



Umeå Studies in Economic History 31

Does Anybody Care?

Public and Private Responsibilities in Swedish Eldercare 1940-2000

Helene Brodin

Doctoral thesis at Umeå University 2005.
The thesis is included in the series Umeå Studies in Economic History.

© 2005 Helene Brodin
Print & Media, Umeå University.
Umeå 2005
ISBN 91-7305-810-6
ISSN 0347-245-X

When I'm Sixty-Four

Lennon/McCartney

*When I get older losing my hair
many years from now
will you still be sending me a valentine
birthday greeting, bottle of wine
If I'd been out till quarter to three
would you lock the door
Will you still need me
Will you still feed me
When I'm sixty-four*

Contents

ABBREVIATIONS.....	IX
LIST OF TABLES AND DIAGRAMS.....	X
PREFACE.....	XI
PART I. THEORETICAL AND EMPIRICAL POINTS OF DEPARTURE	1
1. The Welfare State and Institutional Change in an Economic History Perspective.....	1
2. From Ideas to Interpretative Frames – a Discursive Perspective on Institutional Changes in the Swedish Eldercare Sector.....	7
2.1. Discourses and Discourse Analyses.....	9
2.2. Discourses on Need and Welfare	11
2.3. Discourses as Interpretative Frames.....	14
3. Towards a Deconstruction of Interpretative Frames in the Swedish Eldercare.....	16
3.1. Oppositional Discourses.....	16
3.2. Expert and Re-Privatization Discourses.....	18
3.3. Dependent or Healthy - Metaphors of the Elderly	20
3.3. Home as Metaphor for Care.....	23
3.4. Help and Service as Nodal Points for the Interpretative Frames.....	25
4. The Aim and Limitations of the Study	28
4.1. Method	29
4.2. Selection of Municipalities.....	31
4.3. Sources.....	34
4.4. Composition of the Study.....	38
PART II. AN EVOLVING PUBLIC ELDERCARE SYSTEM	41
1. Critical Junctures and Formative Moments.....	41
1.1. Policy Responses to the Problem of Demography	41
2. The Swedish Response to the Demographic Development	46
2.1. The Organizational Structure of the Public Eldercare System.....	46
2.2. From a Hospitalized to a Home-Based Eldercare System.....	48
2.3. The Home-Based Eldercare System in Practice.....	51
PART III. CHANGING FRAMES IN SWEDISH ELDERCARE 1940-2000	57
1. Ideas, Actors and Institutional Changes	57
2. Towards the Welfare State. Changing Frames in Swedish Eldercare 1940-1957.....	58
2.1. The Family Frame – Eldercare in the Poor Law	59
2.2. From Poor Relief to Care – The Social Allowance Committee and New Interpretations of Need	60
2.3. Ivar Lo-Johansson and the Senior Citizens’ Counteroffensive	62
2.4. Towards an Activity Frame - The Aged Care Committee and Aging as Dependency	66
2.5. The 1957 Decision in Principle – a Radical Shift or a Traditional Proposal?	69

2.6. Between Family Business and Public Responsibility - Eldercare and the Swedish Welfare State 1940-1957	71
3. From Social Help to Social Services. Frames in Swedish Eldercare 1957-1980.....	73
3.1. The Social Help Act and the Problem of Placing Eldercare.....	74
3.2. The Elderly as Dependent - The Social Policy Committee and the Extended Activity Frame	75
3.3. The Decision in Principle of 1964 - Help Against Regional Imbalances.....	77
3.4. The Mobilization of Social Workers	78
3.5. The Social Commission and the Concept of Social Service	79
3.6. The Elderly as Healthy - The Social Services Act and Changing Metaphors of the Elderly	81
3.7. Between Public and Individual Responsibility – Eldercare and Swedish Welfare Policies 1957-1980.....	86
4. From National Responsibility to Local Priorities. Frames in Swedish Eldercare 1980-1998.....	88
4.1. The Attitude Frame –The Eldercare Working Committee and Aging as Lifestyle	90
4.2. Eldercare on the Brink of the 90s – Service as Local Freedom of choice.....	95
4.3. Towards an Economic Frame – Ideas behind the Ädel-reform.....	99
4.4. Time for Re-Privatization? The Ädel-reform in the Parliament.....	101
4.5. The Attitude Frame Revisited – The Treatment of the Elderly and the Ethics of Eldercare.....	104
4.6. Back to Basics? The National Program of Elder Politics and the (Non) Problem of Demography	109
4.7. Between the Elderly and Employees – Changing the Division of Responsibility in Swedish Eldercare 1980-1998	114
PART IV. LOCAL FRAMES IN THE SWEDISH ELDERCARE 1980-2000	121
1. From National to Local Frames.....	121
1.1. Umeå and Linköping – an Overview of the Two In-depth Studies.....	122
2. Between Tradition and Change – the Case of Umeå.....	126
2.1. Service as Help – Meetings between New Concepts and Traditional Policies	127
2.2. Service for Everyone - A Local Reminiscence of the Activity Frame in the 1980s.....	129
2.3. Service for Whom? Gendered Implications of the Activity Frame.....	131
2.4. Between Attitudes and Savings – Umeå on the Brink of the 1990s.....	133
2.5. The Guidelines of 1989 - Changing the Meaning of Service	136
2.6. Towards Re-Privatization – the Purchase Policy of 1993	138
2.7. An Evolving Frame of Savings – the Eldercare Policy of 1994.....	140
2.8. Ethics or Economics? – The Eldercare Policy of 1997	144
2.9. The Saving Frame in Practice – Gender and the Re-Privatization Discourse in Umeå.....	147
2.10. A Reluctant Re-Privatization – Changing Frames in Umeå 1980 to 2000.....	150
3. From Public to Private Responsibility? – The Case of Linköping.....	154
3.1. From Help to Service – New Policies, New Organization	155
3.2. Towards Re-Privatization – The Conservative Party’s Motion of 1984	158
3.3. Service as Freedom of choice – The Liberal Party’s Motion of 1986	161
3.4. Towards a Consumer Frame – Linköping on the Brink of the 1990s	165
3.5. With the Market as Model –The Right-wing Coalition and the Purchaser/Provider Model	168
3.6. From Public to Private Production – the Popular Movement Coalition and the Market Court’s Decision	172
3.7. From Need to Demand? - The Guidelines of 1995	174
3.8. From Public to Private Agreements – Towards a New Division of Responsibilities in the Municipal Eldercare	176
3.9. The Consumer Frame in Practice – Gender and the Re-Privatization Discourse in Linköping	179
3.10. A Voluntarily Re-Privatization – Changing Frames in Linköping 1980 to 2000.....	183
4. Different Frames – Same Gendered Outcome?.....	188

PART V. DOES ANYBODY CARE? THE GENDERED HISTORY OF SWEDISH ELDERCARE	201
1. A Discursive Perspective on Ideas, Actors and Institutional Changes in the Swedish Eldercare	201
2. Changing Ideas in the Swedish Eldercare.....	204
3. Whose Story?.....	207
4. Whose Responsibility?.....	209
5. Who Will Care in the Future?	210
SAMMANFATTNING PÅ SVENSKA.....	215
APPENDIX A. SOCIAL MINISTERS IN SWEDEN 1940-2000	223
APPENDIX B. TABLE OF COMMITTEES, GOVERNMENT BILLS, DECISIONS, LAWS AND REGULATIONS IN SWEDISH ELDERCARE 1940-2000	224
APPENDIX C. THE DISTRIBUTION OF SEATS IN UMEÅ'S AND LINKÖPING'S MUNICIPAL CITY COUNCILS 1980-2000.....	226
APPENDIX D. LIST OF GOVERNING POLITICAL COALITIONS IN UMEÅ AND LINKÖPING 1980-2000.....	227
APPENDIX E. NUMBER OF CASES AND NUMBER OF REFUSED APPLICATIONS IN THE MUNICIPAL ELDERCARE IN UMEÅ IN 1985 AND IN 2000.....	228
APPENDIX F. NUMBER OF CASES AND NUMBER OF REFUSED APPLICATIONS IN THE MUNICIPAL ELDERCARE IN LINKÖPING IN 2000.....	232
APPENDIX G. PERCENTAGE OF PRIVATE PRODUCERS IN THE MUNICIPALITIES' ELDERCARE SERVICES IN 2002.....	234
REFERENCES	235

Abbreviations

SAP = *Sveriges Socialdemokratiska Arbetareparti*. The Swedish Social Democratic Party.

PRO = *Pensionärernas Riksorganisation*. The largest organization for senior citizens in Sweden.

SPF = *Sveriges Pensionärsförbund*. The second largest organization for senior citizens in Sweden.

ESO = *Expertgruppen för Studier i Offentlig Ekonomi*. Committee that worked under the head of the ministry of finance between 1981 and 2003.

FSS = *Föreningen Sveriges Socialchefer*. The Association of Swedish Social Directors.

The *Ädel-reform* = Reform carried out in 1992, which transferred the organizational and financial responsibilities for the nursing homes from the county councils to the municipalities.

LSS = *Lagen om stöd och service till vissa funktionshindrade*. Law of support and service to disabled persons.

List of Tables and Diagrams

Tables

Table II. 1. Population 65 years and older in 15 OECD countries and their volume of long-term health and social care services to elderly in 1992-1995, in percent, p. 44.

Table II. 2. The contemporary organizational structure of the public eldercare system, p. 48.

Table IV.1. Description of refused applications in Umeå in 2000, divided by sex, p. 149.

Table IV.2. Description of refused applications in Linköping in 2000, divided by sex, p. 181.

Diagrams

Diagram II. 1. The municipalities' cost for care in % of municipalities' total expenditure 1960-1999. Current prices, p. 50.

Diagram II. 2. Percentage of the population 65 years and older receiving home help services or living in special forms of accommodations, 1940-2000, p. 55.

Diagram IV.1. Percentage of the population 65 years and older receiving home help services in Sweden, Umeå and Linköping, 1980-2000, p. 123.

Preface

In my life, I have many times seen but not always reflected upon the gendered conditions underlying society's organization of the eldercare. For instance, when I as a child was with my grandmother, I sometimes followed her to her brother-in-law, where she carried out most of the cleaning. Then, I never asked myself why she did it. Rather, I assumed that as he was an elder man who lived alone, this was how it was supposed to be. Neither did I take into account why we went to visit my grandmother's father every time I as a child went to stay at my grandparents. As he was an elder man who lived by himself, I only thought that he wanted some company. During the time I have worked on this thesis, my grandmother became very ill. Despite the fact that my grandmother was a recipient of public eldercare services, my mother spent most of her free time at my grandmother's though she had a full-time job. Based on the seldom written but often spoken stories of many other women, I know that my grandmothers' and my mother's experiences of being informal caregivers are not unique. The stories and the experiences of the women who have been, or today are, informal caregivers are also the primary reason why I have written this thesis, as they have made me wonder about the ideas that have constituted the politics of the Swedish eldercare during the postwar era.

Without the contributions of others, this thesis would never have been written. Above all, I would like to express my sincerest gratitude to my supervisor Professor Lena Andersson-Skog. Thank you, Lena, for your inspiration, your encouraging words and comments and your ability to always see to the overall impression and thereby fill in the missing blanks. My warmest thanks I would also like to give to Professor Olle Krantz. Thank you, Olle, for your careful readings and for the thorough linguistic comments that you have provided me with during my years as a PhD-student.

For helpful commentary and remarks regarding my work, I would like to express my gratitude to Associate Professor Paulina de los Reyes, who at my licentiate seminar supplied me with many useful comments. Here, I would also like to show my appreciation to Research Assistant Ann-Britt M. Sand for insightful reading and valuable comments on the preliminary draft to this thesis. Special thanks also to you, Jenny Andersson, for stimulating discussions and comments on the net as well as in meetings.

In bringing together the sources of information to this thesis, there are many persons who have assisted me. Here, I am especially grateful to Katarina Bodén at the city archives in Umeå who patiently guided me through the mysteries of the municipal records. Special thanks also to Gunilla Bohlin at the local welfare office in Linköping who kindly assisted me at my visit and provided me with the information I needed.

There is more to life than work, even in the process of writing a thesis. Here, there are many persons who have lifted me up when I was feeling down and helped keeping my feet on the ground when my head was in the clouds.

To all of you, my friends and colleagues at the department, thanks for relaxed chitchats at coffee breaks and at lunch. Whether the topic has been TV-shows, politics or the protection of art and culture, it has been nice to sit down and talk about other things when my head was humming of discourses on the Swedish eldercare. In this context, I would like to give a very special thanks to you, Helén. Whenever I have needed it, you have been there for me! Special thanks also to you, Anki, for laughter, inspiring discussions as well as support and motivation. Last but not least, my appreciations to you, former and present members of the department's PhD-student choir. Though I can no longer sing with you, I will enjoy listen to you!

To you, all of my friends outside the department, I can only promise to make up for lost time. Helena, I have missed the training sessions and our after work discussions at IKSU. Therefore, see you at the Body Combat session! To you, Anna, Jessica, Wenke, Camilla, Pernilla and Lill, I can only say that I have missed our daily conversations and all of your comments on small as well as big things in life. Of course, I have also missed partying with you. Though things have changed for all of us due to children, education and new jobs, I hope to see more of you and I will take better care of our friendship. So, sweeties, get ready and put on your best dresses because we have some serious partying to catch up on (but please, Camilla, promise me to shut off the video camera)!

To you, my dearly loved mum and dad, and to you, my dear brother and sister, I honestly don't know what to say other than - thank you! For all the love and support you have given me and for always believing in me, I will be forever grateful. For your never-ending concern of me and my family's well being and for always being there by our side, I will be forever thankful.

Last in line but always first in my mind, thank you Thomas and Kajsa for constantly reminding me of what life is really all about! Thank you, Thomas, for your love and for putting up with me. I promise you that I will smile more often and that you never again will have to listen to confused analyses of the Swedish eldercare. To you, Kajsa – mummy loves you and promises you that from now on, I will be more present than absent in my mind when I play and take care of you. I love you both!

Umeå in January 2005
Helene Brodin

Part I. Theoretical and Empirical Points of Departure

1. *The Welfare State and Institutional Change in an Economic History Perspective*

During the last three decades, the welfare states have gone through substantial changes compared to their primary appearances in the postwar era.¹ Due to the economic crises of the 1970s, the pressure increased on all western governments to downsize previous founded welfare schemes. As a consequence, the political antagonism was amplified regarding the function and the future of the welfare state. Though the criticism against the welfare state that arose in the 1970s was complex, it generally followed two central lines of political thinking.² While right-winged movements argued that the public service production should be transferred from the state to the market due to lack of efficiency within the public sector at large, left-winged movements wanted to decentralize the responsibility for the public service production from the state to the local community to untangle the rigidity that characterized the public sector.³ Making the required changes within the welfare states, however, proved to be a hard process to carry out, particularly for many Social Democratic governments, which to a large extent had come to identify themselves with the welfare state as it evolved during the postwar era. Accordingly, many Social Democratic governments also lost the political power to Liberal or Conservative Parties in the 1970s and the 1980s. Despite rhetorical attacks on the welfare state, most significantly expressed by the governments of Thatcher and Reagan, as well as certain cuts in benefits and social services, the right-wing governments nevertheless failed to stop the growth of public social expenditure.⁴ This inability of the right-wing governments to halt the growth of public social expenditure did in turn provoke new theories, which claimed that the welfare states' path of development was irreversible.⁵ According to this theoretical standpoint, any attempt to retrench the welfare states would fall short due to the combination of political and institutional factors that constituted the welfare states. Put in this perspective, the national welfare states more or less appeared to be untouchable for transfers in political power, as well as the emergence of new ideas regarding the role of the state as a provider of welfare.

¹ For a general discussion of the welfare state's development, see Goodin & Mitchell (2001).

² For an overview of the political arguments, see O'Brien & Penna, (1998), p. 58 ff and p. 78 ff.

³ For a discussion of the confrontation between left-winged and right-winged movements, see for example Blomquist & Rothstein (2000), p. 35 ff.

⁴ See, for example, Kuhnle & Alestalo (2000), p. 9.

⁵ For an overview of this theoretical standpoint, see Torfing (1999), p. 369 ff.

The idea that the welfare states' paths of development follow certain historical institutional patterns, the configurations of which also mold future political decisions, is commonly theorized within a framework that has become known as the neo-institutional research tradition.⁶ Neo-institutionalism is a generic term for scholars from different academic disciplines, who use institutions as a lens to analyze and explain why societal change may or may not occur. The neo-institutional research tradition is therefore best described as a set of common theoretical standpoints that are applied to various cases of empirical studies. The central point of departure within the neo-institutional research tradition is the belief that institutions, formal as well as informal, structure and shape social interaction.⁷ In the words of Douglass North, institutions can therefore be seen as set of formal and informal social rules, which are deeply rooted in countries' culture and history.⁸ Welfare institutions, such as pensions and health care systems, are therefore parts of each country's political history and traditions, which give meaning and stability to national social policies. Therefore, the national welfare states are also hard to change.

Within the historical approach, institutions are regarded as inextricably bound up with each country's history in at least two ways.⁹ First, institutions are seen as tied to the national history because they have been created by deliberate political actions, which in turn have resulted in formal institutions, such as laws and regulations, and their working procedures. In the second place, institutions are connected with the history of a nation through repeated historical experiences that have built up a set of common expectations that allow effective coordinated actions between people. Therefore, institutions are embedded in the organization of society, where they function as mediating structures between past experiences and present actions. This often creates tendencies of path dependency, according to historical neo-institutional theorists, by which they mean that policy changes are usually shaped in line with the institutional patterns of society.¹⁰

Though institutions are seen as long-lasting structures, societies are not regarded as determined by their institutional legacy. Central standpoints in historical neo-institutionalism are that there exist certain moments in time, which can be seen as critical junctures, when actors have the opportunity to radically change the course of history.¹¹ Critical junctures are usually signified by new economic and social relationships that make the old institutional arrangements

⁶ See for instance Ashford (1986); Heclø & Madsen (1987); Weir, Orloff & Skocpol (1988); Skocpol (1995); Lagergren (1999); Kuhnle (2000); Hall & Soskice (2001).

⁷ For a discussion of different approaches within neo-institutional theory, see Thelen & Steinmo (1992), p. 1 ff.

⁸ North (1995).

⁹ Hall & Soskice (2001), p. 12 ff and Withley (1992).

¹⁰ North (1990), p. 92 ff.

¹¹ See for example Weir (1992), Rothstein (1996) and Lagergren (1999).

inadequate and therefore undermine the existing institutions. Because the existing institutions are destabilized during critical junctures, actors cannot only change but also establish new institutions.

Instead of critical junctures, Bo Rothstein prefers to speak about formative moments as, in his opinion, this implies both structural openings and agents seizing that moment to form new institutions.¹² Fredrika Lagergren, on the other hand, argues that critical junctures and formative moments should not be treated as synonyms, even if both concepts are used to signify the same historical occurrence.¹³ According to Lagergren, critical junctures and formative moments can be seen as two different dimensions in the process of institutional change. The structural conditions that change during critical junctures make it possible for agents to form new institutions and when this happens, the critical junctures become formative moments. Critical junctures thus bring about formative moments when actors can choose between different options without being restricted by the existing institutional conditions.

During formative moments, Lagergren moreover emphasizes that the ideas held by the actors involved in the political struggle are vital, because the ideas become the lens through which the agents interpret the changing socioeconomic environment provoked by the critical juncture.¹⁴ Ideas, therefore, play both dependent and independent roles in processes of institutional change. During formative moments, ideas function as independent variables, but as they become embedded in new institutional settings, ideas continue to affect the development as institutions that structure and give meaning to political actions.¹⁵

Jacob Torfing had further theorized about the interaction between ideas, actors and institutional change during periods of critical junctures and formative moments.¹⁶ When faced with challenges, which may be endogenous or exogenous provoked, to which the established institutions are unable to produce an answer, not only the institutions will break down, but the socio-economic frame of meaning connected with them as well. As a consequence, the certainties and take-for-granted concepts that have so far defined and legitimized problems, ends and means within different fields of policy, will also start to float. All together, this opens the political terrain for a re-articulation of familiar political, economic and social relationships.¹⁷

What happens during times of critical junctures and formative moments is, according to Torfing, that the institutional breakdown emerges within a discursive field criss-crossed by competing social and economic forces, where all seek

¹² Rothstein (1996), p. 184 ff.

¹³ Lagergren (1999), p. 15.

¹⁴ Ibid., p. 14 ff.

¹⁵ For empirical studies of the interplay between ideas and institutional change, see for example Hall (1989), Sikkink (1991), McNamara (1998) and Blyth (2001).

¹⁶ Torfing (1999).

¹⁷ Ibid., p. 391 ff.

to impose their interpretations of the crises and institutional failures on the political agenda. This hegemonic struggle at the discursive level in turn produces formulations of what are perceived to be the adequate responses to the crises and institutional failures. Therefore, the discursive responses to the institutional breakdown appear as different sets of policy recommendations, which in turn will mobilize political actors and bring their political strategies up to date for societal reconstruction.¹⁸

By completing the traditional institutional analysis of the welfare state development with the discursive perspective, scholars, as, for example, Jacob Torfing, Bob Jessop, and Robert Henry Cox, have fundamentally questioned the claim of the welfare state's irreversibility.¹⁹ Instead of focusing on changes in the level of the public social expenditure, which is a relatively stable percentage of the welfare states' GDP so far and has served as the main proof of the welfare state's unchangeable character, Torfing, Jessop and Cox have explored how political ideas of welfare have changed within the western countries since the 1970s. Setting out from how policy issues have been reframed within the welfare states since the 1970s, Torfing, Jessop and Cox show that in nearly all welfare states, there has been a slow but steady retreat during the last three decades from political ideas and values connected with what can be called a Keynesian perception of welfare in the 1950s and 1960s to what can be described as an Schumpeterian idea of welfare in the 1980s and the 1990s.²⁰ Significant for this change is the shifting role of social policy from being a source of domestic demand to becoming a cost of production. Social policies of the 1980s and 1990s have therefore aimed at promoting national comparative advantages rather than the goal of redistributing economic growth, as in the 1950s and 1960s.²¹

Though it is commonplace that welfare states have been undergoing political and economic reconstruction since the 1970s, the institutional outcome of this reconstruction is nevertheless still a matter of dispute.²² As the level of social expenditure has remained relatively stable in most of the western welfare states since the 1970s, Stein Kuhnle & Matti Alesalo have, from this perspective, argued that the welfare states can still be seen as characterized by institutional stability.²³ This argument is however only valid regarding relationships between the state and the market, as Kuhnle & Alesalo point out. If changes in state and family relations are included in the analysis, it is also possible to find several destabilizing factors in institutional frameworks of the welfare states. Since the

¹⁸ Ibid., p. 375 ff. See also Cox (2001) and Blyth (2001).

¹⁹ See for example Jessop (1994), Torfing (1999) and Cox (2001).

²⁰ Jessop (1991), p. 92 ff. See also Jessop (1994) and Torfing (1999), p. 370 ff.

²¹ For a similar analysis and conclusion regarding the Swedish welfare state, see Andersson (2003) and Junestav (2004).

²² For an overview of the debate, see van Kersbergen (2000), p. 19 ff.

²³ Kuhnle & Alesalo (2000), p. 9 ff.

1980s, practically all the welfare states have developed social policies that aim at shifting the responsibilities for welfare services from the state to the family, the civil society or to the market. According to Kuhnle & Alestalo, these attempts to re-negotiate state and family relations can not be dismissed as pragmatic adjustments to economic realities, but must be seen as indicators of major ideological changes in western societies, where the welfare state is no longer associated with progression and positive values.²⁴

In the case of Sweden, most welfare state studies have generally been inclined to support the argument of institutional stability.²⁵ Yet, these studies have mainly focused on changes in state and market relations, where the relatively unchanged level of public social expenditures has been used as the main proof of the institutional stability. As demonstrated by Kuhnle and Alestalo, the picture does however become more complicated if changes in the relationship between the state and the family are included in the analysis. Since the 1980s, public social care services in Sweden, such as childcare and eldercare, have been under sweeping reconstruction. Quasi-markets and demand-regulated production have been introduced in the services; alongside of changes in the relationship between the state and individual citizens that have changed the former recipient of care to a consumer or a client.²⁶ The outcome of this transformation has been an ongoing process of cutting back public social care services, which has particularly hit the eldercare sector. In the last twenty years, the percentage of the population 65 years and older receiving public home help services has decreased from 23 to 8 percent, and at the same time the number of beds in hospitalized eldercare has been heavily reduced.²⁷ During the course of the 2000s, nine out of ten of the Swedish municipalities have moreover introduced means testing of the eldercare services based on whether the elderly have relatives or not that can perform the eldercare services.²⁸ Parallel with downsizing in the production and granting of public eldercare service, privately produced eldercare services have increased, which are carried out by contracted large business corporations, such as Partena Care or ISS CarePartner, both internationally owned companies that perform cleaning services, as well as managing nursing homes.²⁹

²⁴ Ibid., p. 9. For an overview of policy changes in state and family relations in Europe, see Lewis (1993) and Boje & Leira (2001).

²⁵ See for instance Esping-Andersen (1996); Kautto (1999); Rothstein (2000); Nordlund (2002).

²⁶ For a discussion of changes in Swedish eldercare, see for example Szebehely (1995); Mossberg Sand (2000) and (2004); Trydegård (2000); Stark & Regnér (2001).

²⁷ Statens Statistiska Centralbyrå, (SCB), (1991a), table 10 & 15 and Socialstyrelsen (2000a), table 3 & 10.

²⁸ Socialstyrelsen (2003), p. 26 ff.

²⁹ Socialstyrelsen (1999), p. 13.

In my opinion, the continuing transformation of the public eldercare sector raises serious questions about the assumed institutional stability of the Swedish welfare state. Considering the decrease in public eldercare services, is it really possible to claim that all the Swedish welfare institutions have remained unchanged? Is it furthermore a convincing argument that the cutbacks in public eldercare services and the increasing contracting of private entrepreneurs are only adjustments to ‘economic realities’, as so often claimed, rather than indicators of new ideas of how to divide the responsibility for eldercare between the state, the family and the market?

My theoretical and empirical points of departure are hereby set. I intend to do a discourse analysis of policy changes in the Swedish eldercare to explore if the period from the 1980s and onwards can be characterized as a formative moment in Swedish eldercare politics during which new ideas have become embedded in the institutional frameworks regulating the division of responsibility for eldercare between the state, the family and the market. Hence, I am interested in changes on the informal institutional level, such as political ideas, traditions and beliefs, and how these are related to regulatory shifts in the public eldercare sector. However, to determine if there has been any change of ideas regarding the public responsibility for eldercare services, it is first necessary to trace what central line of ideas that has influenced public eldercare during the postwar era. The empirical study of this thesis therefore starts in the 1940s, when public responsibility for eldercare services first emerged as a political issue, wherefrom it continues to chronologically follow changes in the political ideas regarding the public responsibility for eldercare. How ideas of public responsibility for the eldercare have changed on the national level since the 1940s will also be followed up by two, local in-depth studies to explore how the municipalities have adjusted their local organization of the public eldercare to the national policy changes since the 1980s. Here, my intention is to examine if the change in ideas that has occurred on the national level also has become established as policy practice in the municipalities. Subsequently, the empirical study of this thesis also contains an examination of what local ideas can be found regarding public responsibility for the eldercare and if these differ or not from the national ideas.

Before I outline how the empirical study will be carried out, I find it necessary to emphasize that public eldercare services are in many ways a gender issue. First, women living alone dominate the oldest part of the population, in Sweden as well as in other western welfare states. Consequently, merely seen in relation to demographic conditions, cutbacks in the Swedish public eldercare will hit women harder than men.³⁰ Second, in general, elderly women in Sweden have today lower pensions than men have, because most elderly women have worked in low-paid sectors, and have had fewer active years on the paid labor

³⁰ Trydegård (2000), p. 19 and Socialstyrelsen (2004a), p. 163 ff.

market than men. For many elderly women then, it is not an option to buy eldercare services from private entrepreneurs, as they can't afford to pay for the services.³¹ Third, care-giving work assignments as eldercare are still primarily carried out by women, regardless of the work performed, as paid labor on the market or as unpaid labor in the household.³² Therefore, it is reasonable to suspect that the reduction of public eldercare services will increase the pressure on women to perform as unpaid care workers in the household. These three gender aspects of policy changes in the Swedish eldercare are also important perspectives that will be more or less present in the following pages of this thesis.

2. From Ideas to Interpretative Frames – a Discursive Perspective on Institutional Changes in the Swedish Eldercare Sector

For a long period of time, ideas have been regarded as epiphenomena within the social sciences. This perspective is to a large extent connected with the legacy of Marx, as even scholars with little interest in or sympathy for his political goals have generally viewed ideas as results of material factors and economic interest.³³ Contrary to this standpoint, historical neo-institutionalists emphasize that it is impossible to theorize on how different societal groups will act without knowing the ideas that motivate them. Political action cannot be understood without ideas, as ideas are the lens through which interests and actions are interpreted.³⁴ This is not to deny that political action can also be motivated by economic interest or that material factors matter in the process of societal change, but it emphasizes that ideas are central keys to understand how and why political agents chose a certain path of action. Historical neo-institutionalists furthermore stress that although political agents play a key role in inserting ideas into the political process, the most important factor determining whether ideas are able to influence politics over the long term is institutionalization, that is, whether or not an idea becomes embedded in an institution or an organization.³⁵ Once institutionalized, ideas often change the motivation and perception of political actors, and can thus affect the political decision making over a long period of time.

How and why then is it that some ideas become institutionalized while others continue to be “just” ideas outside the institutional settings? To begin with, as underlined by the concepts of critical junctures and formative moments, institutions seem to be more open for the influences of new ideas during periods of sweeping social and economic change as this destabilizes existing institutional

³¹ Socialstyrelsen (1996a) and Socialstyrelsen (2004a), p. 168 ff.

³² See for example Stark & Regnér (2001); Johansson, Sundström & Hassing (2003): Socialstyrelsen (2004a); Strömberg (2004) and Mossberg Sand (2004).

³³ Berman (1998), p. 16 ff.

³⁴ Sikkink (1991), p. 242 ff, McNamara (1998), p. 6 ff; Blyth (2001), p. 2 ff.

³⁵ Berman (1998), p. 26 ff.

relations and makes it possible for actors to introduce new ideas of how to rule society.³⁶ Kathleen McNamara, for example, shows how the oil crises in the 1970s provoked new ideas in macroeconomic policy making, which in the end resulted in the establishment of the European Monetary System (EMS).³⁷ EMS is according to McNamara an ideational mix between neo-liberalism and monetarism. Though monetarism had been promoted already in the 1930s and was taken up in the academic community during the 1960s, it was first after the oil crises that monetarism became relevant to politics, when the ideas could provide a new means to make sense of policy making in the turbulent economic environment. Monetarism would however not have been successful if it hadn't been incorporated in the neo-liberal ideology that spread over Europe in the late 1970s. McNamara shows that the result was a policy mix that focused on stable exchange rates and capital mobility. According to McNamara, this ideational mix of monetarism and neo-liberalism is also the missing link that explains why the European political leaders were ready to abandon national autonomy in monetary policies under the EMS, but not under the Snake.³⁸ McNamara's study thus illustrates that economic crises, such as the oil crises, often function as triggering factors for political ideas to become institutionalized.

A second important factor behind the institutionalization of ideas seems to be the role of civil servants and policy expertise. In her study of the ideas behind EMS, McNamara points out the economic policy expertise working for the European Commission as the central group that pushed for a common European monetary system.³⁹ Peter Hall also shows in his study of changes in British economic policy in the 1970s that the emergence of new policy expertise, which could challenge existing theories and take up the competition with established authorities in British economic policy making, was one important reason why monetarist ideas could drive the existing Keynesian policy paradigm out of the market.⁴⁰ Therefore, it seems that new ideas are more likely to become embedded in institutional settings if there is a body of expertise with established positions to support them; and the closer this body of expertise is to the power, the greater the probability that the ideas become institutionalized.

The third important factor affecting the institutionalization of ideas seems to be how well new ideas fit with existing political discourses. As Kathryn Sikkink illustrates in her comparison of ideas of economic development in Brazil and Argentina during the 1950s and the 1960s, new ideas enter a political territory already structured by a set of political ideas, and the better the new ideas fit with

³⁶ Rothstein (1996), p. 184 ff; Lagergren (1999), p. 14 ff.

³⁷ McNamara (1998).

³⁸ *Ibid.*, p. 56 ff and 144 ff.

³⁹ *Ibid.*, p. 173.

⁴⁰ Hall (1993), p. 285 ff.

current perceptions, the more likely they will become institutionalized.⁴¹ Sikkink shows that though the idea of import-substituted industrialization originally was very similar in both countries, the Brazilian leaders managed to create strong public support for their ideas, while in Argentina, divisions among the elite prevented any political consensus for a single model of growth. The Brazilian consensus around the economic model was connected with several interrelated circumstances; however, the linkage to the legacy of Vargas was one of the most important reasons. This strongly contrasted to Argentina, where the postwar economic policies of import-substituted industrialization became identified with anti-Peronism.⁴² As the idea of import-substituted industrialization was similar in Brazil and Argentina, Sikkink's study shows that consensus around political ideas is not solely explained by the ideas themselves, since it is also dependent on their interpretation.

Sikkink demonstrates that a political idea does not take on the same meaning in all settings, but its meaning emerges through a process of interpretation and re-interpretation, where the success of an idea often depends on what symbols, metaphors and images the political agents link up with the idea. Here, the connection with prevailing political discourses also explains why political agents can favor one idea above another. However, as politics consist of many different discourses, there may also be many new ideas that can correspond with a certain discourse and not necessarily become embedded in the institutional settings. It therefore seems necessary to look more closely into the concept of discourses and what role discourses play in the making of public welfare to determine what it is that makes political agents exchange old ideas for new during a formative moment.

2.1. Discourses and Discourse Analyses

A growing insight in contemporary welfare state studies is that the very act of defining a phenomenon or a situation as a social problem is in itself a constitutive element in the political struggle over welfare.⁴³ In fact from this perspective, competing representations of social problems are struggles over how to organize and distribute the means of society. The concepts and categories usually taken for granted in social policies are therefore subjected to persistent challenges and conflicts, where welfare and social policies are constantly made and remade through the struggle over their meanings. Discourses play a decisive role in this process, because they function as the interpretative frame in which phenomena, situations, concepts and categories become realized.

Discourse is a many-sided concept. One major reason for this complexity is that discursive studies are carried out within a multitude of academic disciplines

⁴¹ Sikkink (1991), p. 26 ff.

⁴² Ibid., p. 235 ff.

⁴³ O'Brien & Penna (1998), p. 120-132.

and include a variety of epistemological perspectives. The understanding of discourses can therefore vary from linguistic definitions of discourses as samples of spoken and written texts to post-structuralist notions of discourses as entire systems of meaningful practices that form the identities of subject and objects within different societal domains.⁴⁴ One possible definition, however, that embodies the functional aspects of the concept is to see discourses as communicative events that include language use, the communication of beliefs and interaction in social situations.⁴⁵ The aim of the discourse analysis from this perspective is to explain the relationship between language use, beliefs and social interactions.

In discourse analysis, language use is seen as an act that contributes to the creation of reality and not as a reflection of an already existing reality. Language use is therefore not seen as a neutral exchange of information, but as a social action, through which representations of reality are constructed.⁴⁶ Furthermore, as language provides us with already established concepts, categories and codes of meaning, language use also carries different interpretations of reality, where the articulation of concepts and categories not only shapes, but also sets the frames for societal interaction. Central to any discourse analysis is the use of language, either in written or in spoken forms, as a productive and societal deed, where the concepts and categories used to describe reality is not a reflection of language but rather an active shaping of the subjects, objects and phenomena that are being articulated.⁴⁷

Similar to language use, which involves both a system of communication and the action of speaking or writing, discourses also signify a dimension of structure and a dimension of process. On one hand, discourses function as systems of communication that regulate our way of thinking about society, and on the other hand, discourses work as social practices through which we form the identities of the subjects and objects.⁴⁸ In other words, discourses are social constructions through which meanings as well as social relations are reproduced or changed by daily human interaction. Furthermore, as the construction of discourses involves an organization of identities that historically have often proved to be based on processes of exclusion and inclusion, discursive constructions also involve an act of power that draws a line between outsiders and insiders.⁴⁹ In this sense, discourses can also be seen as social constructions of meaning and relations that legitimize relations of power in society.

⁴⁴ For an overview of discursive theories, see Winther Jørgensen & Phillips (2000).

⁴⁵ van Dijk (1997), p. 2.

⁴⁶ Ibid., p. 6 ff.

⁴⁷ Winther Jørgensen & Phillips (2000), p. 15 ff.

⁴⁸ Howarth & Stavrakis (2000), p. 3 ff.

⁴⁹ See for example Scott (1988), p. 41-50.

2.2. Discourses on Need and Welfare

In discursive analyses of the welfare state, knowledge and power are seen as inseparable, as all forms of knowledge production also involve hierarchical techniques for inclusion and exclusion of identities, rights and obligations.⁵⁰ Knowing, for instance, that the welfare state is the result of the struggle between capital and labor, which is a common point of departure in many contemporary analyses of the welfare state development, requires certain techniques of knowledge, which categorize and differentiate populations according to axes of, for example, wealth and ideology. This differentiation also gives certain experience priority over others, as this constructs hierarchies of needs, identities, rights and obligations.

From the standpoint of differentiation, feminist scholars have demonstrated that the primary reason why the family is often excluded in contemporary welfare state studies is that the male waged worker has served as the prototype for most categorizations and classifications of welfare.⁵¹ Consequently, welfare state analyses have strong male connotations, and more or less ignore the different ways in which women and men have been treated in respect to the development of civil, political and social rights. Due to these circumstances, the development of modern welfare states is often interpreted as a series of compromises between capital and labor, while it is less often observed that the welfare state also represents compromises between women and men, mediated via their divergent relationship to the family and the labor market.⁵²

The construction of gender hierarchies of needs, identities and rights has also been prominent in mainstream research on the Swedish welfare state.⁵³ The core in what is generally described as “the Swedish model” for economic development and welfare is here identified as the institutionalized negotiations between capital and labor that emerged in the 1930s, that is, the so-called *Saltsjöbadsavtalet*.⁵⁴ Because of this focus on state and market relations, the Swedish welfare state is in mainstream research understood as the insurance system connected with the labor market, such as pensions and unemployment systems.⁵⁵ Though the public service production is included in the general definition of the Swedish welfare state, much due to the last two decades of feminist criticism, the meaning and importance of the public service production is still derived from state and market relations. The results of this perspective on the Swedish welfare state are gender hierarchies of need and welfare, as Paulina de los Reyes

⁵⁰ See for example Parton (1996); Lenoard (1997); Carter (1998) and O'Brien & Penna (2001), p. 105-133.

⁵¹ For an overview of the feminist criticism, see Orloff (2000), p. 61-86.

⁵² Boje & Leira (2001), p. 8 ff.

⁵³ For a discussion of the feminist criticism of mainstream research on Swedish welfare state, see for example Siim (1993) and Leira (1993).

⁵⁴ Magnusson (1996), p 445 ff.

⁵⁵ Siim (1993), p. 27 ff and Liera (1993), p. 54 ff.

shows in her study of changes in the public childcare.⁵⁶ Childcare and women's need become identical with each other, as de los Reyes illustrates, with the consequence that though children's need and women's need are in fact two separate questions, they are brought together and subordinated the general history of the struggle between capital and labor.⁵⁷

Another central viewpoint in discursive studies of the welfare state is that society produces and reproduces identities through a variety of different series of political and scientific discourses, such as the medical, legal, political and cultural discourses.⁵⁸ By exposing the meanings, values, norms, and ideas associated with central identities in social policies, such as unemployed, mother, the elderly, or disabled, the identities that have constituted modern social policy have been revealed in discursive studies as temporary categories that vary depending on time, place and discursive localization.⁵⁹ However, the social construction of these identities has often been based on techniques of inclusion and exclusion, where some identities have been centralized and other marginalized. As demonstrated by many feminists, as well as in post-colonialist studies, gender and race have here functioned as strong bases for the differentiation of identities.⁶⁰

A third central standpoint in discursive studies of the welfare state is that social policies are not straightforward responses to any social demand from different groups or classes. In her study of conceptualizations of need in the American social policies, Nancy Fraser for example shows that there is no casual relationship between experienced need and the developed welfare policies.⁶¹ Instead, Fraser illustrates, need has only become political when it has been forced out of the private and domestic arenas. Here, Fraser identifies three different discourses that together have structured interpretations of need in the American welfare state; oppositional discourses, re-privatization discourses, and expert discourses. Oppositional discourses have usually been carried by social movements, such as feminism or the disability movement, and have composed an important feature in their self-definition. Oppositional discourses, as, for example, feminism, have contributed to push needs that have not traditionally been considered as public matters, such as childcare, into politics by re-interpreting problems from private to public ones. Re-privatization discourses, on the other hand, which consist of a conglomerate of different political and economic interests, have tried to maintain the boundaries between the public and private by interpreting need in terms of individual problems or family business.

⁵⁶ de los Reyes (2002a).

⁵⁷ *Ibid.*, p. 277 ff.

⁵⁸ O'Brien & Penna (2001), p. 117 ff.

⁵⁹ See for example Parton (1996); Williams (1996); Philips (1996).

⁶⁰ See Williams (1996) and Smaje (1998).

⁶¹ Fraser (1989), p. 161 ff.

Therefore, re-privatization discourses have often emerged as counter actions to social policies called forth by social movements. Expert discourses have functioned as a bridge between the oppositional and re-privatization discourses, as expert discourses have crosscut the others and sought reconciliation between the two standpoints. Expert discourses that are associated with universities and other seats of knowledge production, have therefore primarily served as translators that have redefined claims from social movements to objects for state intervention. This redefinition has usually turned a particular need into a case of more general policies, as for example making childcare into a question of labor market policies. Consequently, expert discourses often de-contextualize the need from its gender, class and racial location and de-politicize the conditions, which initially gave rise to the quest for politicizing the need.⁶²

Fraser's study shows that there is no clear-cut understanding of such basic concepts as need in social policies, as taken-for-granted concepts are continually subjected to contesting and conflicting discourses, which circulate around and through many different societal groups and interests. Consequently, the field of social policy is criss-crossed by different constructions and representations of what need to solve.⁶³ In a more theoretical perspective, Fraser's study also illustrates that the articulation of political discourses takes place around concepts, which meanings are neither given nor fixed. Such concepts, of which need is but one example, are in the discursive terminology described as floating signifiers.⁶⁴ As indicated by their name, floating signifiers are concepts that are highly open for different ascriptions of meanings. Floating signifiers are therefore concepts marked by rivalry between different discourses and agents that are struggling for power within the same political domain.

According to Eva Haldén, since discourse analysis focuses on how political taken-for-granted concepts and categories are, in fact, struggles over how to organize and distribute the means of society, a combination of discursive and institutional methods for analysis can be useful.⁶⁵ While discursive analysis helps to expose how the meaning of ideas, concepts and identities emerges and changes in politics and how rights and obligations become connected with distinctive social identities, institutional analysis brings light to how some discourses or parts of these become officially confirmed and thereby legitimized at a particular moment of time. In this joint analytical framework, formal institutions, such as laws and regulations, can be viewed as authorizations of one or more discourses, as laws and regulations function as the official confirmation

⁶² Ibid., p. 171 ff.

⁶³ See discussion in O'Brien & Penna (1999), p. 128.

⁶⁴ Howarth & Stavrakis (2000), p. 7 ff.

⁶⁵ Haldén (1997), p. 18.

of a particular way to categorize and ascribe rights and duties to different social groups.⁶⁶

The emergence and institutionalization of new ideas within the Swedish eldercare will in this study be analyzed from a discursive perspective. Therefore, I will see the changes in the public eldercare sector as emanating from conflicts between a complex and contradictory configuration of different discourses of need, where each discourse represents a specific understanding of what it means to be old, what needs senior citizens have, and what obligations the family, as well as the society, has towards its aged. As each discourse involves a specific understanding of how to organize and distribute the resources in society between different categories in the population, each discourse also includes an aspect of power. In this study, the identity of the elderly, as well as the concept of care will be analyzed as floating signifiers that are subjected to contesting and conflicting discourses of need and welfare.

2.3. Discourses as Interpretative Frames

To study the authorization of discourses in Swedish eldercare, I will use the notion of interpretative frames. Interpretative frames function as a lower discursive order, according to Kimberly Fisher, which means that frames should be distinguished from political ideologies and other “grand narratives”.⁶⁷ Interpretative frames instead contain a set of ideas, descriptions, examples, symbols and metaphors that are used to make sense of a distinctive issue.⁶⁸ Therefore, political agents can swap frames but without necessarily changing their political party ideology or fundamental ideological beliefs. However, as frames rearrange values and beliefs into new patterns of interpretations and understandings, interpretative frames are also able to affect fundamental political ideas in a longer perspective.

According to Fisher, in the first place frames do operate metaphorically, and they encourage agents to focus on particular aspects of an issue while ignoring others. Therefore, as discourses, interpretative frames do differentiate and construct hierarchies of needs, identities, rights and obligations and give priority to some identities while they marginalize others. However, this means that frames cannot be located by counting key words or the argumentative structure in a text, and scholars must instead try to look for the storyline about what is to be comprehended and its relation to the surrounding context.⁶⁹ One possible method of localizing the storyline of an interpretative frame and its relation to its environment is to divide its contents into rational and symbolic dimensions.⁷⁰

⁶⁶ Ibid., p. 27.

⁶⁷ Fisher (1997), p. 20 ff.

⁶⁸ Ibid., p. 1 ff.

⁶⁹ Ibid., p. 20.

⁷⁰ Lindgren (1993), p. 26 ff and Jönsson (2001), p. 43 ff.

While the rational dimension of a frame provides agents with a reasoning argumentation of the causes and consequences of a phenomenon, the symbolic dimension helps agents to illustrate the frame through the use of metaphors, slogans and historical examples. The rational dimension can therefore be seen as the problem-solving aspect of the frame, as this provide causes, consequences and solutions to an issue, while the symbolic dimension of the frame functions as the legitimizing aspect of the interpretative frame by giving examples and describing the issue in metaphors.

The problem-solving aspects of the interpretative frame also mean that frames give priority to some form of policy expertise over others.⁷¹ If, for example, the main problem in the public eldercare is described as economic resources in the public sector, economic expertise will have an interpretative advantage in defining and solving the problems in the public eldercare. As frames are also used as means of making sense of political issues, frames and the policy expertise connected with them also have to provide plausible explanations as to why a phenomenon or situation has occurred. Socioeconomic change and other material circumstances, such as demographic development or economic crises, situated outside the frame, function here as factors that can authorize or undermine an interpretative frame.

This perspective on how interpretative frames interact with their surroundings is similar to how discourses are viewed in the critical discourse analysis developed by Norman Fairclough.⁷² Fairclough distinguishes between discourse as text, as discursive practice and as social practice, where discursive practices refer to the production and consumption of texts while social practices refer to the interaction between the text and the situation, institutions and socioeconomic structures that surround it. Discourses are from this perspective both socially constitutive, as well as shaped by their surroundings, where the aim of the discourse analysis is to show the relationship between the discourses and their context.⁷³ This understanding of discourses as both constituting for and shaped by their surroundings will also serve as a point of departure in this study, as this emphasizes that societal change involves complex processes, which, in turn, make it impossible to determine any ultimate causes why a social problem, situation or phenomenon has occurred. From this follows that the aim of this study is not to provide final explanations why things are the way they are in the public eldercare sector, but to examine if changing conceptualizations of care and of the elderly also give rise to new understandings of the role of the state in organizing and distributing eldercare services.

⁷¹ Jönsson (2000), p. 42.

⁷² Fairclough (1992), p. 62 ff.

⁷³ *Ibid.*, p. 86 ff.

3. Towards a Deconstruction of Interpretative Frames in the Swedish Eldercare

Since interpretative frames interact with their surroundings, they can be seen as themes over more general and overarching discourses in society. In this section I will discuss some of the general themes and problems around which the rational and symbolic dimensions of the interpretative frames in the Swedish eldercare have circulated, and I will show how these can be related to institutional changes in the public eldercare. The discussion in this section is primarily based on earlier research on aging, the elderly and care in Sweden. The results shown at in these earlier studies will also function as reference points for my empirical investigation of what interpretative frames have been used to give meaning and make sense of the different issues at hand in Swedish eldercare policies. Fraser's study of how social policy can be seen as a field criss-crossed by different constructions and representations of need will here serve as an analytical point of departure. To outline what central ideas, descriptions, examples, symbols and metaphors have constituted interpretative frames in the Swedish eldercare since the 1940s, I will therefore first identify what societal groups and interests have contributed to push the need for eldercare services out of the private arena and in to the public arena, and then discuss what groups and interests have worked for pushing the need for eldercare services back to the private arena. In line with Fraser, I will regard these different groups and interests as carriers of oppositional discourses, expert discourses or re-privatization discourses that different conceptualizations of need, the elderly and care have structured and given meaning to in interpretative frames of Swedish eldercare policies. Thus, after I have identified what groups and interests that can be regarded as carriers of oppositional, expert and re-privatization discourses, I will in this section also identify what central conceptualizations of the elderly and care that have constituted interpretative frames in Swedish eldercare since the 1940s.

3.1. Oppositional Discourses

Håkan Jönsson argues in his study of changing images of senior citizens in post-war Sweden that discourses on aging and the elderly generally mirror modern society's perceptions of humanity, normality and dominance in relation to the division of the life cycle into three phases: childhood, the middle-age and old age.⁷⁴ Therefore, discourses on the elderly can be seen as themes over this division of life, whether the theme is biological, moral or political Jönsson emphasizes that the problem with this division of the life cycle in three phases is that the middle age functions as the norm for the other ages. The three-phased perception of life thus tends to make senior citizens into second grade citizens or citizens of honor. The more the elder's honorable status is proclaimed on basis of what they have achieved in society, the more it becomes confirmed that the

⁷⁴ Jönsson (2000), p. 30 ff.

legitimizing factor for granting the elder's need for care is their previous action during the middle age. Jönsson shows that this perception has also been fundamental for the self-understanding of the senior citizens' organizations, as they have usually based their claims on the argument that as former workers, they have contributed to build the contemporary welfare system, something which also entitles them to services from the state.⁷⁵ Thus, to help push the need for eldercare from the private to the public arena, the pensioners' organizations have located their discourse within the general history of the Swedish welfare state as stemming from the struggle between capital and labor.

The first Swedish organizations for senior citizens emerged in the late 1930s.⁷⁶ Conflicts and confrontation characterized the first decades of activism as the elderly until the 1960s constituted a group with low priority in social policies. Since then, however, senior citizens' organizations have become established as a part of the political decision-making process in eldercare issues with possibilities of giving opinions and considerations on the political decisions. *Pensionärernas Riksorganisation*, (PRO), and *Sveriges Pensionärsförbund*, (SPF), which are the two largest organizations for senior citizens in Sweden, have been important agents in the construction of elder's identity on the political arena, according to Jönsson.⁷⁷ While PRO has generally recruited its leaders from the Social Democratic Party (SAP) and the unions, SPF has enrolled its leaders from the Liberal, the Conservative and the Center Parties.⁷⁸ Both of these organizations have had leaders with firmly established networks and relations to the political parties, which in turn have affected their ideas and political perceptions. While SPF has generally taken a critical stand against suggestions from the Social Democratic governments, PRO, on the other hand, has usually been loyal to the ideas of SAP.⁷⁹

The circumstance that both PRO and SPF have enrolled leaders who, during their working life, have had established positions in Swedish politics has also contributed to the fact that both PRO and SPF have been strongly dominated by men.⁸⁰ Thus, it is primarily men who have given voice to the senior citizens' claims in Sweden. In this context, Agneta Stark & Åsa Regnér point at an important difference between men and women when it comes to preferences regarding the organization of eldercare services.⁸¹ Men are generally more positive than women to informal eldercare services carried out by relatives. According to Stark & Regnér, reasons for this difference are that persons who have experience from working as informal caregivers, which usually are women,

⁷⁵ Ibid., p. 97 ff.

⁷⁶ For an overview, see Gaunt (1999), p. 6 ff.

⁷⁷ Jönsson (2000), p. 66 ff.

⁷⁸ Jönsson (2000), p. 81 and Gaunt (1999), p. 67 ff.

⁷⁹ Jönsson (2000), p. 129 ff.

⁸⁰ Ibid., p. 67 ff.

⁸¹ Stark & Regnér (2001), p. 92 ff.

are more aware of the responsibilities and problems connected with informal care giving, which in turn makes them more positive towards public eldercare services.⁸² Stark & Regnér illustrate that due to life experience, men and women have different preferences regarding who will carry out the eldercare services. Since both PRO and SPF have been dominated by men, and as both organizations also have been important representatives for elder's need on the political arena, in this study, I will regard both SPF and PRO as carriers of gendered ideas of how to divide the responsibility for eldercare services between the state, the family and the market.

3.2. Expert and Re-Privatization Discourses

As Bryan Green shows, the narrative center in expert discourses on aging is demography, something that has functioned as a gathering place for numerous and various topics and themes.⁸³ However, the centrality of demography has resulted in the somewhat paradoxical situation that the main subject in expert discourses on aging is not the aged, but modern society itself, towards which the aged and is in one way or another described as threats, challenges or pressures.⁸⁴ This focus on demography, in turn, also contributes to de-contextualizing the elder's need from its class, gender and race, as Stark & Regnér point out. At the same time as the need for eldercare services is described in macroeconomic terms, the category of "aged" is often used without considering whose need this category refers to. Due to this de-contextualization of need and the category of aged, unspoken norms of gender also become merged with both the representation and the solution to the problem of population aging. In long-term prognoses for the economic development in Sweden it is often emphasized, for example, that increasing help from relatives can contribute to cut the public expenditure for eldercare services in the future.⁸⁵ As it is primarily women who help their elderly next-of-kind, the use of the category "relative" in this context hides the gendered circumstances that constitute informal eldercare services.

Since demography serves as the narrative center in expert discourses on aging, demography has functioned as a catalyst for different interpretative frames occurring in the politics of eldercare.⁸⁶ The medical discourse, the social work discourse, and the economic discourse have here been three important expert discourses, whose conceptualizations of care and the elderly have been used in politics to make sense of the different issues at hand in the Swedish eldercare.

Though geriatrics did not become a specialty within the medical education in Sweden until 1988, a Swedish scientific association for medical research on

⁸² Ibid., p. 93 ff.

⁸³ Green (1993), p. 37 ff.

⁸⁴ Ibid., p. 145 ff.

⁸⁵ Stark & Regnér (2001), p. 160 ff.

⁸⁶ Compare, for instance, SOU 1956:1, p 15 ff and SOU 1997:170, p. 85 ff.

aging was founded as early as in 1947.⁸⁷ The driving force in this association was individual physicians, who strongly advocated that eldercare services should be classified as health care instead of poor relief, which was the general categorization of the public eldercare until the middle of the 1950s. The general idea behind this proposal was that aging should not be seen as an incurable disease, but as a stage in life, where the elderly through rehabilitation and preventive measures could continue to live a normal and healthy life. In the medical discourse, rehabilitation has therefore functioned as a central solution for solving the problem of aging. This connection between medicine and eldercare also became appealing to SAP, because it could once and for all wash off the stigmatizing label of public eldercare as poor relief.⁸⁸ The conceptualization of the elderly and aging as a medical problem that can be solved through rehabilitation and preventive health measures has also become a positive image among the senior citizens. According to Jönsson, this has both given senior citizens a privileged position within the welfare state as a specific group entitled to certain rights, and it has focused on rehabilitation showing that even the biological aspects of aging are possible to impact.⁸⁹

The understanding of aging as a medical problem has however not been without criticism. Verner Denvall shows that in the late 1960s, social workers started a massive mobilization against the existing social legislation, which finally resulted in the new Social Services Act of 1982.⁹⁰ Instead of individual and acute measures, social workers argued that social planning and preventive measures were the only ways to improve the situation for those receiving public assistance, which, in turn, required an integration of the receivers of public welfare services back into the local community. This idea was generally described as *community care*. In the case of eldercare, social workers argued that the medical understanding of aging had resulted in a hospitalized eldercare that was too focused on the individual and biological aspects of aging at the expense of the social perspective on the elderly and their life situation. The social workers argued that the medical conceptualization of aging subsequently resulted in isolation and loneliness for many elderly people. Thus, within the social workers' discourse, senior citizens were being described as outsiders in the Swedish community, and the solution to this problem was to cut down the hospitalized eldercare and increase the possibilities for the elderly to stay in their ordinary living environment. This idea also became guiding principles in the Social Services Act.⁹¹

⁸⁷ Jönsson (2002), p. 165.

⁸⁸ Ibid., p. 169 ff.

⁸⁹ Ibid., p. 167.

⁹⁰ Denvall (1994), p. 57-84.

⁹¹ Holgerson (1997), p. 81 ff.

Since the 1980s, economics has emerged as the third expert discourse and struggles for dominance in the public eldercare.⁹² The economic discourse, as Agneta Hugemark shows, has increased its general influence over social policies primarily through *Expertgruppen för Studier i Offentlig Ekonomi*, (ESO), which was an expert group originally set up by the liberal/conservative government in 1981 to suggest new solutions to the budget deficit problem and provide new principles of how to organize the public sector.⁹³ Although a new economic government council replaced ESO in 2003, ESO functioned as a committee under the head of the Ministry of Finance for more than twenty years and the works of this group were also used as preparatory works in governmental bills and reports. A general proposal in the works from ESO was to introduce market principles in the public service production. According to Hugemark, the increasing applications of market principles in the public sector, such as quasi-markets and demand-regulated service production, can therefore be connected with the increasing influence of the economic policy expertise in the organization of welfare.⁹⁴ As the economic discourse has strongly focused on how to cut back the state's responsibilities in the public eldercare, the economic discourse can be seen both as an expert discourse and as a re-privatization discourse that has attempted to re-interpret the need for eldercare services into an individual and family issue.

While the influence from the medical and social workers discourse can be found directly in the political documents, as both physicians and social workers have functioned as expertise in parliamentary committees, and their organizations have been allowed to give opinions on the political proposals, the authority of the economic discourse and policy expertise is more indirect. ESO has not given opinions over political proposals, even if this group was sometimes called in as experts in the parliamentary committees. However, as the economic discourse can also be seen as a re-privatization discourse that consists of different groups of interest, I will primarily analyze the economic discourse as a re-privatization discourse that has arisen as an attempt to push the need for eldercare services back to the private arena.

3.3. Dependent or Healthy - Metaphors of the Elderly

Expert discourses on aging have generally tended to categorize the elderly around axes of dependency and autonomy, as Mike Bury shows.⁹⁵ Until the 1980s, theories of aging were highly dominated by functionalist perceptions that defined aging as a form of social disengagement. Aging was within this understanding characterized as a period marked by decline and deficit, and the elderly

⁹² Stark & Regnér (2001), p. 160 ff.

⁹³ Hugemark (1994), p. 160 ff.

⁹⁴ Ibid., p. 166 ff.

⁹⁵ Bury (1995), p. 15-29.

were therefore framed as a group marked by structural dependency. Contrary to this functionalist perception, since the 1980s aging has however been analyzed from constructive perspectives. Aging is here defined as a “third age” that brings about new roles and meanings in life. From this perspective, dependency is seen as much manufactured by the individual, as it is a biological process. Within this constructive perspective, the identity of the elderly is rather described in terms of autonomy than dependency. Nevertheless, both perspectives fail to recognize that social hierarchies of rights and obligations exist within the category of aged, as well as they are produced by society, as Bury points out. While the perception of the elderly as marked by structural dependency is almost exclusively focused on the male wage worker and the problems connected with retirement, the idea of aging as manufactured is highly concentrated on the individual, but without recognizing that, as individuals, the elderly also have different social positions depending on their gender, class and race. Therefore, theories have recently evolved, which try to deconstruct the meanings and values merged with different conceptualizations of aging and the elderly but without making normative statements of what aging is or how the elderly feel.⁹⁶ This latter point of departure is also central to this study.

Conceptualizations of the elder’s identity in Swedish politics have fluctuated between understandings of dependency and autonomy, as David Gaunt & Göran Lantz argue.⁹⁷ While the general goals of policy have been to maintain elder’s autonomy, this principle has many times been difficult to apply in the public eldercare services. Autonomy presupposes that a person is capable of self-determination, to make his or her decisions and to maintain a certain degree of continuity in everyday life that can be difficult if the person suffers from illnesses, such as dementia. Thus, the political goals of self-determination have in practical work many times collided with the conditions of the elderly.⁹⁸

In broad perspective, perceptions of the elderly as either dependent or autonomous are connected with the general transformation of the Swedish welfare state. The tension between autonomy and control of the individual’s freedom of choice has always been more or less present in Swedish social policies. Ulla Ekström von Essen demonstrates this in her study of how the SAP has changed its view on the municipalities’ role as performers of social policies since the 1940s.⁹⁹ On one hand, social policies have aimed at emancipating the individual citizen at the same time as the techniques and conducts developed to fulfill the goals of the policies have, in practice, worked as limitations of the individual’s autonomy. While the idea that the individual could, and should, be subordinated to the common interest was rather accepted among all political

⁹⁶ Ibid., p. 17 ff.

⁹⁷ Gaunt & Lantz (1996), p. 5-12.

⁹⁸ Ibid., p. 8 ff.

⁹⁹ Ekström von Essen (2003).

parties in the 1940s and 1950s, this idea, however, became heavily criticized during the 1980s, particularly on the part of the right-wing parties, which argued that social policy should aim at liberating the individual's freedom of choice rather than subordinate the individual to the common interest. The right-wing parties also supported their criticism with arguments based on the ideal of civil society, according to which the family, neighbors and civil organizations, should participate more actively in the organization and distribution of welfare services than what thus far had been the case in the Swedish welfare state.¹⁰⁰ As a consequence of the criticism since the 1980s, Swedish social policies have also become more focused on the individual's freedom of choice, rights and obligations alike.¹⁰¹

However, far from being a passive recipient of right-wing ideas, the SAP has actively participated in this individualization of social policies, as Jenny Andersson illustrates in her study of how the SAP has changed its perception of social policies since the 1950s.¹⁰² From the late 1970s and onwards, groups of economic policy expertise within the SAP have fundamentally questioned the belief that social policy can be seen as a source of domestic demand. Instead of functioning as an investment in the production, social policies have from this point of view been targeted as a cost of production. As a consequence of the internal criticism, the perception of social policies as a cost rather than an investment has also constituted an important ideological part of the so-called Social Democratic third way. Claims of more responsibilities for the individual citizen have as well followed in the footsteps of this ideological change within the SAP.¹⁰³

Based on the general transformation of Swedish social policies, descriptions of the elderly as either dependent or autonomous can be seen as parts of two different sets of ideological beliefs that have characterized Swedish, and to large extent also Social Democratic, social policies since the 1940s. While the idea of the elderly as dependent is rooted in the postwar ideological belief of the SAP, which defined social policies as a source of domestic demand, the perception of the elderly as autonomous fits the more individualistic policies developed in relation to the SAP's third way's ideology during the 1980s and 1990s.

An increasing focus on the individual's responsibility for his or her conditions in life has also emerged within PRO and SPF since the 1980s, as Jönsson shows.¹⁰⁴ By supporting the idea that aging is a stage in life that to a large extent is manufactured by the individual, both SPF and PRO have actively participated in the general individualization of responsibilities that has occurred in social

¹⁰⁰ Ibid., p. 125-201 and p. 392 ff.

¹⁰¹ See for example Lundberg (2003), p. 279 ff.

¹⁰² Andersson (2003).

¹⁰³ Ibid., p. 99-119.

¹⁰⁴ Jönsson (2000), p. 264 ff.

policies at large. In the case of PRO and SPF, the individualization of responsibilities has however become manifested in an increasing interest in the elder's responsibility for their own health. Concomitant with the growing interest in the elder's health, the image of the healthy senior citizen has therefore emerged as a positive counter-picture to previous descriptions of the elderly as a group marked by structural dependency. For both PRO and SPF, the notion of *self-care* has here become the key concept to describe how the elderly can stay healthy and thus avoid their own manufacturing of aging.¹⁰⁵

The concept of self-care emerged in the beginning of the 1980s as a result of the mobilization against the hospitalization of the elderly. Hospitalization made many elderly people more dependent than they actually were, as leading social as well as medical expertise argued. These expertise therefore claimed that it was time to restore senior citizens' belief in themselves by viewing the elderly as an independent group, capable of taking care of themselves, which includes their own health.¹⁰⁶

However constructive it may be for generating affirmative descriptions of the elder's identity, the notion of self-care and the idea of aging as manufactured are nevertheless conceptualizations of aging that are highly focused on the individual and individual responsibility for life conditions. The image of the healthy senior citizen, which to a large extent is a by-product of the general individualization of social policies that has occurred since the 1980s, also contributes to hiding gendered, ethnical and class-related aspects in the need for eldercare services. One group that has been particularly concealed by the metaphor of the elderly as being healthy is women from the working class, as Ann-Britt Mossberg Sand shows in her study of informal eldercare. This group has also been mostly hit by the cutbacks in the public eldercare.¹⁰⁷ Health as a metaphor for framing the elder's identity thus concealing the different forms of need that exist among the elderly, and cover the fact that an increased individual responsibility will strike the elderly rather differently depending on gender, class and race. In this study, I will primarily focus on the gender aspects of the metaphor of the elderly as healthy, and thus see "healthy" as a gender symbol that contributes to hiding the different forms of need that exist among elderly men and women.

3.3. Home as Metaphor for Care

Ever since 1957, the home has been the central metaphor in conceptualizing the goals of the public eldercare.¹⁰⁸ According to Gaunt & Lantz, one major reason for this centrality of the home in Swedish eldercare policies is that "home" in

¹⁰⁵ For a discussion of the debate regarding self-care, see Brodin (1980), p. 91-105.

¹⁰⁶ See for example Thorslund (2001), p. 236 ff.

¹⁰⁷ Mossberg Sand (2000), p. 136 ff and p. 281.

¹⁰⁸ Prop 1957:38.

Swedish politics and culture is strongly associated with positive values such as security and independence.¹⁰⁹ Ellen Key expressed this idealization of the home as early as in 1913 when she argued that society was responsible to see to that “...elder’s eye should be able to see the after-noon sun shine through their own window...”¹¹⁰ Today, the elder’s possibilities of staying in their ordinary living environment is subscribed as the main goal of policy for the public eldercare in the Social Services Act, where the home is seen as a precondition for the elderly to maintain their personal autonomy.¹¹¹ From this perspective, hospitalized eldercare services, such as nursing homes, old people’s homes and service apartments, become the negative representation of aging as a period characterized by dependency and loss of self-determination.

