaling (see for instance de Swaan, 1995). Without even attempting to make sense of this historical diversity, it is important to provide an analytical overview of the diversity of those dynamics in the context of this paper. Furthermore, it is necessary to provide an analytical overview of those various dynamics in order to capture how they challenge the traditional, nationally centred comparative tradition.

Vertical rescaling processes

At first sight, the vertical processes of rescaling are the ones that most challenge the national comparative methodology. Those are processes of centralization, decentralization, transformation of federal arrangements, secession, regionalization – as for instance in the case of the European Union – or processes related to globalization.

Centralization refers to the transfer of welfare state tasks to the central state. Historically mostly related to the constitution and modernization of the contemporary nation-state, the nation has remained in most Western countries a key space of redistribution of wealth (Rosanvallon, 2011). Furthermore, according to Maurizio Ferrera, the historical national trajectory of the nation states explains to a large extent the structural logics of contemporary welfare states. In his view, only the protestant homogeneous Scandinavian countries could develop universal national welfare communities. All continental countries divided by religious

tensions or secular/religious ones had to set up national welfare systems organized around those cleavages or around professional structures (Ferrera, 2005).

Decentralization has been a key transformation of Western welfare states in the last decades (Kazepov, 2010). United-Kingdom, Italy, Spain, France as well as Sweden are some key examples. In some cases, decentralization concerns the ability to decide about policies – in Spain or the UK for instance. In other cases, it is rather the financing that is decentralized. This is for instance the case in the Italian health insurance system. In still other cases, only the steering and the implementation of centrally designed and financed policy schemes get decentralized, which is for instance the case in most decentralized social policy schemes in France. Research results about decentralization are very contrasted. Some research shows evidence of a trend toward increased diversification of welfare provisions, while other research points to the emergence of a race “to the middle” resulting from most decentralized powers trying to meet the same criteria (Dupuy, 2012).

A distinction needs to be made between processes of *decentralization* and processes of *secession*. In Québec or in Scotland, regional governments have explicitly used their competencies in the domain of social policies for the purpose of demonstrating that their national or regional culture and society stand for specific values and should get even more autonomy so that this specificity can be more concretely expressed (Béland, Lecours, 2008; Mooney, Wright, 2009).

In *federal* systems, the tension between unity and diversity is inherent. There is nonetheless huge variety among federal systems (Obinger, Leibfried, Castles, 2005). The argument according to which federalism actually hinders the development of solidarity and consequently of federal welfare systems (Bertozzi, Bonoli, 2006) is opposed by the idea that the strong autonomy enjoyed by the states / provinces / cantons / Länder, etc. enables them to experiment and consequently to prove the importance of specific social policy programs, which fosters the advancement of the welfare state.

Lastly, there are processes of supranational rescaling. First, *regionalization* processes such as the Europeanization processes are as well related to important uncertainty and controversies. On the one hand, neo-culturalist approaches have been used to argue that the Europeanization process in the domain of social policy is blocked by the incapacity to create a common space for debate and even more by the lack of a real space of mutual comprehension at European level about social policy (Barbier, 2013). However, other analyses insist on the importance of Europeanization mechanisms that both relate to a form of solidarity among countries – such as regional and structural funds – as well as to granting European citizens with a new level of social rights (Börner, 2013). Aimed at easing the free movement of persons within the European space, such regionalization facilitates the homogenization of social services throughout Europe. It is also now widely accepted that the European agenda of activation launched in the context of the Lisbon Summit has had considerable impact in terms of reframing important social-policy goals in most member states (Bothfeld, Betzelt, 2014).

At a more global level, there is a recently increased tendency to *globalization* of social policies both in terms of objectives and instruments. After decades – 1990’s and 2000’s – of domination of the liberal agenda, powerful international / global institutions such as the IMF, the WB, the WHO, the UN, etc. are now advocating an agenda of “adjustment with human face” (Jenson, 2010). Promoting concrete goals

such as health, education, minimal income, and relying principally on conditional transfer as a policy instrument, these new policies are fostering ideas of social investment in the Global South.

These various processes of vertical rescaling demonstrate the importance of policy scales in contemporary policy-making in the domain of social policy. Various key elements of the policy process – decision making, financing, steering, implementation – are now almost never all located at the same policy scale. In most cases key attributions are now distributed at varied policy scales and are in some cases shared by different policy scales. Some of these various configurations will be illustrated by our case studies about domiciliary long-term care.

