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To cite this article: Rossella Ciccia & Emanuela Lombardo (2019) Care policies in practice: how discourse matters for policy implementation, Policy and Society, 38:4, 537-553, DOI: 10.1080/14494035.2019.1702278

To link to this article: https://doi.org/10.1080/14494035.2019.1702278

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Published online: 18 Dec 2019.

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INTRODUCTION

Care policies in practice: how discourse matters for policy implementation

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ABSTRACT

This article puts public policy research in dialogue with gender and politics studies to enhance our understanding of the implementation of care policies. Care policies present interesting problems of implementation because of the multiplicity of aims, values, inequalities, actors and levels of governance involved. Nonetheless, previous research shows two important gaps: 1) the neglect of discursive factors in studies of implementation; and 2) the lack of attention to implementation processes in the analysis of care policies. This article suggests a general framework to address these issues which considers discourse as a transversal factor connecting actors and institutions engaged in policy implementation. The articles in this special issue demonstrate that including discourses in the analysis of care policy implementation makes visible the influence of gender norms and the dynamic and contentious processes surrounding them in a variety of institutional arenas, levels, and national contexts.

KEYWORDS

Policy implementation; care; discourse; gender equality policies; intersectionality

1. Introduction

Policy implementation, or the process of putting policies into practice, is a multifaceted and contested phenomenon which involves multiple types of actors and factors (Hill & Hupe, 2014). Public policy studies have dedicated attention to the role of discourses in agenda-setting and policy formulation processes (Fischer, 2003; Rein & Schön, 1996). However, discursive dynamics have not figured prominently in implementation research. This occurs despite the fact that a large number of feminist\textsuperscript{1} studies, particularly those concerning the implementation of international regulations and strategies such as gender mainstreaming and the Istanbul Convention on Violence against Women, show that the framing of policy problems and organizational and individual opposition are important factors shaping policy implementation (Benschop & Verloo, 2006; Mergaert &

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\textsuperscript{1}In this article we employ the term gender equality policies to refer to public policies that address inequalities between women and men. We use the term feminism to mean analyses and actions aimed at understanding and transforming unequal gendered power relations, norms, and practices (Ferree, 2006) to achieve equality and social justice through the politicization of gender issues and the empowerment of women. Politicization refers to political contestations of a variety of actors concerned about gender inequality that allow for the inclusion of new gender issues on the agenda; empowerment means women’s participation in decision-making processes and having women’s demands recognized as legitimate (Krizsan & Lombardo, 2013).

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Lombardo, 2014; Montoya, 2013). Discursive dynamics matter in implementation processes. Therefore, implementation research would benefit from engaging with gender and politics studies to understand the role-played by ideas, policy frames and discursive processes beyond the agenda setting and policy formation stages.

The analysis of the implementation of gender equality policies, i.e. policies that aim at dismantling gender hierarchies of power and achieve gender transformation (Htun & Weldon, 2018), is an emerging field (Engeli & Mazur, 2018; Mazur, 2017). Care policies represent a particular sub-domain of gender equality policies which is concerned with the provision of benefits and services for the care of children and adults who cannot provide for their own needs. The importance of studying care policies is well recognized, in particular since feminist scholarship in the 1990s brought new attention to the role of women and the family in the provision of welfare (Lewis, 1992; O’Connor et al. 1999; Sainsbury, 1996). Nonetheless, this research tradition shows some limitations. Firstly, its main focus has remained on policy design and the political, institutional and ideological foundations behind the adoption of certain policy models. Implementation has not significantly figured in this literature despite a growing number of studies showing that the outcomes of care policies cannot be easily read off from policy design (Koslowski & Kadar-Satat, 2018; Schadler, Rieder, Schmidt, Zartler, & Richter, 2017). Secondly, the analyses of issues relating to care providers and receivers have generally proceeded on parallel tracks. The traditional emphasis in these studies on women caregivers has offered limited insight about the multidimensional nature of the inequalities involved in care provisioning (Ciccia & Sainsbury, 2018). Despite the growing number of studies employing the concept of ‘intersectionality’ (Crenshaw, 1991) to investigate how the intersection of gender, class and race inequalities produces specific marginalizations and privileges in care policies (van Hooren, 2012; Williams, 2010), insight on how care policies affect various target groups remains fragmented across different disciplines such as social policy, gerontology, public health and disability studies.