Regarding health, the home is a symbol with gender implications, both regarding perceptions of the work assignments and the distribution of services. In her study of the development of public home help services, Marta Szebehely demonstrates that due to the connection between the home and the public eldercare, the housewife has served as the role model for how to organize the work in the home help.¹¹² For a long period of time, the work in the public home help has therefore been regarded as a non-profit work, carried out by women that are supported by their husbands. Not until the 1980s did education and professionalization of the home help emerge as central political issues in the public eldercare, when this became a measure to improve the status of the work and thereby increasing the possibilities of recruiting personnel to the public eldercare. Despite the attempts to professionalize the public home help, however in practice it has been difficult to change the view on public eldercare worker as a part-time employed housewife.¹¹³ Today, more than 90 percent of the public eldercare workers are women and low wages still characterize the work.¹¹⁴

Szebehely also points out that the home as a metaphor for care generates different images of what needs old men and women may have. According to the picture of the housewife, women are considered to be able to take care for themselves and to chores as cooking and cleaning. In time measured, single men have therefore generally been granted more home help than single women. Moreover, since norms of gender connect women with caring labor, elderly women who take care of their husbands are commonly left without any support at all from the local authorities while it is more common that elderly men who take care of their spouses are granted assistance from the public home help to carry out this form of labor.¹¹⁵ I will therefore see the home as a metaphor for care and a sym-

¹⁰⁹ Gaunt & Lantz (1996), p. 10 ff.

¹¹⁰ Key quoted in Gaunt (1996), p. 41.

¹¹¹ SFS 1980:620, 18 §§.

¹¹² Szebehely (1995), p. 58 ff.

¹¹³ Ibid., p. 206 ff.

¹¹⁴ SCB, (2000a), table 258.

¹¹⁵ Szebelehy (2000), p. 194.

bol that creates gender hierarchies of need and obligations in the public eldercare.

The home as a metaphor for care does however not only have gendered but also ethnical connotations. In her study of how labor market policies have changed in Sweden since the postwar era, de los Reyes shows that Swedish social policies have evolved around a very homogeneous ethnical identity, namely the native-born Swedish man.¹¹⁶ In general, the identities of immigrants, and female immigrants in particular, have therefore been practically invisible in Swedish social policies. In pace with the political organization of Swedish women as well as women's increasing participation on the labor market, female immigrants have however become visible in social policies; yet, only as a negative contrast to the native-born Swedish women. While Swedish women are increasingly being viewed as having gainful employment and therefore mainly independent, female immigrants are being connected with the household and the family and therefore generally described as dependent. In Sweden, female immigrants have consequently been made into carriers of a traditional female role that Swedish women have struggled to emancipate.¹¹⁷ As the home has served as such a strong symbol for positive values and emotions in the Swedish eldercare and as female immigrants today have become appointed as the primer carriers of the traditional role of women as housewives, it is reasonable to suspect that the overall pressure on women to perform as unpaid care workers in the household has been particularly hard on female immigrants. I will therefore see the home as a metaphor for care and a symbol that creates gendered as well as ethnical hierarchies of needs and obligations in the Swedish eldercare.

3.4. Help and Service as Nodal Points for the Interpretative Frames

Help and service will in this study function as the nodal points, which bind together the conflicting configuration of discourses in the public eldercare. Nodal points are in discursive theories seen as the reference points, which bind together contesting and already existing conceptualizations to a new system of meaning. Compared to conceptualizations of the state, democracy and freedom in the liberal ideology, for example, the state, democracy and freedom takes an entire new meaning if they are bound together with the reference point communism. The nodal point communism thus transforms the meaning of the state, democracy and freedom to a new understanding, where the new meaning of the state, freedom and democracy become partially fixed with reference to the nodal point communism.¹¹⁸ Nodal points therefore show at a temporary closing of meaning within a distinctive discourse. However, as demonstrated by the comparison between liberalism and communism, the meanings of nodal points only

¹¹⁶ de los Reyes (2000) and (2002b).

¹¹⁷ de los Reyes (2002b), p. 38 ff.

¹¹⁸ Howart & Stavrakis (2000), p. 8 ff.

emerge in relation to the other signs within a distinctive discourse. Therefore, nodal points can be seen as concepts, which lack meaning until they are combined and organized together with other notions in a specific discourse.

In this study, help and services will be seen as the reference points around which interpretative frames in the public eldercare have emerged and been organized. This has in turn transformed the different conceptualizations of the elderly and care to a new system of meaning. The metaphors of the elderly as either dependent or healthy and the home as a metaphor for care will subsequently in this study be analyzed in relation to the concept of help and services. While help is related to the Social Help Act that regulated the municipalities' obligations in the field of eldercare from 1956 to 1982, service is connected with the Social Services Act, which was passed by the parliament in 1980 and which is still is the central legislation that governs the municipalities' responsibilities for eldercare.¹¹⁹

However, help and services do signify rather different relationships between the user and the executor in the public eldercare, as Szebehely points out.¹²⁰ As help can signify assistance, aid, and rescue, as well as relief and consolation, help is a comprehensive concept that can include practical and emotional chores. All forms of eldercare always involve an aspect of help. Service, on the other hand, signifies a quite different set of values compared to help. Service derives from the Latin *servire* (to serve) and *servus* (slave), which in the context of eldercare implies that the user of service is the stronger part. This contrasts to help, which implies that it is the giver of help that has the advantage. The concept of service indicates that the user of service can decide what chores he or she wants and needs, and also that he or she can order them. Service thus signifies that it is the user's claims and wishes that are the point of departure for care giving relation, not other people's judgments. In this sense, it is a contradiction to describe the public eldercare as service, as public eldercare is a conditional right, which means that even though all senior citizens are entitled to apply for assistance, public eldercare is not granted to all who apply. The elder's right to service is instead regulated in the Social Services Act, which means that it is the municipalities through officials at the local social welfare service that decide whether or not a person is entitled to public eldercare.¹²¹ Thus, granting of service in public eldercare is a matter of other's interpretations of the needs and wishes of the elderly.

As shown by Margareta Lindelöf and Eva Rönnbäck, the interpretative characteristic of the granting procedure is problematic because the administrators of the eldercare services usually base their judgments of the applicant's need on the municipality's supply of services, not on actual needs of the elder-

¹¹⁹ SFS 1956:2 and SFS 1980:620.

¹²⁰ Szebeehly (1996), p. 22 ff.

¹²¹ SFS 1980:620, 6 §.

ly.¹²² The elderly, who in their application are unable to specify their need according to the municipality's supply of services, are therefore either refused services or receive services that have been modified to fit the municipality's supply, and that do not necessarily fit the specific needs of the elderly applicant. Moreover, the interpretative character of the administrative granting procedure also means that the elder's possibilities of receiving services are actually decided by local norms of what services the elderly in the municipality are entitled to as well as by discursive practices developed by the administrators at the local welfare office.¹²³ Hence, there is a rather decisive gap between what is prescribed in the Social Services Act regarding the elder's right to services and their actual possibilities of receiving services according to the act. The elder's right to services is therefore as much, if not more, controlled by local discourses regarding their need than it is determined by national laws and regulations.

Since the passing of the Social Services Act, the municipalities have furthermore developed rather different interpretations of the paragraphs of the act that regulate their responsibilities for service to the elderly, as Staffan Blomberg, Per Gunnar Edebalk & Jan Petersson show.¹²⁴ At present, the municipalities can largely be divided into what Blomberg, Edebalk & Petersson call a traditional and a modern view on eldercare services. In traditional municipalities, eldercare services are still regarded to mainly be a public responsibility, while in modern municipalities, on the other hand, eldercare services are considered to be a shared responsibility between the state, the civil society and the market. As politicians in these modern municipalities emphasize that either civil society or the market should be encouraged to actively participate in the organization and distribution of eldercare services, the concept of service has here been taken as a justification for the public sector to play a more passive role in organizing the eldercare.¹²⁵ These local variations are furthermore not explained by variations in demography or economy, as Gun-Britt Trydegård & Mats Thorslund reveal.¹²⁶ Instead the municipalities seem to have followed their own trajectories in relation to the national development. This implies that it is the ideas, traditions and beliefs at the local level that to a large extent have influenced the scope and structure of the public eldercare.

To examine if, how, and why, the local interpretations of the needs of the elderly for eldercare services differs from the national interpretations, I will do an in-depth study of two municipalities to explore what ideas and beliefs have constituted these municipalities' local eldercare policies respectively from the 1980s until 2000. Here, I have selected the municipalities of Umeå and Lin-

¹²² Lindelöf & Rönnbäck (2004), p. 162 ff.

¹²³ Ibid., p. 170 ff.

¹²⁴ Blomberg, Edebalk & Petersson (2000), p. 151 ff.

¹²⁵ Ibid., p. 159 ff.

¹²⁶ Trydegård & Thorslund (2000), p. 17 ff.

köping, as they can be seen as examples of the two different municipal paths of development that Blomberg, Edelbalk & Peterson have shown, which have occurred since the 1980s.¹²⁷ While Umeå has, as the majority of the Swedish municipalities, chosen to maintain most of the eldercare services under the head of the municipality, Linköping has together with a relatively small number of other municipalities started to outsource 20 percent or more of their eldercare services to private producers. In 2002, Umeå had only outsourced 5 percent of its eldercare services to private entrepreneurs, which is in sharp contrast to Linköping that had outsourced 44 percent of its eldercare services. Apart from the suburbs of Stockholm, this makes Linköping one of the municipalities with the highest degree of privately-produced eldercare services in Sweden.¹²⁸ The variation between Umeå and Linköping regarding their amount of privately produced services in turn indicate that these municipalities have interpreted the paragraphs of the Social Services Act differently, and subsequently their responsibility for care of the elderly also differs considerably.

4. The Aim and Limitations of the Study

The overarching aim of this thesis is to examine if the period from the 1980s and onwards has been a formative moment in Swedish eldercare politics, during which new ideas have become embedded in the institutional frameworks regulating the division of responsibility for eldercare between the state, the family and the market. This study therefore focuses on changes on the informal institutional level, such as political ideas, traditions and beliefs, and how these changes are related to regulatory shifts in the public eldercare sector. To determine if there has been any change of ideas regarding the public responsibility for eldercare services, it is necessary to trace what central line of ideas have surrounded the public eldercare during the postwar era. This thesis starts its exploration of changing ideas in the Swedish eldercare in the 1940s, when public responsibility for eldercare services first emerged as a political issue, wherefrom it continues to chronologically follow changes in the political ideas regarding the public responsibility for eldercare.

For the purpose of the study, there are three main questions, which are of major concern to this thesis. First, how have understandings of the elderly changed in Swedish eldercare policies since the 1940s? Second, how have conceptualizations of care changed in Swedish eldercare policies since the 1940s? Third, how have perceptions of the public responsibility for the elder's need for care changed since the 1940s? Perceptions of gender will be regarded as integrated parts of each of the three questions. This means that I will consequently

¹²⁷ Blomberg, Edelbalk & Peterson (2000), p. 159 ff. For a further discussion of my choice of municipalities, see section 4.2 on p. 31 ff. in this thesis.

¹²⁸ Svenska Kommunförbundet (2002), Bil 3. See also Appendix G for an overview of the municipalities' variation regarding the degree of privatization in the Swedish eldercare.

ask if perceptions of the elderly and their care refer to male and/or female recipients and performers of care; furthermore, if questions of gender have been considered in relation to changes in the public responsibility for elder's need for care?

This thesis will examine if the period from the 1980s and onwards has been a formative moment in Swedish eldercare politics, during which new ideas have become embedded in the institutional frameworks regulating the division of responsibility for eldercare between the state, the family and the market. This thesis will also explore if the municipalities have introduced the national change in ideas in their policy practice. Therefore, a study of what local ideas can be found regarding the elderly, care and the public responsibility for the elder's need for care and if the local ideas differ or not from the national ideas is also included. To examine if, how, and why, the local interpretations of the elderly, care and their need for care differ from the national ones, I will do an in-depth study of two municipalities to explore what ideas and beliefs have constituted these municipalities' local eldercare policies respectively from the 1980s until 2000. Here, I have selected to study Umeå and Linköping, as they can be seen as representatives of two different municipal paths of development that have occurred in Sweden since the 1980s. While Umeå has chosen to maintain most of the eldercare services under the head of the municipality, Linköping has decided to outsource nearly half of its eldercare services to private producers. Based on the above outlined questions regarding the changing perceptions of the elderly, care and the public responsibility for eldercare services, this thesis will explore the reason why the municipalities of Umeå and Linköping differ in their organization of the public eldercare services. Moreover, the question will be asked: Are there any differences between the municipalities when it comes to the senior citizens' possibilities of receiving public eldercare service?

As the aim of this study is to examine if new ideas have become embedded in the institutional frameworks regulating the division of responsibility for eldercare between the state, the family and the market, investigations of macro-economic changes and their effects on the Swedish eldercare are not a major concern to this study. Changes in socioeconomic conditions surrounding the Swedish eldercare, such as, the economic crises and the demographic development, will in this study be instead treated as background factors that have exercised pressure on political agents to establish new institutional relationships in the Swedish eldercare.

4.1. Method

To examine if the period from the 1980s and onwards has been a formative moment in the Swedish eldercare, I will chronologically study what ideas and beliefs have constituted the Swedish eldercare from the 1940s until the late 1990s. Changing ideas and beliefs will be explored through a discursive analysis where I will see formal institutions, such as laws and regulations, as authori-

zation of discourses. The Swedish eldercare will therefore be studied as a political domain criss-crossed by oppositional, expert and re-privatization discourses, in which different conceptualizations of need, the elderly and care have structured and given meaning to Swedish eldercare policies. From this follows that I will analyze the identity of the elderly as well as the concept of care as floating signifiers subjected to contradictory discourses of need and welfare carried by different societal groups and interests. Furthermore, as metaphors of the elderly and care hide as well as create hierarchies of obligations and need between men and women, I will also analyze the metaphors used to conceptualize the identity of the elder and care as gendered metaphors.

To study the authorization of discourses in Swedish eldercare, I will use the notion of interpretative frames. The discursive analysis will therefore be carried out by a deconstruction of what interpretative frames policymakers have used to explain and legitimize policy guidelines and regulatory changes in the public eldercare sector. In this process, I will primarily focus on what metaphors have been used to conceptualize the elderly and care in relation to the concepts of help and service. Help and service are therefore studied as the nodal points around which the interpretative frames have been organized.

Central methodological points of departure are that the connection with established political discourses explains why political agents can favor one interpretative frame above another. The success of an interpretative frame is thus considered to be depending on what historical symbols, metaphors, and images political agents manage to link up with the frame. New interpretative frames are furthermore considered to be more successful if there is a body of policy expertise with established positions that support them. Groups of policy expertise will therefore be studied as important actors behind the emergence of new interpretative frames in Swedish eldercare. Other important agents behind new interpretative frames in the Swedish eldercare that will be studied here are senior citizens organizations that have given voice to senior citizens claims in Swedish politics. A third and final group of influential actors that will be studied as carriers of interpretative frames are the municipalities and the county councils. In a national investigation, these actors will primarily be studied as bearers of different interpretative frames through the municipalities' and the county councils' national organizations, which coordinate and work out recommendations to local authorities responsible for the organization and distribution of public eldercare services. In the local in-depth study, however, the municipalities as bearers of interpretative frames will obviously focus on the selected municipalities, Umeå and Linköping. Thus, to conclude, changing interpretative frames within the Swedish eldercare will in this thesis be studied as emanating from a complex and contradictory configuration of oppositional, expert and re-privatization discourses carried by different groups of interests, where each discourse represents a specific understanding of what it means to be old, what

needs senior citizens have and what obligations the family and the society have for its aged.

I will concentrate on the reasoning and legitimizing aspects of the political decisions to deconstruct what interpretative frames policymakers have used to explain and legitimize policy guidelines and regulatory changes in the public eldercare. Each political decision will therefore first be studied from a problem-solving perspective to see what rational arguments are given regarding the causes and consequences of the decision at hand, and then what metaphors, symbols, and historical examples are given to legitimize the decision. As frames are discourses that encourage actors to focus on some issues while ignoring others, the purpose of this deconstruction of interpretative frames and their relation to the formal institutions regulating the public eldercare sector is to study if new hierarchies of needs, identities, rights and obligations have become institutionalized in the public eldercare since the 1980s. This question will be taken up in the concluding chapter of this thesis, where I will analyze whether or not changing conceptualizations of the elderly and care also have brought about new ideas regarding the role of the state in organizing and distributing eldercare services.

4.2. Selection of Municipalities

To examine if the period from the 1980s and onwards has been a formative moment in Swedish eldercare politics during which new ideas have become embedded in the regulatory frameworks surrounding the public eldercare sector, I have, as previously mentioned, decided to investigate national policy changes in the Swedish eldercare with two local in-depth studies to explore in what extension the municipalities have introduced the national change in ideas in their policy practice. As earlier discussed, my choices of municipalities for the in-depth study are Umeå and Linköping because they can be seen as examples of two different municipal paths of development that have occurred in Sweden since the 1980s. As the majority of the Swedish municipalities, Umeå has chosen to maintain most of its eldercare services under the head of the municipality, while, on the other hand, Linköping together with a relatively small number of municipalities has started to outsource 20 percent or more of the eldercare services to private producers.¹²⁹

Depending on the categorization, it is however also possible to define both Umeå and Linköping as belonging to the group of about one third of the Swedish municipalities, which today have outsourced smaller or larger parts of their production of eldercare services to one or more private business corporations. The majority of these municipalities that have started to transfer parts of their eldercare production to private producers are cities such as Umeå and Linköping, which are characterized by a relatively large service sector. Contrac-

¹²⁹ Kommunförbundet (2002), Bil. 3. See also Appendix G.

ting of private eldercare producers is therefore still uncommon in industrial, rural or thinly populated municipalities.¹³⁰ Yet, the rate and speed in which the outsourcing process has occurred in the municipalities does however differ, from those which like Umeå have outsourced 5 percent or less of their production to the market to those which like Linköping have outsourced 40 percent or more of their eldercare production to private producers.¹³¹

There are several reasons why I decided to compare the municipalities of Umeå and Linköping in this thesis. First of all, for the purpose of the study, I wanted to compare a municipality with a relatively high degree of privately produced eldercare services with a municipality with a low or non-existing degree of privately produced eldercare services to see if differences in the development of local perceptions of the elderly, care and the public responsibility for eldercare services also could explain the variations in the contracting of private producers. Furthermore, did differences between the municipalities regarding the contracting of private eldercare producers affect the elder's possibilities of receiving services? As Stockholm and its suburbs can be seen as rather unique cases with specific trends of development depending on Stockholm's position as the capital city, I decided to exclude these municipalities from the investigation. This step left me with eight municipalities, all of which had a degree of privately produced eldercare services of 20 percent or more.¹³² Of these eight municipalities, I decided upon Linköping, as it was the municipality that apart from the suburbs of Stockholm, undoubtedly had the highest percentage of privately produced services.

After I had decided upon Linköping as a representative for municipalities with a high degree of privately produced eldercare services, I wanted to find a municipality with a low or non-existing degree of privately produced services, where characteristics would be comparable to those of Linköping so that differences in the degree of privatization would not be explained solely by variations in population, demographic trends or socioeconomic circumstances. This step in turn ruled out most of the municipalities that had a non-existing degree of privately produced services, as these were generally either relatively small municipalities situated in the inlands of Sweden or municipalities dominated by agricultural or industrial production.¹³³ In the group of municipalities that had a relatively low degree of privately produced eldercare services, I did however find a number of municipalities that could be comparable to Linköping both in

¹³⁰ Socialstyrelsen (2004b), p. 14 ff.

¹³¹ See Appendix G.

¹³² These were Hässleholm, Laholm, Linköping, Norrköping, Tibro, Västerås, Ängelholm and Östersund, see Kommunförbundet (2002), Bil. 3.

¹³³ For example, Alvesta, Arvidsjaur, Bengtsfors, Bjurholm, Dorotea, Fagersta, Gnosjö, Hedemora, Leksand, Munkfors, Skellefteå, Vimmerby, and Överkalix are municipalities that all had a non-existing degree of privately produced eldercare services in 2002, Kommunförbundet (2002), Bil. 3.

population and in socioeconomic situation.¹³⁴ Of these municipalities, I decided upon Umeå. Reasons for this were that both Umeå and Linköping are characterized by a relatively large public sector, as they are both university cities and chief cities for the regional hospitals in each of the municipalities' county councils. Furthermore, both Umeå and Linköping have a mobile and relatively young population compared to the rest of the country, partly because they are university cities.¹³⁵ So, therefore, because of these apparent structural similarities between Linköping and Umeå, I decided that a comparison would contribute to exemplifying the causes and the consequences why the Swedish municipalities have chosen different ways of handling their statutory responsibility for senior citizens' need for eldercare services during the last two decades.

Of course, when it comes to comparative studies, it is always possible to find alternative objects and criteria to compare. My criteria for making the selection and my choice of municipalities for the in-depth study are no exception to that particular circumstance. I could have set out from another number of preset criteria than the degree of privately produced services, such as age structure, level of income and economic structure, and from these criteria made my decision of which municipalities to compare. Other preset decisive factors for selecting the municipalities would also have been plausible, such as governing political parties or distribution of home help services in respect to the share of the elderly receiving public eldercare services. The main problem connected with all the above mentioned alternative criteria for making the selection of which municipalities to compare is however the lack of a summary overview. Considering the vast number of municipalities in Sweden, an investigation of which municipalities to compare based on the above outlined alternative criteria is therefore in itself a matter for research. As the national organization for the Swedish municipalities in 2002 conducted an inquiry study of the governing principles in the municipal eldercare that was answered by 97 percent of the municipalities, I therefore decided to use this material as a point of departure for making my own selection of which municipalities to compare in the in-depth studies. In the inquiry summary, it is not only possible to find out how many municipalities had outsourced their eldercare services to private producers in 2002, but it is also possible to determine the degree of privately and publicly produced eldercare services in each municipality, something which gives a relatively good overview of the present organizational structure in the municipal eldercare, as well as some of the main differences between the municipalities. The inquiry from the national organization of Swedish municipalities does not however include any other information about municipalities that otherwise had made it possible for me to complete my criteria of the degree of private and public eldercare services with other decisive factors, such as, governing political

¹³⁴ These were Helsingborg, Jönköping, Lund and Umeå.

¹³⁵ See for example SCB (1980), table 9, and SCB (200b), table 4:2.

parties or the percentage of the elderly who receive eldercare services. However, political aspects and the percentage of the elderly that have received eldercare services in the municipalities of Umeå and Linköping are variables that remain to be examined.

Of course, other possible methods for selecting municipalities could have been to work the other way around, which is to say I would have started by choosing a municipality that had a non-existing degree of private eldercare producers and after that tried to find a municipality with a relatively high degree of private producers which had population, demographic trend and socio-economic conditions that corresponded to that of the municipality that had no private producers. As outsourcing of the eldercare services is a city phenomenon, this method for selecting the municipalities would however have resulted in a comparison between two different types of municipalities in which my specific focus on local differences in perceptions of the elderly, care and the elder's need for care would have escaped notice due to other circumstances, such as variations in population, demographic trends or socioeconomic conditions. The third possible method for selecting the municipalities could have been to make a random sample of municipalities. As this method of selection would have given me many possible constellations of municipalities to compare, it would have made it rather difficult for me to separate differences in perceptions of the elderly and care from municipal variations in economic and demographic conditions.

4.3. Sources

The main part of the empirical material used in this thesis is written and published official documents, such as, committee reports, government bills, minutes and guidelines from the parliament, as well as from the city councils of Umeå and Linköping. This material has functioned as central source for how politicians and policy expertise have viewed and legitimized the policy guidelines and the regulatory changes that have been carried out in the public eldercare sector, both on the national and the local levels.

Regarding the national investigation, in addition to the published sources I have also used unpublished material from cabinet meetings. As this material includes opinions and considerations from organizations located outside the parliament, material from the cabinet meetings has functioned as an important source for how oppositional, expert and re-privatization discourses have been able to influence the political decision-making process on the national level. Here, I have mainly focused on opinions and considerations from PRO, SPF, the social workers' and the physicians' organizations, as these groups have been identified as important agents when it comes to conceptualizations of the elderly and care in the national political arena. Opinions and considerations from the national associations of Swedish municipalities and from the county councils' national organization have also been studied, as these two associations write

recommendations to the municipalities and county councils, which are responsible for the local organization and distribution of public eldercare services.

The national empirical study starts with the decision in principle of 1947 and ends with the National Program of Elder Politics of 1998. The program of 1947 will function as the opening of the empirical study because in this decision, it was determined that the public eldercare should be separated from the municipalities' poor relief. The national program of 1998 will function as the closing of the empirical study, as this is the latest document in Swedish eldercare policies, and its recommendations still organize the public eldercare. Thus, while the decision in principle of 1947 can be seen as the first step towards making the public eldercare into a field of its own within the Swedish welfare state, the national program of 1998 can be seen as the document, which points at future ideas of the role of the state in organizing and providing eldercare services. In addition to these two documents, I will also examine six other political decisions of which three are policy guidelines and three are changes in the regulatory frameworks surrounding the public eldercare sector. The policy guidelines are the decisions in principles from 1957, 1964 and 1988, while the regulatory changes are the Social Help Act of 1956, the Social Services Act of 1982 and the *Ädel-reform* of 1991 that transferred the major part of the hospitalized eldercare services from the county councils to the municipalities. These eight political decisions can be said to constitute the canon of the Swedish eldercare political history, as they are usually referred to as cornerstones in the development of the public eldercare.

Since I have been interested in examining the entire decision-making process behind each of the policy guidelines and regulatory changes in the public eldercare, the empirical material in this thesis covers a rather extensive number of texts. I have therefore chosen to focus more on some decisions than others. The decision in principle of 1947, the decision in principle of 1957, the Social Services Act of 1982 and the decision in principle of 1988 I have considered being more important, as these four decisions have in one way or another brought about new ideas in the public eldercare. The decision in principle of 1947 is selected because this program was met by massive protests from the senior citizens' organizations, something which finally made the program impossible to carry out. Instead, it was the decision in principle of 1957 that became the central guideline for how to organize the public eldercare, and this decision was also the first policy guideline that prescribed that the elderly should be able to stay in their ordinary living environment. Thus, the program of 1957 is selected because it was the first political decision to conceptualize the home as a central goal of policy in the public eldercare. The Social Services Act will be studied thoroughly as this is the central legislation surrounding the public eldercare sector today. This act is also the first political decision that conceptualized service and how it should be interpreted in the public eldercare. However, as the Social Services Act is a comprehensive document that includes regulatory

changes in the field of childcare as well as social welfare, I will only study the parts of the act connected with conceptualizing service and changes in relation to the public eldercare. I have considered the decision in principle of 1988 to be of extra importance because this decision outlined the guidelines for how to organize the public eldercare in the 1990s. Thus, it was this decision that was behind the *Ädel-reform* carried out in 1990s.

The policy guidelines of 1947, 1957 and 1988 and the Social Services Act will therefore be studied thoroughly, from the setting up of the committees to the parliamentary debates, while in the other four decisions; the Social Help Act, the decision in principle of 1964, the *Ädel-reform* and the national program of 1998, I will primarily focus on the committee reports and the government bills. In these latter decisions, unpublished material from the cabinet meetings will only be used as complementary sources. Reasons for this choice is that these last four decisions can be regarded more or less as follow-ups and “fine-tuning” of the guidelines and regulatory changes suggested in the other decisions.

Regarding the local study of Umeå and Linköping, I have primarily used published and unpublished minutes and documents from the city councils of each municipality, and they have functioned as central sources to how politicians in Umeå and Linköping have viewed and explained policy planning and the introduction of new guidelines in the municipalities. Besides from the published material, I have also here used unpublished material, primarily minutes and documents, from the local government-committees of social affairs in the two municipalities. As the unpublished material from the local government-committees often includes both preparatory work to the city council’s minutes as well as it often displays political disagreements between the members of the committees, the local government-committees’ material has functioned as an important complement to the municipal city councils’ minutes and documents. Compared to the national study, which includes an examination of how different groups of expertise have been able to influence the political decision-making process, I have however decided to exclude the influences of policy expertise from the local studies and focus only on the political actors. Groups of expertise accordingly play a different role in the local studies, as they are mostly considered to be implementers of local policies. Groups of policy expertise are therefore only present in the local material when they have been called in as executors of the municipalities’ policy planning or asked to carry out a particular report or study regarding the municipal eldercare.

To be able to follow up the gendered consequences of policy changes in Umeå and Linköping, I have also used unpublished material from the local welfare office in the two municipalities. In this case, I have done three in-depth studies of how many elderly men and women were refused municipal eldercare services in Umeå in 1985 and 2000 and in Linköping in 2000. The years 1985 and 2000 were selected so that I would have reference points for how the eldercare has changed from the 1980s and onwards in the two municipalities. Un-

fortunately, as the local welfare office in Linköping has not saved its records from the 1980s regarding the number of applications for eldercare services, I have not been able to carry out the originally planned in-depth study of Linköping in 1985. Yet, in the three in-depth studies that I have been able to carry out, I have especially focused on what grounds the local welfare offices in Umeå and Linköping refused elderly men and women municipal eldercare services and noted if there are any differences between the municipalities regarding the refusals. Finally, as far as has been possible to determine from the local welfare offices' material, I have also examined how elderly men and women that were refused municipal eldercare services managed their needs when their application for eldercare services were refused by the local welfare office. In this case, I have been especially interested in seeing how many of the elderly, who were refused municipal eldercare services, received help from their relatives and the gender of the relative that gave the help in each municipality.

The material that I have used from the local welfare offices in Umeå and Linköping is protected by the Official Secrets Act, which means that I have only been allowed to use the material on the condition that I don't reveal any personal circumstances that make it possible to trace the cases I discuss to the people involved. I have therefore de-personified the information that I have received from the local welfare offices in Umeå and Linköping and compiled the number of cases that I have studied from the point of view of age, sex, civil status, national identity and grounds for the refusal of the elders. A summary of the cases is accounted for in Appendices E and F. When I have found it necessary to illustrate the policies of Umeå and Linköping with examples of the elderly that have been refused municipal eldercare services, I have used assumed initials to describe the elder's case in all the examples I discuss. The information that I have passed on to my text from the local welfare offices' material is therefore de-personified facts regarding the age, sex and civil status and the local welfare office's grounds for the refusal of the elder.

To deconstruct what interpretative frames have structured and organized the Swedish eldercare on the national and local levels, I have seriously taken the intentions of the participants as they are expressed in the published and unpublished material. Therefore, I have not been interested in analyzing what economic interests or motives that could have driven the agents, but rather their language use in conceptualizing the problems and goals of the public eldercare. In trying to comprehend the story line of the interpretative frames and the conceptualizations of the elderly and care, I have instead tried to understand what the agents say and how they say it, that is, what reasoning arguments have the agents provided and what symbols, metaphors and examples have they linked up with their arguments. To exemplify the arguments, the symbols or the metaphors given in the texts I have sometimes used quotations. Here I have chosen to translate the quotations from Swedish to English. All quotations made in this study are therefore my own translations, and each of these translations from Swedish

to English is placed within quotation marks. Moreover, in my analyses of the governmental bills, I have chosen to let the existing Social Minister be the one who is speaking. In the empirical study, I have thus let the Social Ministers be representatives for the frames carried by the governments since the 1940s.

4.4. Composition of the Study

Part II examines the structural development of the public eldercare in Sweden since the 1940s, and the aim here is to identify critical junctures in the public eldercare. In Part II, I will therefore study what changing structural conditions that might have opened up for political agents to form new institutions in the Swedish eldercare. The first chapter discusses changes in the demographic development and what general policy responses this development has provoked in Sweden, as well as in other industrialized countries. The second chapter discusses the general structure of the Swedish eldercare system. This second chapter especially focuses on organizational and regulatory changes in the Swedish eldercare since the 1940s and how these have affected the content of the public eldercare services, as well as the municipalities' costs for the eldercare. Here I will also study what consequences organizational and regulatory changes in the public eldercare have had for elderly men and women. The chapter concludes with an outline of the general development in the Swedish eldercare system and changes in the distribution of services since the 1980s.

Part III is a chronological study of what interpretative frames have constituted Swedish eldercare policies since the 1940s. Consequently, Part III contains a discursive analysis of the changing ideas and beliefs in Swedish eldercare. The aim of this section is to identify what discourses have struggled over political influence and what discourse or discourses have been authorized in the Swedish eldercare since the 1980s. Conceptualizations of the elderly and care and their relations to the notion of help and service are here in focus together with changing perceptions of the public responsibility for the elder's need for care. The second chapter discusses how public responsibility for eldercare emerged as a political issue in Sweden during the period 1940 to 1957, while the third chapter focuses on how the shift from help to services changed the interpretations of policy goals in the public eldercare during the period 1957 to 1980. The fourth and final chapter analyzes if the period from the 1980s and onwards has been a formative moment in the Swedish eldercare during which new ideas have become institutionalized in the Swedish eldercare regarding how to divide the responsibilities for eldercare services between the state, the market and the family.

Part IV deals with the question how the municipalities have interpreted the national goals of policy since the 1980s. Part IV, therefore, contains the two local in-depth studies of what interpretative frames have constituted the eldercare policies of Umeå and Linköping. The aim of this final empirical part of the thesis is to examine if the municipalities have introduced the national policy

changes that have occurred since the 1980s regarding public responsibility for the eldercare. In addition to exploring how the perceptions of the public responsibility for eldercare services have changed in the municipalities of Umeå and Linköping since the 1980s, Part IV also examines what consequences the municipalities' different framing of the elder's need for care have had for their possibilities of receiving social services from the public authorities. Chapter two examines the development of local eldercare policies in Umeå and what interpretative frames that have emerged in this municipality since the 1980s. Chapter three explores the development of eldercare policies in Linköping and what interpretative frames that have evolved in the municipality of Linköping from the 1980s and onwards. Chapter four contains a concluding and comparative discussion of the development in the two municipalities. In this final chapter I will also discuss what differences and similarities that can be found between the interpretative frames of the two municipalities and compare these with the development on the national level.

Part V is the final and concluding section of the thesis. The first chapter contains a theoretical as well as an empirical recapitulation regarding the main results of this thesis. The second chapter summarizes the changing ideas in Swedish eldercare since the 1940s and shows to what extent the period after 1980 has been characterized by institutional discontinuities. The third chapter discusses if changing conceptualizations of the elderly have brought about new ideas regarding the role of the state in organizing and distributing eldercare services, and if so, what new hierarchies of needs have become institutionalized in the public eldercare since the 1980s. The fourth chapter discusses if changing conceptualizations of the elderly and care also has brought about new obligations and responsibilities regarding who should perform the care. The fifth and final chapter contains an epilogue that outlines central problems that this thesis has shown is connected with the changing ideas of the public responsibility for eldercare services that have occurred in the Swedish eldercare since the 1980s.

Part II. An Evolving Public Eldercare System

1. Critical Junctures and Formative Moments

As discussed in Part I, critical junctures and formative moments are two different dimensions in the process of institutional change. The structural conditions that change during critical junctures open up for agents to form new institutions and when this happens, critical junctures turns over to formative moments. Critical junctures thus bring about formative moments when actors can chose between different options without being restricted by existing institutional conditions. In this second part of the thesis, I will examine if the period from the 1980s and onwards can be characterized as a critical juncture in the Swedish eldercare, while the third part of the thesis will deal with the question if the period from the 1980s and onwards also has been a formative moment when new ideas have become institutionalized in the Swedish eldercare. This second part of the thesis will therefore primarily examine the changing socioeconomic conditions surrounding the public eldercare. First I will study changes in the demographic development and what general policy response this development has provoked in Sweden as well as in other industrialized countries. After this I will continue to discuss the general structure of the Swedish eldercare system, where I will focus on organizational and regulatory changes in the Swedish eldercare since the 1940s and how these have affected the content of the public eldercare services as well as the municipalities' costs for the eldercare. In relation to this discussion, I will also analyze what consequences this development has had for the elderly men and women. The chapter is concluded with an outline of the Swedish eldercare system's general development and changes in the distribution of services since the 1980s.

1.1. Policy Responses to the Problem of Demography

Population aging is a defining characteristic of all industrialized countries. Calculations for the OECD countries show that the share of the population 65 years and older will in 2050 be around 20 percent, which is a 100 per cent increase compared to 1950.¹ However, though the same general pattern of an aging population appears in all industrialized countries, the speeds with which the changes occur differ between the countries. In Sweden, for example, the aging of the population has started earlier than in other countries. The share of the population over the age of 65 is today 17 percent, which can be compared with 16 percent in Great Britain or 12 percent in the United States.² Moreover,

¹ Trydegård (2000), p. 17.

² Population data for Sweden see SCB, *Statistisk årsbok* 1940-2000. For other OECD countries, see Jacobzone et al (1998), p. 30 ff.

Sweden was also one of the first countries in the world that in 2000 reached the 5 percent level regarding the share of the population 80 years and older, which can be compared to 4 percent in Great Britain and Denmark or 3.5 percent in the United States. Yet, the growth of the population 80 years and older will be rather moderate in Sweden in the next twenty years while several other countries will face a substantial increase of this group.³

The demographic development outlined above depends in particular on the aging of the baby boom generation of the 1940s, but is also the combined result of the general drop in fertility rates and longer life expectancy. Population aging thus both signifies the positive character of the social and economic transformation that the industrialized countries have gone through during the last hundred years and at the same time this also raises questions of social needs in the future. Seen from this latter perspective, an aging population is often described as a huge political problem for all welfare states to solve in the years to come, as it challenges the balance between the generations and put a greater claim on national resources.⁴ It is therefore possible to say that the demographic development in general and the increasing share of elderly over the age of 80 in particular increase the pressure on all governments to work out new solutions of how to finance pensions and eldercare services in the future. Hence, from an international as well as a national perspective, an aging population can be characterized as one of the largest challenges confronting politicians in the future.

Parallel with the process of an aging population, the share of the elderly living alone has also increased within the industrialized countries. In western Europe, around 30 percent of the population over the age of 65 lives alone today while the proportion is even higher in Sweden; where around 40 percent of the elderly population lives alone.⁵ Regardless of which European country that is being examined, however, the majority of the population 65 years and older living alone are single women. This circumstance is the combined result of the dominating patterns of marriage, according to which women generally are younger than their husbands are, and the biological condition that women today live longer than men do.⁶ Thus, irrespective of country, the majority of those who are depending on help in old age are women.

Despite similarities in patterns of aging, there are nevertheless some noticeable differences between the European countries when it comes to the household structure among the elderly. For example, in southern Europe it is much more common that parents live together with their children in old age than in Scandinavia. Around 40 percent of the persons 80 years and older live with

³ See estimations in Jacobzone et al (1998), p. 30 ff.

⁴ See for instance calculations in Turner et al (1998) and Prop. 1997/98:113.

⁵ Trydegård (2000), p. 18.

⁶ Ibid., p. 18.

their relatives in Spain and Portugal, while in Sweden, less than 5 percent of people over the age of 80 live with their children.⁷ These differences can in turn explain why formal eldercare services, including private and public services, are very scarce in southern Europe compared to the other part of Europe. Only around 3 percent of the population 65 years and older receive formal eldercare services in the Mediterranean countries, while in other European countries, between 10 and 20 percent of the elderly receives formal eldercare services.⁸ Thus, the Mediterranean countries still seem to rely heavily on the family as the main provider of eldercare services while other European countries have more or less tried to substitute parts of the informal care performed by family members with formal services carried out by the state or by the market.

In those welfare states where eldercare services are performed by the state or the market, there are two general strategies, which can be observed since the 1980s as common solutions to the growing demand for eldercare services caused by an aging population. The first is related to the sweeping reformation of the public sector that started within all of the OECD countries after the oil crises.⁹ This reorganization of the public sector has generally taken place under the name of new public management, which overall aim is to reform the public sector by introducing market principles in the public service production. Thus, according to new public management, competition should be used as one of the main tools for changing the organization and distribution of eldercare services. The general method used to achieve this goal of increased competition within the public sector has been to decentralize the responsibilities for both planning and financing the public service production from the state to the local community or to the regional level with the consequences that since the 1980s, in most of the OECD countries the political and administrative powers over welfare services have shifted from the state to the local community.¹⁰

The second solution that can be noticed as a common solution to the problem of an aging population is a certain harmonization in eldercare policies, particularly regarding the distribution of hospitalized forms of eldercare, such as the long-term geriatric care. Long-term geriatric care is the most expensive form of eldercare, which means that the national arrangements for this form have the largest impact on the public expenditure for eldercare.¹¹ Therefore, since the 1980s, within many OECD countries a general goal of policy has been to de-hospitalize the long-term geriatric care and turn this form of eldercare into more home-based services, such as home help or home nursing.¹² However, judging

⁷ Trydegård (2000), p. 18.

⁸ Anttonen & Sipilä (1996), p. 92.

⁹ Lane (1997), p. 2ff.

¹⁰ Bergmark (2001), p. 22 ff.

¹¹ Jacobzone et al (1998), p. 30 ff.

¹² Gibson (1998), p. 10ff and Strömberg (2004), p. 59 -127.

by the countries distribution of eldercare services in the 1990s, there still seem to be some striking differences between the OECD countries when it comes to organization of formal eldercare services, which is illustrated in table II.1.

Table II.1. Population 65 years and older in 15 OECD countries and their volume of long-term health and social care services to elderly in 1992-1995, in per cent¹³

<i>Country</i>	<i>Population 65+ 1995</i>	<i>Population 65+ 2000</i>	<i>Share of the population 65+ receiving health and social services at home 1992-1995</i>	<i>Share of the population 65+ in hospitalized forms of eldercare 1992-1995</i>
Sweden	17.5	17.3	11.2	8.7
Norway	15.9	15.2	17	6.6
United Kingdom	15.8	15.8	5.5	5.1
Germany	15.5	16.4	9.6	6.8
Spain	15.3	17.0	1.6	2.9
France	15.2	16.1	6.1	6.5
Denmark	15.2	14.8	20.3	7.0
Austria	15.1	15.4	24	4.9
Japan	14.6	17.4	5.0	6.0
Finland	14.2	14.9	14.0	5.3 to 7.6
Netherlands	13.2	13.6	12	8.8
United States	12.7	12.4	16	5.7
Canada	12.0	12.5	17	6.2 to 7.5
Australia	11.9	12.4	11.7	6.8
Ireland	11.4	11.2	3.5	5.0

Note: Long-term care in table II.1. is defined as all forms of formal health and social care services to elderly, excluding medical visits, that help older persons to live an independent life at home or in an institution. Home help services therefore include different forms of home care activities from district nursing to housework while hospitalized forms of eldercare regard different forms of residential care.

Source: Population data collected from OECD Health Data 2004, Table 21, www.irdes.fr/ecosante/OECD/920000.html, 2004-12-09. Volume data based on Jacobonze (1999), table 19.

¹³ For a more updated statistical comparison, see OECD's forthcoming study in 2005 regarding long-term care services to frail elderly.

International comparisons of the provision of formal eldercare services are complicated because of the differences in the organization of the eldercare. As most eldercare systems are highly decentralized, there is no homogenous international definition of what to be accounted for as eldercare services. For instance, hospitalized forms of eldercare can be categorized as health care in one country but as social care in another. Furthermore, when it comes to health and social services to the elderly at home, the principles varies between the countries regarding which services to be accounted for as medical care and which services to be accounted for as social care.¹⁴ Despite these difficulties, there are nevertheless some general conclusions, which can be drawn from table II.1.

First of all, it is possible to make some reflections regarding the assumed similarities between the Scandinavian welfare states. Of all the Scandinavian countries accounted for in table II.1., Denmark has the most abundant volume of eldercare services as well as the highest share of home-based eldercare services. After Denmark, Norway has the highest provision of home help services, followed by Finland. Thus, compared to the other Scandinavian countries, in Sweden the percentage receiving home help services is rather low but relatively high when it comes to hospitalized forms of eldercare services. The provision of hospitalized forms of eldercare services is yet not large enough for Sweden to be able to place itself in top of the Scandinavian countries when it comes to the total provision of eldercare services. On the contrary, seen in respect to the total share of elderly receiving formal eldercare services, Sweden has the lowest provision of all Scandinavian countries. This is somewhat remarkable, as Sweden has the oldest population among the Scandinavian countries though not the highest provision of eldercare services.

Second, no welfare state seems to have given total priority to only one type of eldercare services. Even in countries with an abundant home help, as in Austria and Denmark, the level of hospitalized eldercare is nearly the same as in the other countries. With the exception of Spain, the percentage in hospitalized eldercare is also roughly the same despite the demographical structure of the population. This may indicate that there is a certain baseline in the provision of hospitalized eldercare services below which very few welfare states are able or ready to fall.¹⁵

Third, contrary to what can be expected from the demographical structure of the population, the connection between the levels of provision and the need for demand seems to be vague. This is most striking in the cases of the Netherlands and Spain. In the Netherlands, which has one of the youngest populations in Europe, a higher percentage of the population 65 years and older do receive eldercare services than in other countries with a definitely older population as, for example, Sweden. In Spain, on the other hand, which has a rapidly ageing

¹⁴ See the discussion in Antonen & Sipilä, (1996), p. 91 and Jacobonze (1999), p. 11 ff.

¹⁵ Gibson (1998), p. 12.

population, the provision of formal eldercare services is almost non-existing. Other examples are also possible to mention, such as for instance Australia, where a larger proportion of the population 65 years and older receives help than in Japan, France and Germany, though Australia has a younger population than all of these countries. One conclusion, which therefore seems possible to draw from the international comparison, is that even if an aging population exercise a certain pressure on all welfare states to change their eldercare systems, the outcome of this development are likely to depend on the existing political traditions in each country.

2. The Swedish Response to the Demographic Development

The demographic development of an aging population has constantly been a focal point in Swedish eldercare policies. Ever since the 1950s, the general solution to the demographic development has been to transform the public eldercare system from a hospitalized to a home-based eldercare system. The first step towards this goal was taken with the decision in principle of 1957. This program emphasized that the public eldercare sector should be based on senior citizens' need for housing and home help instead of the hospitalized eldercare in the old people's home.¹⁶ The next step towards a home-based eldercare system occurred in the 1980s, when the Social Services Act was passed in the parliament. In the preparatory works of this act, it was clearly stated that the public eldercare system was to be founded on the elder's ordinary living environments.¹⁷ The third and final step towards a home-based eldercare system was taken with the *Ädel-reform* in 1992. In order to increase the share of home-based eldercare services, this reform radically changed the regulatory and organizational structure of the public eldercare system.¹⁸ The problems related to this transformation of the public eldercare system will be in focus of the further discussion in this chapter. I will first discuss general changes in the organizational and regulatory structure of the public eldercare system since the 1940s and what consequences these have had for the municipalities. After this, I will discuss general changes in the distribution of eldercare services and what consequences these have had for the elderly men and women.

2.1. The Organizational Structure of the Public Eldercare System

Since the 1940s, the responsibility for public eldercare services has been divided between the state, the county councils and the municipalities. The state has always been, and still is, responsible for legislation and financial support to the different forms of eldercare services. Also, education of physicians has always

¹⁶ Prop. 1957:38.

¹⁷ SFS 1980:620, 19-20 §§. See also Prop. 1979/80:1, p. 260-295 and SOU 1977:40, p. 131 ff.

¹⁸ Prop. 1990/91:14.

been under the head of the state while educations of nurses and of social care managers that administrate and supervise the work in the public eldercare on the local level successively have been incorporated in the state's higher education since the late 1950s.¹⁹ The county councils, on the other hand, have always been responsible for the specialized medical care, hospital treatment and home nursing. Moreover, from 1951 to 1992, the county councils were responsible for the nursing homes that during that period were regarded as a part of the county councils' geriatric care. Since 1992, however, the nursing homes have been transferred to the municipalities and included in their special forms of accommodations. This organizational and regulatory change was the result of the *Ädel-reform* that made the municipalities statutory responsible for all forms of eldercare services.²⁰ Therefore, since 1992, the municipalities have been solely responsible for all forms of eldercare services that do not require specialized medical treatment. In the 1990s, the municipalities' responsibility for education also has increased as the education of nurses' assistants has been transferred from the county councils to the municipalities and integrated with the senior high school education of care assistants. The contemporary organizational structure of the eldercare system and the responsibility of each authority respectively are summarized in table II.2.

Mostly, the municipalities finance their different forms of eldercare services by taxes and to some extent by fees. However, though the municipalities' eldercare services are subsidized by public means, they are not free of charge. Since the 1950s, when the public eldercare was separated from the poor relief, the municipalities have had and still have the right to charge the receiver of public eldercare service. Today, the fee scale for home help services is usually based on the level of care while charges for special forms of accommodations are based on the level of income.²¹ Furthermore, both the hospitalized eldercare and the home help are conditional rights, which mean that even though all senior citizens are entitled to apply for services, they are not generally granted to all who applies. The elder's right to receive public eldercare services is today regulated by 6 § in the Social Services Act, which stipulates that if a person cannot provide for his or her needs, this person is entitled to assistance from the municipalities board of social welfare. It is therefore the municipality, usually through social care managers at the municipalities' local welfare offices that decide whether a person should be granted home help or have the right to live in the special forms of accommodations.

¹⁹ SOU 1997:170, p. 190 ff.

²⁰ Prop. 1990/91:14.

²¹ Socialstyrelsen (2001), p. 10.

Table II. 2. The contemporary organizational structure of the public eldercare system

The State	The County Councils	The Municipalities
<ul style="list-style-type: none"> • Legislation • Financial support • Higher Education of <ul style="list-style-type: none"> - Physicians - Nurses - Social care managers, i.e. administrators and supervisors in the municipalities eldercare 	<ul style="list-style-type: none"> • Short-term, clinical and advanced medical care and hospital treatment, including <ul style="list-style-type: none"> - Specialized geriatric care • Home nursing 	<ul style="list-style-type: none"> • Senior High School Education of <ul style="list-style-type: none"> - Care assistants and nurses assistants • Home help • Home nursing • Special forms of accommodation, including <ul style="list-style-type: none"> - old people's home - service apartments - nursing homes - group living (home for people with dementia)

Source: Socialstyrelsen, *Social Services in Sweden 1999*, <http://www.sos.se/FULLTEXT/0077-018/kap9.htm>, 2001-02-12 and SOU 1997:170, p. 190-201.

2.2. From a Hospitalized to a Home-Based Eldercare System

Originally, public eldercare services did only consist of the old people's home. Until 1956, these homes were also part of the municipalities' poor relief, when they instead became incorporated in the Social Help Act and organized as a part of the municipalities' social help.²² During the post-war era, a more differentiated hospitalized eldercare emerged, much thanks to the division of responsibilities between the county councils and the municipalities that was worked out in the 1950s.²³ The responsibility for the hospitalized eldercare did then become divided between the county councils and the municipalities, where the county councils became responsible for the long-term geriatric care, such as the nursing homes that functioned as establishments for persons in need of permanent care, while the municipalities continued to be responsible for the old people's homes that would take care of the elderly in need of care and attention but not in need of medical treatment. In the 1970s, the municipalities furthermore began to build service apartments as a form of help for those elderly that were not ill enough to stay in the old people's home but for one or another reason no longer could manage to stay in their ordinary living environments.

²² SFS 1956:2, §§ 18.

²³ Prop. 1951:20.

During the 1980s, most of the old people's homes were also rebuilt to service apartments.²⁴

The divided responsibility for the hospitalized eldercare ended in 1992 due to the *Ädel-reform*, named after the delegation that had worked out the proposal to the reform. Because of this reform, all hospitalized forms of eldercare outside the hospitals were transferred from the county councils to the municipalities.²⁵ In 1992, the nursing homes and the majority of the assistant nurses working in these establishments were therefore transferred from the county councils to the municipalities. To finance the reform, the municipalities received a single payment and the county councils' financial resources related to the nursing homes. All in all, the reform led to that more than 30 000 beds and 70 000 employees were moved from the county councils to the municipalities.²⁶

The bottom line of the reformation of the hospitalized eldercare was to establish a comprehensive perspective on senior citizens' situation and need for care by increasing the elder's freedom of choice and personal security. Another goal was to integrate the health and social services for the elderly.²⁷ This reformation of the eldercare system was considered to be a step towards the renewal of the public sector and characterized as "the reform of the century".²⁸ Here, the general idea was that by decentralizing the responsibility for the eldercare services from the regional level of the county councils to the local level of the municipalities, the efficiency in the public eldercare sector as a whole would increase.²⁹ In relation to the *Ädel-reform*, the municipalities hospitalized eldercare services were also rephrased to special forms of accommodations.

The *Ädel-reform* stated that the home nursing could be transferred from the county councils to the municipalities. Today, over half of the Swedish municipalities have taken over the responsibilities for home nursing.³⁰ Consequently, the only form of eldercare that the county councils today are responsible for is the short-term, advanced and clinical medical treatment of the elderly. The effects of this regulatory and organizational change on the municipalities' budgets are shown in diagram II.1.

As shown in diagram II.1, the municipalities' cost for care has steadily increased since the 1960s. Between 1970 and 1975, the doubling of the municipalities' costs for care was caused by the introduction of public transport for the elderly and the disabled, which made the municipalities obligated to establish special forms of transports for them.³¹ However, as illustrated in diagram

²⁴ SOU 1987:21, p. 140 ff.

²⁵ Prop. 1990/91:14.

²⁶ SOU 2000:3, p. 167 ff.

²⁷ Ds S 1989:27, p. 14 ff.

²⁸ Borell & Johansson (1998), p. 63.

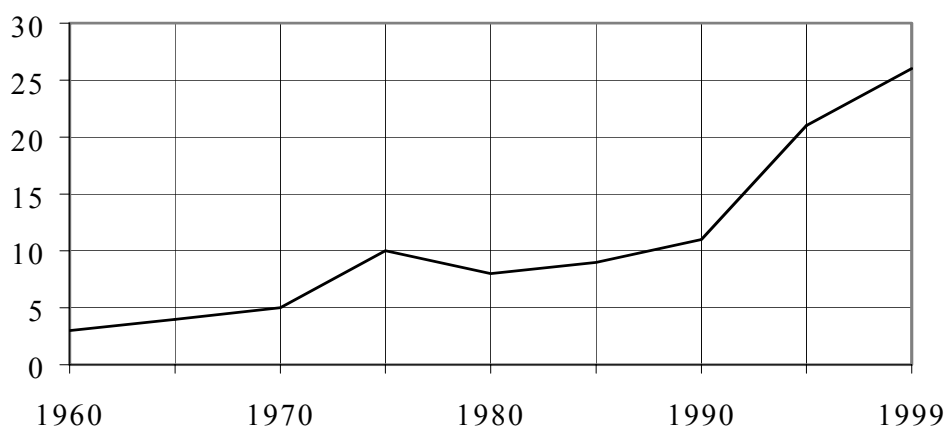
²⁹ Prop. 1990/91:14, p. 25 ff.

³⁰ Socialstyrelsen (2001), p. 1.

³¹ SOU 1977:98, p. 95 ff.

II.1., the most fundamental change regarding the municipalities' costs for care occurred in the 1990s in relation to the Ädel-reform, when they increased rapidly. This rising cost for the municipalities depends almost exclusively on the number of beds transferred from the county councils. Today, approximately 70 per cent of the municipalities' total costs for care are constituted by the special forms of accommodation, which can be compared to 1985, when the municipalities cost for hospitalized eldercare and home help was nearly the same.³²

Diagram II. 1. The municipalities' cost for care in % of municipalities' total expenditure, 1960-1999. Current prices.



Note: The municipalities' cost for care includes both the care for the handicapped and for the aged.

Source: SCB, *Statistisk årsbok 1960-2001*; *Kommunernas finanser 1960-1995*; *Den offentliga sektorns finanser 1999*

Also, since the middle of the 1980s, the municipalities' costs for care have increased more than the municipalities' costs for other activities.³³ Thus, an increasing share of the municipalities' budgets is being invested in care for the elderly and the disabled. This relationship is explained by the policy goals of a de-hospitalization of the public eldercare system, which has not only meant that the number of beds in hospitalized forms of eldercare has been transferred from the county councils to the municipalities, but that an increasing share of the elderly patients are receiving help from the municipalities in their homes instead of in the hospitals. According to calculations from the municipalities' national organization, this transferring of patients from the county councils to the municipalities is also the primary reason why an increasing share of the municipalities budgets are being invested in the public eldercare.³⁴ In other words, the main

³² *Kommunernas finanser 1995*, p. 36 and Socialstyrelsen (2001), p. 9.

³³ Svenska Kommunförbundet (1988), p. 8.

³⁴ *Ibid.*, p. 8.

cause to the municipalities' increasing costs for care since the 1980s is the attempts to fulfill the policy goals of a home-based eldercare.

2.3. The Home-Based Eldercare System in Practice

Home help for the elderly firstly emerged in the 1950s and was initially introduced by civil organizations, such as, the Red Cross.³⁵ The primary reason why the civil organizations started up home help for the elderly was the shortage of beds within the municipalities and the county councils' hospitalized forms of eldercare. In the beginning, the home help was therefore thought to be an acute help for those elderly who were waiting for a place in the old people's home or in the nursing homes. In the middle of the 1950s, however, most municipalities began to take over the responsibility for the home help from the civil organizations. This increasing municipal responsibility for the home help was an outcome of new policy goals for the public eldercare that emerged in the late 1950s.³⁶ According to these new goals, the public eldercare system would be based on old people's ordinary living environments instead of the hospitalized forms of eldercare, such as the old people's home. Ever since, this ideal of a home-based eldercare system has continued to be an important political goal in Swedish eldercare politics. Consequently, the municipalities' responsibility for providing home help was incorporated in the Social Help Act in 1968 and prescribed in the Social Services Act of 1980.³⁷

Originally, home help to the elderly did consist of assistance with daily housework activities, such as cooking and cleaning, but during the last two decades, the content of the home help has been widened. Today, even different forms of nursing, such as, giving medicine, help with personal hygiene, and rehabilitation, can also be included in the home help.³⁸ There is however large variations between the municipalities regarding what today are accounted for as home help. Differences in the local organization of the home-based eldercare services are in turn the single most important explanation to variations in the municipalities' cost for care.³⁹ The cost for care is lowest in those municipalities that have tried to maintain the traditional organization of the home help primary based on assistance with housework. In these municipalities, home help is granted to many but each achievement is set at a relatively low level of care, which means that a relatively high percentage of the population 65 years and older is granted home help but the number of hours for each care recipient is relatively low. In contrast, in other municipalities that have replaced housework with tasks of nursing, a low percentage of the population 65 years and older

³⁵ Szebehely (1995), p. 27 ff.

³⁶ Prop. 1957:38.

³⁷ SFS 1968:244, § 1 and § 6 and SFS 1980:620, §§ 18.

³⁸ Socialstyrelsen (2000b).

³⁹ Svenska Kommunförbundet (1998).

receives public assistance but the achievement per each care recipient is set at a high level of care. This organization of the eldercare services is however the most expansive model.⁴⁰ The differences among the municipalities regarding the cost and the organization of the public eldercare services demonstrate that the public eldercare system has become highly depending on the local priorities within each municipality.

Gender, as well as class and race, are important social factors that explain how the home help and the living in special forms of accommodations have been, and still are, distributed among the elderly. In this context, the demographic gender structure among the elderly population also has different consequences for men and women's dependency on the public eldercare services. Since the 1940s, the two largest groups among the elderly population have been single women and married men. Statistically, this relationship means that while 7 out of 10 men over the age of 65 are married or cohabitants when they die, the opposite is true for women: 7 out of 10 women are living alone when they die.⁴¹ Because women living alone dominate the oldest part of the population, and since the needs for help increases with age, single women over the age of 80 have been in majority of the elderly who have received public eldercare services. For example, in 2000, 22 percent of women 80 years and older received public home help while only 14 per cent of the men in the same age category were granted home help.⁴²

Until the 1990s, it was however more common that single men received home help than single women, as single men were not expected to manage housework as cooking and cleaning. During the 1990s, these gendered differences between the single elderly men and women have vanished, as single men and women who are in need of help now generally receive it in the same extension. Rather than being a result of deliberate gender equality politics, this change is related to the fact that the home help since the 1990s has transformed in many municipalities from giving assistance with housework to giving help with tasks related to nursing.⁴³ Thus, as the home help has turned more into home nursing, the possibilities to receive public assistance with housework have also decreased in the 1990s. Home help today is therefore primarily granted to those who are in need of medical attention and not to those who needs help with chores related to housework.

Instead of gendered discrepancies between the elderly men and women living alone, during the 1990s gendered differences have become more apparent among cohabiting men and women. For example, it is more than twice as usual that the local authorities grant home help as support to men who takes care of

⁴⁰ Ibid., p. 10 ff and p. 40 ff.

⁴¹ Trydegård (2000), p 19.

⁴² Socialstyrelsen (2000a) table 3.

⁴³ Szebehely (2000), p. 194.

their ill wives than it is that they grant home help to women who take care of their ill husbands. Due to the gendered division of labor, according to which women are connected with care giving work assignments, the local authorities have higher expectations on women to perform as informal caregivers than they have on men. Since men over the age of 65 in general are married or living together with a woman, it is therefore the wife and not the public authorities that is the main provider of care for older men.⁴⁴

There are no possibilities to disaggregate the statistics regarding the distribution of eldercare services between the elderly immigrants and native-born Swedes. However, local investigations have revealed that immigrants are generally underrepresented in the provision of municipal eldercare services.⁴⁵ Here, there are good reasons to assume that the gendered connotations underlying the differences in the distribution of services between Swedish men and women are even stronger when it comes to the elderly immigrants. If the Swedish elderly women are expected to take care of their ill husbands due to gendered stereotypes of what men and women can or should do, the combination of gendered and ethnical metaphors that describe immigrant women as subordinated to their husbands and interested in housework can here serve as strong excuses for not supporting the elderly immigrant women who perform as informal eldercare workers.⁴⁶

The elder's living in special forms of accommodations also show at gendered differences, as in 2000 24 per cent of women and 15 per cent of the men over the age of 80 were living in special forms of accommodations.⁴⁷ Moreover, as it is in the first place women from the working class who live in the special forms of accommodations, the distribution of this form of eldercare services is related to other social factors than gender. These class and gender based conditions in the distribution of hospitalized forms of eldercare are however not unique for the contemporary distribution of public eldercare services, as it has always been the elderly from the least privileged social groups in society that have lived in hospitalized forms of eldercare.⁴⁸

From an economic perspective, the elderly women from the working class can here be described as one of the less privileged groups in contemporary Swedish society. The main income for the elderly women is national old-age pensions or national supplementary pension schemes.⁴⁹ However, since most of the elderly women living today have had relatively few active years on the labor market, this latter form of pensions is not as large for women as it is for men. Moreover,

⁴⁴ Ibid., p. 193. See also Johansson, Sundström & Hassing (2003) and Mossberg Sand (2004).

⁴⁵ Socialstyrelsen (2004a), p. 173.

⁴⁶ See for instance Prop. 1997:170, p. 23.

⁴⁷ Socialstyrelsen (2000a), table 10.

⁴⁸ SOU 1997:170, p. 94.

⁴⁹ SCB (2002), p. 78.

though the level of pensions has increased in crowns for both men and women during the postwar era, women's pensions have compared to men's actually declined since the 1970s. Expressed as share of men's pensions, women's pensions have decreased from 71 percent in 1975 to 63 percent in 2000.⁵⁰ Thus, even if the elderly women have higher income today than they had thirty years ago, the elderly women who are primary depending on their pensions do still have much less income than elderly men.

In this context, the National Board of Health and Welfare has shown that the rising fees within the municipalities' eldercare services, in combination with the increasing tendencies towards a more restrictive granting of the public eldercare based on level of income, has resulted in two general tendencies. For those senior citizens' with relatively good income and modest needs for help, it has become cheaper to turn to the market and buy help and services, such as cleaning, while the rising fees have become problematic for those elderly with low income.⁵¹ The board also shows that rising fees within the municipalities' eldercare services are one important reason why the elderly living alone today tend to renounce help from the public authorities and instead try to manage on their own or rely on their relatives as long as they can. As many of the elderly living alone with low incomes are women, the elderly women have also been particularly exposed to the ongoing changes within the public eldercare.⁵² Furthermore, in cases when the elderly living alone receives help and services from relatives, it is mostly daughters that do step in as informal providers of eldercare.⁵³ Thus, rising fees within the public eldercare in combination with the general transformation of the home help from assistance with housework to nursing assignments have resulted in situations where an increasing share of the Swedish eldercare is performed by female relatives, either by wives who give help to their ill husband or by daughters who give help their mothers. The general development of the changes in the distribution of public eldercare services is summarized in diagram II.2.

The development of public eldercare services shown in diagram II.2 reveals that three different periods can be distinguished in the development of the Swedish eldercare, each characterized by different organization and regulatory structures. Until the middle of the 1950s, the public eldercare solely consisted of a hospitalized system, where the elderly received help through the old people's home. This type of eldercare was also the only statutory municipal obligation within the field of eldercare that was prescribed in the Poor Law that was the legislative framework surrounding the public eldercare until 1956. Therefore,

⁵⁰ Nyberg (1997), p. 52 and SCB (2002), p. 78.

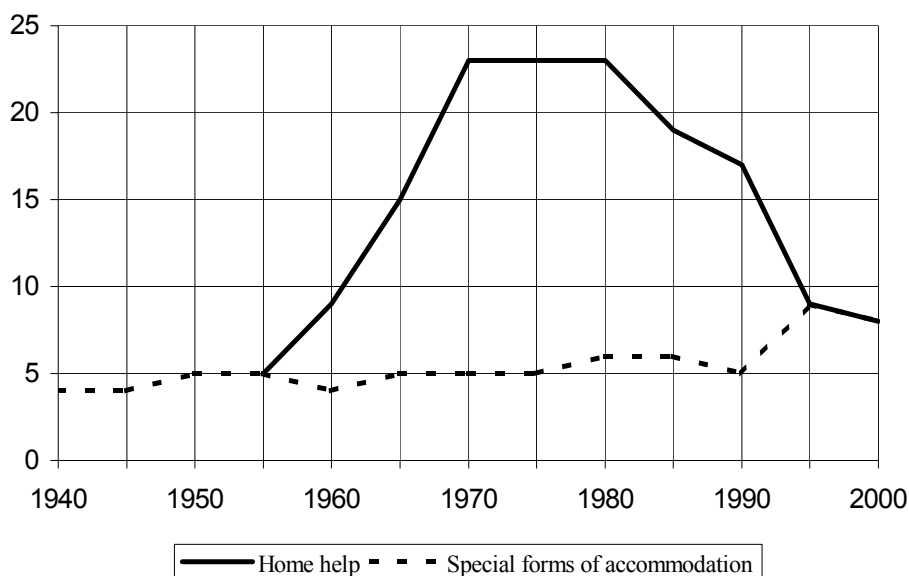
⁵¹ Socialstyrelsen, (1998), p. 12 ff.