Horizontal rescaling processes

Beyond the differentiation of vertical policy scales, various forms of horizontal rescaling are important as well. This horizontal dimension concerns primarily the public/private boundary in welfare arrangements. There are at least two important dimensions to this public/private boundary. The first involves the public-problem formulation process. Public problems define what the whole policy should be about, what the aims of the policy program should be, what actors the various policies should target, etc. In all processes of public problem definition, the positioning of the public/private boundary is an important issue. The respective roles of the state regarding a public problem is defined in relation with the responsibilities granted to the market, the family, primary communities, associations, etc. (Jenson, 1997). The second dimension of the public/private boundary goes to the institutionalized dimension of social policy. More precisely, this dimension is about the concrete aspects of policy-making, i.e. the concrete decision-making process and the various steps toward implementation.

As for the first dimension, which is centred on the formulation of public problem, the importance of the state's role in most traditional welfare state arrangements was related to state institutional structure (often centralized) but was also coherent with the idea that the core of social policy is about making people independent from the market – as popularized by the concept of decommodification. According to the classical power-resource approach, the influence of the labour movement on this initial framing of the welfare state is a key factor. Facing sickness, unemployment, or aging, people are to be released from the labour market and to that end, the responsibility of the state was demanded. In this context, familialization of most activities of care was considered as being a consequence of the gendered division of social tasks, in accordance with the male-breadwinner model (Lewis, 1992). However, in contemporary debates, social policy is also very much about making people independent from their family, ascendants / descendants or spouses – as in defamilialization. The influence of new social movement, but particularly, of feminist movements has been strong on that matter. As demonstrated by Mary Daly and Jane Lewis (2000), the aspects of the welfare state relating to decommodification rather point to the importance of cash transfers and tend to dissimulate the role of gender in social protection matters. Women being the first providers of familialized welfare, the focus on familialization/defamilialization dynamics draws attention to the gender dimension

of the welfare state. From this perspective, participation in the labour market is rather seen as a form of emancipation from care tasks to which women are traditionally assigned. The priority given to labour market participation of both sexes in policy discourses from the mid-1990's on (see for instance European Union, 2005) has reinforced the defamilialization role of the welfare state.

Secondly, the institutionalizing dimension of the welfare state is related to the concrete elements, or the "out-put dimension" (Scharpf, 1999), of the policy process. We have to deal here less with general formulations about what the main goals of social policy are and who should be primarily responsible for them, than with concrete action, whether it be decision-making, financing, organizing, or implementing. Aside from the state's direct role in deciding upon, financing and implementing welfare programs, the market, non-profit associations and the family are also important private providers of welfare. Adalbert Evers has already demonstrated, in the early 1990's, how the interactions between the state and private actors are complex in the domain of institutionalized social policy (Evers, 1990). Beyond privatization – which remains a fuzzy concept that can denote the transfer of social responsibility of financing, or merely of implementation to the market, there are various types of cooperation between public and private actors. In the German tradition for instance, an important share of all welfare tasks is delegated to the Wohlfahrtsverbände, which are a series of huge associations related to the Catholic and Protestant churches, as well as to the labour movement. Explicitly, this is a form of delegation of public tasks to associative actors. But those Verbände/associations have become, through decades of close interaction with the state, quasi-public actors, the bulk of whose financing is public, even if their governance structure is still private. As illustrated in that example, the public/private boundary is often unclear. Consequently, the wave of recent privatization identified in the literature (Kazepov, 2010) might be considered with some precaution. However, under the influence of the New Public Management discourse, public, private, associative or mixed services have all undergone in most European countries an important move towards the organization and the management style of private companies, demonstrating the influence of the private frame in the domain of social policy (Evers, 2005).

The trend toward the defamilialization of care responsibilities that is now framed as being congruent with the increased obligation faced by women to be on the labour market has of course had consequences on the concrete dimensions of horizontal rescaling. There are in that respect various possible horizontal rescaling possibilities. In some countries such as France and the Scandinavian countries, the care tasks have been transferred for decades from private households to mostly public financing and providers. In countries that have embarked more recently on a process of defamilialization of care tasks such as Germany, the implication of private actors is more important than in the previous cases.

Horizontal rescaling processes are usually related to vertical ones. The upwards rescaling represented by the growing influence from the 1990's of international/global organizations, is often associated with the importance of horizontal rescaling towards the private sphere. As an influential international actor on socioeconomic issues, the OECD has clearly pushed for increased competition among social policy providers, specifically in the domain of employment policies

(OECD, 2000). More generally, “(...) nationally oriented systems of welfare policy formation are unevenly giving way to a combination of local program innovations; transnational policy narratives; and the proliferation of portable, technocratic policy tools that are designed to achieve ‘reform at a distance’ within a neoliberalized environment” (Peck, 2002: 331). The double entanglement of policy scales and of elements of the policy process has been spelled out in this first part. In all countries, neither the framing nor the concrete social policy-making are being centered on any one single policy scale. Supranational influences associated with the regionalization and globalization of policy systems as well as infranational ones resulting from decentralization tendencies are combined with various forms of privatization or of other horizontal transfers of competencies in the domain of welfare policies.

