Individualised care and universal welfare: Dilemmas in an era of marketisation

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Abstract

The aim of this programme is to investigate the challenges and possibilities of individualised eldercare services in relation to the universal ambitions of the Swedish welfare model, in the context of marketisation and increasing ethnic diversity and income inequality. Findings for Sweden will be contrasted to other Nordic countries, among which the level of marketisation varies, despite the shared universalist tradition, and Anglo-Saxon countries, where marketisation is highly developed. Theoretically the programme is inspired by policy- and everyday life-oriented feminist research, disability studies, regulatory theory and historical institutionalism. Several research methods are combined in four interrelated streams of research: 1) policy analysis based on national documents; 2) ethnographic field studies of residential care based on participant observations and interviews with residents, family members, managers, care workers and needs assessors ; 3) a case study of homecare services also based on interviews and document analysis in the two biggest cities in Sweden (with very different approaches to marketisation); and 4) a survey of care workers in the Nordic countries followed by focus group interviews to help interpret and validate the survey results. The programme's research team represents four Nordic and three Anglo-Saxon countries and many disciplines, including social work, sociology, social policy, gender studies, anthropology, gerontology, economic history and political science. This rich disciplinary variety, in particular the combination of expertise in welfare theories, policy analysis and ethnographic care research from comparative and feminist perspectives, is crucial for achieving the programme's aims. The entire team will collaborate throughout the research process: in formulating research questions, collecting and analysing data, and publishing.

1. Introduction

An era of marketisation

The Swedish eldercare sector has been greatly influenced since the mid-1980s by the global wave of New Public Management reforms (Blomqvist 2004). In a process we term *marketisation*, these reforms have introduced market steering principles into the public sector, including the use of competition and the increasing presence of privately provided care services. Over the last two decades, the share of private providers within publicly funded eldercare has increased from less than 3% in the beginning of the 1990s to 20% today; the entire increase in for-profit provision (Meagher & Szebehely 2013a). Behind this national average there is huge local variation: in more than half of the Swedish municipalities all eldercare is still publicly provided, while in and around Stockholm, the majority of homecare as well as of residential care is provided by for-profit companies (NBHW 2012a).

The starting point of this development was the new Local Government Act in 1992 which made it possible for Swedish municipalities to let private organisations (for-profit as well as non-profit) provide publicly funded eldercare and other welfare services. From this point in time, some municipalities started to outsource residential care facilities and, to a minor extent, homecare districts after competitive tendering, often focusing on price rather than quality. This form of marketisation favoured larger corporations, whose economies of scale made it easier for them to make competitive bids.

In 2009 another piece of legislation was implemented: the Act on System of Choice (LOV). The aim of the act was to encourage customer-choice models in eldercare, especially in homecare services. In October 2012, 44% of the Swedish municipalities had introduced choice models of homecare and another 15% had decided to do so (SALAR 2012). In these municipalities all companies that apply and meet the standards set by the municipality must be accepted as providers in the choice system, and the standards are not permitted to be unduly high in order to facilitate the entrance of smaller companies.

The two different forms of marketisation in residential care and in homecare – competitive tendering and customer-choice models – have led to the combination of *concentration* and *fragmentation* that characterizes the Swedish eldercare sector of today: Close to half (46%) of all private residential care facilities are run by the two largest corporations (Attendo and Carema), both owned by international private equity firms, each with more than 7,000 employees (Arfwidsson & Westerberg 2012). In contrast, in the homecare sector, the majority of companies has fewer than 10 employees (Competition Authority 2013).

Another important policy development relevant to this programme is the tax deduction on household services and personal care introduced in 2007. The tax deduction intersects in several ways with needs assessed homecare services, and statistics on the take-up show that it is highest among older people, especially those with higher incomes (Statistics Sweden 2013).

Service universalism and individualisation

The Nordic Social Democratic tradition of universal services makes the emergence of marketisation a surprising development. In eldercare, universalism is often interpreted as a policy model where comprehensive, publicly financed and mainly publicly provided services of high quality are available to all citizens according to need rather than ability to pay. An additional characteristic of the universal model is that the same services are directed towards and used by all social groups (Sipilä 1997).

A precondition for this *service universalism* is that all social groups are formally eligible for services. This is, however, not enough. The services must also be *affordable,* even for those with fewer resources, and *attractive* enough to be preferred also by the middle class and various minority groups (Vabø & Szebehely 2012). Therefore service universalism should not be confounded with uniformity – one-size-fits-all models of eldercare will not be attractive to all groups in society. Eldercare services need to be *individualised* – adapted to the diverse needs, life styles and values of a heterogeneous population. But to live up to the social justice ambitions of the universal model, services have to be individualised without leading to increasing inequalities.