⁵² Socialstyrelsen, (1996a) and Socialstyrelsen (2004s), p. 178 ff.

⁵³ See Mossberg Sand (2000), p. 136ff and Johansson, Sundström & Hassing (2003), p. 274 ff.

the first half of the 20th century can be characterized as the era of the poor relief, when public services to the elderly was defined as poor relief and consisted of the old people's home.

Diagram II. 2. Percentage of the population 65 years and older receiving home help services or living in special forms of accommodation, 1940-2000



Note: Nursing homes are not included in the special forms of accommodation until 1992, since this form of eldercare was a part of the long time geriatric care under the head of county councils until the Ädel-reform.

Source: *SOU 1940:22* and *SOU 1987:21*; *Socialtjänststatistik 1982-1989, 1995 and 1999*; *Statistiska meddelanden S 23 9101*; <http://www.lf.se/sek/download/bastab97wb.doc>, 2001-02-07. Population data, *SCB, Statistisk årsbok 1940-2000*.

As illustrated in diagram II.2, home help to the elderly rapidly increased after the municipalities took over the responsibility for this from of eldercare in the middle of the 1950s. This expansion of home help services was a result of the new guidelines for the public eldercare sector that in 1957 emphasized a home-based instead of a hospitalized eldercare.⁵⁴ The home help services continued to expand until the 1970s, when the percentage receiving home help stabilized at a rather high level. The municipalities' statutory responsibility for providing home help also became incorporated in the Social Help Act in 1968 and in the Social Services Act in 1980.⁵⁵ Consequently, the period from 1957 to 1980 can be characterized as the period of the welfare state during which caring for the old in society was mainly regarded as a public responsibility.

However, since the 1980s, the Swedish eldercare system has changed towards a more restrictive distribution of eldercare services, which, contrary to the stated

⁵⁴ Prop. 1956:1.

⁵⁵ SFS 1968: 244, § 1 and § 6 and SFS 1980:620, §§ 18.

goal of policy, has been most prominent in the home help. As the state has withdrawn its responsibility, it has primarily been women in their roles of wives and daughters that have been forced to step in as a replacement of the public eldercare. Therefore, since the 1980s, it seems as the general development within the Swedish eldercare can be characterized as a critical juncture during which new ideas have been introduced regarding how to divide the responsibility for eldercare services between the state, the family and the market. In what follows, the process that has resulted in the institutionalization of these new ideas will be studied more closely.

Part III. Changing Frames in Swedish Eldercare 1940-2000

1. Ideas, Actors and Institutional Changes

So far, the empirical study has shown that the period from the 1980s and onwards can be identified as a critical juncture in the Swedish eldercare, when the combined effect of the increasing share of the elderly over the age of 80 and the economic crises have contributed to destabilize the existing organization of the public eldercare system. As illustrated in part II, this development has been most prominent in the public home help services, which, contrary to the general goals of policy, have experienced a rapid decrease since the 1980s. This discrepancy between policy goals and policy practices calls into question whether the period from the 1980s and onwards has been a formative moment in Swedish eldercare politics, during which new ideas have become embedded in the institutional frameworks regulating the division of responsibility for eldercare services between the state, the family and the market.

To examine if the critical juncture has turned over to a formative moment, this part of the thesis will chronologically study what ideas and beliefs have constituted the Swedish eldercare from the 1940s until the late 1990s. The discourse analysis outlined in Part I will serve as the starting point to examine if new ideas have become embedded in the institutional frameworks. I will thus study what interpretative frames policymakers have used to explain and legitimize policy guidelines and regulatory changes in the public eldercare sector. To deconstruct the interpretative frames used in the political decision making process, I will concentrate on the reasoning and legitimizing aspects of the political texts. Hence, first each political decision will be studied from the problem solving perspective to see what rational arguments are given regarding the causes and consequences to the decision at hand, and then what metaphors, symbols, and historical examples, are given in a text to legitimize the decision. In the deconstruction of the interpretative frames, I will primarily focus on what metaphors have been used to conceptualize the elderly and care in relation to the concepts of help and service. Help and service are therefore studied as the nodal points, around which the interpretative frames have been organized.

Central points of departure are that the connection with established political discourses explains why political agents can favor one interpretative frame above another. Thus, the success of an interpretative frame is depending on what historical symbols, metaphors, and images political agents manage to link up with the frame. New interpretative frames are furthermore considered to be more successful if there is a body of policy expertise with established positions that supports them. Groups of policy expertise will therefore be studied as important actors behind the emergence of new interpretative frames in Swedish eldercare. Other important agents behind new interpretative frames in the Swedish

eldercare that will be studied are the senior citizens' organizations that have given voice to senior citizens' claims in Swedish politics. A third and final group of influential actors that will be studied as carriers of interpretative frames are the municipalities and county councils national organizations, which coordinate and work out recommendations to the local authorities responsible for the organization and distribution of public eldercare services. Thus, to conclude, in this part changing interpretative frames within the Swedish eldercare will be studied as emanating from a complex and contradictory configuration of oppositional, expert and re-privatization discourses carried by different groups of interests, where each discourse represents a specific understanding of what it means to be old, what needs senior citizens have and what obligations the family and the society have to its aged.

2. Towards the Welfare State. Changing Frames in Swedish Eldercare 1940-1957

This chapter examines how the public responsibility for eldercare services emerged as a political issue in Swedish welfare politics during the period 1940 to 1957. As the public eldercare system became entirely redirected during these years from giving priority to hospitalized to home-based eldercare services, this period has been described as a watershed in Swedish eldercare.¹ The re-organization of the public eldercare system was the result of two different problems, which totally dominated the political agenda setting during the 1940s and the early 1950s: the problem of old-age pensions and the debate of the old people's home. Initially, the debate of the old people's home was a media debate directed by the author Ivar Lo-Johansson. The event that triggered off this debate was the 1947 decision in principle that defined eldercare solely in terms of hospitalized eldercare in the old people's home.² At that time, the old people's home was still part of the poor relief and even if the 1947 bill recommended that these should be separated from the existing Poor Law, it contained few suggestions of how this would proceed. Lo-Johansson interpreted this decision in terms of the demographical scenario outlined by the Myrdals', according to which Sweden was becoming a country of old people.³ Lo-Johansson argued that the status of senior citizens was negatively correlated to their overrepresentation, as too many senior citizens created conflicts and hatred between generations where the younger generations wished to get the elderly out of their way. The admissions to the old people's home Lo-Johansson understood as an expression of this wish, and he argued that the existence of the old people's home proved that senior citizens were being stigmatized in the Swedish

¹ Gaunt (1995); Szebehely (1995); and Jönsson (2001).

² Prop. 1947:243.

³ Lo-Johansson (1987), p. 5-12.

society.⁴ As a result of the media debate following Lo-Johansson's articles, new eldercare policies emerged that enabled for senior citizens to stay in their ordinary living environments. The chapter starts with a presentation of how public responsibility for eldercare was seen in relation to the Poor Law, which is followed by a discussion of the 1947 decision in principle and the Social Allowance Committee that was the committee behind this decision. After this, I will continue to discuss the Aged Care Committee, which recommendations was behind the 1957 parliamentary resolution, and in the end of this chapter, I discuss the consequences of this reform.

2.1. The Family Frame – Eldercare in the Poor Law

Until the 1950s, the municipalities were the only authority that had a statutory responsibility for the public eldercare. The municipalities' obligations in the field of eldercare were regulated in the Poor Law that was passed by parliament in 1918 and consisted of either financial support in the home or hospitalized care in the old people's home.⁵ Eldercare in the first half of the 20th century was thus seen as a form of poor relief for those elderly that could not support themselves or receive help from their relatives. The general assumption permeating the Poor Law was therefore that caring for the elderly in society was a family matter and not a question that required assistance from the public authorities.⁶ This was expressed in the law as a conditional maintenance liability between parents and adult children, which stated that adult children were obliged to repay financial support given to their parents from the municipalities' board of poor relief.⁷

However, the Poor Law did prescribe that the elderly were entitled to public assistance from the local authorities if an old person was unable to provide for his or her living and could not receive help from relatives. During the interwar era, the most common form of poor relief to senior citizens was economic support. Due to the low levels of the national old-age pensions that had been introduced in 1913, many of the elderly were forced to turn to the local authorities for public assistance. In 1938, for example, 30 % of the pensioners received supplementary financial support beside their old-aged pensions. This did not change until 1948, when the national pension reform raised the levels of the benefits. As a consequence, the number of senior citizens receiving economic help rapidly decreased and in 1959, only 1 % of the pensioners received financial support from the municipalities' poor relief.⁸

⁴ Ibid., p. 21-34.

⁵ SFS 1918:422-431, § 27 and § 31.

⁶ Edebalk & Lindgren (1996), p. 138 ff.

⁷ SFS 1918:422-431, § 3.

⁸ SOU 1963:47, p. 31.

Besides from insufficient income, the second most important reason why senior citizens received public assistance was poor accommodations.⁹ This led to a rather extensive political campaign, aiming at the improvement of accommodations for the elderly. Already in the 1930s, the large city municipalities had started to follow the Danish example to build separate board-and-lodging accommodations for pensioners as a special form of poor relief. These local housing programs for senior citizens became financially supported by the state in 1939.¹⁰ The pensioner's home quickly became popular among the senior citizens, as they were treated as tenants in the pensioner's home. The pensioner's home thus represented a contrasting picture against the old people's home connected with the Poor Law, where the inmates became subordinated to the municipalities' board of poor relief.¹¹

A next step in housing programs for the elderly was taken in 1947, when the parliament passed a new decision in principle regarding the future development of the public eldercare.¹² According to this decision, the old people's home should be transformed into board- and- lodging accommodations for senior citizens. This transformation required that the old people's home would be separated from the Poor Law and submitted to a special code outside the Poor Law. The main problem to implement this decision though was that the old people's homes had become facilities for the ill and the disabled, and not especially home for the elderly. This, in turn, depended on the relatively few beds in the county council's nursing homes. It was therefore necessary to expand the number of beds in the long-term somatic care before the program of 1947 could be actualized. A step on this way was taken in 1951, when the county councils became statutory responsible for the hospitalized and long-term geriatric care.¹³

2.2. From Poor Relief to Care – The Social Allowance Committee and New Interpretations of Need

The Social Allowance Committee that had been set up by Gustav Möller in 1937 was the one group responsible for the ideas behind the 1947 decision in principle.¹⁴ According to Möller's directives, this committee would carry out a general inspection of the allowance system and the poor relief. The Social Allowance Committee would also suggest new principles to coordinate the different parts of the poor relief and the division of responsibility for the expenditure between the state and the municipalities.¹⁵ The general point of departure for the Social Allowance Committee was that the Poor Law had to be replaced

⁹ Szebehely (1995), p. 27 ff.

¹⁰ Prop. 1939:177.

¹¹ Gaunt (1995), p. 377 f.

¹² Prop. 1947:243.

¹³ Prop. 1951:20.

¹⁴ The Swedish name of this committee was *Socialvårdskommittén*.

¹⁵ SOU 1950:11.

by a new and general form of social help, a reform that was finally carried out in 1955 when the Social Help Act was passed in the parliament. Before this reform could be carried out, the committee concluded that the municipal administration has to be changed into larger units and that the social insurance system had to be expanded. These suggestions in turn created new problems that needed to be solved before the new legislation could be introduced.¹⁶

The Social Allowance Committee regarded its report that was behind the decision in principle of 1947 as the main contribution to the necessary changes in the field of the public eldercare.¹⁷ In the report, the committee argued that the senior citizens' need was no longer connected with their financial situation, as the planned national pension reform would contribute to raise the level of benefits for them. Modern social policies for the elderly should instead be based on the elder's medical status and their need for care.¹⁸ As the modern public eldercare should be based on needs for care and not on economic support, the committee concluded that the old people's home should be separated from the poor relief and placed under a legislation of their own. Here, the central line of idea was that the municipalities' old people's home should receive the same status as the county councils' hospitals, and thus become establishments that for a certain fee were open for all senior citizens. The municipalities should therefore become statutory responsible for all of the elderly who, regardless of their financial situation, due to their health condition needed care but not medical treatment.¹⁹ The separation of the old people's home from the poor relief and the introduction of the fee system would distinguish the new public eldercare as modern and progressive contrary to the previous eldercare system based on the poor relief, which the committee compared with the charity establishments of the middle ages.²⁰

Though its organizational structure to a large extent should remain the same, the connection between the public eldercare and the elder's medical status became the used mean for the Social Allowance Committee to symbolize the new content of the public eldercare. In the beginning of their works, the committee members even considered whether it should be possible to transfer the old people's home to the county councils and make them into a part of the Swedish health care system.²¹ However, later the committee dropped this idea because it would have been too expensive. Better then, the committee argued, to keep the old people's home under the head of the municipalities and organize the public

¹⁶ See discussion in Prop. 1955:177, p. 34 ff.

¹⁷ SOU 1946:52.

¹⁸ Ibid., p. 11 ff.

¹⁹ Ibid., p. 82 ff.

²⁰ Ibid., p. 11.

²¹ Socialvårdskommittén arkiv, Protokoll 14-24/8 1939, p. 29.

eldercare system in such a manner that the elderly mostly could be taken care of in their home. As Bernhard Eriksson, chairman of the committee, put it:

*“The question of the old people’s home should not be seen as separated. The social care system must be organized in such a manner that it can give priority to the home-based care. The costs for building hospitals are about to get over our heads, much due to [the municipalities’ boards of] poor relief, which want to place their beneficiaries there, so the county councils must pay for them.”*²²

As their proposal to the future organization of the public eldercare only contained suggestions of how to organize and finance the old people’s home, the committee indicated that they were counting on relatives to carry out the preferred home-based eldercare without any support from the local authorities.

In the decision in principle of 1947, Möller to a large extent did agree with the committee that the old people’s home should be turned into board-and-lodging accommodations for the elderly.²³ However, he did not support the idea of introducing a separate legislation for the old people’s home. According to his opinion, the shortage of beds in the old people’s home made the suggested legislation impossible to carry out yet. As a replacement, Möller instead argued that it was better to improve the housings for senior citizens, who should be allowed to stay in their ordinary living environments as long as they were healthy.²⁴ As Möller still was positive to separate the eldercare from the poor relief, the Social Allowance committee however never received further directives of how to include the public eldercare in the new Social Help Act. Therefore, after the report to the decision in principle of 1947, the Social Allowance Committee dropped the question of how to organize and finance the public eldercare.²⁵

2.3. Ivar Lo-Johansson and the Senior Citizens’ Counteroffensive

The Social Allowance Committee’s suggestion to the future organization of the public eldercare and the decision in principle of 1947 were in many ways dubious constructions, most of all because both the committee report and the government bill were worked out without any consideration over or investigation of what the elderly wished or wanted. For example, the Social Allowance Committee argued that it was possible to determine the elder’s need by looking at the admissions to the old people’s home but without examining the needs of those elderly who still lived in their homes. Here, the committee’s

²² Ibid., p. 29.

²³ Prop. 1947:243.

²⁴ Ibid., p. 46 ff.

²⁵ SOU 1950:11, p. 357.

descriptions of the senior citizens were rather patronizing, as the elderly who wished to stay in their ordinary living and maintain “their little household” were more or less described as stubborn.²⁶ The increasing applications to the pensioners’ home, where the elderly could maintain households of their own, the committee dismissed as an “exaggerated trend”.²⁷ According to David Gaunt, the committee members’ attachment to the old people’s home depended on their connections to the state apparatus. For instance, Karl J. Höjer, who was the man behind the committee report, had worked as *pro tempore* director-general for the National Board of Health and Welfare, and the other committee members either worked as civil servants in the state apparatus or as civil servants in the municipalities’ poor relief.²⁸ Therefore, as argued by Gaunt, as they had vested interest in the already established regulations as well as financial systems, the committee members were reluctant to change the general structure of the public eldercare system.²⁹

Though the report from the committee was clearly in opposition to the senior citizens’ wishes, it was firmly supported in the considerations from the municipalities as well as from other organizations connected to the state apparatus.³⁰ According to Gaunt, one reason for this was that the municipalities had much to gain from the proposal, since they would both receive financial support from the state and be relieved from the expensive long-term geriatric care in nursing homes.³¹ Möller himself being an advocate of home-based eldercare services; Gaunt argues that the strong backup from the public authorities was probably the only reason why he did agree to present the proposition of 1947.³²

The decision in principle of 1947 was however never carried out. This depended on several circumstances. First, the program of 1947 had proved much more complicated to accomplish than expected. The program was in reality a huge housing program that could not be financed by the local authorities alone but required financial assistance from the state. The shape of the subsidiaries though remained an unsolved question, which in turn made the municipalities reluctant to carry out the program.³³ Second, due to the unrealized plans of the old people’s home, an increasing number of senior citizens did not receive public assistance despite their need for care. The lack of beds in the nursing homes worsened this situation. Therefore, based on the English eldercare model, civil organizations, such as, the Red Cross, began to organize home help

²⁶ SOU 1946:52, p. 27 ff.

²⁷ Ibid., p. 28.

²⁸ Ibid., p. 1 ff.

²⁹ Gaunt (1995), p. 373 f.

³⁰ See for instance Konseljakt 1947-04-18, Remissvar 1946-11-06;1946-10-30; 1948-08-10.

³¹ Gaunt (1995), p. 379.

³² Ibid., p. 379.

³³ See discussion in Edebalk & Lindgren (1996), p. 138 ff.

services for senior citizens in the 1950s.³⁴ Home help swiftly became appreciated among the elderly, and in the late 1950s, most municipalities had either begun to incorporate the home help services as a part of their public assistance to the aged or supported the civil organizations financially to let them carry out the home help services.³⁵

The third, and most important, single factor behind the shift in guidelines for the public eldercare, was the massive critique of the old people's home that emerged in the 1940s. In the late 1940s, John Björnheden, director of the magazine *Pensionären* published by SPF, initiated a critical movement against the program of 1947. At that time, SPF was the second largest association of Swedish senior citizens. The organization had been founded in 1939 and was from the very beginning critical against the Social Democratic government.³⁶ According to SPF, the low pensions and the commitments to the old people's home signified SAP's betrayal of the people who had laid the ground on which the Swedish welfare state was being built. Against SAP's political vision of the Swedish welfare state as a place where all should be treated as equals regardless of social and economic background, SPF presented counter-pictures of Sweden as the unworthy society, where senior citizens were forced to live in poverty or committed to institutions against their will.³⁷

When Björnheden asked Ivar Lo-Johansson to do a critical exposé of senior citizens situation in Sweden, Lo-Johansson decided that the best approach was to let old people speak for themselves. Lo-Johansson therefore traveled around the country and visited the old people's homes. His experiences from these journeys were published as books and newspaper articles and he also participated in national radio broadcastings. In these, he described the old people's homes as the modern precipice, which detached old persons from their context and deprived them of their personal dignity.³⁸ Under the devise "home nursing instead of nursing homes", Lo-Johansson managed to create a strong public opinion against the old people's home and the existing hospitalized eldercare system.

As pointed out by Jönsson, the debate of the old people's home can be explained as clashes between different interpretative frames of old people's status in the emerging Swedish welfare state. SPF argued that the connection between poor relief and eldercare, which was never solved in the 1947 decision in principle, contributed to put old people in the corner of Swedish society. In this manner, the Swedish welfare state stigmatized its senior citizens and the old people's home became the ultimate evidence for how the elderly was excluded

³⁴ SOU 1952:38, p. 52 ff.

³⁵ Szebeehly (1995), p. 28.

³⁶ Gaunt (1999), p. 6 ff.

³⁷ Jönsson (2001), p. 99 ff.

³⁸ See for example Lo-Johansson (1987), p. 21 ff.

when they retired from working life. SPF therefore understood the 1947 decision in principle as the Social Democratic betrayal of the workers who had built the ground on which the welfare state could develop.³⁹

SPF's picture of Sweden as an unworthy society for senior citizens strongly contrasted the descriptions given by PRO that was founded in 1942 and the largest association of Swedish senior citizen. As PRO was founded on initiatives from SAP, the organization also had the best-established connections with the Social Democratic government.⁴⁰ In the beginning, SAP's board had been suspicious to the organization of senior citizens, as SAP regarded the elder's organizations as vested interest that could split the workers movements and undermine the government's ongoing reformation of the social allowance system. However, as SPF had already been established, and as this organization furthermore was highly critical towards SAP, the board reluctantly agreed to approve the founding of PRO as a counterbalance to SPF. Though PRO was critical towards the existing eldercare system and regarded the commitments to the old people's home as disgraces on Swedish society, PRO understood the 1947 decision as one step in the general progress of the Swedish welfare state. PRO therefore argued that as the economy would improve, so would the senior citizens situation grew better.⁴¹

Due to SPF's counteroffensive and Ivar Lo-Johansson's media campaign, where the precipice became the historical symbol for how the elderly were treated within the rising Swedish welfare state, the Social Democratic government was forced to reconsider the future guidelines for the public eldercare. In the beginning of the 1950s, the liberal and conservative opposition submitted several motions in the parliament where they required a new committee that would investigate the organization of the public eldercare system and consider how to include the home help in the public eldercare.⁴² In some of these motions, it was argued that relatives should be responsible for taking care of their elderly in the home; however, if relatives would be able to do this, they had to receive economic support from the state.⁴³ Other motions argued that if relatives were unable to help to their elderly in their home, the public authorities could step in and employ competent housewives to carry out the home help to the elderly. Housewives were to be considered as a part of the labor force reserve, and to employ them, as public home-helpers would therefore not draw labor resources from the real labor market.⁴⁴ As a consequence of the media campaign and the submitted motions, Gunnar Sträng, Social Minister in the

³⁹ Jönsson (2001), p. 148 ff

⁴⁰ Gaunt (1995), p. 372.

⁴¹ Jönsson (2001), p. 151 ff.

⁴² Mot. 1952 I:1, 54, 186, 342 and II: 2, 71, 263, 476.

⁴³ Mot. 1952 I:54.

⁴⁴ Mot 1952 I:1 and II:263.

1950s, assembled a committee that named itself the Aged Care Committee with the single purpose to look over the public eldercare system.

2.4. Towards an Activity Frame - The Aged Care Committee and Aging as Dependency

According to its directives, the Aged Care Committee would do a general inspection of the public eldercare system and present guidelines for how to balance the different forms of eldercare services available and how to divide the responsibility for eldercare services between authorities. Furthermore, the committee would investigate the elder's living conditions and especially examine the possibilities for the elderly to stay in their ordinary living environments.⁴⁵ One starting point for the Aged Care Committee was that the elderly themselves should be allowed to give voice to their needs and claims.⁴⁶ Therefore, instead of solely relying on statistical reports, the committee organized a survey of interviews with the elderly to investigate their living conditions.

The interviews, which included one thousand pensioners living in different parts of the country and still staying in their homes, revealed that though 91 per cent of the elderly were in need of some form of help to be able to stay in their ordinary living, only 1 per cent received public home help. Instead, most of the elderly living in their homes received help from their relatives. Here the survey showed that there were huge differences between men and women. Nearly all the elderly married men received help from their wife, while only around 20 per cent of the elderly married women received help from their husbands. For those elderly living alone, adult children, primarily the daughters carried out most of the help.⁴⁷ Though the survey clearly demonstrated that help from relatives was a precondition for the elderly to be able to stay in their ordinary living, and that this informal assistance was highly gendered both regarding who received and who gave the help, the Aged Care Committee never made any reflections about these gendered conditions underlying the informal home help in their report, nor did they give any solution of how counterbalance this problem.⁴⁸

The Aged Care Committee argued that the home help should be seen as a vital part of the public eldercare system; however, since the municipalities already had started to include the home help in their local organization without specific directives from the government, it was not necessary to legally specify the municipalities' responsibility for this form of eldercare.⁴⁹ The committee also stated that, due to the demographic development, the state and the local authorities had

⁴⁵ SOU 1956:1, p. 7 ff.

⁴⁶ Ibid., p. 12.

⁴⁷ Ibid., p. 235 ff.

⁴⁸ Ibid., p. 110 ff.

⁴⁹ Ibid., p. 110 ff.

to take a larger responsibility for the care of old people.⁵⁰ The main reason for this was the increasing rate of women on the labor market, which made family-based eldercare solutions problematic. In this context, the committee declared:

“...the committee furthermore finds it most likely and such a development to be proper that the home help to old people generally will be carried out by such part-time and paid by the hour labor force, which can be recruited from the labor force reserve found in experienced and competent housewives. For this kind of labor force, it does not seem necessary to put up any demand for education.”⁵¹

The ignorance of the gendered conditions underlying the home help depended on the activity frame emerging in the committee report. The main problem for the elderly was modern society itself, the committee argued, as the transformation from agrarian to industrial society had broken the former household community and ties to the family. The increasing share of women working in the industry, in the public health care, or in the private service sector, had resulted in a situation where even the elderly who could afford to employ housemaids as home-helpers had problems to receive help. All in all, the committee concluded, the societal changes had obviously led to a situation where the elderly were being excluded from the household community and younger generations and thrown upon their own resources.⁵² In this manner, the agrarian household community became the historical symbol for how society's eldercare should have been, but no longer was. The replacement for this historical symbol was the home that in the report was made into a symbol for integrity, independency and security.⁵³ Therefore, according to the committee the public eldercare should be focused on facilitating for the elderly to stay in their ordinary living environments. As the committee was not ready to make legislations or suggestions of how to finance the public home help, it can however be said that the committee to a large extent was relying on women in their role of wives or daughters to carry out this form of help. Thus, the public home help was seen as a last resort, when (female) relatives no longer could carry out the help.

Due to the scattered household community, the committee argued that the risks for isolation were larger in modern society. As a result, both the medical and social care for the elderly should be focused on giving a meaningful content to the elder's spare time. Here, the passing from working life to pension was especially hard on the elderly, as, according to the committee: *“... work is a source to comfort and joy and one important factor for personal contacts and*

⁵⁰ Ibid., p. 21 ff.

⁵¹ 1952 års Åldringvårdsutrednings arkiv, Betänkande 6/5 1953.

⁵² SOU 1956:1, p. 21.

⁵³ Ibid., p. 17 ff.

*the feeling of social belonging.*⁵⁴ Those elderly who had not been able to participate on the labor market therefore experienced special difficulties, as they often felt lonely and isolated. For that reason, the committee argued that activity in old age would be central to the eldercare, as passivity and inactivity hastened the process of aging.⁵⁵

Though the committee never discussed the problems of isolation and the goal of activity in terms of gender, this interpretative frame had gendered connotations. Considering that most of the elderly women in the 1950s were housewives, the focus on working life and the problems connected with retirement clearly put older men in center of the analysis. Thus, the problems to solve for the public eldercare within the activity frame were strongly focused on the male wageworker. In this way, the understanding of aging and of the elderly within the activity frame became similar to what Bury describes as the functionalist perception of aging, where the focus on the problems of retirement makes aging to a period marked by decline and deficit, and the elderly to a group marked by structural dependency.⁵⁶ This understanding of aging and the elderly became so central to the committee report that it did not matter that their views did not fit with the interview survey initiated by the committee. According to the interviews, few of the elderly actually saw themselves as lonely or isolated, least of all the women, who should have been mostly predestinated to a life in isolation and loneliness according to the committee's frame of activism.⁵⁷

However, the centrality of the male wageworker within the activity frame and the understanding of labor as paid labor carried out on the labor market did mean that the Aged Care Committee never saw housework as a real occupation. The committee therefore never reflected on the content of the survey, which showed that, as the majority of the elderly women spent their days with maintaining the household and supporting their ill husbands in daily chores, most of the elderly women were rather in need of less than more activism.⁵⁸ In the extension, it is also possible to say that from the perspective of activism, the employment of uneducated, middle-aged housewives in the public home help was seen as a prophylactic measure, not only for the elderly receiving the home help, whose isolation could be broken by visits from the women working in the public home help, but also for the middle-aged housewives carrying out the work, whose loneliness and isolation could be broken by spending a couple of hours outside their own households.

The activity frame elaborated by the Aged Care Committee pointed out gerontological science as the new core of the public eldercare. Scientific know-

⁵⁴ Ibid., p. 25.

⁵⁵ Ibid., p. 117.

⁵⁶ Bury (1995), p. 17 f.

⁵⁷ SOU 1956:1, p. 244 ff.

⁵⁸ Ibid., p. 237 ff.

ledge about the elderly and the process of aging was not only necessary to achieve a public eldercare suited to its purpose, the committee argued, but to collect knowledge of how to separate normal aging from abnormal aging.⁵⁹ Sociological research was important as sociological knowledge could bring new light to better ways of how to maintain the elderly as a resource in working life. Nonetheless, the committee concluded, the core of the gerontological research should be medicine. According to the committee's proposal, all hospitals in Sweden connected with universities should therefore establish special geriatric wards so that the physicians' education and the medical sciences could be completed with studies in geriatrics.⁶⁰

2.5. The 1957 Decision in Principle – a Radical Shift or a Traditional Proposal?

The report from the Aged Care Committee resulted in a new decision in principle in 1957 that in all essentials confirmed the suggestions from the committee.⁶¹ Here, the Social Minister, John Ericsson, did authorize the activity frame elaborated by the Aged Care Committee, as Ericsson in this program totally agreed that one of the most urgent problems to solve for the public eldercare was the passing from working life to retirement.⁶² Indirectly, Ericsson thus contributed to put the male waged worker in focus of the public eldercare. The future of the public eldercare Ericsson described in terms of the general development of the Swedish welfare state. The elder's need for public assistance was no longer based on mass poverty, Ericsson argued, but instead on needs for housing, medical attention and social care. Therefore, according to Ericsson, guiding principles for the future development of the public eldercare sector should be the senior citizens' need for housing and home help. However, in line with the committee report, Ericsson was not ready to give the municipalities financial support for this form of eldercare nor was he ready to pass a new legislation that would make the municipalities statutory responsible for the home help. To keep the cost for this form of eldercare low, Ericsson agreed with the committee that uneducated but competent housewives were a suitable labor force for this form of job.⁶³

Almost exclusively, the organizations requested to give opinions on the report from the Aged Care Committee did agree with the general goals of policy to put the home in center of the public eldercare, and nearly all, including the women's own organizations, also agreed that the public home help should be made into a

⁵⁹ Ibid., p. 28.

⁶⁰ Ibid., p. 174 ff.

⁶¹ Prop. 1957:38.

⁶² Ibid., p. 54 ff.

⁶³ Ibid., p. 58 ff.

labor market for uneducated housewives.⁶⁴ However, several municipalities as well as county councils in the northern part of the country pointed out that, as women were moving from the countryside to larger cities or to the southern part of the countries, public home help was problematic in the sparsely populated municipalities in northern Sweden. For example, the county council of Jämtland, emphasized that:

*“... as it for natural reasons generally are women who take care of the elderly, this shortage of women have already in a noticeable way increased the difficulties to take care of the elderly in their own homes with the consequence that the pressure on the old people’s home, the hospitals and the nursing homes have grown.”*⁶⁵

The only organizations actually critical towards the report were the physicians’, the nurses’ and the professional organization for the superintendents of the old people’s homes. The physician’s organization argued that the problem in the public eldercare was not lack of medical knowledge but lack of organization. As the old people’s home suffered from a severe shortage of personnel, according to the physicians the only possible solution was to transfer them to the county councils.⁶⁶ The nurses’ organization and the superintendents’ organization criticized the proposal for only focusing on women’s skills in housework. Both organizations argued that medical skills rather than handiness in housework were necessary in the public eldercare. Therefore, all workers in the public eldercare should receive some sort of medial education that could help them carry out their work.⁶⁷ This suggestion to medical training rather than household skills for workers in the public eldercare was however never include in the decision in principle.

The decision in principle of 1957 has in the afterworld been described as a decisive turning point in the history of the Swedish eldercare.⁶⁸ Compared to earlier guidelines for the public eldercare, which had exclusively focused on hospitalized forms of eldercare, such as the old people’s home, the program of 1957 was certainly a radical change as it stated that the public eldercare system in the future would start out from the principle to facilitate for senior citizens to stay in their ordinary living environment. According to Gaunt, this change of goals also makes it possible to define the program of 1957 as the starting point for a new paradigm in the Swedish eldercare, characterized by the ideal of a home-based

⁶⁴ See for instance Konseljakt 1957-01-10, Remissvar 31/5 1956; 6/6 1956; 10/6 1956; 12/6 1956; 29/6 1956.

⁶⁵ Ibid., Remissvar 31/5 1956, p. 3.

⁶⁶ Ibid., Remissvar 22/5 1956.

⁶⁷ Ibid., Skrivelse september 1956 and Remissvar 31/5 1956.

⁶⁸ Szebehely (1995), p. 27 ff.

instead of a hospitalized eldercare system and an increasing public responsibility for the care of old people.⁶⁹ However, from the perspective of gender, one can ask how radical the program actually was. As the decision in principle of 1957 contributed to create a gendered labor market especially reserved for middle-aged and uneducated housewives, the program only confirmed a historical and well-established pattern of the gendered division of labor, according to which the work of married women is connected with reproduction and housework.

2.6. Between Family Business and Public Responsibility - Eldercare and the Swedish Welfare State 1940-1957

The period 1940 to 1957 can be described as the time when the public responsibility for eldercare services firstly emerged as a general goal of policy within the Swedish welfare state. In my opinion, the old people's home during the era of the Poor Law can not be qualified as a public responsibility for eldercare services, as the Poor Law defined the admissions to the old people's as a form of poor relief depending on the elder's financial situation rather than their need for care. Public assistance to the elderly in Poor Law was therefore seen as economic aid and as a last resort when relatives for one or another reason no longer could provide for their elderly. This view started to change in the works of the Social Allowance committee that defined the elder's need in terms of care instead of financial support. Nevertheless, as the committee could not imagine a public responsibility for other eldercare services than the old people's home, which was already specified in the Poor Law, tendencies of path dependency showed up in the committee reports. For that reasons, the Social Allowance Committee defined hospitalized eldercare as a public responsibility at the same time as home-based eldercare was seen in line with the poor relief that made this form of eldercare to a family matter rather than public responsibly. In this manner, the committee saw the elder's need more as a question of administration than a matter of care.

However, the counteroffensive carried out by the senior citizens' own organizations, in the first place SPF, did contribute to put the elder's need on the political agenda. Thanks to this counterattack that primarily took place in the media and not in the parliament, public responsibly for home-based as well as hospitalized eldercare became a guiding principle in Swedish welfare policies. Nonetheless, neither the pensioner's organizations nor the parliamentary committees did question the gendered character of the home-based eldercare. The gendered ideas built in this form of eldercare were reinforced rather than undermined by the activity frame elaborated in the report from the Aged Care Committee, as this interpretative frame put the life experiences of the older male wageworker rather than older women in center of the analysis. Home help thus

⁶⁹ Gaunt (1995), p. 370 ff.

became placed between a traditional and a modern view, where home help was expressed as a public ideal but it was up to women to fulfill this goal of policy.

During the period 1940 to 1957, three central lines of ideas also were built in the public eldercare, which ever since have continued to dominate the political problem solving in public eldercare. The first regards the connection between the elder's need and women's labor. As declared by the Aged Care Committee, public eldercare became a critical issue due to the disappearance of housewives. Accordingly, the elder's need for care and women's paid labor became inextricably connected with each other, where women's paid labor became a "problem" to solve. This view on women's paid work as "problems" to solve has remained as powerful images within the public eldercare.⁷⁰ In the 1950s, as the jobs in the public eldercare sector were more or less reserved for former housewives, the solution was to "socialize" the housewife. However, the construction of the public eldercare worker as a middle-aged housewife did create new problems. Though professionalization of the care work became an issue in the 1960s, the picture of the public eldercare worker as a housewife has made it difficult to recruit both younger women and men to the public eldercare.⁷¹

Another central problem outlined during the 1950s was the balance between the principle of local self-government and centralized regulations. In the original suggestions from the Social Allowance Committee to the 1947 decision in principle, the state was seen as the central actor in the public eldercare. This proposal, however, was heavily criticized, not at least by the municipalities that regarded it as a violation of their right to local self-government.⁷² Therefore, in the government bill of 1947, eldercare was clearly defined as the municipalities' responsibility and they should also be financially responsible for it.⁷³ The principle of local self-government was furthermore the basic reason why the Aged Care Committee considered it as unnecessary to legally specify the municipalities' responsibility for the home help.⁷⁴ Ever since the 1950s, this problem of balancing between the principle of local self-government and centralized regulations has continued to be a red line in the policy discussions of the public eldercare.

The third critical issue emerging within the public eldercare during the 1940s and 1950s was the connection between eldercare and medicine. By connecting eldercare to the medical expertise, the public eldercare could finally be separated from its status as poor relief. As said by Jönsson, it became the medical profession's tasks to prove that the senior citizen was a citizen just like anyone

⁷⁰ Stark & Regnér, (2001), p. 211 ff.

⁷¹ Szebehely (1995), p. 28 ff.

⁷² See for example Konseljakt 1957-01-10, Bilaga till Yttrande 31/8 1951, p. 705 f.

⁷³ Prop. 1947: 243, p. 46 ff.

⁷⁴ SOU 1956:1, p. 110 ff.

else.⁷⁵ However, the medical competence was strictly tied to the physicians and the hospitalized forms of eldercare, such as the nursing homes and the old people's homes, while the home help instead became connected with household skills and traditional female labor. As a consequence, the home help became loosely connected to the new Social Help Act that in 1956 replaced the Poor Law as the new social legislation in Sweden. In this new act, it was only specified that municipalities had a statutory responsibility for the old people's home while the home help was categorized as voluntary help.⁷⁶ Thus, in the Social Help Act, public assistance to senior citizens became molded around a medical interpretation of the eldercare.⁷⁷ Due to this connection between medicine and eldercare, social workers started to argue in the late 1960s that the medical influences over the social help had put the elderly in situations of passivity. Based on new interpretations of the concept of help, social workers claimed that help-to-self-help rather than help should be central to the public eldercare.⁷⁸ The principle of help-to-self-help was summarized in the concept of services and this shift from defining eldercare as help to services is in focus of the next chapter.

3. From Social Help to Social Services. Frames in Swedish Eldercare 1957-1980

In one of their circular from 1967, the National Board of Health and Welfare gives an example of an old woman that had been denied home help during the summer because her daughter was on visit.⁷⁹ The old woman lived with her son, and was granted public home help for assistance with such things as cleaning, cooking and run errands. According to the clerk at the local social welfare office, however, the old women could receive help from her daughter during the summer instead of assistance from the public authorities. The board emphasized that this proceeding was incorrect because, according to the Social Help Act, the old woman was entitled to have public home help. The example of the old women illustrates two things. First, that public home help was still regarded as compensation for the loss of a housewife, and second, that the lack of regulations of home help made it problematic to include these services in the Social Help Act. This, in turn, depended on the rather ad hoc manner in which home help became related to the Social Help Act. In this chapter, I describe how the public responsibility for eldercare services was shaped during the period 1957 to 1980. Broadly speaking, the political decisions during this period generally followed in line with the 1957 decision in principle without radical changes of

⁷⁵ Jönsson (2001), p. 168.

⁷⁶ SFS 1956:2, §§ 18 and Prop. 1955:177, p. 128 ff.

⁷⁷ Trydegård (2000), p. 6 ff.

⁷⁸ Holgersson (1997), p. 81 ff.

⁷⁹ Socialstyrelsen (1967), p. 201:2 ff.

the policy goals. However, in relation to the growing criticism of the welfare state that started in the late 1960s, the Social Help Act became target for critical evaluations. The criticism finally resulted in the Social Services Act that was passed in the parliament in 1980. Central to this chapter is how the shift from help to services changed the interpretations of policy goals in the public eldercare. In relation to the shift from help to services, I also will discuss consequences of the social workers mobilization against the existing social legislations.⁸⁰ The chapter starts with a presentation of the eldercare as it was documented in the Social Help Act, which is followed by a discussion of the Social Policy Committee and the extended activity frame developed by this committee. After this, I continue to discuss the critique of the Social Help Act and the central line of ideas developed by the Social Commission that worked out the proposals to the Social Services Act. In the end of this chapter, I analyze the consequences of this new social legislation.

3.1. The Social Help Act and the Problem of Placing Eldercare

In the 1960s, the public responsibility for social care services became an intensified question in social policy. This rising interest was ultimately founded on SAP's vision of "the strong society", according to which economic growth must be utilized to increase the social security of the citizens.⁸¹ Here, social engineering carried out by different groups of scientific expertise became a key word in how to increase the security for the citizens.⁸² The first step towards this goal had been achieved in the 1950s with the social insurance reforms, such as the pension reform and the introduction of a general health care insurance. However, as emphasized by Sven Aspling, Social Minister in the 1960s, the next step was to expand the social security to the groups and needs in society not yet covered by the insurance system.⁸³

In the program of 1947, it had been decided that the public eldercare would be separated from the Poor Law and submitted to a special code. Because of this decision, the public eldercare was not really regarded as a part of the new social help when the parliament was to pass the new Social Help Act. Since the report from the Aged Care Committee was under consideration when the Social Help Act was debated in the parliament, there was no real effort made to incorporate the public eldercare in the Social Help Act. Instead, the paragraphs of the Poor Law referring to the old people's home were slightly modernized and included as a temporary solution.⁸⁴

⁸⁰ Trydegård (2000), p. 26 ff.

⁸¹ Andersson (2003), p. 34 ff.

⁸² Lindquist & Borell (1998), p. 14 ff.

⁸³ Andersson (2003), p. 35.

⁸⁴ SFS 1956:2, §§ 18-19.

Home help, on the other hand, remained very loosely connected with the legislation. According to Gunnar Sträng, the home help should be seen as the municipalities' voluntary commitments in the field of eldercare, and because of this, the home help could be understood as a means tested form of eldercare.⁸⁵ Therefore, from the perspective of eldercare, the Social Help Act was problematic. In several ways, the previous Poor Law influenced the act and social help to the elderly almost exclusively focused on acute measures.⁸⁶ To solve this problem, a committee that would especially investigate the public responsibility for the care of the elderly and the disabled was set up. This committee was named the Social Policy Committee.

3.2. The Elderly as Dependent - The Social Policy Committee and the Extended Activity Frame

Already from the beginning, the Social Policy Committee decided that their reports should have a social rather than medical perspective on care. For that reason, the expertise connected with the committee should be sociologists as well as economists, who would investigate the meaning and the effects of contemporary social policies.⁸⁷ The committee's general point of departure was that the state had to play an active role in the development of social care services for the elderly and the disabled.⁸⁸ Therefore, the first suggestion from the committee was to introduce financial support to the home help from the state.⁸⁹ According to the committee, this would equalize the differences between the municipalities regarding the extension and quality of the home help.⁹⁰ In relation to the discussion of the home help, the committee also stated that it was necessary to professionalize the work in the home help. Here, the general goal was to recruit younger women to the home help services.⁹¹ Another proposal from the committee was to expand the number of beds in the county councils' nursing homes, which would be enabled by loans from the state.⁹² The third and most radical suggestion from the committee was however to suggest that a specific care code should be introduced in the Social Help Act that would regulate the municipalities' responsibility for the care of the elderly and the disabled.⁹³

According to the Social Policy Committee, basic economic security could no longer be regarded as the only goal of social policy. These problems mainly had been solved through the expanded social insurance systems, such as the pension

⁸⁵ Prop. 1955:177, p. 107-127.

⁸⁶ SFS 1956:2.

⁸⁷ Socialpolitiska kommitténs arkiv, Sammanträdes-PM 13/1 1959.

⁸⁸ See SOU 1963:47; SOU 1964:5; SOU 1966:45.

⁸⁹ Socialpolitiska kommitténs arkiv, PM nr 68, 1963-12-16.

⁹⁰ Ibid., PM nr 68, 1963-12-16, p. 8 ff.

⁹¹ Ibid., Sammanträdes-PM 1963-11-20.

⁹² SOU 1964:5, p. 32 ff.

⁹³ SOU 1966:45, p. 88 ff.

reform, the health care insurance and the unemployment insurance. Instead, the future goals of social policy had to be focused on people's need for health and care services. To fulfill these goals, the committee wanted to introduce an active social care policy that would be affirmed in a care code, specifically regulating the municipalities' responsibility within the field of social care.⁹⁴ Nevertheless, in their final proposal, the committee changed their mind regarding the social care code. The basic reason was that the committee did not consider the time to be proper to carry out this form of regulatory changes. Instead, the committee argued that the goals of an active care could be solved by including the home help in the Social Help Act, which would confirm the elder's right to stay in their ordinary living environments and extend the municipalities' responsibility in the field of social care.⁹⁵

The historical background given by the Social Policy Committee to their proposal was that Swedish social policy had evolved from charity to welfare. According to the committee, the most apparent characteristic of the last four decades of development were swiftly improved economic conditions, a rising material wealth, its spreading to more and more people and the building of the social insurance system. Industrialization of society had been the precondition for this development, the committee concluded. However, the economic transformation had involved changes of society's social structures, such as migration, generally described as the escape from the countryside, women's increasing participation on the labor market, and the break down of the household community. Therefore, from the perspective of personal security, the committee argued that industrialization had resulted in negative consequences. Since the daughters were gone as the surplus of labor, the committee reasoned that the elderly and the disabled were now more than ever thrown upon their own resources in daily life. This increased the need for help from persons outside of the household at the same time as the possibilities to give this help was undermined. Hence, the committee concluded, society was forced to step in and take on an active responsibility for the elderly and the disabled.⁹⁶

The Social Policy Committee thus grouped together the needs of the elderly and the disabled, where descriptions of them strongly focused on their identity as dependent and vulnerable groups:

“The elderly and the disabled often live isolated – even in the cities. They do not have contact with many others. Many do not know where to turn with their troubles if they need help; nobody asks for them if they do not

⁹⁴ Socialpolitiska kommitténs arkiv, Sammanträdes-PM, 1966-01-12.

⁹⁵ SOU 1966:45, p. 18.

⁹⁶ Ibid., p. 19 ff.

*make themselves known (...) Isolation also conceals the need for help; the elderly and the disabled keep their problems to themselves.*⁹⁷

Thus, in the works of the Social Policy Committee, “disabled” became the central metaphor for descriptions of the elder’s identity and status in modern society. To break the vicious circle of being socially disabled, the public authorities needed to take on an extended and active responsibility for the care of the elderly as well as the disabled.

Within the extended activity frame elaborated in works of the Social Policy Committee, public responsibility for eldercare was strongly connected with the breakdown of the household community and women’s participation on the labor market.⁹⁸ In their internal discussions, the committee also argued that: “...one should encourage relatives to take care of their elderly, but one has to take into account that the development is going towards an increased public responsibility for the eldercare.”⁹⁹ Here, the thinly populated municipalities did emerge as a special problem to solve in the works of the committee, as women’s migration from the countryside had left the thinly populated areas with the largest needs for public eldercare services but with the least resources to fulfill this need.¹⁰⁰ It was also this general picture of regional imbalances that could legitimize financial support of the home help from the state, as, according to the Social Policy Committee, this would equalize the differences between the cities and the countryside and increase the opportunities for thinly populated municipalities to employ former housewives in the public home help.¹⁰¹

3.3. The Decision in Principle of 1964 - Help Against Regional Imbalances

The report from the Social Policy Committee resulted in a new decision in principle in 1964.¹⁰² In this bill, Aspling did in all essentials confirm the proposals to achieve an active public eldercare worked out by the committee. The decision in principle of 1964 therefore resulted in loans from the state to the county councils to expand the number of beds in the county councils’ nursing homes and state subsidies to the municipalities to improve the housings of the elderly and to expand the home help.¹⁰³ An active housing policy was the key to an active and better eldercare, Aspling argued, as home help presupposed that the elderly could stay in their ordinary living environments and were not forced

⁹⁷ Ibid., p. 22.

⁹⁸ Ibid., p. 19 ff.

⁹⁹ Socialpolitiska kommitténs arkiv, Sammanträdes-PM, 15/3 1962.

¹⁰⁰ Ibid., Sammanträdes-PM, 13/5 1965.

¹⁰¹ Ibid., PM, december 1963, p. 8 f.

¹⁰² Prop. 1964:85.

¹⁰³ Ibid., p. 1 ff.

to move to the old people's home due to poor accommodations.¹⁰⁴ The motivation for these extended state activities in the field of eldercare Aspling placed within the general development within the Swedish welfare state, which according to him had resulted in better opportunities for the elderly. However, though the public responsibility for eldercare had expanded during the last decade, there were still huge differences between the municipalities that had to be solved. As maintained by Aspling, these differences also motivated financial support from the state to the municipalities' home help.¹⁰⁵ Thus, help to the elderly within the extended activity frame confirmed in the decision in principle of 1964 was connected with housing policies rather than the actual content of the public eldercare services, and more motivated by regional imbalances than by the elder's need for care.

3.4. The Mobilization of Social Workers

In the late 1960s, a public opinion against the Social Democratic vision of the welfare state began to emerge outside the parliament, primarily from the side of the New Left. This movement argued that the informal networks of the local community had been severely damaged by the vast involvement of the state, which they considered to be especially true in the case of social care services.¹⁰⁶ Therefore, one of the central goals of the New Left was to decentralize the decision making of the social care services from the state to the local community. Another goal was to "empower" instead of passivate the receivers of social care services, which in practice meant that the care recipients would receive assistance according to the principle of help-to-self-help. This critique primarily came from the side of the social workers that condemned the Social Help Act for its old-fashioned methods and views on social care.¹⁰⁷ Instead of individual and acute measures, the social workers argued that social planning and preventive measures were the only way to improve the situation for those receiving public assistance. Based on international examples, social workers argued that social planning and preventive measures required the integration of social services in the local community. This idea was summarized under the devise community care.¹⁰⁸

The critique from the social workers resulted in a massive campaign against the Social Help Act, basically led by the directors of social workers in Sweden.¹⁰⁹ As a consequence, a new committee was set up to work out proposals to a new social legislation, which finally resulted in the Social Services Act

¹⁰⁴ Ibid., p. 38.

¹⁰⁵ Ibid., p. 36 ff.

¹⁰⁶ See for instance discussion in Berglind & Petersson (1980), p. 130 ff.

¹⁰⁷ Holgerson (1997), p. 81 ff.

¹⁰⁸ Denvall (1994), p. 57.

¹⁰⁹ Ibid., p. 62 ff. See also Regeringsakt 1979-06-28, Remissvar 1978-01-30 and SOU 1974:40.

of 1982. According to Denvall, the success of the social workers' mobilization depended on three interrelated circumstances. First, the social workers based their claims on a larger social movement, the New Left, which gave legitimacy to the critique of existing social legislations and the policy goals. Second, the social workers revolt was led by a small but powerful group, the Association of Swedish Social Directors, (FSS), that had wide and firmly established connections in the policy community.¹¹⁰ Third, the social workers' discourse, where social planning and preventive measures were key words, linked up with the political tradition of social engineering.¹¹¹ All together, these factors contributed to give legitimacy to the social workers claim and to expand their professional field of expertise.

The counteroffensive from the social expertise meant that the social workers could take up the competition with the medical expertise in eldercare. This was shown in the required qualifications of supervisors in public eldercare that from the 1950s had needed some form of medical education to be qualified for the occupation. During the course of the 1970s, however, this changed so that the new supervisors should possess the qualities of a community worker.¹¹² As a result of this expanded professional field for social workers, new educational programs in eldercare were established that exclusively focused on educating the future eldercare workers in the social situation of the elderly.

3.5. The Social Commission and the Concept of Social Service

The committee that should work out the proposal to the new social legislation was named the Social Commission.¹¹³ According to the directives, the Social Commission would work out proposals for how to coordinate the municipal obligations in the field of social care. This included all forms of eldercare and childcare as well as assistance allowance and treatment of alcoholics and drug addicts.¹¹⁴ Already from the start, the Social Commission concluded that the public assistance to senior citizens would be the easiest part to work out a new proposal to. According to the committee, the need for regulation in the public eldercare sector was relatively modest and only the general goals needed to be specified. Instead, the largest and most problematic part of the activities of the committee would be the treatment of alcoholics and drug addicts.¹¹⁵ This conclusion also proved to be right.¹¹⁶ After a long period of parliament considerations, the Social Commission's proposal finally resulted in the Social Services

¹¹⁰ See also discussion in Andersson (2003), p. 46 ff.

¹¹¹ Denvall (1994), p. 78 ff.

¹¹² Trydegård (2000), p. 21 ff.

¹¹³ The Swedish name of this committee was *Socialutredningen*.

¹¹⁴ SOU 1977:40.

¹¹⁵ Socialutredningens arkiv, Protokoll 23-24/1 1969.

¹¹⁶ See for instance discussion in SoU 1979/80:44 and RD 1979/80:160, p. 31 ff.

Act of 1980 that still today is the central legislative framework surrounding the social care services, including the public eldercare.

According to the commission, the concept of social care should be replaced with the concept of social service to describe the municipalities' statutory responsibilities for childcare, eldercare and the treatment of alcoholics and drug addicts. This would mark that the municipalities' obligations did not only cover the responsibility to carry out public assistance to individuals, but the responsibility for structural measures aiming at good social planning, and general measures, such as the responsibility for childcare and eldercare.¹¹⁷ Thus, the concept of service was introduced to mark that the municipalities had an active responsibility in both planning, organizing and distributing the social services at the local level; furthermore, that the municipalities' measures should be preventive and prophylactic instead of re-active. This required that both the social workers at the local welfare office and the municipalities' board, responsible for administrating the social services would work actively to integrate the social services in the local community. As a result of this new work strategy, users' organizations should be allowed to participate in the planning and general organization of the social services at the local level.¹¹⁸ In this manner, the Social Commission's definition of service became similar to the ideal of community care, according to which social care should be integrated and decided in close relationship with the local community.

In line with previous committees, the Social Commission placed the historical background to the growing public responsibility for welfare in the emergence of the industrialized society that had both generated economic resources to expand the public responsibility for social care as well this had created new forms of social needs.¹¹⁹ The break-through for modern social policies was nevertheless the 1930s, the commission argued, when social policy through Keynisanism became a way to stimulate and stabilize economic cycles. However, in contrast to the social insurance systems that developed in the 1950s, the Social Help Act never involved a thorough reformation of the social care system. Instead, according to the commission, the act was built on ideals rooted in historical traditions. Due to this situation, the criticism against the existing legislation had grown since the 1960s. Here, one of the most prominent critiques against the Social Help Act had been that it subordinated social care to macroeconomic considerations, which had resulted in a situation where technical and economic issues was given priority over the persons receiving public assistance. Consequently, the time had come to introduce a new social legislation based a service

¹¹⁷ SOU 1977:40, p. 95 ff.

¹¹⁸ SOU 1974:40, p. 55 ff and SOU 1977:40, p. 95 ff.

¹¹⁹ SOU 1974:40, p. 7 ff.

ideology that was focused on the user's needs and status rather than the administrative apparatus.¹²⁰

Together with families with children, youths, addicts and the disabled, the Social Commission pointed out the elderly as one of the special groups in need for social services from the municipalities. The commission's proposal to a new legislation therefore included special paragraphs regulating the municipalities' responsibilities for each of these groups.¹²¹ In the case of the elderly, the municipalities would work for the elder's possibilities to self-determination in life, as well as in living conditions, and see to that the elderly could have an active and meaningful life in kinship with others. The municipalities should also facilitate the passing from working life to retirement. The municipalities would finally provide the elderly with good accommodations and give help to those who were in need of support in their homes. For those in need for special support, help would be given in special accommodations.¹²²

Despite the changing conceptualizations of eldercare from help to service, the Social Commission's definition of the public responsibility for eldercare were comparable to the one already stated in the Social Help Act. The understanding of aging and the elderly was furthermore very similar to the one elaborated within the extended frame of activism. Thus, once again, the elderly was pointed out as a group especially hit by the new socioeconomic conditions caused by the transformation from the agrarian to the industrialized society, where the break down of the household community resulted in the poverty and isolation of the elderly: *"In industrialized society, the elderly became an unproductive group. The younger families were faced with greater difficulties to take care of the elderly. Their support and care became a growing responsibility for society."*¹²³ Though senior citizens' situation had improved much due to the pension reforms and the expansion of the public eldercare, the elderly still faced many difficulties when they passed from an active life on the labor market to a life in retirement. This, the commission argued, resulted in lack of community, isolation and passivity and the goal of the municipalities' social service should therefore be to work for a positive development that encouraged community and broke isolation and passivity.¹²⁴

3.6. The Elderly as Healthy - The Social Services Act and Changing Metaphors of the Elderly

The Social Commission's strive for establishing a comprehensive legislation for the municipalities' entire responsibilities for social services resulted in the

¹²⁰ Ibid., p. 10 ff.

¹²¹ SOU 1977:40, p. 31 ff.

¹²² Ibid., p. 35 ff.

¹²³ SOU 1974:40, p. 7.

¹²⁴ Ibid., p. 129.

Social Services Act that was formulated as a general framework for all the municipal obligations in the field of social services.¹²⁵ The Social Services Act thus included all forms of eldercare and childcare as well as assistance allowance and treatment of alcoholics and drug addicts. Because of this, all of the different types of social services were submitted to the portal paragraph that stated the goals of the municipalities' social work.¹²⁶ According to this opening paragraph, all social services would be guided by a comprehensive view, a flexible organization, and worked out along principles of normalization and autonomy in the daily contact with the persons who received public assistance. After this opening paragraph and the ones that specified the right to assistance, the suggestions to the Social Services Act was broken down on special paragraphs regulating the municipalities' responsibilities for each of the groups specially pointed out as needing by the Social Commission. The closing paragraphs of the Act, finally, marked the municipalities' organization and administration of the social services.¹²⁷

By the time that the Social Services Act was to be passed in the parliament, the governmental power had however shifted from SAP to a coalition government, consisting of the Liberal, the Conservative and the Central Party. Thus, it was the Liberal Social Minister Gabriel Romanus who presented the bill and not the former Social Democratic Social Minister Sven Aspling, who had set up the Social Commission in 1968. Though Romanus claimed that the Liberal Party had sought for solutions that would bring together different and conflicting political interpretations of the act, the transfer in governmental power nonetheless resulted in new formulations of the commission's original proposal to the Social Services Act.¹²⁸

In line with the Social Commission, Romanus argued that the changing socio-economic conditions following in the path of industrialization were the fundamental prerequisite for the public responsibility for social services. Here Romanus concluded that the Liberal Party had been a pioneer in the development of the Swedish welfare state:

“In the pre-industrial society, patriarchal elements strongly characterized the ideas in ‘social policy’ (...) The individual’s interest and welfare should be subordinated to the common interest (...) The liberal and socialistic theories, which importance grew with the transformation of society, strongly deviated from previous perceptions and ideas (...) The organized liberalism in Sweden was already from the beginning directed towards social reformation (...) The political and union workers movement had on

¹²⁵ SFS 1980:620.

¹²⁶ SFS 1980:620, 1§.

¹²⁷ SOU 1977:40, p. 31 ff.

¹²⁸ RD 1979/80:160, p. 21 ff.

their programs a revolutionary socialistic change (...) It would however take time before social policy would become an important part of the [Social Democratic] movement's politics."¹²⁹

Thus, at the same time as Romanus pointed out that the Liberal and the Social Democratic Movement had a common historical legacy, he stressed that the Liberal Party had been first out when it came to the social reformation of Sweden. Romanus therefore managed to establish a historical red line between Swedish traditions and the suggested changes of the original proposals to the new act that he was about to make. For that reason, Romanus could argue that: "*It has by the previous descriptions become clear that popular movements have been driving forces in the social political development (...) Popular movements are driving forces behind new ideas and methods in social work and contribute with personnel resources of great value.*"¹³⁰ In this manner, Romanus could prescribe that civil organizations should be allowed to play a more active and prominent role in the social services than it was originally suggested.

Another change from Romanus regarded the opening paragraph that in the original suggestion did not contain subscriptions of the individual responsibility.¹³¹ In the bill, however, the opening paragraph was complemented with a statement that public responsibility for social services should function as complements to the individual's personal resources. This suggestion Romanus motivated by referring to the organizations requested to give their opinions on the legislation, of which many had criticized the opening paragraph for over-emphasizing the public responsibility and undervaluing the individual responsibility.¹³²

In the case of eldercare, Romanus did on the whole agree with the Social Commission. However, compared to the commission's proposals, Romanus made two important changes. First of all, Romanus disagreed on the general description of the elderly as dependent and isolated. According to Romanus, another survey carried out in 1975 had shown that contrary to the general image, the elderly were healthy and active and not isolated and dependent.¹³³ As maintained by Romanus, these results gave rise to new considerations regarding existing values of the elderly and society's measures for them. These should now be based on the idea that the elderly were an asset and resource for society. After all, Romanus concluded, the senior citizens' reality was more positive than we previously imagined.¹³⁴ Due to this changing perception of the elderly as an

¹²⁹ Prop. 1979/80:1, del A, p. 90 f.

¹³⁰ Ibid., p. 131.

¹³¹ SOU 1977:40, p. 31.

¹³² Prop. 1979/80:1, del A, p. 137 ff.

¹³³ Ibid., p. 266 f. The survey Romanus was referring to was SOU 1977:98.

¹³⁴ Prop. 1979/80:1, del A, p. 275.

independent rather than dependent group, and in line with his previous argumentation of the historical role of popular movements, Romanus also prescribed that civil organizations, and especially the senior citizens own organizations, must be allowed to play a more active and participating role in the public eldercare services than the commission had originally suggested.¹³⁵

Romanus' understanding of aging and the elderly thus clearly deviated from the frame of extended activism. Contrary to the definition of the elderly as dependent, Romanus used health as the central metaphor to describe the identity of the elderly. As retirement still was seen a central problem to solve for the elderly, Romanus nonetheless stated that the municipalities, together with unions and employers, should have the responsibility to prepare people for a meaningful and active retirement.¹³⁶ Here, however, Romanus claimed that the senior citizens' organizations should play the most prominent role, as they could contribute to break isolation and work for a meaningful retirement. Thus, contrary to the solutions presented within the extended frame of activism that put the responsibility to break the elder's isolation on the state and the local authorities, Romanus argued that the senior citizens themselves played the most important role in life after retirement.¹³⁷ In Romanus' descriptions, it is therefore possible to see the emergence of a new understanding of aging similar to what Bury describes as the idea of aging as a third age that brings about new roles and meanings in life and where the identity of the elderly is described in terms of autonomy rather than dependency.¹³⁸

Nearly all the organizations that were requested to give considerations on the proposal to the Social Services Act agreed with the general goals outlined for the public eldercare. For example, the national organization for Swedish municipalities was positive to the emphasis on preventive measures and the principle of integration and normalization, as this made public eldercare services to a complement to other social services, such as local planning and housings.¹³⁹ However, the municipalities' national organization also argued that the Social Services Act was stumblingly near a violation of the municipalities' right to local self-determination. Though the state was in its right to give general guidelines for the public eldercare, the state should not dictate which measures the municipalities should use to achieve their responsibilities.¹⁴⁰ The county councils' national organization, on the other hand, argued that the act had now been given a more realistic approach since the first outline.¹⁴¹ Regarding the goals of the public eldercare, the county councils' organization concluded that they were

¹³⁵ Ibid., p. 276 f.

¹³⁶ Ibid., p. 278 ff.

¹³⁷ Ibid., p. 280.

¹³⁸ Bury (1995), p. 17 ff.

¹³⁹ Regeringsakt 1979-06-28, Remissvar 1978-01-27.

¹⁴⁰ Ibid., Remissvar 1978-01-27, p. 4 ff.

¹⁴¹ Ibid., Remissvar 1978-01-26.

in line with the general development. Then again, the organization argued that hospitalized eldercare services had been too negatively described by the Social Commission, as this form of eldercare was for many of the elderly “...an excellent form of accommodation” also appreciated by the elderly themselves.¹⁴² The senior citizens’ organizations, finally, were on the whole positive to the new legislation and the principles of normalization and self-determination.¹⁴³ Especially SPF did argue that the senior citizens organization should be allowed to play a more active role in the public eldercare.¹⁴⁴ However, both PRO and SPF pointed out that to fulfill the goals of the Social Services Act, it was necessary to expand the home help.¹⁴⁵

As a result of the positive responses from the organizations, the final suggestions to the Social Services Act specified that the public eldercare should be integrated in the municipalities’ total organization of the social services and that the municipalities would provide a differentiated supply of public services. The principles of normalization and autonomy implied that the municipalities were obliged to facilitate for senior citizens to stay in their ordinary living environments and that the elderly, through their own organizations, would be included in the local planning of the eldercare services.¹⁴⁶ Finally, the preparatory works also stated that the transformation of the hospitalized eldercare must continue towards an increasing share of home-based eldercare services. Because of these goals, the home help had to be transformed into a professional social work. This meant that the traditional assistance with housework would be replaced with rehabilitation and pedagogical tasks. In the future, the home help services would function as guidance for senior citizens and shaped as help-to-self-help. Romanus therefore concluded that henceforth, the home help’s task would be to step in as reinforcement. In this manner, the home help would more and more become a social service.¹⁴⁷

The municipalities’ possibilities to launch the Social Services Act were not the best. Before the act was to be passed in the parliament, the government made a financial agreement with the municipalities that restricted the expansion of municipal public services.¹⁴⁸ In the preparations of the Social Services Act, Romanus therefore stated that the new legislation was to be realized through a re-allocation of resources in the municipalities and the local authorities could not count on any financial support from the state in this matter.¹⁴⁹ Consequently, in

¹⁴² Ibid., Remissvar 1978-01-26, p. 4.

¹⁴³ Ibid., Remissvar 1978-02-01 and Remissvar 1978-02-03.

¹⁴⁴ Ibid., Remissvar 1978-02-01, p. 6.

¹⁴⁵ Ibid., Remissvar 1978-02-01, p. 3 and Remissvar 1978-02-03, p. 2.

¹⁴⁶ SFS 1980:620, 19-20 §§. See also Prop. 1979/80:1, del A, pp 260-295 and SOU 1977:40, p. 131 ff.

¹⁴⁷ Prop. 1979/80:1, del A, p. 287 ff.

¹⁴⁸ Prop. 1978/79:150, Bilaga 2.

¹⁴⁹ Prop. 1979/80:1, del A, p. 475 ff.

the end, the ambitious paragraphs of the Social Services Act were to be interpreted as ideals for the social services, which gradually and in time should become realized.¹⁵⁰ Hence, the final codification of the last three decades of an increasing public responsibility for social care services resulted in a rather paradoxical situation. On the one hand, the municipalities would continue to expand their social services but on the other, they were free to interpret the paragraphs of the Social Services Act as ideals.

