Sustaining universalism?

Changing roles for the state, family and market in Nordic eldercare

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Point of departure

- Eldercare as **social infrastructure** - important for the society as a whole, not only for those using care services here and now
- Eldercare policies deal with risks related to *needing as well as giving* care – three parties involved
  - persons in need of care
  - their families
  - paid care workers
- These three groups – majority women – **live the consequences of changing public policies**
- Policies should be evaluated from an equality perspective regarding all three groups

What is universalism?

- Anttonen, Häikiö & Stefánsson, eds. *Welfare State, Universalism and Diversity* (2012).
- Universalism a contested theoretical principle and social policy concept – 'varieties of universalism'
- Used in different ways, often contrasted to other principles but seldom defined
- 'An ideal type beyond reach' – matter of degree rather than a dichotomy

Criteria of universalism

- Goul Andersen (2012)
- 1. Clearly defined rights of eligibility
- 2. Applying to all citizens/residents
- 3. Benefits/services financed (mainly) by taxes
- 4. Same benefits (almost) for all citizens; no means-testing
- 5. Benefits are adequate
- Movements towards or away from these criteria – ‘universalisation’ vs ‘de-universalisation’

Nordic eldercare in relation to these criteria

- 1. Clearly defined rights of eligibility? Yes – but relatively weak social legislation; 'according to need' assessed by gate keepers
- 2. Applying to all citizens/residents? Yes – but differences between municipalities ('post code lottery'; 'welfare municipality')
- 3. Benefits/services financed (mainly) by taxes? Yes – generous public funding but income related user fees
- 4. Same benefits (almost) for all citizens?
- 5. Benefits are adequate?
- Two last points crucial – can eldercare be the same and adequate?

My understanding of universalism as an ideal in Nordic eldercare

- Discussed in Vabø & Szebehely (2012)
- High quality services directed to and **used by all social groups** – improving the quality for all – 'the sharp elbows of the middle class'
- Cf. Titmuss (1968): 'services for poor people have always tended to be poor quality services'
- Formal eligibility not enough: services have to be **accessible**, **affordable** and **attractive** – to keep the support of the middle class
- Universalism ≠ uniformity (sameness); one-size-fits-all-services cannot be adequate
- Universal services need to be individually adapted!

Nordic eldercare: weak universalism – but becoming weaker or stronger?

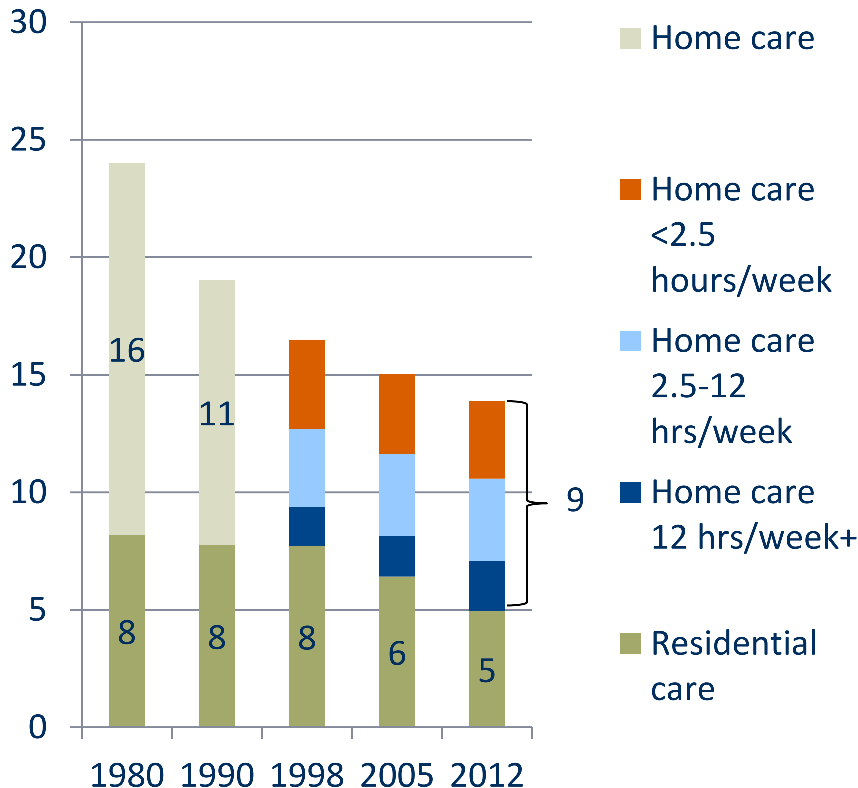
- The rest of the talk:
- Trends in Nordic eldercare
  - Declining service coverage
  - Re-familialisation, privatisation and marketisation
- Consequences for older people in need of care, their families and care workers – from an equality perspective
- ‘Universalisation’ or ‘De-universalisation’?
- Is universalism in eldercare worth preserving and is it sustainable?