This introductory article puts implementation research in dialogue with gender and politics studies to enhance our understanding of care policy implementation. Care policies present interesting problems of implementation because of the multiplicity of aims, values, inequalities, actors and levels of governance involved. Nonetheless, previous research shows two important gaps which relate to: 1) the neglect of discursive factors and processes in implementation research; and 2) the lack of attention to implementation in analysis of care policies and their gender+ inequality consequences, i.e. the intersection of gender with other social divisions (Ciccia & Sainsbury, 2018; Engeli & Mazur, 2018; Lombardo, Meier, & Verloo, 2017). This introductory article frames the various contributions to this special issue by providing a general framework for the analysis of care policy implementation. It suggests that the analysis of discourse as a transversal factor connecting actors and institutions sheds light on important aspects of the process through which care policies are put in practice.

2. Policy implementation research: key contributions and gaps

The identification of implementation as a separate stage in the study of the policy process is considered one of the most important innovations in policy research since the 1970s (Fischer & Miller, 2007). In previous research, implementation had been regarded
prevalently as a technical task carried out by neutral officials in a largely unproblematic and effective manner. This view began to shift with the publication of Pressman and Wildavsky (1973) showing that federal programs for the unemployed in Oakland were not carried out in the manner foreseen by legislators. Studies in other countries reached similar conclusions, bringing to the fore the political nature of implementation (Howlett, Ramesh, & Perl, 2009).

The early academic debate on implementation was polarized around two perspectives, the top-down vs. bottom-up approaches (Barrett, 2004). The emphasis of top-down studies on the compliance with policy objectives as formulated by policy-makers led to a focus on implementation failures and effective policy design (Bardach, 1977; Sabatier & Mazmanian, 1980). These studies were essentially prescriptive. Conversely, bottom-up approaches emphasized the importance of street-level bureaucrats and other actors in charge of putting policies in practice (Lipsky, 1980). For this approach, ‘perfect’ implementation was hardly possible and discretion not only inevitable but also necessary to ensure the substantive effectiveness of policies, even if this resulted in considerable deviation from the original intentions of legislators. While both approaches generated valuable insights, they were also affected by a number of shortcomings. For instance, they both assumed policy objectives as clearly set by policy-makers rather than negotiated among political actors and thus affected by degrees of vagueness and contradictions (Howlett et al., 2009).

A third generation of studies emerged during the 1980s to overcome the polarization between top-down and bottom-up approaches. This third generation of research was premised on the idea that further theoretical progress depended on a more rigorous research design (Goggin et al., 1990). Scholarship developed along different theoretical lines: many studies used insights from game theory to model administrative behaviour, while others concentrated on the nature of administrative tools. Nonetheless, reviews of the policy implementation literature reveal that progress toward a new research paradigm has been mixed and mostly involved methodological rather than theoretical and conceptual development (O’Toole, 2000; Saetren, 2014). Debates have spanned numerous issues from the necessity to delimit the concept of implementation (deLeon & deLeon, 2002), the need to revise normative concepts of success and failure (Peters, 2015), and the use of comparative and longitudinal research designs (Hupe & Saetren, 2015). In our view, two developments of this period are particularly promising for the study of the implementation of care policies: the emergence of a debate around the definition of policy success and a stronger integration of policy implementation within theories of the policy process.

Criteria about what constitutes successful implementation have been long debated in public policy studies (Capano & Woo, 2018; Howlett et al., 2009). Two main conceptualizations have emerged: from a top-down perspective, success is defined as legal compliance and conformity to the goals set out in policy formulation; the bottom-up perspective instead places more emphasis on the adaptation and re-definition of goals during the implementation phase so to reach substantive targets (Linder & Peters, 1987; Peters, 2015). As we will discuss in section 4, both perspectives are relevant for the analysis of the implementation of care policies.

Public policy scholarship increasingly places implementation within the context of its position in the entire policy process (Howlett, 2018). Not only decisions taken in earlier
stages of the policy process – adoption, formulation, decision-making – are likely to influence implementation, but there is often considerable overlap between those different stages. In particular, the choice of policy instruments is a major subject of policy formulation, but is also closely related to implementation (Howlett, 1991). Instruments translate legislators’ intention into effective actions by defining the institutions or authorities in charge of implementation, the type of good or activity to be delivered, and the way in which they will be conveyed (Engeli & Mazur, 2018). In the field of care policies, instruments include legislations granting parental and other leave provisions, instituting rights to public services (e.g. childcare or homecare), subsidies and tax breaks contributing to the cost of care, and employment and other social protection regulations enabling workers to take time off from work to care for dependent relatives. Each instrument involves different underlying logics with regard to the role of the state, market, families and women in the provision of care, and generally governments rely on mixes of different tools with potential complementary or countervailing effects on gender equality outcomes (Ciccia, 2017).