In recent years, social scientists interested in the evolution of welfare states have debated to what extent there are tensions between universalism and diversity/difference (for an overview, see Anttonen et al. 2012). One reason is the emergence of 'individualisation' and 'personalisation' as dominant concepts in social policy. These concepts have been mobilised both by liberal consumerists who endorse marketisation of social services and by advocates of human rights in service user movements, who seek full inclusion through service expansion and redesign for people made 'different' by physical or mental disabilities. Another prompt for debate has been the increasing ethnic diversity in mature welfare states, which challenges service systems to recognise a broader range of cultural differences. Among other social differences important in the debate about universalism in eldercare are

increasing income differences, especially the growth of the top incomes (OECD 2011), and the idea that baby boomers (born in the 1940s) will be more demanding users of eldercare.

2. Aim and research questions

The aim of this programme is to investigate the challenges and possibilities of individualised eldercare services in relation to the universal ambitions of the Swedish welfare model, in the context of marketisation and increasing ethnic diversity and income inequality. The programme's motivating question is: under what conditions (policies and organisational arrangements) can eldercare services be individualised in ways that are relevant for older people, their families and the care workers, without conflicting with the universalist ambitions characterising the Swedish welfare model, i.e., in the sense that individualisation does not promote inequality? Findings for Sweden will be contrasted with research on other Nordic countries, among which the level of marketisation varies, despite the shared universalist tradition, and Anglo-Saxon countries, where marketisation is highly developed.

The proposed programme will investigate the challenges and possibilities for individualised *and* universal eldercare in the era of marketisation, asking the following questions: What actually is individualised care in today's Sweden? Does the nature and extent of individualisation differ between forms of care (homecare and residential care) and between municipalities with various levels of marketisation? Under what conditions is it possible for care workers to provide individualised care: to meet the changing and varying needs of older care recipients in a way that respects their individual backgrounds, identities and habits while respecting the rights of the workers? To what extent can universalism be a leading principle for eldercare policies in an increasingly diverse society? Can publicly funded eldercare services meet the needs of an ageing population and still be attractive enough for a demanding and growing middle class and a more culturally diverse population of older people? How do market models, especially those that rely on users changing providers to drive quality improvement, affect the everyday life of care users, their families, care workers and officials? How is changing regulation of competition and service quality affecting the distribution and experience of services among different groups of users?

3. Marketisation – a promise or a threat to individualised and universal care?

Marketisation of eldercare services in Sweden (as elsewhere) was introduced on the basis of arguments about empowering users, improving quality and offering more diverse forms of care. For instance, the Swedish Act on System of Choice was introduced with strong hopes that older people's right to 'choose and choose again' if not satisfied would strengthen the users' voice and increase the quality in eldercare (Government Bill 2008/09:29).

Despite the growth of the for-profit sector and increasing emphasis on evidence-based policy, research on the consequences of privatisation and market-oriented principles in Swedish eldercare is relatively undeveloped (Szebehely 2011). As yet, there is no evidence that increased competition has led to improved quality, and there is no difference in measures of users satisfaction with homecare services between municipalities that have introduced choice models and those in which all eldercare services are publicly provided (Statskontoret 2012). Proponents of choice models argue that the right to choose has a value in itself and that, with more information about service quality, the choice system will lead to improved quality. In contrast, critics argue that the relational aspects of care make quality difficult to measure, and that frail older people cannot act as rational customers.

International research (e.g. Eika 2006, Glendinning 2008) as well as some Swedish authorities (e.g. NBHW 2012b) argue that choice policies have different consequences for different social groups. Those with more resources have greater chances of finding the best services, which in turn may increase differences in the quality of care. Further, private but not public providers of care services can offer 'topping-up' services, subsidised by the tax deduction, which may serve as an incentive for more resourceful groups of older people to refrain from using publicly provided services. It has been argued that the 'sharp elbows' of the middle class are important for ensuring the quality of welfare services, and the present emphasis on choice may therefore threaten universalism and lead to increased inequalities, whereby older people with more resources are winners and more disadvantaged groups are losers.

As private provision of publicly funded care has a fairly short history in Sweden, the government and local authorities have limited experience in managing and regulating a private care market. National legislation is weak, and most municipalities have low competence in how to outsource services; quality indicators are often vague and only one quarter of all contracts are followed up regularly (SOU 2011:73). Recent scandals in residential care, in particular in facilities run by the biggest private providers (Lloyd et al 2013a), have prompted calls for stricter regulatory control, and the government has recently launched several initiatives to increase regulation and control of the quality of care services (see e.g. Ministry of Health and Social Welfare 2012).