Shifting boundaries of care in the Nordic countries since 1990 (model inspired by Jane Jenson 1997)

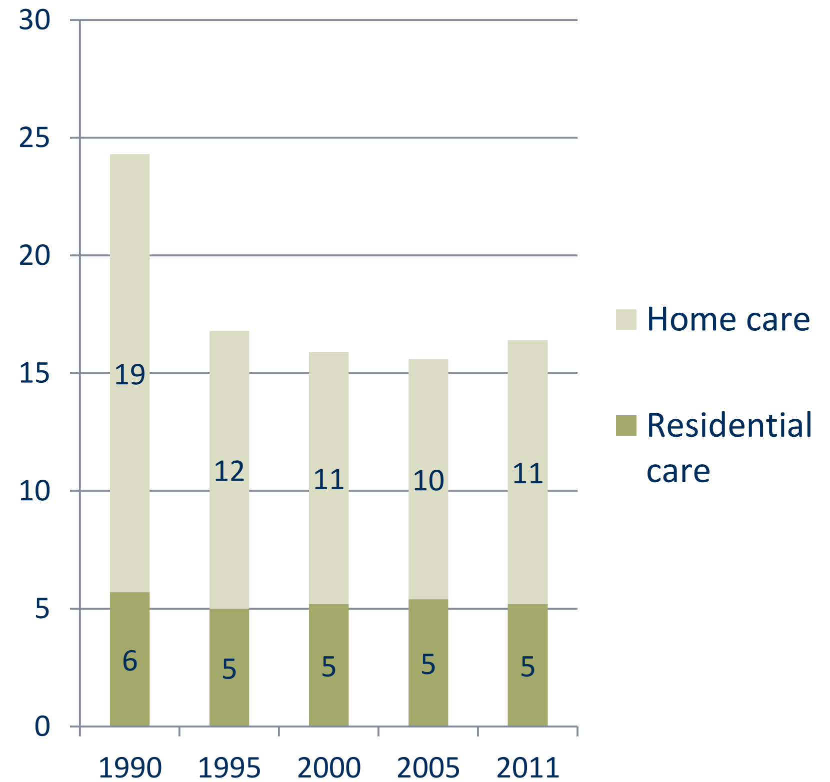
Who pays? / Who provides?	Family	State	Market	Non-profit
Unpaid				
Publicly financed				
Privately financed				

Reduced service coverage: Sweden and Finland…

Sweden: Eldercare services in pop. 65+ 1980-2012 (%)