3.7. Between Public and Individual Responsibility – Eldercare and Swedish Welfare Policies 1957-1980

In many respects, the era from the 1960s to the 1980s is possible to characterize as the period when the public responsibility for eldercares services reached its peak. Public eldercare services vastly expanded during this period and in the 1970s, more than 30 percent of population 65 years and older received public eldercare services. The majority of these services were also performed in the home. As the home help was very loosely defined in the Social Help Act, this expansion occurred more or less without formal regulations. Therefore, in my opinion, the growing public responsibility for eldercare services, especially the home help, can be seen as the materialization of the extended activity frame developed by the Social Policy Committee, according to which the state and the local authorities should play an active role in both organizing, distributing and financing eldercare services in society. This extended activity frame was in turn motivated by a view on aging and the elderly that described aging in terms of loss and deficit and the elderly in metaphors of dependency and isolation.

As the extended frame of activism singled out the break down of household community and women's increasing participation on the labor market as the main reasons why the elderly in modern society were living in isolation and dependency, it had gendered connotations similar to its forerunner. Since younger women were moving from the countryside to the cities, the living conditions for the elderly in thinly populated areas were here pointed out as especially problematic. However, according to the Social Policy Committee, this general picture of regional imbalances could motivate financial support of the home help services from the state to the municipalities. This would equalize the differences between the cities and the countryside and increase the opportunities for thinly populated municipalities to employ middle-aged housewives in the public home help. The extended activity frame confirmed in the decision in principle of 1964 thus emerged around a meaning of help where help was more understood as help from the state to the municipalities than help from the municipalities to the elderly. Nevertheless the reasons, in my opinion, the introduction of state subsidiaries to the municipalities' home help must be seen as an important pre-

¹⁵⁰ SoU 1979/80:44, p. 21 ff.

requisite for the rapid expansion of public eldercare services that took place in the 1960s and 1970s.

In the late 1960s, a public opinion against the Social Democratic vision of the welfare state began to emerge outside the parliament, primarily from the side of the New Left. Here, the social worker's joined forces with the New Left, and started a massive campaign against the Social Help Act. Based on international examples, the social workers argued that social legislations should be based on planning and preventive measures rather acute measures. That, in turn, required that the social care could be integrated in the local community. The idea of integrating the social care in the local community was described as community care, which also became a concept central to the Social Commission that worked out the proposal to the Social Services Act that in 1980 would replace the Social Help Act. As integration of social services in the local community became central to the Social Services Act, it is also possible to say that the success of the social workers expert discourse was manifested in the new act.

Implementing the new legislation, however, proved to be a difficult task. Already in their considerations on the Social Commission's report, several organizations and authorities had criticized the Social Services Act for being too vague and unclear. The county administrative board in Gothenburg, for example, argued that the definition of care as services could easily lead to interpretations of care as commercial activities that should be carried out on the market.¹⁵¹ The State's Council for the Disabled, on the other hand, did totally dismiss the Social Services Act as theoretical constructions disconnected from the real and concrete problems facing the receivers of public social care services.¹⁵² The municipalities, finally, argued that the act did not solve the problem of the divided responsibility between the municipalities and the county councils for the hospitalized eldercare services.¹⁵³ On top of this, the municipalities' financial space became restricted.

The political solution to this discrepancy between policy goals and policy practice was materialized in the conceptualization of care as self-care, where health and individual responsibility emerged as keywords.¹⁵⁴ After the governmental transfer of power in 1976, the new coalition government initiated their political takeover by questioning the existing health and social care system. The Social and the Health Care Minister joined forces, and together they argued that over-consumption of health and social care services had appeared as the new social problem in Sweden. According to the ministers of Health and Social Affairs, this situation of over-consumption had emerged because the Social

¹⁵¹ Regeringsakt 1979-06-28, Betänkande 1978-01-30 & 1978-02-23

¹⁵² Ibid., Betänkande 1978-01-18.

¹⁵³ Ibid., Betänkande 1978-02-10; 1978-02-09; 1978-01-29, 1978-03-02; 1978-01-12; 1978-02-03; 1978-02-01.

¹⁵⁴ See Brodin (1980) for an analysis of this debate of self-care.

Democratic governments had overemphasized the quantitative side of social policies instead of giving priority to quality and humanity. The existing welfare system therefore made people dependent rather than improved their health and social status.¹⁵⁵ The key to the problem of over-consumption lied in strengthened awareness of the individual responsibility for health. In the words of Rune Gustavsson, Social Minister in 1976, to be unhealthy was to be disloyal.¹⁵⁶

In this manner, the concept of care in the Social Services Act presented by the coalition government in 1979 was connected with self-care rather than with community care, which in turn displaced the responsibility for care from the public authorities to the individual. Because of this liberal rather than traditional social democratic understanding of care, Gabriel Romanus could argue that the elderly should be characterized in terms of autonomy instead of dependency. In this context, Romanus also claimed that the elderly themselves rather than the state or the local authorities played an important role to give meaning and content to life after retirement.

The concept of self-care later gained foothold in the Social Democratic discourses surrounding the public responsibility for eldercare.¹⁵⁷ Reasons for this were that the conceptualization of care as self-care was strongly supported by leading gerontologists. Sociological and medical gerontologists argued that self-care should be seen as a way of restoring the senior citizens' reputation from a dependent to an independent group, as self-care defined the elderly as an active group capable of rehabilitation.¹⁵⁸ Thus, medical and social expertise linked the concept of self-care to the stated goals of autonomy and normalization in the Social Services Act, according to which the public authorities should work for liberation and support of the individual's personal resources. This increasing focus on the individual responsibility for health and care however opened the door to new interpretations of how to define the public responsibility for eldercare services, something that are in focus of the next chapter.

4. From National Responsibility to Local Priorities. Frames in Swedish Eldercare 1980-1998

In the preparatory works to the Social Services Act, it had been stated that the home should be central for the organization of the public eldercare services. As the public eldercare moreover should work for the liberation of the elder's personal resources, the home help needed to be developed into a job focused on rehabilitation and pedagogical tasks instead of assistance with housework. As the Social Minister had put it, the personnel's task was to step in as reinforce-

¹⁵⁵ See for instance Mot.1978/79:1254 & Mot.1978/79:1822.

¹⁵⁶ Rune Gustavsson quoted in Jönsson (2001), p. 284.

¹⁵⁷ See for instance Mot. 1978/79:800 & Mot.1978/79:515.

¹⁵⁸ Thorslund (2001), p. 236 f and Jönsson (2001), p. 288.

ment, and therefore, the home help should be transformed to social service.¹⁵⁹ In line with this decision, it was decided that all workers in the public eldercare sector should have an education at least corresponding to an exam from senior high school. Therefore, a new educational program was introduced in the senior high school that would school caring assistants to workers in the public eldercare sector. In 1988, however, the National Board of Health and Welfare concluded that more than 70 per cent of those graduating from the educational program for caring assistants never went to work in the public eldercare sector. Moreover, more than half of those working in the public eldercare still lacked education corresponding to the stated goals of policy, of which the majority were women in their 50s. Middle-aged and uneducated women thus still made up the core of the work force in the public eldercare sector, the board concluded.¹⁶⁰ To be able to recruit younger personnel to the public eldercare, men as well as women, the board argued that it was necessary to further develop the service role:

*“The home help could be compared to the knowledge intensive companies emerging today with great inner freedom just because they should be able to develop further knowledge and solutions. The ongoing renewal is the strength alongside with the adjustment to the clients’ or to the users’ needs and wishes.”*¹⁶¹

The statements in the report from the National Board of Health and Welfare show that during the course of the 1980s, the concept of service was linked to an economic discourse that described the relationship between the user and executor in the public eldercare more or less in terms of a transaction rather built on the elder’s freedom of choice than their need for care. In this context, the statements from the board also show that the middle-aged and uneducated former housewife was becoming a problem that obstructed the advancement of the public eldercare.

Central to this chapter is how the increasing influences from the economic discourse became integrated and legitimized in the public eldercare and how this contributed to change the views on the elderly and the workers in the public eldercare. The chapter starts with describing the central line of ideas in the report from the Eldercare Working Committee that followed up the implementation of the Social Services Act in the 1980s. After this, I continue to discuss the *Ädel-reform* and in the end of this chapter, I will discuss the problem facing the public eldercare sector at the end of the 1990s and the suggestions to solve these problems in The National Program of Elder Politics.

¹⁵⁹ Prop. 1979/80:1, del A, p. 288 ff.

¹⁶⁰ Regeringsakt 1988-05-11, Socialstyrelsen, Rapport 1988-04-08, p. 20 ff.

¹⁶¹ Ibid., p. 42.

4.1. The Attitude Frame – The Eldercare Working Committee and Aging as Lifestyle

The general character of the Social Services Act made continual evaluations and follow-ups central parts of the public social care system. In the case of eldercare, a parliamentary committee, called the Eldercare Working Committee, was set up at the same time as the act was passed in the parliament. According to its directives, the committee would start from the goals of policy stated in the Social Services Act. Therefore, a general point of departure in the works of the committee should be how to facilitate for the elderly to maintain their self-determination. Here, the Social Minister pointed out housings and home help as especially important measures for the elderly. Another task for the committee was to look over the general priorities and coordination of society's measures for the elderly, where the committee especially should take the macroeconomic situation into consideration.¹⁶²

According to the members in the Eldercare Working Committee, their work should set out from ideas focusing on possibilities instead of obstructions, the process rather than the conditions, the needs of the individual rather than the administrative apparatus, local combinations of initiatives and solutions rather than centralized models, and improved allocation of resources rather than added financial resources.¹⁶³ The committee also argued that the elder's need of service and care should be in center of the analysis; however, the causes of the elder's need and the possibilities to fulfill these needs were to a large extent affected by conditions outside the public eldercare sector. Here, society's perceptions of the role and function of the elderly were pointed out as factors that especially affected what was understood as the elder's need, problems, possibilities and obstructions.¹⁶⁴ Thus, the general point of departure for the Eldercare Working Committee was that the key to solve the problems of the public eldercare sector laid in society's attitudes towards the elderly.

In their report, the committee laid down that one very powerful myth nourished in contemporary society was the image of the elderly as dependent and lonely:

“There is (...) a difference between the perceptions we generally have about the elder's living conditions and reality. We have a tendency to see a troubled, lonely and pitiable person before us instead of the brisk, healthy and well-integrated pensioners that actually are most common (...) Generally we undervalue physical as well as psychological capabilities among the elderly. This under-evaluation can actually lead to situations where their capabilities are worsened. A worsened health condition that

¹⁶² Dir 1980:93.

¹⁶³ Äldreberedningens arkiv, PM 1983-12-09, p. 4.

¹⁶⁴ Ibid., p. 3.

*brings about increasing physical dependency easily leads to perceptions of the individual as less capable also in other situations. This makes him (sic!) insecure on his own capability and he experiences an increased need for help. The individual realizes the expectations.”*¹⁶⁵

The descriptions of the elderly within the attitude frame developed by the Eldercare Working Committee linked up with the metaphor of the elderly as healthy emerging in the Social Services Act. However, the Eldercare Working Committee took this interpretation of the elderly one step further, as they argued that as a response to society's expectations, the individual could in fact create his or her dependency in old age. Aging was therefore as much a problem connected with life style, as it was a condition affected by biological processes.¹⁶⁶ According to the committee, information and preventive health measures could postpone the process of aging. Here, the senior citizens' own organizations played an important role and could help to spread insights about the importance of a healthy life style. The committee argued that health policies should however not only be restricted to the eldercare; rather, health policies should become a natural part of our cultural patterns.¹⁶⁷ Within the attitude frame, health and life-style thus appeared as central problems to solve for the public eldercare.

The focus on lifestyles within the attitude frame developed by the Eldercare Working Committee did shift the problem of aging from society's perceptions to how the elderly as individuals created his or her aging. The attitude frame thus emerged around an understanding of aging similar to what Bury describes as the idea of a third age, which focus on the individual fail to recognize that the elderly also have different social positions depending on their gender, class and race.¹⁶⁸ Therefore, despite the committee's intention to view the elderly as individuals with different social and economic backgrounds, the committee members never recognized that their focus on the individual could reinforce instead of undermine the already existing differences in society between men and women and between immigrants and native Swedes.¹⁶⁹

The basic reason why the Eldercare Working Committee ignored the social differentiation among the senior citizens was that the committee linked the individual's need to the concept freedom of choice.¹⁷⁰ According to the committee, freedom of choice should function as the guiding principle for how to organize the public eldercare, especially when it came down to the home help. In line with the Social Services Act, the committee argued that the home help

¹⁶⁵ SOU 1987:21, p. 36 f.

¹⁶⁶ Ibid., p. 29.

¹⁶⁷ Ibid., p. 128.

¹⁶⁸ Bury (1995), p. 19.

¹⁶⁹ See for instance SOU 1987:21, p. 51 ff and p. 117 ff.

¹⁷⁰ Ibid., p. 117.

should liberate the elder's personal resources. Therefore, the elder's wishes should be guiding for how the personnel carried out the help. Home help could here include tasks as assistance with personal hygiene, eating, dressing, rehabilitation as well as simpler forms of nursing, such as giving medicine. Though assistance with housework, such as shopping, cleaning and cooking may still be included in the home help, the committee argued that others than the caring assistants, such as cooperative organizations or private entrepreneurs, preferably should carry out these form of services.¹⁷¹ The attitude frame developed by the Eldercare Working committee thus merged around an understanding of eldercare as an individual matter of freedom of choice that described the relationship between the user and executor in the public eldercare more as a transaction built on the elder's choice than their need for care. In this context, the metaphor of the elderly as healthy also contributed to conceal that the elderly due to their social differentiation both had different needs and different possibilities to carry out the transaction.

The conceptualization of care as the individual's freedom of choice also had gendered connotations regarding the organization of the informal eldercare. The report from the Eldercare Working Committee contained a suggestion to introduce a legislative right for relatives to take a time out from their employment in order to take care of their elderly. Even if the committee considered informal help from relatives as important, it was not to be seen as complement to the public eldercare. Informal help could never substitute the public responsibility for eldercare, the committee argued, as women's participation on the labor market and senior citizens wishes to be independent of their relatives made informal eldercare services complement rather than replacement to the public eldercare.¹⁷² However, since many senior citizens received help from their relatives, the committee argued that the state and the local authorities should support this form of informal help. Though, because of the restricted financial situation, the committee concluded that so far, they could not recommend a reform that should allow financial support to relatives who carried out informal eldercare services.¹⁷³ Thus, also the informal eldercare turned into a matter of freedom-of-choice instead of a gendered condition underlying society's organization of the eldercare. In this manner, the committee described the informal eldercare services as women's individual choices rather than a forced responsibility.

The hospitalized eldercare was another matter central to the committee report. Senior citizens' movement to hospitalized forms of eldercare was often against their own choices, the committee argued.¹⁷⁴ In fact, the committee concluded,

¹⁷¹ Ibid., p. 124 ff.

¹⁷² Ibid., p. 116 ff.

¹⁷³ Ibid., p. 136 ff.

¹⁷⁴ Ibid., p. 27.

hospitalization was the most severe consequence of the environment's negative attitude towards the elderly. As expectations on the elder's capabilities were so low within the hospitalized eldercare, the elderly became totally depending on others for help in their daily living. In the extension, hospitalization therefore resulted in situations where the elderly became incapable of living a life in self-determination. For this reason, the committee argued that hospitalized eldercare services should be avoided. As the elder's possibilities to stay in their ordinary living were precondition for their possibilities to maintain self-determination, the public eldercare services should also start out from the home.¹⁷⁵

In relation to the discussion of de-hospitalizing the public eldercare, the Eldercare Working Committee argued that, taking the macroeconomic conditions into consideration, the county councils' and the municipalities' dual responsibility for the hospitalized eldercare services could be changed. This was both uneconomic and undermined the de-hospitalization of the public eldercare. The committee concluded that the general problem was not the number of beds in the institutional eldercare but an incorrect allocation of resources, which had limited the expansion of home-based eldercare services.¹⁷⁶ According to the committee, a united responsibility under the head of the municipalities for the all eldercare services, including the hospitalized eldercare, would therefore lead to a better allocation of resources in the public eldercare sector and also provide old people with better eldercare services.¹⁷⁷

According to the committee, a relocation of some of the nursing assignments carried out by the county councils to the municipalities could contribute to professionalize of the home help.¹⁷⁸ Hence, the educational programs in the senior high school for caring assistants and assistant nurses should be united to a single program that would school future eldercare workers in both social and medical skills.¹⁷⁹ In one of the first outline to the committee report, the committee stated that nevertheless how important she had been for the home help in the past and how much knowledge she possessed regarding her work, the uneducated and middle-aged woman working in the public eldercare was a "faithful old servant" that based her work on intuition and personal caring relations contrary to the "young and spirited" assistant nurse, who based her work on educational skills.¹⁸⁰ Though these metaphors used to describe the women working in the municipalities and the county councils eldercare services were excluded in the final report, the metaphor of the uneducated and middle-aged women working in the public eldercare as a "faithful old servant" shows that she was more or less

¹⁷⁵ Ibid., p. 118 ff.

¹⁷⁶ Äldreberedningens arkiv, PM 1986-03-09, p. 10.

¹⁷⁷ SOU 1987:21, p. 161 ff.

¹⁷⁸ Ibid., p. 155 ff.

¹⁷⁹ Ibid., p. 159.

¹⁸⁰ Äldreberedningens arkiv, PM 1986-03-21.

experienced as an obstruction when it came down to the strive for a professionalization of the public eldercare.

The historical legitimization of the attitude frame developed by the Eldercare Working Committee strongly deviated from former exemplifications. Contrary to the romanticizing image of the household community in the pre-industrial society, the Eldercare Working Committee described the agrarian society as a harsh civilization where the elderly were forced to move to the poverty houses when they no longer could provide for themselves.¹⁸¹ In these poverty houses, the committee concluded, the elderly were being lumped together with all sorts of persons that for one or another reason were treated as outcasts in the agrarian community. As the Poor Law tried to differentiate the clientele depending on the poor relief, the committee argued that it could be seen as the first attempt to break the mixing of persons living in institutions. However, according to the committee, it was firstly in the 1940s and with the general development of the Swedish welfare state that the public responsibility for eldercare services actually emerged. On the other hand, the committee claimed, until the 1970s, the expansion of the public eldercare was almost exclusively focused on the hospitalized eldercare services, which in turn was motivated by the elder's poor housings and the increasing share of the elderly in society. Therefore, the committee argued that the break-through of a home-based eldercare actually took place in the late 1970s, in the first place thanks to new organizational principles worked out by the national organizations of Swedish municipalities and the county councils, and in the second place thanks to the Social Services Act.¹⁸²

By almost exclusively focusing on the development of the hospitalized eldercare in their historical presentation, the Eldercare Working Committee established a negative historical continuity between the poverty houses and the contemporary hospitalized eldercare. The poverty house thus served as the negative historical symbol that could legitimize their proposals to de-hospitalize the public eldercare. Moreover, as the committee chose to focus on the hospitalized eldercare in their historical presentation, they could also present the home-based eldercare as something new and path breaking, rather than a historical continuation. This marking of a historical discontinuity contributed to present the rhetoric of freedom of choice as something positive and as a contrasting picture to the former organization of the public eldercare burdened by the legacy of the poor relief. The credit for this break-through, however, was not given to the state and the national policies but to the municipalities and the county councils. In this manner, the committee could also legitimize their ideas that local solutions rather than centralized models and regulations should be guiding for the development of the public eldercare.

¹⁸¹ SOU 1987:21, p. 79 ff.

¹⁸² Ibid., p. 82ff and p. 92 ff.

4.2. Eldercare on the Brink of the 90s – Service as Local Freedom of choice

The proposals from the Eldercare Working Committee resulted in a governmental bill, “Eldercare on Brink of the 90s”, that outlined the future guidelines for the public eldercare sector.¹⁸³ Here, the Assistant Social Minister Bengt Lindquist confirmed that aging was not only a biological process, but also a social process that could be postponed or hastened by personal lifestyle. Preventive health measures were therefore positive elements in the public eldercare.¹⁸⁴ Moreover, Swedish welfare policies have had positive effects regarding the elder’s health:

*“Most of the elderly remain healthy and maintain their physical and psychological capabilities at advanced ages and therefore do not need society’s support in their daily living. What I am in the following about to present concerns society’s service and care for the elderly who need society’s support to live a good and independent life.”*¹⁸⁵

In this context, Lindquist stressed that the elderly suffering from dementia, the elderly immigrants and the elderly women were the three groups in need of special measures from society. Immigrants were a special group in special need of society’s attention as the public eldercare had to be adapted to the linguistic and cultural differences existing among these groups of the population. As the elderly women living alone dominated the older part of the population, the elderly women were also a group that was in special need of the public eldercare.¹⁸⁶

Indirectly, Lindquist thus pointed out that in the attitude frame that described the elderly as healthy and aging as a matter of lifestyle, the metaphor of the elderly as healthy concerned a very specific group of the population, namely the elderly and native-born Swedish men, while those groups not covered by this description, the elderly women and immigrants, should receive specific support and attention from the public authorities. Hence, also the attitude frame had gendered connotations, though this time the central character around which the storyline was built was a white male from the middle-class instead of the male waged worker. In the bill, Lindquist however put a saving clause that, though the individual’s lifestyle could affect aging, work life and working conditions were also important factors that could hasten or postpone aging.¹⁸⁷

¹⁸³ Prop. 1987/88: 176.

¹⁸⁴ Ibid., p. 28 ff.

¹⁸⁵ Ibid., p. 22.

¹⁸⁶ Ibid., p. 24 ff.

¹⁸⁷ Ibid., p. 24.

In the future, Lindquist stated, the public eldercare should be based on three guiding principles: integrity, security and freedom of choice.¹⁸⁸ The first principle regarded the elder's right to self-determination over his or her living conditions, while the second principle concerned the elder's right to feel secure. This was a personal feeling, Lindquist argued, and it was therefore necessary to take the elder's wishes into consideration in the organization of the public eldercare. The third principle, freedom of choice, summarized the other two and was closely connected with the elder's right to stay in their ordinary living.¹⁸⁹

To implement these three principles, Lindquist first of all agreed with the Eldercare Working Committee that the senior citizens' own organizations should be allowed to play a more prominent role in both organizing and carrying out eldercare services related to cultural and spare-time activities. According to Lindquist, this was in line with Swedish historical traditions:

*“There is in Sweden a long tradition that people through associations, cooperatives and other organizations organize activities that serve common interests. Many of the activities that today are public emanates from popular movements and organizations (...) There is now an increasing interest to use and strengthen the organizations' possibilities to take over the responsibility for public services that people demands (...) Activities in cooperative forms show interesting ways how to strengthen user's influence and improve social networks.”*¹⁹⁰

Therefore, the historical tradition of popular movements could legitimize that the senior citizens' organizations took over activities from the municipalities.

Second, Lindquist supported the Eldercare Working Committee's proposal for how to back up the informal eldercare.¹⁹¹ “Eldercare on the Brink of the 90s” thus contained a new legislation for how to support relatives who performed as informal and unpaid care workers. However, the legislation did in the first place regard the short-term care of relatives in relation to their last days in life, and not the long-term care of the elderly relatives in their home. Here Lindquist stated that the informal care should be based on the principle of freedom and not be seen as necessity. Therefore, informal eldercare was not to be regarded as a replacement of wage employment.¹⁹² Hence, also in the government bill, the gendered conditions underlying the informal eldercare were connected with the principle of freedom of choice rather than a forced responsibility.

¹⁸⁸ Ibid., p. 23 ff.

¹⁸⁹ Ibid., p. 24.

¹⁹⁰ Ibid., p. 31.

¹⁹¹ Ibid., p. 94.

¹⁹² Ibid., p. 92 ff.

Third, regarding the public home help, Lindquist emphasized that it should aim at supporting the elder's personal resources. However, considering the lack of personnel and the growing needs in the future, the municipalities had to carefully consider and try out which functions that could be carried out by them and which services that could be carried out by others: "*I am neither quite alien to the idea that isolated service activities can be carried out by others than the personnel in the public home help (...) The changes I am prescribing here do not regard tasks of caring but the isolated service duties.*"¹⁹³ Lindquist thus underlined that as far as he was concerned, the municipalities could let civil organizations or private entrepreneurs carry out chores connected with housework, such as cleaning, cooking and shopping, while rehabilitation, help with personal hygiene and giving medicine should be carried out by employees in the public home help.¹⁹⁴ In this interpretation, freedom of choice in the home help services became more connected with the municipalities' freedom than the elder's possibilities to choose what services they wanted or needed.

The principles sketched out in the report from the Eldercare Working Committee and confirmed in the government bill "Eldercare on the Brink of the 90s" were met with somewhat mixed feelings from the organizations requested to give opinions on the committee report. SPF argued that the report could be seen as benchmarks for how the senior citizens situation should be but not how it was, as the elderly were constantly confronted with queues, unqualified personnel in the home help services and lack of beds in the hospitalized forms of eldercare.¹⁹⁵ As many of the elderly felt both safe and secure in such establishments as the old people's home, SPF was also critical towards the suggestion to de-hospitalize the eldercare. Last but not least, SPF argued that rather than receive education in social and pedagogical skills, the staff in the home help should receive medical education. The organization was however positive to the support of relatives who performed as informal care givers, and the idea that the elderly should be allowed to play a more active role in the organization and performance of the public eldercare services.¹⁹⁶

PRO did agree with the general descriptions of the elderly as healthy and the goals of an active health policy as a central element in the public eldercare.¹⁹⁷ As SPF, PRO was also positive to the support of relatives who performed as informal caregivers and the suggestion to increase the influences from the senior organizations in the public eldercare. Moreover, as SPF, PRO was critical towards a radical de-hospitalization of the public eldercare. According to PRO, many of the elderly over the age of 80 were so ill that they felt more secure to

¹⁹³ Ibid., p. 55.

¹⁹⁴ Ibid., p. 52 ff.

¹⁹⁵ Regeringsakt 1988-05-11, Yttrande 1987-10-30, p. 1.

¹⁹⁶ Ibid., p. 2 ff.

¹⁹⁷ Ibid., Yttrande 1987-10-30, p. 15.

stay in special accommodations than in their own home.¹⁹⁸ At the whole, both PRO and SPF thus affirmed the ideas developed by the Eldercare Working Committee, with the exception of the hospitalized eldercare services that both organizations saw as an important form of eldercare services that should remain for those elderly who, due to illnesses and feelings of personal security, wished to move from their own homes to the municipalities' establishments.

The county councils' and the municipalities' national organizations argued that the committee report could be seen more or less as a codification of the ideas developed during the 1980s regarding the views on the elderly and the eldercare.¹⁹⁹ For example, the municipalities' national organization supported the understanding of the eldercare as an attitude problem and claimed: "...*measures for the elderly are not only a matter of resources but to a large extent a question of attitudes.*"²⁰⁰ Though they stressed that the county councils and the municipalities could not carry the costs for the public eldercare alone but the state also had a responsibility in financing the services, both the county councils' and the municipalities' national organizations were generally positive towards the proposals presented in the report. However, as the senior citizens' organizations, the county councils' and the municipalities' organizations argued that the de-hospitalization of the public eldercare had to be carefully considered and could not be seen as a goal in itself.²⁰¹ Both the county councils and the municipalities thus generally supported the ideas of the Eldercare Working Committee; then again, they argued that the state should play a more prominent role when it came down to financing the public eldercare.

Considering the macroeconomic situation, Lindquist argued that the municipalities and the county councils could not count on any financial support from the state to carry out the ideas outlined in the bill.²⁰² Therefore, the implementation of the three principles of integrity, security and freedom of choice stated in "Eldercare on the Brink of the 90s" turned into a matter for the municipalities and the county councils. According to Lindquist, they should especially take into consideration how to recruit competent personnel, how to change the hospitalized eldercare into a better form of living and how to strengthen and support relatives who performed as informal care givers.²⁰³ As it was confirmed in the bill "Eldercare on the Brink of the 90s", public eldercare services thus became strongly linked with the principle of local self-determination with the consequences that the idea of freedom of choice in the public eldercare was

¹⁹⁸ Ibid., p. 18 ff.

¹⁹⁹ Ibid., Yttrande 1987-11-05, p. 1 and Yttrande 1987-11-13, p. 2.

²⁰⁰ Ibid., Yttrande 1987-11-13, p. 2.

²⁰¹ Ibid., Yttrande 1987-11-05, p. 5 and Yttrande 1987-11-13, p. 12 ff.

²⁰² Prop. 1987/88:176, p. 25 ff.

²⁰³ Ibid., p. 26.

more connected with the municipalities freedom of choice than with the elder's possibilities to choose what eldercare they wished.

4.3. Towards an Economic Frame – Ideas behind the *Ädel-reform*

The suggestion from the Eldercare Working Committee to de-hospitalize and unite the public responsibility for eldercare services under the head of the municipalities was affirmed in "Eldercare on the Brink of the 90s".²⁰⁴ At the same time as the bill was passed by the parliament, a delegation was assembled to work out the suggestions to how to carry out this organizational and regulatory change.²⁰⁵ After a short period of time, the work of the delegation resulted in the *Ädel-reform* that made the municipalities statutory responsible for the public eldercare services as a whole.²⁰⁶ As a result, in 1992, the nursing homes and the majority of the assistant nurses working in these establishments were transferred from the county councils. Some municipalities also took over the responsibility for the home nursing. To finance the reform, the municipalities received a single payment and the county councils' financial resources related to the nursing homes. All in all, the reform led to that more than 30 000 beds and 70 000 employees were transferred from the county councils to the municipalities.²⁰⁷

Chairman of the delegation that worked out the proposal to the *Ädel-reform* was the Assistant Social Minister Bengt Lindquist while other members of the delegation either represented the interests of the municipalities or of the county councils.²⁰⁸ As neither the senior citizens organizations nor the staff mostly affected by the reform, the assistant nurses, were allowed to participate when the ideas to the reform were being worked out, the reform was to a large extent a product of administrative and economic interests. After the delegation had worked out a first proposal to the reform, however, both the senior citizens organizations and the nursing assistants' union were requested to give their opinions.

According to the delegation behind the *Ädel-reform*, the public eldercare suffered from both structural and functional problems.²⁰⁹ First of all, the dual responsibility for eldercare services between the county councils and the municipalities had resulted in an eldercare built around two parallel organizations that carried out similar health and social services to elderly. This restricted the flexibility in the use of economic resources. Second, the dual responsibility made the political responsibility unclear, which in turn made it problematic for the individual citizen to know which authority was responsible for what

²⁰⁴ Ibid., p. 39 ff.

²⁰⁵ S 1988:A.

²⁰⁶ Prop. 1990/91:14.

²⁰⁷ SOU 2000:3, p. 167 ff.

²⁰⁸ Ds 1989:27, p. 4.

²⁰⁹ Ibid., p. 48 ff.

services. Third, the dual responsibility had resulted in a public eldercare dominated by a medical rather than social perception of the elderly and their needs. As a consequence, the elderly were rather taken care of in hospitals than in their homes.²¹⁰

To solve these structural and functional problems within the public eldercare, the delegation suggested that the municipalities alone should receive a statutory responsibility for all forms of public eldercare services.²¹¹ For that reason, the nursing homes and the personnel working in these establishments, in the first place the nursing assistants, should be transferred from the county councils to the municipalities and integrated in the municipalities' special forms of accommodations. Moreover, the municipalities should be responsible for all medical services carried out to the elderly in the home and in the special forms of accommodations, excluding such activities that required measures from physicians. Finally, five days after finished medical treatment within the county councils' hospitalized and short-term medical care, the municipalities should be financially responsible for those elderly still staying at the hospitals.²¹² According to the delegation, these suggested changes would lead to a better allocation of resources, strengthen the political responsibility and the individual's possibility to receive help, and they would lead to a social instead of a medical perspective on the elderly and aging.²¹³

The delegation placed the suggested changes of the public eldercare proposal in an international rather than national context. As all of the elderly in Sweden were assured basic economic security and had general access to the public health and care service, the delegation argued that in an international perspective, the Swedish eldercare system was rather well.²¹⁴ The reform the delegation suggested was therefore more described as an improvement than as a thorough change of the public eldercare system. According to the delegation, the reform would most of all improve the situation of the individual: "*The delegation's proposal to organizational design starts out from the individual's point of view. The intention is to create best possible prerequisites so that each and everyone shall have good service and care when she or he needs it. This requires a high degree of flexibility in the organization.*"²¹⁵ Primary reasons for carry out the reform were the demographic development, which would increase the need for eldercare services in the future, and people's demand for a better eldercare. The delegation therefore argued that the quality of the public eldercare had to be improved. Here, economics and personnel were fundamental:

²¹⁰ Ibid., p. 53 ff.

²¹¹ Ibid., p. 73 ff.

²¹² Ibid., p. 75 ff.

²¹³ Ibid., p. 73 ff.

²¹⁴ Ibid., p. 45 ff and p. 130 ff.

²¹⁵ Ibid., p. 56.

*“According to the delegation’s opinion, the access to competent personnel and necessary economic resources are fundamental to society’s possibilities to meet the growing claims. Equally important, however, is that the resources set in are organized and administrated in such a way that highest possible efficiency is reached.”*²¹⁶

As the reform was described as a result of people’s demand and as it would improve the quality, the efficiency and the flexibility of the public eldercare, the delegation legitimized the proposal from an economic instead of a historical perspective. Consequently, the interpretative frame emerging in the delegation’s report was influenced by an economic language use that put demand, quality and efficiency in center of the analysis. This economic rhetoric the delegation furthermore legitimized by linking it to the stated goal of policy in the Social Services Act according to which the public eldercare should work for a liberation of the elder’s personal resources.²¹⁷

4.4. Time for Re-Privatization? The Ädel-reform in the Parliament

The delegation’s suggestion to the *Ädel-reform* was met by rather massive protest. Most of the organizations and authorities did generally agree on the goals of the reform, which aimed at encouraging the municipalities to further develop the home-based eldercare, including the home help and the home nursing.²¹⁸ Both PRO and SPF also argued that the reform was necessary, as it would improve the organization of the public eldercare.²¹⁹ However, the most difficult problem to solve regarded the responsibility for the elementary care. In the first outline to the reform it was suggested that the entire elementary care, including all of the county councils’ home nursing and district nursing, should be transferred to the municipalities.²²⁰ This suggestion was positively received from the municipalities that argued that this would help to improve the local organization of eldercare.²²¹ However, the county councils strongly rejected the idea, as they were not ready to transfer any other medical profession than the assistant nurses to the municipalities.²²² Here, the social workers employed by the municipalities supported the proposal to integrate the elementary care in the municipalities’ social services while the physicians argued along the lines of the county councils that the elementary care should remain as a part of the county councils’ health care.²²³

²¹⁶ Ibid., p. 47.

²¹⁷ Ibid., p. 62 ff.

²¹⁸ Ibid., p. 11 ff.

²¹⁹ Regeringsakt 1990-10-04, Yttrande 1989-11-15.

²²⁰ Ds 1989:27, p. 73 ff.

²²¹ Regeringsakt 1990-10-04, Yttrande 1989-11-16, p. 1 ff.

²²² Ibid., Yttrande 1989-11-16, p. 3 ff.

²²³ Ibid., Skrivelse 1989-01-05, 1989-10-31, 1989-11-07, 1989-11-14.

The reform thus became criss-crossed by conflicting administrative and professional interest. In the end, as only the nursing homes were shifted over to the municipalities, the reform did follow the county councils' and the physicians' suggestion. This decision was taken despite enormous protests from the assistant nurses that were the professional group mostly affected by the reform. The assistant nurses argued that they wouldn't change employer, as they were afraid that this would worsen their working conditions and lower their wages.²²⁴ The assistant nurses' union nevertheless agreed to support the reform.²²⁵ The union however stated that if the dimension of the staff working in the nursing homes was to be unchanged, they were positive to the reform. As the number of assistant nurses per elderly patient was considerably larger in the county councils' nursing homes than in the municipalities' special forms of accommodations, the union declared that they would not support the reform if these working conditions would be changed. The union would neither support the reform if the assistant nurses' wages should be lowered. Otherwise, the union was ready to support the reform, as it could create several possibilities to develop a better eldercare as well as encourage a social rather than medical perception of the elderly and their needs.²²⁶

In the government bill, the economic frame fully emerged that had been more or less latent in the delegation's reasoning over the *Ädel-reform*. Here Lindquist stated that the motives to carry out the reform lay in the general reformation of the public sector:

*“The public sector has rapidly expanded during the post-war era and constitute today a considerable part of the Swedish welfare community (...) The activities are however not always adjusted so that they correspond to people's needs and wishes (...) To meet these demands it is necessary that the exchange of invested resources increases. Through re-prioritizations, it should be possible to create space to meet new and urgent needs. The work should be focused on increasing the efficiency within the public sector.”*²²⁷

The reasons for carrying out the *Ädel-reform* were thus the general renewal of the public sector that aimed at increasing the efficiency and quality of the public health and social services.

Contrary to the delegation report, where the *Ädel-reform* was described as a relatively modest improvement, in the bill the reform emerged as something new and path breaking. According to Lindquist, the reform had far-reaching con-

²²⁴ See for instance Ibid., Skrivelse 1988-02-08, 1989-10-20, 1989-05-12, 1989-05-23, 1989-10-05.

²²⁵ Ibid., Yttrande 1989-10-24.

²²⁶ Ibid., Yttrande 1989-10-24, p. 2 ff.

²²⁷ Prop. 1990/91:14, p. 25.

sequences and it would also create several possibilities for a renewal of the public eldercare sector.²²⁸ This renewal of the public eldercare sector should place the home in the center of the organization. In this context, Lindquist criticized the eldercare policies of the 1960s and 1970s for being too focused on the hospitalized forms of eldercare. Lindquist argued that later research had shown that many of the elderly during this period had not been forced to move to nursing homes or old people's home if only they had been offered home help.²²⁹ Lindquist therefore claimed that the reform could create possibilities for the municipalities to develop the home help and thereby achieve the goal of policy that all citizens should have the right to a living of one's own.

Another central goal of the reform was health. According to Lindquist, the elderly generally remained healthy at advanced ages and they were also healthier today than only ten years ago:

*”There are many signs pointing at an improvement of the population's health (...) The need for medical and social services could however be restricted through an active health policy. Health development, not at least among the elderly, is also positive (...) During the 1990s, an efficient economizing with given resources is a necessity for the social sector.”*²³⁰

Thus, in the economic frame emerging around the *Ädel-reform*, efficiency, home and health appeared as the three central metaphors used to describe the new organization of the public eldercare. As the responsibility to carry out the reform was decentralized to the county councils and the municipalities, the economic frame emerging in the *Ädel-reform* was also connected with the principle of local self-determination. For example, the parliament's Social Committee argued in its discussions on the reform that the last two decades of development had shown that it was of great importance to give the municipalities and the county councils increased freedom to decide how to organize the public eldercare.²³¹ Therefore, the reform could be seen as a first and necessary step towards an increased local influence over the public eldercare. However, the Social Committee claimed that the reform did not give the municipalities and county councils enough freedom to contract private entrepreneurs to let them carry out the services. This was a necessary step to take if the local authorities should be able to meet the growing demands for eldercare services in the future.²³² For that reason, shortly after the reform the parliament passed a bill, signed by the new coalition government consisting of the Liberal, the Conservative, the Center and

²²⁸ Ibid., p. 35.

²²⁹ Ibid., p. 26 ff.

²³⁰ Ibid., p. 33 f.

²³¹ SoU 1990/91: 9, p. 42.

²³² Ibid., p. 76.

the Christian Party, that increased the municipalities' possibilities to sign contracts with private entrepreneurs in order to let them carry out the eldercare services.²³³ As a result, the amount of private producers of eldercare services also increased in the 1990s. In 1997, private entrepreneurs carried out home help services to about 4 per cent of the population and hospitalized services to 10 per cent of the population.²³⁴

The economic frame constituting the *Ädel-reform* contributed to put organizational and administrative needs rather than the elderly in center of the analysis. In combination with the references to the principle of local self-government, this economic interpretation of the reform also legitimized that the state could withdraw its responsibility from the public eldercare sector at the same time as the municipalities could be allowed to shift their organizational, if not their financial, responsibilities over to the market. From this perspective, the economic frame emerging in the *Ädel-reform* can be seen as an expression of a re-privatization discourse that tried to re-interpret the need for eldercare services from a public to a private issue. This re-interpretation of need from a public to a private issue was legitimized by linkages with the metaphor of the elderly as healthy and the principle of freedom of choice that rhetorically more or less described the public eldercare as a transaction between the user and the executor of the services. Thus, in the end, the economic frame emerging in the *Ädel-reform* and the re-privatization discourse surrounding it can be seen as the final confirmation of the individualization of aging and the elder's need that since the 1980s had been an ongoing trend in the political decisions. However, due to this re-privatization of need, the social differentiation among the elderly and the gendered conditions underlying the informal eldercare carried out by relatives became hidden behind an individualized language use that de-contextualized the category of the elderly as well as the category of the relatives from class, gender and race.

4.5. The Attitude Frame Revisited – The Treatment of the Elderly and the Ethics of Eldercare

During the 1990s, the *Ädel-reform* was the central target for evaluations, generally supervised by the National Board of Health and Welfare. In its final evaluation report, the board emphasized that the goals of the reform had in many ways not been fulfilled.²³⁵ According to the board, one reason for this was the budget cut-downs in the municipalities. These had resulted in a more restricted provision of eldercare services in the municipalities that in turn had caused an increasing pressure on relatives to perform as unpaid care workers in the house-

²³³ Prop. 1992/93:43.

²³⁴ Socialstyrelsen (1999), p. 13.

²³⁵ Socialstyrelsen (1996b), p. 8 ff.

holds.²³⁶ Another problem emphasized by the board was the increasing differences between the municipalities, both regarding the extension of the services and the different levels of the fees.²³⁷ Despite these problems, however, the board argued that the *Ädel-reform* had solved many of the problems related to the previously divided responsibility for the hospitalized eldercare. The reform had also increased the efficiency within the public eldercare sector as a whole.²³⁸ The National Board of Health and Welfare therefore concluded that the reform had created several opportunities for a positive development of the public eldercare system in the future.

Contrary to the rather positive portrayal of the *Ädel-reform* presented by the National Board of Health and Welfare, several media reportage in the 1990s described how the elderly were being mistreated within the public eldercare, particularly in those nursing homes run by private entrepreneurs.²³⁹ Due to these media reportage and the problems revealed in the evaluations from the National Board of Health and Welfare, in 1995 the Social Minister Ingela Thalén gave directives to carry out a new investigation that would map and analyze the treatment of the elderly.²⁴⁰ In the directives, Thalén argued that the last decades of investigations had been focused on structural and organizational issues. Therefore, the time had come to especially consider the content of the work in the public eldercare and questions regarding the respect for the elder's self-determination, integrity, security and dignity.²⁴¹ According to the directives, the investigation would map and analyze shortcomings in the treatment of the elderly within the public health care and social services. Here, it would show factors affecting the personnel's treatment of the elderly and especially consider circumstances, such as gender, age, education and cultural background. Moreover, the investigation would bring light to which factors affected how the elderly experienced their treatment as well as how they allowed themselves to be treated. Finally, the investigation would show at organizational and structural factors that obstructed quality and good treatment in the public eldercare and give local examples of quality development. In the end, the investigation would suggest solutions that would remedy neglects and shortcomings in the treatment of the elderly. Here, however, the person responsible for carrying out the investigation would consider that the proposals should not involve increased costs for the public eldercare and that the suggestions should be possible to carry out within the given financial frames.²⁴² The person appointed to carry out the investigation of how the elderly were being treated was the municipal commissioner

²³⁶ Ibid., p. 9.

²³⁷ Ibid., p. 28 ff.

²³⁸ Ibid., p. 17.

²³⁹ SOU 1997:170, p. 64.

²⁴⁰ Dir. 1995:159.

²⁴¹ Ibid., p. 7.

²⁴² Ibid., p. 9.

Britta Rundström. To help her in her work, she was assisted by gerontological experts as well as user's organizations.²⁴³

According to Rundström, the bill "Eldercare on the Brink of the 90s" had stated what principles should be guiding the Swedish eldercare, namely integrity, security and freedom of choice.²⁴⁴ There were no reasons for changing these principles in the future, Rundström argued, but integrity, security, and freedom of choice should continue to be fundamental to the public eldercare, not only in national policies but also for the treatment of the elderly in everyday work. The difficulties to translate these principles into the practical work could be divided into short-term and long-term problems. Short-term problems that obstructed a good treatment of the elderly were the lack of economic resources, which according to Rådström were the problems that also had received most attention in the public debate. The lack of resources was of course necessary to resolve if the treatment of the elderly should improve.²⁴⁵

However, even more important than the lack of resources for realizing the principles of integrity, security and freedom of choice in everyday work were the ethical and moral issues:

"There may be other causes to shortcomings in the treatment [of the elderly] that are related to the individual employees personal development and education, the work team's way of functioning together or the supervisors' capabilities to bring up discussions regarding values. Reasons may also be found in the degree of commitment given to the activities from decision makers and politicians. The character and implementation of laws and regulations may also affect the treatment. Sometimes there are obstructions through lack of communication with relatives and user's organizations. Another and perhaps more vague cause may be the myths and generalized attitudes towards the elderly and aging that sometimes are expressed as discriminating tendencies in society."²⁴⁶

In line with the Eldercare Working Committee that worked out the ideas behind the bill "Eldercare on the Brink of the 90s", Rådström pointed out attitudes towards the elderly as a main problem to solve. This time, however, rather than describing society's attitudes towards the elderly, the revisited attitude frame put the ethics of the organization in center of the analysis. Instead of focusing on the elder's realizations of society's attitudes, the revisited attitude frame pointed out the personnel's and the local organization's attitudes towards the elderly as the main political problem to solve. Moreover, as Rådström's directives clearly

²⁴³ SOU 1997:170, p. 3.

²⁴⁴ Ibid., p. 73 ff

²⁴⁵ Ibid., p. 75.

²⁴⁶ Ibid., p. 75.

stated that her proposals should not involve increasing costs for the eldercare, this revisiting of the attitude frame meant that economic resources were more or less disconnected from the problem solving. In the end of her report, Rådström therefore concluded that:

“...the situation for the elderly in our society and the eldercare in particular must be prioritized and become visible, not only through quick images from the part of reality where values and material preconditions tragically have collapsed (...) It requires reflections and analyses that can lead to that available resources, human as well as material, are used in best possible way (...) A prioritization of the good treatment in the eldercare implies a long-term and resolute work that needs spirited souls on all levels among the elderly themselves, relatives, personnel, users’ organizations and politicians.”²⁴⁷

In other words, the main problem in the public eldercare was not the lack of resources but the lack of enthusiasm. Furthermore, as politicians were described as the last in the line, this enthusiasm should be carried from beneath rather than from above.

The revisited attitude frame’s focus on the local organization and the relationship between the elderly and the personnel meant that the individual meeting between the employee and the elder was put in center of the analysis. In the committee report, the character of the eldercare services was described as “family like” and the core of the care work as a dialogue between the elder and the individual employee.²⁴⁸ To achieve a good dialogue, the employee had to listen to the elder’s descriptions of reality. From this perspective, professionalism was to quickly and respectfully create a picture of the elder’s reality. Education for the workers and for the supervisors thus became the central means to achieve the good dialog between the elderly and the personnel, where the worker should have education in spiritual as well as individual needs and the supervisor in both social and medical skills.²⁴⁹

Besides from improved education, to improve the treatment of the elderly Rådström suggested that each employee working in the public eldercare should be obligated by the law to report signs of neglect or mistreatment in the care of the elderly.²⁵⁰ To further improve the quality of the services, Rådström argued that local projects should be encouraged that would focus on cooperation in the eldercare between the county councils and the municipalities. These projects should involve both the responsible authorities of the eldercare and the senior

²⁴⁷ Ibid., p. 257.

²⁴⁸ Ibid., p. 176 ff.

²⁴⁹ Ibid., p. 197 ff.

²⁵⁰ Ibid., p. 225 ff.

citizens' organizations and they would help to improve the information channels between relatives and the elderly.²⁵¹ In this context, Rådström also recommended that reference groups should be set up, consisting of persons from different professional occupations that would support the local authorities' administrative process in which the elderly were granted public eldercare services. Rådström furthermore pointed out that the granting of services should be based on individual needs and not stereotyped perceptions of the elderly as a group. Rådström therefore argued that the granting of services should be followed up so that the local authorities assured themselves that the elderly that were granted services also received them as planned.²⁵² The final proposal to improve the treatment of the elderly was to introduce special contact persons for the elderly that would help and support them in contacts with the authorities regarding financial as well as caring matters.²⁵³ In relation to this suggestion, Rådström also argued that the disabled elderly should be allowed to keep their special contact persons who they had been granted according to the Law of support and service to the disabled persons (LSS) even after they have reached the age of 65.²⁵⁴ Though this last suggestion would mean increasing costs for care in the municipalities, Rådström argued that her proposal could be motivated by the argument that the disabled should be treated equally regardless of which municipality they lived in. As it was now, however, some municipalities allowed the disabled elderly to keep their contact person while others withdrew the financial support to this form of help when the person retired.²⁵⁵

The disconnection between attitudes and resources characterizing the revised attitude frame was motivated in the historical background worked out in the committee report. Though it was Rådström that signed the final contribution to the historical background in the committee report, the gerontologist Gerdt Sundström however outlined the ideas behind it.²⁵⁶ Based on Sundström's investigation, Rådström questioned the connection between population aging, health status among the elderly and the provision of eldercare services. Contrary to this assumed relationship; during the last decades, the Swedish eldercare had grown much more than what was to be expected from the demographic development. Therefore, if one should include all public transfers to the elderly, such as pensions, housing allowances and eldercare services, Rådström concluded that resources to the elderly had not decreased but increased.²⁵⁷

In the historical background to the committee's proposal, the problem in the public eldercare was not resources but the division of resources in the municipi-

²⁵¹ Ibid., p. 209 ff.

²⁵² Ibid., p. 213 ff.

²⁵³ Ibid., p. 147 ff.

²⁵⁴ Ibid., p. 155 ff.

²⁵⁵ Ibid., p. 284.

²⁵⁶ Ibid., p. 83.

²⁵⁷ Ibid., p. 83.

palities between the home-based eldercare services and the hospitalized eldercare.²⁵⁸ In this perspective, the general decrease in the distribution of the home help services was problematic; however, it was not the decrease *per se* that needed to be solved but the municipalities' tendencies to prioritize nursing activities instead of social services, which in turn had made it more difficult for the elderly to get access to the public eldercare system.²⁵⁹ Though there were differences between the municipalities regarding the distribution of services, Rådström argued that these could not be described as a contemporary problem but more as a consequence of the Swedish historical tradition of local self-government. Home help services have always varied between the municipalities, Rådström concluded, and rather than contributing to reinforce the differences, the budget cut down in the 1990s had resulted in increased similarities between the municipalities.²⁶⁰ As a conclusion of the historical background, Rådström argued that since the connection between the costs for care and the aging population was vague, there were still possibilities to better economize the resources in the public eldercare and find spaces left for savings. Another conclusion drawn by Rådström was that the scattered pattern between the municipalities regarding the distribution of eldercare services was an outcome of historical continuities in the municipalities and not of the last decades of national policies.²⁶¹

According to the historical background given in the committee report, the elderly were better off than they had ever been since more and more of society's resources were invested in them. The general history of the Swedish welfare state with the expansion of the social insurance system and the increased public responsibility for eldercare services therefore legitimized that economic resources in the public eldercare sector was described as a matter of punctual and acute measures rather than a long-term and structural political problem to solve. Moreover, in the revised attitude frame, the municipalities' right to local self-government did appear as the historical symbol that could exemplify why problems of resources in the public eldercare sector did not lie in the national policies but in the municipalities that had to create a better eldercare by breaking their historical legacy.

4.6. Back to Basics? The National Program of Elder Politics and the (Non) Problem of Demography

The report regarding the treatment of the elderly together with the National Board of Health and Welfare's evaluations of the *Ädel-reform* resulted in a bill that outlined a new national program for the Swedish eldercare that was passed

²⁵⁸ Ibid., p. 84.

²⁵⁹ Ibid., p.107 ff.

²⁶⁰ Ibid., p. 109.

²⁶¹ Ibid., p. 110 ff.

by the parliament in 1998.²⁶² When she introduced the bill in the parliament, the Social Minister Margot Wallström argued that she did not like the contemporary focus on demography and the description of the elderly as a “ticking bomb”.²⁶³ The government bill she presented nevertheless clearly stated that the goal of the new national program was to introduce long-term guidelines for the Swedish eldercare, which would enable a transformation of the Swedish eldercare system that could respond to the increasing needs and demands caused by a significantly increasing share of the elderly in society.²⁶⁴ The new program was therefore more looking ahead to find solutions for the future than looking back to find explanations to the contemporary situation in the public eldercare sector.

As in the committee report regarding the treatment of elderly, Wallström began her reasoning with dividing the political measures into short-term and long-term problems:

“The elder politics faces a line of challenges. These are in the short run about clearing up problems and shortcomings within the eldercare that have emerged either as a result of the economic crises or in the aftermath of the not yet finished work with the reforms. In the long run these [challenges] are about nothing else than to adjust the entire society to another population structure with a significantly larger share of the citizens over the ages of 65. This means a new view on aging and on the elder’s role as citizens (...) A population change of this character gives rise to effects on nearly all fields of society; families and social relations, the labor market and economic life, savings and investments, pensions, health and social care.”²⁶⁵

Also in The National Program of Elder Politics, attitudes towards the elderly were described as a problem to solve in the future:

“For many of the elderly, elder politics is about security and access to good health and social care. But elder politics is also in its essence a question of how to change negative attitudes and prejudices towards the elderly. On all levels of society, one must therefore be aware of the need for a better treatment of the elderly and act according to this.”²⁶⁶

Contrary to the committee report regarding the treatment of the elderly, the government bill thus started out from society’s instead of the personnel’s

²⁶² Prop. 1997/98:113.

²⁶³ RD 1997/98:120, p. 34.

²⁶⁴ RD 1997/98:120, p. 34 and Prop. 1997/98:113, p. 14 ff.

²⁶⁵ Prop. 1997/98:113, p. 14.

²⁶⁶ Ibid., p. 15.

attitudes towards the elderly. Reasons for this were that the goals outlined for the future elder politics originated from the United Nation's principal program of elder's rights. Translated to Swedish conditions, these goals meant that the elderly should be able to live an active life and have possibilities to influence, that the elderly should be able to grow old with dignity and remained independence, and that the elderly should be treated with respect and have access to good health care and social services.²⁶⁷ These were the national goals for the Swedish elder politics, which should also serve as a point of departure for the municipalities and the county councils to form their own local programs for the eldercare in the future. However, the achievement of these goals was not only a task for the government or the local authorities, but a responsibility that should be shared by all Swedish citizens.²⁶⁸ The key to achieve the future goals was to improve the macroeconomic situation:

*“The fundamental precondition for the elderly to have a good life in our society both regarding economic security and the possibilities to offer health care and social services of high quality is a stable national economy. The government's highest priority is therefore also in this context to strengthen the economic growth, fight the unemployment and strive for full employment.”*²⁶⁹

In other words, both the long-term and the short-term problems in the public eldercare sector could be related to economic policies rather than social policies. The interpretative frame emerging in The National Program of Elder Politics thus became a mix between a classical Swedish Social Democratic welfare discourse, which narrative center is situated in state and labor market relations and not in state and family relations, and the new attitude frames developing since the 1980s, based on the individualization of need and metaphorical descriptions of the elderly as healthy, active and independent.

As the elder's living conditions were relatively good and as most of the elderly remained healthy, active and vital even in advanced ages, Wallström argued that stereotyped perceptions of the elderly as lonely and needy had to be replaced with a much more individualized approach.²⁷⁰ Nevertheless, Wallström concluded, some generalized pictures of the elderly were necessary to achieve the goals of the new program. Despite the generally bright picture of the elder's living conditions, there were some areas that could be classified as short-term political problems that immediately needed to be improved. First of all, though the economic situation had improved for the elderly as a group, the regulations

²⁶⁷ Ibid., p. 58.

²⁶⁸ Ibid., p. 59.

²⁶⁹ Ibid., p. 64.

²⁷⁰ Ibid., p. 21 ff.

for calculating the basic amount of the pension's had to be changed as the financial situation had worsened for those elderly solely depending on their national old-age pensions. Therefore, the pension system should be overlooked in a new investigation. Second, since the *Ädel-reform* had led to an increasing cost for the municipalities, their financial situation needed to be improved. For that reason, raised general subsidies from the state to the municipalities were incorporated as a part of the new program. Third, even if the treatment of the elderly mostly was good within the public eldercare, the quality of the services could be improved. Here, better cooperation between the county councils and the municipalities was necessary as well as an increased participation of physicians in the eldercare. Moreover, the general supervision of the eldercare services needed to be overlooked, and the personnel's obligation to report mistreatment in the public eldercare would be subscribed in the Social Services Act. Forth, and finally, to achieve a better quality of the eldercare services, education of the personnel was essential. Due to the changing character of the municipalities' eldercare services, medical training and raised competence in ethical issues was described as necessary qualifications for the future eldercare worker. It was however up to the local authorities to see to this matter.²⁷¹

In the mixed frame of attitudes and the social democratic welfare discourse emerging in The National Program of Elder Politics, pensions and labor market issues rather than the elder's need for care were outlined as central problems to solve, where the elder's need for care was analyzed more in terms of society's need than in terms of the elder's need. Moreover, contrary to the committee report regarding the treatment of the elderly, The National Program of Elder Politics placed the personnel's medical instead of ethical qualifications as central for the future organization of the public eldercare. This is somewhat paradoxical considering the goals of the *Ädel-reform*, which aimed at establishing a social instead of medical perception of aging and the elder's need for care. However, the focus on medicine can be related to historical traditions in Swedish eldercare policies, where since the 1950s the medical sciences have played a central role in raising the status of the public eldercare. Once again, it therefore became up to the medical profession to help saving the reputation of the public eldercare.

In the government bill, long-term problems in the public eldercare were primarily related to the demographic development. In line with the criticism of the relationship between demography and the need for care stated in the committee report, Wallström argued that demography alone could not explain the future need for eldercare services. Calculations based on the demographic development assumed that the surrounding factors affecting the need for care should be unchanged. This was an unrealistic assumption, Wallström pointed out. Important factors that could affect the future need for eldercares services were

²⁷¹ Ibid., p. 70-105.

here the medical sciences that through improved methods for health and rehabilitation could increase the elder's possibilities to live on their own. Another factor that could change the future need for care was structural changes, such as de-hospitalization of the care services that could decrease the cost for care.²⁷² A third factor that could decrease the need for public eldercare was informal eldercare services:

*“All needs for care do not result in increased demand for public eldercare. There are signs today that the elderly to a larger extent relinquish to seek help. A complement to publicly financed care in the so-called informal care, i.e. caring and nursing and help performed by relatives, neighbors, friends and so on (...) Since spouses provide a significant part of the informal care, the leveling out in mortality between the sexes [increased life expectancy for men, my note] that has started during the last decade can in this context play an important role.”*²⁷³

Thus, health policies, informal eldercare services and de-hospitalization were outlined as the three important measures to decrease the need for public eldercare services in the future. When she introduced the bill in the parliament, Wallström argued that she had been thrown between hopes and despair during the last years. On the one hand, she had been upset by the treatment of the elderly presented in the media but on the other, she had met devoted eldercare workers and local politicians that showed at the good treatment of the elderly in the public eldercare. In the end, Wallström argued, she did not know what pictures of reality to believe.²⁷⁴ The picture of reality that she and the government nevertheless finally chose to believe was the hopeful and shiny picture, supported by the metaphor of the elderly as healthy. Hence, the ideas outlined in the National Program of Elder Politics of how to solve the need for eldercare services in the future confirmed rather than they solved the last two decades of development in which the social differentiation among the elderly and the gendered conditions underlying the informal eldercare had become hidden behind an individualized language use that de-contextualized the category of the elderly as well as the category of relatives from class, gender and race. Informal eldercare services as a method to solve the need for eldercare services in the future therefore become described as a private matter between the spouses instead of a gendered relationship constituted by a wife that gives help to her husband or a daughter that gives help to her mother. In addition, the increasing tendencies among the elderly to renounce help from the public authorities did appear as an individual choice

²⁷² Ibid., p. 19 f

²⁷³ Ibid., p. 20.

²⁷⁴ RD 1997/98:120, p. 34.

instead of a gender and class based condition depending on the restricted granting of home help services and the increasing fees in the municipalities.

4.7. Between the Elderly and Employees – Changing the Division of Responsibility in Swedish Eldercare 1980-1998

The era from the 1980s and onwards can in many ways be characterized as a period of increasing policy paradoxes. At the same time as their responsibilities for the public eldercare have increased, the municipalities' financial space to expand the services has been restricted. Moreover, despite the policy goals of a home-based eldercare, home help to the elderly has been heavily reduced. Last and finally, contrary to the intention to introduce a social perspective on the elder's need, the *Ädel-reform* has reinforced the medical definition of what needs the elderly have. Altogether, these contradictions have resulted in a situation where the responsibilities for social services to the elderly have been pushed out of the public arena and back to the private arena, either to the market or the family. Therefore, since the 1980s, the definition of the elder's need has been narrowed with the consequences that the Swedish eldercare system has changed towards a significantly more restricted distribution of public eldercare services. However, as the state has withdrawn its responsibility, women have been forced to step in as informal caregivers, either in their roles of wives or in their roles of daughters. This discrepancy between policy goals and policy practices calls into question whether the period from the 1980s and onwards can be characterized as a formative moment in Swedish eldercare politics, during which new ideas have become embedded in the institutional frameworks regulating the division of responsibility for eldercare services between the state, the family and the market.

Eldercare policies of the 1980s started out from the Social Services Act, in which it was prescribed that the municipalities should continue to expand their home-based services for the elderly at the same time as their financial space to do so was restricted. The materialization of this dilemma became the concept of self-care, which linked the understanding of care to the individual responsibility for health rather than to society's responsibility for social services. In the Social Services Act, the metaphor of the elderly as healthy also appeared for the first time. As it emerged within the attitude frame developed by the Eldercare Working Committee, the metaphor of the elderly as healthy linked up with the metaphorical expression of the elderly developed in the Social Services Act. However, as it argued that the individual in fact could create his or her dependency in old age as a response to society's negative attitudes towards the elderly, the Eldercare Working Committee took this interpretation one step further. The attitude frame thus emerged around an understanding of aging similar to the idea of a third age, which individualized focus hides that the elderly also have social positions depending on their gender, class and race.

Contrary to the activity frame of the 1960s, which storyline was built around the male waged worker, the central character around which the attitude frame evolved was a native-born Swedish man from the middle-class. Indirectly, the Social Minister also pointed at this gendered condition in the bill “Eldercare on the Brink of the 90s” when he first described the elderly as healthy and then excluded the elderly women and immigrants from this metaphor. As white men from the middle-class was the only group never mentioned in relation to the need for public eldercare services, the metaphor of the elderly as healthy obviously described this specific group of the population. The attitude frame therefore had gendered, class-based as well as ethnical connotations, though they were hidden behind an individualized language use.

In the attitude frame, the metaphorical expression of the elderly as healthy and the definition of care as service were linked to an economic discourse that in the rhetoric described the relationship between the elderly and the personnel working in the public home help as a transaction built on the elder’s choice rather than their need for care. Within the attitude frame, service therefore appeared as an individualized matter related to the principle of freedom of choice. In this context, the middle-aged and uneducated former housewife working in the home help more or less was seen as a problem that obstructed the professionalization and advancement of the home help. Moreover, in the attitude frame, the informal eldercare carried out by relatives was also described as an individual choice rather than a gendered relationship consisting of a wife helping her husband or a daughter helping her mother.

The historical legitimization of the attitude frame strongly deviated from the activity frame of the 1960s. Contrary to idealizing the household community in the pre-industrial society, the attitude frame of the 1980s described the agrarian society as a cruel society where the elderly were forced to move to the poor houses when they no longer could provide for themselves. By almost exclusively focusing on the development of the hospitalized eldercare in the historical presentation, the attitude frame also established a negative historical continuity between the poor houses and the contemporary hospitalized eldercare. The poor house thus functioned as the negative historical symbol that could legitimize the proposals to de-hospitalize the public eldercare. Moreover, as the attitude frame solely focused on the hospitalized eldercare in the historical presentation, the home-based eldercare could be emphasized as something path breaking and new rather than a historical continuation. This marking of a historical discontinuity also contributed to present the rhetoric of freedom of choice merged with the idealization of a home-based eldercare as a contrasting picture to the public eldercare developed during the 1960s and 1970, which instead more or less became described as a legacy of the poor relief.

In the Eldercare Working Committee’s report, the credit for the break-through of the modern and home-based eldercare was not given to the state or the national policies but to the municipalities and the county councils. In this

manner, the committee could legitimize that local solutions should be guiding for the development of the public eldercare. This focus on local models also became central to the bill “Eldercare on the brink of the 90s” that clearly stated that the municipalities and the county councils could not count on any financial support from the state to carry out the ideas outlined in the bill. Thus, the implementation of the principles of integrity, security and freedom of choice outlined in “Eldercare on the brink of the 90s” turned into a matter for the municipalities and the county councils. As it was confirmed in the bill “Eldercare on the brink of the 90s”, social services to the elderly were therefore strongly linked with the principle of local self-government with the consequences that the idea of freedom of choice in the public eldercare was more connected with the municipalities freedom of choice than with the elder’s possibilities to choose what eldercare they wished. This emphasis on social service as local self-government strongly contrasted to the conceptualization of social help stated in the decision in principle of 1964, according to which the state would take an active responsibility for the eldercare in order to equalize the differences in the municipalities’ eldercare. Contrary to the idea of equalizing differences, the bill “Eldercare on the Brink of the 90s” encouraged the municipalities to develop differences. In the end, both the concept of service and the attitudes frame therefore were connected with the municipalities’ responsibilities and not with the state.

