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Abstract

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ABSTRACT

According to Nancy Fraser's concept of the triple movement of social protection, emancipation, and marketisation, the forces of emancipation can form an alliance with social protection or marketisation. A genuine example of emancipation is the transformation of residential disability care services to personal assistance. However, what remains unclear is why some reforms overlap more with marketisation and others overlap more with social protection, whereas other countries did not undertake any pervasive reforms in their disability care services. This paper attempts to illuminate this issue by examining the morphogenetic approach to explain developments within disability care services in 10 European countries. A fuzzy set ideal type analysis was used to delineate four types of disability care services. The analysis assigned Greece, Slovenia, and Spain to the domestic-traditional type; Belgium, Germany, and Switzerland to the benevolent–paternalist type; Sweden to the encompassing-progressive type; and Latvia, the Slovak Republic, and the United Kingdom to the precarious-progressive type.

Keywords
- Disability care
- Social services
- Comparative social policy
- Triple movement
- Morphogenetic approach
- Fuzzy set ideal type analysis

RÉSUMÉ

Les services de soins aux personnes handicapées entre le préconditionnement du régime de protection sociale et l'émancipation vers la vie autonome : Une comparaison de 10 cas européens avec fuzzy set ideal type analysis

Selon le concept de Nancy Fraser du triple mouvement de protection sociale, d'émancipation et de marchandisation, les forces d'émancipation peuvent former une alliance avec la protection sociale ou la marchandisation. Un véritable exemple d'émancipation est la transformation des services résidentiels de soins aux personnes handicapées en assistance personnelle. Toutefois, on ne sait pas encore très bien pourquoi certaines réformes se chevauchent davantage avec la marchandisation et d'autres avec la protection sociale, alors que d'autres pays n'ont pas entrepris de réformes généralisées de leurs services de soins aux personnes handicapées. Cet article tente d'éclairer cette question en examinant l'approche morphogénétique pour expliquer l'évolution des services de soins aux personnes handicapées dans dix pays européens. Une fuzzy set ideal type analysis a été utilisée pour délimiter quatre types de services de soins aux personnes handicapées. L'analyse a classé la Grèce, la Slovénie et l'Espagne dans le type domestique-traditionnel, la Belgique, l'Allemagne et la Suisse dans le type bienveillant-paternaliste, la Suède dans le type universel-progressif, et la Lettonie, la République slovaque et le Royaume-Uni dans le type précaire-progressif.

Mots-clés
- Soins aux personnes handicapées
- Services sociaux
- Politique sociale comparée
- Triple mouvement
- Approche morphogénétique
- Fuzzy set ideal type analysis

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1. Introduction

The seminal work of Esping-Andersen, *The Three Worlds of Welfare Capitalism* (1990), remains highly influential in comparative social policy. Considered from a disability studies perspective, this welfare regime approach is constrained by "gender and normality biases" because it solely theorises the "normal" abled-body male worker as agent vis-à-vis the market and vis-à-vis the welfare state (Waldschmidt, 2009: 19). However, disabled people and the movement of disabled people were agential subjects in their struggles for the right to personal assistance (PA), which aims to replace the funding of residential care services with direct payments for disabled persons, allowing them to recruit personal assistants. The term "personal assistance" originated within the framework of the disability rights movement (Degener & Begg, 2017: 9). Pressure from the disability movement finally resulted in the adoption of the United Nations Convention on the Rights of Persons with Disabilities (UN-CRPD), an international treaty ratified in 2006, in which article 19 codifies the right to independent living and to PA as a social service (Della Fina, Cera & Palmisano, 2017: 353-73).

The work of Esping-Andersen (1990) relied on Karl Polanyi's seminal work, *The Great Transformation* (2001 [1944]). Polanyi argued that contrary to what liberal idealists might think, the process of marketisation/commodification is not accompanied by passive social and economic policies. Instead, marketisation/commodification requires state interventions to secure the market and the dissolution of alternative (redistributive and/or reciprocal) exchange systems. Furthermore, Polanyi explained the underlying dynamic of a market society as a *double movement* characterised by the categories of *marketisation/commodification* and a countermovement of *social protection*. This Polanyian seminal work in economic sociology (taken up by Esping-Andersen as outlined in the first paragraph) also has difficulties capturing the disability movement's and independent living movement's claims for direct payments for PA. On the one hand, a change to direct payments entails an intensification of the commodification of care work and care workers rather than decommodifying policies (Spandler, 2004). On the other hand, the independent living movement would be mischaracterised as a primary force of marketisation/commodification and is best described as a civil rights movement (Morris, 1997).

To overcome the "gender bias" and the "normality bias" present in the Polanyian double movement narrative and honour his valuable insights, Nancy Fraser (2011, 2013) recently outlined the theoretical concept of a *triple movement*. Fraser argued

that Polanyi's theory of the double movement of *marketisation/commodification* versus *social protection* must be extended by the category of *emancipation* to understand current societal tensions and developments in democratic capitalist market societies. The triple movement concept seems a better fit to conceptualise independent living policies and PA because it has been increasingly used by researchers to analyse (and criticise) current disability care services (Dodd, 2016; Edwards, 2019; Tschanz, 2018; van Toorn, 2021; Ville, 2019, 2020). These studies, however, have focused on a single nation-state case study (Dodd, 2016; Edwards, 2019; Ville, 2019, 2020), two nation-state cases combined with a cross-national focus (van Toorn, 2021), or four nation-state cases (Tschanz, 2018).

Because the triple movement approach was successful in these circumstances, we must ask whether this concept could also be fruitfully applied to an analysis with a larger amount of cases. Furthermore, Esping-Andersen's welfare regime approach cannot entirely be characterised as dated. When looking not at specific disability independent living policies or disability social services but rather at all type of social services provided by welfare states, the comparative social policy literature has continued to find consistency and conformity with Esping-Andersen's welfare typology (e.g. Buhr & Stoy, 2015: 272-5; Stoy, 2014). His triad of welfare types (Esping-Andersen, 1990) was expanded to a tetrad by Ferrera (1996), according to whom there is a *Scandinavian type*, an *Anglo-Saxon type*, a *Continental type*, and a *Mediterranean type* of welfare in Europe. Because comparative social policy research has continued to find these patterns regarding social services, the second question we must ask is whether this finding applies simultaneously to disability social services and PA schemes. To answer these questions, this paper expands the scope of single case studies or small-N case studies by applying a small medium-N comparison with a fuzzy set ideal type analysis based on comparative social policy data.