Much scholarship has been devoted to understanding the way in which political actors make choices about instruments (Capano & Woo, 2018; Howlett, 2004; Peters, 2015). These studies show that, while numerous factors need to be considered (e.g. the role of individual policy-makers, the nature of the problem, institutional norms and routines, the characteristics of the wider context), political and ideational factors play a significant role (Howlett, 1991; Lascoumes & Gales, 2007). These factors are present, for instance, in the emerging literature on instrument constituencies, i.e. epistemic communities which are actively involved in supporting specific policy instruments regardless of the problem at hand (Béland, Howlett, & Mukherjee, 2018; Voss & Simons, 2014). These developments illustrate how studies of implementation have started to fruitfully connect insights and concepts developed in research on policy formulation and agenda-setting.

The three generations of implementation studies have considerably advanced our knowledge of how policies are put into practice by: 1) showing that policies once adopted continue to be subject to negotiation, interpretation, contestation and coalition; 2) highlighting the political nature of implementation; 3) identifying various types of actors and institutions to be considered in analyzing implementation processes; 4) placing implementation in relation to the whole policy process. Despite these contributions, knowledge on policy implementation continue to show two important gaps.

Firstly, implementation research has generally neglected to analyze gender equality and care policy measures despite increased legislation on these issues at the local, national and international levels (Engeli & Mazur, 2018). This research gap reflects a general blindness to the gendered nature of implementation processes, and to the way in which dynamics related to structural inequalities affect the way in which policies are put in practice. Secondly, implementation scholars have not systematically analysed the role of ideas and discourses in policy implementation. The use of ideational and discursive approaches to issues of policy development is a well-established field of research (Durnova, Fischer, & Zittoun, 2016; Schmidt, 2008; van Hulst & Yanow, 2016). With regard to implementation, textbooks and classic work hint to an influence of ideas and actors’ frames on policy implementation (Béland & Ridde, 2016; Peters, 2015), but their role has remained rather implicit in all three generations of implementation studies. Thus, as we argue in the next section, the study of policy implementation would benefit
from connecting with gender and politics research on policy frames and discursive politics, the dynamics of durable resistance, and formal and informal gendered institutions.

3. Contributions of gender and politics studies to policy implementation research

Gender research on policy implementation has emerged especially in the context of analyses of international regulations and strategies, in particular, those concerning gender mainstreaming and violence against women. However, the issue of policy implementation has received growing attention by gender scholars and a number of calls have been issued in recent years about the need for more systematic analysis of the implementation and practice of gender equality policies (Engeli & Mazur, 2018; Mazur, 2017; Blofield & Haas, 2013). While acknowledging the need for gender scholarship to get more involved with public policy debates, in this section we highlight valuable insight offered by the broader literature on gender and politics for the study of policy implementation. We focus in particular on three key issues: the political dimension of implementation; the discursive politics of implementation; and the genderedness of institutions and actors.

The first contribution of gender and politics research is to show that the political dimension of implementation is both gendered and intersectional, i.e. it produces differential impacts on gender and other inequalities (Collins & Chepp, 2013; Crenshaw, 1991). Gender perspectives exposed the lack of neutrality of policymaking by showing that it is not only gender – but also class-, ethnicity-, and sexuality-biased (Lombardo et al., 2017). The genderedness of the political dimension is well exemplified in the phenomenon of resistance. The resistance of public administrations is one among several political games that hinder implementation (Bardach, 1977). Gender scholars define resistance as inertial conduct that tend to maintain the status quo concerning gender equality (Benschop & Verloo, 2006) and have classified resistances into different types: individual, institutional, explicit/implicit, gender-specific or not (Lombardo & Mergaert, 2013). The norms underpinning different forms of resistance work by rewarding men and sanctioning women, such as, for example, implicit norms that express a preference for male candidates in elections (Bjarnegård, 2013). The gender dimension of resistance is also exemplified by research on gender mainstreaming showing that civil servants’ unwillingness to apply adopted decisions and incorporate gender equality practices in their organizations was the main obstacle to implementation (Cavaghan, 2017; Mergaert & Lombardo, 2014). In sum, gender perspectives show that the power that is played out in the implementation process is not neutral but gendered and intersectional.