However, there is international evidence that alternatives to detailed regulation may be needed to manage quality across a range of provider types in ways that engender care workers' possibilities to provide individualised care. Experience from Anglo-saxon countries shows that increasing regulation and control of private providers does not necessarily improve quality. For example, in Ontario, Canada, where 53% of residential care places are run by for-profit operators, providers must comply with more than 450 standards, leading to labour intensive documentation, feelings of mistrust among care workers and impediments to the caring relationship, which requires flexibility to adapt carework to residents' varying needs (Armstrong et al 2009). Such problems have also arisen in the US, England and Australia. As for-profit provision has expanded, the number and complexity of rules have increased, as have the resources required to enforce them, and this regulatory capacity has become more concentrated in national regulatory agencies (Braithwaite et al 2007). Several unintended consequences result. One is that regulation becomes ritualised and therefore less effective: politicians respond to scandals by creating more and more rules so that they appear tough to the electorate; under-resourced public inspectors cannot evaluate providers against the increasing number of detailed rules and so ignore many rules; and managers and administrators learn how to get good results by managing the *paperwork* rather than the *care process*. Meanwhile, many quality problems remain unresolved, and as the for-profit sector grows, so does the risk that providers will seek to influence the nature of public regulation itself, in their own interest.

An interesting initiative in Sweden, then, is that binding guidelines will be implemented in Swedish residential care from 2014; first for residents with dementia and later most probably for all residents. According to the guidelines, nursing home residents are to be regarded as homecare clients and the help each resident receives has to be specified and regularly followed up by a local authority officer (needs assessor), who must set out in detail the different tasks required and the time needed to provide each task. The resources allocated to a facility are to follow this needs assessment, and thus the staffing is supposed to follow the needs of the residents (NBHW 2012c). From the perspective of this research programme, the guidelines are of specific interest, because the rationale behind them is that treating residents as homecare clients can make residential care more individualised, and, at the same time, strengthen control over private actors. However, the guidelines have been criticised for interfering with municipal autonomy and for creating overly detailed prescription of tasks which will make it more difficult for care workers to flexibly adapt help to the varying needs of residents (see e.g. SALAR 2013). It is not obvious, then, whether the guidelines will facilitate or hinder individualised care.

4. Overall design of the programme

Theoretical positioning and methodological considerations

The focus of this programme is to investigate the current rapid changes in residential and home-based care for older people, and to identify both threats to, and protections for, the Swedish model of high quality, publicly funded, universal and individualised eldercare. The proposed programme relates the everyday life realities at the micro-level to the macro-level policy context and to the meso-level at which organisational conditions structure the daily life of eldercare users, their families and paid care workers. Informing analysis at various levels is the programme's theoretical framework, which draws from feminist care research, disability studies, regulatory theory and historical institutionalism.

Care is a gendered phenomenon world wide, and thus also in Sweden where around 70% of eldercare recipients and of family caregivers, and more than 90% of care staff are female. Accordingly, *policy-oriented feminist research on care* informs the framing of the programme's approach to investigating the social distribution of responsibility for care (e.g. Williams 1995, Daly & Lewis 2000; see also Anttonen & Zechner (2011) for an overview of different generations of feminist theorising on care). We combine the policy-oriented approach with feminist theories of the *everyday life* of care, drawing on work by Dorothy Smith (1987) but also on Nordic care researchers including Kari Wærness and Rosmari Eliasson-Lappalainen (see Eliasson-Lappalainen et al 2005). Also important, given that Sweden is becoming increasingly ethnicly diverse and that class differences in response to changing eldercare provision are already evident, is an *intersectional* analytical approach, which draws attention to how gender interacts with social categories such as class, ethnicity, age and disability to contribute to social inequality (McCall 2005).

Concepts and questions drawn from *disability studies* also inform the programme's theoretical frame. Although disability research and eldercare research have a common focus on people in need of support in everyday life, the two fields have had few points of common interest. Disability researchers analyse the oppression and exclusion of disabled people and emphasize that disabled people need human rights and control over their own lives. In contrast with eldercare research, care services and the workers who provide them, are usually not in focus in disability studies; indeed, the concept of care is heavily criticised because it connotes dependency. More recently, however, it has been argued that

the two fields of research have much to learn from each other (Kröger 2009; Jönson & Taghizadeh Larsson 2009; Rummery & Fine 2012). We agree, and will draw from disability research a stronger focus on the voice of the user and thus on empowerment and human rights.

Marketisation is reshaping the organisational environments in which older people, their families, careworkers and needs assessors experience daily life and act in it. To understand these changes requires meso-level analysis of how policies are translated into practice within organisations, and our research will draw on *regulatory theory* to do this (Braithwaite et al. 2007; Braithwaite 2008). Further, marketisation is *itself* an important object of analysis in this programme, and building on previous work (Meagher & Szebehely 2013a), we will draw on *historical institutionalism* (Streeck & Thelen 2005) to develop analyses of the ideas, actors and interests shaping eldercare policy in Sweden today.