2. A multiscale and combined comparative method

One of the basic principles of the comparative method is to compare independent cases (Braun, Gillardi, 2006) in order to identify and to account for similarities and differences between cases (Kocka, Haupt 2009). According to Francis Galton’s classic argument, it is only possible to compare cases that are independent from each other. This means that in order to be comparable cases cannot be related to the same institutional unit. As we have seen in the previous section, Europeanization, as well as other regionalization or globalization dynamics, weaken the independence of cases. Moreover, the clear ascription of variables to identified policy scales, which enables the construction of a solid comparative analytical design, is as well weakened by the entanglement resulting from the varied rescaling processes. In order to compare welfare policies in spite of the present entanglements, it is necessary to develop a specific comparative method. We propose an original comparative approach adapted to that end, and we will try to apply it to a recent empirical study in the last section of this paper.

2.1. Local case studies

The comparative approach we propose is based on three methodological choices. The *first* one is to compare *local case studies*. We use John Gerring’s definition of a case study: “an intensive study of a single unit for the purpose of understanding a larger class of (similar) units. A unit connotes a spatially bounded phenomenon observed at a single point in time or over some delimited period of time” (Gerring, 2004: 342). Local case studies are the method of empirical material acquisition. We see the local case study as a point of observation of the welfare activity we work on; in our case, the activity in question is domiciliary long-term care services. We also consider the local case study as a way to include all the other relevant policy scales into the analysis as the implementation of care policies most of the time happens at this level and is related to the other policy scales.

2.2. Comparison in context

In this sense, our approach is a relational one, as we work on the way the various local cases we compare are related to other policy scales. This dimension of our approach reflects our *second* methodological choice, which is *comparison in context* (Yin, 2003). We conceive of the domain we are exploring through the power relations between actors and institutions located at the various policy scales. This methodology aims at exploring the logic of embeddedness of each case study in its environment. We specifically look for the power relations between our local cases and the regional, national, supranational policy scales to which they are connected. These relations are mediated not only by institutions but also by the implication of local actors in specific networks, such as professional or political networks. This analytical step helps to understand the scalar logic of each local case.

There are various expected outcomes to such a methodology. First and foremost, we think that the logic of embeddedness of a local case into its scalar environment informs the frame of reference, or the general understanding about a policy domain. This aspect concerns the construction of the public problem. Most of the time, the national context still plays a prominent role in the framing of a policy issue. However, this is precisely a key expectation of our approach, the rescaling of the welfare state has opened new possibilities for local power systems to combine the influence of various policy scales.

Secondly, we think that analysis in terms of comparison in context sheds light upon the institutionalized aspect of policy-making. The resources or constraints attached to specific institutions or as they are centred on actors located at specific scales constitute a key element of the analysis of comparison in context.

The third benefit of this method is that it allow for a more detailed breakdown of the case study, not only into specific issues such as the financing, the steering of specific policy schemes, etc., but also into issues specific to each policy field. For instance, in the field of domiciliary care, there is a need to address issues such as quality, participation, diversity, etc., in a way that leaves open the possibility of both across-unit and within-unit comparison (Gerring, 2004: 342). Across-unit comparison delivers substantive result about the scalar logic of the various cases. Within-unit comparison enables to work on the variation in the logic of embeddedness of specific issues such as financing or quality for instance. The first results are interesting because they provide insights for example about national variables, whose influence we do not intend to negate. In that perspective however, we think that the comparative study of the logic of relations between the policy scales is per se a valuable result. The second series of results, within-unit comparison, is interesting as it reveals power relations affecting specific aspects of the domain at stake. In our case of domiciliary long-term care, there might be strong contrasts between the level of national centralization or of internationalization/globalization, or decentralization of specific issues in this domain.

The fourth benefit is to assess and compare among cases the level of autonomy or dependency of the various actors. This of course does not totally resolve the problem of case dependency, but it provides a partial solution as it enables measurement of the level of dependency and analysis of the actual mechanisms of this dependency upon factors playing out similarly in the various cases.

Our second methodological choice, *comparison in context*, directly addresses the challenges posed by the rescaling of the welfare state. However, it is primarily directed to the analysis of the power relations within the local systems that are influenced by the actors' embeddedness into their respective environments. The third component of our approach is centred on the dynamics that are specific to the problem at stake.

2.3. Configurations of processes

The third component of our approach aims at comparing *configurations of processes*. It consists in focusing on the process of policy change related to the specific questioning of the research. The analysis aims at identifying at what scale policy change is initiated, at looking for coalitions among actors located at various scales, and at analyzing the transformations of the initial reform project as it goes through various scales and is confronted with various institutions. Policy scales are yet again an important notion in the analytical process; however, in this third dimension, greater focus is given to the role of actors and of (often multiscale) coalitions. Furthermore, the approach in terms of process configuration focuses on two analytical dimensions, which are particularly important to comparative policy analysis. The first one, connoted by the term "configuration", relates to the plurality of the actors involved in the policy process. The second, connoted by the term "processes", deals with the temporal aspect of the policy process and focuses on the actual mechanisms of change.