The second contribution concerns the discursive dimension of implementation. Gender research on discursive politics has well documented how policy problems take multiple meanings (Bacchi, 1999; Lombardo, Meier, & Verloo, 2009). This research tradition has developed a reflectivist interpretative approach to policy analysis which focuses on the way in which the discourses embedded in policy documents (de)construct social reality and produce gendered outcomes (Kantola & Lombardo, 2018). In childcare policies, for instance, the use of frames of ‘reconciliation of work and family life’ is often meant to reinforce the idea of care as a women’s problem, while frames of ‘equal sharing’ engage both men and women as co-responsible for care (Ciccia, 2017; Lombardo & Meier, 2008). Such
policy frames construct particular interpretations of women, men and their relation. Beyond the intentional strategic framing of policy-makers, gender scholars have also identified unconscious bias in policy frames as an important mechanism that steers attention towards some issues and away from others (Bacchi, 1999; Lombardo et al., 2009). Implementation is not immune from such discursive political dynamics since the actors involved construct, resist and negotiate different framings of problems and solutions. By drawing on gender research, implementation research could further its understanding of policy frames and the politics of discursive struggles throughout the policy process.

The third contribution concerns the genderedness of formal and informal institutions and the actors relevant in the implementation process. Feminist institutionalism has theorised and empirically studied the genderedness of ‘informal institutions’, which Chappell and Mackay (2017, p. 57) define as ‘enduring rules, norms and practices that shape collective behaviour that may or may not be recognised by institutional actors; have a collective effect; are usually not codified and are enforced through sanctions and rewards from within or outwith an institutional arena’. Informal institutions are difficult to grasp, since they are not written codified rules, but rather hidden everyday practices and norms deeply embedded in the institutions. Informal institutions can make changing gender relations extremely difficult. For instance, Hawkesworth (2003) illustrated how the political action of Congresswomen of color in the US was made difficult by informal gendered-racialized institutions that establish the importance of members and the appropriateness of their behaviour. Practices of late-hour political meetings are another example of informal institutions that tend to exclude women – who are the majority among primary caregivers – from political parties (Verge & De la Fuente, 2014). Such gendered informal institutions, as informal cultural practices tend to do, can influence policy implementation by creating hurdles to putting gender equality goals in practice.

Despite the constrains posed by informal gendered norms and practices, gender scholarship shows that there are possibilities for feminist agency (Kantola & Lombardo, 2017). Feminist actors working in public bureaucracies have been sometimes able to implement gender mainstreaming policies by seizing discursive and material opportunities offered by the institutional context (Eyben, 2010), while women’s groups and feminist organizations located outside, within or in-between state institutions and civil society have often been crucial for the implementation of gender equality measures (McBride & Mazur, 2010). Furthermore, research shows that overcoming gendered resistances requires feminist action at multiple levels of government (La Barbera & Lombardo, 2019a) and policy phases. For example, in the area of gender-based violence, the authoritative inclusion of women’s rights advocates at all stages of the policy process, including implementation, has contributed to durable gender-equal policy outputs (Roggeband & Krizsán, 2018).

4. Care policies in practice: discourse as a transversal factor in policy implementation

This section introduces a general framework for the analysis of care policy implementation which: 1) illustrates the key principles and criteria for assessing implementation; and 2) addresses the role-played by discourses as a connecting factor between actors and institutions in charge of putting care policies in practice.
Conceptions of successful policy implementation have oscillated between formalistic and substantial criteria (Peters, 2015). In analyzing care policies both types of approaches are relevant. State interventions in the field of care are shaped by different goals such as increasing the employment of women, older and disabled people, increasing fertility, improving children’s outcomes and well-being, containing financial costs and engaging men in care (Ciccia & Bleijenbergh, 2014; Ciccia & Verloo, 2012). The relative priority accorded to each of these goals by legislators sets the scene for policy implementation in ways that enhance or constrain social progress towards gender+ equality outcomes. However, care policies are deeply contentious and value-laden objects, underpinned by different ideals about motherhood, childhood and intergenerational obligations. Accordingly, implementing actors located at different institutional levels and arenas – public, private and civil society – are likely to hold different views of desirable goals and, within the limits set out by the policy design, act in ways that can ameliorate or exacerbate these outcomes. Thus, even if implementation could be considered successful because it complies with the original policy goals (formalistic criteria), it might still not result in progress towards greater equality (substantive criteria). Accordingly, a certain degree of deviation from the original goals of legislators might be desirable if implementing actors through their action make policies more substantively gender+ equal. In this view, the criteria for assessing implementation should comprise both notions of formal compliance and substantive equality principles.