2. Theoretical background

2.1. The challenge to understanding "changes within" and "differences between" cases

A central idea of the triple movement approach is that all three forces can have ambivalent effects (Fraser, 2011, 2013). In contrast to Polanyi, Fraser argued that the process of marketisation of traditional structures can also have positive effects in cases where it helps to overcome hierarchical and oppressive social protection systems. According to Fraser, Polanyi's theory underestimated that social protection is not always positive but can have negative effects when organised in hierarchical and oppressive manners. Hierarchical orderings of social protection can provoke emancipatory counterforces, and it is possible to include the movement of disabled people under the third force of emancipation (Dodd, 2016). Additionally, emancipation can have ambivalent effects because it produces liberation but can strain existing solidarities (Fraser, 2011, 2013).

However, the triple movement approach does not fully provide explanatory insights into the pre-conditioning of welfare structures (as a product of social protection) on emancipatory forces (as a product against oppressive social protection) for multicase

analysis. The triple movement approach (Fraser, 2011, 2013) is a general macro theory describing general tendencies in democratic capitalist market societies but does not explain differences and divergences between the types of such societies. Overall, the triple movement approach explains changes *within* a case but does not entirely explain differences *between* cases, in which we may find the absence of emancipatory forces or their inability to cause change.

By contrast, the welfare regime approach provides insights into the pre-conditioning of welfare structures on opportunity structures for emancipatory forces (Tschanz, 2018). By applying the welfare regime approach, we can explain differences and divergences between the types of welfare configurations, stressing the path-dependent character of ideological orientations and institutions (Stoy, 2014: 345). Esping-Andersen (1990) relegated welfare states not merely as a product of bygone fights for social protection but also as a provider of "key institutions" (ibid.: 55) for the prospective structuring of class and the social order. However, using exclusively the neo-institutional concept of path dependence would cause problems in the analysis conducted in this paper. Article 19 of the UN-CRPD is strongly associated with discourses and practices of deinstitutionalisation (Mladenov & Petri, 2020: 16). Resembling a tautologic wordplay, the following question summarises the problem: How much does the reliance on theories of institutional persistence make sense to explain deinstitutionalisation? Because the welfare regime approach tends to promote an over-socialised concept of agency stressing ideological and institutional persistence, it is useful to explain the differences *between* diverse cases but not entirely useful to explain changes *within* these diverse institutional settings.

2.2. Applying an inclusive critical realist perspective

To bridge this theoretical challenge, this paper follows metatheoretical considerations related to critical realism. Critical realism has become an important approach in disability studies and co-exists with other metatheoretical and philosophical approaches (Watson & Vehmas, 2020: 5). As a philosophy of sciences, critical realism is concerned with ontology, social structure, agency, and the layered reality of disability (e.g. Bhaskar & Danermark, 2006; Danermark & Coniavitis Gellerstedt, 2004) and can be applied to an overarching range of ontological and normative questions regarding disability (e.g. Shakespeare, 2014). Mostly prominent in the Anglo-Saxon, Scandinavian, and Italian social sciences, critical realism has begun to be used in German (e.g. Lindner & Mader, 2017) and French (e.g. Archer & Vandenberghe, 2019) social sciences discourses.

One important development originating from the metatheoretical framework of critical realism is the morphogenetic approach of Margaret S. Archer (1995). Archer proposed a three-stage model of change or absence thereof: In the first stage, there is a social and cultural pre-conditioning of social practices and agency; in the second stage, there is a phase of an interaction of the social practice of groups with pre-existing structures and cultures, resulting in the third stage, namely, the reproduction (morphostasis) or change (morphogenesis) of pre-existing structures and cultures (see for an application to disability social services: Prandini & Orlandini, 2018). The morphogenetic approach is more sensitive to the possibility of path change than path dependency theory (Greener, 2005: 65-9).

Being a critical realist account, the morphogenetic approach puts much weight on the concept of emergence and emergent properties by claiming that reality is layered (Archer, 1995). Each layer of social reality is viewed as an "emergent property" of another underlying reality. One must differentiate between "resource-to-resource relations" as structural emergent properties and "rule-to-rule relations" as cultural emergent properties (ibid.: 176). An especially important idea related to the concept of emergence is that the whole of a "emergent property" has characteristics that its single underlying parts do not have.

Structural and cultural emergent properties are not productions of themselves or independent of human agency: "no people: no society" (ibid.: 154). However, the morphogenetic approach makes two claims: structure/culture necessarily pre-date social action, and structural/cultural elaboration post-dates social action (ibid.: 165-70). For this reason, agency does not create structure/culture but rather every new generation of human beings is merely able to reproduce or transform structural/cultural emergent properties (ibid.). Altogether, the morphogenetic approach insists that there is ontologically no agential subject outside a pre-existing structural/cultural reality and that no reproduction/transformation of this realty is possible without agential subjects.

Critical realism is helpful to enrich Nancy Fraser's insights (Danermark & Coniavitis Gellerstedt, 2004). This paper follows Thomas (2007: 34) by considering critical realism as a manifestation of conflict theory. From the standpoint of conflict theory, the triple movement framework of Fraser (2011, 2013) provided a helpful general explanation of current societal conflictual tensions but was missing theoretical consistency regarding a conflict's normative solution. Fraser demanded a new alliance between emancipation and social protection. However, because the conflict between agents of care and caring and agents of independent living and PA is intrinsic (e.g.; Morris, 1997; Watson et al., 2004), the possibility of an alliance is intrinsically unstable (e.g. Ville, 2020). Therefore, the Fraserian proposal of an alliance between emancipation and social protection has a slight tendency to be an under-socialised concept of agency by implicitly proposing that social movements are "rational" and "free" to opt for alliances. The critical realist perspective applied in this paper therefore enriches and underlies the triple movement framework with a heuristic tool about different possibilities of conflictual set-ups by providing explanations of different proximities or distances between social protection and emancipation while the perspective simultaneously avoids a collapse of the ontological detection of an intrinsic conflict between those two forces.