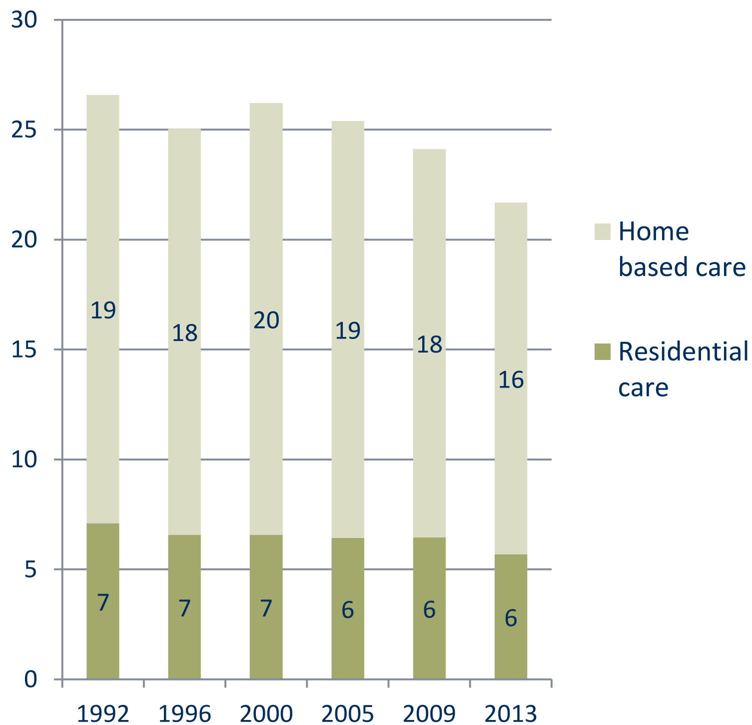
Finland: Eldercare services in pop. 65+ 1990-2011 (%)

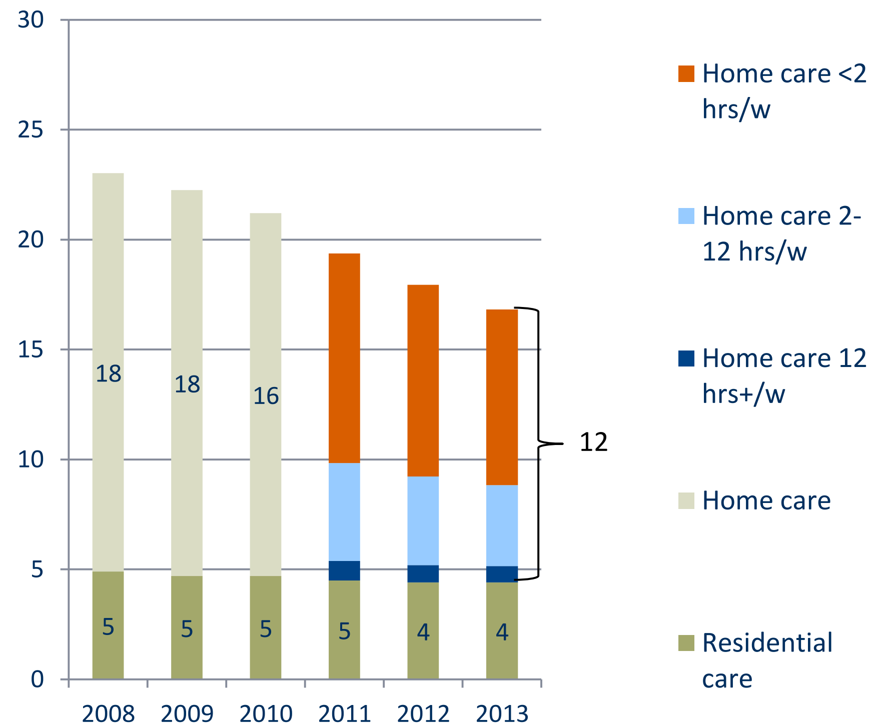


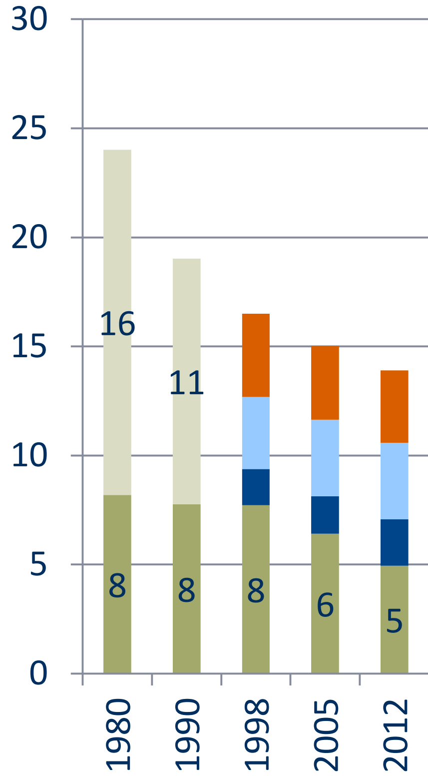
Decline also in Denmark and Norway – but later

