Sustaining universalism? Changing roles for the state, family and market in Nordic eldercare
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Marta Szebehely
Stockholm University
Department of Social Work
marta.szebehely@socarb.su.se
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?

- 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)

<table>
<thead>
<tr>
<th>Who pays?</th>
<th>Family</th>
<th>State</th>
<th>Market</th>
<th>Non-profit</th>
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</thead>
<tbody>
<tr>
<td>Unpaid</td>
<td></td>
<td>Re-familialisation</td>
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<tr>
<td>Publicly financed</td>
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<td>Marketisation</td>
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<tr>
<td>Privately financed</td>
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<td>Privatisation</td>
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</tbody>
</table>
Reduced service coverage: Sweden and Finland...

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

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

[Graphs showing service coverage in Sweden and Finland]
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**
Switzerland: Re-familialisation

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

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

<table>
<thead>
<tr>
<th>%</th>
<th>Sweden</th>
<th>Finland</th>
<th>Denmark</th>
<th>Norway</th>
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<tbody>
<tr>
<td></td>
<td>FP</td>
<td>NP</td>
<td>FP</td>
<td>NP</td>
</tr>
<tr>
<td>19↑</td>
<td>3→</td>
<td>18↑</td>
<td>16↓</td>
<td>5-6↑</td>
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</table>

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:

<table>
<thead>
<tr>
<th></th>
<th>Home care</th>
<th>Residential care</th>
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<tbody>
<tr>
<td></td>
<td>Positive experience</td>
<td>Not so positive experience</td>
</tr>
<tr>
<td>Reduced hours or stopped working (%)</td>
<td>7.3</td>
<td>15.9 *</td>
</tr>
<tr>
<td>Loss of income (%)</td>
<td>10.7</td>
<td>19.3 *</td>
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The more formal care services $\leftrightarrow$ 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!
References