First, we use the term configuration¹ as an explicit reference to the classic notion developed by Norbert Elias (1978: 128 ff). Configuration entails two key analytical dimensions in our view fruitfully transferred from classical sociology into the domain of comparative policy analysis. First, in Elias' view, society is made up of actors situated in a web of dynamic interdependencies typical of policy power systems. For instance in the various systems of long-term care, there are more or less independent financing bodies which are the public or private care funds, political bodies with power to decide about the appropriate level of service provision, private and public care-provision services, professional associations for care providers, and the end users of the services as well as their relatives. Sometimes, those users are organized in associations. Second, still according to Elias' classical model of the configuration, these various actors are oriented towards a form of social competition. This is also an important characteristic of policy systems, in which various actors are struggling in order to impose their own reform agenda. Elias' concept of configuration is useful as it captures the tension among the plurality of actors, arising from their interdependency and their day-to-day cooperation, along with their competition throughout the policy process. The notion of configuration also captures the inherently instable, shifting nature of relations among actors. Power relations are systematically subject to

¹ Most translations of Elias into English choose to be close to the German influence of the Figurationssoziologie and translate the German « Figuration » by the English « figuration » (Elias, 1978 :128). We find this term today only misleading and opt for the more accurate to what was indeed meant by the German born sociologist « configuration ».

transformations, weakening of specific actors, changes in external rules or institutions, unprecedented alliances, etc.

Second, the approach in terms of *configuration of processes* focuses on the temporal aspect of the policy process. In a recent article, we have shown how, throughout the policy process, initial reform projects undergo significant change (Giraud, et al., 2014). We argue that policy change is often initiated by a change in the policy discourse about a specific issue. This transformation in discourse aims at influencing representations about a public problem and at promoting specific solutions. However, the social actors promoting innovative views often have to enter into coalitions with other actors in order to raise their position in a competitive policy system. At a later stage, the policy proposals have to deal with specific institutions in order to be institutionalized as such, which means to be integrated into the official, positive system of policy programs. The formation of these aggregated actors and of these new institutions imposes constraints and transforms, at least partially, the initial project of the social actors (Hajer, 1996). Both the dynamics of discourse coalitions and of institutionalization are concrete mechanisms that influence the policy process in concrete ways.

We think that this comparative approach, which is developed around three methodological steps, specifically addresses the challenges that the rescaling of the welfare state has posed to the traditional, nation-state-centred, comparative method. In the next section, we are going to apply this comparative approach to a recent study comparing local-level reform processes in the domain of domiciliary long-term care for the aged.

3. Comparing local cases of local-level reform of domiciliary care for the aged in three European countries

In this last section, we will apply our comparative approach to analyse some of the results of a recent series of research projects. These projects deal with the explanation of change in local systems of long-term domiciliary care in Europe². The research was focused on the analysis of local innovations in the domain of “governance” of the local systems of care provision, “diversity” in the network of care provision, “quality” in the delivery of care services, or, finally “participation” of the end-users of the services and of their families. The research was structured in three main steps. The first step of the research was to provide a synthesis of the recent supranational debates about the four specific issues in which innovation was

² We use the results from two complementary research projects. The first one «Apprentissage et innovation dans les régimes locaux d’aide et soins à domicile des personnes âgées : Allemagne, Ecosse, Suisse» (finished in 2012) was financed by the French Ministry for Health and various funds for long-term care. The synthesis of the final report is online: http://olivier-giraud.eu/olivier-giraud.eu/research_files/rapport%20DREES%20version%20finale.pdf. The second report was financed by the Swiss foundation Leenards of Lausanne. The cases selected for this second report deal with people affected by dementia: «Apprentissage et innovation dans les régimes locaux d’aide et soins à domicile des personnes âgées / le cas des démences : Allemagne, Ecosse, Suisse».

expected, including governance, diversity, quality and participation. The debates were analysed through the most diversified networks and milieus: professional care providers; public and private financing institutions, including private insurance companies; international health institutions or global institutions, whether centred on economic performance (such as the OECD) or on activism in favour of care beneficiaries. This first inquiry provided a lot of important information for the analysis in terms of *comparison in context* relating to supranational debates and to the divisions formed over the most important issues at stake. The second step of the research was based on national case studies about domiciliary long-term care considered as a specific policy domain. It was useful to analyze the centre-periphery relations in the domain of long-term care, from the perspective of the national system and from the perspective of its historical dynamic. This also provided valuable information for purposes of *comparison in context*. Finally, the third step of the research was centred on local case studies. For each local case, 12 to 20 interviews of members of the local policy system of long-term care for the aged as well as intensive work on the available grey literature were carried out. This material was the necessary complement to the scalar analysis typical of the *comparison in context* part of the analytical approach. Obviously, the rest of the local case study was very much centered on the analysis of the *configurations of processes*, which focused on important evidence about the trajectory of change in each case.