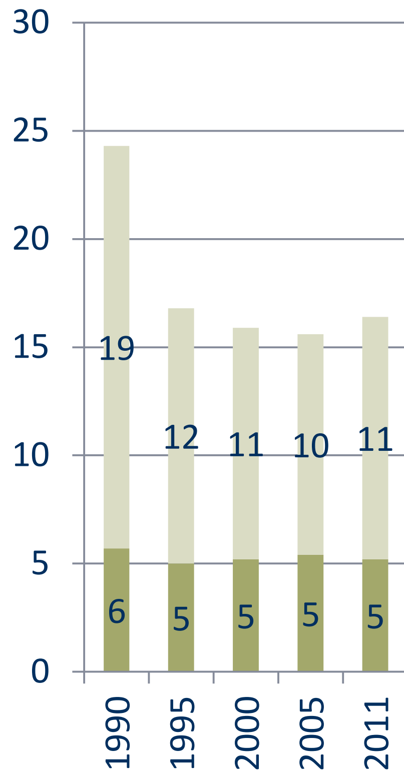
Norway: Eldercare services in pop 67+ 1992-2013 (%)

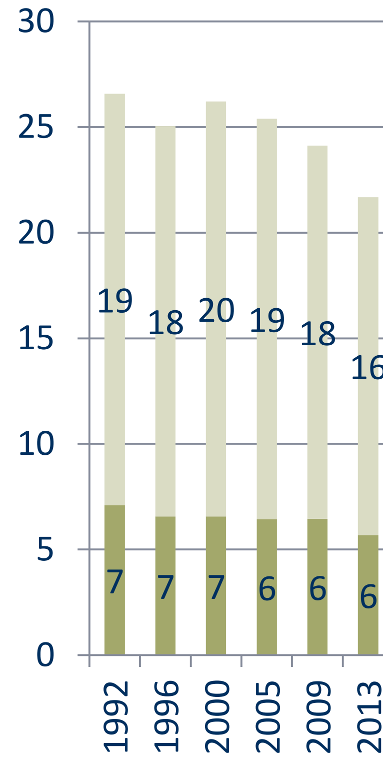
Denmark: Eldercare services in pop 65+ 2008-2013 (%)

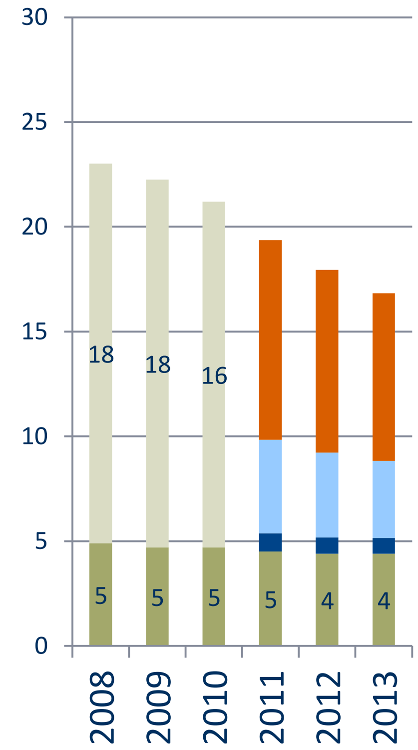












Despite difficulty of comparison: similar trends of declining coverage – also among the oldest old