Understanding care policies as a sub-sector within the broader domain of gender equality policies brings to the fore the normative dimension. With regard to the kind of substantive principles which should be considered in assessing implementation, gender policy studies highlight the importance of three dimensions: intersectionality, transformative potential and inclusive empowerment (Engeli & Mazur, 2018; Krizsan & Lombardo, 2013). The first dimension is concerned with the recognition and amelioration of the multiple inequalities involved in the organization and delivery of care. Care policies comprise a mix of instruments – services, leaves, subsidies and tax breaks – to deal with situation of dependency and are generally distinguished based on the fact that they target either children or frail adults, and their respective carers. Given the prevalence of women as providers of care both in the home and in professional settings, gender is a prominent feature of the way states organize to provide care. However, other inequalities also shape and are shaped by care policies. While age and disability identify the main target groups of care policies (children, older and/or disabled individuals), citizenship and employment status are frequently used to define (or restrict) access to particular measures. Furthermore, migrant workers, often in low-paid occupations and sectors, represent increasing shares of the care workforce across all advanced economies (van Hooren, 2012; Williams, 2010).

The inequalities that are primarily involved in the implementation of care policies are race/ethnicity, migration status, class, sexuality, age and able-bodiedness. The intersection of multiple inequalities involved in care policies implementation thus demands the adoption of an intersectional gender+ equality perspective.

The second dimension considers the extent to which policy implementation effectively transforms unequal gender and other relations of power. This involves foremost shifting the unbalanced gender division of paid and unpaid work by, for instance, introducing a greater incentive for men to get involved in care. Yet, it is also necessary to ensure that
this does not come at the expenses of greater inequalities along class, ethnicity, citizenship and other social divisions (Ciccia & Sainsbury, 2018; Williams, 2010). Finally, the third dimension considers the extent to which implementation empowers all the actors affected by a particular measure and represents the diversity of their positions. Implementation involves power struggles among a plurality of stakeholders with different aims: those that want to implement the policy as originally intended, those that aim to modify its goals and those that will try to slowdown or impede its implementation. Assessing who is invited to take part in the implementation process and whose claims are represented is a fundamental task in the assessment of policy implementation (Cullen, 2019; Engeli & Mazur, 2018).

4.1. How discourse matters for care policies implementation

In what follows, we draw on the contributions in this special issue to illustrate the role-played by discourse as a transversal factor connecting institutions (institutional discourses on care) and actors (individual and collective actors’ frames) involved in the implementation of care policies. Discourses are the construction of meanings and interpretations about a given policy problem which are employed in both strategic and reflectivist ways. The focus on discursive factors brings to the fore following aspects of the process of policy implementation: a) the interrelatedness of frames across all policy stages; b) the presence of informal gendered+ norms; and c) the influence of discursive contestations and resistances.

Firstly, the focus on discourses as a transversal factor shows that frames adopted in earlier stages of the policy process set the possibilities for transformative change in the implementation phase. Policy design affects implementation by fixing the meaning of care to be implemented. Discursive analyses allow researchers to look at decision-making processes as an ongoing construction of meanings and interpretations about policy problems and solutions that cuts across policy design, formulation and implementation. For instance, contributions in this special issue show that the adoption of a shared frame on ‘family well-being’ in Poland was deployed by political actors to advance divergent objectives in childcare policies (Plomien, 2019), while the employment focus of EU regulations on work–life balance influences domestic policies in Spain by shifting them away from frames of traditional gender roles (La Barbera and Lombardo, 2019b). Nonetheless, in the process of implementation, actors can reinterpret policies in ways that can at least partially change the frame embedded in policy design. For instance, in the Spanish case, the interaction of EU policy and Spanish dominant gender norms applied by judicial actors re-shifts policy frames towards a more traditional interpretation of gender roles in childcare.