2.3. A heuristic morphogenetic tool for disability care conflicts

The emergent structural and cultural properties are possibly pre-conditionings for (emancipatory) conflicts and/or elaborations of (social protection) conflicts. The relevant conflicts regarding independent living are (not) established in two temporally different morphogenetic cycles. The main conflictual social relations underlying the welfare state are different class coalitions resulting from capitalist production and conflictual disputes on the distribution of this production's resources since industrialisation (Polanyi, 2001 [1944]), leading to different emergent properties of redistributive welfare states established especially in the post second world war welfare state era (Esping-Andersen, 1990). The structural emergent property of the welfare state is in

turn the underlying but also the pre-conditioning conflictual social relation between the vested interests of welfare service providers and new social movements emerging from the 1960s onward (Fraser, 2011, 2013), of which the disability movement pointed to the hierarchical and paternalist cultural codes enshrined in residential care provisions (Morris, 1997; Watson et al., 2004: 335-7).

As an emergent property of the first morphogenetic cycle, the welfare state may provide care policy as *dedomestication* (Kröger, 2011).[1] From a care receiver's perspective, dedomestication of care means that care for a disabled individual becomes independent from the care provided by relatives and close persons within the domestic spheres because it is provided by the welfare state's social services and formal and paid caregivers (ibid.: 429-30). The first column of Table 1 distinguishes between the possibility of whether in the first morphogenetic cycle some degree of dedomestication and thus welfare state redistribution was accomplished. If there is no degree of dedomestication, this leads to an implicit dependence on the compatibility of the interests of informal caregivers and care receivers in the continuation of domestic care (line 2 in Table 1).

Table 1. A heuristic morphogenetic tool for disability care conflicts

Structural emergent property after the first morphogenetic cycle	Situational logic in phase two of the second morphogenetic cycle	Structural emergent property in phase three of the second morphogenetic cycle	Cultural emergent property in phase three of the second morphogenetic cycle	Likelihood of path dependency after second morphogenetic cycle
Emergent property not existing → domestic care	Implicit compatibilities (in first and second morphogenetic cycle)	Implicitly traditional (in first and second morphogenetic cycle)	Implicitly traditional (in first and second morphogenetic cycle)	Implicitly high (implicit morphostasis)
Welfare state dedomestication and redistribution	Necessary compatibilities	Protection of centricity	Protection of paternalism	High (morphostasis)
Welfare state dedomestication and redistribution	Necessary incompatibilities	Compromise to reciprocal symmetry	Syncretism to reciprocal recognition	Medium (double morphogenesis)
Welfare state dedomestication and redistribution	Contingent incompatibilities	Elimination and marketization	Individualized choice	Low (morphogenesis)

Source: Adaptation by author, inspired by Archer (1995), Greener (2005: 66), and Polanyi (1957: 250-6).

The structural emergent property after the first morphogenetic cycle is simultaneous with the structural emergent property in phase one of the second morphogenetic cycle. It is emergent insofar as the whole of the structural emergent property of dedomestication is more than its single parts of caregivers and care receivers. The first morphogenetic cycle led to the establishment of specific institutional settings and vested interests of disability interest organisations, trade unions of care workers, caring institutions' interest groups, and interest groups of parents and relatives.

1. Please note: Teppo Kröger (2011: 424) acknowledged Anne Skevik as the co-creator of this concept.

Polanyi specified his typology of economic institutions in a book chapter in 1957. He distinguished three "forms of integration," which are redistribution, reciprocity, and exchange, linked to three "instances of institutional support," which are centricity, symmetry, and the market (Polanyi, 1957: 250-6; see for an application to welfare state change: Leitner & Lessenich, 2003). This typology provided the heuristic framework of different possibilities of structural emergent properties in the third phase of the second morphogenetic cycle (column 3 in Table 1). Decisive for the development into one of these directions is the situational logic in the interaction between different groups (column 2 in Table 1). On the one hand, different interest groups can either consider the other group's interests as necessary, recognising their mutual relationships as interdependent, or consider them as contingent, stressing that they are able to work relatively autonomously from one another (Greener, 2005: 66). On the other hand, interest groups can either consider their interests as compatible with the interests of the other groups, because they have considerable interests in common, or they can consider their interests as incompatible (ibid.).

Given welfare state dedomestication and redistribution and the necessary compatibilities between the main vested interests, the protection of the status quo with centricity and paternalism is the probable outcome (line 3 in Table 1). In such a case, the power of emancipatory groups is insufficient to make their voices heard, and the path dependence of residential care is probable. By contrast, if the emancipatory forces are sufficiently powerful to vest their interests, they become empowered to point to the incompatibility of their interests with those of others (lines 4 and 5 in Table 1). Given that vested interests of social protection (e.g. disability interest organisations, trade unions of care workers, caring institutions interest groups, and interest groups of parents and relatives) and vested interests of emancipation consider their interests incompatible but the other groups as necessary, a compromise to reciprocal symmetry and syncretism to reciprocal recognition is probable (line 4 in Table 1). Accordingly, some degree of double morphogenesis is probable. Double morphogenesis means a situation in which agency undergoes transformation and acquires new emergent powers (Archer, 1995: 190-1). Ideally, the morphogenesis to PA does not strain solidarity because the emancipatory agents get themselves agents in the protection of the emergent property of redistribution. However, if the vested interests of emancipation are considering the vested interest of social protection not just as incompatible but also as contingent to their interest, and if they are sufficiently powerful to spark change, a path change towards marketisation and individualised choice is the more likely outcome (line 5 in Table 1).