The suggestion from the Eldercare Working Committee to de-hospitalize and unite the public responsibility for eldercare for services under the head of the municipalities resulted in the *Ädel-reform* carried out in 1992. As the reform was expressed in terms of demand, quality and efficiency, the interpretative frame used to describe and legitimize the *Ädel-reform* put economics and not attitudes in center of the analysis. The economic rhetoric of the reform was justified by its linking it to the stated goal of policy in the Social Services Act according to which the public eldercare should work for liberation of the elder’s personal resources. Contrary to the delegation report, however, which described the *Ädel-reform* as a relatively modest improvement, in the bill the reform did emerge as something new and path breaking. Here, the *Ädel-reform* was described as a renewal of the public eldercare that should place the home in the center of the organization. Home and efficiency therefore became the central concepts used to describe the new eldercare. This new eldercare was also connected with the principle of local-self-determination, as the responsibility to carry out the *Ädel-reform* was decentralized to the county councils and the municipalities. In this context, the parliament’s Social Committee contributed to push the municipalities’ freedom of choice one step further. The committee argued that the reform did not give the municipalities enough freedom to contract private entrepreneurs to let them carry out the services. Shortly after the reform, the parliament therefore passed a bill, signed by the new coalition government consisting of the Liberal, the Conservative, the Center and the

Christian Party, that increased the municipalities' possibilities to sign contracts with private entrepreneurs.

Neither the *Ädel-reform* nor the increasing possibilities to contract private entrepreneurs however changed the principle that the municipalities' should be responsible for financing the public eldercare services. Thus, in a strict and a traditional sense, the *Ädel-reform* did not mark any institutional changes regarding the formal regulations of the relationships between the state, the market and the family. However, in a broader perspective that includes changes in political ideas, beliefs and perceptions in the institutional definition, the *Ädel-reform* can be seen as an institutionalization of new ideas regarding how to divide the responsibility for eldercare services between the state, the family and the market. From this perspective, the *Ädel-reform* can also be characterized as an authorization of a re-privatization discourse that re-interpreted the need for eldercare services from a public to a private issue.

Since the 1980s, the re-interpretation of need from a public to a private issue had been under development. The attitude frame that emerged during this decade connected care with personal health at the same time as it described aging as lifestyle and the elder's need for care as a matter of freedom of choice. Metaphorical descriptions of the elderly as healthy and the connection between the elder's need and the principle of freedom of choice also changed the view on social services, as eldercare in this interpretation more or less became defined as a transaction between the elderly and the personnel. Moreover, the linking with the concept of services to an economic discourse was accompanied by increasing possibilities for the municipalities to outsource their social services to the market, though the municipalities' employees should still carry out assignments in the eldercare related to nursing. Thus, at the same time as service was described in an economic language use, the elder's need for care was redefined from social need to medical need. As a consequence, the elder's need was individualized concomitantly as this shifted the public responsibilities for social services to the market or back to the family. In the end, the *Ädel-reform* therefore became the official confirmation of a re-privatization of social need that started in the 1980s. In this sense, the period from the 1980s and onwards is possible to characterize as a formative moment in the Swedish eldercare during which new ideas of how to divide the responsibilities for eldercare services has become embedded in the regulatory frameworks surrounding the public eldercare sector.

There are many reasons, which can contribute to explain why the period from the 1980s has been a formative moment in the Swedish eldercare. The demographic development with an aging population in combination with the effects of the economic crises of the 1970s and the 1990s are perhaps the two most important socioeconomic factors, as these have both contributed to destabilize the organization of the public eldercare system. The general criticism of the Welfare State that started in the 1970s and was carried forth by movements from both the

left and the right can be seen as another important reason why the public responsibility for eldercare services has changed since the 1980s. This critique described the public sector as ineffective, bureaucratic and dictatorial, which in turn resulted in a general decentralization of the public service production from the state to the local community. From my point of view, the third and most important reason why the public responsibility for eldercare services has changed is however the shifting views on the elderly from a dependent to an independent group. This shifting perception of the elderly has forcefully been summarized under the metaphor of the elderly as healthy, which in turn has legitimized a more passive role for the state in organizing and financing social services to the elderly. Moreover, though this changing perception of the elderly was firstly introduced in Swedish politics by the coalition government of 1976, a conglomerate of different political, expert and administrative groups and interests has supported the metaphor of the elderly as healthy since the 1980s. Therefore, even if economists have been the most prominent advocates of re-privatizing the public health and social service production in Swedish welfare politics at large, the re-privatization discourse in Swedish eldercare policies has more been the outcome of multiple groups of interests than it has been the result of one particular group. However, the re-privatization discourse of the elder's need has been carried out within a frame that have de-contextualized the category of the elderly as well as the category of relatives from class, gender and race with the consequence that the different possibilities for the elderly to buy services from the market and the fact that women has become forced to step in as informal caregivers has become hidden behind an individualized language use.

The re-privatization discourse manifested in the *Ädel-reform* has not been without criticism. This criticism has primarily appeared in the media. Due to the criticism, eldercare policies in the 1990s have been characterized by attempts to correct the problems following in the aftermath of the *Ädel-reform* and to restore the reputation of the public eldercare. However, these attempts to re-establish the faith in the public eldercare have not focused on organizational and structural issues but on ethics and the role of the personnel. Since the 1990s, the analytical focus of the eldercare policies has therefore shifted from society's responsibilities towards its elderly to the personnel's qualifications and moral standards. This focus on ethics was most prominent in the revised attitude frame characterizing the committee report regarding the treatment of the elderly, which focus on the local organization and the relationship between the elderly and the personnel meant that the individual meeting between the employee and the elder was put in center of the analysis. The character of the eldercare services was here described as "family like" and the core of the care work as a dialogue between the elder and the individual employee. To achieve a good dialogue between the elderly and the personnel, education of the workers as well as of the supervisors became central means, where the worker should have education in

spiritual as well as individual needs and the supervisor in both social and medical skills. Thus, the responsibility to restore the reputation of the public eldercare was not laid on national politicians but on the category standing last in line in the political decision-making process, the personnel. Moreover, in this context the municipalities' right to local self-government became the historical symbol that could legitimize why the responsibility to re-establish the faith in the public eldercare did not lie on the national policies but on the municipalities that had to create a better eldercare by breaking their historical path dependency.

Despite the intention to look ahead for solutions rather than looking back for explanations, The National Program of Elder Politics can nevertheless be seen as a closing of the ideas developed in the Swedish eldercare since the 1980s. The interpretative frame emerging in this bill was a mix between a classical Swedish Social Democratic welfare discourse, which narrative center is situated in state and labor market relations, and the new attitude frames elaborated since the 1980s, based on the individualization of need and metaphorical descriptions of the elderly as healthy, active and independent. The ideas outlined in National Program of Elder Politics of how to improve the public eldercare sector therefore more confirmed than they broke the last two decades of development. Thus, also in the bill, informal eldercare was described as private matter between the spouses instead of a gendered relationship constituted by a wife that gives help to her husband or a daughter that gives help to her mother. At the same time, the increasing tendencies among the elderly to renounce help became described as an individual choice instead of a gendered as well as class based condition depending on the more restricted granting of home help services and the increasing fees in the municipalities.

Part IV. Local Frames in the Swedish Eldercare 1980-2000

1. From National to Local Frames

As seen in part III, Swedish eldercare policies has since the 1980s been characterized by a re-privatization discourse regarding the elder's need for social services, such as cleaning, cooking and general assistance with housework. To examine the scope of this re-privatization discourse, it is however necessary to shift analytical point of view from the national to the local level. This depends on the circumstance that the re-privatization discourse has emerged concomitant with an increasing local responsibility for the eldercare. Though the municipalities have always had the basic responsibility for financing and organizing eldercare services, their responsibility grew in the 1980s due to the Social Services Act. By expanding the home-based eldercare on the behalf of the hospitalized services, the act increased the pressure on the municipalities to modernize their organization of the eldercare, a process, which in turn demanded a new work force as well as a new way of thinking of the elderly and their needs. However, as clearly stated in the preparatory works to the Social Services Act, the municipalities had to take on this challenge without little or any financial support from the state. The idea that the state should withdraw its responsibility for both financing and organizing the eldercare continued to dominate the policies of the 1990s and it became perhaps most apparent in the *Ädel-reform*, as the reform was carried out by local agreements between the municipalities and the county councils.¹ The state was thus never involved in the local negotiations. Moreover, except from a single payment to finance the costs for starting up their newly received responsibility for the nursing homes, the reform stated that the municipalities would not obtain any additional financial support for their increased responsibility for the eldercare.² Consequently, both in its central ideas and in the way it was carried out, the *Ädel-reform* was based on the principle of local self-determination. Due to this increasing local influence, it is also possible to say that, similar to the period before the expansion of the welfare state, local policies have once again become decisive for senior citizens' possibilities to receive help and services from the public authorities.

The aim of this last and final empirical part of the thesis is to examine the re-privatization discourse in practice to explore what consequences it has had for the elder's possibilities to receive social services from the public authorities. This fourth part of the thesis therefore deals with the question how the municipalities have interpreted the national goals of policy since the 1980s. Have the re-privatization discourse been as influential in local eldercare policies as it has

¹ Borell & Johansson (1998), p. 63 ff.

² Socialstyrelsen (1996b).

been in the national ones? Have the municipalities outsourced social services connected with housework or have they instead developed discourses of their own, which in turn differ from the national one? To examine these questions, in this part of the thesis the municipalities will be defined as both executors and interpreters of national policies. Thus, I will both consider the municipalities as restricted by national laws and regulations at the same time as I will consider them to have a high degree of freedom to re-interpret the laws and regulations according to local conditions.

To be able to empirically carry out the study, I have chosen to do an in-depth study of Umeå and Linköping. As discussed in the introductory part of the thesis, I have selected Umeå and Linköping because they can be seen as examples of two different municipal paths of development that has occurred in Sweden since the 1980s. As the majority of the Swedish municipalities, Umeå has chosen to maintain most of its eldercare services under the head of the municipality, while, on the other hand, Linköping together with a relatively small number of municipalities has started to outsource 20 per cent or more of the eldercare services to private producers. In 2002, therefore, Umeå had only outsourced 5 per cent of the eldercare services to private producers while Linköping in the same year had transferred 44 per cent of the production of eldercare services to private business corporations. This makes Linköping to one of the municipalities with the highest degree of privately produced services in Sweden.³ Though both Umeå and Linköping can be defined as belonging to the group of about one third of the Swedish municipalities that in smaller or larger scale have started to outsource their eldercare services to private producers, I consider that the huge variation between Umeå and Linköping regarding their amount of privately produced eldercare services indicates that Umeå and Linköping have chosen to interpret the re-privatization discourse in two rather different ways. A comparison between these two municipalities can therefore contribute to exemplify the causes as well as consequences why the Swedish municipalities have chosen different ways of handling their statutory responsibility for the elder's need for eldercare services during the last two decades.

1.1. Umeå and Linköping – an Overview of the Two In-depth Studies

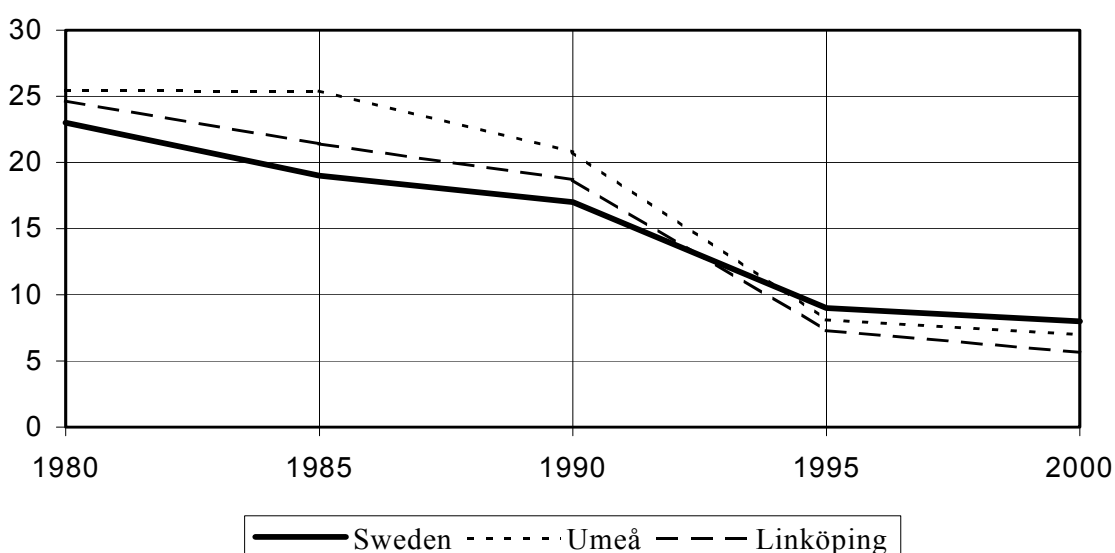
On the surface, there are actually several structural similarities between the municipalities of Umeå and Linköping. First of all, though Linköping has a larger population than Umeå has, both of the municipalities have a relatively young population compared to the rest of the country. In 2000, for example, the share of elderly over the age of 80 was only 3 per cent in Umeå and 4,5 per cent in Linköping, which can be compared to the national level of 5 per cent of the population 80 years and older.⁴ Therefore, in neither of the municipalities, the

³ Kommunförbundet (2002), Bil. 3. See also Appendix G.

⁴ See, for example SCB (1980), table 9 and SCB (2000b), table 4:2.

demographic pressure to change the municipal eldercare has been more overwhelming than it has been in Sweden as a whole. Second, both of the municipalities are university cities and chief cities for the regional hospital in each of the municipalities' county councils. The public sector is thus a large and important employer in both of the municipalities at the same time as their position as university cities means that the population is relatively young and mobile. Third and finally, despite the circumstance that neither Umeå nor Linköping have experienced severe demographic pressures to downsize their municipal eldercare, since the 1980s the share of elderly receiving municipal eldercare services has been heavily reduced in both of the municipalities. This is illustrated in diagram IV.1.

Diagram IV.1. Percentage of the population 65 years and older receiving home help services in Sweden, Umeå and Linköping, 1980-2000.



Source: For Sweden, see diagram II.2. For Umeå and Linköping, SCB, *Statistiska Meddelanden* 1981; 1986; 1991; Socialstyrelsen, *Socialtjänststatistik* 1996; 2001.

As shown in diagram IV.1, both Umeå and Linköping stayed above the national average of the population 65 years and older that received home help services until the 1990s, during which the distribution of home help services however radically dropped below the national average in both of the municipalities. As has happened in Sweden as a whole in the 1990s, neither in Linköping nor in Umeå has the heavy reduction of home help services been counterbalanced with a comparative increase in hospitalized eldercare services. Since 1990, the share of the elderly living in special forms of accommodation has only increased with a few percent in Linköping and in Umeå.⁵ In both of the municipalities, an in-

⁵ Socialstyrelsen (2000a), table 10.

creasing share of the senior citizens has therefore been forced to buy the services they need on the market or to turn to their relatives for help and assistance.

Still, despite the similarities in the distribution of the services, there is however one huge and striking difference between the two municipalities when it comes to the production of the eldercare. While nearly 40 per cent of the care recipients in Linköping in 2000 received their services from private producers, only 3 per cent of the care recipients in Umeå received privately produced services.⁶ Beneath a seemingly similar surface, there are therefore some notable differences between Umeå and Linköping when it comes to the question how the two municipalities have chosen to interpret the national goals of policies since the 1980s.

To examine if, how, and why, the re-privatization discourses in Umeå and Linköping differs from the national one, this part of the thesis will chronologically study what ideas and beliefs have constituted the two municipalities' local eldercare policies from the 1980s until 2000. Here, the analytical points of departure are the same as in part three. Therefore, also in this part the discourse analysis outlined in part one will serve as the analytical starting point though here, I will study what interpretative frames the local policymakers have used to explain and legitimize policy guidelines in the municipal eldercare sector. As in part three, I will in this forth part focus on the reasoning and legitimizing aspects of the political texts to deconstruct what interpretative frames have been used in the local decision-making process. Each local political decision will therefore first be studied from the problem solving perspective to see what rational arguments are given regarding the causes and consequences to the decision at hand, and then what metaphors, symbols, and historical examples, are given in the text to legitimize the decision. However, as it only has been the Social Services Act that have regulated the municipalities' responsibility for eldercare services since the 1980s, the deconstruction of the interpretative frames only focuses on what metaphors have been used to conceptualize the elderly and care in relation to the concept of service. Thus, here, service is seen as the only nodal point around which the interpretative frames have been organized.

Also in this fourth part of the thesis, connections with established political discourses are considered as important explanations why political agents favor one interpretative frame above another. Hence, also on the local level, I see the success of an interpretative frame as depending on what historical symbols, metaphors, and images the political agents manage to link up with the frame. However, instead of focusing on how interpretative frames changes due to conflicts between different groups of expertise, as in part three, this fourth part focus on how interpretative frames changes due to conflicts between different groups of political actors. This part of the thesis therefore mainly contains a study of actors situated inside the municipal city council. Groups of expertise

⁶ Socialstyrelsen (2000a), table 5 and 11 and SCB (2000b), table 4:2.

accordingly play a different role in this part, as they are here considered to be implementers of local policies. Thus, to conclude, in the following chapters, changes of local interpretative frames within the Swedish eldercare will be studied as complex and sometimes contradictory political processes, where new configuration of past and present political discourses creates new meanings of what it is to be old, what needs the elderly have and what obligations the family and society have towards the senior citizens.

The main sources that I have used to examine what interpretative frames have evolved in Umeå and Linköping since the 1980s are published and unpublished minutes and documents from the two municipality's city councils. These minutes and documents have functioned as central sources to how different groups of political actors in Umeå and Linköping have perceived and legitimized policy planning and decisions during the period in question. I have also used unpublished material, primarily minutes and documents, from the local government-committees of social affairs in each of the two municipalities to be able to further examine what historical symbols, metaphors, and images different political agents have linked up with the interpretative frames. As the unpublished material from the local government-committees often includes both preparatory work to the city council's minutes as well as it often displays political disagreements between the members of the committees, the local government-committees' material has functioned as an important complement to the municipal city councils' minutes and documents.

As in part III, also in this forth part I have considered metaphors of the elderly and care as gendered metaphors that hide as well as they create hierarchies of obligations and need between men and women. I have therefore used unpublished material from the local welfare office in Umeå and Linköping to be able to follow up the gendered consequences of policy changes in each the two municipalities. In this case, I have done three in-depth studies of how many of the elderly men and women that were refused municipal eldercare services in Umeå in 1985 and in 2000 and in Linköping in 2000. The years 1985 and 2000 were selected so that I would have the possibility to see if and how the eldercare changed in the two municipalities after the introduction of the *Ädel-reform*. Unfortunately, as the local welfare office in Linköping has not saved its record from the 1980s regarding the number of applications for eldercare services, I have not been able to carry out the originally planned in-depth study of Linköping in 1985. Yet, in the three in-depth studies that I have been able to do, I have especially focused on what grounds the local welfare offices in Umeå and Linköping refused elderly men and women municipal eldercare services; moreover, if there are any differences between the municipalities regarding the refusals. Finally, as far as have been possible to determine from the local welfare offices' material, I have also examined how the elderly men and women that were refused municipal eldercare services managed their needs when their application for eldercare services were refused by the local welfare office. In

this case, I have been especially interested to see how many of the elderly, who were refused municipal eldercare services, received help from their relatives and the gender of the relative that gave the help in each of the municipality. The results of the three in-depth studies are discussed in the following chapters and also summarized in Appendixes in the end of the dissertation.

This fourth part of the thesis is composed as follows. Chapter two examines the local eldercare policies' development in Umeå and what interpretative frames that have emerged in this municipality since the 1980s. Chapter three explores the development of eldercare policies in Linköping and what interpretative frames that have evolved in the municipality of Linköping from the 1980s and onwards. Chapter four, finally, contains a concluding and comparative discussion of the development in the two municipalities. In this final chapter I will also discuss what differences and similarities that can be found between the interpretative frames of the two municipalities and compared these with the development on the national level.

2. Between Tradition and Change – the Case of Umeå

In 1977, a troubled, but at the same time amused, social worker marked in the journal of Mr. D that this 74 years old gentleman received more hours than he needed from the public home help. The social worker did however let the matter pass because though Mr. D was “*healthy and vital*”, he “*...thinks it is good to have assistance with cooking, of which he consider himself to be very ignorant...*”⁷ Twenty-three years later, another social worker denied a 74 years old woman assistance with housework, though she had recently had a stroke and also suffered from diabetes, high blood pressure, osteoporosis, hearing impairment as well as vision defections. This time the social worker argued that Mrs. K's “*...need for help is at the time minor, despite her stroke. In my opinion, she is in need of assistance with the cleaning but private producers should be able to do that.*”⁸ During the course of 2000, another 77 people over the age of 65 were also denied home help services or a place in the municipality's special forms of accommodation, and either recommended to turn to the market for assistance with housework or offered additional home help services instead of a service apartment or a place in the nursing homes. The lowest common denominator in all cases was that their needs were all considered being too minor to be granted the applied services.⁹

⁷ Umeå kommuns stadsarkiv, Omvårdnadsjournal, ”Mr. D”, Man born 1903, Registerkort, Hembesök 1977-05-11.

⁸ Umeå kommun, Socialtjänsten, Vård och omsorg, ”Mrs. K”, Woman born 1916, Ärendeblad 2000-05-30.

⁹ Umeå kommun, Socialtjänsten, Vård och omsorg, Beslut/Avslag 2000. See also Appendix E, table E:3 and E:4.

Obviously, the local guidelines for granting the elderly help and services have changed during the last two decades in Umeå. Central to this process seems to be the definition of the elder's need. In the late 1970s, senior citizens could receive help from the public authorities despite that they were considered to be relatively healthy while in 2000, neither old age nor illnesses associated with aging were regarded as reasons good enough for receiving public assistance. Moreover, those elderly whose applications were turned down in 2000 because they were regarded as too healthy were also directed to the market to buy help with the social services they needed. This chapter seeks to explain the causes and consequences of these changing interpretations of the public responsibility for eldercare services in Umeå. The chapter starts with the introduction of the Social Services Act and how the municipality defined the public responsibility for eldercare services in relation to this act, which is followed by a presentation of the municipality's eldercare policy during the 1980s. After this, I discuss what policies the municipality developed in relation to the *Ädel-reform* and how the definition of the elder's need for services changed in the 1990s. The chapter ends with a concluding discussion of what local expressions that can be found in Umeå concerning the re-privatization discourse.

2.1. Service as Help – Meetings between New Concepts and Traditional Policies

As already discussed in part III, the Social Services Act was an extended process. In 1968, the decision was taken to work out a new act that what include all the municipalities' responsibilities in the field of social services but the new act did not come into force until 1982. Though Umeå was not on the list of municipalities that were asked to give their opinion on the new act, the municipality nevertheless sent a remark to the Department of Social Affairs regarding it. In the remark, Umeå expressed its positive attitude towards the new act and the municipalities' extended responsibility for both planning and integrating social services into local society.¹⁰ Umeå therefore welcomed the Social Services Act and the new demands that accompanied it.

Reasons for Umeå's positive attitude towards the new act could be that the municipality's possibilities to meet the challenges of the new act were rather good, especially in the case of the eldercare. First of all, Umeå had a generally young population compared to the rest of the country. In 1980, only 11 per cent of the municipality's population consisted of people over the age of 65, compared to the national level, where the share of the population 65 years and older were 16 per cent.¹¹ This meant that, at least in the near future, Umeå would not have to face any huge demands for eldercare services. Second, the municipality had already started to re-organize their public eldercare towards more home-

¹⁰ Umeå kommun, Kommunstyrelsens protokoll 1975-01-20, § 17, Bilaga 2.

¹¹ SCB (1980), table 9.

based services. Since the middle of the 1970s, Umeå had worked together with the county council in Västerbotten to increase services to the elderly in their ordinary living environment and decrease the hospitalized eldercare.¹² The general motives for this re-organization were the same as those expressed in the Social Services Act, i.e. home-based eldercare services would increase the possibilities for senior citizens to stay in their ordinary livings and strengthen their right to self-determination and influence over their daily living. Another reason was that home-based services were regarded as cheaper to organize for the municipality as well as for the county council.¹³ Compared to the discussions in the national parliament, however, which related the home-based eldercare services to new understandings of the elderly as vital and healthy, the motives in Umeå for home-based eldercare services were placed in a rather different context. Here, the municipality argued that:

“Society’s measures should be directed towards giving the elderly the possibility to continue to have an active life after retirement. The elderly should be given different kinds of support to stay in an environment familiar to them and to participate in daily life and in the community.”¹⁴

The focus on the problems of activity and life after retirement shows that, contrary to national policies, where home-based eldercare services in the 1980s were motivated from an emerging attitude frame that described the elderly as healthy and capable of organize their spare time through their own organizations, Umeå instead continued to interpret the elder’s need within the activity frame that had dominated eldercare policies from the late 1950s. Thus, in Umeå the main problem for the public eldercare to solve was still understood as elder’s passing from working life to retirement and their isolation caused by the breakdown of the agrarian household community.¹⁵ Therefore, what Umeå did was to incorporate the new Social Services Act into an already established political discourse without changing the understanding of the elderly, care or the elder’s need for services. Senior citizens were consequently still seen as a dependent group in society while the concept of service only became interpreted as another expression for help.

Reasons why Umeå continued to interpret the elderly and their needs within the activity frame are found in the municipality’s political situation. The local SAP had had the political power in the municipal city council for a long period

¹² Umeå kommun, Kommunstyrelsens handlingar 1979-03-06, § 105.

¹³ Ibid, Bil. 1., p. 3.

¹⁴ Umeå kommun, Kommunstyrelsens handlingar 1979-03-06, § 105, Bilaga till skrivelse, p. 2.

¹⁵ See for example Umeå kommun, Socialkontoret, Äldreomsorgsplan 1983-87, p. 2 f.

of time, and the party continued to stay in power during the 1980s.¹⁶ As SAP kept the political power, the understandings, beliefs and perceptions of the elderly and care established by the party in previous decades could continue to dominate the municipality's eldercare policies in the 1980s. Consequently, the attitude frame, which on the national level was carried by the bourgeois parties and later incorporated in Swedish eldercare policies, never gained any real footing in Umeå. Therefore, even though the local Liberal Party, the local Conservative and Christ-Democratic Party in the 1980s raised several motions in the municipal city council regarding the problem of attitudes towards the elderly and the necessity to develop a more individualized public eldercare, they generally talked to deaf ears and as good as every of their motions were turned down.¹⁷ In the 1980s, the municipality's eldercare policies were thus strongly dominated by SAP.

2.2. Service for Everyone - A Local Reminiscence of the Activity Frame in the 1980s

In relation to the introduction of the Social Services Act, Umeå's local SAP raised a motion in the municipal city council suggesting that the municipality should work out policies for the public eldercare that would be valid for the next five years.¹⁸ This assignment was passed on to the local government-committee of social affairs, which in turn passed the errand on to the local welfare office.

According to the directives, the municipality's eldercare policy for the 1980s would be based on the goals prescribed in the Social Services Act, which meant that the local eldercare should be organized according to the principles of normalization and self-determination. Moreover:

*“Special concern regards good dwellings for the elderly and help that are necessary in the home for an independent living. Especially security is something of a key concept in the discussion of the elder's living conditions today. Another line of policy is to expand the contact activities and to create active occupations for the elderly.”*¹⁹

Hence, the local eldercare policy would set out from the new goals of policy stipulated in the Social Services Act but its content should focus on the traditional goals of policy according to which the elderly needed meaningful occupations and activation to avoid isolation after retirement. In this manner,

¹⁶ See Appendix C for an overview over the distribution of seats in the municipal city council and Appendix D for a description over the political coalitions in the municipality.

¹⁷ See for example, Umeå kommun, Kommunfullmäktiges protokoll 1980, § 8, Bilagor; 1986, §§ 127, 238; 1988 §§ 20, 24, Motion 8:88; 1989, § 143, Motion 17:89.

¹⁸ Umeå kommun, Kommunfullmäktiges protokoll 1980-04-22, Motion 3/80.

¹⁹ Umeå kommun, Socialkontoret, Sektorprogram: Äldre- och handikappomsorg 1983, p. 1.

home help services became both interpreted in line with the activity frame, as a way to break senior citizens' isolation, and in harmony with the Social Services Act, as a way to increase their independence. As its centrality was prescribed in the Social Services Act and since the possibility for the elderly to stay in their ordinary living environments was thought to help off isolation, senior citizens' ordinary livings was furthermore described as central for the future organization of the eldercare. A third directive to the local eldercare policy for the 1980s therefore prescribed that the home help services had to include all forms of help to the elderly, from general assistance with housework to advanced personal care.²⁰

The directives were included as general goals of policy for the municipality's eldercare in the 1980s. The eldercare policy of the 1980s thus prescribed that the local eldercare should set out from senior citizens' ordinary livings and the possibility for the elderly to stay in an environment familiar to them. Due to this goal, the home help services should be able to provide for all forms of needs, from cleaning to personal care. For that reason, the policy of the 1980s stated that public eldercare should be granted to all of the elderly who were in need of help to maintain their own household, even though they only needed help with such tasks as cleaning, shopping or cooking. The minimum need the elderly would have to receive home help services was defined as:

“The pensioner has a relatively good capability to take care of him/herself. No walking disabilities and are able to manage what is to be regarded as parts of daily living (ADL) – personal hygiene, cooking, etc. Still needs help with certain housework, such as, cleaning and supervision. Activities of this kind should be possible to give as home help to all that are in need. 100 % cover of the group in need.”²¹

As the need to receive home help services was set at a minimum level of help, and as the municipality counted on a total cover for all of the elderly with a minimum need for help, it is possible to say that Umeå in practice decided that all senior citizens that applied for home help services should be granted it. Because of the concentration on home help services in the elder's ordinary livings, the municipality also counted on a relatively modest expansion of the special forms of accommodation. This was most of all financially motivated:

“Obviously, it will not be possible to build service apartments to all who for different reasons asks for such services. The amount of applications to service apartments can neither be seen as an expression of a great need for care but more as an expression of a need for security. If the building of

²⁰ Ibid., p. 18.

²¹ Umeå kommun, Socialkontoret, Äldreomsorgsplan 1983-87, p. 20.

*service apartments should decrease, it is also necessary to incorporate more security in the ordinary living. Hospitalized forms of care are undoubtedly the most expensive and most binding forms of care for society. Since society's economic interests apparently coincide with the individual's interest to stay in the familiar environment, it should also come as natural to direct the eldercare towards increased home help services...*²²

Home help services were thus not only considered to be better for the elderly but also cheaper for the municipality. The deliberate concentration of home help services and the focus on senior citizens' ordinary living environment was therefore not entirely motivated by the elder's need but it also had its economic reasons.

During the most part of the 1980s, the municipality seemed to keep to the planning outlined in the policy document from 1983. Home help services accordingly continued to be granted to practically all that applied for the services. In 1985, for example, 25 per cent of the population 65 years and older living in the municipality received public home help services compared to 19 per cent for Sweden as a whole. Though the granting of home help services started to decrease in the municipality after 1985, the amount of the elderly receiving home help services in Umeå nevertheless continued to stay above the national level throughout the entire 1980s.²³ Moreover, as the attitude frame never influenced the municipality's policies, the elder's need for housework, such as, cooking and cleaning, continued to be interpreted as a public responsibility in Umeå. Therefore, during the 1980s, a large part of the home help services in Umeå consisted of assistance with housework and elementary personal care, such as help to get dressed in the morning or help with personal hygiene. In 1985, twenty per cent of those who received home help services only obtained cleaning and about fifty per cent received help with cleaning and elementary care less than five hours a week.²⁴ It thus seems as the municipality of Umeå in the 1980s did concentrate its efforts on granting as many of the elderly as possible home help services at the same time as the services were still characterized by a traditional interpretation of the elder's need, according to which the public home help services should help off senior citizens' isolation after retirement by assistance with housework a few hours per week

2.3. Service for Whom? Gendered Implications of the Activity Frame

As seen in part III, the activity frame that emerged in Swedish eldercare policies in the late 1950s was an interpretation of the senior citizens' need that had gendered connotations. The frame was strongly focused on the needs of the

²² Ibid., p. 8 f.

²³ See diagram IV:1.

²⁴ See Appendix E, table E:1.

retired male wageworker at the same time as it saw housework as something performed by women, regardless of their ages and needs. In this chapter, Umeå has been identified as a municipality where the activity frame survived the 1980s despite the emerging attitude frame on the national level. A deep study of how public eldercare services were granted to the elderly by the municipality's local welfare office in 1985 can therefore show in what extent the underlying assumptions of gender merged with the activity frame affected the elderly men and women's possibilities to receive help from the authorities.

Though it is difficult to come to clear-cut results how assumptions of gender affected the granting of public eldercare services in the past, some findings are nevertheless possible to do. First of all, seen to the entire population of the elderly who were granted public eldercare services in 1985, women were in majority. The combined effects of women's longer life expectancy and the dominating patterns of marriage can partly explain why women were in majority of the receivers of home help in 1985. However, as pointed out by the local welfare office in the planning of the municipality's eldercare during the 1990s, demographics alone could not explain the dominance of women.

“Significantly more women than men are served by the public home help even seen in relation to the population of each sex respectively. Can it be so that the home help more quickly takes over the daily housekeeping (laundry, cleaning, shopping) if a woman becomes in need of care in a family? The home help should therefore focus on pushing men to manage the daily housekeeping even though the home help takes care of the wife.”²⁵

As indicated in the local welfare office's statement, women's dominance as receivers of public home help services in the 1980s must not be seen so much as a result of demographical circumstances as it must be seen as an outcome of gendered assumptions of men and women's capabilities to do housework. Seen from this perspective, women's dominance as receivers of public home help services in the 1980s was more a product of gendered ideas of men and women's possibilities to carry out housework and less a product of the demographical situation. Second, because of the gendered assumptions of men and women's household capabilities, it seems as the home help services tended to be more generously granted to the elderly men than the women. For example, Mr. D described in the introduction to this chapter received extended home help when his wife was taken to the hospital for medical treatment even though he was considered to be healthy. In the same year, Mrs. H, whose husband had also been taken to hospital, was denied extended home help because she was

²⁵ Umeå kommun, Kommunfullmäktiges protokoll 1994-01-24, § 6, Bilaga, p. 19.

regarded as too healthy.²⁶ Though their health as well as civil status was similar, Mrs. H and Mr. D did not appear to be judged on the same grounds. Mr. D was expected to be in need for help because he had suddenly been left on his own and was therefore not supposed to be able to manage a household of his own. Mrs. H, on the other hand, was by her gender expected to maintain her own household irrespective of the fact that she had also recently been left alone.²⁷

Third and last, though it was extremely few that were denied the service they applied for in 1985, six out of seven of those whose application was turned down in 1985 were women. All refusals regarded applications to service apartments, and four of the women whose applications to service apartments were turned down were also considered to be too healthy to receive an apartment in the municipality's service buildings.²⁸ The women that were denied apartments because they were considered to be too healthy were also either directed to the market to apply for an ordinary apartment or recommended to apply for home help services if their needs for help would change to the worse. Here one can only speculate, but since no man was denied a service apartment in 1985 on grounds of being too healthy, it is possible that the elderly men that applied for a service apartment in the municipality's dwellings generally were granted it because they were considered to be more in need for a service apartment than women. Another possible conclusion to make is that as long as they were married, men in 1985 did not need to apply for a service apartment because their wife carried out the daily housework and if necessary, their elementary care.

The refusals of the women's applications to service apartments do point ahead to some of the gendered biases of the re-privatization of social services in the 1990s. As there are more single women than men depending on public eldercare in old age, cut backs and policy changes in the public eldercare hit the elderly women differently than the elderly men. Seen from this perspective, it is interesting to see how Umeå handled the *Ädel-reform* and the balancing between financial restrictions and increased responsibility for the public eldercare services in the 1990s.

2.4. Between Attitudes and Savings – Umeå on the Brink of the 1990s

Umeå had in its eldercare policy from 1983 more or less premised that all of the elderly who applied for home help services should receive it. Judging by the internal discussions in the local-government committee of social affairs, it is however possible to see that already in the middle of the 1980s, the municipality started to realize this generous presumption of home help to as good as everyone

²⁶ Umeå kommuns stadsarkiv, Omvårdnadsjournaler, "Mr. D", Man born 1903, Registerkort 1974-08-28 – 19885-02-20 and "Mrs H", Woman born 1913, Registerkort 1978-03-06 – 1985-04-31.

²⁷ See Szebehely (2000) for a similar discussion and conclusions.

²⁸ See Appendix E, table E:2.

as a problem. In a memo from 1986 to the local-government committee of social affairs, it was argued that:

*“The municipality’s and hence also the social service’s available resources must be used more efficient in a dwindling economy. Reconsideration and restructuring of activities will therefore be necessary and more frequent. The planning also needs to be better adjusted to and better correspond with changing demands (...)”*²⁹

Nevertheless that the internal political discussions pointed towards restrictions of the municipality’s activities, the official line of policy was to continue to keep to the policy goal of service for everyone. In a motion from 1987, SAP hence argued that the elder’s right to a good life should be independent of their income and relatives. The elderly should therefore be able to stay in control of his or her life and decide where to live, what to spend the money on and who should perform the help and services he or she needed. Moreover:

*“These demands have not often been met by the public eldercare during previous decades. Physicians, relatives and authorities have made decisions regarding the elderly in need above his [sic!] head. The alternatives have been few or none and the hospitalized care that has been offered have often severely limited the individual’s self-determination and integrity.”*³⁰

The motion raised by the local SAP in 1987 was thus an argument for increased freedom of choice in the municipality’s public eldercare, especially in the hospitalized eldercare services. According to SAP, the municipality had been poor at offering the elderly the services that they wanted and instead looked more to the municipality’s interest than the elder’s best. In the motion, the party therefore argued for a revision of the municipality’s eldercare policy regarding the hospitalized eldercare services. Though SAP never used attitudes as an explanation why the elder’s right to self-determination and integrity has been violated in the past, the emphasis on freedom of choice in the public eldercare bear resemblance with the attitude frame carried forth in the national policy document “Eldercare on the brink of the 90s”. Most of all because SAP in the motion focused on the lack of freedom of choice in the public eldercare, which was also a main argument in the national policy document, but also because of the historical argumentation in the motion, which as in the national document set out from the problems of the hospitalized eldercare. As in the national policy document “Eldercare on the brink of the 90s”, SAP’s motion in the municipal

²⁹ Umeå kommun, Socialnämndens protokoll 1986, § 156, Bilaga, Skrivelse 1986-02-17, p. 1.

³⁰ Umeå kommun, Kommunfullmäktiges protokoll, Motion 42:1987, p. 138.

city council was therefore an argument for the expansion of the home help services on the behalf of the hospitalized services.

The motion raised by SAP in 1987 resulted in a local policy for the municipality's eldercare services, "Elder's Dwellings on the Brink of 2000". According to this document, the municipality had in the near future to decide if the demographic development with an increasing share of the elderly should be met with an expansion of service apartments and nursing homes or with an expansion of the home help. The answer to this question was already given, as the policy document stated that the municipality's eldercare should set out from senior citizens' possibility to stay in their ordinary livings. However:

*"The further planning of the elder's dwellings must be based on freedom of choice. The elderly must be able to affect his/her situation and have existing opportunities to choose where he/she wants to live and what care to have. One should thus be able to have extensive help in ones own living, in the service apartment, in group-livings, in complete board and lodging livings. The different forms of accommodations and care should not be understood as levels of care where the opportunities to carry out qualified tasks of nursing increases but as alternatives that can fit different people."*³¹

As the elderly should be able to choose where to live and what care to have, "Elder's Dwellings on the Brink of 2000" was an argument for increased freedom of choice in the public eldercare. At the same time, however, as it clearly stated that senior citizens should as far as possible stay in their ordinary livings, "Elder's Dwellings on the Brink of 2000" was also a restriction of the elder's possibilities to choose where to live. Roughly speaking, as senior citizens in practice only could choose to stay in their ordinary livings but not to have a place in the municipality's special forms of accommodation, the freedom of choice pleaded for in the document was very close to an illusion.

Moreover, "Elder's Dwellings on the Brink of 2000" contained the first cautious step towards a narrowing of the municipality's responsibility for social services. The document specified that the municipality should focus on cooperation with housing companies, grocery stores, and civil organizations in order to decrease the activities carry out by the public home help. It was therefore decided that public home help should continued be granted to the elderly only in need for help with housework, such as, cleaning and shopping; however, if possible, these services could be carried out in cooperation with private producers or civil organizations.³²

³¹ Umeå kommun, Socialtjänsten, Äldreboendet inför 2000, förslag till utbyggnad, p. 3.

³² Ibid., p. 4.

2.5. The Guidelines of 1989 - Changing the Meaning of Service

The moderate relaxation of the municipality's responsibility for social services commenced in "Elder's Dwellings on the Brink of 2000" escalated in the 1990s. In November 1989, the municipal executive board drew up new guidelines for the elderly receiving public home help services in their ordinary livings. According to these new guidelines, henceforth cleaning and shopping would be excluded from the public home help services. Private producers or the municipality's own cleaning corporations would instead carry out the cleaning services while help with shopping could be solved through the grocery stores' home delivery services:

*"(...) pure cleaning shall in principle be carried out by private or municipal cleaning companies. Do therefore investigate the applicant's financial possibilities to buy the services. Regarding shopping, do in the first place use the grocery stores' home delivery services."*³³

Senior citizens that only needed assistance with cleaning and shopping would therefore be recommended to buy these services on the market. In case that the elderly could not afford to buy the services they needed, they would receive supplementary benefit to be able to buy the cleaning or assistance with shopping that they needed. Moreover, for those elderly who needed both help with cleaning and their elementary personal care, the granting of home help services would be based on the principle of self-to-self-help:

*"The majority of the receivers of home help are found within this target group. Means tests based on the principle of 'self-to-self-help'. Take care of the neighborhood's supply of services, for example, the grocery stores' home delivery services etc. Persons who feel insecure offers in the first place telephone watch on self-chosen hours as a complement to the home help. Investigate if the senior citizens' organizations can take on the services as Act of Friendship [VÄNTJÄNST], alternatively, use the twice round the clock staff from the service apartments' buildings (...)"*³⁴

Accordingly, the public home help would only carry out the elementary care while private producers would do the cleaning and shopping. Those elderly that needed help because of feelings of anxiety or insecurity would furthermore primarily receive help through the telephone watch, which would call them on certain times to hear that they were all right, or be recommended to turn to civil organizations that could help by visits or activities.

³³ Umeå kommun, Kommunstyrelsens handlingar 1990-04-09, Bil. 14.

³⁴ Ibid.

Last but not least, for those elderly that were in need of extensive personal care twice round the clock, the local welfare office would examine the possibility for relatives to give complementary help and services at the times when the home help could not be there:

*“Evaluate the applicant’s total need of services and what the home help can live up to from the viewpoint of requirements. Do also evaluate relatives’ possibilities to complementary services at the hours the home help can’t meet the expectations.”*³⁵

The new guidelines gave immediate results as the number of senior citizens receiving home help services for assistance with housework, such as, cleaning, shopping or laundry, rapidly dropped in the 1990s. Furthermore, in the 1990s, housework became classified as “technical tasks” for which the elderly would not receive any assistance from the municipality. As a consequence, housework was removed from the municipality’s field of social services.³⁶ As the municipal executive board emphasized increased cooperation with both private producers and civil organizations in the future organization of the municipality’s eldercare, in the guidelines from 1989 Umeå also started to change its perception of the public responsibility for eldercare services, from a solely municipal responsibility towards a shared responsibility between the municipality, the market and civil society. Thus, it is possible to say that with the guidelines of 1989, the municipality took its first step towards a new understanding both of the elder’s need and the concept of service. This first step was however taken without discussions of how the re-privatization of housework would hit the elderly in respect to their economic and personal resources as well as their gender. Neither was the decision to increase the involvement of relatives as complements to the public home help discussed from the perspective of gender. Consequently, the new guidelines were blinded for the gendered effects it would have for the elderly and for their relatives.

Reasons for the rather decisive change of the municipality’s home help services in 1989 were financial. As previously discussed, from the middle of the 1980s the municipality had notified changes in social services due to the municipality’s reduced financial resources. These changes finally came into force in the end of the decade. Another important factor behind the new guidelines was the *Ädel-reform* that was decided by the national parliament in 1989 and carried out in 1992. Due to this reform, Umeå took over the responsibility for 266 beds in the nursing homes that previously had been under the responsibility of the county council. As a result, the municipality’s number of beds, rooms and apartments in special forms of accommodations increased with nearly 40 per cent. In

³⁵ Ibid.

³⁶ Umeå kommun, Socialtjänsten, Äldreomsorgsplan 1994-1996, p. 16 ff.

relation to the enlarged responsibility of special forms of accommodations, the municipality also took over the responsibility for home nursing in the special forms of accommodations plus day care activities and the responsibility for patient's that were regarded as medically done within the hospitals' somatic care.³⁷ All in all, this expansion of the municipality's responsibility for eldercare services in one field, the hospitalized eldercare, increased the pressure on the municipality to change their responsibility in other areas, that is, the home help.

2.6. Towards Re-Privatization – the Purchase Policy of 1993

In the election of 1991, SAP lost the political power to a local coalition between the Liberal Party, The Conservative Party and the Christ-Democratic Party in the municipality. However, as SAP came into power once again in the following election in 1994 and continued to stay in power during the rest of the 1990s, the coalition's possibilities to change the municipality's policies were limited.³⁸ Even in the 1990s, Umeå's political life and eldercare policies thus continued to be dominated by SAP.

Yet, in relation to the bill passed by the national coalition government of 1991 regarding increased possibilities for the municipalities to outsource their social services, in 1993, the bourgeois coalition in Umeå did carry through a new purchase policy for the municipality's public administration and corporations. This new purchase policy predicted an increase of private producers in the municipality's social care services:

*“The most evident development now is the increased interest for purchase of services, i.e. the contractation of activities that so far have been carried out under management by the municipality, in the first place so called ‘soft’ activities as schools, social services and culture/leisure.”*³⁹

The new purchase policy was described as a step in the renewal of the municipality's activities aiming at increased efficiency and to cut the municipality's costs for the services. The point of departure for the new purchase policy was therefore to receive cheaper and/or more efficient services. Even though private producers would carry out activities previously managed by the municipality, the policy nevertheless settled that the municipality would continue to have the total responsibility for the activities. Hence, the municipality would continue to have the right to make priorities regarding the extension of the activities and who would have the right to receive services. More-

³⁷ Umeå kommun, Socialtjänsten, Ädel-reformens genomförande- förslag till organisation.

³⁸ See Appendix C and D.

³⁹ Umeå kommun, Kommunfullmäktiges protokoll 1993-06-21, § 86, Bilaga 1, p. 3.

over, if the services were subjected to fees, the municipality would continue to fix the fees.⁴⁰

Similar to the national policy documents regarding the *Ädel-reform*, which based the descriptions of the public eldercare sector on an economic frame, the municipality's new purchase policy framed the municipality's social care services within an economic context. This was especially manifested in the language use. First of all, as in the bill regarding the *Ädel-reform*, the municipality's purchase policy was spiced with economic key concepts, such as, 'efficiency' and 'renewal'. Second, as in the bill regarding increased competition in the municipalities' activities, the municipality's new purchase policy pointed out social care services as the main target for the policy changes. Third and finally, as in the two national policy documents, the new purchase policy was legitimized from an economic perspective and put in a frame that described the problems of as well as the remedy for the public sector in economic terms. As a result, as in the national policy documents, the purchase policy ended in outsourcing of the municipality's social care services as a solution to the problems facing the public eldercare sector.

The immediate effects of the new purchase policy were however limited. Most of all, this depended on the left-wing parties' resistance towards the new policy, both regarding its content and its formulations. For example, the former chairman of the local government-committee of social affairs argued in the municipal city council that the purchase policy was in its whole a "terrible warning" in how policies not should be worked out.⁴¹ Partly because of the resistance towards the new policy, the first attempt failed to outsource part of the municipal eldercare to private producers. Another explanation why the municipality did not make any agreements with private producers in the first invitation of tenders for the municipality's eldercare services was that all offers from private producers turned out to be more expensive than offers from the municipality's own organization.⁴² In the evaluation of the first attempt to invite tenders for the municipality's eldercare services that were carried out by the local government-committee of social affairs, the person in charge of the evaluation did however emphasize that:

"An alternative to privatization is by way of introduction to establish economic units which later on is followed by divestment. This course of action 'produces' maturity both in the municipal organization as a whole and in the prospective self-employees. The system of economic units changes from management by rule to management by objectives with increased demands for following-ups and evaluations (...) After the

⁴⁰ Ibid., p. 13 f.

⁴¹ Umeå kommun, Kommunfullmäktiges protokoll 1993-06-21, § 86, p. 50.

⁴² Umeå kommun, Bilagor till socialnämndens protokoll 1993, § 62.

'maturity phase' follows the next step, namely the divestment, which can be subjected to competition by traditional invitations of tenders."⁴³

The person in charge of the evaluation thus recommended the local government-committee of social affairs to continue the privatization of the eldercare services but to slow down the pace of the process by divestments of the activities rather than outsourcing. The person in charge of the evaluation also stressed that the next time the local government-committee of social affairs would invite tenders for the eldercare services, it would accept an offer from a private producer even if the private producer's offer would be higher than the municipality's. By doing so, the municipality would have to confront other ideologies of eldercare than the one worked out by the municipality, which in turn would contribute to develop the municipality's organization of the eldercare.⁴⁴

Despite the resistance towards the purchase policy and the failure of the first attempt to invite tenders for the eldercare services, the local government-committee of social affairs followed the recommendations in the evaluation report. In 1994, a new try to invite tenders for eldercare services succeeded and parts of the municipality's eldercare services were transferred to a private producer. As had been prescribed in the evaluation report, the accepted offer from the private producer was a case of divestment where former municipal employees took over the responsibility for eldercare services in one of the municipality's districts.⁴⁵ More divestments from the municipal eldercare followed during the latter part of the 1990s and in the end of the decade, the municipality also had contracted an employment service company to let its staff carry out parts of the eldercare services. As a result, in the year 2000, private producers carried out 8 per cent of the eldercare services in the municipality while the other 92 per cent of the services still were under the management of the municipality.⁴⁶ Thus, even though the bourgeois coalition initiated the re-privatization process in the municipality's eldercare services, the re-privatization process continued, however in a small scale, under the governance of SAP.

2.7. An Evolving Frame of Savings – the Eldercare Policy of 1994

The new interpretation of service settled in the guidelines of 1989 and in the purchase policy of 1993 continued to characterize the municipality's eldercare policies in the 1990s. During the second half of the 1990s, Umeå's eldercare policies were thus marked by continuous limitations of the municipal responsibility for eldercare services that had started in 1989. The primary reason for

⁴³ Umeå kommun, Bilagor till socialnämndens protokoll 1993, § 62, Rapport 1993-03-10, p. 2.

⁴⁴ Ibid., p. 4.

⁴⁵ Umeå kommun Bilagor till Socialnämndens protokoll 1995, § 3, Skrivelse 1994-12-29.

⁴⁶ Svenska kommunförbundet (2002), Bilaga 3.

the limitations was financial. Therefore, in the eldercare policy worked out for the period 1994 to 1996, already in the introduction the municipality stated that the point of departure for the new policy program was the municipality's reduced economic resources. Due to this financial circumstance, the local welfare office was given distinct directions to only prioritize the elderly in need for extensive personal care:

*“Regarding persons in need for help with simpler everyday chores, such as, cleaning, shopping, cooking, the [local welfare office's different] districts must find alternative solutions to carry out these activities. Increased financing through charges in combination with higher degrees of co-ordination of the activities (internally as well as externally) shall be used as strategy to reduce the home help service's cost development.”*⁴⁷

Thus, it was the home help services that would take the hardest hit of the goal to reduce the municipality's general costs for its different activities. The policy document outlined three different strategies to reach the goal of a general cost reduction. First, alternative solutions to the public home help services would be further developed to further reduce the influx of “healthy pensioners”. Second, the local welfare office's administrators would receive further training in their role as executors of the authority's power. Third, the caring and nursing staff would receive information about the economic situation in order to make them more aware of the costs for the eldercare services. All in all, the municipality estimated that these strategies would help to cut the costs for the services with 20 million SEK, which corresponded, to 6 per cent of the social care service's total budget.⁴⁸

As both administrators and the caring and nursing staff were pointed out in the strategies to reduce the costs in the public eldercare, the heaviest responsibility to achieve the goal of cost reduction was laid on the personnel working in the municipal eldercare sector and not on the politicians. Therefore, Umeå's general strategy to cut the costs in the municipal eldercare was to strengthen the administrators' authoritative power in order to let them be the executors of the municipality's goal to limit the public responsibility for eldercare services.

Regarding who should have the right to receive the municipal eldercare services, the policy of 1994 continued to build on the priorities made in the late 1980s:

“The political mark made in 1989 was accordingly that the home help services should give priority to personal care and above all activities at persons with extensive need for care and nursing. This strategy is obviously

⁴⁷ Umeå kommun, Socialtjänsten, Äldreomsorgsplan 1994-1996, p. 2.

⁴⁸ Ibid., p. 2 ff.

even more important to hold on to in a dwindled economy at the same time as the demographic development regarding the number of persons over the age of 80 increases. Here are no disagreements with the representatives of the senior citizens' organizations that the social services must give priority to persons with extensive need for care above activities of technical character.”⁴⁹

In line with the guidelines of 1989, the policy of 1994 thus removed housework from the home help services and dismissed those activities as technical matters that should be carried out by other producers than the municipality. Prioritization was furthermore not only made in the home help services, which, as before, would only be granted to those elderly in need for personal care, but also in the special forms of accommodation. Here, the municipality decided that the places in the municipality's special forms of accommodations should be kept in reserve for those that were medically done within the hospital's somatic care and/or in need of care twice round the clock. Hence, in practice, senior citizens would have to go through the county council's medical and hospitalized care to receive a place in the municipality's special forms of accommodation.⁵⁰

Besides from the economic situation, motivations for the reduction of the municipality's responsibility for eldercare services and the re-definition of the home help services as technical tasks were a slowly but still changing view on the elderly from dependent to healthy. Though not a salient feature as in the national policy documents, Umeå's eldercare policy of 1994 still contained several allusions to the metaphor of the elderly as healthy. Consequently, on various places in the document, the elderly were described as healthy and categorized as target groups to “*clarify the senior citizen's own capabilities*”.⁵¹ As this changing perception of the elderly as healthy was as good as always connected with the cut-backs of the home help services, the shifting view on senior citizens as healthy did also legitimize a more passive role for the municipality in organizing the home help services. In line with the idea of the elderly as healthy, senior citizens were seen as capable of hiring household services of their own. As the municipality did not only change its general goals of policy in accordance with the ideas elaborated in the national policy documents but also its founding beliefs regarding the elder's need for care, it seems as, after a lot of ifs and buts, time had finally caught up with Umeå in the 1990s.

Compared to the national policies, however, Umeå's change in ideas was rather modest. Though the concept of savings unquestionably was put in center of the 1994's policy analysis, the focus on economic issues was never accompanied with reasoning of the elder's freedom of choice or the need to

⁴⁹ Ibid, p. 17.

⁵⁰ Ibid., p. 13.

⁵¹ Ibid., p. 2, 9, 18.

individualize the eldercare services. Neither was the concept of service described as an economic transaction between the elderly and the personnel; on the contrary, the more the focus on economic issues, the more the focus on the administrators' authoritative power. The frame of savings emerging in Umeå therefore had its similarities with the economic frame evolving on the national level, such as, the changing perception of the elderly as healthy and the outsourcing of housework; however, it also had its distinctive local traits, which most of all was the lack of an economic and individualized language use. Moreover, compared to the national policies in the 1990s, where senior citizens' need for care was more or less detached from its gendered context, the evolving frame of savings in Umeå was actually analyzed from a gender perspective. In relation to the cutbacks of the home help services, the municipality argued that in the cases when women became in need for personal care from the home help services, their husbands should be encouraged to take care of the daily housekeeping.⁵² Though this policy directive in practice implied more unpaid labor for relatives when the municipal home help was to be downsized, it did nonetheless include men's participation in the informal eldercare services.

As previously seen, when the municipality withdrew its responsibility from certain parts of the home help services, the policy of 1994 increased relatives' responsibility to step in as informal caregivers. Therefore, instead of outsource the activities, the municipality of Umeå preferred to increase the involvement of relatives in the eldercare services. In the original wording, the policy of 1994 actually prescribed that "... a more restrictive judgement shall be done in the means testing of activities of technical character if relatives are in the neighborhood."⁵³ This formulation was deleted at the request of one of the Liberal Party's representatives; however, the original wording clearly pointed out the municipality's idea of how to solve the balancing between, on the one hand, the increased responsibility for eldercare services that the municipality had received through the *Ädel-reform* and, on the other, the budget restrictions caused by the economic crisis of the 1990s. In an opinion on the policy of 1994, the Association of Relatives to Persons with Dementia commented the increased pressure on relatives to perform as unpaid caregivers to the elderly:

"Already now 2/3 of the [elder]care are carried out by relatives. We relatives do as well as we can and try to manage job, the home and our parents. But to lapse the needs and instead expect that, besides everything else we already do, shall clean our elder's apartments and arrange shopping on regular basis, we do not think is acceptable (...) One speaks so much about the free choice but this obviously do not count for relatives to ill and dependent [persons] (...) Finally remains for us to call attention

⁵² Ibid., p. 19.

⁵³ Umeå kommun, Kommunfullmäktiges protokoll 1994-01-24, § 6.

to care performed by relatives can only be approved if the relative accept this. The free choice must even here concern relatives.”⁵⁴

Hence, already in 1994, relatives to the elderly with extensive need for care had started to experience the pressure on them as to high to perform as unpaid caregivers. Though the Association of Relatives to Persons with Dementia never spoke of the problems of informal caregiving in terms of gender, one can from other studies of informal caregivers draw the conclusion that the majority of the relatives within this association were women.⁵⁵ To be even more specific, since the association spoke about taking care of parents, the majority of the members were apparently daughters who tried to take care of their parents besides from the fact that they also had gainful employments and families of their own. This gendered circumstance of informal caregiving was however never discussed in the eldercare policy of 1994. Neither was it discussed as a problem in relation to the municipality's idea to increase the involvement of relatives when the municipal eldercare would be downsized. It is therefore interesting to see if the municipality dealt with this gendered problem of informal eldercare services in their eldercare policy regarding the latter part of the 1990s.

2.8. Ethics or Economics? – The Eldercare Policy of 1997

As seen in part III, during the second half of the 1990s the national eldercare policies were a reply to the media debates regarding the mistreatment of the elderly within the public eldercare. The overall policy response to the media's critique was an intensified focus on ethical issues and a general evaluation of the treatment of the elderly from the side of the personnel working in the public eldercare sector. Also in Umeå, the focus increased in the latter part of the 1990s regarding the ethics of eldercare. In the municipality's opinion on the committee report “The treatment of the Elderly”, the municipality argued that:

“Also the language use has changed during the last years within the [elder]care. The everyday near is named in terms of quality assurance, quality development, cost effectiveness, competence development, where the shift in language use actually can mean that the care's core can be lost.”⁵⁶

Partly to neutralize the influence of the economic language use in the municipality's eldercare, the local government-committee of social affair started to work out new plans for the municipality's eldercare that also would be valid for

⁵⁴ Umeå kommun, Kommunfullmäktiges protokoll 1994-01-24, § 6, Yttrande från Dementas Anhörigförening.

⁵⁵ See for example Mossberg Sand (2000).

⁵⁶ Umeå kommun, Planeringsutskottets handlingar, § 139, Protokoll 1997-06-11, p. 3.

the new millennium. The work was carried out in three stages, where the first two stages regarded the future organizational structure of the municipal eldercare and the third and last stage outlined the future contents of the municipal eldercare services. According to the directives, this third and last step would primarily focus on ethical issues and therefore work out suggestions to a good treatment of the elderly within the municipality's eldercare:

“Caring and nursing involves meetings with people that partly lost their capabilities. The critique that sometimes is carried fourth by individuals often regards the personnel’s behavior (...) It is therefore exceedingly important that the social services’ care work is founded on a humanistic outlook on mankind, that is that man is inviolable and precious regardless of functional capabilities, economic status, etc (...) In the work with the Eldercare Policy, the normative and ethical questions shall be discussed regarding how we should be (ethics of virtue) and how we should act (ethics of action). Based on this ethical platform, the Eldercare Policy shall deal with following questions:

- *What is quality in the eldercare within the settled economic frame?*
- *How does the organization accomplish a continuing work with quality development founded on a humanistic outlook on mankind?*
- *What signifies good caring and nursing of the elder (...)”*⁵⁷

These ambitious directives regarding an ethical policy for the municipal eldercare was never followed up. The third and last stage in Umeå's planning of the eldercare at the new millennium was therefore never carried out. Instead, ethical issues were integrated in the municipal eldercare through study circles for the caring and nursing staff.⁵⁸ As in the national policy document “The Treatment of the Elderly” that displaced the main responsibility for fulfilling the ethics of the eldercare on the personnel, Umeå transferred the responsibility to carry out the ethics of the eldercare from politicians to the personnel working in the public eldercare sector. Moreover, as the municipality chose to discontinue the work with the ethical policy program, Umeå gave priority to organizational and financial matters above the ethical ones.

Contrary to the third stage of the municipality's planning of the eldercare that was left unaccomplished; the first and second step of the planning resulted in a new policy program that regarded organizational questions within the municipal eldercare. In the policy of 1997 that specified the future organization the municipality's eldercare, the local government-committee of social affairs argued that:

⁵⁷ Umeå kommun, Bilagor till socialnämndens protokoll 1997 § 2, p. 2.

⁵⁸ Umeå kommun, Bilagor till socialnämndens protokoll 1998 § 57, p. 3.

*“A large and important part of the eldercare consists of what we call special forms of accommodation. That is adjusted dwellings for different needs when various fundamental functions decline. As a dwelling shall remain in many years, the physical planning constitutes a very long-term management that over time can be a limitation if our construction of the dwellings is bad.”*⁵⁹

Consequently, the policy of 1997 focused on how to transform the municipality’s special forms of accommodation while the home help services remained relatively unchanged. For that reason, housework continued to be defined as technical tasks that preferably would be carried out by other producers than the municipality at the same time as the municipal home help services would continue to give priority to the elderly in need for extensive personal care. Besides from these general goals, the policy of 1997 specified that the home help services would further expand to enable for additional elderly to stay in their ordinary livings. Moreover, in the planning of the home help services, the local welfare office would take into account the elderly with special forms of needs, such as, the elderly with non-Swedish background, or, the elderly with different forms of psychological handicaps.⁶⁰ Exactly how the local welfare office would handle these latter questions was however left out of the picture as the policy of 1997 only discussed organizational matters.

Regarding the organization of special forms of accommodations, the policy of 1997 contained several new guidelines. First of all, contrary to the existing scattered organization, where dwellings for different forms of care were located in various areas of the city, the policy of 1997 outlined an idea to build centers of dwellings that would contain all levels of care, from service apartments to nursing homes, within the same block. The aim of these centers was that, as their needs for care changed, the elderly could move within the block instead of move to and from service apartments and nursing homes spread out in the city. Second, in relation to these new centers, private producers and civil organizations would be encouraged to build and to run dwellings especially intended for the elderly. These dwellings would not be seen as parts of the municipality’s eldercare but as a part of the regular housing market. To receive an apartment here, senior citizens would accordingly have to apply for one at the local housing agency. Third and last, the policy of 1997 settled that the municipality’s special forms of accommodation would be hold in reserve for those elderly either suffering from dementia or in need for care corresponding to the level of nursing homes.⁶¹ The policy of 1997 thus set the minimum need for

⁵⁹ Umeå kommun, Socialtjänsten, Äldreomsorgsplan, Delrapport 1, Utgångspunkter för framtida fysisk planering samt plan för 1997-1999 med utblick mot 2000, p. 3.

⁶⁰ Ibid., p. 5 f.

⁶¹ Ibid., p. 7 ff.

care at a very high level to receive a place in the municipality's special forms of accommodation.

Though never declared as a step in the re-privatization of the municipality's eldercare services, the policy of 1997 nevertheless contained some crucial elements pointing in that direction. For example, as the municipality's centers of dwellings for the elderly would only receive them with dementia or in need for care corresponding to the level of nursing homes, the policy of 1997 calculated on a decrease of the municipality's service apartments. In the future, senior citizens in need for a service apartment would consequently have to turn to the private producers that would be encouraged to build apartments in relation to the municipality's dwellings. Moreover, despite an increase of nearly one thousand persons over the age of 65 between 1995 and 1999, the municipality estimated that the home help services only would increase with five (!) more persons during the period. Last and finally, as a consequence of the decision to prioritize the elderly with dementia or in need for care corresponding to the level of nursing homes in the municipality's special forms of accommodation, the larger part of the home help services' total budget would be used to reinforce the home help services in the special forms of accommodation and not in the elder's ordinary living environment.⁶² Thus, contrary to the policy goal to expand the home help services to make it possible for more senior citizens to stay in their ordinary livings, the policy of 1997 in practice implied that, in the future, the majority of the municipality's elderly would have to buy the services they needed on the market or turn to their relatives for help and assistance.

2.9. The Saving Frame in Practice – Gender and the Re-Privatization Discourse in Umeå

As discussed previously in this chapter, the frame of savings developing in Umeå's during the 1990s laid an increased responsibility on relatives to step in as informal caregivers when the municipality withdrew its responsibility from certain parts of the home help services. As in the national policies, the decision to increase the informal care giving in Umeå was also blinded for the circumstance that the informal eldercare services carried out by relatives are constituted by a gendered relationship consisting of a wife helping her husband or a daughter helping her mother. How cut backs within the municipality's eldercare hit the elderly as well as their relatives from the perspective of gender in the 1990s can possibly be revealed by a closer study of the local welfare office's granting of eldercare services in the year 2000. Here, it is especially interesting to see how the elderly that were denied home help services or a place in the municipality's special forms of accommodation manage their needs though they were denied assistance from the municipality.

⁶² Ibid., p. 27 f.

First of all, as in 1985, the majority of the municipality's care recipients in the year 2000 were women. As in 1985, this relationship can partly be explained by demographical circumstances, such as women's longer life expectancy and patterns of marriage, and partly by gendered ideas of men and women's capabilities to manage a household on their own. However, contrary to 1985, when a significantly larger share of women received home help services even seen in relation to men and women's respective share of the total population over the age of 65, the share of the elderly men and women receiving home help services was as good as equal in 2000, when 5 per cent of the men and 8,5 per cent of the women over the age of 65 received public eldercare services.⁶³ Therefore, in line with the policy goal of 1994 to push men to do more housework if their wife became ill, the gendered ideas of men and women's household capabilities also seem to have been weakened during the 1990s.