Since, we only intend here to test the methodology we are proposing in this paper, we are not going to provide a summary of the whole research. Instead, we will deliver a comparative overview of one typical case study in each of the national cases: *Hamburg* in the case of Germany, *Edinburgh* for Scotland and *Geneva* for Switzerland. In doing so, we unfortunately do not account for the diversity within one similar national case. However, we precisely picked each local case for its ability to deviate from the national case.

We propose here to proceed to the comparative analysis of these three local cases by first providing a short overview of each national model of Long-Term Care (LTC) for the aged. Second, we present shortly each local case and we explain on what point the case strays from its national model. Finally, the last two points will be dedicated to the two specific points of our approach: The one in terms of *comparison in context* and the other in terms of *configurations of processes*.

3.1. National systems of long-term care (LTC): Germany, Scotland, Switzerland

Germany, Scotland and Switzerland are representative of three contrasted models of LTC provision. Germany opted in the 1990's for a social insurance model completed by residual social assistance. The 2002 reform in Scotland introduced a universalist model financed by the Scottish state and implemented by the local authorities. Switzerland is characterized by the predominance of the private sector and, within the public one, by a dual architecture with cash benefits paid at the federal level by health and old-age social insurances and completed at the local level by the cantons. The cantons are in turn responsible for the organization of care delivery. The three

countries present contrasted configurations regarding the amount, the financing and the structure of LTC expenditure but strong similarities concerning the population of care users and the percentage of informal care providers in the population.

Concerning LTC financing, private spending is particularly high in Switzerland (60% of total spending), where home-based LTC is mainly financed by private health insurance, and in Germany (30%), where LTC social insurance provides only partial coverage. The Scottish 2002 Free Nursing and Personal Care reform led to a rise in the LTC public expenditure from 60% to 80% of total expenditure in 2009.

The scalar logics of those three national LTC systems are varied in spite of some similarities. The three systems are embedded in federal/decentralized structures, which accounts for certain similarities in the power resources available to institutions and actors, and in the relations between policy scales. Germany represents an interesting mix of national, regional and local norms. Besides the constitutional and national principles of homogeneity with respect to living conditions over the whole federal territory, and besides the national social insurance systems, the regional and local traditions of welfare provision are very important. The federal insurance regime builds a defining frame that is adapted by the various Bundesländer via implementation laws and specific agreements with the insurance funds that are organized at the scale of the Länder. The municipalities are clearly the weak element of the German system. In spite of strong local traditions in the steering of care delivery, the present regime does not grant any decisive role in the policy domain of LTC to the German local authorities.

The case of Scotland is especially interesting as the scalar relations are for the time being both uncertain and contested. Together with France, the United Kingdom had long been characterized as an archetypical case of political and institutional centralization. Since the revolution of devolution in the late 1990's, this picture has changed radically. This is particularly the case in the domain of LTC. Considered as the flagship policy of the "national" Scottish government, this policy domain has been almost completely taken out from the UK policy system. The financing of the system and the design of the bulk of the institutions have been transferred from Westminster to Edinburgh. In charge of the implementation and of the organization of care delivery, the Scottish local authorities are probably the most powerful local actors among our three cases.

In Switzerland, according to the principle of subsidiarity, decentralization, small-scale arrangements, and even private solutions are almost systematically privileged over federal policies. In the domain of LTC, the bulk of regulation is centred at cantonal level, and the local scale (municipality) plays a central role in the organization of service provision in most of the Swiss cantons.

The horizontal distribution of tasks is in all three cases set by a general regulative framework at the national/regional level with the central government deciding about the content of care provision. In Germany, the implementation of the care policy lies in the hand of the statutory social care funds – implemented within the social health insurance –, which negotiate the care provision with the providers. In Switzerland, LTC provision is implemented at the cantonal or at the municipal levels, a decentralization of the system reinforced by the 2008 reform in which, like in Scotland, the local authorities are in charge of the organization and provision of

care and often use mixed systems of delivery. On the horizontal dimension, all three countries are characterized by a strong organizational fragmentation between health and care systems, and by a strong competition between private (and non-profit) providers, despite the Spitex organization in Switzerland. Finally, in all three systems, beneficiary participation has remained underdeveloped so far.

3.2. Local cases in national context

We present each local reform project in the context of the local LTC system and also in the context of its regional and national environments.