The aim of the programme is ambitious, and the study phenomena are complex and intertwined. We will therefore combine several research approaches in *four interrelated streams of research* (see section 5). Taken together, these four streams will make a major contribution to the analysis of the rapidly changing Swedish eldercare system. Methodologically the programme builds on a broad collection of data within the scope of ongoing and planned projects: participant observations; interviews with care users, their family members, care workers, managers and needs assessors; surveys and focus groups with care workers and historical and institutional document analysis. The programme is unique in the sense that both quantitative data material (surveys) and qualitative 'raw material', such as fieldnotes and anonymised interviews, will be available for joint analysis as well as for the individual research questions of researchers participating in the programme.

Collaborative foundation

The proposed programme is building on a long-lasting collaboration between the applicants behind this proposal. The Swedish, Nordic and Anglo-Saxon partners have been working together in several, partly overlapping, research groups and in a number of projects. The most important base is the research programme, *Transformations of care: Living the consequences of changing public policies* funded by FAS for the period 2007-2012 (PI Szebehely), involving 15 of the co-applicants and junior members behind the proposed application. The programme has focused Swedish eldercare in a comparative perspective and has investigated the intended and unintended outcomes of policy changes as they, taken together, manifest themselves in the gendered everyday lives of frail older persons, their family members and paid care workers.

Another arena for collaboration is the Nordic Centre of Excellence *REASSESS*, which ran from 2007-2012, funded by Nordforsk. Within the Centre, several of the co-applicants have been active in the research theme *Care in ageing and diversifying societies*, headed by Szebehely (www.reassess.no). A further forum for collaboration between the scholars behind this application is *Normacare* (Nordic Research Network on Marketisation in Eldercare; www.normacare.net), funded by FAS and Nordforsk for the period 2012-2014 (PI Szebehely together with co-applicants Anttonen and Meagher). Altogether 45 senior and junior scholars from Nordic and Anglo-Saxon countries are involved in the network, including 11 of the co-applicants and junior members behind this application.

Finally an important base for the future work in the proposed programme are two inter-related comparative research projects on residential care, both led by co-applicant Pat Armstrong from Canada: *Re-imagining long-term residential care,* funded by the Canadian research organisation SSHRC for the period 2010-2017, and the ERA-AGE project *Healthy Ageing in Residential Places* (HARP) funded by national funders in Canada, UK, Norway and Sweden for the years 2013-2015, involving five of the co-applicants and three younger scholars. The Swedish arm of the project, funded by FAS, is led by Szebehely.

A prerequisite for fulfilling the aims of the programme is the multi-disciplinary background of the team and the different competences and research perspectives that the scholars bring. They represent different disciplines (social work, sociology, social policy, gender studies, anthropology, ethnology, gerontology, economic history, political science and political economy) and are based in different countries (Sweden, Denmark, Finland, Norway, UK, Australia and Canada). They all have extensive experience, and between them have investigated various aspects of eldercare services (residential and home based; paid and unpaid; public and private) from different theoretical perspectives, using various macro-, meso- and micro-oriented methods and focusing on the different parties concerned: frail older people, their family members, paid care workers and public officials.

Of specific importance for achieving the aims of the programme is the combination of expertise in welfare theories, policy analysis and ethnographic care research from comparative and feminist perspectives (for presentation of the applicants, see section 6 and enclosed CVs).To best take advantage of this joint knowledge, the Swedish, Nordic and Anglo-Saxon scholars behind the application and their younger

colleagues will collaborate at all stages of the research process: in formulating research questions, collecting data, analysing that data and publishing. Such collaboration in subgroups of the programme is already underway in the collaborative arenas mentioned above. The active participation of the entire team in this process is essential. By opening our view to perspectives not previously highlighted in Swedish eldercare research, but central in other welfare policy contexts and research traditions, opportunities are created for the comprehensive, critical investigation of individualisation and universalism at which we are aiming.

5. Future activities of the programme

Stream 1) Individualisation and universalism as policy ideals

This stream of research will analyse the development of Swedish eldercare policy, focusing on the relationships between – and debates about – individualisation, marketisation and universalism.

We will analyse national policy documents and state-initiated attempts to regulate competition and to control and measure the quality of care. In line with developments in the Anglo-Saxon countries, the rising proportion of for-profit providers and the occurrence of a number of care scandals have resulted in sharply increased attention to issues of regulation by national regulatory agencies and other political and market actors. We will investigate how these actors frame the potential dilemmas between individualisation and universalism, and between regulating/promoting competiton and safe-guarding quality of care for all groups of older people – not least for those with the least resources.

Another goal of this stream is to trace the evolution of criticism of universal public eldercare services made by advocates of marketisation and individualisation in the development of Swedish eldercare policy. Evidence from the history of homecare services has shown that universal public services were, in fact, individualised before market-inspired individualisation became the prominent discourse – and have become less so since (Vabø & Szebehely 2012). Further, as market ideas have come to displace universalist ideas in policy making (Anttonen & Häikiö 2011; Meagher & Szebehely 2013a), proposals for increased private financing have emerged alongside customer choice and private provision. New prototypes for 'gilt-edged care' have been proposed, to cater for middle class older people who are prepared to pay more to get more. These developments point to several questions: How have proponents of individualisation and marketisation in the Swedish policy process framed issues of access and equality? What interests and ideas are behind proposals for private financing and class-based quality differentiation? How are regulatory responses framing the problems raised in care scandals and their solutions?