Second, compared to 1985, the share of the elderly receiving municipal eldercare services has been heavily reduced. In 2000, only 7 per cent of the population over the age of 65 received home help services compared to 25 per cent in 1985. This cut back of home help services has furthermore not been counterbalanced by an increase of places in the municipality's special forms of accommodation, as the share of the elderly in special forms of accommodation has only increased with one per cent since 1985.⁶⁴ Thus, an increasing share of the municipality's senior citizens has been forced to buy the services they need on the market or turn to their relatives for help. Therefore, third and finally, in line with the policy goals to reduce the municipality's eldercare services, the number of the elderly that have been refused municipal eldercare services has increased from 7 in 1985 to 78 in 2000. As more women than men receive municipal eldercare services, women were also in majority of those who were refused eldercare services in 2000, which is illustrated in table IV.1.⁶⁵

Seen only in relation to the share of the elderly men and women that were refused eldercare services in 2000, there were actually little differences between men and women when it comes to the character of the refused services. For example, the share of the elderly men and women that was denied cleaning and recommended to buy the service from private producers was as good as equal. Likewise, the share of the elderly men and women that were refused a place in the municipality's special forms of accommodation was also nearly the same.

⁶³ SCB (2000b), table 4.2 and Socialstyrelsen (2000a), table 2.

⁶⁴ SCB (1987), table 1 & 2, and Socialstyrelsen (2000a), table 10.

⁶⁵ See also Appendix E, table E:3.

Table IV.1. Description of refused applications in Umeå in 2000, divided by sex.

Sex	Married	Single	Refused special forms of accommodation	Refused home help services	No. of elderly with help from relatives	No. of elderly buying help	No. of relatives doing informal elder-care services
Men	12	17	21	8	15	2	10
Women	10	39	36	13	32	4	28
Not specified in the journal	..	..	..	..	..	..	9
Sum:	22	56	57	21	47	6	47

Source: Umeå kommun, Socialtjänsten, Vård och omsorg, Beslut/Avslag 2000.

As can be seen in table IV.1., however, if civil status is included in the analysis, there were some striking differences between the elderly men and women that were refused eldercare services in 2000. While 40 per cent of the men that were denied municipal eldercare services in 2000 were married or cohabiting with a woman, only 20 per cent of the women that were refused services were married or cohabiting with a man. Thus, the majority of the women that were refused services were living alone contrary to the men that were denied services, where the share of men living alone were not so much larger than the share of married men. Moreover, while more than 80 per cent of the women that were denied services were over the age of 80, only 55 per cent of the men were in that age.⁶⁶ Therefore, to conclude, there were significantly more old and single women that were denied municipal eldercare services in 2000 than there were old and single men. From this follows that while a relatively large share of the elderly men that were refused municipal eldercare services could rely on their female partner to carry out the services they were denied, the majority of the women had to turn to the market, to their children or other relatives for help.

Another important circumstance revealed in table IV.1. is that even though all of the elderly that since 1989 have been denied help with cleaning and shopping have been recommended to buy the service they have needed from private producers, not many of them seem to have chosen this solution. Instead, the majority seems to have turned to relatives for help. In 2000, only 8 per cent of the elderly that were denied eldercare services bought cleaning services from private producers while nearly 60 per cent received help from relatives with such tasks as cleaning, shopping and laundry. Considering the persistent patterns

⁶⁶ See Appendix E, table E:5 and E:6.

of the gender division of labor, it's neither surprisingly to find that the majority of the relatives that did the cleaning, the shopping, or washed the laundry was also women who, in their role of wives, helped their husbands, or, in their role of daughters, helped their parents. This, in turn, is the never stated but gendered practice of the re-privatization discourse that has characterized not only Umeå's but also Sweden's eldercare policies since the 1980s.

2.10. A Reluctant Re-Privatization – Changing Frames in Umeå 1980 to 2000

During the last two decades, the local guidelines for granting the elderly help and services have evidently changed in Umeå. In the beginning of the 1980s, senior citizens could receive help from the public authorities despite that they were considered to be relatively healthy. In 2000, neither old age nor illnesses associated with aging were regarded as reasons good enough for receiving public assistance. The primary reason for this changing view on elder's need for services is the frame of savings that has been under development in the municipality since the late 1980s. Umeå's eldercare policies in the 1980s started out from a rather traditional interpretation of the newly introduced Social Services Act and the concept of services. Compared to the discussions in the national parliament, which related the Social Services Act and the concept of services to new understandings of the elderly as vital and healthy, the Social Services Act as well the concept of services were placed in a rather different context. Here, the municipality continued to focus on senior citizens' problems of activity caused by the retirement from a gainful employment. Thus, contrary to national policies, where the conceptualization of service in the 1980s was connected with an emerging attitude frame that described the elderly as healthy and capable of organize their spare time through their own organizations, Umeå continued to interpret service and senior citizens' need within the activity frame that had dominated eldercare policies from the late 1950s.

The reasons why Umeå continued to interpret service and elder's needs within the activity frame are found in the municipality's political situation. The local SAP had had the political power in the municipal city council for a long period of time and the party also continued to stay in power during the 1980s. As SAP kept the political power, the understandings, beliefs and perceptions of the elderly and care established by the party in previous decades could continue to dominate the municipality's eldercare policies in the 1980s. Consequently, the attitude frame, which on the national level was carried by the bourgeois parties and later incorporated in Swedish eldercare policies, never gained any real foothold in Umeå in the 1980s.

The municipality's first eldercare policy of the 1980s prescribed that the local eldercare should set out from the elder's ordinary living and the possibility for the elderly to stay in an environment familiar to them. The need to receive home help services was furthermore set at a minimum level of help, which meant that,

in practice, the municipality decided that all of the elderly that applied for home help services also should be granted it. Already in the middle of the 1980s, these generous presumptions of home help to as well as everyone became experienced as a problem. The next policy program in the 1980s, “Elder’s Dwellings on the brink of 2000”, therefore contained a first cautious step towards a limitation of the municipality’s responsibility for social services. The document accordingly specified that the municipality should focus on cooperation with housing companies, grocery stores, and civil organizations in order to decrease the activities carry out by the public home help.

The major change of the municipality’s eldercare policies did however occur in 1989, when the municipal executive board drew up new guidelines for the home help services. According to these new guidelines, cleaning and shopping would be excluded from the public home help services. Instead, private producers or the municipality’s own cleaning corporations would carry out the cleaning services while help with shopping could be solved through the grocery stores’ home delivery services. The new guidelines gave immediate results as the number of the elderly receiving home help services for assistance with housework, such as, cleaning, shopping or laundry, rapidly dropped in the 1990s. As the municipal executive board emphasized increased cooperation with both private producers and civil organizations, Umeå also took its first step towards a new perception of the public responsibility for eldercare services, from a solely municipal responsibility towards a shared responsibility between the municipality, the market and civil society. This first step was however taken without discussions of how the re-privatization of housework would hit the elderly in respect to their economic and personal resources as well as their gender. Neither was the decision to increase the involvement of relatives as complements to the public home help discussed from the perspective of gender. Consequently, the new guidelines were blinded for the gendered effects it would have for the elderly and their relatives.

In the election of 1991, SAP lost the political power to a local coalition between the Liberal Party, The Conservative Party and the Christ-Democratic Party in the municipality. As SAP once again came into power in the following election in 1994 and continued to stay in power during the rest of the 1990s, the coalition’s political reign was relatively short and its possibilities to change the municipality’s policies were limited. Nevertheless, in 1993, the coalition carried through a new purchase policy for the municipality’s public administration and corporations that predicted an increase of private producers in the municipality’s social care services. Despite the resistance towards the purchase policy and the failure of the first attempt to invite tenders for the eldercare services, a new try in 1994 to invite tenders for eldercare services succeeded and parts of the municipality’s eldercare services were transferred to a private producer. During the latter part of the 1990s, more privatization of the municipality’s eldercare services followed and in 2000, private producers carried out 8 per cent of the

eldercare services in the municipality while the other 92 per cent of the services were still under the management of the municipality. Thus, even though the bourgeois coalition initiated the re-privatization process in the municipality's eldercare services, the re-privatization process continued, however in a small scale, under the governance of SAP.

The new interpretation of service settled in the guidelines of 1989 as well as in the purchase policy of 1993 continued to characterize the municipality's eldercare policies in the 1990s. Umeå's eldercare policies in the second half of the 1990s were thus marked by continuous limitations of the municipal responsibility for eldercare services that had started in 1989. The primary reason for the limitations was financial. In the eldercare policy worked out for the period 1994 to 1996, the municipality stated that the point of departure for the new policy program was the municipality's reduced economic resources. Due to this financial circumstance, the local welfare office was given distinct directions to only prioritize the elderly in need for extensive personal care. However, instead of increase the outsourcing of activities to private producers, the municipality of Umeå preferred to increase the involvement of relatives in the eldercare services. In the original wording, the policy of 1994 actually prescribed that the means testing of home help services should take into consideration the possibilities for relatives to perform housework, such as, cleaning and shopping. Though this formulation was deleted, the original wording clearly pointed out the municipality's idea of how to solve the balancing between, on the one hand, the increased responsibility for eldercare services that the municipality had received through the *Ädel-reform* and, on the other, the budget restrictions caused by the economic crisis of the 1990s.

The last and final eldercare policy of the 1990s, the policy of 1997, contained some crucial elements pointing towards an increased privatization of the municipality's eldercare services. First, in relation to the idea to build centers of dwellings for the elderly that would only receive those with dementia or in need for care corresponding to the level of nursing homes, the policy of 1997 calculated on a decrease of the municipality's service apartments. In the future, senior citizens in need for a service apartment would thus have to turn to the private producers that the municipality would encourage to build apartments in relation to the municipality's dwellings. Second, despite that the municipality's population of the elderly would increase with nearly one thousand persons during the last years of the 1990s, the municipality estimated that the home help services would only increase with five (!) more persons during the latter part of the 1990s. An increasing share of the elderly would consequently have to buy services on the market or turn to relatives for help. Third, despite the goal to enable for senior citizens to stay in their ordinary living environment, the larger part of the home help services' total budget would not be used to reinforce the home help services for the elderly remaining in their ordinary livings but to reinforce the home help services in the special forms of accommodation. Thus,

in practice, the policy of 1997 implied that the majority of the municipality's senior citizens would have to buy the services they needed on the market or turn to their relatives for help or assistance.

Though the official goal of policy has been that senior citizens should buy services, such as, cleaning and shopping, on the market, the policy has in practice been that the elder's relatives have been forced to step in and do the cleaning or shopping that the municipality use to do. Here, it has also been women that have carried out the largest part of the housework previously done by the municipality's home help services. As the municipality has withdrawn its responsibility for social services, such as cleaning and shopping, women have thus been forced to step in as informal providers of these services. This gendered aspect of the policy changes has however not been discussed as problem accompanying the municipality's cut downs in the municipal eldercare. An increasing amount of women's unpaid labor has accordingly neither been seen as a policy problem in the municipality of Umeå.

Reasons for this can be that the activity frame, which put the male wage-worker in center of the policy analysis and defined housework as tasks carried out by women regardless of their ages and needs, characterized the municipality's eldercare policies for a long period of time. Furthermore, the activity frame had a strong basis in the local SAP, which is also the political party that, with the exception of election of 1991, has dominated Umeå's eldercare policies during the entire period of investigation. Though an evolving frame of savings replaced the activity frame in the late 1980s, this new interpretation of the elderly and their needs was rather moderate compared to the national frames that appeared in this decade. Neither the metaphor of the elderly as healthy nor the conceptualization of service as an economic transaction between the elderly and the personnel has therefore been prominent within Umeå's eldercare policies. It more or less seems that the saving frame evolving in Umeå more has been an outcome of an external force than of an internal change of ideas. Due to a changing economic environment, the municipality has been forced to change its policy guidelines and downsize the home help services. Reluctantly, the local SAP has been compelled to accept an increasing privatization of the eldercare services. Yet, in choosing between private producers or the elder's relatives, the party seems to have preferred the latter. Because of this choice, informal eldercare services to a large extent carried out by women have also increased. Regardless of these changes, it is however as deep down inside, politicians and well as policy expertise in Umeå is still hoping that in some miraculous way, everything will be restored as it used to be in the 1980s. I also think that it is from this perspective that one has to see why women's increasing amount of unpaid labor has not been considered as a problem in the municipality's policy programs. Women's increasing amount of unpaid labor has not been considered as a problem simply because it has been regarded as a temporary problem that

will be solved as soon as things will go back to be the ways they used to be. If that ever will occur is however another question that only time can prove.

3. From Public to Private Responsibility? – The Case of Linköping

Contrary to Umeå, which rather reluctantly has accepted a certain degree of privatization of the municipality's eldercare services, the municipality of Linköping has voluntarily embraced the re-privatization discourse, rhetorically as well as in practice. Today, private producers carry out about half of the eldercare services in Linköping, even though the municipality still has the overarching political as well as financial responsibility for the services.⁶⁷ Moreover, ever since the middle of the 1980s, the municipality has worked hard to wash off the labeling of public services as bureaucratic and authoritative. Here, the goal has all along been to make the municipal services less like public administration and more like regular service production bought and sold on the market. As a step in this process, in the end of the 1990s Linköping did abolish the application process within the municipality's home help services for all of the elderly over the age of 75. All senior citizens over the age of 75 in Linköping can therefore today come to a service agreement of their own with the producers of home help services without involving the local welfare office in the decision-making process.⁶⁸ The only time the elderly in Linköping have to apply for eldercare services at the local welfare office, is when they are in need for a place within the municipality's special forms of accommodation, or, if they are in need for home help services but are under the age of 75. Hence, in contrast to Umeå that in the 1990s strengthened the local welfare office's authoritative power as a solution to the municipalities increased responsibility for eldercare services, Linköping chose to restrict the local welfare office's role in the decision-making process to make the municipal eldercare services more like services on the market.

This chapter seeks to explain why the understanding of service has evolved differently in Linköping than in Umeå and what consequences the changing interpretations of service have had for senior citizens' possibility to receive eldercare services in Linköping. First I will discuss how the municipality defined the public responsibility for eldercare services in relation to the introduction of the Social Services Act, which is followed by a presentation of the municipality's eldercare policy during the 1980s. After this, I discuss what policies the municipality developed in relation to the *Ädel-reform* and how the definition of services changed in the 1990s. The chapter ends with a concluding discussion why the re-privatization discourse have had such an impact on Linköping and what consequences it has had for the elder's possibilities to receive municipal eldercare services.

⁶⁷ Linköpings kommun, Omsorgsnämndens handlingar 2004, Internbudget 2004, p. 17 ff.

⁶⁸ Linköpings kommun, Omsorgsnämndens handlingar 2000, Skrivelse 2000-02-03.

3.1. From Help to Service – New Policies, New Organization

As seen in part III, the coalition government of 1979 that presented the Social Services Act conduced to change the conceptualization of care from community care to self-care. This change of interpretation not only displaced the responsibility for care from the authorities to the individual but also opened the door to new understandings of how to organize the public eldercare services. One possible interpretation, very eagerly pushed for in the bill, was to change the home help services from the traditional assistance with housework to rehabilitation and pedagogical tasks. According to the bill, home help services should function as guidance for senior citizens and be shaped as a help-to-self-help. This was the bottom line in changing the home help services into a social service.⁶⁹

When the Social Services Act finally came into force in the 1980s, the municipality of Linköping took the idea to change the home help services into a social service as a starting point for re-organizing its eldercare services. According to the local framing of the Social Services Act, the goals of the home help services was to in the utmost possible extent support the individual's own capabilities and thus function as self-to-self-help. Moreover:

“The home help services shall provide for senior citizens’ and the disableds’ physical as well as mental needs for care so that the staying in a self-chosen environment can be possible. This shall in the first place be done by, as far as supplies admit, making possibilities for the individual to use different forms of public services, such as, for example, cafeterias and daytime activities. When activities of public services are not available or are no longer enough to meet the individual’s need for care, individually adjusted activities shall be carried out in the [individual’s] own home.”⁷⁰

Linköping thus strongly emphasized the principles of autonomy and normalization settled in the Social Services Act as guidelines for the municipality's organization of the eldercare. Based on these principles, the elderly in Linköping should in the first place be offered general public services and then, if the general services could not meet the needs of the elder, receive individual assistance in form of home help services. The municipality also stated that the principles of autonomy and normalization should regard the elderly living in the special forms of accommodation. To receive a place in the municipality's special forms of accommodation, the individual's need for care had to be so extensive that he or she could not be properly taken care of in his or her own

⁶⁹ Prop. 1979/80:1, p. 288 ff.

⁷⁰ Linköpings kommun, Socialnämndens handlingar 1981, Skrivelse 1981-12-14, p. 1.

home.⁷¹ Thus, as outlined in the Social Services Act, Linköping gave priority to the home help services and the elder's own living environment.

Since the middle of the 1970s, the municipalities and the county council of Östergötland had been working together on a policy program concerning the cooperation between the home help services and the home nursing in the county to be able to organize the eldercare services in line with the goals of the Social Services Act. According to the policy program, the goals of the home help services were the same as those stated in the Social Services Act, i.e. as far as possible facilitate for the elderly to stay in their ordinary livings and contribute to maintain senior citizens' right to self-determination and personal integrity. Furthermore:

“In ordinary livings (including special forms of accommodation), the home help services task is to give support and help in the daily living to those who needs it (...) The extension of the help shall be based on the care recipients own resources (...) It is important that the help becomes a strengthening of the individual's own capabilities and not a take over of tasks and responsibility.”⁷²

To fulfill these goals, the policy program outlined that the caring staff working in the home help services had to have pedagogical qualities and social skills. Yet, though the home help services' personnel should have social- and pedagogical qualifications, they should also carry out simpler medical tasks, such as taking care of wounds and give insulin. According to the policy program, increasing elements of medical tasks in the home help services would contribute to raise the status of the home help services.⁷³ Thus, in its ideas the policy program of cooperation between home nursing and home help services was very close to the national policy documents of the 1980s that outlined that assistant nurses rather than former housewives should constitute the future personnel of the home help services.

To be able to carry out the ideas sketched in the policy program of cooperation between home nursing and home help services as well as in the local framing of the Social Services Act, the municipality of Linköping decided on a new and decentralized organization of the home help services named “residential services”. In practice, this meant that a basic set of home help services was relocated to the residential areas in the municipality, which in turn should be responsible for carrying out home help services as well as home nursing to the

⁷¹ Linköpings kommun, Socialnämndens handlingar 1981, Skrivelse 1981-11-11.

⁷² Linköpings kommun, Socialnämndens handlingar 1980, Kommunstyrelsens yttrande över Hemsjukvårdsutredningen 1980-06-23, p. 28.

⁷³ Ibid., p. 28 ff.

elderly and the disabled in need for care in the area.⁷⁴ Hence, to summarize, contrary to Umeå, which more or less incorporated the goals of the Social Services Act into an already established organization, the Social Services Act initiated a rather thorough process of change in the municipality of Linköping. Moreover, in contrast to Umeå that regardless of the national policy changes in the 1980s continued to interpret the elderly and their needs according to the activity frame, Linköping was more inclined to seize the new interpretations of the elderly and care emerging on the national level. For example, this was manifested in the municipality's emphasis on the home help services as a support of the individual's own capabilities and the change of the home help services into a pedagogical and socially marked occupation.

As in the case of Umeå, which interpretation of the elderly and their needs according to the activity frame could be found in the municipality's political situation, the changing interpretations of elderly and care in Linköping is explained by the municipality's political life. However, in opposition to Umeå that since the 1980s has been strongly dominated by one political party, politics in Linköping has been more scattered and more complex. During the entire period of investigation, the distribution of seats in Linköping's municipal city council has been very equal between the right-wing and the left-wing's parties. Accordingly, since the 1980s Linköping has experienced several transfers of political power at the same time, as no political party on its own has been able to dominate the municipal city council. Liberal and the Conservative parties on one hand and the Social Democratic Party and the Communist Party on the other have take turn with each other to govern the municipality. Moreover, since the 1980s, both the Center Party and the Christ Democratic Party has jumped to and from the political blocs. The Christ Democratic Party, for example, governed together with the Social Democratic Party and the Communists between 1979 and 1985 while the party also participated in the Liberal and Conservative local coalition government between 1985 and 1988. The Center Party, on the other hand, was a part of the Liberal and Conservative coalition between 1985 and 1988 and 1991 to 1994 but has ruled together with the Social Democratic Party since 1994.⁷⁵ All in all, as other political parties than the Social Democratic Party has been able to influence politics in Linköping, Linköping has been more open to change in political ideas than Umeå. As a consequence, Linköping has been more exposed to the national change in ideas regarding the elderly and their needs than Umeå. Therefore, to conclude, because of political circumstances, the introduction of the Social Services Act was followed by rather modest changes in Umeå while it resulted in sweeping changes of the municipal eldercare in Linköping. As shall be seen in the following pages, the political in-

⁷⁴ Linköpings kommun, Socialnämndens handlingar 1982, Socialförvaltningen, Konferens om boendeservice –dokumentation, 1982-06-18. p. 4 f.

⁷⁵ See Appendix C, table C:2 and Appendix D, table D:2.

stability in Linköping should also prove to be decisive for the re-privatization discourse's possibilities to gain footing in the municipality.

3.2. Towards Re-Privatization – The Conservative Party's Motion of 1984

In the election of 1985, the SAP in Linköping lost the political power in the municipal city council to a coalition between the Conservative and Liberal parties. The year before the transfer in political power, the Conservative Party raised a motion in the municipal city council that outlined the party's ideas of how to organize the social services in the municipality. In the motion, the Conservative Party argued that:

“Many of the services today monopolized by the municipality can as well be produced by others and as alternative enterprises, though the municipality still has the responsibility to see to that the services are at the citizens' disposal. Increased freedom of choice is generated if alternative service production is allowed along with and in competition with the municipality's [service production]. The municipal services is then sympathetic to the direction that the consumer wishes. The 'user influence' increases in the municipal activities. It is on the whole desirable that regarding their contents, the municipal activities become more directed towards the market – that is, adapted to the citizens' individual requests – and less controlled by politicians. More service and less exercise of power from the side of the authorities.”⁷⁶

The aim of the motion was thus to abolish the municipality's monopoly in the production of social services, such as, childcare and eldercare, and to make these services similar to regular service production distributed by the market. As seen, however, the motion was written in an individualized language use that de-contextualized the users of the municipal services from their gender, class and ethnicity. The gendered circumstance that women were in majority of the users of municipal eldercare services was therefore hidden behind concepts neutral to gender, such as, 'consumer' and 'citizen'. Moreover, the economic rhetoric of alternative modes of production in the municipal service production concealed the gendered condition that the abolishment of the municipality's monopoly would hit women as workers in the municipal childcare or eldercare. On the whole, the argumentation for abolishing the municipality's monopoly thus totally lacked an analysis of the gendered consequences following on a change of the municipal service production.

One of the activities pointed out in the motion that would benefit from an increased competition from private producers was the eldercare:

⁷⁶ Linköpings kommun, Kommunfullmäktiges handlingar 1985:9, Motion 1984-05-21, p. 1.

“We consider it to be desirable that different private initiatives are initiated even in this area. This presupposes a new attitude from the side of the municipality. Smaller companies or cooperatives – consisting of, for example, youths or part-time workers – should be able to give a supply of services directed towards senior citizens (home help services).”⁷⁷

Thus, in the case of the eldercare, it was the home help services that were the primer target of the suggested privatization of the municipality’s eldercare services. Competition from private producers within the home help services would according to the Conservative Party increase the senior citizens’ freedom of choice as well as it would result in better, more efficient and cheaper home help services. In the end, competition within the municipal service production at large would lead to lower taxes in the municipality.

In fact, the argument of lower taxes constituted the heart of the Conservative Party’s motion. The argumentation for increased competition within the municipal service production was therefore built around this idea so central to the Conservative Party’s political beliefs. Faithful to its ideological heritage, the Conservative Party in Linköping argued that the public sector was the main reason why Sweden’s taxes were so high compared to other counties. According to the motion, the Swedish solution to produce social services mainly within the public sector was not the best possible solution, as this had neither resulted in better nor cheaper services. On the contrary, compared to other countries, the public sector’s monopoly on service production had resulted in inefficient services and reduced freedom of choice for the citizens. In the motion, the public sector thus became the symbol of the old and Social Democratic policies against which the Conservative Party had to take a stand. Reasons why it was more necessary now than ever to change the public sector’s monopoly were the country’s financial situation. According to the motion, the public sector had a negative impact on Swedish growth. The time had therefore come to make the necessary change in the production of social services in Sweden. In the end, the Conservative Party however implied that the proposed changes was not to be interpreted as a privatization of the services, as the municipality in its role of a buyer of services would still have the last and final responsibility to see to that the social services were at the citizens’ disposal.⁷⁸

The motion was referred to the local government-committees and to the municipality’s different administrations for consideration. Though the committees and the administrations were in agreement with the motion that it was necessary to cut the costs for the municipality’s social services, their positions to the suggested privatization were skeptical. For example, the municipal drafting committee argued that:

⁷⁷ Ibid., p. 6.

⁷⁸ Ibid., p. 2 ff.

“It is important to increase the readiness to changes in the municipality and that the activity is adjusted to the market and further made efficient (...) It is hard to see that the change of the system suggested in the motion achieves the effects desired by the motion’s proposers. It should be more natural to suggest changes within the activity’s present frame as the suggestions thereby affect the entire municipal administration if they are carried through.”⁷⁹

Thus, the municipal drafting committee was skeptical to privatization of the social services but sympathetic to organizational changes that could increase the efficiency as well as contribute to cut the costs for the services. Likewise, the municipality’s social administration agreed with the motion’s aim to lower the costs for social services but rejected the idea of privatization:

“The distribution of the municipality’s home help services is based on a judgment of the individual’s need for assistance. This aid shall provide for the individual’s basic needs in his/her daily living. There is hence a very important difference between the municipality’s home help and service. The home help shall in the first place be seen as help-to-self-help and be directed towards emancipation of the individual’s own resources so that he or she as far as possible can manage on his/her own. It [the home help] shall strive to minimize the individual’s need for home help. This point of view is hard to apply to contracted activities.”⁸⁰

Based on the principle of need, the social administration office on the whole rejected the idea of privatization of the home help services. However, privatization could be possible for certain specific services, as for example shopping or cafeterias. Here, the social administration office especially regarded shopping to be a suitable activity to be carried out by other producers than the municipality.⁸¹ Neither the social administration office nor the drafting committee did however analyze the proposed privatization of the municipal activities in terms of gender. As the motion, the considerations were therefore blinded for the gendered consequences of the suggested policy changes in the municipality.

Though the motion’s general proposal to increase the contracting of private producers in the municipal service production was turned down, the motion started a process of policy changes in the municipality. For example, in relation to the municipal city council’s discussion of the motion, the Social Democratic

⁷⁹ Linköpings kommun, Kommunfullmäktiges handlingar 1985:9, Beredningsutskottet yttrande 1985-05-06, p. 2.

⁸⁰ Linköpings kommun, Kommunfullmäktiges handlingar 1985:9, Socialförvaltningens yttrande 1985-01-21, p. 6 f.

⁸¹ Ibid., p. 7.

group within the municipal executive board introduced three different projects that were to be initiated in the municipality's different activities. The first project regarded democracy and increased user influences, the second project concerned decentralization and increased efficiency and the third project was to be about cooperation between municipal and private producers. The goal of all of the projects was to obtain more efficient services as well as to achieve a municipal culture inclined for changes and continuous evolvement.⁸² Therefore, in the end, even though the Conservative Party's general idea to privatize the municipal services was not met with sympathy, the party had sown the seed of an idea that later could take root.

3.3. Service as Freedom of choice – The Liberal Party's Motion of 1986

In the election of 1985, the local coalition government in Linköping consisting of SAP, the Communist Party and the Christ Democratic Party lost the political power to a new political coalition constituted by the right-wing parties in the municipality. One year after their political take over, the new and right-wing coalition introduced new guidelines regarding the municipal activities. According to these new guidelines, the municipal activities should be organized in small-scale and divided into economic units. The aim of this re-organization was to achieve an organization characterized by flexibility, freedom of choice and openness.⁸³ To be able to carry out these new guidelines, the municipal city council decided in 1988 that management by objectives should replace the traditional granting procedure as a new principle for how to economic govern the municipal activities. According to the policy directives, management by objectives should be based on four different principles; namely, laws and regulations, goals, resources and common sense. In cases of conflicts between means and ends, means would be given priority above the ends.⁸⁴ In other words, management by objectives implied that the economy would be allowed to frame the goals. Consequently, in line with the intentions declared by the Conservatives in their motion of 1984, the municipal activities should henceforth become more like service production on the market and less like public administration controlled by politicians. Now, the ideas of how to govern the municipal service production introduced by the Conservatives before the political takeover could be allowed to fully emerge.

Setting out from the new ideas of how to govern the municipality, the Liberal Party, which also participated in the local right-wing coalition government from 1985 to 1988, submitted a motion in the municipal city council regarding the necessity of increased freedom of choice in the municipal home help services. In

⁸² Linköpings kommun, Kommunfullmäktiges protokoll 1985-06-18, § 108.

⁸³ Linköpings kommun, Kommunfullmäktiges protokoll 1986-11-25, § 198.

⁸⁴ Linköpings kommun, Kommunfullmäktiges protokoll 1988-05-31, § 112 and Kommunfullmäktiges handlingar 1988:5, Skrivelse 1988-02-26.

contrast to the Conservative Party's motion of 1984, which argumentation for increased freedom of choice was based on an economic reasoning, the Liberal Party based its argumentation on the individual's needs:

*“The reasons for freedom of choice and alternatives appear to be really strong regarding the home help services. On the whole, adults who during an active life have had freedom of choice and now needs help with private things should as far as possible be able to make their own choices. Of course, this also applies to the disabled. In addition to the municipal home help services, it should be possible to turn to private service corporations on the same terms [as in the municipal home help services]. The elderly and the disabled must be able to choose. It is time to also consider those who need help as they have come of age.”*⁸⁵

Based on the principle of the individual's freedom of choice, the Liberal Party argued that the elderly as well as the disabled should have the right to choose who should perform the services they needed. In the motion, the Liberal's therefore pleaded for the local government-committee of social affairs to invite tenders for the municipality's home help services. Here, the Liberal's pointed out the user's own organizations as especially suitable for starting up additional home help services directed towards either the elderly or the disabled depending on the organization's character.⁸⁶ However, as in the Conservative's motion of 1984, the Liberal's motion of 1986 was based on an individualized language use that decontextualized the elder's need for care from its gendered, class-based and ethical circumstances. The Liberal's continuously spoke about the individual's freedom of choice however without once answering the question of *whose* freedom to choose *what* they actually regarded. Therefore, as in the case of the Conservative's motion, the Liberal's motion lacked an analysis of what implications the proposals would have for the elderly with different social, economic and ethnical backgrounds.

Though the motion was referred to the municipality's social administration for consideration, the Liberal Party had to wait until 1988 to get an answer. This primarily depended on the circumstance that in relation to their political take over, the new right-wing coalition government had given the social administration in mission to investigate the possibilities to change the home help services' organization so that every care recipient should have one from the caring staff especially responsible for his or her care. This idea originated from

⁸⁵ Linköpings kommun, Kommunfullmäktiges protokoll 1986-04-29, § 84, Motion 1986-02-28, p. 1.

⁸⁶ Ibid., p. 2.

the Christ Democratic Party and had for a long period of time been one of the party's pet questions.⁸⁷

Regarding the Liberal Party's motion, the social administration stated that, in choosing between different types of organizations in the municipal home help services, quality and economy were the two decisive criteria. Based on these two criteria, the municipality had built up a decentralized home help organization that worked in close cooperation with associations and people living in the residential areas, thus reaching the goals of an organization characterized by small-scale, flexibility and openness. All in all, this had resulted in a situation where more and more of the elderly could receive home help services, which in turn had decreased the needs for hospitalized forms of eldercare services. The social administration's overall judgment was therefore that the present organization of the home help services worked rather well, as it could produce high quality service at relatively low price. However, the social administration concluded that:

“Due to the discussion of alternative modes of production in the home help services, several corporations are now offering the municipalities their services. What these [corporations] offer are in the first place; management of cafeterias, cleaning, distribution of groceries and certain alarm surveillance. So far there is no corporation that offers its services within the nursing area. The idea is to increase the efficiency through specialization of certain tasks (...) If the local government-committee of social affairs finds it suitable, the social administration can invite tenders from individual corporations and introduce the effects and consequences during the second half of 1988.”⁸⁸

The local government-committee of social affairs followed the social administration's suggestion and decided to invite tenders for the home help services. Moreover, in line with the Liberal Party's ideas to especially invite the senior citizens and the disabled's own organizations, the committee decided to make contact with these organizations to see if they were interested in starting up home help services for the elderly or the disabled. Yet, not every member of the committee was in agreement with this decision. The Social Democrats in the committee made a reservation against the committee's decision in favor of the party's own motion.⁸⁹

⁸⁷ See for example the municipal city council's discussion on the Christ Democratic Party's motion in 1989, Linköpings kommun, Kommunfullmäktiges protokoll 1989-01-31, § 11.

⁸⁸ Linköpings kommun, Kommunfullmäktiges handlingar 1988:5, Socialförvaltningens yttrande 1988-02-04, p. 3 f.

⁸⁹ Linköpings kommun, Kommunfullmäktiges protokoll 1988-05-31, § 110.

As the number of private producers in the municipality's home help services never increased during the last part of the 1980s, the immediate outcome of the 1988's decision to invite tenders for the home help services was rather meager. Reasons for this could be that in the election of 1988, the political power once again shifted back to the left-wing bloc. Between 1988 and 1991, Linköping was thus ruled by a new and left-wing political coalition consisting of SAP, the Communist Party and the Green Party.⁹⁰ As the Social Democrats had been those that were most reluctant towards the decision to invite tenders for the home help services, the party never worked particularly hard to see to that the decision of 1988 was to be carried out. During the entire 1980s and the beginning of the 1990s, the elderly in Linköping therefore continued to receive home help services produced by the municipality.

As in the case of Umeå in the 1980s, the amount of the elderly that received home help services in Linköping was above the national average. For example, in 1980, both in Umeå and in Linköping, 25 per cent of the population 65 years and older received municipal home help services compared to 23 per cent in the country as a whole. In 1990, the share of the elderly receiving home help services had dropped to 20 per cent in Umeå and 19 per cent in Linköping. Still, both municipalities continued to stay above the national average of 17 per cent of the population 65 years and older receiving home help services.⁹¹ One conclusion possible to make from these figures is that despite differences in policies, the policy outcome was rather similar in both of the municipalities seen in respect to senior citizens' possibilities to receive home help services.

As Linköping has not saved the local welfare office's archives from the 1980s, I have not been able to do a deep study of Linköping similar to that of Umeå regarding how public eldercare services were granted to the elderly in the 1980s. Because of this lack of information, I can neither analyze the gendered effects of the policy changes in Linköping during the 1980s nor compare the results with Umeå. However, based on the similarities in the policy outcome between the municipalities, I find it reasonable to suspect that, as in Umeå in the 1980s, underlying assumptions of gender affected the distribution of services in Linköping. This I find to be even more plausible as discussions of gender were conspicuous by their absence in Linköping's city council during the 1980s. Thus, if I have had the possibility to examine the granting of eldercare services in Linköping in the 1980s, I think it is very likely that I would also here have found that women were in majority of the care recipients, not because of demographical circumstances but because of the gendered assumption that husbands needed assistance with housework if their wife became ill. Moreover, I think that I would have found that, as in Umeå, the distribution of hours in the home help services in Linköping were more generous to men than to women because

⁹⁰ See Appendix D, table D:2.

⁹¹ See diagram IV:1.

of the gendered idea that single women could take better care of a household than single men. Yet, due to lack of information, these ideas are mere hypotheses that still remain to be proved. Put in the perspective of gender, it is however interesting to see what consequences the economic frame that had been under development in Linköping in the 1980s brought about for the elderly men and women living in the municipality in the 1990s.

3.4. Towards a Consumer Frame – Linköping on the Brink of the 1990s

In relation to the budget debate in 1988, representatives of the resigning right-wing coalition and of the entering left-wing coalition made speeches in front of the assembled municipal city council. Regardless of their political abode, all speeches pointed to a future marked by troubled economy and financial instabilities. For example, the resigning chairman of the municipal executive board argued in his speech that, as in the story of Joseph and the Pharaoh, the municipality has had its seven good years and now lurked the seven poor years. Bearing this in mind, the resigning chairman accused the Social Democrats' budget for being too extravagant at the same time as it neglected the maintenance of the municipality's assets. Therefore, the resigning chairman of the municipal executive board pleaded that:

“The budget proposal that the municipal executive board now submits is based on the course and the goals settled by the resigning majority in the municipal city council and is partly characterized by our common strive for offering the citizens good and flexible services according to their needs and wishes, partly [characterized by] in a responsible way for the future protect and administer the resources built up by the municipality during a long period of time. One condition is that this [budget] will come to pass within the frame of a continuing unchanged low imposed tax.”⁹²

The resigning chairman of the municipal executive board accordingly pointed out that the right-wing coalition's intention for the next term of office had been to continue the work with adjusting the municipal service production to the market and to maintain an unchanged level of taxes. This intention was further emphasized in the speech made by the Conservative Party's resigning municipal commissioner, who regretted that the right-wing coalition could not continue its work:

“I am especially thinking on the extensive development work initiated by the Conservative Party's great service motion in spring 1984 and begun during the period 1986-88. Here, most of the work still remains. Though Linköping belongs to the municipalities that have come furthest when it

⁹² Linköpings kommun, Kommunfullmäktiges protokoll 1988-11-29, § 237, Bil 2, p. 1.

*comes to management by objectives, we are still just at the very beginning of a new management philosophy.*⁹³

The resigning municipal commissioner asked the entering left-wing coalition to continue the development work initiated by the resigning right-wing coalition and not to return to the traditional granting procedure. In relation to this request, the resigning municipal commissioner also expressed his wish that the newly started private activities in childcare and education would be allowed to continue to evolve in the municipality as a complement to the municipal service production.⁹⁴

The resigning municipal commissioner's worries were perhaps set at rest by the entering municipal commissioner's speech. Already in the beginning of his speech, the new municipal commissioner declared that:

*"Bearing the tasks and problems laying ahead of us in mind, wide-ranging responsibility and less of unconditional political action caused by the formation of political blocs is necessitated. From now on, I would therefore like to invite to a broader political understanding to promote the interest of the whole municipality."*⁹⁵

The new Social Democratic municipal commissioner's intention was thus to collaborate across the formation of political blocs and to work for a broad political understanding in the future. Regarding the municipal service production, the new municipal commissioner stated that:

*"The public sector shall be renewed to better serve the citizens according to their needs and wishes. The service and the freedom of choice shall increase. The efficiency shall be encouraged, among other things by increasing the support of the employees' initiative capabilities (...) The eldercare shall be expanded and reinforced in purpose to accomplish security, self-determination and freedom of choice for the elderly."*⁹⁶

Though the new municipal commissioner never outlined in his speech exactly how security, self-determination and freedom of choice would be accomplished, the goals he outlined for the municipality's eldercare during the new left-wing coalition's term of office was in the wordings close to the resigning right-wing coalition's formulations. Here, service and freedom of choice seemed to be the two key concepts around which both the right-wing and the left-wing parties

⁹³ Linköpings kommun, Kommunfullmäktiges protokoll 1988-11-29, § 237, Bil 5, p. 1.

⁹⁴ Ibid., p. 2.

⁹⁵ Linköpings kommun, Kommunfullmäktiges protokoll 1988-11-29, § 237, Bil 1, p. 1.

⁹⁶ Ibid., p. 2 f.

could come to a mutual understanding. However, while service and freedom of choice for the left-wing parties could mean changes within the frame of a maintained public responsibility for the production of social services, service and freedom of choice for the right-wing parties meant privatization of the municipality's social service production.

The outcome of the amalgamation of a partly right-wing and partly left-wing understanding of service and freedom of choice was manifested in the municipality's service policy of 1989. During its term of office, the resigning right-wing coalition had initiated a project named "Service" that was finished and reported in 1989. The service project resulted in a service strategy that would be valid for all of the municipality's activities. This service strategy settled that:

*"Within the public sector at large, a development is in progress from an authoritative culture to a culture of service. The service culture contains several elements, which indicate the desired direction of the municipal activities, for instance, the shift from management by rule to management by objectives etc. Equally important as it is that the municipality formulates overarching goals of the municipality's activities, is it to formulate an overarching idea regarding the activities and common values of service (a service strategy). It is important to settle that the exercise of authoritative control does not cease to exist, however, it should not necessarily be seen in opposite to service."*⁹⁷

The overarching ideas regarding the municipality's activities and common values of service settled by the report and authorized by the municipal city council were that the municipality's activities should be characterized by adaptation to the clients, a spirit of service and quality in the performance. Moreover, though the report stated that it was the municipality's responsibility to provide for service, it was decided that the municipality's role as purchaser of service and producer of service should be kept apart. Regardless of the way of production, most important was that the municipality still would be in control of the provided services.⁹⁸

In the first place, the solution to the fusion of the right-wing and left-wing understanding of the concepts of service and freedom of choice was to separate the municipality's functions as provider and producer of service. In this manner, the left-wings parties wish was met regarding the maintained municipal responsibility for the social services at the same time as this satisfied the right-wing parties strive for market adaptation of the municipal activities. Thus, as a buyer of social services, the municipality would still be in control of the distribution, however, not necessarily be the only producer. The second solution of the

⁹⁷ Linköpings kommun, Kommunfullmäktiges handlingar 1989:4, Rapport 1988-09-15, p. 1.

⁹⁸ Ibid., p. 2 and Kommunstyrelsens protokoll, § 105, 1989-04-04.

mixing between the right- and left-wing understanding of service and freedom of choice was to change the view on the receivers of the municipal activities from recipients of services to clients or consumers of services. Throughout the service policy, the former recipients of municipal services were named as clients or customers. This interpretation of recipients as consumers was furthermore settled in the last and final paragraph of the service policy, which stated that: “*It is always the client who knows and evaluates if the municipality’s service is good or not.*”⁹⁹ Therefore, in the end, the left-wing and right-wing parties’ different opinions on service and freedom of choice were joined into a consumer frame that described the municipal service production in terms of the market and the recipients of service as consumers.

Though never explicitly articulated, this transformation of recipients of care to consumers of care was similar to the metaphor of the elderly as healthy developing on the national level. As in the metaphor of the elderly as healthy, the perception of the recipients of care as consumers of care was based on an understanding of all care recipients as vital and capable of making decisions of their own, regardless of their ages and needs. In line with the metaphor of elderly as healthy, the consumer frame thus saw the elderly as capable of hiring eldercare services of their own. In fact, it was this idea that constituted the entire reasoning of the necessity to introduce the principle of the individual’s freedom of choice in the municipal eldercare. Therefore, with the passing of the service policy of 1989, senior citizens’ role in Linköping changed from recipients of care to consumers of care, a role that the municipality tried to foster during the 1990s.

3.5. With the Market as Model –The Right-wing Coalition and the Purchaser/Provider Model

The beginning of the 1990s was a hectic period in Linköping. To start with, due to the *Ädel-reform*, the municipality took over the responsibility for nearly 500 beds from the county council in Östergötland, which increased the number of beds and apartments in the municipality’s special forms of accommodation with nearly 50 per cent.¹⁰⁰ Despite this huge expansion of the municipality’s responsibility in the field of eldercare, Linköping only considered this to be a first step towards a complete municipal responsibility for the entire elementary care. Linköping was thus one of the municipalities in Sweden that in relation to the *Ädel-reform* wished to take over not only the eldercare but also the elementary care from the county councils. However, according to the municipality’s senior citizen’s advisory board, Linköping was not ready to take on such huge responsibility. Instead, this increase in responsibilities would lead to more informal

⁹⁹ Linköpings kommun, Kommunfullmäktiges handlingar 1989:4, Rapport 1988-09-15, p. 2

¹⁰⁰ SCB (1991b), table A:2 and Linköpings kommun, Kommunfullmäktiges handlingar 1991:3, Skrivelse 1991-02-04, Bil 1.

eldercare services carried out by the elder's relatives. In relation to this statement, the senior citizen's advisory board also pointed out that the public eldercare in Sweden was particularly poor in supporting relatives who took care of their elderly, a matter that the senior citizens wished that the municipality would attend to.¹⁰¹

Besides from the *Ädel-reform*, another big change in the municipality was the introduction of the purchaser/provider model initiated by the new ruling right-wing coalition. In the election of 1991, the left-wing coalition once again lost the political power to the right-wing parties. As in the period 1985-1988, between 1991 and 1994 Linköping was thus ruled by a right-wing coalition. In relation to its political takeover, the new right-wing coalition stated that:

*“The municipal activities shall go through a powerful renewal during the three years term. This [renewal] shall be characterized by competition in the link of production and freedom of choice in the link of consumption. Anywhere it is of any purpose, internal and external competition shall be promoted within all of the service production where diversity is more important than conformity.”*¹⁰²

Consequently, the new right-wing coalition declared that its intention was to go through with the work started up during its previous term of office in order to adopt the municipal service to the market. To realize this goal of market adaptation of the municipal services, the right-wing coalition decided to take the last and final step in separating the municipality's roles as producer and buyer of service settled in the service policy of 1989. In 1992, the purchaser/provider model was therefore introduced, which divided the municipal activities into committees that bought activities within their field of responsibility, committees that were responsible for exercising authoritative power, and, finally, economic units that produced the activities. Furthermore, in line with the goal of market adaptation, before they could come to an agreement with the producers, the buyer committees had to invite tenders from both private producers as well as from the municipality's own production units.¹⁰³ In this manner, competition was reached in the line of production though not in the line of consumption.

The eldercare was one of the areas pointed out by new right-wing coalition as especially meaningful to organize according to the new market ideal:

¹⁰¹ Linköpings kommun, Kommunfullmäktiges handlingar 1989:9, Socialförvaltningens yttrande 1989-10-10 and Kommunala pensionärsrådets yttrande 1989-10-04.

¹⁰² Linköpings kommun, Kommunfullmäktiges protokoll 1991-11-25, § 199, Bil., p. 428.

¹⁰³ Linköpings kommun, Kommunfullmäktiges handlingar 1992:9, Årsbudget 1993 samt plan 1994-96, p. 4 -15.

*“The home help shall be arranged in forms where private as well as public initiatives are utilized. New solutions shall be tested. The eldercare is to a great extent done by relatives. These shall have better support than today and be relieved of their pressure. The municipality should also support and encourage the elder’s care of each other. Private and non-profit solutions of nursing, care and accommodations will be encouraged so that the freedom of choice as far as possible comes to all regardless of what wishes one have or where one lives.”*¹⁰⁴

To reach the goals of freedom of choice and of competition in the production and consumption of eldercare services, a newly established committee, named the local government-committee of social care, was made in charge for purchasing all forms of social care services that the municipality was responsible for according to the Social Services Act, such as the childcare and the eldercare. Before the local government-committee of social care could make an agreement with a producer of social care services, it was however obligated to invite tenders for the service they intended to buy. In the case of the eldercare, this principle of inviting tenders should particularly be applied to the local government-committee of social care purchase of home help services.¹⁰⁵ Thus, in conclusion, the purchaser/provider model involved adaptation to principles of the market in the line of the production of municipal services but the model did not involve corresponding changes in the link of consumption. Through its buyer committees, the municipality still was responsible for the purchase and the distribution of the service. Hence, as it still was the municipality that decided who should perform the eldercare services, the so often mentioned principle of freedom of choice never included the senior citizens’ possibilities to choose who should perform the services.

Shortly after the introduction of the purchaser/provider model, the right-wing coalition however decided to introduce a new tariff in the home help services in order to increase the senior citizens’ freedom of choice. The new tariff was divided into services consisting of personal care and services consisting of assistance with housework. According to the proposal to the new tariff, assistance with housework should be made into an unconditional right for all of the elderly over the age of 75 while personal care would continue to be granted through the local welfare office. Thus, as long as they paid the fees settled by the municipality, senior citizens over the age of 75 would be able to make their own agreements with the producers of social services without going through the usual application procedure at the local welfare office. At maximum, the agreements between the elderly and the producer would include 16 hours of help

¹⁰⁴ Linköpings kommun, Kommunfullmäktiges protokoll 1991-11-25, § 199, Bil., p. 431.

¹⁰⁵ Linköpings kommun, Kommunfullmäktiges handlingar 1992:9, Årsbudget 1993 samt plan 1994-96, p. 11 ff.

and assistance per month. For additional hours, also senior citizens over the age of 75 would be forced to apply for services at the local welfare office. Senior citizens under the age of 75 would however be forced to apply at the local welfare office in the usual way to receive assistance with housework.¹⁰⁶

When the new tariff was under consideration in the local government-committee of social care, the fusion of the right and the left-wing interpretations of service and freedom of choice manifested in the service policy of 1989 finally split into separate understandings. The proposal to the new tariff was to a large extent written in the economic language use close to the right-wing's understanding of service and freedom of choice. For example, the proposal to the new tariff consistently spoke about "consumption" of service and the possibility for the elderly as consumers of care to choose their level of "consumption". However, according to the Social Democrats in the committee, even more important than freedom of choice was the principle of need in the eldercare:

*“Increased freedom of choice and service for the individual are specified as two important points of departures for the work with the new tariff. An even more important point of departure is to provide people in need for care with basic security and help based on each and everyone's need. When the elderly due to age and different aches and pains become completely or partly depending on activities from relatives or the municipality's home help staff to manage their daily living, concepts as security and care becomes more important than freedom of choice and service and how much one has to pay for each part of the service.”*¹⁰⁷

Though the Social Democrats in the local government-committee of social care supported the proposal to the new tariff, they wished to re-introduce such basic principles as need in the municipality's eldercare. In the proposal to the new tariff, the Social Democrats therefore requested that the concept of consumption consistently should be replaced with the concept of need. The Social Democrats also demanded that the existing scale of fees should continue to be valid for persons in need for personal care, as it was pointless to divide the home help services into assistance with housework and personal care for persons that undoubtedly were in need of both form of the services. Regarding the idea to abolish the application process for all of the elderly over the age of 75 in need of assistance with housework, the Social Democrats however agreed with the proposal.¹⁰⁸ As the right-wing coalition was in majority in the municipal city coun-

¹⁰⁶ Linköpings kommun, Kommunfullmäktiges handlingar 1993:2, Skrivelse 1993-01-18.

¹⁰⁷ Linköpings kommun, Omsorgsnämndens protokoll 1993-01-28, § 3, Bil. 1, p. 1.

¹⁰⁸ Ibid., p. 2 ff.

cil, the Social Democrat's reservation towards the new tariff was turned down in favor of the original proposal.¹⁰⁹

With the passing of the new tariff, which not only divided the home help services into personal care and housework but re-phrased the senior citizens' need for care from a matter of need to a matter of consumption, the municipal city council authorized the consumer frame previously outlined in the service policy of 1989. Similar to the economic frame emerging on the national level in the late 1980s and early 1990s, the consumer frame in Linköping used an individualized and economic influenced language to describe the elderly and their needs for care. However, while the national policy documents primarily used the economic language to describe and characterize the production of the eldercare, Linköping actually took the change of interpretations one step further. As the elderly constantly was described as consumers of care, Linköping not only changed the descriptions of the eldercare from side of the production but also from the side of the consumption. Similar to the national economic frame, the individualized language use of the consumer frame however decontextualized the elder's need for care from gendered, class-based and ethnical circumstances. Instead of talking about senior citizens' different possibilities to buy the services they needed due to gender, class and ethnicity, the consumer frame talked about their possibilities to choose the services they wanted based on a universal and consequently non-existing elderly character. For that reason, the municipality made senior citizens individually responsible for his or her "consumption" of eldercare services regardless of his or her capabilities to fulfill the role of being a "consumer". In other words, what the consumer frame did was that it reinforced rather than it undermined already existing differences among the elderly due to gender, class and ethnicity. While these underlying injustices could pass rather unnoticed as long as the municipality did not put any restraints on the distribution of eldercare services, they would come to the surface in pace with privatization and cut downs of the municipal eldercare services.

3.6. From Public to Private Production – the Popular Movement Coalition and the Market Court's Decision

In the election of 1994, the ruling right-wing coalition lost the power to an alliance named the Popular movement coalition that included the SAP and the Center Party. With the addition of the Green Party in the election of 1998, this alliance continued to stay in power during the rest of the 1990s. Consequently, from 1994 and onwards, nearly the same political coalition governed in Linköping.¹¹⁰ One of the first things that the new coalition did was that it tried to change the criteria regarding the invitation of tenders for the eldercare services in the municipality. According to the guidelines that accompanied the

¹⁰⁹ Linköpings kommun, Kommunfullmäktiges protokoll, 1993-03-02 and 1993-03-10, § 55.

¹¹⁰ See Appendix D, table D:2.

introduction of the purchaser/provider model in the municipality, the purchaser committees were obliged to invite tenders from both private and municipal producers each time they would buy services. During the autumn 1994, the local government-committee of social care invited tenders for the eldercare in 14 of the municipality's local home help districts. In December 1994, eight different producers, including the municipality's own production unit of eldercare services, had sent in tenders for the eldercare services in the local districts. In March 1995, the municipal administration's central office gave their judgment to the local government-committee of social care on the offers according to which the municipality's own production unit would be contracted for eight of the areas, Partena Care AB would receive contract on four of the areas and Miamedica AB and Granskapservice AB would be signed for a contract of one district respectively. Contrary to the settled criterions regarding the invitation of tenders, the municipal administration's office decision was not the cheapest possible solution. Instead, this would have been to sign contract with Partena Care AB for ten of the local districts, with Miamedica AB for one of the districts and with the municipality's own production unit for four of the districts. Regardless of these circumstances, the local government-committee of social care decided in favor of the decision from the municipal administration office. Reasons for the decision were that in case that the municipality would have accepted the cheapest possible offers, private producers would have dominated the production of eldercare services in the city center while the municipality's own production units would have been responsible for the production in the outer areas of the municipality. The municipality's decision to deviate from its original criterions regarding the invitation of tenders for the eldercare was taken to the Swedish market court that prohibited the municipality under a penalty of five millions SEK to change the criterions of the invitation of tenders after the process had been initiated.¹¹¹

Consequently, despite the efforts to limit the degree of privatization, the left-winged political alliance that ruled Linköping during the second half of the 1990s had to learn to live with the decisions settled by the previous right-wing coalition. From 1995 and onwards, the amount of privately produced eldercare services in Linköping therefore increased from 21 percent in 1995 to 50 percent in 2004.¹¹² The private producers' position in the municipal activities was further secured in 1998, when the municipal city council, still dominated by the SAP in coalition with the Center Party, passed a new policy that settled that the municipality should counteract monopoly within all of the activities financed by

¹¹¹ Linköpings kommun, Omsorgsnämndens handlingar 1996, Avskrift av marknadsdomstolens dom 1996-03-05.

¹¹² Linköpings kommun, Kommunfullmäktiges handlingar 1995:8, Kommunstyrelsens protokoll 1995-06-06, § 313 and Omsorgsnämndens handlingar 2004, Internbudget 2004, p. 17.

the municipality. Henceforth, the municipality's committees were obligated to draw up plans for how to increase competition within their field of responsibility.¹¹³ As the eldercare already was being purchased in competition with both private and municipal producers, the competition policy of 1998 only contributed to confirm the privatization process of the municipality's eldercare that had been initiated by the right-wing parties in the middle of the 1980s and continued to evolve under the government of the Social Democrats and the Center Party during the second half of the 1990s.

3.7. From Need to Demand? - The Guidelines of 1995

Until the middle of the 1990s, the municipality had tried to cut the costs for the municipality's activities by making changes on the side of the production. In 1995, however, the municipal executive board clearly stated that the committees and administrations had to work out solutions of how to cut the costs in their various fields of responsibility. Changes due to financial circumstances thus finally hit the consumption side. As a consequence of the executive board's statement, both the local government-committee of social care and the local government-committee of social affairs changed their guidelines regarding the municipality's eldercare services.

From the side of the local government-committee of social affairs, it was decided to cut down the assistance with housework from 16 to 12 hours per month for the senior citizens over the age of 75 that bought their services directly from the producers without any application at the local welfare office. In relation to this decision, the local government-committee of social affairs settled that regardless of the person's need and capabilities, all forms of cleaning, shopping, laundry service and escort to and from different activities would be counted as a part of assistance with housework and thus charged by another (and more expensive for the elderly) scale of fees than services connected with personal care. Moreover, the local government-committee of social affairs decided that the elderly whose needs for care exceeded 4 hours per day should be recommended to accept a place in the municipality's special forms of accommodation. Finally, the committee decided that regarding relatives who took care of their elderly, the municipality would only allow remuneration to those that would suffer a loss of income:

“When one look over persons in extensive need for care and loss of income for the care giver, a stricter means testing should give a powerful reduction of the number of cases. About 75 % of the cases are supposed to continue to work as before without any remuneration from the municipality. The need should accordingly be provided for in another way. Regarding the remaining 25 %, it should either be justified to employ the relative or to

¹¹³ Linköpings kommun, Kommunfullmäktiges handlingar 1998:9, Skrivelse 1998-09-08.

have the activity done by the home help services. Today, an hour of care carried out by a relative costs about 160 crowns, which would imply a saving on approximately 9,6 mkr if 75 % of the cases disappear.”¹¹⁴

In the guidelines of 1995, the local government-committee thus settled that the municipality would only allow remuneration to relatives that had a gainful employment but for a shorter period of time chose to leave their work in order to take care of their elderly. In other words, local government-committee calculated that the municipality would make the greatest savings if relatives continued to take care of their elderly but without any remuneration from the municipality. Despite the reasoning of freedom of choice and service in the municipal eldercare, when it came to it, Linköping obviously chose the same solution as Umeå regarding how to manage the balancing between cut downs and an increased municipal responsibility for the eldercare, namely, to relocate the responsibility for the eldercare from the municipality to the relatives. Moreover, in both of the municipalities, relatives were expected to take on this responsibility without any payment. As in Umeå, the decision in Linköping to increase the informal and unpaid eldercare services was taken without consideration of how this would hit the elderly or their relatives from the perspective of gender. Linköping therefore simply ignored that the mysterious “other way” that would continue to provide for the elder’s need most certainly would be a woman that would continue to take care of her elderly relative, however this time without any remuneration from the municipality.

The new guidelines worked out by the local-government committee of social affairs was accompanied by new guidelines from the local government-committee of social care that decided to increase the senior citizens’ self-financing of the eldercare services. Their financing of housework services would increase from 19 to 25 per cent of the total cost for these activities while their financing of personal care would increase from 4 to 5 per cent. Also, the local government-committee of social care decided that the elderly in need for more extensive forms of housework, such as window-cleaning or clean outs, should be recommended to buy these services on the market. Finally, the local government-committee of social care decided that senior citizens living in service apartments could receive reduction on their rent if relatives cleaned the apartment, however approximately a reduction of the rent corresponding to two hours of cleaning per month.¹¹⁵

Altogether, the general strive in the local government-committees’ decisions was to re-direct the basic point of departure in the eldercare from need to

¹¹⁴ Linköpings kommun, Kommunfullmäktiges handlingar 1995:11, Skrivelse 1995-10-16, Bil. 3, p. 2.

¹¹⁵ Linköpings kommun, Kommunfullmäktiges handlingar 1995:11, Omsorgsnämndens protokoll 1995-11-09, § 272, 1995-11-09 and Skrivelse 1995-11-01.

demand. First, the increase of senior citizens' self-financing of the services implied anticipation that if the service were made more expensive, the elderly would decrease their "consumption". Second, the decision to increase senior citizens' self-financing of the services was accompanied by a re-direction of certain services from personal care to housework. As housework was charged by another and for the elderly more expensive scale of fees, this decision further supported the attempt to cut back the elder's "consumption" of services. Third, as in Umeå, the elder's need for assistance with housework was regarded as less important than the need for care. Housework could therefore be removed from the municipality's field of responsibilities and transferred to the senior citizens' relatives. However, as in Umeå and as in the national policy documents, this shift of responsibilities occurred without consideration of how this would hit the elderly or their relatives seen in relation to gender, class or ethnicity. Reasons why the committees in Linköping were blinded for the gendered, class-based and ethnical circumstances of their decisions are to be found in the consumer frame evolving in the municipality since the late 1980s, which, due to its individualized perspective and economic language use, decontextualized the senior citizens from their socioeconomic backgrounds. From the perspective of the consumer frame, all senior citizens were supposed to have the same and equal opportunities to buy the service they needed. Moreover, based on the rhetoric of freedom of choice that constituted the consumer frame, informal eldercare services carried out by women were not the result of a gendered necessity but outcomes of the women's own free will and therefore not a matter that the authorities would get involved in.

3.8. From Public to Private Agreements – Towards a New Division of Responsibilities in the Municipal Eldercare

The guidelines of 1995 were a part of a larger project decided by the municipal executive board in 1994, which aimed at a revision of the division of responsibilities between the local government-committee of social affairs, the local government-committee of social care and the production units in the social care area. The project was carried out by a political appointed reference group alongside of an especially appointed project group that included members from the two local government-committees and representatives from the production unit, from the union and from the municipal administration office. According to the directives, the project would investigate how to change the home help service from a matter of authorities to a matter of service. This meant that the project groups would find solutions to how the elderly could receive home help services without having to apply for the service at the local welfare office. Based on their solutions to this question, the project groups would also find out how to reassure the individual's legal security in the home help services, how to work out the division of responsibilities between the committees and the production units, how to evaluate the new home help service's organization and how to accomp-

lish a simple but efficient administration. The project continued during the latter part of the 1990s and was finished and reported in the beginning of 1999.¹¹⁶

When the municipal executive board gave its directives to the project groups of how to change the home help service from a matter of authorities into a matter of service, the board had the tariff of 1993 in mind that allowed senior citizens over the age of 75 to sign service agreement directly with the producers of the home help services without having to apply for the service at the local welfare office. Therefore, as an experimental work, in some areas of the municipality the project introduced the possibility for the elderly over the age of 75 to sign contracts directly with the producers also for their personal care while in other areas, the project maintained the traditional application procedure for all of the elderly in need for personal care. Evaluations of the experimental work showed that many of the senior citizens were unable to distinguish the differences between the traditional application process and the service agreements. The local government-committee of social affairs argued in their evaluation of the project that:

“The administrations opinion is that the target group in question is exposed and weak and by tradition ‘pleased with what one can get’ and it is therefore especially important that activities are decided in such a legally secured way as possible.”¹¹⁷

Because of the elder’s vulnerability, the local government-committee of social affairs argued that it was unnecessary to introduce service agreements for all of the home help’s services, especially since the project had initiated a new way for the social administrators to deal with the applications. As a result of the project, the administrators at the local welfare office only decided that the elder was entitled to personal care but not how many hours the care would consist of. Instead, the responsible producer made the decision of how many hours of personal care the elder was in need of. This had increased the efficiency of the administration and had enabled for evaluations and following ups from the side of the administrators.¹¹⁸

In opposite to the committee’s standpoint, representatives of the production side advocated the service agreements. According to the final report on the project, these differences in opinions were mainly caused by various interpretations of the concept of service:

“In this context, the sides also mirror different opinions regarding the meaning of the concept service. The local government-committee of social

¹¹⁶ Linköpings kommun, Kommunfullmäktiges handlingar 2000:5, Rapport 1999-01-28.

¹¹⁷ Linköpings kommun, Socialnämndens handlingar 1995, Yttrande 1995-12-18, p. 4.

¹¹⁸ Ibid.

affairs argues for a model of service where the individual care recipient entirely disposes over the help he/she shall have within the limits settled by the municipality's guidelines. The experimental work carried out within the project has instead been based on a model, which presupposes a mutual [understanding] between the individual care recipient and the producer regarding the help that will be provided.”¹¹⁹

Accordingly, the local-government committee of social affairs understood the concept of service as the by the municipality previously settled meaning of service as freedom of choice. In contrast, the concept of service that the project had based the experimental work on was more limited. Here, the care recipient's level of help was decided from an already prepared list of services that the elder could receive depending on his or her level of need. From this standpoint, service did not consist of freedom for the elderly to choose the service they wanted but of freedom from the necessity to apply for the service at the local welfare office.

In the end, the municipal city council seemed to have chosen to go on the arguments from the side of the production. As a result of the project, the experimental work with service agreements was made permanent in those areas of the municipality where the service agreements had been introduced due to the project. As this only regarded two residential areas in the municipality, during the autumn of 1999 the local government-committee of social care decided to introduce service agreements in nine other residential areas of the municipality. Reasons for this were the same as before, namely to increase the efficiency of the home help services' administration and to make it easier for the elderly to receive personal care. Also this time, an important argument to introduce the service agreements in the other residential areas was the service agreement's reciprocal character:

“When the support is provided for as service, the individual's own responsibility, cooperation and integrity are emphasized while [the authority's] decision of aid is more focused on the individual's right, which is especially provided for through the right to appeal.”¹²⁰

The expansion of the service agreements was hence motivated from the perspective of the consumer frame. In line with this interpretation, the elderly would not only be made responsible for their consumption of care but also receive increased freedom to choose the content of their service and the level of their consumption.

¹¹⁹ Linköpings kommun, Kommunfullmäktiges handlingar 2000:5, Rapport 1999-01-28, p. 3.

¹²⁰ Linköpings kommun, Omsorgsnämndens handlingar 2000, Skrivelse 2000-02-03, p. 4.

Due to the decision to introduce service agreements in more residential areas, nearly one thousand of the senior citizens would be transferred from the local welfare office's field of authority to the producers' field of activities. The local welfare office role would therefore change from being the authority that granted services to the elderly to the authority that controlled and evaluated the performance of the eldercare services. However, in cases when the senior citizen was not satisfied with the service he or she received, the local welfare office could re-investigate the service agreement and make a new decision of what and how much service the person should have.¹²¹ On the brink of 2000, the municipality of Linköping had thus decided not only to privatize the responsibility for the production of the eldercare services but also the responsibility for the consumption of the eldercare services.

3.9. The Consumer Frame in Practice – Gender and the Re-Privatization Discourse in Linköping

As previously discussed in this chapter, due to its individualized perspective and economic language use that decontextualized the senior citizens from their socioeconomic backgrounds, the consumer frame evolving in the municipality of Linköping was blinded for gendered, class-based and ethnical circumstances of the eldercare. On the contrary, from the perspective of the consumer frame, all of the elderly were supposed to have the same and equal opportunities to buy the service they needed. Moreover, based on the rhetoric of freedom of choice that constituted the consumer frame, informal eldercare services carried out by women were not the result of a necessity but outcomes of the women's own free will. Therefore, it was not a matter that the authorities would get involved in.