• The care conferences in Hamburg

In Hamburg, the social-democratic party has won most of the Bundesland elections since World War II and influenced much of the social policy. As in most West-German cities, the welfare mix in charge of the LTC delivery is diverse, but the traditional welfare associations (*Wohlfahrtsverbände*) related to the Catholic and the protestant Churches and the labour movement has developed a very strong position. The case study focuses on care conferences as an instrument of governance of the LTC system at infralocal level. Officially, care conferences are supposed to improve the coordination of care providers and to develop a forum for social debates in a domain that has been to a large extent privatized by the federal law of 1995 on compulsory LTC insurance. Hence, care conferences were aimed at balancing the influence of the private market. As an instrument, the care conference was influenced by the West-German model of the “social city” that had been developed in the context of the social-democratic political tradition of North-Rhine Westphalia. In the system prevailing until the introduction of the 1995 reform, local authorities were key actors both in the planning, organizing, and financing of providers. German municipalities had integrated their key role in this precise domain of LTC in various complementary services such as transport or leisure. In Hamburg, care conferences are also an instrument allowing for local steering that might provide the municipalities with some influence. They are organized at the level of boroughs. For instance, the borough of Altona has more than 240 000 inhabitants.

• The re-ablement service in Edinburgh

Edinburgh as long been marked by the labour tradition. The conquest of the city council by the Liberal-Democrats, in a coalition with the National Scottish Party in 2007, was an important change for Edinburgh’s politics and policies.

The reform analyzed in the case of Edinburgh is precisely one of those changes initiated in the aftermath of this political change. The “Home Care Re-ablement Service” consists in providing six-week long intensive care principally to people leaving the hospital or referred by General Practitioners or by other decision-making authorities. The explicit aim of the program is to “empower” the beneficiaries and to help them to “gain autonomy” at a further stage of their life at home. This service is in fact a new type of patient’s journey implying a specific type of coordination of the various services offered by care providers. It is also part of a

much more ambitious program for the reorganization of the health and care provision system for the aged in Edinburgh.

The re-ablement model implies strong coordination of various services, representing an important break with the traditional organization of care delivery in the context of the Scottish Free Personal Care scheme. The “Home care Re-ablement service” addresses the intricate matter of coordination between acute care (NHS) and social care, which often delays patients’ discharges from the hospital. However, the introduction of this instrument is part of a broader reorganization strategy of service delivery, adopted at the level of the Edinburgh City Council. This reform aims at a far-reaching privatization of LTC services. Only the re-ablement service should be kept by the City Council’s own services. The rest of the delivery is attributed via a tender (negative auction), benefiting private companies most of the time. This strategy of privatizing service delivery is a break from the tradition of strong municipal social work department. The organization of a tender has lowered the prices paid to providers. It is also said to have lowered the quality of care delivery.

• Lunch in the community in Geneva

While the canton of Geneva is more oriented to the center-right, a left-wing majority has long governed the city of Geneva. The innovative service of home based LTC called “Around a table” (*autour d’une table*) is the result of collaboration between the City of Geneva and a cantonal home-based-care association called the FSASD (*Fondation des services d’aide et des soins à domicile*). This service provides the opportunity for people requiring meal-on-wheels service to eat lunch outside their home, in a restaurant and in the company of other people. The objective of this project is twofold: on the one hand, it aims at preventing the isolation of elderly receiving LTC and, on the other hand, at preventing malnutrition. It is inspired by a *community action model*, as part of the City’s new social-service attributions from 2002. Under these attributions, the municipality is supposed to focus on community action while the canton is mainly responsible for individual care. The project was first implemented as a pilot project in a City borough in 2005. The experiment then expanded to other areas of the City and in 2011, the City of Geneva and the FSASD agreed on a convention that made their collaboration on this project official. Meanwhile, the project has since been adopted by other municipalities. It has now been normalized and transformed into a regular service provided by the cantonal Spitex (now IMAD³).

3.3. Comparison in context

In order to provide an analysis consistent with the approach presented in the previous section, we focus on the logic of embeddedness of the local cases in their scalar context as it concerns the frames of reference and public problem definition. The second dimension of comparison in context, concerning power relations as they are determined by institutions and actors’ power resources, will be mentioned only

³ <http://www.imad-ge.ch/fr/prestations.php?service=7>

briefly since various elements were already treated in the presentation both of the national context and of the specific local cases.