National policies are generally implemented by actors at the local level, and in the case of Sweden by highly autonomous municipalities.Therefore we will combine the analysis of national policy documents with data collected in two sets of multi-purpose case studies of residential care (Stream 2) and home based care (Stream 3) to examine how national policies are implemented in different municipalities, and to compare the organisational impact of national and local policies across municipalities and between Sweden and other Nordic and Anglo-Saxon countries.

Stream 2) Residential care

In line with the overall aim of the programme, this stream of research will investigate challenges to, and possibilities for, individualised residential care in relation to the universal ambitions of the Swedish welfare model. How are present policies aimed at individualising care interpreted and implemented at the local level? What is the actual content and meaning of individualised care in residential settings? What policies and practices appear as enabling and limiting of individualised, quality care?

Smith's (1987) approach to institutional ethnography will be enriched with an *intersectional analysis* that blends disability research and studies on gender and ethnic relations to pose research questions and interpret data in ways that provide new understandings. Drawing from research on *gender* and *ethnic relations*, the study will be sensitised to the complex power relations involved in residential eldercare. Building on the assumption that vulnerability is present among care users and their families as well as among care workers, we will expand our earlier studies of the meaning of class, gender and ethnicity in eldercare (Brodin 2006; Jönson 2007; Storm 2009; 2013; Jönson & Giertz 2013) to include age and generation. Following our studies contrasting disability services and eldercare (e.g. Kröger 2009; Jönson & Taghizadeh Larsson 2009; Erlandsson 2009), this study will use perspectives that are frequently used in disability research but not in eldercare reseach. As an example, in disability policies *age norms* have been used to construct normality and claim rights, for instance by suggesting that it is normal for a teenager to study or travel. Such norms have been mainly absent in old age policies although expectations about a self-conscious baby boomer generation are increasingly used to identify lifestyles and habits that need to be accounted for in future care arrangements (Damberg 2010; Jönson 2013). What references and reference groups are being used when residents, staff,

relatives and others, who are involved in care arrangements at different levels, discuss what is normal and just for a particular individual? To enable a novel understanding of the challenges in residential eldercare, *normalisation, equality* and *justice* as sensitising concepts will guide the analysis.

The ongoing ERA-AGE project *Healthy Ageing in Residential Places* (HARP) is an important starting point for this stream of research. The HARP-project is a comparative, qualitative study of residential care in Sweden, Norway, Canada and the UK, which aims to identify the most promising conditions for promoting active, healthy ageing for both residents and staff. The main methodology of the study is rapid, site-switching ethnography involving participant observations and interviews with relevant actors (residents, family members, care staff, managers etc). Central to the design is the idea of 'bringing in fresh eyes', as scholars with various disciplinary backgrounds from the participating countries engage in the data collection in all four countries. In each jurisdiction two nursing homes representing promising practices are selected via interviews with various actors including older people's organisations, unions, employers and public officials. The first field study (in Canada) was conducted in Dec. 2012 and involved three of the co-applicants and one junior researcher of the proposed programme. The site selection interviews in Sweden will start in spring 2013, and the fieldwork will take place in 2014. For the purposes of the proposed programme, the rich ethnographic HARP-data will be analysed from the perspectives of individualisation and universalism, which will allow us to compare the Swedish case with the other three countries.

We expect to conduct ethnographic field studies in four nursing homes in Sweden (of which two are part of, and funded by, the HARP-study). To capture variation between municipalities with various levels of marketisation, we will conduct the study in one for-profit and one public nursing home in Stockholm (where the majority of nursing homes are privately run), and in two public nursing homes in Southern Sweden, in municipalities where all eldercare is publicly provided. To analyse the possible impact on individualisation of the new guidelines for needs assessment in residential care, mentioned in section 3, two rounds of fieldwork will be conducted in each of the four nursing homes (in the autumn 2013 and one year later). Further, it is likely that the new guidelines for needs assessment in residential care will affect needs assessors' professional roles, so we will interview a number of needs assessors in municipalities with different levels of marketisation before and after the implementation of the new guidelines.

To assess the impact of regulatory practice at the micro-level, the care plans that all Swedish facilities are supposed to set up to make care more individualised will be collected and analysed in another extension of the HARP-project. The content of the plans will be compared to the everyday practices of care as observed by the researchers and as reported by the care workers, residents and family members, and to the policy frames and goals expressed in national policy documents.