3. The method, data, and case selections

3.1. About the method

Following these theoretical insights and to compare disability care policies, a fuzzy set ideal type analysis was conducted. Fuzzy set ideal type analysis was developed by Kvist (2007). Its origin is in set theory and qualitative comparative analysis (QCA), as developed by Charles Ragin (e.g. 2008). QCA has increasingly become a commonly used method in social sciences (Rihoux, Marx & Álamos-Concha, 2014). Set theory

borders between qualitative and quantitative case study approaches insofar as it is a case-oriented rather than a variable-oriented approach (Ragin, 2008). Fuzzy set ideal type analysis is a common method that has been used in comparative social policy and can be used either with an emphasis on the conformity to ideal types (e.g. Ciccia & Bleijenbergh, 2014; Kowalewska, 2017; Precious, 2021; Saltkjel et al., 2017) or welfare state change (e.g. An & Peng, 2016; Hudson & Kühner, 2012; Lee, 2014).

A major contribution of fuzzy set ideal type analysis is the possibility to operationalise theoretical concepts (Kvist, 2007). Set theory follows the ontological and epistemological assumptions that because most of social science theory is verbal, it is implicitly formulated in terms of sets and set relations, meaning that to expatiate on these formulations is a good start to for research (Ragin, 2008). Overall, set theory in general and fuzzy set ideal type analysis in particular aim to use theory to understand and interpret cases (applying theory to cases) rather than to test hypotheses with data from cases (applying case data to theory testing). In this endeavour, fuzzy set ideal type analysis relies on theory and case knowledge in two respects: First, an application of theory leads to the formulation of ideal typical configurations (see the link between section 2 and section 3.2), and second, the calibration decisions are based on specific case knowledge (see section 4.1).

3.2. Ideal typical configurations

In accordance with the theory described in section 2, we had two possible sets: *redistributive social protection (R)* provided by the welfare state and *emancipatory change to PA (C)*. In a formally logical world, four (2^2) possible configurations can be imagined. Given the sets of redistribution (R) and change (C), the first possible configuration would be that the case does not belong to either set (~R*~C).[2] Two other possible configurations are that the case belongs to one but not both sets; for example, it could be a part of the set of redistribution (R*~C) or a part of the set of change (~R*C). A fourth possibility is that the case can be assigned to both sets at their overlap (R*C).

Table 2. Ideal typical configurations

Ideal-types	Redistributive social protection (R)	Emancipatory change to PA (C)
Domestic-traditional	~R (low)	~C (low)
Benevolent–paternalist	R (high)	~C (low)
Encompassing-progressive	R (high)	C (high)
Precarious-progressive	~R (low)	C (high)

Based on theoretical considerations, four ideal typical configurations can be denominated (Table 2). The first ideal type can be called the *domestic-traditional* type. Here, the concept of dedomestication (Kröger, 2011) is negated since it exhibits a low level of dedomestication. Within a *domestic-traditional* disability care policy, the role of the welfare state in disability care is minimal, and care responsibilities are undertaken by informal, unpaid care-providers within a disabled person's domestic network. The

2. Note: ~ as a sign means "negation" in set theory; * indicates "combination."

second ideal typical configuration can be called the *benevolent-paternalist* type, a term inspired by Richardson and Powell (2011: 184). The term paternalist refers to the fact that change toward PA is fragmentary, and morphostatic protection of centricity and paternalism is high and linked with a benevolent level of welfare redistribution. The third idea ideal typical configuration can be called the *encompassing-progressive* type. Here, double morphogenesis occurs after the second morphogenetic cycle and sustains a high level of redistribution. The fourth ideal typical configuration can be called the *precarious-progressive* type. Here, the claims of the emancipatory disability movement for PA spark a progressive change towards PA while policymakers use borrowed "emancipatory charisma" (Fraser, 2016: 282) to cover up distributive injustices or strain the morphostasis of the emergent property of redistribution.

3.3. Data sources and calculations

The lack of comparable data is the Achille's heel of comparative social care research (Kröger, 2011: 430). Therefore, data were collected from diverse data sources (Table 3). Overall, the inclusion of a country in the analysis necessitated having data for the country within all three main data sources. The three main data sources were the Social Expenditure Database of the Organization of Economic Cooperation and Development (OECD, 2017/2020b), the PA tables of the European Network of Independent Living (ENIL, 2017), and the report *Deinstitutionalisation and community living – outcomes and costs* by Mansell et al. (2007). The absence of data in one or more of these sources resulted in a country's exclusion from the analysis. As an exception, it was possible to analyse the cases of Germany, Greece, and Switzerland despite the missing data because the data was derived from an alternative source or foreseen (Table 3 and Appendix).

4. Fuzzy set ideal type analysis

4.1. Calibration procedure

Set theory distinguishes crisp and fuzzy sets. Within crisp sets, a case can be a non-member (value = 0) or a member (value = 1). Within fuzzy sets, a case can have partial membership ranging between 0.00 and 1.00. Values below 0.05 are considered non-membership values, and values above 0.95 are considered full membership values. All values between these two anchor points are considered values of partial (non-) membership. However, 0.50 is the third anchor point because values below 0.50 have a partial membership degree, indicating being more out of than in the set, and values above 0.50 have a partial membership degree but are more in than out of the set.

The calibration procedure aimed to calibrate fuzzy (non-)membership values (fvR and fvC) between 0.00 and 1.00 for the value redistribution (vR) and the value change (vC) (see Table 4). The analysis underlying this paper applied the direct method of calibration. The direct method of calibration is a standardised version of calibration (Ragin, 2008: 89-94) and was performed by QCA computer software (Ragin & Davey, 2016). To calibrate fuzzy membership scores, the researcher had to set anchors ideally derived from theoretical knowledge or case knowledge to avoid the use of simple arithmetic means with no qualitative meaning for the cases (Ragin 2008: 77). The direct