In our local case studies, the frames of reference are embedded in specific scalar dimensions. In the case of Hamburg for instance, the *care conferences* were inspired by the West-German social-democrat political tradition of the 'social city'. This frame of reference is political and makes sense in the context of German federalism. The policy scales of party politics, at both federal and state (Land) levels played an important role in this German case. The case of Edinburgh shares some features with Hamburg. The inspiration for the *re-ablement service* introduced recently in the capital city of Scotland also lies in another region, i.e. in England. Similarly, the decision to couple the introduction of the re-ablement service with the privatization of LTC delivery is more of English than of Scottish inspiration. The organization of a tender to concretely organize the privatisation, the relation between a more social oriented scheme of re-ablement with the privatisation of social services, those were all models emulated from English precedents. Scotland is indeed the region of the United-Kingdom that had the most preserved its tradition of public, municipal social work services, whereas big waves of privatization / marketization had already transformed the LTC delivery sectors as soon as the 90's in the rest of Britain. In the case of Hamburg, the mobilization of the political (SPD) repertoire of policy instruments was an answer to marketization. In the case of Hamburg, the reference to the national social-democrat repertoire alludes to a strategy of resistance to change initiated at federal level. In the case of Edinburgh, the mobilization of national repertoires is aimed at triggering change at the local level.

In the Swiss case, the social innovation of *lunch in community* is inspired by an ancient tradition of commitment to community action in Geneva. The importance in local history of the tradition of community thinking in social service delivery is the bottom line of the social learning process. Of course, this re-invested and revitalized local tradition also makes sense in the context of the Swiss tradition of subsidiarity. The local level is in this respect acting in a way that is typical of the Swiss conception of policy making, and specifically social policy making, at a scale that should actively promote local ways of life. But still, the frame of reference is in this specific case the local level apprehended in its historical dimension. Both the local scale and the historical references are important legitimizing frames in the case of Geneva. Those dimensions account for a legitimacy that can be appropriated by the various stakeholders and institutional actors of the Geneva policy network.

The institution-based and actor-based logics of change can be mentioned very briefly. Being a city-state, scalar power relations are clear in the case of Hamburg. There are no powerful local authorities in Hamburg, but simply boroughs with limited competencies and legitimacy. The concentration of institutional capacities at a local scale has enabled a smooth process of institutional change. In a second step, the implementation of *care conferences* at the infra-local level of the boroughs was more or less successful. At this infra-local level, the capacity of the various borough administrations and of leaders to create active coordination of local stakeholders is very heterogeneous.

In the context of the Scottish scalar relations, the local authorities enjoy a high level of autonomy. In Edinburgh, the innovation of the *re-ablement service* came along as a direct consequence of the change of political majority in the City Council. The support of the national Scottish government might have played a small role. But the concentration of power of the local authorities on the organization of LTC delivery was strong enough to trigger change.

The scalar power relations in Geneva are typical of the decentralized version of Swiss federalism and of its present contradictions. On the one hand, the institutional tradition of decentralization and the present discourse valuing participation, promotes the local autonomy of the various municipalities of the canton and even of their various boroughs. On the other hand, the respective logics of financial, administrative, and technical rationalization imply a standardization and an integration of services. The project *lunch in the community* has suffered from this contradiction that is typical of contemporary decentralized scalar systems.

3.4. Configurations of processes

The analysis in terms of configuration of processes concerns itself with the mechanisms that actually trigger the dynamic of the policy process. In the presentation of the approach (previous section), we have emphasized the importance of two mechanisms. The first one deals with the coalitions into which the actors promoting a social reform project are entering. Those coalitions imply an agreement, a compromise among actors that is reflected in changes in the discourse presenting the reform. The second mechanism has to do with the transformative impact of the institutions on reform projects. In order to get subsidies, or even sometimes to be officially allowed by social services, projects that aim at intervening in the domain of social policy have to enter into processes of negotiation with institutions that have their own procedures, frames, and forms of normalization. Both of those phenomena, that of coalition building and that of institutionalization, are to be analyzed in the context of the scalar logic of each case.

In *Hamburg*, institutional actors such as the Land Senate administration for health, launched the model of the *care conference*. The Land health authorities opted for a model with very little administrative and technical constraints and a corresponding little financial participation of the authorities as each conference is granted with an annual budget of 1000€ (!) a year for boroughs of almost 300 000 inhabitants. In most boroughs however, the actors' coalition in charge of the implementation of the model were composed of high ranking institutional actors, which prevented the open bottom-up participation, and replaced it with a top-down diffusion of public health motives. The importance of market actors also imposed a discourse centred upon possible market orientation. The initial policy objectives in terms of improved coordination were most of the time in the end replaced by state centred goals.

In *Edinburgh* as well, institutional actors, including notably the City Council, initiated the reform project of *re-ablement*. The management staff of the municipal social services added to the original discourse of the autonomy of the beneficiaries, an objective of staff rationalization, clearly inspired by a neo-liberal critique of the

welfare state. The exclusion and the consequent layoff of most of the staff of the city social department weakened the social dimension of the re-ablement project⁴. On the contrary, the central government of Scotland actively supported the City of Edinburgh's initiative to contain the continuously increasing cost of the Scottish free personal care LTC program. In public discourse, the privatization of LTC delivery clearly replaced beneficiary well-being as the initiative's motive.