Stream 3) Home based care

Marketisation has affected homecare services in a different way than residential care. So far, in almost all municipalities that have implemented choice models, users choose among providers of homecare services, but not of residential care. Although choice models in homecare have primarily been introduced in densely populated areas, not all large cities have introduced them. Specifically, Sweden's largest city, Stockholm, introduced a choice model in 2002, under which older people have a choice of provider. Today 62% of homecare services are offered by private, mostly for-profit, providers, and the number of private companies offering homecare services has increased from 58 to 157 between 2006 and 2012; in each district of the city the older homecare users can choose from approximately 100 providers (Hjalmarson & Wånell 2013). By contrast, Sweden's second largest city, Gothenburg, has not introduced a choice model of this kind. Rather than offering a choice of *provider*, older people are entitled to choose the *services* to be performed within a needs-assessed allocation of hours from the public provider.

The proposed programme will take advantage of the ideal opportunity that this stark intra-national difference provides for close comparison, by extending an existing study funded by FAS (dnr 2012-0175) in which co-applicant of this programme, Anna Dunér, is collecting data on the decision-making process in the Gothenburg homecare services. In the planned comparative study we will investigate the extent to which the divergent approaches to choice as a route to individualisation in Stockholm and in Gothenburg 1) rest on different conceptualisations of what individualised care means and how it is achieved, as expressed in local policy documents and by local officials; 2) are able to individualise services to meet the needs of different social groups, including older people with more resources, those from ethnic minorities, and those with specific vulnerabilities, such as poverty, addiction problems or dementia; 3) shape different local 'care economies' by offering different arrays of incentives and rules, thereby affecting the mix of formal care services, family care and privately purchased ser-

vices, subsidised by tax-deductions; 4) provide labour market and working conditions for care workers that enable them to give good quality care and 5) define the professional roles of care managers and needs assessors. This investigation will be based on analysis of policy and other documents, and data collected in interviews with homecare users, needs assessors, care managers and homecare workers.

To enable investigation of these issues in Stockholm, given the rapid growth in the number of private providers in recent years, we will conduct a detailed mapping study of the homecare market in this city. The mapping study is necessary to enable purposive selection for interviews, and to apprehend the dynamics of the market for services and labour that impact on older people, their families, care workers and needs assessors. There are indications that the intense competition with many small companies is coupled to high company turnover and more precarious employment conditions for workers, which raises questions about continuity and quality of services. Yet diversity among providers, especially the emergence of small companies that specialise in services to various groups of older immigrants, may enable the system overall to better adapt to the specific needs of minorities (Hjalmarson & Wånell 2013). The professional role of needs assessors is also affected in the Stockholm system of choice: on one hand they must make sure that the person in need of care receives appropriate care; on the other, due to competitive neutrality, they are not allowed to give advice that favours one provider over another. Further, a small scale study of homecare users in Stockholm has shown that, due to the competitive situation, homecare users with engaged and vocal family members tend to receive extra help in order to keep them satisfied and not exit a particular provider, with the extra time reallocated to them from less resourceful users (Gavanas 2011a).

Two ongoing pilot studies, which will be extended if the programme receives funding, touch upon these issues. Based on focus group interviews with needs assessors, managers and care workers, Evy Gunnarsson is analysing how the homecare services are meeting the care needs of older people with addiction problem in municipalities with and without choice models (first results presented in Gunnarsson 2013); and in another study Helene Brodin is investigating how the care needs of older people born outside the Nordic countries are met in the Stockholm choice model.

Stream 4) NORDCARE2. A survey of care workers in the Nordic countries

This project is building on the NORDCARE project funded by FAS (PI Szebehely) which has involved several of the scholars behind this programme proposal. In 2005, a mail survey was sent to a random sample of 5000 care workers in home- and residential care for older and disabled people in the Nordic countries (overall response rate 72%). In 2006 a similar survey was distributed to residential care staff in Canada and later the questionnaire was also used in Iceland, Germany, Australia and Taiwan. The survey covered the organisation of care, working conditions, the content of the working day and the workers' experiences of their paid work as well as their informal care experiences, where relevant. The data has been used for cross-country comparisons of employment and working conditions (e.g. Elstad & Vabø 2008; Armstrong et al 2009; Daly & Szebehely 2012; Banerjee et al 2012) as well as for comparisons between home- and residential care (e.g.Trydegård 2012) and between native and immigrant care workers (Jönson & Giertz 2013).

It is a major challenge for eldercare employers in all countries to recruit, train and retain care staff. One important result from the survey is that while most care workers find their relationships with care users rewarding, a considerable proportion seriously consider quitting their jobs – especially those who find that the organisational conditions have deteriorated, making it difficult to provide good enough care. Marketisation has changed the landscape of care and affected the work environments of careworkers in various ways. Eldercare services are rapidly changing in all the Nordic countries but the trends are different when it comes to the introduction of market reforms and the mix of public, not-for-profit and for-profit providers of care (Meagher & Szebehely 2013b). To capitalise on the possibilities afforded by NORDCARE as a baseline, and explore how work contents, conditions and environments may have changed, we plan to conduct a similar survey (NORDCARE2) in 2015, ten years after the first data collection. We will add some new questions about individualisation, but otherwise mainly the same questionnaire will be used to enable a comparison over time. The survey will be conducted in Sweden, Denmark, Finland and Norway, and following the design used on the Canadian subproject (see Armstrong et al 2009), preliminary results from the survey will be reported back to care workers in focus groups in order to help interpret and validate the survey results. We will use the data to compare over time and between countries, as well as between publicly and privately employed care workers. This project will help us to identify the conditions under which care workers are willing to continue in their jobs and to identify the organisational models that best enable them to provide individualised care to service users.