The discursive interrelatedness across policy stages shows interesting gendered dynamics also with regards to the choice of policy instruments. The choice of particular instruments (e.g. parental leaves regulation, homecare services or cash-for-care schemes) reflects particular interpretations of the care issue that are not gender+ neutral. Scala, Paterson, and Richard-Norbert (2019) in this special issue show that policy actors at different governmental levels chose instruments with different underlying meanings of caregiving and gender norms about women and men’s social roles. For instance, the reliance on tax-credits for families to provide elderly care at home frames caregiving as an activity which should be provided essentially by family members – i.e., women within the
The choice of this instrument is thus not gender neutral and works to reinforce the idea of women as primary caregivers rather than promoting their participation in the labour market.

The second contribution of employing discourse as a transversal factor is that it makes (implicit) informal norms about gender+ roles in care policies emerge more explicitly. Care policy frames reflect different institutional norms which can, for instance, reproduce the male breadwinning family model maintaining a traditional division of gender roles, or rather adhere to a ‘universal breadwinner’ model which shifts the focus on employment and promotes the equal participation of women and men in the labour market, or even promote a ‘universal caregiver’ ideal based on the equal engagement of women and men in both paid work and unpaid care (Ciccia, 2017). Implementing actors interpret these policy frames according to their own conscious or unconscious gender, race, and class biases, which express particular norms and values about what care is, what gender is and who should take care of children and frail adults. For instance, common policy frames show that care is interpreted as a problem related to employment (Scala et al., 2019), to family well-being (Plomien, 2019), a private responsibility (Ranci & Arlotti, 2019) or as ‘real work’ but only if carried out by someone other than the spouse of the person needing care (Dussuet & Ledoux, 2019). The frames used by implementing actors differ in their underlying gender+ norms because of the differential emphasis they place on women as the main actors attributed caring responsibilities, on the goal of achieving greater equality between women and men, and the need to address other inequalities that intersect with gender in the social organization of care (Ciccia & Sainsbury, 2018).

Professional cultures and their underlying gender+ norms are particularly important in the implementation phase. The professional frames adopted by different categories of street-level bureaucrats in charge of implementing care policies affect the decisions they make in practice by influencing their interpretation of institutional resources and policy instruments. Dussuet and Ledoux (2019) show that in assessing the level of dependency of applicants for the elderly care benefit, doctors rely on a biomedical, gender-blind frame. Doctors’ framings, thus, tends to overlook the wider social context of the applicant such as the existence of an informal carer at home, usually the spouse. Bureaucrats, in turn, use administrative – also, gender-blind – framings to try to fit the specific situation of the individual into standard institutional schemes with the aim of fast-processing applications. By contrast, social workers adopt sociological frames which, although also gender-blind, are more responsive to the story told by the applicant and their families, and make decisions also considering the needs and the socio-economic inequalities involved (Dussuet & Ledoux, 2019). In sum, the conflicting interpretations and gender-blind practices of the different groups of professionals engaged in the implementation process have important gender+ effects on the beneficiaries of the measures.

The presence of contestations across the whole policy process is the third key aspect that emerges by focusing on discourses as a transversal factor in the implementation process. Implementation is a battleground of actors with different discursive interpretations of the policies to be put in practice. It involves power struggles among stakeholders with different aims: those that want to implement the policy as originally intended, those that aim to modify its goals, and those that will try to slowdown or impede its implementation (Ahrens, 2018). The article by Cullen (2019) in this special issue shows that
both public and private actors engage in discursive contestations around the meaning of care and the role of the market in elderly care provision in Ireland. Such contestations did not only occur during the process of implementing the new homecare regulation, but continued after the policy was implemented as a vast array of private and civil society actors tried to negotiate alternative framings of the policy problem. The focus on frame contestation thus fruitfully connects policy design and implementation by opening up new possibilities to reform an implemented policy according to less gendered and racialized ideas of care. Such reopening of the meaning of a policy that discursive approaches bring to the fore is particularly evident in the case of judicial institutions operating within multilevel settings. As shown by La Barbera and Lombardo (2019b), the discursive implementation of policies changes not only from one governmental level to another, but also within the same court depending on the judge interpreting the legislation and the gender+ framing put forward.