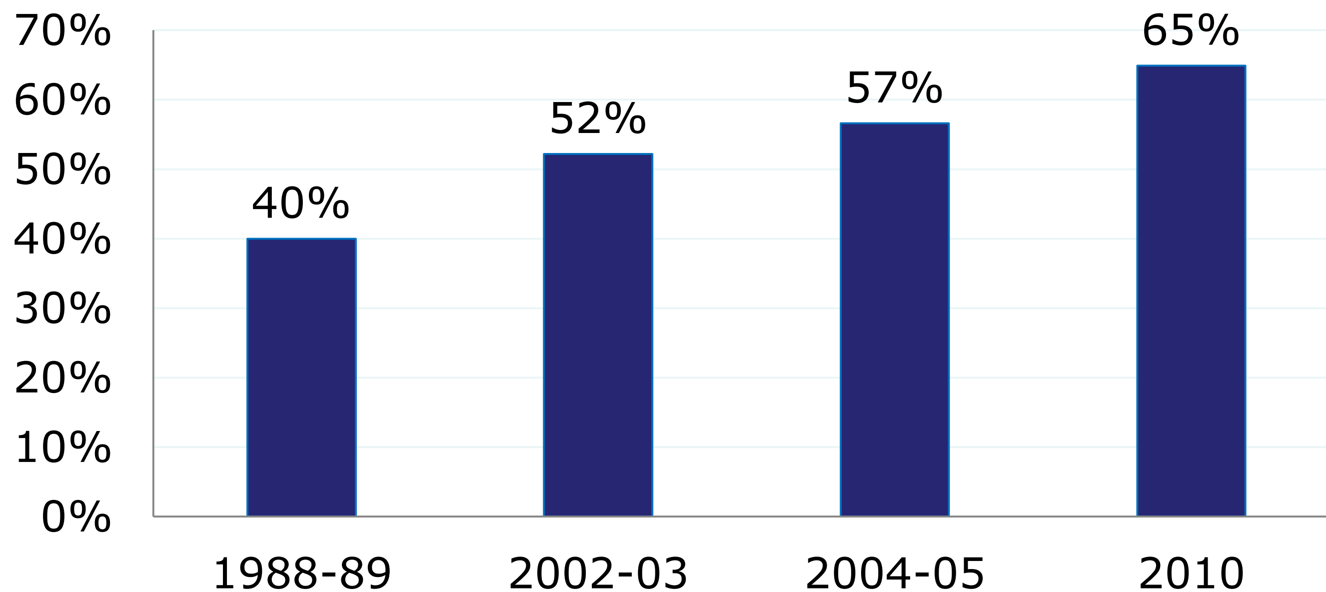
Consequence of declining coverage: Re-familialisation and privatisation

- **Re-familialisation**:
  - Clear trend in Sweden but indications of increase also in Finland and Norway
  - **Mainly affecting those with fewer resources**

- **Privatisation**:
  - Supported by tax rebates except for Norway
  - Clear trend in Sweden but indications of increase also in Finland and Denmark – less so in Norway
  - **Mainly affecting those with more resources**

Sweden: Re-familialisation

Older people (75+) in need of help living at home: % receiving help from non-residing kin/friends 1988-2010