6. The research team behind the programme

The main applicant, *Marta Szebehely*, is a professor of social work at Stockholm University. She has been studying the gendered consequences of the decline in, and restructuring of, public care services for more than 25 years. She has been partnering and leading several Nordic and international comparative research projects on eldercare, ethnographic as well as social policy oriented. She will lead and coordinate the programme's research and contribute with her expertise on comparative social policy, marketisation and survey research.

Håkan Jönson is a professor of social work in Lund, who will lead the programme together with Szebehely. He has developed an analytical framework for understanding how problem-perspectives on nursing home scandals are used on different levels of society: media, policy-making, court-cases and everyday interaction. His work on racism within eldercare and comparisons of ideologies within ageing and disability policies is highly relevant for the programme, as is his expertise on ageism and theories of social gerontology. He will be responsible for the residential care project in Southern Sweden (Stream 2).

Evy Gunnarsson, professor of social work at Stockholm University, has expertise in feminist research and has conducted several qualitative research projects including a longitudinal interview study on older people's changing experiences of managing their daily lives and care needs (Gunnarsson 2009a;b). She is currently investigating how the homecare services in municipalities with and without choice models in homecare are meeting the needs of older people with addiction problems. This study is part of Stream 3, and Gunnarsson is also involved in the HARP-project (Stream 2).

Staffan Blomberg is an associate professor of social work, Lund University, affiliated to the Swedish Institute for Health Siences and the Centre of Economic Demography. His disciplinary background is in economic history and social policy, and he has expertise in organisational reforms within the local administration of eldercare. He has been investigating the role of needs assessors in ten municipalities with different level of marketisation for more than ten years (Blomberg 2008; Blomberg & Petersson 2011). He will revisit these municipalities in 2013 and 2014 to follow up how the needs assessors' professional roles are affected by new market ideas as well as by the new guidelines for needs assessment for residential care (Streams 2 and 3)

Anna Dunér is an associate professor of social work, University of Gothenburg, affiliated to the Swedish Institute for Health Siences. She has expertise in ageing and in the social work professions that work with older people and people with disabilities; in particular in the needs assessment process (Dunér & Nordström 2010; Dunér 2013). She is engaged in the FAS-funded project 'Decision-making by, about and for older people who needs help in their everyday life' (Stream 3).

Anna Gavanas is an anthropologist and associate professor in Gender Studies and a researcher at Linköping University. She has studied the intersection of eldercare and household services, including studies of domestic services in the informal economy and of the relationship between globalisation, migration and privatisation (Gavanas 2013 a;b). To the programme she brings expertise in ethnographic studies as well as in the racialisation of care and domestic work; expertise essential for Stream 2 and 3.

Tove Harnett has a background in political science and a PhD in social gerontology. She is an assistant lecturer at the School of Social Work and at the FAS-financed Research Centre for Ageing and Supportive Environments at Lund University. Her thesis from 2010 is focusing on links between policy and practice in residential care and in particular how care routines limit residents' autonomy. She will mainly work with the residential care study in Southern Sweden (Stream 2)

Helene Brodin has a PhD in economic history. She is based at an R&D unit run by Stockholm County Council and holds a temporary position as lecturer in social work at Stockholm University. She has mainly focused on analysing Swedish eldercare policies from gender, class and ethnicity perspectives. She is presently conducing a pilot study on how older people born outside Europe are handling the choice of providers in the homecare services in the city of Stockholm, and she will continue to study homecare services from an ethnicity perspective (Stream 3).

The *PhD students* involved in the programme include *Sara Erlandsson*, who is analysing discourses on help for older people and for people with a disability and will be involved in Stream 2; *Anneli Stranz* who is writing her thesis about eldercare workers in Sweden and Denmark based on NORDCARE, analysed from a feminist theoretical perspective (she will work with NORDCARE2, Stream 4), and *Petra Ulmanen* (Stream 3) is analysing the gendered consequences of the shifting boundaries of public, private and informal care (all at Stockholm University, Department of Social Work). *Magdalena Elmersjö* (formerly Damberg) is a PhD student at Linneaus University, focusing on competence in care work from the perspectives of care workers, managers and eldercare users (Stream 3). All four PhD students are expected to defend their theses before the end of 2013 and will be involved in the programme activities as post-docs. Two PhD-students will be recruited; one of them, *Palle Storm*, is

already engaged as research assistant in the HARP-project. He has conducted an ethnographic nursing home study, focusing the interplay between gender, sexuality and ethnicity (Storm 2009; 2013). He will continue on the same line of research as a PhD-student (Stream 2)