As Umeå, Linköping has since the 1990s put an increased responsibility on relatives to step in as informal caregivers when the municipality has withdrawn its responsibility from certain parts of the home help services. This became especially prominent in the guidelines of 1995, when the local government-committee of social affairs in 75 per cent of the cases decided to cut back the municipality's remuneration to relatives that took care of their elderly. Still, the committee argued, these elder's need for care would be met "in another way" without consideration taken to the gendered circumstance that this "other way" most certainly was a woman that would continue to take care of her relative, however without payment. As in Umeå and as on the national level, Linköping decided to close its eyes for the circumstance that the informal eldercare services carried out by relatives are constituted by a gendered relationship consisting of a wife helping her husband or a daughter helping her mother. How cut backs in the 1990s within the municipality's eldercare has hit the elderly and their relatives from the perspective of gender can possibly be revealed by a closer

¹²¹ Ibid., p. 9.

study of the local welfare office's granting of eldercare services in the year 2000. In this context, it is especially interesting to see how senior citizens manage their needs though they were denied a place in the municipality's special forms of accommodation or their relatives were denied remuneration. Moreover, are there any differences between Linköping and Umeå when it comes to how the elderly who were denied municipal eldercare services managed their needs?

To begin with, on the surface, the distribution of municipal eldercare services in Linköping was similar to Umeå's in 2000. Though the percentage receiving home help services was somewhat higher in Umeå than in Linköping, the share of the elderly living in special forms of accommodation was larger in Linköping than in Umeå. Therefore, altogether, in both of the municipalities in 2000, 15 per cent of the population 65 years and older either received home help services or lived in some of the municipalities' special forms of accommodation. The main difference between the municipalities was that while nearly 40 per cent of the care recipients in Linköping received their services from private producers, only 3 per cent of the care recipients in Umeå received privately produced services.¹²²

Additionally, as in Umeå in 2000, women were in majority of the care recipients in Linköping. In 2000, 76 percent of the care recipients in Linköping were women and 24 percent men. Equally to Umeå, this relationship can partly be explained by demographical circumstances, such as women's longer life expectancy and patterns of marriage, and partly by gendered ideas of men and women's capabilities to manage a household on their own. As in Umeå, however, in Linköping the share of the elderly men and women receiving home help services seem to have been brought closer in the 1990s. In 2000, about 3 per cent of the men 65 years and older received home help services compared to 7 per cent of the women. Also in Linköping, gendered ideas of men and women's household capabilities therefore seem to have been weakened.¹²³

Furthermore, as in Umeå, the share of the elderly receiving municipal eldercare services has been heavily reduced in Linköping during the 1990s. In 2000, only 6 per cent of the population over the age of 65 received home help services compared to 21 per cent in 1985. Equally to Umeå, as the share of the elderly in special forms of accommodation has only increased with two per cent in Linköping since 1985, the cut back of home help services has not been counter-balanced by an increase of places in the municipality's special forms of accommodation.¹²⁴ Thus, as in Umeå, also in Linköping an increasing share of the elderly has been forced to buy the services they need on the market or turn to their relatives for help.

¹²² Socialstyrelsen (2000a), table 5 and 11 and SCB (2000b), table 4:3.

¹²³ Socialstyrelsen (2001b), table 2 and SCB (2000b), table 4:3.

¹²⁴ SCB (1987), table 1 & 2, and Socialstyrelsen (2000a), table 10.

Finally, to conclude, equally to Umeå, women dominated within the group of the elderly that were denied eldercare services in Linköping in 2000, which is illustrated in table IV.2.

Table IV.2. Description of refused applications in Linköping in 2000, divided by sex.

Sex	Married	Single	Refused special forms of accommodation	Refused home help services	No. of elderly with help from relatives	No. of elderly only buying help	No. of relatives doing informal elder-care services
Men	4	16	19	1	11	2	2
Women	3	38	27	4	26	5	20
Not specified in the journal	..	..	..	..	..	..	15
Sum:	7	54	46	5	37	7	37

Source: Linköpings kommun, Socialtjänsten, Personakter 2000.

As shown in table IV.2., in Linköping there were relatively few elderly that were refused home help services. This depends on the introduction of the new tariff in 1993, according to which all senior citizens over the age of 75 could receive assistance with housework without having to apply for the services at the local welfare office. From this follows that in 2000, senior citizens in Linköping were not denied home help services otherwise than when it concerned remuneration to relatives that took care of them. As senior citizens under the age of 75 still were obligated to apply for home help services at the local welfare office, the low number of refused applications regarding home help services may be seen as an indicator of that elderly under the age of 75 received the services they needed from the municipality without any objections from the local welfare office.

However, if it is so that the group of the elderly that in 2000 was denied eldercare services by the local welfare office is representative for the elderly population as a whole in the municipality, the majority of senior citizens in Linköping seem not to have chosen to use the possibility to sign service agreements with the producers of eldercare services. Instead, as seen in table IV.2., the majority of the elderly seem to have turned to their relatives for help and assistance with the housework. Nearly 60 per cent of the elderly that were denied eldercare services by the local welfare office in Linköping received help from their relatives regarding such chores as cleaning, and doing the laundry. Though some of the elderly also had signed service agreements to buy assistance

with housework, the majority of the elderly that were denied eldercare services in 2000 only had help from relatives.¹²⁵ Moreover, as in the case of Umeå, most of the relatives in Linköping that helped their elderly with the housework were a daughter who helped her mother, a wife who helped her husband or a daughter-in-law who helped her mother-in-law.

Also, from the perspective of gender, the decision to cut back the municipality's remuneration to relatives that took care of their elderly hit the senior citizens with non-Swedish backgrounds particularly hard. All of the elderly whose relatives were denied remuneration from the municipality in 2000 were elderly with non-Swedish backgrounds. With the exception of one, all of the elderly with non-Swedish backgrounds that were denied remuneration wished that their daughter or daughter-in-law would take care of them instead of the municipality's home help staff. From the side of the local welfare office, the argument was that their needs could be taken care of just as good by the municipality's own staff; additionally, as the relatives were unemployed, they could not receive remuneration from the municipality. However, since as good as everyone of the elderly whose relatives had been denied remuneration after a while terminated the offered home help service from the municipality, the effect of the decision was that relatives continued to take care of their elderly, however without any financial contribution for their work.¹²⁶ The outcome of the guidelines of 1995 to cut back the remuneration to the elder's relatives thus hit women with non-Swedish backgrounds twice. As relatives they were forced to take care of their elderly when the municipality could not help and as unemployed they could not receive any payment from the municipality for the work they carried out. It therefore seems as, when they decided to cut down the remuneration to the elder's relatives, the mysterious "other way" that the local government-committee considered would provide for the elder's need to a large extent consisted of women with non-Swedish backgrounds that would be forced to step in as informal care givers when the municipality cut down their financial support.

In conclusion, regardless of the policies and organizational models, in both Umeå and Linköping, women in the 1990s seem to have been forced to taken on an increasingly larger responsibility for their elderly relatives when it comes to help and assistance with housework though not with the personal care, which, in pace with financial difficulties and cut downs, is the form of eldercare service that both of the municipalities have been given priority to. Hence, from the perspective of increasing the burden of women's unpaid labor, the consumer frame of Linköping seems to be have been just as bad as the saving frame of Umeå. While women's unpaid labor in Umeå has been an outcome of the municipality's reluctance towards the re-privatization discourse, women's unpaid labor

¹²⁵ See Appendix F, table F:5.

¹²⁶ Linköpings kommun, Socialtjänsten, Avslag på ansökan om hemtjänst, Personakter 2000.

in Linköping has however been the result of the municipality's eager acceptance of the re-privatization discourse, manifested in the consumer frame evolving in the municipality since the 1980s. This interpretative frame has tried to change senior citizens to consumers of care at the same time as it has tried to shift the elder's need for service to demand for service. Yet, due to aches and pains accompanying the process of aging, certain services, such as, assistance with housework, still seems to be more directed by senior citizens need than demand. Therefore, in Linköping, the outcome of the consumer frame has not been a shift of the services from the municipality to the market but from the municipality to the elder's female relatives.

3.10. A Voluntarily Re-Privatization – Changing Frames in Linköping 1980 to 2000

During the last two decades, the local guidelines for granting senior citizens help and services have unmistakably changed in Linköping. In the beginning of the 1980s, senior citizens were still being viewed in line with traditional perceptions of the elderly as a dependent group in society and should therefore receive the help and assistance they needed from the municipality. In 2000, the eldercare policies of Linköping had transformed senior citizens to consumers of care, which meant that the elderly was not only considered as able to choose the service and care that they needed but were also made responsible for their own consumption of care. As a consequence of this changing perception of the elderly, to receive the care and service they need, senior citizens over the age of 75 can today sign contracts directly with the producers of care without having to apply for the service at the local welfare office. Moreover, as an outcome of the municipality's strive to adapt the municipal services to the market, today private producers carry out about half of the eldercare services in Linköping, even though the municipality still has the overarching political and financial responsibility for the services. Seen from this point of view, it is possible to say that, contrary to Umeå that only reluctantly has accepted a certain degree of privatization of the municipality's eldercare services, the municipality of Linköping has voluntarily taken up the re-privatization discourse both in the rhetoric as well as in practice.

The primary reason why the re-privatization discourse has been able to gain footing in Linköping is the unstable political situation in the municipality. Since the 1980s, the political power in the municipality has shifted to and from the political blocs. In the election of 1985, the Social Democratic Party in Linköping that together with the Communist- and Christ Democratic Party had ruled the municipality since the beginning of the decade, lost the political power in the municipal city council to a coalition between the Conservative and Liberal parties. The year before the transfer in political power, the Conservative Party had raised a motion in the municipal city council that outlined the party's ideas of how to organize the social services in the municipality. In the motion, the

Conservative Party argued that it was necessary to adopt the municipal services to the market to achieve a healthy economy. Competition and well as privatization should therefore be introduced in the municipal social service production. In the case of the eldercare, competition from private producers within the home help services would increase the senior citizens' freedom of choice as well as it would result in better, more efficient and cheaper home help services. In the end, competition within the municipal service production at large would lead to lower taxes in the municipality.

Though the motion's general proposal to increase the contracting of private producers in the municipal service production was turned down, the motion started a process of policy changes in the municipality. In relation to the municipal city council's discussion of the motion, the Social Democratic group within the municipal executive board introduced three different projects that were to be initiated in the municipality's different activities. The first project regarded democracy and increased user influences, the second project concerned decentralization and increased efficiency and the third project was to be about cooperation between municipal and private producers. The goal of all of the projects was to obtain more efficient services and to achieve a municipal culture inclined for changes and continuous evolvement. Therefore, in the end, even though the Conservative Party's general idea to privatize the municipal services was not met with sympathy, the party had sown the seed of an idea that later could take root.

In 1986, the Liberal Party, which also constituted a part of the right-wing coalition that governed the municipality between 1985 and 1988, submitted another motion in the municipal city council that in its basics content was similar to the Conservative's motion of 1984. Setting out from the principle of the individual's freedom of choice, the Liberal Party argued that the elderly and the disabled should have the right to choose who should perform the services they needed. In the motion, the Liberal's pleaded for the local government-committee of social affairs to invite tenders for the municipality's home help services. Here, the Liberal's pointed out the user's own organizations as especially suitable for starting up additional home help services directed towards either the elderly or the disabled depending on the organization's character. As the Conservative's motion of 1984, the Liberal's motion of 1986 was based on an individualized language use that decontextualized senior citizens' need for care from gendered, class-based and ethical circumstances. The Liberals continuously spoke about the individual's freedom of choice, however, without ever once answering the question of *whose* freedom to choose *what* they actually regarded. As in the case of the Conservative's motion, the Liberal's motion therefore lacked an analysis of what implications the proposals would have for the elderly with different social, economic and ethnical backgrounds.

The local government-committee of social affairs chose to follow the Liberal Party's suggestion and in 1988 decided to invite tenders for the home help

services. Moreover, in line with the Liberal Party's ideas to especially invite the senior citizens and the disabled's own organizations, the committee decided to make contact with these organizations to see if they were interested in starting up home help services for the elderly or the disabled. The immediate outcome of the 1988's decision to invite tenders for the home help services was however rather meager, as the number of private producers in the municipality's home help services never increased during the last part of the 1980s. Reasons for this can be found in the election of 1988, when the political power shifted back to the left-wing bloc. Between 1988 and 1991, Linköping was thus ruled by a new and left-wing political coalition consisting of SAP, the Communist Party and the Green Party. As the Social Democrats had been those that were most reluctant towards the decision to invite tenders for the home help services, the party never worked particularly hard to see to that the decision of 1988 was to be carried out. During the entire 1980s and the beginning of the 1990s, senior citizens in Linköping therefore continued to receive home help services produced by the municipality.

In relation to the budget debate in 1988, the new Social Democratic municipal commissioner's declared that his intention during his term of office was to collaborate across the formation of political blocs and to work for a broad political understanding. Regarding the municipal service production, the new municipal commissioner stated that public sector should be renewed and the service and the freedom of choice should increase. To accomplish security, self-determination and freedom of choice for the elderly, the municipal eldercare should expand and be reinforced. Though the new municipal commissioner in his speech never outlined exactly how security, self-determination and freedom of choice would be accomplished, the goals he outlined for the municipality's eldercare during his term of office was in the wordings close to the resigning right-wing coalition's formulations. Here, service and freedom of choice seemed to be the two key concepts around which both the right-wing and the left-wing parties could come to a mutual understanding. However, while service and freedom of choice for the left-wing parties meant changes within the frame of a maintained public responsibility for the production of social services, service and freedom of choice for the right-wing parties meant privatization of the municipality's social service production.

The outcome of the amalgamation of a partly right-wing and partly left-wing understanding of service and freedom of choice was manifested in the municipality's service policy of 1989. In the first place, the fusion of the right-wing and left-wing understanding of service and freedom of choice appeared as the idea to separate the municipality's functions as provider and producer of service. In this manner, the left-wing parties wish was met regarding the maintained municipal responsibility for the social services at the same time as this satisfied the right-wing parties strive for market adaptation of the municipal activities. As a buyer of services, the municipality would still be in control of the distribution of social

services, however not necessarily be the only producer. The second manifestation of the mixing between the right- and left-wing understanding of service and freedom of choice was the idea to transform the receivers of the municipal activities from recipients of services to clients or consumers of services. Throughout the service policy, the former recipients of municipal services were named as clients or customers. In the end, the left-wing and right-wing parties' different opinions on service and freedom of choice were thus joined into a consumer frame that described the municipal service production in terms of the market and the recipients of service as consumers.

Though never explicitly articulated, the transformation of recipients of care into consumers of care was similar to the metaphor of the elderly as healthy developing on the national level. As in the metaphor of the elderly as healthy, the perception of recipients of care as consumers of care was based on an understanding of all care recipients as vital and capable of making decisions of their own, regardless of their ages and needs. In line with the metaphor of senior citizens as healthy, the consumer frame thus saw the elderly as capable of hiring eldercare services of their own. In fact, it was this idea of the elderly as vital and healthy that all along had constituted the right-wing parties reasoning of the necessity to introduce the principle of the individual's freedom of choice in the municipal eldercare. With the passing of the service policy of 1989, the metaphor of the elderly as healthy therefore gained footing in the municipality's eldercare policies. This time, however, the metaphor of the elderly appeared under the cover of senior citizens as consumers, a role that the municipality tried to foster during the 1990s.

In the 1990s, the eldercare in Linköping went through two major organizational changes. First of all, due to the *Ädel-reform*, the municipality took over the responsibility for nearly 500 beds from the county council in Östergötland, which increased the number of beds and apartments in the municipality's special forms of accommodation with nearly 50 per cent. Besides from the *Ädel-reform*, in 1992 the new ruling right-wing coalition that had won the election of 1991 decided to introduce the purchaser/provider model in the municipality. Because of this new organizational model, the municipal activities became divided into committees that bought activities within their field of responsibility, committees that were responsible for exercising authoritative power, and, finally, economic units that produced the activities. In line with the goal of market adaptation, before they could come to an agreement with the producers, the buyer committees had to invite tenders from both private producers and from the municipality's own production units. In relation to the introduction of the purchaser/provider model, the right-wing coalition also decided to introduce a new tariff in the home help services in order to increase the elder's freedom of choice. The new tariff was divided into services consisting of personal care and services consisting of assistance with housework. While personal care would continue to be granted through the local welfare office, assistance with house-

work would be made into an unconditional right for all senior citizens over the age of 75.

With the passing of the new tariff that not only divided the home help services into personal care and housework but also re-phrased elders need for care from a matter of need to a matter of consumption, the municipal city council authorized the consumer frame outlined in the service policy of 1989. Similar to the national economic frame, the individualized language use of the consumer frame decontextualized senior citizens need for care from gendered, class-based and ethnical circumstances. Instead of talking about the elder's different possibilities to buy the services they needed due to gender, class and ethnicity, the consumer frame talked about their possibilities to choose the services they wanted based on a universal and consequently non-existing elderly character. Because of this decontextualized individualization of senior citizens' need, the municipality however made the elderly individually responsible for his or her "consumption" of eldercare services regardless of his or her capabilities to fulfill the role of being a "consumer". In other words, what the consumer frame did was that it reinforced rather than it undermined already existing differences among the elderly due to gender, class and ethnicity.

While the underlying injustices of the consumer frame could pass rather unnoticed as long as the municipality did not restrain the distribution of eldercare services, they would come to the surface in pace with privatization and cut downs of the municipal eldercare services. Until the middle of the 1990s, the municipality had tried to cut the costs for the municipality's activities by making changes on the side of the production. In 1995, however, changes due to financial circumstances also hit the consumption side. As a consequence, the local government-committee worked out new guidelines regarding the municipal eldercare that, among else, settled that the municipality would only allow remuneration to relatives that had a gainful employment. The local government-committee thus calculated that the municipality would make the greatest savings if relatives continued to take care of their elderly, however, without remuneration from the municipality.

The guidelines of 1995 constituted a part of a larger project decided by the municipal executive board in 1994, which aimed at a revision of the division of responsibilities between the local government-committee of social affairs, the local government-committee of social care and the production units in the social care area. According to the directives, the project would investigate how to change the home help service from a matter of authorities into a matter of service. This meant that the project groups would find solutions to how the elderly could receive home help services, including assistance with housework as well as personal care, without having to apply for the service at the local welfare office. As a result of the project, the experimental work with service agreements that had been introduced in some residential areas during the time of the project was expended to include nine other residential areas of the municipi-

pality. The arguments for expanding the service agreements were based on the ideas of the consumer frame. In line with this interpretation, senior citizens would due to the service agreements not only be made responsible for their consumption of care but also receive increased freedom to choose the content of their service as well as the level of their consumption.

Despite the endeavors to make senior citizens to consumers of care and thereby re-phrase their need for care into demand for care, certain services, such as, assistance with housework, still seemed to be more directed by need than demand in the year 2000. If it is so, that the group of the elderly that in 2000 were denied eldercare services by the local welfare office, is representative for the elderly population as a whole in the municipality, the majority of senior citizens in Linköping have not become consumers of care and chosen the possibility to sign service agreements with the producers of eldercare services. Instead, as in Umeå, the majority of the elderly seem to have turned to their relatives for help and assistance with the housework. Nearly 60 per cent of the elderly that were denied eldercare services by the local welfare office in 2000 received help from their relatives regarding such chores as, cleaning, and, doing the laundry. Though some of the elderly also had signed service agreements to buy assistance with housework, the majority of the elderly that were denied eldercare services in 2000 had only help from relatives. Moreover, as in the case of Umeå, most of the relatives in Linköping that helped their elderly with the housework were a daughter who helped her mother, a wife who helped her husband or a daughter-in-law who helped her mother-in-law. In this context, the guidelines of 1995 to cut back the remuneration to the elder's relatives seem to have hit women with non-Swedish backgrounds particularly hard. As relatives they have been forced to take care of their elderly when the municipality has not been able to help and as unemployed they have been denied remuneration from the municipality for the work they have carried out. It therefore seems as, the mysterious "other way" that the local government-committee considered would provide for the elder's need when it decided to cut back the remuneration, to a large extent consisted of women with non-Swedish backgrounds that was forced to step in as informal care givers when the municipality cut down their financial support. Thus, to conclude, the overall outcome of the consumer frame in Linköping has not been a shift of the services from the municipality to the market, but from the municipality to the elder's female relatives. Put in this perspective, the voluntariness of the re-privatization discourse in Linköping has only existed as a one-sided communication from the politicians to the elderly and their (female) relatives and not from the side of the elderly and their relatives to politicians.

4. Different Frames – Same Gendered Outcome?

Since the 1980s, the municipalities of Umeå and Linköping have both significantly narrowed their definition of the municipal responsibility for elder-

care services. This development has however not been unique for the municipalities of Umeå and Linköping but has more or less occurred in all of Sweden's 289 municipalities. Moreover, as in the case of Umeå and Linköping, though the rate and speed of the privatization differ between the municipalities, the number of municipalities outsourcing their eldercare services is continually increasing.¹²⁷ As discussed in part III as well as in this fourth part of the thesis, there are many reasons that can explain this development. Though the municipalities' responsibilities for public eldercare services have increased since the 1980s, the state has restrained the financial space to expand the services. Due to this circumstance, contrary to the policy goals that has stipulated an increase of the home-based eldercare services, seen in relation to the share of the elderly that receive eldercare services, home-based eldercare services have not expanded but been heavily reduced since the 1980s. As a consequence of this development, general assistance with housework has also more or less been removed from the municipalities' field of responsibility. From this perspective, it is also possible to say that, contrary to its intention to strengthen the social perspective on senior citizens' need for care, the reform of the 1990s, the *Ädel-reform*, has reinforced rather than it has undermined a medical understanding of what needs the elderly have. All together, these contradictions have resulted in a situation where the responsibilities for social services to the elderly have been pushed out of the public arena and back to the private arena, either to the market or the family. As the municipalities' have been forced, as in the case of Umeå, or willingly chosen, as in the case of Linköping, to cut down their field of responsibility, women, in their roles of being wives, daughters or daughters-in-law, have however been forced to step in as informal providers of care. These discrepancies between, on one hand, the national policy goals of a maintained public responsibility for the eldercare services, and, on the other hand, the municipalities' policy practices of privatization of the eldercare services in combination with an increased number of female relatives that are being forced to take care of their elderly, points to a development, in which the division of responsibility for eldercare services between the state, the family and the market has changed from the 1980s and onwards.

The eldercare policies of the 1980s started out from the Social Services Act, which prescribed that the municipalities should continue to expand their home-based services for the elderly at the same time as their financial space to do so became restricted. On the national level, the materialization of this dilemma emerged as the concept of self-care, which connected the understanding of care with the individual responsibility for health rather than with society's responsibility for social services. During the course of the 1980s, the individualization of the elder's need for care continued to evolve as the metaphor of elderly as healthy that originated from the Social Services Act but became one of the

¹²⁷ Socialstyrelsen (2004b).

central elements within the attitude frame, which dominated the national interpretations of the elderly and their needs in the 1980s. This attitude frame had gendered, class-based as well as ethnical connotations, though they were hidden behind an individualized language use. When the attitude frame in the late 1980s was linked up with an economic discourse, the decontextualization of the elder's need for care however become more apparent. The amalgamation of an economic discourse and the attitude frame resulted in understanding of service, as a transaction built on the elder's freedom of choice rather than their need. Within this individualized and decontextualized frame of interpretation, informal eldercare services carried out by relatives was also viewed as an individual choice rather than a gendered relationship consisting of a wife helping her husband or a daughter helping her mother. Moreover, as the concept of services was linked to an economic understanding of senior citizens' need for care, in relation to the passing of the *Ädel-reform*, the parliament also decided to increase the municipalities' possibilities to outsource their eldercare services to the market. The *Ädel-reform* therefore emerged as the official confirmation of the re-privatization discourse of senior citizens' need for social services that started in the 1980s. In this sense, the period from the 1980s and onwards is also possible to characterize as a formative moment in the Swedish eldercare, during which new ideas of how to divide the responsibilities for eldercare services has become embedded in the regulatory frameworks surrounding the public eldercare sector.

Though both Umeå and Linköping in the beginning of the 1980s started out from the Social Services Act, their eldercare policies and their organizational models evolved in two different directions. While Umeå adapted the goals of the Social Services Act to an interpretation of the elderly and their needs very similar to the activity frame of the 1960s, the municipality of Linköping took the new act as a starting point for re-organizing its eldercare into a social service. In Umeå, the main problem for the public eldercare to solve was thus still understood as senior citizens passing from working life to retirement and their isolation caused by the breakdown of the agrarian household community. In the 1980s, the elderly in Umeå was therefore still seen as a dependent group in society and the concept of service only interpreted as another expression for help. Linköping, on the other hand, emphasized that the goal of the Social Services Act was to organize the home help services as a form of self-to-self-help and in the utmost possible extent support the individual's own capabilities. Linköping strongly emphasized the principles of autonomy and normalization settled in the Social Services Act as guidelines for the municipality's organization of the eldercare. Based on these principles, the elderly in Linköping would therefore in the first place receive general public services and then, if the general services could not meet the needs of the elder, individual assistance in form of home help services. Hence, in contrast to Umeå, which more or less incorporated the goals of the Social Services Act into an already established organiza-

tion, the Social Services Act initiated a rather thorough process of change in the municipality of Linköping. Moreover, compared to Umeå, which regardless of the national policy changes in the 1980s continued to interpret the elderly and their needs according to the activity frame, Linköping was more inclined to seize the new interpretations of senior citizens and care emerging on the national level.

Reasons for the differences in the two municipalities' interpretations are to be found in political circumstances. In the case of Umeå, the municipality's interpretation of the elderly and their needs according to the activity frame are explained by the dominance of one political party. The local SAP had had the political power in the municipal city council for a long period of time and the party continued to stay in power during the 1980s.¹²⁸ As SAP kept the political power, the understandings, beliefs and perceptions of the elderly and care established by the party in previous decades could continue to dominate the municipality's eldercare policies in the 1980s. Consequently, the attitude frame, which on the national level was carried by the bourgeois parties and later incorporated in national eldercare policies, never gained any real footing in Umeå. In opposition to Umeå, which was, and still is, strongly dominated by one political party, politics in Linköping has been more scattered and more complex. Since the 1980s, the distribution of seats in Linköping's municipal city council has been very equal between the right-wing and the left-wing's parties. Accordingly, since the 1980s Linköping has experienced several transfers of political power at the same time as no political party on its own has been able to dominate the municipal city council. As a consequence of the political transfers of power, Linköping has been more exposed to changes in ideas regarding the elderly and their needs than Umeå. Because of political circumstances, the introduction of the Social Services Act therefore resulted in sweeping changes of the municipal eldercare in Linköping while the act was followed by rather modest changes in Umeå.

In fact, in Umeå, new ideas of how to divide the responsibility for eldercare services between the municipality, the elder's families and the market did not become officially sanctioned until 1989. In this year, however, the municipal executive board drew up new guidelines for the home help services, which dramatically reduced the municipality's responsibility for eldercare services. According to the new guidelines, cleaning and shopping would be excluded from the public home help services and carried out by private producers or the municipality's own cleaning corporations. The new guidelines gave immediate results as the number of the elderly receiving home help services for assistance with housework, such as, cleaning, shopping or laundry, rapidly dropped in the 1990s. Also, as the guidelines of 1989 included increased cooperation with both

¹²⁸ See Appendix C for an overview over the distribution of seats in the municipal city council and Appendix D for a description over the political coalitions in the municipalities.

private producers and civil organizations, Umeå did in 1989 take its first step towards a new perception of the public responsibility for eldercare services, from a solely municipal responsibility towards a shared responsibility between the municipality, the market and civil society. This first step was however taken without little or any discussion of how the re-privatization of housework would hit the elderly in respect to their economic and personal resources as well as their gender. Neither was the decision, which accompanied the guidelines of 1989, to increase the involvement of relatives as complements to the public home help discussed from the perspective of gender. Consequently, Umeå's new guidelines for the municipal eldercare were blinded for the gendered effects it would have for the elderly and for their relatives.

The reduction of the municipality's responsibility for eldercare services settled in the guidelines of 1989 continued to characterize Umeå's eldercare policies in the 1990s. The primary reason for the reduced municipal responsibility was financial. How to make savings in the municipal activities was therefore the central storyline of Umeå's eldercare policies in the 1990s. This frame of savings did however emerge together with a slowly but still changing view on the elderly from dependent to healthy. Though not a salient feature as in the national policy documents, Umeå's eldercare policy of 1994 contained several allusions to the metaphor of the elderly as healthy. As this changing perception of senior citizens as healthy was as good as always connected with the cut-backs of the home help services, the shifting view on the elderly as healthy did also legitimize a more passive role for the municipality in organizing the home help services.

Compared to national policies and to the local eldercare policies of Linköping, Umeå's change in ideas in the 1990s has however been rather modest. Though the concept of savings unquestionably has been put in center of the policy analyses, in Umeå, the focus on economic issues has never been accompanied with reasoning of senior citizens' freedom of choice or the need to individualize the eldercare services. Neither has the concept of service been described as an economic transaction between the elderly and the personnel. It is therefore possible to show at some similarities between the frame of savings in Umeå and the interpretative frames on the national level, such as the changing perception of the elderly as healthy and the outsourcing of housework; however, in perhaps an even further extension, the frame of savings in Umeå has had its distinctive local traits, which most of all has been the lack of an economic and individualized language use.

Though Umeå's official goal of policy has been that senior citizens should buy services, such as, cleaning and shopping, on the market, the policy has in practice been that the elder's relatives have been forced to step in and do the cleaning or shopping that the municipality use to do. In its original wording, the policy of 1994 actually prescribed that the means testing of home help services should take into consideration the possibilities for relatives to perform house-

work, such as, cleaning and shopping. Instead of increase the outsourcing of activities to private producers, the municipality of Umeå has therefore preferred to increase the involvement of relatives in the eldercare services. Here, it has also been women that have carried out the largest part of the housework previously done by the municipality's home help services. As the municipality has withdrawn its responsibility for social services, such as cleaning and shopping, women have thus been forced to step in as informal providers of these services. This gendered aspect of the policy changes has however never been discussed as problem accompanying the municipality's cut downs in the municipal eldercare. Reasons for this lack of a gender analysis can be that the activity frame, which put the male wageworker in center of the policy analysis and defined housework as tasks carried out by women regardless of their ages and needs, continued to characterize the municipality's eldercare policies until the late 1980s. Furthermore, the activity frame had a strong basis in the local SAP, which is also the political party that, with the exception of election of 1991, has dominated Umeå's eldercare policies since the 1980s.

Though an evolving frame of savings replaced the activity frame in the late 1980s, this new interpretation of the elderly and their needs was rather moderate compared to the national frames that appeared in this decade. It more or less seems that the saving frame evolving in Umeå has been an outcome of an external force than an internal change of ideas. Due to a changing economic environment, the municipality has been forced to change its policy guidelines and downsize the home help services. Reluctantly, the local SAP has been compelled to accept an increasing privatization of the eldercare services. Yet, in choosing between private producers or the elder's relatives, the party seems to have preferred the latter. Because of this choice, informal eldercare services to a large extent carried out by women have also increased in Umeå in the 1990s. Women's increasing amount of unpaid labor has however not been considered as a problem. The primary reason for this is, I think, that the frame of savings has emerged more as a passive response to a changing environment than an active attempt to change the municipal eldercare according to new conditions. Women's unpaid labor has therefore not been regarded as a problem in Umeå simply because it has been considered as a temporary problem that will be solved as soon as things will go back to be the ways they used to be. If this interpretation will prove to be right is however another question that exceeds the limits of this dissertation.

Contrary to Umeå's rather stationary stand towards a changing political and economic climate, Linköping's position has been far more dynamic when it comes to ideas of how to adjust the municipal eldercare to the new conditions. As earlier mentioned, one important reason for this is the unstable political situation in Linköping and the several transfers of political power that has occurred in the municipality since the 1980s. Linköping has therefore been more exposed to changes in ideas regarding the elderly and their needs than Umeå. In

the election of 1985, the Social Democratic Party in Linköping, which together with the Communist- and Christ Democratic Party had ruled the municipality since the beginning of the decade, lost the political power in the municipal city council to a coalition between the Conservative and Liberal parties. The year before the transfer in political power, the Conservative Party raised a motion in the municipal city council that outlined an idea of how to increase the competition and well as privatization in the municipal social service production. Though the motion's general proposal to increase the contracting of private producers in the municipal service production was turned down, the motion nevertheless initiated a number of new policy programs in the municipality, which among else included improved co-operation between municipal and private producers in the social care services. Thus, even though the Conservative Party's general idea to privatize the municipal services was not met with sympathy, the party had draw up the lines to a privatization project, a project that slowly would take on a more solid form in the years to come.

In 1986, the Liberal Party, which also constituted a part of the right-wing coalition that governed the municipality between 1985 and 1988, submitted another motion in the municipal city council that in its basics content was similar to the Conservative's motion of 1984. In the motion, the Liberal's pleaded for the local government-committee of social affairs to invite tenders for the municipality's home help services. As the Conservative's motion of 1984, the Liberal's motion of 1986 was written in an individualized language use that decontextualized the elder's need for care from its gendered, class-based and ethical circumstances. The Liberal's continuously spoke about the individual's freedom of choice without ever once answering the question of *whose* freedom to choose *what* they actually regarded. As in the case of the Conservative's motion, the Liberal's motion therefore lacked an analysis of what implications the proposals would have for the elderly with different social, economic and ethnical backgrounds.

The Liberal Party's suggestion to invite tenders for the eldercare was approved by the municipal city council in 1988. The immediate outcome of this decision was however rather meager as the number of private producers in the municipality's home help services never increased during the last part of the 1980s. Reasons for this can be found in the election of 1988, when the political power once again shifted back to the left-wing bloc. Between 1988 and 1991, Linköping was thus ruled by a new and left-wing political coalition consisting of SAP, the Communist Party and the Green Party. As the Social Democrats had been those that were most reluctant towards the decision to invite tenders for the home help services, the party accordingly never worked particularly hard to see to that the decision of 1988 was to be carried out. Yet, despite the reluctance towards privatization, the new and left-winged municipal commissioner stated in his introductory speech that public sector should be renewed and the service and the freedom of choice should increase. These goals of increased service and

freedom of choice in the municipal sector was however similar to the resigning right-wing coalition's ideas. Here, service and freedom of choice seemed to be the key concepts around which the right-wing and the left-wing parties could come to a mutual understanding.

In the municipality's service policy of 1989, the amalgamation of a partly right-wing and partly left-wing understanding of service and freedom of choice received its manifestation. In the first place, the fusion of the right-wing and left-wing understanding of service and freedom of choice appeared in the idea of separate the municipality's functions as provider and producer of service. In this manner, the left-wing parties wish was met regarding the maintained municipal responsibility for the social services at the same time as this satisfied the right-wing parties strive for market adaptation of the municipal activities. The second manifestation of the fusion between the right- and left-wing understanding of service and freedom of choice was the idea to transform the receivers of the municipal activities from recipients of services to clients or consumers of services. Throughout the service policy, the former recipients of municipal services were therefore named as clients or customers. In the end, the left-wing and right-wing parties' different opinions on service and freedom of choice were thus joined into a consumer frame that described the municipal service production in terms of the market and the recipients of service as consumers.

Though the consumer frame never explicitly described the elderly as healthy, the understanding of recipients of care as consumers of care was close to the perception of the elderly as healthy developing on the national level. As in the metaphor of the elderly as healthy, the understanding of recipients of care as consumers of care was based on a perception of all care recipients as vital and capable of making decisions of their own, regardless of their ages and needs. In line with the metaphor of the elderly as healthy, the consumer frame thus saw senior citizens as capable of hiring eldercare services of their own. In a broader perspective, it was in fact this idea of the elderly as vital and healthy that all along had constituted the right-wing parties reasoning of the necessity to introduce the principle of the individual's freedom of choice in the municipal eldercare. With the passing of the service policy of 1989, the metaphor of the elderly as healthy therefore gained footing in Linköpings eldercare policies. This time, however, the metaphor of the elderly appeared as the image of the elderly as consumers, an image that the municipality of Linköping in turn tried to encourage during the 1990s. The most prominent outcome of this strive for making senior citizens to consumers was perhaps the introduction of service agreement in the late 1990s, which allowed all of the elderly over the age of 75 to sign contract directly with the producers of the eldercare services without having to apply for the service at the local welfare office. In line with the idea of making senior citizens to consumers, the elderly would through their possibility to sign service agreements not only be made responsible for their consumption

of care but also receive increased freedom to choose the content of their service as well as the level of their consumption.

As in Umeå, the municipality of Linköping has in the latter part of the 1990s however been forced to cut down on its eldercare services due to financial difficulties. In 1995, new guidelines regarding the municipal eldercare stipulated that, among else, the municipality would only allow remuneration to the elder's relatives that had a gainful employment. In other words, the municipality estimated that it would make the greatest savings if relatives continued to take care of their elderly, however, without remuneration from the municipality. When caught between financial difficulties and increased responsibility for the eldercare services in the 1990s, it thus look as if Linköping choose the same solution as Umeå, namely, to relocate the responsibility for the eldercare from the municipality to the relatives. Furthermore, in both Umeå and Linköping, relatives were expected to take on this responsibility without payment. In Linköping as well as in Umeå, the decision to increase the involvement of relatives in the eldercare was taken without any consideration of how this decision would hit the elderly or their relatives from the perspective of gender. In the case of Linköping, the decision of 1995 to cut back the remuneration to the elder's relatives also seems to have hit women with non-Swedish backgrounds particularly hard. As relatives they were forced to take care of their elderly when the municipality was not able to help and as unemployed they were denied remuneration from the municipality for the work they have carried out. It more or less seems as the mysterious "other way" that the municipality considered would provide for the elder's need when it decided to cut back the remuneration to their relatives to a large extent consisted of women with non-Swedish backgrounds that was forced to step in as informal care givers when the municipality cut down their financial support.

Despite Linköping's attempts to make senior citizens to consumers of care and thereby re-phrase their need for care to demand for care, certain services, such as, assistance with housework, still seem to be more directed by need than demand. In the year 2000, the majority of the elderly in Linköping that was refused municipal eldercare services had not chosen the possibility to sign service agreements with the producers of eldercare services and thus become consumers of care. Instead, as in the case of Umeå, the majority of the elderly that were refused municipal eldercare services had turned to their relatives for help and assistance with the housework. Nearly 60 per cent of the elderly in Linköping that in 2000 were denied eldercare services by the local welfare received help from their relatives regarding such chores as, cleaning, and, doing the laundry, which is almost the same as the situation was in Umeå for the elderly that were refused municipal eldercare services in 2000. Though some of the elderly in Linköping also had signed service agreements to buy assistance with housework, the majority of the elderly that were denied eldercare services in Linköping in 2000 had only help from relatives. Moreover, as in the case of

Umeå, most of the relatives in Linköping that helped their elderly with the housework were a daughter who helped her mother, a wife who helped her husband or a daughter-in-law who helped her mother-in-law.

Regardless of differences in their interpretation of senior citizens' need for care, the policy outcome of both Linköping and Umeå seem to have been roughly the same since the 1980s. Though the share of the elderly over the age of 65 that received home help services was a few percentages higher in Umeå than in Linköping in the 1980s, both of the municipalities stayed above the national average. In the 1990s, however, the share of the elderly receiving home help services dramatically dropped in both of the municipalities. In Umeå, the amount of the elderly receiving home help services decreased from 20 per cent in 1990 to 7 per cent in 2000, while in Linköping, the share of the elderly receiving eldercare services dropped from 19 per cent in 1990 to 5,6 per cent in 2000.¹²⁹ In 2000, therefore, both Umeå and Linköping had placed themselves below the national average of 8 per cent of the population 65 years and older receiving home help services. One conclusion possible to make from these figures is that, despite differences in the interpretations of senior citizens' need for care, seen in respect to the elder's possibilities to receive home help services, the policy outcome in Umeå and Linköping has been rather similar since the 1980s. Based on the dramatic drop of the home help services, which moreover has not been counterbalanced by an equally increased share of the elderly receiving hospitalized eldercare services, another possible conclusion to make is that both Umeå and Linköping have adjusted their eldercare services according to the new political and economic environment surrounding the public eldercare sector; however, in two different ways.¹³⁰ While Umeå has chosen a more slow and winding road towards the re-privatization of the eldercare services, Linköping's path towards re-privatization has been more direct and straightforward. Nevertheless the differences in the chosen path of development, the outcome in both of the municipalities has been that women, in their roles of being wives, daughters or daughters-in-law, have been forced to take over an increasing amount of eldercare services previously carried out by the municipalities. A third possible conclusion to make from the cases of Umeå and Linköping is therefore that the period from the 1980s and onwards has been a formative moment in the Swedish eldercare, during which parts of the eldercare services has been re-privatized, either to the elderly and their families or to the market.

The re-privatization process has however had gendered outcomes in both Umeå and Linköping, which in turn depends on the circumstance that gendered conditions characterized the public eldercare even before the re-privatization was initiated in the municipalities. As shown by the in-depth study of how

¹²⁹ See diagram IV.1.

¹³⁰ See SCB (1991b), table A2, B2, C 2:A, and Socialstyrelsen (2000a), table 10, for information of the hospitalized eldercare services.

eldercare services were granted to the elderly in Umeå in the 1980s, underlying assumptions of men and women's household capabilities have affected the distribution of the eldercare services. Due to the gendered assumption that husbands needed assistance with housework if their wife became ill, women were in majority of the care recipients in Umeå in the 1980s. However, because of the idea that women were more capable than men to do housework, the distribution of hours in the home help services were more generous to single men than it was to single women in the 1980s. As Linköping has not saved the local welfare office's archives from the 1980s, I have not been able to compare Linköping with Umeå regarding how public eldercare services were granted to senior citizens in the two municipalities in the 1980s. Yet, based on the similarities between the municipalities regarding the total share of the elderly that received eldercare services in the 1980s, and the complete lack of discussions of gender in both of the municipalities, I find it reasonable to suspect that, as in Umeå in the 1980s, gendered assumptions of men and women's household capabilities also affected the distribution of eldercare services in Linköping in the 1980s.

Since the 1990s, the local eldercare policies of both Linköping and Umeå have put an increased responsibility on relatives to step in as informal caregivers when the municipalities have withdrawn their responsibility for certain parts of the home help services. In both of the municipalities, the share of the elderly receiving municipal eldercare services has been heavily reduced at the same time, as the cut back of home help services has not been counterbalanced by an increase of places in the municipality's special forms of accommodation. Thus, in both of the municipalities, an increasing share of the elderly has been forced to buy the services they need on the market or turn to their relatives for help. In 2000, the only main difference between Umeå and Linköping was that while senior citizens in Umeå had to apply for both the home help services and a place in the municipality's special forms of accommodation at the local welfare office, the elderly in Linköping over the age of 75 could, thanks to the service agreements, directly turn to the producers of the eldercare services to receive the help and care they were in need of. However, judging by the number of the elderly that were denied eldercare services in Linköping in 2000, many of the senior citizens seem to not have used the opportunity to sign service agreements with the producers but have instead turn to their relatives for help. As in the case of Umeå, most of the relatives that helped their elderly with the housework in Linköping were also a daughter who helped her mother, a wife who helped her husband or a daughter-in-law who helped her mother-in-law.

So, finally, to sum up this study of two local examples of how the re-privatization discourse has contributed to change the Swedish eldercare since the 1980s, it seems as women in the 1990s have been forced to taken on an increasingly larger responsibility for their elderly relatives regardless of what policies and organizational models the municipalities have developed in relation to the national policy changes. Hence, from the perspective of increasing the

burden of women's unpaid labor, the consumer frame of Linköping seems to be have been just as bad as the saving frame of Umeå. While women's unpaid labor in Umeå has been an outcome of the municipality's reluctance towards the re-privatization discourse, women's unpaid labor in Linköping has however been the result of the municipality's voluntarily acceptance of the re-privatization discourse. Irrespective of what frames the municipalities have developed since the 1980s, in their roles of being wives, daughters or daughters-in-laws, women in both Umeå and Linköping have nevertheless been forced to step in as providers of care when it comes to chores connected with housework, which in turn are the form of eldercare services that both of the municipalities have chosen to cut down in times of financial difficulties.

Part V. Does Anybody Care? The Gendered History of Swedish Eldercare

1. A Discursive Perspective on Ideas, Actors and Institutional Changes in the Swedish Eldercare

The overarching aim of my thesis has been to examine if the period from the 1980s and onwards has been a formative moment in Swedish eldercare politics, during which new ideas have become embedded in the institutional framework regulating the division of responsibility for eldercare between the state, the family and the market. Therefore, I have focused on how changes on the informal institutional level, such as political ideas, traditions and beliefs have been related to the regulatory shifts that have occurred in the public eldercare sector. Here, I have also explored to what extent local ideas have been able to influence the organization of the public eldercare and to what extent differences in local interpretations the senior citizens' need for care have affected their possibilities of receiving help and assistance from public authorities. By following how the ideas of the public responsibility for eldercare services have changed on the national level since the 1940s and on the local level since the 1980s, I have tried to shed some light on three different but interrelated questions. First, how have understandings of the elderly changed in Swedish eldercare policies since the 1940s? Second, how have conceptualizations of care changed in Swedish eldercare policies since the 1940s? Third, how have perceptions of the public responsibility for the elder's need for care changed since the 1940s? Perceptions of gender have been regarded as integrated parts of each of these questions, which mean that I have also tried to reveal if the political conceptualizations of the elderly and care have regarded male or female recipients and performers of care. Furthermore, I have tried to determine if questions of gender have been considered in relation to changes in the public responsibility for the elder's need for care?

To explore if the period from the 1980s and onwards has been a formative moment in the Swedish eldercare; I have set out from a discursive perspective on how the process of institutional change may occur. Therefore, I have studied the institutional change called forth during times of critical junctures and formative moments as a process, which emerges within a discursive field, criss-crossed by competing social and economic forces, where all seek to impose their interpretations of the crises and institutional failures on the political agenda. From this follows that I have chosen to define formal institutions, such as laws and regulations, as authorizations of the different discourses that have constituted Swedish eldercare policies since the 1940s.

To study how different discourses of the elder's need for care have been authorized in Swedish eldercare policies, I have used the notion of interpretative

frames that have been analyzed as a discursive order consisting of a set of ideas, descriptions, examples, symbols and metaphors used to make sense of a distinctive issue. My discursive analysis has therefore primarily been focused on deconstructing what interpretative frame policymakers, on the national and local levels, has used to explain and legitimize policy guidelines and regulatory changes in the public eldercare sector. Help and service has here functioned as the two nodal points around which interpretative frames in the public eldercare have emerged and been organized.

Based on the discursive points of departures, it has furthermore been fundamental to this thesis that there exist no clear-cut understandings in social policies of such basic concepts as need, the elderly or care. These taken-for-granted concepts I have instead considered to be unstable concepts and categories, continually subjected to contesting and conflicting discourses, which circulate around and through many different societal groups and interests. I have therefore analyzed the Swedish eldercare as a political domain criss-crossed by conflicting and contesting discourses, where different conceptualizations of need, the elderly and care in turn have structured and given meaning to Swedish eldercare policies. I have accordingly chosen to study the identity of the elderly and the concept of care as floating signifiers, subjected to contradictory discourses of need and welfare carried by different societal groups and interest. By focusing on how Swedish policies have conceptualized the elderly as either dependent or healthy in combination with the idea that the home is the best place for good and proper care, I have also showed that metaphors of the elderly as either dependent or healthy and the home as a metaphor for care have had gendered, class-based and ethnical connotations, which in turn have created different hierarchies of rights, obligations and need between men and women, middle class and working class, and Swedes and non-Swedes in the Swedish eldercare.

My thesis has shown that institutional changes within the Swedish eldercare have occurred within a discursive field criss-crossed by oppositional, re-privatization and expert discourses, where different interpretations of the elderly, need and care have struggled over influence in Swedish eldercare policies since the 1940s. While oppositional discourses, primarily carried by the senior citizens' own organizations, such as PRO and SPF, in the late 1940s and early 1950s contributed to push the elder's need for care out of the domestic and private arena into the public and political arena, since the late 1970s re-privatization discourses have tried to push the elder's need for care back into the private and domestic sphere by re-interpreting elder's need for care from a public issue to an individual matter. Though the right-wing parties as well as groups of economic expertise have been the prominent carriers of this re-privatization discourse, privatization of the eldercare services is an idea that has also been supported by social democrats and other groups of expertise than economists since the 1980s. Between the oppositional and re-privatization discourses, expert discourses, carried by the medical profession, sociologists or

the social workers, have functioned as a bridge and tried to translate the elder's need for care into cases of more general social policies. This generalization of senior citizens' need has however often contributed to de-contextualize their need for care from gendered, class-based and ethnical circumstances. Therefore, the re-privatization process within the public eldercare has also occurred without little or no consideration for how this will affect the elderly from the perspective of their social and economic backgrounds.

On the national level, my thesis has revealed that since the 1940s, there have principally been two interpretative frames that with some moderations in the descriptions and examples, which are used to explain and legitimize the different issues that have been brought up on the political agenda, have structured and given meaning to the Swedish eldercare. While the frame of activism, which defined the elderly as a dependent category in society and described the breakdown of the agrarian household community as the main problem of aging in modern society, generally characterized Swedish eldercare policies from the 1950s until the 1980s, Swedish eldercare policies since the 1980s have on the whole been structured around the frame of attitudes. According to this latter interpretative frame, the main problem of aging is not the elder's isolation caused by the breakdown of the agrarian household community, but society's or the elder's own attitudes towards aging and the elderly. The attitude frame has therefore generally described aging as a process that to a high extent is manufactured not only by society's prejudices towards the elderly but also embraced by the elderly themselves. Due to this individualized and self-made perspective on aging, the elderly have generally been characterized as healthy, vital and independent within the frame of attitudes.

Though the interpretative frame varies between Umeå and Linköping, which here have been studied as two examples of how the municipalities have developed different interpretations of their statutory responsibility for eldercare services since the 1980s, both cities have more or less come to embrace similar understandings of aging and the elderly as in national policies. Though the frame of saving, which has evolved in Umeå since the late 1980s, has contained less economic and individualized language use than the national frame of attitudes and the local consumer frame of Linköping, both Umeå's and Linköping's interpretations of the elderly and their needs have nevertheless been based on an understanding of senior citizens as healthy. The idea that the elderly are an independent and mainly healthy category in society thus seems to be a perception that has come to stay in Swedish social policies. In line with the changing perception of senior citizens from being dependent to being healthy, the elderly have however also become more or less regarded as consumers of care, whose "consumption" of care is more determined by their freedom of choice than their need. In line with the idea of the elderly as consumers rather than recipients of care, senior citizens have also been viewed as capable of buying certain services, such as assistance with housework, on their own. Since

the 1980s, housework has therefore become removed from the municipalities' field of responsibility in the public eldercare.

My thesis has shown that the reduction of public responsibility for eldercare services as housework has not always been consistent with the actual conditions of many elderly persons, since many elderly persons are still in need of help with housework due to aches and pains that accompany the aging process. Here, in national policies, as well as in the local policies of Umeå and Linköping, the goal has been that senior citizens should buy assistance with housework on the market. However, the never stated but still practiced policy has been that the elder's relatives to a large extent have come to do the housework that the municipalities used to do. The home as metaphor for care has in this context functioned as a gendered symbol that has created different hierarchies of obligations between men and women. Due to the circumstance that norms of gender connect women with housework and caring labor performed in the household, in both the municipalities that here have been examined, women in their roles as wives, daughters or daughters-in-laws have been forced to step in as informal and unpaid providers of care.

In the case of Linköping that has had more elderly immigrants than Umeå, the reduction of public eldercare services has also affected women with non-Swedish backgrounds particularly hard. As relatives, they have been forced to take care of their elders when the municipality has refused to help, and as unemployed, they have been denied remuneration from the municipality for the work they have carried out. In this case, it is possible to say that, as female immigrants in social policies are often associated with the family and the household, the home as metaphor for care has not only functioned as a gendered symbol that has created different hierarchies of rights and obligations between men and women, but also as a symbol with ethnical connotations that has created different hierarchies of right and obligations between Swedish and non-Swedish men and women.

2. Changing Ideas in the Swedish Eldercare

As my thesis has demonstrated, the period from the 1980s and onwards has been a formative moment in the Swedish eldercare during which new ideas regarding the public responsibility for eldercare services have emerged and become institutionalized. These new ideas have all aimed at renegotiating the public responsibility for eldercare services that emerged in the postwar era as a response to claims from social movements, primarily the senior citizens' organizations, as well as to political visions of the SAP and the changing socio-economic environment caused by the industrialization and urbanization of Swedish society. Since the 1980s, the elder's need for care has however increasingly become reinterpreted from a public to a private issue with the consequence that today, senior citizens' need for certain services, in particular those related to housework, are no longer regarded to be a public responsibility, but

rather a private matter that the elderly will have to solve, either by buying the services on the market, or by asking relatives for help and assistance.

Swedish eldercare policies of the 1980s started out from the Social Services Act, in which it was prescribed that the municipalities should continue to expand their home-based services for the elderly at the same time as their financial space to do so became restricted. On the national level, the materialization of this dilemma emerged as the concept of self-care, which connected the understanding of care with the individual responsibility for health rather than with society's responsibility for social services. During the course of the 1980s, the individualization of the elder's need for care continued to evolve as the metaphor of the elderly as healthy, which originated from the Social Services Act but became one of the central elements within the attitude frame, which in the 1980s replaced the previous activity frame. The attitude frame had gendered, class-based and ethnical connotations, though they were hidden behind an individualized language use. When the attitude frame in the late 1980s was linked with an economic discourse, the decontextualization of the elder's need for care did become more apparent. The amalgamation of an economic discourse and the attitude frame resulted in the understanding of care as a transaction built on the elder's freedom of choice rather than their need. Within this individualized and decontextualized frame of interpretation, informal eldercare services carried out by relatives also become viewed as an individual choice rather than a gendered relationship consisting of a wife helping her husband or a daughter helping her mother. Moreover, as the concept of services in the late 1980s was linked to an economic understanding of the elder's need for care, in relation to the passing of the *Ädel-reform*, the parliament also decided to increase the municipalities' possibilities of outsourcing their eldercare services to the market. From this perspective, the *Ädel-reform* did only emerge as the last and official confirmation of the re-privatization discourse of the elder's need for social services that started in the 1980s. In this sense, the period from the 1980s and onwards can also be characterized as a formative moment in the Swedish eldercare, during which new ideas of how to divide the responsibilities for eldercare services have become embedded in the regulatory frameworks surrounding the public eldercare sector.

As a response to the national policy changes, the municipalities of Umeå and Linköping, which here have been studied as two examples of how the national policy changes have affected the local organization of the public eldercare, have both significantly narrowed their definition of the municipal responsibility for eldercare services. However, this development has not been unique to the municipalities of Umeå and Linköping as it has more or less occurred in all of Sweden's 289 municipalities. Moreover, as has been the case of Umeå and Linköping, though the rate and speed of the privatization differs between the muni-

icipalities, the number of municipalities outsourcing their eldercare services to one or several private producers is continuously growing.¹

The municipalities' reduction of their responsibilities in the field of the public eldercare is possible to explain from many different perspectives. Though the municipalities' responsibilities for public eldercare services have increased since the 1980s, the state has restrained the financial space to expand the services. As a consequence of this development, home-based eldercare services have not expanded despite the policy goals, but to the contrary have been heavily reduced. Due to this cut down in home-based eldercare services, general assistance with housework has also more or less vanished from the municipalities' field of responsibility in the beginning of the 21st century. From this perspective, it is also possible to say that, contrary to its intention to strengthen the social perspective on the elder's need for care, the *Ädel-reform* has reinforced rather than undermined a medical understanding of what needs the elderly have. Altogether, these contradictions within the public eldercare have resulted in a situation, where the responsibilities for social services such as housework to the elderly have been removed from the public arena and returned to the private arena, either to the market or the family. As the municipalities either have experienced themselves as being forced, as in the case of Umeå, or willingly chosen, as in the case of Linköping, to cut down their area of responsibility, women, in their roles of being wives, daughters or daughters-in-law, have been forced to step in as informal providers of care. These discrepancies between the national policy goals of a maintained public responsibility for the eldercare services on the one hand, and the municipalities' policy practices of privatization in combination with an increased number of female relatives that are being forced to take care of their elderly on the other, point to a development, in which the division of responsibility for eldercare services between the state, the family and the market has changed in Sweden from the 1980s and onwards.

There are many factors that can help to explain why the period from the 1980s and onwards has been a formative moment in the Swedish eldercare. The demographic development with an aging population in combination with the effects of the economic crises of the 1970s and the 1990s are perhaps the two most important socioeconomic factors, as these have both contributed to destabilizing the organization of the public eldercare system. The general criticism of the Welfare State that started in the 1970s and was carried forth by movements from both the left and the right can be seen as another important reason why the public responsibility for eldercare services has changed since the 1980s, as this criticism resulted in a general decentralization of the public service production from the state to the local community. As my thesis has shown, the single most important reason for the changing view on the public responsibility for eldercare services is however the shifting perceptions of the elderly from a dependent to

¹ Socialstyrelsen (2004b).

an independent group. This shift in perception of the elderly has since the 1980s forcefully been summarized under the metaphor of the elderly as healthy, which in turn has legitimized a more passive role for the state in organizing and financing social services to the elderly. Moreover, though this changing perception of the elderly was first introduced in Swedish politics by the coalition government of 1976, a conglomerate of different political, expert and administrative groups and interests have supported the metaphor of the elderly as healthy since the 1980s. Therefore, my conclusion is that even if the right-wing parties, strongly supported by groups of economic expertise, have been the most prominent advocates of re-privatizing the public health and social service production in Swedish welfare politics at large, the re-privatization in Swedish eldercare policies has been more the outcome of multiple groups of interests than it has been the result of one particular group. The re-privatization discourse of the elder's need has however been carried out within interpretative frames that have decontextualized the category of the elderly as well as the category of relatives from class, gender and race with the consequence that the different possibilities for the elderly to buy services from the market and the fact that women have been forced to step in as informal caregivers is today hidden behind an individualized language use.

3. Whose Story?

In his study of changing images of senior citizens in post-war Sweden, Jönsson argues that discourses on aging and the elderly have generally mirrored modern society's perceptions of humanity, normality and dominance in relation to the division of the life cycle into three phases: childhood, the middle-age and old age. Discourses on the elderly have therefore been built around this three-phased division of life, whether the theme is biological, moral or political. The problem with this division of the life cycle in three phases is, according to Jönsson, that the middle age functions as the norm for the other ages.² The three-phase perception of life thus tends to make senior citizens into second grade citizens or citizens of honor. The more the elder's honorable status is proclaimed on basis of what they have achieved in society, the more it becomes confirmed that the legitimizing factor for granting the elder's need for care is their previous actions during the middle age.

As its focus on work life excludes the role of the family, one could, however, also say that the problem with the division of life into three phases is that it sets out from a masculine norm of the life cycle. Feminist scholars have for a long period of time demonstrated that the primary reason why the family is often excluded in definitions of welfare is that most categorizations and classifications of welfare departs from a masculine norm of work as paid labor carried out on the market, which in turn excludes the role of the family and all forms of caring

² Jönsson (2000), p. 30 ff.

giving work assignments carried out by women as unpaid labor in the household. Consequently, definitions of welfare and need have strong male connotations and do more or less hide the different ways in which women and men have been treated in respect to the development of civil, political and social rights. The result of these gendered definitions of welfare is that welfare policies are usually based on masculine norms of gender that reinforce rather than undermine existing social differentiation between men and women.

The construction of gendered hierarchies of needs, identities and rights has also been prominent in Swedish eldercare policies as the storyline around which the interpretative frames in the Swedish eldercare have been constituted since the 1940s. There are two different masculine characters: the male wageworker and the white, native-born Swedish man from the middle class. While the frames built around the male wageworker defined the elderly in terms of dependency, the frames built around the white male from the middle class have defined the elderly in terms of health and vitality. Both dependent and healthy as metaphorical expressions for the elder's identity have thus had gendered connotations. The changing metaphors of the elderly from dependent to healthy do therefore not primarily tell a story about society's changing perceptions of the elderly but tell a story of changing perceptions of masculinity and aging. Moreover, in line with Jönsson's reasoning that the middle age functions as the norm for the other ages, one could say that changing perceptions of the elderly have nothing at all to do with the elderly themselves, but everything to do with changing self-understanding among middle-aged men still participating on the labor market. Put in this perspective, the re-privatization discourses in Swedish eldercare policies after 1980 do not primarily tell a story about the elderly, economics or demography but about changing self-understanding of Swedish, native-born, middle-aged men from the middle class, who for ideological, economic or emotional reasons no longer wish to be dependent on the state in old age.

As Swedish, native-born, middle-aged men from the middle class is the societal group with most economic resources, this group is however also the one that in old age will be least hit by the re-privatization of social services.³ Furthermore, this particular group can also be defined as the group with the least experience from informal care giving, as nearly all of the men who are informal caregivers are elderly men who take care of their spouses.⁴ As shown by Stark & Regnér, men are also in general more positive than women to informal eldercare services carried out by relatives. According to Stark & Regnér, a reason for this difference is that people who have experience from working as informal caregivers, primarily women, are more aware of the responsibilities and problems connected with informal care giving, which in turn makes them more positive

³ See for example Nyberg (1997), p. 52 and SCB (2002), p. 74 and p. 78.

⁴ Mossberg Sand (2000), p. 54 ff.

towards public eldercare services.⁵ Thus, if one particular group could be pointed out as carriers of the re-privatization discourse that has emerged since the 1980s, this group would be native-born, Swedish middle-aged men from the middle class that have the best economic resources to support for themselves in old age and least experience from informal care giving. Moreover, as this group has the economic resources to provide for themselves and their partner, it is very unlikely that they will find themselves in a situation where they will be forced to step in as informal caregivers. It is therefore possible to say that due to the institutionalization of the re-privatization discourse, new hierarchies of needs, identities and rights have been introduced in the public eldercare that have gendered, class-based and ethnical consequences.

4. Whose Responsibility?

In addition to the two masculine leading parts, the casting list of the interpretative frames that have been used to make sense and give meaning to Swedish eldercare policies have also contained minor feminine roles that have been played by different categories of women. While the subordinated part in the activity frame centralized around the male waged worker, the role of the uneducated, middle-aged housewife has been taken over by the young assistant nurse in the attitude frame circulating around the native-born Swedish man from the middle-class. This development depends in particular on the conceptualization of social service, as an economic transaction between the user and executor in the public eldercare built on the elder's freedom of choice rather than on their need for care. In this context, the middle-aged and uneducated former housewife became a "faithful old servant" that based her work on intuition and personal caring relations contrary to the "young and spirited" assistant nurse, who based her work on educational skills. In the attitude frame, the middle-aged and uneducated housewife therefore became a problem that obstructed the professionalization of the eldercare services. As more than 90 percent of the workers in the public eldercare are still women, the shifts in the casting list have however not changed the fact that it is primarily women who work in the public eldercare.⁶

In the 1990s on the national and local levels, the analytical focus of the eldercare policies has shifted from society's responsibilities towards its senior citizens to the personnel's qualifications and moral standards. The responsibility to restore the reputation of the public eldercare has therefore not been placed on national politicians but on the personnel. This responsibility has also been officially sanctioned as all personnel working in the public eldercare are today obligated by the law to report any mistreatment of the elderly in the public eldercare. To correct the problems following in the aftermath of the re-privatization

⁵ Stark & Regnér (2001), p. 93.

⁶ SCB (2000a), table 258.

discourse and to restore trust in the public eldercare sector, the responsibility has thus been shifted to the bottom of the hierarchy where personnel have become obligated to perform as each other's keeper. In other words, the individualization of need has also been accompanied by an individualization of the responsibilities in public eldercare.

The individualization of responsibilities, however, conceals the gendered structures underlying the societal organization of the informal eldercare. The informal caregiver has, as it has always been, a woman, who in her role of either being a wife, a daughter or a daughter-in-law has been expected to assume the caring responsibility for her husband, her parents or her parents-in-law. The home as a metaphorical expression for care has in this context strongly contributed to maintain gendered ideas about who should perform the eldercare, where women for a long period of time "for natural reasons" have been regarded as more competent than men to perform chores connected with caring and housework. However, in pace with the re-privatization discourse and the medicalization of the elder's need, references to women's natural talents for caring have vanished and been replaced with the principle of freedom of choice. Thus, as the state has withdrawn its responsibility, the gendered fact that it has primarily been women who have been forced to step in as informal providers of eldercare has become concealed behind an individualized rhetoric, where women's responsibility for caring in society is no longer explained as a natural gift but as an individual choice.

5. Who Will Care in the Future?

As shown in this thesis, women in the 1990s have been forced to take on an increasingly larger responsibility for their elderly relatives, regardless of what policies and organizational models the municipalities have developed in relation to the national policy changes. From the perspective of increasing the burden of women's unpaid labor, it thus seems to be more or less irrelevant if the municipalities have chosen to outsource the major part of the production of eldercare services to private producers or if they have chosen to maintain most of the eldercare services under the head of the municipality. Irrespective of the degree of private and public services, housework has returned to the domestic arena to once again supposedly be carried out by the elder's female relatives. Seen from this point of view, it is almost as if the last two decades of eldercare policies have aimed at returning to the period before the expansion of the welfare state, when eldercare was primarily regarded as a family matter and the public authorities only functioned as a last resort for those elderly people who, for one reason or another could not provide for themselves. Recent trends of reintroducing means testing in the municipal eldercare services based on whether the elderly have relatives or not who can perform the services is also a development, which bears more resemblance to the poor relief than it can be compared with the social legislation of the welfare state. Many, if not all, conditions have

however changed along the way of building and restructuring the Swedish welfare state that in turn give rise to the question if it is a sustainable solution to build the future organization of Swedish eldercare based on the ideals of a society that can no longer exist?

First of all, Sweden has one of the highest female labor market participation rates in the world. This means that the housewife, on which the idea of the eldercare as a family matter is founded, does no longer exist in contemporary Swedish society. As pointed out by the Association of Relatives to Persons with Dementia in Umeå, to expect that women, besides from having gainful employment and families of their own, shall also take care of their elderly relatives, is simply not a sustainable solution to the problems that the public eldercare has faced the last two decades due to economic crises and demographical pressure.⁷ Thus, Swedish eldercare policies cannot continue to be based on the unpaid work of women, as most women neither can nor have the opportunity to take care of their elders alongside of their regular jobs.