In *Geneva*, the innovation discourse was elaborated by a large coalition of infra-local actors centred on social services beyond their institutional affiliation. This initial coalition, composed mostly of grass-roots social workers, was homogeneous enough to impose at first a policy discourse centred on beneficiary health. However, the extension of the innovation at city and cantonal scale triggered a process of bureaucratization that challenged the initial content of the reform.

In all three local cases, we witness a process of "normalization" of LTC projects, which were initially rather progressive (Giraud, et al., 2014). In two out three cases – Hamburg and Edinburgh – the reform was initiated by institutionalized actors, who then had to organize a coalition with social actors in order to have an impact on society. In Hamburg, the initial institutionalization imposed very little constraint but could not develop at the infra-local scale – of the borough – into a successful, spontaneous stimulation of social coordination. In Edinburgh, the initial ambivalence of a project linking intensified LTC provision for recently discharged people with the privatization of social services was not overcome at a later stage. Finally, in Geneva the social service-centred origin of the project "around the table" could not resist the following stage of upward rescaling.

Conclusion:

The multiscale comparative approach we have developed in this paper tries to frontally address the challenges posed by the rescaling of the welfare state. Various process of vertical and horizontal rescaling have developed in the recent years. Those transformations challenge the usual methods of comparison in various ways. It might be useful at this concluding stage to summarize the mechanisms and issues at stake by differentiating between both main dimensions of policy making according to Fritz Scharpf's insight dating from the late 1990's (Scharpf, 1999). In the first place, the formulation of public problems is what Fritz Scharpf calls the "input democracy". It concerns the phase of competition between various organized and sometimes institutionalized actors for framing the dominant interpretation of a specific policy. This phase has a great influence on the second dimension of the policy process, which according to Fritz Scharpf's model corresponds to the "output democracy" dimension of policy-making, i.e. the dimension where concrete policy action is taken.

As to the first dimension of the construction of public problem, we analysed in the first part of the paper how rescaling has transformed the conditions in which public problems are constructed at the various policy scales. In this respect, upwards and downwards rescaling are in many cases mutually reinforcing as more autonomous local or regional actors might get influenced by frames or more

⁴ Even if the re-ablement program was the only LTC activity kept to the municipal social services.

practical models or instruments that are purposefully circulated by international organizations or political advocates. We think that this kind of interscalar influence is characteristic of the challenges that social policy rescaling poses to the traditional, nationally centred, comparative approaches. However, in the three case studies we have compared for the sake of this article, we indeed found that local actors were influenced by other policy scales than the ones they are supposed to be directly related to, and to some extent, to which they should be relatively subordinated to. In the case of Edinburgh, in order to escape from the regional culture of strong municipal social work department, the lib-dem led City Council was inspired by models of privatization of social services coming from England. Similar conclusions can be drawn from the German case. Unwilling to follow the market orientation of the federal law on LTC of the mid-1990's, the social-democrat Land of Hamburg looked for inspiration in the repertoire of social-democratic social policies at the same policy scale, i.e. the one of a counterpart Bundesland. This is how Hamburg decided to be emulated by the model of North-Rhine-Westphalia. In both those cases, the traditional scalar hierarchy is not respected and local actors use specific types of scalar relations in order to give sense to their reform project. In our German and Scottish cases, actors import new models into the local context in order to enforce new formulations of public problems and to escape from framings imposed, in the German context by a brand new federal law, and in the Scottish one, by inherited political traditions. This evokes directly the strategies of "jumping space" analysed by Shalini Randeria in the case of India or of Latin American countries (Randeria, 2007).

The second dimension of policy-making, the one related to concrete policy intervention or policy action, is as well transformed by the rescaling of the welfare state. In most countries, and not only in the federal states such as Germany or Switzerland, the public tasks impose a complex cooperation between various policy scales. This cooperation is difficult as a form of competition occurs as well among the various actors and polities located at different scales. The rescaling of this dimension of policy-making, the one related to output democracy, poses indeed difficulties in democratic terms as the identification of the polity taking action is almost impossible for the citizens. Facing competition with regard to budget as well as with regard to legitimacy and support, the different units of multiscale political-administrative system, or multi-layered institutional structures, cooperation and circulation throughout scales might be tensed. As we have seen in all of our local cases, the circulation of the reform projects during the policy process among various policy scales hinders the comparison of case studies studied at one policy scale only. The circulation of projects among scales as well as the alliances between actors located at various scales forces the analyst to study the embeddedness of the scales under scrutiny in their scalar environment. For instance in Geneva, the upwards rescaling of the initial, infralocal project, is a key explanation of the relative failure of this project. In the case of Hamburg, the project that was initially supposed to be implemented at local level by grass-roots actors, has failed to pass that step of downwards rescaling.

Those preliminary reflexions about the challenges posed by the rescaling of social policy, but of policy-making in general, to the comparative method deserve further elaboration.

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