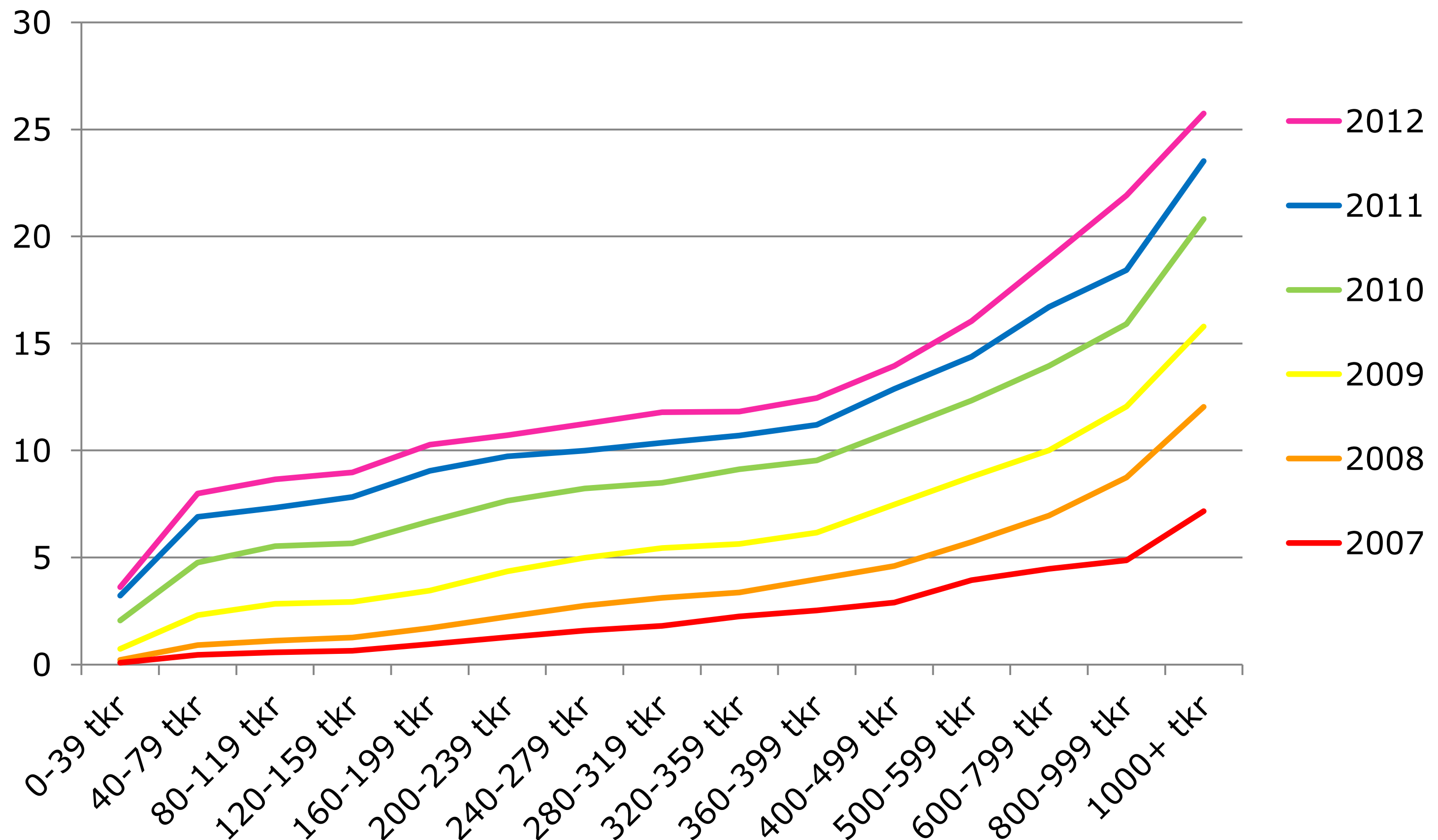
Szebehely, Ulmanen & Sand 2014

Coerced re-familialisation - older people prefer formal care

Signs of '**Familialism by default' (**Saraceno 2010)

Sweden: Privatisation

% of 65 yrs+ using tax rebate for domestic services/care by annual income in Sweden 2007-2012



Tax rebate introduced in 2007: 50% of cost (up to €11,400 per year) for domestic services or care

Meagher & Szebehely 2013

Marketisation of publicly funded eldercare in the Nordic countries (2012): Proportion for-profit (FP) and non-profit (NP) provision and trends

%	Sweden		Finland		Denmark		Norway	
	FP	NP	FP	NP	FP	NP	FP	NP
	19 ↑	3 →	18 ↑	16 ↓	5-6 ↑	?	3-4	4-5

No for-profit eldercare before 1990; increase only of for-profit

Large municipal variation

Opening up for competitive tendering and outsourcing to for-profit providers in 1990s and for choice models in 2000s

Finland and Sweden more affected than Denmark and Norway

Meagher & Szebehely 2013

Structure of the private market

- Sweden and Finland **highly concentrated market** (residential care)
- Two largest corporations (Attendo and Carema/Vardaga – each with 15,000 employees in the Nordic countries), owned by private equity, run half of private residential care in Sweden – 10% of all residential care.
- But also **highly fragmented market** (home care) – e.g. more than 100 home care companies in each district of Stockholm (1/3 disappear within a two year period)
- Finland and Sweden: A paradise for international capital? Generous funding – little regulation (but increasing)

Meagher & Szebehely 2013

Interaction between tax rebates and choice models of home care

- Combination of income related user fees and tax rebates makes privately purchased services cheaper than needs assessed home care for those with higher income
- Topping-up of services: private providers of needs assessed home care can offer ‘extra services’ – incentive for high income groups to choose private providers of tax-funded home care
- Risk of leaving public services to those with fewer resources?