Table 3. Data sources and calculations

Data sources	Redistributive social protection (R)	Emancipatory change to PA (C)	
		Personal assistance	Residential care
Main data sources	1. OECD database of national accounts (OECD 2017/2020a): *gdp* 2. OECD Social Expenditure Database's incapacity-related benefits category "residential-care/home-help services" (OECD, 2017/2020b): *rchhs*	1. PA tables by ENIL (2017): *pa* ENIL country experts: Belgium: Cornelis van Damme; Greece: Aglaia Katsigianni; Latvia: Gatis Caunītis; Slovak Republic: Mária Duračinská; Slovenia: Natalija Jeseničnik; Spain: Javier Arroyo Méndez; Sweden: Maria Dahl and Jamie Bolling; Switzerland: Peter Wehrli; United Kingdom: Sue Bott and Debbie Jolly 2. Population (Eurostat, 2017) *pop*; necessary to calculate *pa rate*	People living in residential care per 100'000 habitants, as estimated by Mansell et al. (2007: 32): *resi rate* Data on Greece is lacking (Mansell et al. 2007: 32); however, since the number of people receiving personal assistance in Greece was zero (ENIL 2017), the ratio of change was foreseeable to be zero
Alternative data source	-	Germany: Wemßen (2014: 8)	Switzerland: Swiss Federal Statistical Office (OFS, 2011: 11)
Time span	Intra-country mean of the years 2004-2015. Intra-country mean of Greece refers only to 2004-2012	The ENIL-surveys (2017) were conducted in 2013 or 2015. Germany (Wemßen 2014): 2012 Eurostat data refers to 2013, 2015, or 2012	Data refer to the following years (Mansell et al., 2007: 12-14): Belgium: 2005; Germany: 2003-2007; Latvia: 2004-2006; Slovak Republic: 2005; Slovenia: 1999-2000; Spain: 2006-2007; Sweden: 2005-2006; United Kingdom: 2002-2005. Switzerland (OFS, 2011): 2009
Calculations	Value redistribution (vR) in %: $\frac{\mathbf{rchhs_{2004}} + \mathbf{rchhs_{2005}} \ldots + \mathbf{rchhs_{2015}}}{\mathbf{gdp_{2004}} + \mathbf{gdp_{2005}} \ldots + \mathbf{gdp_{2015}}} \times \mathbf{100}$	Value pa rate: $\mathbf{pa} \times \frac{\mathbf{100'000}}{\mathbf{pop}}$	
		Value change (vC) in %: $\frac{\mathbf{pa\ rate}}{\mathbf{resi\ rate}} \times \mathbf{100}$	

method required three anchors (ibid.: 90): the threshold for full membership (value = 0.95), the threshold for full non-membership (value = 0.05), and the crossover point (value = 0.50). The threshold settings had to be explicit and transparent (ibid.: 82).

Following Kvist (2007), who set the anchors based on the case knowledge of one country (Denmark), this analysis set the anchors according to in-depth case knowledge of Switzerland. Similar to many other disability policies, the Swiss case has been characterised by a typical triple movement tension: a simultaneous tension between emancipatory claims on the one side and cost pressures and pressures for marketisation

on the other side (Johner-Kobi, 2015: 173-4). However, while in the benefit system major reforms and a shift towards activation took place in the last two decades (e.g. Rosenstein & Bonvin, 2020), and after a reform of the federal fiscal equalisation, the role of the funding actors majorly changed (e.g. Fritschi et al., 2019), the level of redistribution for disability care remained remarkably stable (Appendix). Switzerland is an example of a benevolent–paternalist disability care type and exhibits an encompassing residential care system but is limited in terms of changing to PA (Egloff, 2017; Tschanz, 2018). In Switzerland, the eligibility criteria for PA are tight (Egloff, 2017: 62-74), and residential care remains the norm (Tschanz, 2018: 26-30). Because Switzerland has had a stable pattern of redistribution but no coherent empowerment regarding independent living, the thresholds were set accordingly.

Table 4. Calibration of fuzzy values

	Value redistribution (vR) in %	Fuzzy value redistribution (fvR)	Value change (vC) in %	Fuzzy value change (fvC)
Belgium	0.42	0.76	13.02	0.02
Germany	0.48	0.82	8.62	0.02
Greece	0.01	0.00	0.00	0.01
Latvia	0.17	0.15	56.36	0.59
Slovak Republic	0.19	0.22	58.99	0.63
Slovenia	0.18	0.19	19.67	0.05
Spain	0.09	0.02	1.25	0.01
Sweden	1.44	1.00	67.15	0.74
Switzerland	0.48	0.82	3.23	0.01
United Kingdom	0.19	0.23	179.24	1.00
Calibration thresholds	Upper threshold: 0.714 Crossover point: 0.238 Lower threshold: 0.119		Upper threshold: 100 Crossover point: 50 Lower threshold: 20	

Please note: Values and fuzzy values rounded to two decimal places.
See the Appendix for the raw data and calculation of vR and vC.

Because the level of redistribution is benevolent but does not allow for an encompassing implementation of Article 19 of the UN-CRPD (Tschanz, 2019), the upper threshold was set to 150 % of Switzerland's average spending between 2004 and 2015, which was 0.476 % of its GDP (Appendix). Moreover, a spending average of 0.238 (50 % of Switzerland's spending) was set as the crossover point, and a spending average of 0.119 (25 % of Switzerland's spending) was set as the lower threshold. After we set these thresholds, it was possible to calibrate the fuzzy values for redistribution (column 3 in Table 4).

A survey conducted in Switzerland (Gehrig, Guggisberg & Graf, 2013: 20-1) showed that because there were no active policy strategies to increase independent living, only a number below 20 % of the disability care residents could imagine leaving their residential settings. Therefore, the lower threshold was set at a replacement

ratio of 20 % of those receiving PA to those within residential care. Moreover, a replacement ratio of 100 %, indicating a full change toward PA, was set as the upper threshold, and a replacement ratio of 50 % was set as the crossover point. After we set these thresholds, it was possible to calibrate the fuzzy values for change (column 5 in Table 4).

4.2. Results

The fuzzy set ideal type analysis worked with the fuzzy values (columns 3 and 5 in Table 4). Fuzzy set ideal type analysis follows two basic principles (Kowalewska, 2017: 7): the *negation principle*, which means that a case that is a member of the fuzzy set X has a membership value of 1 minus X in the fuzzy set ~X. Second, it follows the *minimal principle* after which the membership score in the overlap of different sets (e.g. X*Y) is determined by the minimal value of its single sets (ibid.). In combination, these two principles implied that the membership score of X*~Y, for example, was the minimal value of X and 1 minus Y.