Actors’ resistance is a specific form of contestation that reveals the power of informal gendered norms and practices in hindering transformative change. The article by Ranci and Arlotti (2019) in this special issue shows that policy innovation promoting a shift toward professionalized long-term care in Italy was hampered by the existence of cultural norms and social attitudes which place primary responsibility for care within the family (and migrant care workers within the home). In this context, both the pitfalls of policy design and entrenched resistance among potential beneficiaries led to modest take-up rates of the new scheme. In other institutional contexts, such as judicial institutions in Spain (La Barbera & Lombardo, 2019b), discursive resistances oppose not specific policy instruments but the policy outcome of gender roles transformation. While some judicial actors interpreted parental leave legislation in the direction of a redistribution of responsibilities between working parents, other judicial actors opposed these equal sharing frame. The analysis of resistance is particularly important in the analysis of care policy implementation as they can prevent transformative gender+ outcomes despite progressive legislation.

Finally, we identify two new research avenues concerning the analysis of actors in care policy implementation. First, since actors’ frames have a strong influence on the implementation process, a large number of actors located across the whole policy process should be included in the analysis. Indeed, the presence or absence of some actors will allow or not to see particular framings of care. In particular, implementation studies should pay more attention to judicial and civil society actors. The judiciary phase represents the last stage of the application of a regulation and as such it is relevant for the overall assessment policy implementation. Judicial actors bring in interpretations of care and gender+ equality which are shaped by the constrains and opportunities offered by the context-specific legal frameworks as well as by the values of individual judicial practitioners. Besides, the framings expressed by different courts and judges have tangible effects for people in relation to the extent to which adopted regulations on care are applied in gender-equal ways. The study of civil society actors, including migrants’ organizations, in care policy implementation is especially important for ensuring that implemented policies effectively address the demands of both care-givers and receivers. Previous research shows, for instance, that care and migrant workers’ associations might face difficulties in gaining the support of both trade unions and feminist organizations because of the different ways issues of care, gender and work are framed across these organizations (Ferree & Roth, 1998; van Hooren, 2018).
The study of a wider range of actors is also relevant for mapping resistance and contestations in the implementation phase by identifying and analysing collective actors mobilising in favour and against specific measures and the arguments they put forward (Cullen, 2019). While judicial actors are generally absent in gender policy implementation studies, civil society actors are more commonly found in research on the implementation of international regulations such as gender mainstreaming or gender violence policies. Therefore, for a more thorough understanding of the process of policy implementation, future studies need to address the whole variety of actors involved, dedicating special attention to those that have been neglected by previous research.

Our second point concerns the analysis of feminist agency. The empowerment of feminist actors, located both in social movements and state institutions, is a key criteria of successful care policy implementation (Engeli & Mazur, 2018; Krizsan & Lombardo, 2013). In a field such as a gender policy that experiences enduring resistances, the action of equality advocates can overcome resistances at different points of the policy process and ensure long-lasting outputs. However, feminist agency has not been a central object of analysis in implementation research. Hypotheses for explaining this absence include the fact that care policies are not institutionalized as explicit gender equality measures and often lack dedicated bureaucracies with a gender equality focus within state agencies. As a result, feminist actors are less visible than in other policy sectors such as gender-based violence. We here identify a gap in the research that needs to be filled in by explicitly studying feminist agency in the implementation of care policies to provide an understanding of the different feminist discourses and practices on care within state institutions.

5. The content of this special issue

The contributions to this special issue offer a wide range of theoretical and methodological perspectives on the role of discursive factors and actors’ frames in the implementation of care policies. The articles address critical issues in care policy implementation by focusing on the interaction between institutional and discursive factors, considering a variety of actors (street-level bureaucrats, policy-makers, beneficiaries, civil society organizations, judges), institutional arenas (parliaments, bureaucracies, courts) and geographical contexts (France, Italy, Ireland, Canada, Poland, Spain).

In ‘The gender logic and effects of instruments mixes: implementing eldercare policy in Canada’, Francesca Scala, Stephanie Paterson and Laurence Richard-Nobert address the discursive dimension of policy instruments employed in eldercare policies in Canada. By applying frame analysis, they identify three distinct and contradictory frames embedded in policy instruments at the federal and subnational levels. Their article shows that policy instruments are not neutral technical tools, rather they are informed by particular frames of policy issues which shape the gender, social and political relations that surround them.