Nordic partners

Anneli Anttonen is a professor of social policy at the University of Tampere, where she leads the *Research group for care and social policy.* She is responsible for the research theme *Driving forces of change* in the Nordic Centre of Excellence *REASSESS* and a co-convenor of *Normacare*. She is an international expert on feminist care theories and on comparative welfare research and has published extensively in these fields. With several younger scholars, she is investigating the consequences for older people of the introduction of choice models in Finnish eldercare; this work will serve as basis for comparison with the Swedish case (Stream 3). Anttonen will also be involved in comparative policy analysis (Stream 1).

Teppo Kröger, professor of social policy at the University of Jyväskylä, has been involved in the programme *Transformations of c*are since it started. He was the Finnish partner of the *NORDCARE* survey. His research interests include comparative welfare studies, reconciliation of work and care, local social policy, disability and care for older people. Of particular importance for the proposed programme is his experience in integrating theoretical and empirical approaches from disability studies and social gerontology. He will be responsible for the Finnish arm of NORDCARE2 (Stream 4).

Mia Vabø is a sociologist and senior researcher at NOVA (Norwegian Social Research) in Oslo with special expertise in the sociology of organisations and the implications of market-inspired steering reforms in Nordic eldercare. For more than 10 years she has been working closely with several of programme co-applicants; she is a partner of *Transformations of c*are and of *Normacare*; she was the Norwegian partner of NORDCARE, and she is a partner of the HARP-project. She will be involved in Stream 2 in particular, and she will also be responsible for NORDCARE2 in Norway (Stream 4).

Also *Christine Swane* from Denmark has a long history of collaboration with several of the applicants behind this programme as a partner of *Transformations of c*are. With a background in cultural sociology and ethnology, her research concerns the everyday life of frail older people, particularly in facilities for people with dementia. This expertise and her competence in ethnographic methods and the cultural gerontology perspective are essential to the programme; in particular for work in Stream 2.

Tine Rostgaard is a professor at the Department of Political Science, Aalborg University. Her research interests include comparative analysis of social care for children and older people. She is a partner of *Normacare*, and she was the PI of a comparative project on the organisation and governance of European homecare involving three of the co-applicants of this programme. In addition to her expertise in comparative social policy analysis, her experience in studying quality of care in Danish nursing homes and choice models in Danish homecare is of particular importance for the programme. She will be responsible for NORDCARE2 in Denmark, and will also be involved in Stream 3.

Anglo-Saxon partners

Gabrielle Meagher is a political eonomist and a professor of social policy, University of Sydney, Australia. She is a partner of the programme *Transformations of care* and a co-convenor of *Normacare*. She will be a visiting professor at Stockholm University from Oct. 2013 to June 2014, funded by FAS. She has researched the paid care work sector, and is currently working with a team of researchers studying privatisation of social services in Australia. Her background in political economy and her expertise in policy analysis of the role of markets in care in liberal and Nordic welfare regimes are crucial for the programme. She will lead the work in Stream 1.

The Canadian partner of the programme, *Pat Armstrong*, is heading the HARP-project which is at the core of Stream 2. She is a professor of sociology and women's studies at York University in Toronto and has published widely on the gendered nature of care work and on the organisation of care services in for-profit and not-for-profit eldercare research that employs mixed methods. She is also a partner of the programme *Transformations of Care* and of *Normacare*, and was responsible for conducting the NORDCARE survey in Canada. Currently she leads the large comparative project, *Re-imagining long-term residential care,* which includes Canada, US, UK, Germany, Sweden and Norway. Among the applicants behind this programme, Szebehely and Vabø are engaged in this project together with junior scholars Erlandsson and Storm. The programme will collaborate with several other scholars in Armstrong's team including *Charlene Harrington,* professor of nursing at University of California, a partner of Normacare who will share her expertise on quality, ownership and regulation of long-term care; *Tamara Daly*, who specialises in work organisation and holds a Research Chair in Gender, Work & Health at York University, and *Albert Banerjee*, a post-doctoral fellow at York

University, who researches state regulation of private residential care and was a visiting scholar at Stockholm University in 2012.

Liz Lloyd is a Senior Lecturer in Social Gerontology at the University of Bristol in the UK, and the British partner of HARP. She has a particular interest in health and social care policies on ageing and the relationship between social justice and care. Her recent research on dignity in later life and policies on end-of-life care is highly relevant for the programme, especially her experiences from the study *Maintaining Dignity in Later life*: a longitudinal qualitative study of older people's experiences of support and care (Lloyd et al 2013b). She will be engaged in Stream 2.

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