The fuzzy set ideal type analysis mapped the case configurations within the two sets of redistributive social protection (R) and emancipatory change to PA (C) by following these principles. Every country case received a fuzzy membership score within the ideal typical configuration (Table 5).

Table 5. Fuzzy set ideal type membership scores

	Domestic-traditional	Benevolent–paternalist	Encompassing-progressive	Precarious-progressive
Belgium	0.24	**0.76**	0.02	0.02
Germany	0.18	**0.82**	0.02	0.02
Greece	**0.99**	0.00	0.00	0.01
Latvia	0.41	0.15	0.15	**0.59**
Slovak Republic	0.37	0.22	0.22	**0.63**
Slovenia	**0.81**	0.19	0.05	0.05
Spain	**0.98**	0.02	0.01	0.01
Sweden	0.00	0.26	**0.74**	0.00
Switzerland	0.18	**0.82**	0.01	0.01
United Kingdom	0.00	0.00	0.23	**0.77**

Please note: Membership values above 0.50 (more in than out) indicated in bold.

Table 5 reveals that all four possible ideal typical configurations were assigned to a partial membership degree by at least one of the 10 countries analysed. Specifically, the analysis assigned Greece, Slovenia, and Spain to the domestic-traditional type with a low degree of redistribution (~R) and a low degree of change (~C). Furthermore, the analysis assigned Belgium, Germany, and Switzerland to the benevolent–paternalist type with by a high degree of redistribution (R) and a low degree of change (~C). In addition, the analysis assigned Sweden to the encompassing-progressive type with a

high degree of redistribution (R) and a high degree of change (C). Finally, the findings assigned Latvia, the Slovak Republic, and the United Kingdom to the precarious-progressive type with a low degree of redistribution (~R) and a high degree of change (C).

4.3. Back to the cases

To interpret the formal results and improve the quality of configural comparative analyses, an elaborated strategy was to go back to the cases (e.g. Emmenegger, Kvist & Skaaning, 2013). Therefore, this analysis discussed the four cases that had the highest fuzzy set ideal type membership values within the four possibilities; therefore, we could assume that they resemble the four ideal typical configurations (GR, CH, SE & UK).

A case that resembled a domestic-traditional ideal type was Greece. Its configuration intertwined with being a model of familistic welfare capitalism (see, Papadopoulos & Roumpakis, 2013). This means that the state locked the responsibility of the provision of social care into the family unit (ibid.: 206). Without having strong emergent properties of welfare redistribution within the social care sector, stable institutions and vested interests are lacking and an implicit reproduction of domestic-traditional care is the norm. Furthermore, austerity measures and funding cuts after the financial and sovereign debt crises led to the breakdown of the local authority's home help services or restrained planned extensions of policies supporting independent living (Hauben et al., 2012: 34, 40). Overall, the resolution of the redistributive conflict between the Greek society on the one hand and the international financial markets and the troika (the European Central Bank, the European Union, and the International Monetary Fund) on the other hand has been resolved in favour of marketisation, fiscal stability, and the stabilisation of free market processes; thus, in a Polanyian sense, it is in favour of marketisation (Markantonatou, 2014). This will strain any extensions of redistributive policies.

A case that resembled a benevolent-paternalist ideal type was Switzerland. Its configuration intertwined with its conservative institutional disability care set-up and its corporatist mode of conflict moderation (see, Tschanz, 2018). The vested interest of private organisations and charities pre-dated the establishment of a universal disability policy. Those interests were incorporated into the welfare state's disability policy and were able to strengthen their agency within the establishment of the disability insurance within the first morphogenetic cycle (e.g. Kaba, 2010: 84-5; Wicki, 2018: 120-38). These private disability interest organisations – financially assisted by the Confederation (Baumgartner & Uebelhart, 2009) – haven hindered the emancipatory disability movement, of which the latter claimed that the former block the self-representation of disabled people (e.g. Hauser & Witschi, 1981). These "old" organisations played an important role by providing a situational logic which marginalised emancipatory activists and hindered them to point widely to the incompatibilities of independent living ideas to existing residential care settings. However, these organisations have been powerful agential subjects in the fight for public spending and built alliances – under a situational logic of necessary compatibilities – with centre-left parties, trade unions, and caring institutions' interest groups (INSOS and Curaviva) to protect redistribution for disability care; having the protection codified in 2006 by law, namely, IFEG/LIPPI (Tschanz, 2019).

A case that resembled an encompassing-progressive ideal type was Sweden. Its configuration intertwined with its social democratic heritage, comprising a high level of redistributive taxation and public spending (see, Esping-Andersen, 1990). The "old" Swedish disability organisations – established in the first morphogenetic cycle – had traditionally strong ties with the social democratic party, and both were challenged by emancipatory activists (Ratzka, 1993). The establishment of "new" disability organisations, the increase in the desires for self-representation, and questions regarding the balance between redistribution versus recognition surfaced as conflictual incompatibilities but were mitigated by a recognition of mutual necessity (e.g. Hugemark & Roman, 2007). The strong existence of leftist parties opposing the idea of precarious working conditions for personal assistants (Ratzka, 1993) led to a situation in which most PA is provided within sustainable working conditions, although from a social protection perspective a stronger focus on trade unionist co-determination would be desirable (Guldvik, Christensen & Larsson, 2014). Overall, the pre-conditioning by a generous welfare state and the situational logic of necessary incompatibilities led to encompassing progress because of double morphogenesis. Today, Sweden's disability social services are internationally distinctive, and PA is portrayed as the "crown jewel" of the system because it is comparatively well funded while being in synthesis with increasing the agency of disabled people (Rauch, Olin & Dunér, 2018).