What do these changes mean for older people with care needs, their families and care workers – those who live the consequences of changing public policies?

Consequences of marketisation

- Competition has not driven up care quality
- Care research: **Time**, **continuity** and **flexibility** crucial for users and workers
- Lower staffing and fewer permanently employed in for-profit – lowest in private equity owned corporations – affect **time** and **continuity**
- High turnover of small providers affect **continuity**
- Increasing demands for stricter regulation & control affect **flexibility**
- Consequences for **equality**? Winners and losers in choice models?

Brennan et al 2012; Lewis & West 2014; Meagher & Szebehely 2013

Consequences of declining service coverage

- De-institutionalisation → increasingly frail users in home care → increasing fragmentation in an 'attempt to replicate twenty-four hour care without actually providing it' (Ungerson 2000)
- → shifting the cost of caring to care workers and families
- Home care increasingly predefined, standardised and fragmented: → reduced discretion for workers → affecting quality of work and care
- Families: have to fill the gap
  - **Compensate** for home care for those with smaller needs
  - **Complement** home care for those with larger needs

Re-familialisation – a cost for both the individual and the society

- Recent Swedish survey 2013 (Szebehely, Ulmanen & Sand 2014)
- 3,430 women and men 45-66 yrs old (response rate 61%)
- 29% help an old, frail or disabled family member or friend once a week or more often – slightly more common among women than among men.
- Women provide help 7 hours per week on average; men 5.
- 8 out of 10 care for an older person – typically a parent

Caring responsibilities affect work life

Of those 29% of population 45-66 yrs old who provide care at least weekly:

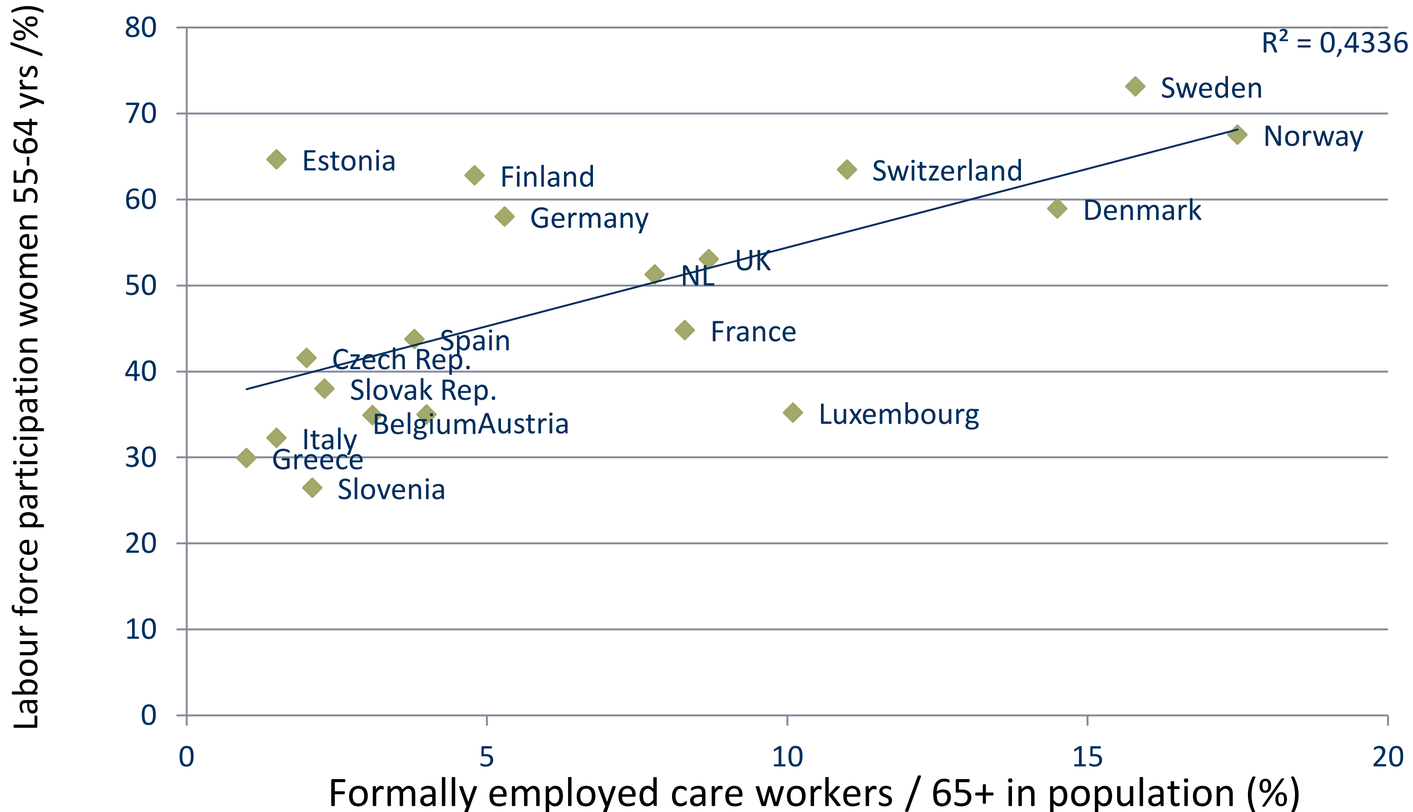
- 1 in 5 of both women and men have taken unpaid days off to care
- 1 in 6 men and 1 in 3 women report difficulties focusing on their work due to caring
- More than half of women and 1 of 3 men find caring mentally demanding
- 10% of men and 17% of women have reduced their working hours, stopped working or retired earlier than planned for due to caring
- 13% of men and 20% of women report loss of income due to caring