Social resistances to policy innovation is the subject of ‘Resistance to change. The problem of non-take up in implementing policy innovation in the Italian long-term care system’ by Costanzo Ranci and Marco Arlotti. Using a mixed method approach, the paper analyzes the implementation of Home Care Premium in Italy, a new long-term care programme which encourages the regular employment of in-house assistants. Their analysis shows that low take-up rates among potential beneficiaries were the results of
individual situated decisions deeply rooted in attitudes and adaptive practices shaped by the existing institutional context of long-term care.

In ‘Implementing the French elderly care allowance for home-based care: bureaucratic work, professional cultures and gender frames’, Annie Dussuet and Clemence Ledoux study how street-level bureaucrats and subnational governments implement the Allocation Personnalisée d’Autonomie. Adopting a discursive institutionalist approach and drawing on rich empirical material, they analyze the gendered nature of frames and practices adopted by actors and organization involved in implementation. Their findings show the importance of professional cultures used by street-level bureaucrats (medical, social work, administrative) in determining the frames and methodologies used in assessing elderly applicants.

Pauline Cullen in ‘The discursive politics of marketization in home care policy implementation in Ireland’ investigates how different actors discursively engage with processes of marketization of home care policy in Ireland. Drawing on a qualitative assessment of the discourses used by a variety of front-line actors, the article illustrates how implementing actors legitimize, contest and adapt to the marketization of home care in divergent and overlapping ways. They act as discursive agents that mediate between policy design and implementation, reproducing in turn gendered and racialized ideas about care work.

In ‘Towards equal sharing of care? Judicial implementation of EU equal employment policies in Spain’, MariaCaterina La Barbera and Emanuela Lombardo investigate the judicial implementation of childcare policies from a discursive and multilevel perspective. Through critical frame analysis of judicial documents and interviews with key actors, the article shows that: 1) the same policy is implemented in different ways at different governmental and judicial levels; and 2) progress towards equal sharing of childcare requires the simultaneous presence of favorable institutions, framing, and actors. The prevalence of a ‘women’ approach induces the authors to conclude that judicial implementation shows the limited effect on the transformation of gender roles in childcare.

The investigation of gender-just outcomes in Polish childcare policies is the subject of Ania Plomien’s article ‘Gender inequality by design: does the successful implementation of childcare policies deliver gender-just outcomes?’. Through an integrated analysis of policy design, implementation, and outcomes, the article shows that dominant discursive framings of the policy problem (‘shared family wellbeing’) support divergent approaches by different actors within state institutions. The approach adopted draws attention to the interaction between actors, institutions and discursive frames and highlights the centrality of gender throughout the policy process.

Overall, the articles demonstrate the need for cross-fertilization between studies of implementation and gender and politics. It shows that the analysis of care policies would benefit from incorporating insights from public policy research to move beyond its traditional focus on policy adoption and design to the ways care policies are used in practice and how this shapes the outcomes they produce. It also makes a case for implementation research to pay more attention to gender and politics research because it demonstrates: a) that the political or power dimension of implementation is gendered and intersectional, and b) that discourse matters for policy implementation, and not just in the pre-adooption stages, by acting as a transversal factor linking institutions and actors. If policy implementation is shaped in gendered and intersectional ways, and care policies
need to be studied in practice, it is time for scholarships on public policy, gender, and care to engage in fruitful dialogues.

Acknowledgments
This special issue is an initiative developed as part of the international research network Gender Equality Policy in Practice (GEPP) coordinated by Amy Mazur and Isabelle Engeli. Within this research network Rossella Ciccia and Emanuela Lombardo, together with Alba Alonso, coordinate the issue of care policy implementation. We wish to thank the contributors to this special issue and the editorial team of Policy & Society, Giliberto Capano, Jessica Yom and Camille Velez, for their professional guidance and assistance. Emanuela Lombardo and Rossella Ciccia, respectively, acknowledge the generous funding provided by the Spanish Ministry of Research, UNIGUAL Project (Ref: Fem2017-86004-R) and the EU Horizon 2020 Marie Skłodowska-Curie programme (grant agreement No.746168-AGenDA).

Disclosure statement
No potential conflict of interest was reported by the authors.

Funding
This work was supported by the H2020 Marie Skłodowska-Curie Actions [No.746168-AGenDA]; Ministerio de Ciencia, Innovación y Universidades [Fem2017-86004-R].

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