A case that resembled a precarious-progressive ideal type was the United Kingdom. Its configuration intertwined with its Anglo-Saxon welfare model. The United Kingdom had similarities regarding its inclusive universalism with Scandinavian counterparts but on a much lower level of redistribution (see, Ferrera, 1996: 6). Contrary to Sweden, the increased demand for self-representation and emancipation within disability organisations was less characterised by a recognition of mutual necessity. For instance, since the 1990s and especially after the inauguration of New Labour in 1997, the conflictual context in disability care provided a situational logic in which the conflict became highly polarised and forced people to take the position of being either completely in favour of or completely against direct payments, and it was not possible to balance the interest of recipients with the interests of personal assistants as workers (Spandler, 2004: 190-1). This situational logic of contingent incompatibilities was turbocharged by New Labour because one of its core ideological features was the introduction of contingency into the welfare state. By proposing an ideology of a smart, humanist version of neoliberalism, New Labour was constantly searching for possibilities to point to the obsoleteness of "old" fights against capitalism and "dated" vested interests of social protection. Therefore, New Labour succeeded in conducting major progressive reforms within disability care and was able to huckaback some major proponents of emancipatory desires (Ferguson, 2012). However, the underlying welfare and redistribution conflicts were constantly underestimated by these reforms (ibid.). The precarious morphostasis of redistribution surfaced when the Coalition Government, inaugurated in 2010, in a Polanyian sense choose to retain its international competitive position for international capital and corporations on the expense of society and social justice by implementing austerity, resulting in, for instance, in the closure of the Independent Living Fund (see, Hauben et al., 2012: 37, 67).

5. Conclusion

This comparative case study linked theoretical ideas with empirical evidence to construct ideal typical configurations and map them in a fuzzy set ideal type analysis. Furthermore, four cases were discussed in an in-depth manner to explain their delineation within fuzzy set ideal type analysis and link their configurations to theoretical considerations. We observed that both questions must be approved: It is fruitful to apply the triple movement framework to a larger amount of cases, and while regarding the levels of redistribution, we also found patterns familiar in the welfare regime approach. The most striking result to emerge from the data was the detection of diverse redistribution levels and changes to PA levels, which seemed to be intertwined with and pre-conditioned by welfare regime patterns.

Nonetheless, this study has limitations. First, the absence of comparable data is a challenge for comparative social care research. Further research would benefit from attempts to improve coordinated standards for the collection and harmonisation of data regarding disability care. Second, the scope of nation states is not beyond all doubt. It implicitly assumes intra-country homogeneity, which is not always the case when local authorities, regions, or constituent states play a major role in the provision of social care. Third, the theoretical concepts may have been insensitive to post-socialist cases and their history (e.g. Mladenov & Petri, 2020). Here, the conceptualisation of the two temporally different morphogenetic cycles, as outlined in this paper, requires adaptions or redrafting because the collapse of state socialism is a major morphogenesis itself.

Observed from a theoretical angle, the morphogenetic tool for disability care conflicts has been able to apply the triple movement framework by avoiding a slightly under-socialised concept of agency present in the triple movement framework but was simultaneously able to avoid an over-socialised concept of agency and a static assumption of institutional persistence present in the welfare regime approach. By contrast, this paper examined conflictual incompatibilities sparked by the emancipatory agential subject of disabled people and the movement of disabled people; however, it also provided some explanations for the pre-conditioning of agency and its resulting in different outcomes.

For the disability movement, we can conclude that history to come remains contingent because no "straitjacket" imposed by existing welfare state structures could be found. This being said, we should also mention that not every force providing a situational logic of contingency may be a good opportunity of history. Having an underlying conflict of redistribution that is ever-present in capitalist societies, some attenuated strategy, guided by the recognition of mutual necessity with forces of social protection, may be a more sustainable path. Similarly, the forces of social protection should not act fiercely against emancipatory forces pointing to incompatibilities but should strive for compromise and syncretism.