The better care services, the lower cost of caring

- Swedish carers often don’t care alone: 45% of the carers have experience of home care and 19% of residential care
- 32% of carers find the quality of home care ’absolutely’ good; 44% find the quality of residential care ’absolutely’ good
- High quality services matter for the cost of caring:

	Home care		Residential care	
	Positive experience	Not so positive experience	Positive experience	Not so positive experience
Reduced hours or stopped working (%)	7.3	15.9 *	9.5	22.6 *
Loss of income (%)	10.7	19.3 *	10.3	37.5 ***

The more formal care services ←→ the higher labour force participation among middle aged women



Eldercare not only an expense – also a precondition for middle aged women and men to work (and pay tax)

Calculated from Rodrigues, Huber & Lamura 2012 + OECD 2013

Threats to Nordic universalism?

- A trust-based system – services have to be accessible, affordable and attractive for all social groups
- Care workers must have decent employment and working conditions
- Underfunding of services, Taylorisation, NPM resulting in reduced quality of care and of work – a threat
- Declining coverage → re-familialisation and privatisation – a threat
- Increasing income inequalities – probably a threat
- Increasingly diverse societies – not necessarily a threat as long services are individually adapted
- Population ageing – not really a threat

Marketisation a threat

- Large actors have strong voices – can affect public policy
- Change of discourse: eldercare as a commodity, not a public good
- Increased regulation costly and negatively affects quality
- Choice + topping-up →risk for dual care systems
- Risk that quality of care declines if ’the sharp elbows of the middle class’ disappear
- Rebecca Blank (2000): ‘The more one cares about enforcing universalism in the provision of services, the stronger the argument for government provision’

To sum up

- A universal model at the crossroads – signs of creeping selectivity and reduced de-familialising potential
- More or less strong trends of re-familialisation, privatisation and marketisation
- Trends of 'de-universalisation' in all the Nordic countries – but important differences (FI & SE vs. NO and DK)
- Yet – strong public support for publicly funded, publicly provided services + willingness to pay tax + 'a passion for equality' (including the care workers?)
- Universalism sustainable if citizens find it worth preserving – and can affect the politics!

Thanks for listening!

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