Second, this study has shown that gendered and ethnical perceptions of men and women's caring capabilities have interacted in the Swedish eldercare, which in turn has contributed to re-create social and economic hierarchies, not only between men and women but also between Swedes and immigrants. As female immigrants are perceived as dependent and family-oriented, they have also been expected to care for their elderly relatives; however, as unemployed, they have been expected to care for their elders without any remuneration for the work they have done. This development cannot continue, as it directly undermines any attempt of female immigrants to participate in the labor market and thus become beneficiaries of the Swedish welfare system at the same time as it reproduces inherited prejudices of the differences between Swedish and non-Swedish men and women.

Third, rising fees together with the overall policy goal that the elderly should buy the service that the municipalities no longer can or will provide for on the market, are about to recreate the same class-based differences that Swedish social policies have so long strived to abolish. While the elderly with relatively good income and modest need for help can afford to turn to the market and buy the service they need, the elderly with low income are forced to turn to their relatives for help and assistance. This means that, if it ever has existed, the principle of universalism is certainly being abandoned in the Swedish eldercare of today.

The tendencies today within the public eldercare to push for relatives to perform as unpaid care workers in the household on one hand, and to reserve the public eldercare services only for those in most need on the other, is similar to the reasoning of the Poor Law, according to which the public eldercare was kept in reserve for those elderly people without any relatives and financial possi-

⁷ See p. 144 in this thesis.

bilities of supporting for themselves. This development raises in turn three questions regarding the future design of the public eldercare system. In the first place, how long will the public eldercare system continue to be supported by the middle-class, which first pays taxes to become recipients of the public eldercare and then fees to private producers to have services as cleaning done? Second, what will happen when the post-war baby boom generation will become dependent on eldercare services? Will they turn to relatives for help and assistance, or will they buy their eldercare services on the market, or will they work politically to push eldercare services back into the public arena? Either way, merely due to their number, the actions of the baby boom post-war generation will contribute to changing the public eldercare system in one direction or another. Third, due to the fact that Swedish welfare institutions are founded on a socioeconomic frame of meaning according to which all citizens are entitled to the same and equal treatment, how much of class-based, gendered and ethnical inequities can the Swedish eldercare system incorporate before it will start to collapse?

My thesis is unable to provide any answers to the questions outlined above as it has mainly addressed the historical relationships that have constituted the public eldercare and not regarded the future developments of the public eldercare sector. According to institutional theorizing, however, which has been an important point of departure in this thesis, the institutions that organize and give stability to society, may break down either due to exogenous pressures, such as demographic and economic change, or, because of endogenous reasons, caused by increasing inconsistencies between policy goals and policy practices.⁸ As my study has demonstrated, the most fundamental threat to the public responsibility for the eldercare services has not been the demographic development of an aging population or the economic crises of the 1970s and 1990s. No matter how important these socioeconomic conditions have been for destabilizing the public eldercare system, public responsibility for eldercare services has nevertheless managed to survive as it is still regarded to be an essential goal in Swedish welfare policies. Instead, more important has been the emergence and the institutionalization of the re-privatization discourse in the public eldercare sector, which has resulted in the contemporary development where housework services for the elderly and their families are no longer regarded to be a public responsibility but rather a private responsibility. As the policy goals of universalism, equality and public responsibility since the 1980s have continually been contradicted by the policy practices of increased informal eldercare services together with the outsourcing of the municipal service production, the re-privatization of certain parts of the eldercare services has therefore also contributed to erode the socioeconomic frame of meaning connected with the public eldercare system. As I have argued in this thesis, the most severe stroke against

⁸ See for example Hall (1993) and Torfing (1999).

public responsibility for eldercare services has not been the changing structural conditions, but the undermining of the ideas and values on which public responsibility for eldercare services was founded. Will this development in the near future cause a new formative moment in the Swedish eldercare, during which another line of ideas will emerge and become institutionalized? In such case, will this formative moment be the final change of the gendered relationships that thus far have constituted the Swedish eldercare or will the eldercare of tomorrow continue to be based on the unpaid work of women?

Sammanfattning på svenska

Omsorg för vem? Offentligt och privat ansvar i svensk äldreomsorg 1940-2000

Välfärdsstaterna har under de sista tre decennierna varit utsatta för stora och genomgripande förändringar. Även om forskarsamhället i stort är överens om att välfärdsstaternas ekonomiska och politiska villkor förändrats sedan 1970-talet, råder det delade meningar om i vilken utsträckning välfärdsstaterna påverkats av de nya förhållandena som ekonomiska kriser, en åldrande befolkning och politiska maktskiften inneburit. Debatten har här varit särskilt framträdande inom det neo-institutionella forskningsfältet, där sådana grundläggande välfärdsinstitutioner som exempelvis pensionssystem, sjukvård, barn- och äldreomsorg, studeras som en uppsättning informella och formella historiskt tillskapade samhälleliga spelregler. På grund av deras symboliska, normativa och meningsskapande innebörder, bidrar också dessa historiskt tillkomna välfärdsinstitutioner till att forma det samtida politiska beslutsfattandet. Medan forskare som exempelvis Bo Rothstein hävdar att den relativt oförändrade andelen sociala utgifter av BNP kan ses som ett tecken på att välfärdsstaternas utveckling karaktäriserats av mer eller mindre obruten kontinuitet sedan deras tillkomst under mellan- eller efterkrigstiden, menar andra och mer diskursivt inriktade institutionella forskare, som Bob Jessop och Jacob Torfing, att de tre senaste decenniernas utveckling istället karaktäriserats av institutionella diskontinuiteter. Ett av de mest framträdande tecknen på detta brott i välfärdsstaternas historia är den förändrade synen på socialpolitiken från att vara en produktiv faktor som genererar tillväxt till att bli en samhällelig utgiftspost och börda för ekonomin. I samband med denna politiska omsvängning har också de flesta välfärdsstater sedan 1980-talet utvecklat socialpolitiska program som syftar till att omfördela ansvaret för välfärdstjänster från staten till familjen eller till marknaden. För Sveriges del har denna sistnämnda välfärdspolitiska utvecklingstrend varit särskilt märkbar inom äldreomsorgen. Sedan 1980-talet har andelen 65 år och äldre med hemtjänst minskat från 23 till 8 procent samtidigt som antalet platser inom särskilt boende reducerats kraftigt. Vid sidan av dessa nedskärningar har anhörigprövning återinförts i majoriteten av de svenska kommunerna, vilket innebär att äldre nekas hemtjänst ifall de har en nära släkting som kan utföra tjänsten istället för kommunal personal. Slutligen har också alltsedan 1990-talet allt fler kommuner i mindre eller större skala börjat överföra själva produktionen av äldreomsorgstjänster till privata intressenter. Sammantaget indikerar detta att det offentliga ansvaret för äldreomsorgen i Sverige kraftigt förändrats under de senaste två årtiondena.

Syftet med min avhandling har varit att undersöka om perioden från och med 1980-talet varit ett formativt moment inom svensk äldreomsorg under vilket nya

idéer kommit att inkorporeras i det institutionella ramverk som reglerar ansvarsfördelningen för äldreomsorgen mellan staten, familjen och marknaden. Jag har därför fokuserat på förändringar på den informella institutionella nivån, som politiska idéer, traditioner och övertygelser, samt hur dessa varit kopplade till de regulativa och legislativa förändringar som har genomdrivits inom äldreomsorgen sedan 1940-talet. Anledningen till att avhandlingen sträcker sig så långt tillbaka i tiden som till 1940-talet är att det har varit nödvändigt att först redogöra för vilka centrala idélinjer som dominerat äldreomsorgens utveckling för att sedan kunna fastställa om nya idéer kommit att införlivas i det institutionella ramverket från och med 1980-talet. För att kunna avgöra om de lag- och regelförändringar, handlingsplaner och policydirektiv som beslutats om på den nationella nivån sedan 1980-talet fått någon genomslagskraft på den kommunala nivån, har jag valt att följa upp den nationella politikens idéförändringar med två lokala undersökningar. Avhandlingens empiriska innehåll spänner därför dels över den nationella idéutvecklingen inom äldreomsorgen sedan 1940-talet, och dels över den lokala idéförändringen beträffande det offentliga ansvaret för äldreomsorgen sedan 1980-talet. Då mitt syfte har varit att analysera samspelet mellan idéer och institutionell förändring, har makroekonomiska förändringar och dess påverkan på det offentliga ansvaret för äldreomsorgen inte studerats närmare. Förändringar i socioekonomiska förhållanden, som den demografiska utvecklingen och effekterna av de ekonomiska kriserna, har av mig istället betraktats som bakgrundsfaktorer, vilka utövat ett förändringstryck på politiska aktörer att utarbeta nya institutionella ramar för äldreomsorgen.

Genom att följa hur idéer om det offentliga ansvaret för äldreomsorgen förändrats på den nationella nivån sedan 1940-talet och på den lokala nivån sedan 1980-talet, har jag försökt belysa tre olika men inbördes sammanhängande frågor. För det första, hur har den politiska förståelsen av äldre förändrats sedan 1940-talet? För det andra, hur har uppfattningar av omsorg förändrats sedan 1940-talet? För det tredje, hur har synen på det offentliga ansvaret för äldreomsorgen förändrats sedan 1940-talet? Eftersom äldreomsorg på flera olika sätt är en genusrelaterad fråga, har jag också valt att analysera varje enskild fråga utifrån ett genusperspektiv. Jag har därför följaktligen även ställt frågan huruvida de politiska framställningarna av äldre och omsorg avsett manliga eller kvinnliga mottagare och utförare av omsorg samt i vilken utsträckning de politiska besluten om förändringar i det offentliga ansvaret för äldreomsorgen tagit hänsyn till skillnader i män och kvinnors levnadsvillkor och därmed också män och kvinnors olika möjligheter till omsorg.

För att undersöka om perioden från 1980-talet och framåt varit ett formativt moment inom äldreomsorgen har jag utgått från ett diskursivt perspektiv på hur institutionella förändringar kan uppkomma. Detta innebär att jag först i likhet med den historiska inriktningen inom neo-institutionalismen har studerat institutionell förändring som ett händelseförlopp, vilket framkallas av om-

välrvande sociala och ekonomiska förhållanden som i sin tur underminerar de existerande institutionella förhållanden genom att de inte längre är anpassade till de nya villkor som uppkommer genom samhällsomvandlingen. Denna del av den institutionella förändringsprocessen inom äldreomsorgen redogör jag för i del II i avhandlingen, där jag visar att den demografiska utvecklingen med en ökande andel äldre av befolkningen tillsammans med de ekonomiska kriserna bidragit till att destabilisera de institutionella förhållanden som hittills konstituerat den svenska äldreomsorgen. Ett av de mest synbara resultaten av denna händelseutveckling är den kraftiga minskningen av andelen äldre som beviljats hemtjänst från och med 1980-talet. Reformen som Ädelreformen har i detta sammanhang snarare bidragit till att stjälpa än att hjälpa ett bibehållet offentligt ansvar för omsorg till äldre, eftersom Ädelreformen och dess efterföljare vältrat över såväl ansvaret som kostnaderna för omsorgen på kommunerna men utan att dessa i motsvarande takt fått ekonomiskt stöd för att kunna bibehålla verksamheterna i oförändrat skick. Resultaten av undersökningen i del II pekar därför på att tiden från och med 1980-talet kan betecknas som en kritisk knypunkt inom svensk äldreomsorg, där nya ekonomiska och sociala villkor tillsammans undergrävt vad som länge betraktats som en hörnsten inom svensk välfärdspolitik, nämligen ett offentligt ansvar för äldres omsorg. Då det offentliga inte längre förmått svara upp till det behov som genom en ökande andel äldre existerar i samhället, har emellertid utfallet av de senaste två årtiondenas omsorgspolitik blivit att kvinnor i allt högre utsträckning fått träda in som oavlönade anhörigvårdare. Här har idéer om den goda omsorgen samspelas med socialt skapade föreställningar om kvinnors och mäns förmåga att ge och utföra omsorg, vilket i sin tur är idéer som varit föremål för analysen i del III samt del IV i avhandlingen.

I del III samt i del IV i avhandlingen har jag tagit steget bortom det yttre händelseförloppet för att istället gå in på själva den institutionella förändringsprocessen. I såväl del III, som behandlar den nationella politikens förändring, som i del IV, som redogör för de lokala undersökningarna, har jag valt att analysera den institutionella förändringsprocessen som ett fenomen som pågår inom ett diskursivt fält genomkorsat av konkurrerande sociala och ekonomiska intressen, där alla kämpar för att just deras tolkningar ska vinna företräde på den politiska dagordningen. Här har jag identifierat tre olika aktörgrupper som kämpat om tolkningsföreträdet inom äldreomsorgen sedan 1940-talet; brukarna genom pensionärsföreningarna, den vetenskapliga expertisen i form av läkarkåren, socialarbetarna och sociologerna samt ekonomerna, och slutligen de offentliga organisationerna av omsorgen, dvs. kommunerna och landstingen.

För att kunna studera vems tolkningar som under olika perioder lyckats dominera den politiska dagordningen har jag i del III och del IV utgått från begreppet tolkningsramar som kan definieras som en diskursiv ordning bestående av en uppsättning idéer, beskrivningar, exempel, symboler och metaforer, vilka används för att skapa mening och ge legitimitet åt politiska frågor. Del III och

del IV handlar därför om vems och vilka tolkningsramar som strukturerat och givit mening åt den nationella och den lokala äldreomsorgspolitik. I detta sammanhang har en fundamental utgångspunkt för mig varit att det inte existerar några entydiga definitioner av sådana grundläggande socialpolitiska begrepp eller kategorier som ”äldre”, ”behov” eller ”omsorg”. Tvärtom, menar jag, dessa begrepp och kategorier kan istället betraktas som instabila och flytande definitioner, vilkas mening och innebörder ständigt kommer att vara utsatta för konflikter och rivaliserande tolkningar. På grund av att jag betraktar socialpolitiska kategoriseringar och definitioner av ”äldre” och deras ”behov” av ”omsorg” som instabila och föränderliga, utgör en central del av analysen i del III och del IV hur äldre och deras behov av omsorg gestaltats i politiska beslut. Genom att studera hur äldre har framställts som antingen beroende eller friska i kombination med idén om att hemmet är förebilden för en god omsorg, har jag också i del III och del IV visat att politiska beskrivningar av såväl äldre som omsorg har alltsedan 1940-talet byggt på könade, klasbaserade och etniska principer, något som i sin tur har bidragit till att skapa olika hierarkier av rättigheter och skyldigheter inom äldreomsorgen, mellan män och kvinnor, medelklass och arbetarklass, svenskar och invandrare.

Resultaten i del III, som behandlar den nationella politikens förändringar sedan 1940-talet, pekar på att den svenska äldreomsorgen i huvudsak baserats på två olika tolkningsramar sedan 1940-talet. Medan äldreomsorgspolitik från 1950 till 1980 generellt sett byggde på en aktivitetsram som definierade äldre som beroende och deras behov av offentlig omsorg som sprungen ur framväxten av det moderna, urbaniserade industrisamhället, har äldreomsorgspolitik sedan 1980-talet istället utgått från en attitydsram. Enligt denna attitydsram står det egentliga problemet med åldrande och äldres behov av omsorg inte att finna i det moderna samhällets framväxt utan i samhällets eller de äldres egna attityder gentemot åldrande och äldre. Attitydsramen har därför beskrivit åldrande som en process som i hög utsträckning är skapad, inte bara av samhällets fördomar utan också av äldre själva. Som en följd av denna ytterst individcentrerade och självfabricerade tolkning av åldrande och äldre har också den politiska förståelsen av äldre sedan 1980-talet generellt sett varit att äldre egentligen är friska, vitala och oberoende, vilket i sin tur legitimerat mindre omfattande och mer passiv statlig omsorgspolitik än tidigare.

Både aktivitetsramen och attitydsramen har emellertid baserats på könade, klassrelaterade och etniska föreställningar om vem som ska vara mottagare och vem som ska vara utförare av äldreomsorgstjänsterna, något som förstärkt effekterna av nedskärningspolitiken. Medan aktivitetsramen konstruerades utifrån en föreställning om mottagaren av omsorg som en man från arbetarklassen och utföraren av omsorg som en medelålders och timanställd före detta hemmafru, bygger attitydsramens föreställningar om äldre som friska och vitala på en i huvudsak svensk, vit man från medelklassen, som har såväl ekonomiska som personella resurser att förändra sin självfabricerade ålderdom och, i mån av

behov, köpa omsorgstjänster som inte inkluderar omfattande vård på den öppna marknaden. Utifrån det perspektivet att de två tolkningsramar som konstituerat den nationella äldreomsorgspolitikerna sedan 1940-talet båda har haft en inre dramaturgi som baserats på manliga huvudaktörer och kvinnliga birollsinnehavare, är det också möjligt att se de politiska omformuleringarna av äldre och deras behov av omsorg som ett resultat av en förändrad syn på maskulinitet och åldrande. Med denna utgångspunkt har inskränkningarna i det offentliga ansvaret för äldreomsorgen sedan 1980-talet inte främst orsakats av ekonomisk, demografisk eller politisk förändring utan av en ny maskulin självbild bland medelklassens män som av ideologiska, ekonomiska eller känslomässiga skäl inte längre önskar vara beroende av staten på ålderns höst.

I del IV, som redogör för den lokala utvecklingen inom äldreomsorgen, djupstuderas och jämförs äldreomsorgen i Umeå och Linköping sedan 1980-talet. Orsaken till att jag valde just Umeå och Linköping som föremål för den lokala undersökningen är att de trots likheter i näringsstruktur och demografi har valt två olika strategier för att hantera det ökade kommunala ansvaret för äldreomsorgen. Medan Linköping överfört nästan hälften av produktionen av äldreomsorgstjänster till privata bolag, har Umeå endast överfört 5 procent av sin äldreomsorgsproduktion till privata intressenter. Olikheterna i sätten att hantera det lagstadgade kommunala ansvaret för äldres omsorg menar jag kan dels bidra till att belysa varför styrning och organisationsformer inom äldreomsorgen varierar mellan de svenska kommunerna, men också om skillnader i utförande påverkar äldres möjligheter och tillgång till omsorgstjänster. Resultaten av de lokala djupstudierna visar att trots olikheter i kommunernas tolkningsramar, organisationsformer och politisk styrning, har både Umeå och Linköping kommit att utgå från liknande förståelser av äldre och deras behov av omsorg som i den nationella. Även om Umeås tolkningsram, som jag valt att kalla besparingsramen, varit jämförelsevis passiv och byggt på mindre ekonomiskt värdeladdade begrepp än Linköpings tolkningsram, i del IV definierad som konsumtionsramen, har både Umeå och Linköping lagt sig nära den nationella synen på äldre som friska och oberoende. I likhet med den nationella politiken, har också Umeå och Linköping motiverat sina nedskärningar i den kommunala äldreomsorgen utifrån denna förståelse av äldre som friska och vitala och utan göra några närmare analyser om vilka skilda konsekvenser neddragningarna inom den kommunala äldreomsorgen kan tänkas ge upphov till för män och kvinnor.

För att närmare kunna belysa vilka effekter som de kommunala nedskärningarna inom äldreomsorgen gett upphov till för de äldre och deras anhöriga, undersökte jag även i del IV hur många äldre som fick avslag på sina ansökningar av äldreomsorg år 1985 och 2000 i Umeå och Linköping. I undersökningen av antalet äldre som blivit nekade äldreomsorg 1985 och 2000 var jag dels intresserad av att se om det fanns några könsmässiga skillnader i avslagen samt, i den mån det gick att utläsa av journalerna, om de äldre som fick avslag

på sina ansökningar fick sina behov av omsorg tillgodosedda av anhöriga. Granskningen av socialtjänstens akter visade på ett tydligt genusmönster när det gäller såväl avslagen på ansökan om kommunal äldreomsorg som när det gäller anhörigvården. Medan majoriteten av de kvinnor som fick avslag på ansökan om kommunal äldreomsorg var ensamstående, var majoriteten av männen som fick avslag sammanboende eller gifta. Detta innebär att medan kvinnorna som fick avslag fick vända sig till vuxna barn eller andra anhöriga utanför det egna hushållet för att få omsorg, kunde männen förvänta sig att få hjälp av sin maka. På grund av könade föreställningar som förknippar kvinnor med hushålls- och omsorgsarbete, visade det sig också att majoriteten av anhörigvårdarna i både Umeå och Linköping var kvinnor. I likhet med vad som konstaterats i tidigare forskning om äldreomsorgens utveckling sedan 1980-talet, bekräftade därför mina lokala undersökningar att anhörigvården till större delen utförs av kvinnor, där en maka hjälper sin man, en dotter hjälper sin mor eller en svärdotter hjälper sin svärmor.

Ett annat problem behäftat med de senaste två årtiondenas politiska kursändring som jag kunde belysa i undersökningen av de äldre som nekats omsorg i Umeå och Linköping är att äldre alltmer kommit att betraktas som konsumenter, vilkas "konsumtion" av omsorg mer bestäms av deras valfrihet än av deras behov. I linje med denna förställning om äldre som omsorgskonsumenter inte bara kan, utan ska, äldre också köpa vissa omsorgstjänster, främst sådana som är förknippade med hushållsarbete, på den öppna marknaden. Om de äldre som fick avslag på sina ansökningar om kommunal äldreomsorg i Umeå och Linköping år 2000 är representativa för hur äldre människor i dagens svenska samhälle valt att förhålla sig till denna konsumtionsideologi, har dock denna politik i praktiken inte fungerat. Majoriteten av de äldre som av socialtjänsten i Umeå och Linköping hänvisades till den öppna marknaden för att köpa sig omsorgstjänster valde istället att vända sig till anhöriga för att få hjälp. Som tidigare beskrivits, var denna anhörig i de flesta fall också en kvinna som fick rycka in som oavlönad anhörigvårdare och utföra det arbete som kommunerna frånsagt sig ansvaret för.

Besluten att skära ned på den kommunala äldreomsorgens omfattning och innehåll har också drabbat kvinnliga anhöriga till äldre invandrare särskilt hårt, vilket fallet Linköping visar. Linköping, som har haft fler invandrare än Umeå, beslutade i mitten av 1990-talet att dra in alla former av betald anhörigvård till personer som inte var berättigade till ersättning för förlorad arbetsinkomst. Den grupp som framför allt drabbades av detta beslut var invandrade kvinnor, eftersom de å ena sidan var tvungna att ta på sig det omsorgsarbete som kommunen inte längre kunde utföra och å andra sidan som arbetslösa stod utan betalning för det arbete de faktiskt utförde. Eftersom invandrade kvinnor inom svensk socialpolitik ofta associeras med hemmet och familjen, har metaforen om hemmet som den ideala platsen för god omsorg i detta sammanhang inte bara fungerat som en könad symbol som skapat olika hierarkier av rättigheter och skyldigheter

mellan män och kvinnor utan också som en symbol laddad med etniska innebörder vilket skapat en ojämlik fördelning av rättigheter och skyldigheter mellan infödda och invandrade svenskar.

Sammantaget pekar resultaten i min avhandling på att perioden från och med 1980-talet och framåt varit ett formativt moment inom svensk äldreomsorg under vilket nya idéer kommit att inkorporeras i det institutionella ramverk som reglerar ansvarsfördelningen för äldreomsorgen mellan staten, familjen och marknaden. Idéförändringen såväl som implikationerna av denna utveckling diskuterar jag också i den avslutande del V i min avhandling. Kännetecknande för de nya idéer som vuxit fram och inkorporerats i äldreomsorgen sedan 1980-talet är att de alla har syftat till att omförhandla det offentliga ansvaret för äldreomsorgen som uppstod under 1950-talet till följd av kraven från pensionärsföreningarna, ur socialdemokratins egna politiska visioner samt ur den samhällsomvandling som industrialiseringen samt urbaniseringen hade medfört. Sedan 1980-talet har emellertid äldres behov av omsorg, och då i synnerhet äldres behov av sociala omsorgstjänster som hushållsarbete, kontinuerligt kommit att omtolkats från en offentlig till en privat fråga. Äldre i framtiden förväntas därför i första hand kunna lösa sitt behov av omsorg själva, inte genom det offentliga utan genom att vända sig till den öppna marknaden eller till sina anhöriga.

Det finns många olika faktorer, som tillsammans kan bidra till att förklara varför perioden från och med 1980 har varit ett formativt moment under vilket det offentliga ansvaret för äldreomsorgen förskjutits till marknaden eller tillbaka till familjen. Den demografiska utvecklingen med en åldrande befolkning i kombination med de ekonomiska kriserna har å sin sida bidragit till att reducera den offentliga omsorgens finansiella handlingsutrymme. Kritiken av den byråkratiska välfärdstaten, som sedan 1970-talet burits fram av såväl höger- som vänsterpolitiska grupperingar, är en annan viktig faktor i sammanhanget, eftersom denna har påskyndat decentraliseringen av äldreomsorgens organisering och finansiering. Det enskilt mest betydelsefulla elementet i den institutionella förändringsprocessen menar jag emellertid vara den förändrade synen på äldre från beroende till friska, eftersom föreställningen om äldre som friska på många olika sätt och i många olika sammanhang kommit att fungera som en kraftfull legitimering av den förändrade ansvarsfördelningen inom svensk äldreomsorg. Då föreställningen om äldre som friska i sig är en idé som bygger på könade, klassbaserade och etniska principer, har också utfallet av det kraftigt reducerade offentliga ansvaret för äldres omsorg blivit en äldreomsorg som idag förstärker snarare än förminskar sociala och ekonomiska orättvisor i samhället.

Utvecklingstendensen mot ökade klass-, köns- och etniska skillnader menar jag är det allvarligaste hotet mot ett fortsatt framtida bibehållet offentligt ansvar för äldreomsorgen, eftersom den står i sådan stark kontrast mot den övergripande välfärdspolitiska tolkningsramen i Sverige om jämlikhet, rättvisa och lika behandling inför lagen. Om dagens utvecklingstendens mot ökad social och ekonomisk differentiering tillåts fortsätta, kommer den också att underminera

det som sedan 1950-talet betraktats som grundläggande institutionella målsättningar om rättvisa, jämlikhet och lika behandling. På sikt, menar jag, kommer detta att resultera i ett nytt formativt moment inom svensk äldreomsorg. Min fråga inför en sådan eventuell händelseutveckling är då - kommer detta att innebära slutet på det genusbaserade mönster som svensk äldreomsorg hittills grundats på eller kommer morgondagens äldreomsorg i likhet med gårdagens och dagens äldreomsorg att fortsätta bygga på kvinnors obetalda hemarbete?

APPENDIX A. Social Ministers in Sweden 1940-2000

Social Ministers¹

Gustav Möller, 1939-51, SAP
Gunnar Sträng, 1951-55, SAP
John Ericsson, 1955-57, SAP
Thorsten Nilsson, 1957-62, SAP
Sven Aspling, 1962-1976, SAP
Rune Gustavsson, 1976-78, Center Party
Gabriel Romanus, 1978-79, Liberal Party
Karin Söder, 1979-82, Center Party
Sten Andersson, 1982-85, SAP
Gertrud Sigurdsen, 1985-89, SAP
Ingela Thalén, 1990-91, SAP
Bengt Westerberg, 1991-94, Liberal Party
Ingela Thalén, 1994-96, SAP
Margot Wallström, 1996-98, SAP
Lars Engqvist, 1998-2002, SAP

Assistent Social Ministers

Ingegerd Troedsson, 1976-78, Conservative Party
Hedda Lindahl, 1978-79, Liberal Party
Elisabeth Holm, 1978-81, Conservative Party
Karin Ahrland, 1981-82, Liberal Party
Gertrud Sigurdsen, 1982-85, SAP
Bengt Lindquist, 1985-91, SAP
Bo Könberg, 1991-94, Liberal Party
Anna Hedborg, 1994-96, SAP

¹ Data about Social Ministers and Assistant Social Ministers in Sweden 1940-1995, see *Nationalencyklopedin* (1995), *bd. 17*, Search word: *Socialdepartementet*. For information of Social Ministers and Assistant Social Ministers during the period 1995-2002, see <http://www.ne.se>, Search word: Margot Wallström and Lars Engqvist.

APPENDIX B. Table of Committees, Government Bills, Decisions, Laws and Regulations in Swedish Eldercare 1940-2000

Committees	Government Bills	Decisions, Laws and Regulations
<p>The Social Allowance Committee, active during the period 1937-1950</p> <p>Swedish name: <i>Socialvårdskommittén</i></p> <p>The Aged Care Committee, active during the period 1952-1956</p> <p>Swedish name: <i>1952 års Åldringsvårdsutredning</i></p>	<p>Prop. 1947:243, <i>Grunder för anordnande av ålderdomshem</i></p> <p>Prop. 1955:177, <i>Förslag till Socialhjälpslag</i></p> <p>Prop. 1957:38, <i>Frågor rörande åldringsvården</i></p>	<ul style="list-style-type: none"> • Old people's home should be separated from the poor relief • SFS 1956:2, <i>Socialhjäpplagen</i> (The Social Help Act) • The public eldercare should be based on elder's ordinary livings
<p>The Social Policy Committee, active during the period 1960-1966</p> <p>Swedish name: <i>Socialpolitiska kommittén</i></p> <p>The Social Commission, active during the period 1967-1977</p> <p>Swedish name: <i>Socialutredningen</i></p> <p>The Eldercare Working Committee, active during the period 1980-1987</p> <p>Swedish name: <i>Äldreberedningen</i></p>	<p>Prop. 1964:85, <i>Frågor angående åldringsvården</i></p> <p>Prop. 1979/80:1, <i>Socialtjänstlagen</i></p> <p>Prop. 1987/88:176, <i>Äldreomsorgen inför 90-talet & ersättning för anhörigvård</i></p>	<ul style="list-style-type: none"> • Introduction of state subsidies to the municipalities' home help • SFS 1980:620, <i>Socialtjänstlagen</i> (The Social Services Act) • De-hospitalization of the public eldercare • Possibilities for municipalities to outsource some of the social services • Support to persons taking care of relatives in relation to their last days in life

<p>The Eldercare Delegation , active during the period 1988-1989</p>	<p>Prop. 1990/91:14, <i>Ansvar</i> <i>för vård och service till äldre</i> & <i>handikappade</i></p>	<ul style="list-style-type: none"> • <i>The Ädel-reform</i>, i.e. nursing homes are transferred from the county councils to the municipalities, which in turn are made statutory responsible for all forms of public eldercare services • Possibilities for municipalities to contract private entrepreneurs
<p>Swedish name: <i>Äldredelegationen</i></p>		
<p>The Treatment of Elderly, active during the period 1995-1997</p>	<p>Prop. 1997/98:113, <i>Nationell</i> <i>handlingsplan för</i> <i>äldrepolitiken</i></p>	<ul style="list-style-type: none"> • Raised general state subsidies to the municipalities • Obligations for all personnel working in the public eldercare sector to report mistreatment of elderly
<p>Swedish name: <i>Bemötandet av äldre</i></p>		

APPENDIX C. The distribution of seats in Umeå's and Linköping's municipal city councils 1980-2000.

Table C:1. The distribution of seats in the municipal city council of Umeå 1979-2002.

Election year	Conservative Party (m)	Center Party (c)	Liberal Party (fp)	Christ Democ-ratic Party (kd)	Green Party (mp)	Social Democ-ratic Party (s)	Com-munist Party (v)	Others
1979	8	13	8	2	-	28	6	0
1982	10	12	5	2	1	30	5	0
1985	9	8	10	2	3	28	5	0
1988	7	8	9	2	5	30	4	0
1991	9	10	7	4	4	17	4	0
1994	8	8	5	2	6	31	5	0
1998	10	5	4	6	5	23	10	2
2002	3	7	8	4	4	26	3	1

Source: SCB, Allmänna valen 1979-2002.

Table C:2. The distribution of seats in the municipal city council of Linköping 1979-2002.

Election year	Conservative Party (m)	Center Party (c)	Liberal Party (fp)	Christ Democ-ratic Party (kd)	Green Party (mp)	Social Democ-ratic Party (s)	Com-munist Party (v)	Others
1979	18	11	8	3	-	35	4	0
1982	21	11	5	3	0	36	3	0
1985	19	8	11	2	1	35	3	0
1988	16	10	9	3	6	32	3	0
1991	21	7	9	7	3	26	3	3
1994	18	6	8	3	4	35	4	1
1998	19	4	5	11	5	28	7	0
2002	14	6	10	8	1	31	6	0

Source: SCB, Allmänna valen 1979-2002.

APPENDIX D. List of governing political coalitions in Umeå and Linköping 1980-2000.

Table D:1. List of Governing Political Coalitions in Umeå 1979-2002

Year of Election	Political Coalitions
1979	Social Democratic Party + Communist Party
1982	Social Democratic Party + Communist Party
1985	Social Democratic Party + Communist Party
1988	Social Democratic Party + Communist Party
1991	Conservative Party + Liberal Party + Christ Democratic Party + Center Party
1994	Social Democratic Party
1998	Social Democratic Party + Communist Party
2002	Social Democratic Party

Source: Umeå kommun, Kommunstyrelsen 2004.

Table D:2. List of Governing Political Coalitions in Linköping 1979-2002.

Year of Election	Political Coalitions
1979	Social Democratic Party + Communist Party + Christ Democratic Party
1982	Social Democratic Party + Communist Party + Christ Democratic Party
1985	Center Party + Conservative Party + Liberal Party + Christ Democratic Party
1988	Social Democratic Party + Communist Party + Green Party
1991	Center Party + Conservative Party + Liberal Party + Christ Democratic Party
1994	Social Democratic Party + Center Party
1998	Social Democratic Party + Center Party + Green Party
2002	Social Democratic Party + Center Party

Source: Linköpings kommun, Kommunstyrelsen 2004.

APPENDIX E. Number of cases and number of refused applications in the municipal eldercare in Umeå in 1985 and in 2000.

Table E:1. Number of eldercare cases in Umeå 1985, distributed by sex and description of the case.

Description of the case	Men	Woman	Total
Home help services, cleaning only	58	209	267
Home help services according to agreement	17	15	32
Home help services, isolated measures	0	5	5
Home help services, cleaning + personal care, level 1	80	270	350
Home help services, cleaning + personal care, level 2	80	181	261
Reduced home help services from level 3 to level 2	0	2	2
Reduced home help services from level 2 to level 1	8	24	32
Reduced home help services from level 1 to cleaning	12	38	50
Home help services terminated on his/her own request	6	31	37
Home help services terminated due to move outs	3	3	6
Home help services terminated due to death	27	41	68
Home help services terminated because the person has been transferred to the county council's medical care	10	29	39
Home help services terminated because the person has received a place in the municipality's special forms of accommodation.	18	49	67
Home help services terminated without specified reason	44	130	174
Home nursing	39	53	92
Home nursing carried out by relatives with remuneration from the municipality	2	0	2
Home nursing terminated	5	5	10
Granted place in special forms of accommodation	52	85	137
Granted a place in special forms of accommodation but standing on the waiting list	11	29	40
Application refused regarding a place in the municipality's special forms of accommodation	1	6	7
Sum:	473	1205	1678

Source: Socialnämnden i Umeå, Delegationsprotokoll 1985.

Table E:2. Number of refused applications in Umeå in 1985, distributed by sex and grounds for the refusal

Grounds for the refusal	Men	Women	Total
The person is not in need for care corresponding to a place in the municipality's special forms of accommodation	0	4	4
The person's need for care is too extensive to be properly taken care of in the municipality's special forms of accommodation	1	2	3
Sum:	1	6	7

Source: Umeå socialnämnd, Delegationsprotokoll 1985.

Table E:3. Number of refused applications in Umeå in 2000, distributed by sex, ethnicity and description of the refusal

Description of the refusal	Men	Women	- of which with non-Swedish backgrounds	Total
Application refused regarding a place in the municipality's special forms of accommodation	21	36	0	57
Application refused regarding help with cleaning	7	6	0	13
Application refused regarding help with shopping	0	2	0	2
Application refused regarding surveillance alarm	0	1	0	1
Application refused regarding change of level of care	1	1	0	2
Application refused regarding remuneration for relatives	0	3	1	3
Sum:	29	49	1	78

Source : Umeå kommun, Socialtjänsten, Vård och Omsorg, Beslut/Avslag 2000.

Table E:4. Grounds for the refusals in Umeå in 2000, distributed by sex and ethnicity.

Grounds for the refusal	Men	Women	- of which with non- Swedish backgrounds	Total
The person is not in need for care corresponding to a place in the municipality's special forms of accommodation	21	33	0	54
The person's need for care does not motivates change of places within the municipality's special forms of accommodation	0	2	0	2
Further investigation is required before the person can receive a place in the municipality's special forms of accommodation	0	1	0	1
The person can buy cleaning, shopping etc from private producers	7	9	0	16
The person in not in need of a surveillance alarm	0	1	0	1
Escort to and for activities refused because is carried out at the municipality's special forms of accommodation	1	0	0	1
The municipality does not allow remuneration to relatives that carry out housework	0	2	1	2
Remuneration to relatives refused because the municipality's home help staff can meet the needs of the care recipients	0	1	0	1
Sum:	29	49		78

Source: Umeå kommun, Socialtjänsten, Vård och omsorg, Beslut/Avslag 2000.

Table E:5. Number of refused applications in Umeå in 2000, distributed by sex, ethnicity and civil status

Civil status	Men	Women	- of which with non- Swedish backgrounds	Total
Married/cohabiting	12	10	1	22
Single	17	39	0	56
Sum:	29	49	1	78

Source: Umeå kommun, Socialtjänsten, Vård och Omsorg, Beslut/Avslag 2000.

Table E:6. Number of refused applications, distributed by age of the person's whose applications were refused in Umeå in 2000

Age	Men	Women	Total
65-69	2	1	3
70-74	2	2	4
75-79	9	6	15
80-84	7	15	22
85-69	6	18	24
90-	3	7	10
Sum:	29	49	78

Source: Umeå kommun, Socialtjänsten, Vård och Omsorg, Beslut/Avslag 2000

Table E:7. Number of elderly receiving help from relatives or buying cleaning services and number of relatives carrying out informal eldercare services, divided by sex.

Sex	The number of elderly receiving help from relatives	The number of elderly buying cleaning from private producers	The number of relatives carrying out informal eldercare services
Men	15	2	10
Women	32	4	28
Not specified in the journal	..	..	9
Sum:	47	6	47

Source: Umeå kommun, Socialtjänsten, Vård och Omsorg, Beslut/Avslag 2000.

APPENDIX F. Number of cases and number of refused applications in the municipal eldercare in Linköping in 2000

Table F:1. Number of refused applications in Linköping in 2000, distributed by sex, ethnicity and description of the refusal

Description of the refusal	Men	<i>- of which with non-Swedish backgrounds</i>	Women	<i>- of which with non-Swedish backgrounds</i>	Total
Application refused regarding a place in the municipality's special forms of accommodation	19	0	37	2	56
Application refused regarding remuneration to relatives	1	1	4	4	5
Sum:	20	1	41	6	61

Source : Linköpings kommun, Socialtjänsten, Personakter 2000.

Table F:2. Grounds for the refusals in Linköping in 2000, distributed by sex and ethnicity.

Grounds for the refusals	Men	<i>- of which with non-Swedish backgrounds</i>	Women	<i>- of which with non-Swedish backgrounds</i>	Total
Shortage of places in the municipality's special forms of accommodation	2	0	6	0	8
The person is not in need for care corresponding to a place in the municipality's special forms of accommodation	17	0	29	0	46
The person's need for care does not motivate change of places within the municipality's special forms of accommodation	0	0	2	2	2
Remuneration to relatives refused because the municipality's home help staff can meet the needs of the care recipients	1	1	4	4	5
Sum:	20	1	41	6	61

Source: Linköpings kommun, Socialtjänsten, Personakter 2000.

Table F:3. Number of refused applications in Linköping in 2000, distributed by sex, ethnicity and civil status

Civil status	Men	- of which with non-Swedish backgrounds	Women	- of which with non-Swedish backgrounds	Total
Married/cohabiting	4	1	3	1	7
Single	16	0	38	5	54
Sum:	20	1	41	6	61

Source: Linköpings kommun, Socialtjänsten, Personakter 2000.

Table F:4. Number of refused applications, distributed by age of the person's whose applications were refused in Linköping in 2000

Age	Men	Women	Total
65-69	3	3	6
70-74	0	5	5
75-79	5	10	15
80-84	3	16	19
85-69	6	6	12
90-	3	1	4
Sum:	20	41	61

Source: Linköpings kommun, Socialtjänsten, Personakter 2000.

Table F:5. Number of elderly receiving help from relatives or buying cleaning services and number of relatives carrying out informal eldercare services, divided by sex.

Sex	The number of elderly receiving help from relatives	The number of elderly only buying household services according to service agreement	The number of elderly both buying household services according to service agreements and receiving help from relatives	The number of relatives carrying out informal eldercare services
Men	11	2	4	2
Women	26	5	10	20
Not specified in the journal	..	..	..	15
Sum:	37	7	14	37

Source: Linköpings kommun, Socialtjänsten, Personakter 2000

APPENDIX G. Percentage of Private Producers in the Municipalities' Eldercare Services in 2002

Table G: 1. Number of municipalities with private eldercare producers in 2002.

	Percentage of the eldercare services carried out by private producers, in per cent of the municipalities eldercare budgets										
	0 %	0,1-5 %	6-10 %	11-15 %	16-20 %	21-25 %	26-30 %	31-40 %	41-50 %	50- %	Total:
Number of municipalities	170	23	25	6	6	7	5	5	1	2	247

Source: Svenska kommunförbundet, *Äldreomsorgens styrning, En sammanställning av en enkät om styrformer inom kommunal äldreomsorg*, December 2002, Bil. 3.

References

Unpublished Sources

Riksarkivet

Socialvårdskommitténs arkiv
1952 års Åldringsvårdsutrednings arkiv
Socialpolitiska kommitténs arkiv
Socialutredningens arkiv
Äldreberedningens kommittéarkiv
Konseljakt 1947-04-18
Konseljakt 1955-03-11

Regeringskansliets arkiv- och dokumentcenter

Regeringsakt 1979-06-28
Regeringsakt 1988-05-11
Regeringsakt 1990-10-04

Linköpings stadsarkiv

Linköpings kommunfullmäktige, *Handlingar & Protokoll*, 1980-2000
Socialnämnden, *Handlingar & Protokoll*, 1980-2000
Omsorgsnämnden, *Handlingar & Protokoll*, 1992-2000

Linköpings kommun, Socialtjänsten

Äldreomsorg, *Personakter 2000*

Umeå stadsarkiv

Umeå Kommunfullmäktige, *Handlingar & Protokoll*, 1980-2000
Socialnämnden, *Handlingar & Protokoll*, 1980-2000
Socialtjänsten, *Personakter*, 1985

Umeå Kommun, Socialtjänsten

Vård & Omsorg, *Beslut/Avslag 2000*

Published Sources

Committee Reports (SOU and Ds)

- SOU 1940:22, *Statistisk undersökning angående kommunala ålderdomshem*
SOU 1946:52, *Utredning och förslag angående ålderdomshem*
SOU 1950:11, *Lag om socialhjälp m.m.*
SOU 1956:1, *Åldringsvård*
SOU 1963:47, *Åldringsvårdens läge*
SOU 1964:5, *Bättre åldringsvård*
SOU 1966:45, *Aktiv åldringsvård och handikappvård*
SOU 1974:40, *Socialvården. Mål och medel. Sammanfattning*
SOU 1977:40, *Socialtjänst och socialförsäkringstillägg*
SOU 1977:98, *Pensionär '75*
SOU 1987:21, *Äldreomsorg i utveckling*
Ds 1989:27, *Ansvaret för äldreomsorgen*
SOU 1997:170, *Bemötandet av äldre; trygghet, självbestämmande, värdighet*

Government Bills

- Prop. 1939:177, *Statsbidrag till inrättandet av pensionärshem*
Prop. 1947:243, *Grunder för anordnande av ålderdomshem*
Prop. 1951:20, *Förslag till lagändring angående ansvaret för långtidsvård*
Prop. 1955:177, *Förslag till lag om socialhjälp*
Prop. 1957:38, *Frågor rörande åldringsvården*
Prop. 1963:47, *Frågor angående åldringsvården*
Prop. 1968:74, *Ändring i socialhjälpslagen*
Prop. 1979/80:1, *Socialtjänstlagen*
Prop. 1987/88:176, *Äldreomsorgen inför 90-talet*
Prop. 1990/91:14, *Ansvaret för vård och service till äldre & handikappade*
Prop. 1992/93:43, *Ökad konkurrens i kommunala verksamheter*
Prop. 1997/98: 113, *Nationell handlingsplan för äldrepolitiken*

The Swedish Code book

- SFS 1918:422-43, *Fattigvårdslagen*
SFS 1956:2, *Socialhjälpslagen*
SFS 1968:244, *Ändrad lydelse av 1§ och 6§ i Socialhjälpslagen*
SFS 1980:620, *Socialtjänstlagen*

Socialstyrelsen

- Socialstyrelsen (1967), *Råd och anvisningar i socialvårdsfrågor*, Nr. 201, Stockholm.
----- (1996a), *Äldreomsorg under omprövning, SoS rapport 1996:23*, Stockholm.

- (1996b), Ädelreformen slutrapport, *Socialstyrelsen följer upp och utvärderar 1996:2*, Stockholm.
- (1998), Äldrehushåll under socialbidragsnormen, *Äldreuppdraget 98:3*, Stockholm.
- (1999), Konkurrensutsättning och entreprenader inom äldreomsorgen, *Äldreuppdraget 99:6*, Stockholm.
- (2000a), Äldre- vård och omsorg 2000, *Statistik Socialtjänst 2001:3*, Stockholm.
- (2000b), Från beslut till praktik i hemtjänsten, *Äldreuppdraget 2000:5*, Stockholm.
- (2001), *Social Services in Sweden 1999*,
<http://www.sos.se/FULLTEXT/0077-018/kap9.htm>, 2001-02-12.
- (2004a), *Jämställd socialtjänst? Könsperspektiv på socialtjänsten*, Stockholm.
- (2004b), *Konkurrensutsättning och entreprenader inom äldreomsorgen. Utvecklingsläget 2003*.

Statens Statistiska Centralbyrå (SCB)

- SCB, (1980), *Folk- och bostadsräkningen*, del 3, Folkmängd och sammanboende, Sveriges Officiella Statistik, Stockholm.
- (1987), *Statistiska Meddelanden*, S 24, 8701, Servicehus 1985, Sveriges Officiella Statistik, Stockholm.
- (1991a), *SocialtjänstStatistik 1982-1989*, Sveriges Officiella Statistik, Stockholm.
- (1991b), *Statistiska Meddelanden*, S 23, 9101, Ålderdomshem, servicehus & dagcentraler 1990, Sveriges Officiella Statistik, Stockholm.
- (2000a), *Statistisk Årsbok*, Sveriges Officiella Statistik, Stockholm.
- (2000b), *Befolkningsstatistik 2000*, del 3, Sveriges Officiella Statistik, Stockholm.
- (2002), *På tal om kvinnor och män - Lathund om jämställdhet 2002*, Sveriges Officiella Statistik, Stockholm.

Svenska Kommunförbundet

- Svenska Kommunförbundet (1988), *Konsekvensstudie Syd*, Rapport november 1988, Stockholm.
- , (1999), *Äldreomsorg i jämförelse, Modell och analys*, Stockholm.
- , (2002), *Äldreomsorgens styrning, En sammanställning av en enkät om styrformer inom kommunal äldreomsorg*, Stockholm.

Statistics

OECD Health Data, Table 21, www.irdes.fr/ecosante/OECD/920000.html, 2004-12-09.

SCB, *Statistisk årsbok 1940-2001*

SCB, *Kommunernas finanser 1960-1995*
SCB, *Den offentliga sektorns finanser 1999*
SCB, *Statistiska meddelanden Serie S 1980-1995*
SCB, *Socialtjänststatistik 1982-1989*
SCB, *Folk- och bostadsräkningen 1980-1995*
SCB, *Befolkningsstatistik 1980-2000*
Socialstyrelsen, *Vård och omsorg om äldre personer och personer med funktionshinder 1995*
Socialstyrelsen, *Statistik Socialtjänst 2001:3*
Landstingsförbundet, <http://www.lf.se/sek/download/bastab97wb.doc>, 2001- 02-07
Jacobonze, Stephane (1999), "Ageing and care for frail elderly persons: an overview of international perspectives", *Labour market and social policy*, Occasional Papers No. 38, OECD.

Literature

Andersson, Jenny (2003), *Mellan tillväxt och trygghet. Idéer om produktiv socialpolitik i socialdemokratisk socialpolitisk ideologi under efterkrigstiden*, Diss., Institutionen för ekonomisk historia, Uppsala.

Anttonen, Anneli & Sipilä, Jorma (1996), "European Social Care Services; Is it possible to identify models?", *Journal of European Social Policy*, 1996:6 (2), p. 87-100.

Ashford, Douglas, E. (1986), *The Emergence of the Welfare States*, Basil Blackwell Ltd, Oxford.

Berglind, Hans & Petersson, Ulla (1980), *Omsorg som yrke eller omsorg om yrket. En studie av omsorgens professionalisering*, Delrapport från projektet "Omsorgen i samhället", Sekretariatet för framtidsstudier, Stockholm.

Bergmark, Åke (2001), Den lokala välfärdsstaten? Decentraliseringstendenser under 1990-talet, in Szebehely, Marta (ed.) *SOU 2001:52, Välfärdstjänster i omvandling*, Antologi/Kommitén Välfärdsbokslut.

Berman, Sheri (1998), *The Social Democratic Moment. Ideas and Politics in the Making of Interwar Europe*, Harvard UP, Cambridge.

Blomberg, Staffan, Edebalk, Per Gunnar & Petersson, Jan (2000), "The withdrawal of the welfare state: elderly care in Sweden in the 1990s", *European Journal of Social Work*, Vol., 3, No. 2, p. 151-163.

Blomquist, Paula & Rothstein, Bo (2000), *Välfärdsstatens nya ansikte. Demokrati och marknadsreformer inom den offentliga sektorn*, Stockholm.

Blyth, Mark (2001), "The Transformation of the Swedish Model. Economic Ideas, Distributional Conflict and Institutional Change," *World Politics*, Vol. 54, (October 2001), p. 1-26

Boje, Thomas, P., & Leira, Arnlaug (2001), Introduction: Gender, welfare state and the market – towards a new division of labor, in Boje, Thomas, P., & Leira,

- Arnlaug (ed), *Gender, Welfare State and the Market – Towards a new division of labor*, Routledge, London.
- Borell, Klas & Johansson, Roine (1998), Den nätverksbaserade förvaltningsmodellen - exemplet Ädel, in Lindquist, Rafael (ed.), *Organisation och välfärdsstat*, Studentlitteratur, Lund.
- Brodin, Göran (1980), *Egenvårdsdebatten i Sverige – förnyelse eller social nedrustning?*, Sociologiska institutionen, Uppsala Universitet.
- Bury, Mike (1995), Ageing, Gender and Sociological Theory, in Arber, Sara & Ginn, Jay (ed), *Connecting Gender & Ageing. A Sociological Approach*, Open UP, Buckingham & Bristol.
- Carter, John (ed.) (1998), *Postmodernity and the Fragmentation of Welfare*, Routledge, London & New York.
- Cox, Robert Henry (2001), "The Social Constructive of an Imperative. Why Welfare Reform Happened in Denmark and the Netherlands but Not in Germany", *Word Politics*, Vol. 53, (April 2001), p. 463-498.
- Denvall, Verner (1994), *För samhällets bästa. Socialtjänstens medverkan i samhällsplaneringen*, Diss., Zenon Förlag, Floda.
- van Dijk, Teun, A. (1997), The Study of Discourse, in van Dijk, Teun, A. (ed.), *Discourse Studies. A multidisciplinary Introduction*, Vol. 1, Discourse as Structure and Process, SAGE, London.
- Edebalk, Per Gunnar & Lindgren, Björn (1996), Från bortauktionering till köpsälj-system, in Eliasson, Rosmari (ed.), *Omsorgens skiftningar. Begreppet, vardagen, politiken, forskningen*, Studentlitteratur, Lund.
- Ekström von Essen, Ulla (2003), *Folkhemmets kommun. Socialdemokratiska idéer om lokalsamhället 1939-1952*, Diss., Atlas Förlag, Stockholm.
- Esping-Andersen, Gøsta (1996), After the Golden Age? Welfare State Dilemmas in a Global Economy, in Esping-Andersen, Gøsta (ed.), *Welfare States in Transition. National Adoptions in Global Economics*, SAGE, London.
- Fairclough, Norman (1992), *Discourse and Social Change*, Polity Press, Cambridge.
- Fisher, Kimberly (1997), "Locating Frames in the Discursive Universe", *Sociological Research Online*, vol. 2, no. 3, <http://www.socresonline.org.uk/socresonline/2/3/4.html>, 2002-05-08.
- Fraser, Nancy (1989), *Unruly Practices. Power, Discourses and Gender in Contemporary Social Theory*, Polity Press, Cambridge.
- Gaunt, David (1995), "Ivar Lo, de radikala pensionärerna och striden mot ålderdomshemmen 1949", *Socialvetenskaplig Tidskrift*, Årg. 2, No. 4, p. 370-288.
- (1996), Hemvård istället för vårdhem; Den öppna vårdens uppkomst, in Gaunt, David & Lantz, Göran (ed.), *Hemmet i vården, Vården i Hemmet*, Liber förlag, Stockholm.

----- (1999), Från Brantings soldater till folkhemmets paria, in Levin, Lennart (ed.), *Sveriges Pensionärsförbund – kommunistiskt, borgerligt, opolitiskt? 1939-1999 – sextio år av varierad framtoning*, SPF förlag, Stockholm.

----- & Lantz, Göran (1996), Hemmet i vården - Vården i hemmet, in Gaunt, David & Lantz, Göran (ed.), *Hemmet i vården, Vården i Hemmet*, Liber förlag, Stockholm.

Lindelöf, Margareta & Rönnbäck, Eva (2004), *Att fördela bistånd. Om handläggningsprocessen inom äldreomsorgen*, Diss., Inst. för socialt arbete, Umeå Universitet.

Lundberg, Urban (2003), *Juvelen i kronan. Socialdemokraterna och den allmänna pensionen*, Diss., Hjalmarsson & Högborg Bokförlag, Stockholm.

Gibson, Diane, (1998), *Aged Care. Old Policies, New Problems*, Cambridge UP, Cambridge.

Goodin, Robert, E., & Mitchell, Deborah (2001), Foundations of the Welfare State; An Overview, in Goodin, Robert, E., & Mitchell, Deborah (ed.), *The Foundations of the Welfare State*, Vol. 1, Edward Elgar, Cheltenham.

Green, Byran, S. (1993), *Gerontology and the Construction of Old Age. A Study in Discourse Analysis*, Aldine de Gruyter, New York.

Haldén, Eva (1997), *Den föreställda förvaltningen. En institutionell historia om central skolförvaltning*, Diss., Stockholms Universitet, Statsvetenskapliga institutionen.

Hall, Peter A. (ed.) (1989), *The Political Power of Economic Ideas. Keynesianism across Nations*, Princeton UP, Princeton.

----- (1993), "Policy Paradigms, Social Learning and the State; The Case of Economic Policymaking in Britain", *Comparative Politics*, (April 1993), p. 275-296.

----- & Soksice, David (ed.) (2001), *Varieties of Capitalism. The Institutional Foundations of Comparative Advantage*, Oxford UP, Oxford & New York.

Heclö, Hugh & Madsen, Henrik (1987), *Policy and Politics in Sweden. Principled Pragmatism*, Temple UP, Philadelphia.

Holgerson, Leif (1997), *Socialpolitik och socialt arbete. Historia och Idéer*, Nordstedts Förlag, Stockholm.

Howarth, David & Stavrakis, Yannis (2000), Introducing discourse theory and political analysis, in Howarth, David, Norval, Aletta, J. & Stavrakis, Yannis (ed.), *Discourse theory and political analysis. Identities, hegemonies and social change*, Manchester UP, Manchester & New York.

Hugemark, Agneta (1994), *Den fängslade marknaden. Ekonomiska experter om välfärdsstaten*, Diss., Arkiv förlag, Lund.

Jacobzone, Stephane et al (1998), "Long term care services to older people, a perspective on future needs: the impact of an improving health of older persons", Ageing Working Papers, *Maintaining Prosperity In An Aging Society: the OECD study on the policy implications of aging*, Working Paper AWP 4.2, OECD.

----- (1999), "Ageing and care for frail elderly persons: an overview of international perspectives", *Labour market and social policy*, Occasional Papers No. 38, OECD.

Jessop, Bob (1991), The Welfare State in the Transition from Fordism to Post-Fordism, in Jessop, Bob et al (ed.), in *The Politics of flexibility. Restructuring State and Industry in Britain, Germany and Scandinavia*, Edward Elgar, Aldershot.

----- (1994), "The Transition to post-Fordism and the Schumpeterian workfare state" in Burows, Roger & Loader, Brian (ed.), *Towards a Post-Fordist Welfare State?*, Routledge, London.

Johansson, Lennarth, Sundström, Gert & Hassing, Linda B (2003), "State provision down, offspring's up: the reverse substitution of old-age care in Sweden", *Ageing & Society*, 23 (2003), p. 269-280.

Junestav, Malin (2004), *Arbetslinjer i svensk socialpolitisk debatt och lagstiftning 1930-2001*, Diss., Institutionen för Ekonomisk historia, Uppsala Universitet.

Jönsson, Håkan (2001), *Det moderna åldrandet. Pensionärsorganisationernas bilder av äldre 1941-1995*, Diss., Socialhögskolan, Lunds Universitet.

Kautto, Mikko et al (ed.) (1999), *Nordic Social Policy. Changing welfare states*, Routledge, London & New York.

van Kersbergen, Kees (2000), The declining resistance of welfare states to change?, in Kuhnle, Stein (ed.), *Survival of the European Welfare State*, Rotledge, London & New York.

Kuhnle, Stein (2000) (ed.), *Survival of the European Welfare State*, Rotledge, London & New York

----- & Alestalo, Matti (2000), Introduction: growth, adjustments and survival of European welfare states, in Kuhnle, Stein (ed.), *Survival of the European Welfare State*, Rotledge, London & New York.

Lagergren, Fredrika (1999), *På andra sidan välfärdsstaten. En studie i politiska idéers betydelse*, Diss., Symposium, Stockholm.

Lane, Jan-Erik (1997), *Public Sector Reform. Rationale, Trends and Problems*, SAGE, London.

Leira, Arnlaug (1993), The 'woman-friendly' welfare state?: The case of Norway and Sweden, in Lewis, Jane (ed.), *Woman and Social Policies in Europe. Work, Family and the State*, Edward Elgar, Aldershot.

Leonard, Peter (1997), *Postmodern Welfare. Restructuring an Emancipatory Project*, SAGE, London.

Lewis, Jane (ed.) (1993), *Woman and Social Policies in Europe. Work, Family and the State*, Edward Elgar, Aldershot.

Lindgren, Sven-Åke (1993), *Den hotfulla njutningen. Att etablera drogbruk som samhällsproblem 1890-1970*, Diss., Symposium Graduale, Stockholm.

- Lindquist, Rafael & Borell, Klas (1998), Inledning: Organisation och välfärdspolitik, in Lindquist, Rafael (ed.), *Organisation och välfärdsstat*, Studentlitteratur, Lund.
- Lo Johansson, Ivar (1987), *Ålderdoms-Sverige. En stridskrift*, Stockholm.
- Magnusson, Lars (1996), *Sveriges ekonomiska historia*, Raben Prisma, Tiden Athena, Stockholm.
- McNamara, Kathleen R. (1998), *The Currency of Ideas. Monetary Politics in the European Union*, Cornell UP, Ithaca & London.
- Mossberg Sand, Ann Britt (2000), *Ansvar, kärlek och försörjning. Om anställda anhörigvårdare i Sverige*, Diss., Department of Sociology, Gothenburg University.
- (2004), "Förändrad tillämpning av offentlig äldreomsorg – ett hot mot målsättningen om demokrati och jämställdhet", *Socialvetenskaplig tidskrift*, No 3-4, p. 291-307.
- Nordlund, Anders (2002), *Resilient Welfare States – Nordic Welfare State Development in the Late 20th Century*, Diss., Department of Sociology, Umeå University.
- North, Douglass C. (1990), *Institutions, Institutional Change and Economic Performance*, Cambridge UP, Cambridge.
- (1995), *The New Institutional Economics and Third World Development*, in Harriss, John (ed.), *The New Institutional Economics and Third World Development*, Routledge, London & New York.
- Nyberg, Anita (1997), Kvinnor, män och inkomster. Jämställdhet och oberoende, in *SOU 1997:87*, Rapport till Utredningen om fördelningen av ekonomisk makt och ekonomiska resurser mellan kvinnor och män.
- O'Brien, Martin & Penna, Sue (1998), *Theorizing Welfare; Enlightenment and Modern Society*, SAGE Publications Ltd, London.
- Orloff, Ann Shola (2000), Gender and the Social Rights of Citizenship. The Comparative Analysis of Gender Relations and Welfare States, in Goodin, Robert, E., & Mitchell, Deborah (ed.), *The Foundations of the Welfare State*, Vol. 1, Edward Elgar, Cheltenham.
- Parton, Nigel (ed.) (1996), *Social Theory, Social Change and Social Work. The State of Welfare*, Routledge, London & New York.
- Philips, Judith (1996), "The future of social work with older people in a changing world", in Parton, Nigel (ed.), *Social Theory, Social Change and Social Work; the State of Welfare*, Routledge, London & New York.
- de los Reyes, Paulina (2000), "Folkhemmet paradoxer. Genus och etnicitet i den svenska modellen", *Kvinnovetenskaplig Tidskrift*, Vol. 21, No. 2, p. 27-47.
- (2002a), Vem tar hand om barnen? Könsarbetsdelning och offentlig barnomsorg ur ett ekonomiskt-historiskt perspektiv, in Andersson-Skog, Lena & Krantz, Olle (ed.), *Omvandlingens sekel. Perspektiv på ekonomi och samhälle i 1900-talets Sverige*, Studentlitteratur, Lund.

----- (2002b), Det problematiska systerskapet. Om svenskhet och invandrarskrap inom svensk genushistorisk forskning, in de los Reyes, Paulina, Molina, Irene & Mulinari, Diana (ed.), *Maktens olika förklädnader. Kön, klass & etnicitet i det postkoloniala Sverige*, Atlas Förlag, Stockholm.

Rothstein, Bo (1996), *The Social Democratic State. The Swedish Model and the Bureaucratic Problem of Social Reforms*, University of Pittsburgh Press, Pittsburgh & London.

----- (2000), The future of the universal welfare state: an institutional approach, in Kuhnle, Stein (ed.), (2000), *Survival of the European Welfare State*, Routledge, London & New York.

Scott, Joan Wallach (1988), *Gender and the Politics of History*, Columbia UP, New York.

Sikkink, Kathryn (1991), *Ideas and Institutions. Developmentalism in Brazil and Argentina*, Cornell UP, Ithaca & London.

Siim, Birte (1993), The gendered Scandinavian welfare states: the interplay between women's roles as mothers, workers and citizens in Denmark, in Lewis, Jane (ed.), *Woman and Social Policies in Europe. Work, Family and the State*, Edward Elgar, Aldershot.

Skocpol, Theda (1995), *Protecting Mother's and Soldiers; Political Origins of Social Policy in the United States*, Harvard UP, Cambridge.

Smaje, Chris (1998), Reopening the gift: race and the critique of normative social policy, in Carter, John (ed.), *Postmodernity and the Fragmentation of Welfare*, Routledge, London & New York.

Stark, Agneta, & Regnér, Åsa (2001), *I vems händer? Om arbete, genus, åldrande och omsorg i tre EU-länder*, Tema Genus, Linköpings Universitet.

Strömberg, Helén (2004), *Sjukvårdens industrialisering. Mellan curing och caring – sjuksköterskearbetets omvandling*, Diss., Inst. för ekonomisk historia, Umeå Universitet, Umeå.

Szebehely, Marta (1995), *Vardagens organisering. Om vårdbiträden och gamla i hemtjänsten*, Diss., Arkiv förlag, Lund.

----- (1996), Om omsorg och omsorgsforskning, in, Eliasson, Rosmari (ed.), *Omsorgens skiftningar. Begreppet, vardagen, politiken, forskningen*, Studentlitteratur, Lund.

----- (1998), Omsorgsstat i förändring – svensk äldreomsorg i nordisk belysning, in *Välfärden, verkan och samverkan. Rapport från forskarseminariet i Umeå januari 1998*, Försäkringskassaförbundet, Stockholm.

----- (2000), Äldreomsorg i förändring – knappare resurser och nya organisationsformer, in Szebehely, Marta, (ed.), SOU 2000:38, *Välfärd, vård och omsorg*, Antologi/Kommittén Välfärdsbokslut.

Thelen, Kathleen & Steinmo, Sven (1992), Historical institutionalism in comparative politics, in Steinmo, Sven, Thelen, Kathleen & Longstreth, Frank (ed.), *Structuring politics. Historical institutionalism in comparative analysis*, Cambridge UP, Cambridge.

- Thorslund, Mats (2001), Dagens och morgondagens vård och omsorg, in Andersson, Lars (ed.), *Socialgerontologi*, Studentlitteratur, Lund.
- Torring, Jacob (1999), "Towards a Schumpeterian workfare postnational regime: path-shaping and path-dependency in Danish welfare state reform, *Economy and Society*, Vol. 28, No. 3, p. 369-402.
- Trydegård, Gun-Britt (2000), *Tradition, Change and Variation. Past and Present Trends in Public Old-Age Care*, Diss., Stockholm University, Department of Social Work.
- , & Thorslund, Mats (2000), Explaining local variation in home-help services: The impact of path dependency in Swedish municipalities 1976-1997, in Trydegård, Gun-Britt, *Tradition, Change and Variation. Past and Present Trends in Public Old-Age Care*, Diss., Stockholm University, Department of Social Work.
- Turner, Dave et al (1998), "The macroeconomic implications of ageing in a global context", *Economics Department Working Papers No. 193*, OECD.
- Weir, Margaret (1992), *Politics and Jobs. The Boundaries of Employment Policy in the United States*, Princeton UP, New Jersey.
- , Orloff, Ann Shola & Skocpol, Theda (ed.) (1988), *The Politics of Social Policy in the United States*, Princeton UP, Princeton.
- Williams, Fiona (1996), Postmodernism, feminism and the question of difference, in Parton, Nigel (ed.), *Social Theory, Social Change and Social Work. The State of Welfare*, Routledge, London & New York.
- Winther Jørgensen, Marianne & Phillips, Louise (2000), *Diskursanalys som teori och metod*, Studentlitteratur, Lund.
- Whitley, Richard (ed.) (1992), *European Business systems. Firms and Markets in their National Context*, SAGE, London.