Annexe

Appendix 1: Redistribution data

		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Ø 2004-2015[3]
Belgium	Exp. (millions, Euro)[1]	1'139.6	1'178.2	1'274.9	1'274.3	1'394.2	1'501.4	1'535.7	1'619.2	1'788.9	1'762.4	1'911.0	1'952.0	
	GDP (millions, Euro)[2]	296'819.7	310'037.6	325'151.5	343'618.9	351'743.1	346'472.8	363'140.1	375'967.8	386'174.7	392'880.0	403'003.3	416'701.4	
	Ratio %	0.383953581	0.380008055	0.392078812	0.370846576	0.396355121	0.433336944	0.422907336	0.430685795	0.463247074	0.448594096	0.474180041	0.468441633	**0.422052922**
Germany	Exp. (millions, Euro)[1]	9'308.4	9'692.8	9'958.4	10'431.2	11'165.5	11'851.5	12'772.0	13'107.8	13'935.1	15'256.1	16'142.5	17'865.3	
	GDP (millions, Euro)[2]	2'262'520.0	2'288'310.0	2'385'080.0	2'499'550.0	2'546'490.0	2'445'730.0	2'564'400.0	2'693'560.0	2'745'310.0	2'811'350.0	2'927'430.0	3'030'070.0	
	Ratio %	0.411417441	0.423577667	0.417527349	0.417323742	0.438466906	0.484580396	0.498050802	0.486635334	0.507597599	0.54266137	0.5514218	0.589598889	**0.480738275**
Greece[3]	Exp. (millions, Euro)[1]	15.0	16.0	18.0	17.3	20.0	21.4	21.0	14.0	13.0				
	GDP (millions, Euro)[2]	193'715.8	199'242.3	217'861.6	232'694.6	241'990.4	237'534.2	226'031.4	207'028.9	191'203.9				
	Ratio %	0.007718412	0.008030423	0.008262127	0.007428039	0.008263794	0.009016184	0.009308439	0.006752681	0.006799024				**0.007953236**
Latvia	Exp. (millions, Euro)[1]	16.4	18.7	24.1	28.9	35.9	31.5	32.1	36.7	39.6	40.2	50.4	58.4	
	GDP (millions, Euro)[2]	11'034.9	13'586.7	17'093.7	22'589.5	24'393.6	18'884.9	17'967.1	20'319.3	21'925.2	22'803.0	23'654.20	24'426.00	
	Ratio %	0.148902673	0.137980812	0.140941547	0.128116517	0.147324856	0.166727778	0.178555261	0.180851735	0.180469016	0.176124194	0.213052584	0.239286219	**0.169861099**
Slovak Republic	Exp. (millions, Euro)[1]	91.5	89.3	93.5	99.1	109.6	126.9	132.0	140.8	143.7	154.3	164.3	168.7	
	GDP (millions, Euro)[2]	46'175.2	50'485.7	56'361.4	63'163.4	68'590.5	64'095.5	68'093.0	71'214.4	73'483.8	74'354.8	76'255.9	79'758.2	
	Ratio %	0.198110653	0.176862089	0.165854572	0.156829866	0.159752365	0.197938954	0.19392312	0.197752176	0.195528752	0.207529718	0.215394605	0.211461648	**0.189744876**
Slovenia	Exp. (millions, Euro)[1]	44.2	46.5	50.5	54.2	57.0	58.9	67.5	69.8	74.4	76.8	86.3	81.4	
	GDP (millions, Euro)[2]	27'628.2	29'113.6	31'470.3	35'073.5	37'925.7	36'254.9	36'363.9	37'058.6	36'253.3	36'454.3	37'634.3	38'852.6	
	Ratio %	0.159949995	0.159815977	0.160550497	0.154518562	0.150383522	0.162369655	0.185623606	0.188323513	0.205195272	0.210784273	0.229338711	0.209509569	**0.181363596**
Spain	Exp. (millions, Euro)[1]	140.7	197.9	221.3	234.4	624.3	1'026.5	1'273.6	1'533.3	1'447.6	1'380.2	1'442.4	1'468.8	
	GDP (millions, Euro)[2]	859'437.0	927'357.0	1'003'823.0	1'075'539.0	1'109'541.0	1'069'323.0	1'072'709.0	1'063'763.0	1'031'099.0	1'020'348.0	1'032'158.0	1'077'590.0	
	Ratio ‰	0.016368855	0.021344531	0.022049704	0.021793724	0.056270115	0.095991576	0.118725582	0.144141129	0.14039583	0.135264757	0.139748064	0.136307472	**0.087366778**
Sweden	Exp. (millions, SEK)[1]	34'348.0	36'540.0	40'059.0	43'580.0	46'808.0	48'440.0	51'768.0	55'599.0	58'484.0	62'023.0	64'378.0	67'741.0	
	GDP (millions, SEK)[2]	2'811'869.0	2'912'659.0	3'100'495.0	3'298'111.0	3'397'143.0	3'330'277.0	3'570'093.0	3'719'138.0	3'732'539.0	3'808'314.0	3'980'966.00	4'248'213.00	
	Ratio %	1.221536281	1.254523787	1.2920195	1.321362441	1.377863693	1.454533662	1.450046259	1.494943183	1.566869094	1.628620959	1.617145185	1.594576355	**1.439503367**
Switzerland	Exp. (millions, CHF)[1]	2'372.1	2'459.3	2'534.8	2'599.0	2'659.0	3'095.9	2'924.9	3'041.7	3'025.7	3'061.3	3'003.3	3'079.9	
	GDP (millions, CHF)[2]	490'142.5	508'900.0	540'289.0	576'087.6	600'431.1	589'213.2	608'830.6	621'256.1	626'414.1	638'177.0	649'718.3	654'257.9	
	Ratio %	0.483969816	0.483253942	0.469153495	0.451146537	0.442846455	0.525437508	0.48041221	0.489600426	0.483017895	0.479687928	0.462247872	0.470747561	**0.476779347**
United Kingdom	Exp. (millions, GBP)[1]	2'472.3	2'543.2	2'558.0	3'158.6	3'397.4	3'607.0	3'823.1	3'912.9	3'965.7	4'072.3	1'620.2	1'661.0	
	GDP (millions, GBP)[2]	1'320'128.0	1'396'274.0	1'474'923.0	1'549'821.0	1'589'931.0	1'547'563.0	1'601'927.0	1'659'784.0	1'712'321.0	1'782'109.0	1'861'964.0	1'916'896.0	
	Ratio %	0.187277219	0.182144785	0.173432598	0.2038016	0.213680342	0.233076133	0.238654446	0.235746478	0.23159714	0.228508808	0.087015811	0.086648463	**0.191798652**

1. Expenditure data obtained from OECD (2017/2020b). Path: →OECD Social Expenditure Database →Public →INCAPACITY-RELATED BENEFITS (Disability, Occupational injury and disease, Sickness) →Benefits in kind →Residential care / Home-help services.

2. Gross domestic product data obtained from OECD (2017/2020a).

3. Data for Greece for 2013-2015 was missing. Therefore, the average of Greece refers to 2004-2012.

Appendix 2: Change to PA data

	Total number of people with PA (2015/ 2013)[1]	Population (2015/ 2013/ 2012)[2]	Rate of PA per 100'000	DECLOC residential rate per 100'000[3]			Ratio PA to residential rate in %
Belgium	3'250	11'237'274	28.9	222			13.02775000
Germany	20'000[4]	80'523'746	24.8	288			8.62409511
Greece	0[5]	11'003'615	0.0	missing[5]			0.00000000
Latvia	6'000	1'986'096	302.1	536			56.36197772
Slovak Republic	8'076	5'410'836	149.3	253			58.99448554
Slovenia	1'116	2'062'874	54.1	275			19.67246578
Spain	2'413	46'449'565	5.2	415			1.25177875
Sweden	19'768	9'747'355	202.8	302			67.15355462
Switzerland	1'213	8'237'666	14.7		37'553[6]	455.9[6]	3.23010146
United Kingdom	250'000	64'875'165	385.4	215			179.23510448

1. PA Tables obtained from ENIL (2017).
2. Population on 1 January obtained from Eurostat (2017). Data refer to the year 2015, 2013 or 2012.
3. Report Deinstitutionalisation and community living – outcomes and costs: Mansell et al. (2007: 32).
4. Data for Germany obtained from Wemßen (2014: 8). Data refer to the year 2012.
5. It was possible to include Greece despite the lack of information within data from Mansell et al. (2007). Because the number of people receiving personal assistance in Greece was zero, the ratio of change was foreseeable to be zero.
6. Data regarding residential care places in Switzerland obtained from OFS (2011). Data refers to the year 2009, calculated with population to have a residential rate per 100'000.

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