Allocating responsibilities.

Norwegian elder care between national ambitions and local autonomy

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Preface

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Oslo 16.01.17

Christine Thokle Martens

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Summary

The idea that modern welfare states can be categorised into distinct regimes dominates the contemporary scholarly literature. In the Nordic countries, social services provision is a local government responsibility. Consequently, local responsibility and local autonomy may lead to local differences in services provision. National comparisons and the construction of welfare regime typologies do not reflect such internal differences, nor do they address the tensions that exist between national and local governments within welfare states. The purpose of this thesis is to contribute to the debate on the Nordic welfare model by providing an in-depth analysis of the present state of Norwegian elder care services. The main contribution in this respect is by exploring whether the strong emphasis on the national policy level in the welfare regime literature misses important internal variations in how and to what extent welfare is provided.

There are two main tensions embedded in the current elder care services provision in Norway. The first is a tension between national ambitions and local autonomy. The second tension is that between public and individual responsibility for providing care to frail elderly persons. The national government uses instruments to influence services provision by local governments in the desired direction. However, local governments are not simply organisational tools for achieving national policy goals, local governments are also elected bodies and autonomous units responsible for providing services for their citizens. Thus, elder care services provision is a result of how local governments make decisions about their services provision by balancing their perceptions of local needs within the legal and economic framework provided on a national level. The extent of this services provision affects the balance between public and individual responsibility for providing care.

The research question asks to what extent municipal services provision corresponds with national policy goals for the elder care sector. To answer this question, the thesis empirically investigate three national policy goals in this area. The empirical investigation constitutes a basis for discussing whether Norway, in the field of elder care, is best understood as one unified welfare state or as numerous welfare municipalities. Thus, the study constitutes a basis for discussing the usefulness of applying national averages to construct welfare regimes in studies of services provision.

The first article, ‘Eldercare policies in Scandinavia between 1993 and 2014: increased facilitation of family caregiving?’, investigates how national legislation on the right to receive care services corresponds with municipal elder care services provision in 1993 and 2014 in the Scandinavian countries. This article continues by investigating whether national

legislation facilitates family caregiving as a substitution for public care services, by examining the situation in 1993 and 2014 in the Scandinavian countries. The second article, 'Postcode lottery or systematic differences in Norwegian elder care provision?', investigates whether the variation in municipal services provision can best be explained by the national level municipal funding system or by municipal level autonomy and needs. The third article, 'Aging in which place? Connecting aging in place with individual responsibility, housing markets and the welfare state', investigates how local governments implement the national policy goal of enabling everyone to live at home for as long as possible in their plans. The first article describes present legislation, the second article describes how past legislation and current institutions contribute in forming present services, while the third article describes local government planning for future elder care services.

The main findings are that legislation strengthened the right to care services between 1993 and 2014. At the same time, according to national statistics, the coverage rates of municipal care services are declining. If one can assume that declining coverage rates imply decreased availability of elder care services, there is a growing discrepancy between national government ambitions and local government provision in this area. The second finding is that there is a discrepancy between the national ambitions of an equitable services provision and the differences in elder care services coverage rates between municipalities. When investigating possible causes for municipal differences in the extent of elder care services provision, the variable with most explanatory power in the analysis was municipal income. The available income of a municipality is mainly decided by national government policies. This finding suggests that although the national government aims towards equitable services provision that gives citizens equal access to care services, the national government does not provide municipalities with equal economic opportunities to do so. The third main finding suggests that planned policies for meeting the future care needs of the frail elderly population in the municipality is to prioritise publicly assisted housing facilities rather than stimulating the ordinary housing market to provide universally designed dwellings. Such a policy differs from general national policies stating that everyone should live in ordinary dwellings in ordinary surroundings. On the other hand, it is possible that the national policy goal for the general population, including retirees, no longer applies to frail elderly persons.

This thesis empirically investigates the implementation of three national policy goals with regard to the care of frail elderly persons. The investigation provides a basis for assessing the extent to which the Norwegian welfare state and the ideal-type Nordic welfare model correspond. The results suggest that it is doubtful whether the Norwegian welfare state

is fully de-familialised. There are extensive care services, and the Norwegian welfare state is more de-familialised than other welfare states, but care provision is not totally removed from the family. Second, it is also doubtful whether the label universalism really captures Norwegian elder care services provision. There might be universalism *within* municipalities, but this is less so *between* municipalities. Third, the ideal-type Nordic welfare model implies a heavy commitment to publicly provided social services. The findings suggest that the public commitment to a heavy social service burden in Norway is strong at both the national and the local policy levels. As a result, the Norwegian welfare state falls somewhat short of the ideal-type characteristics of the Nordic welfare model. Equally important, the ideal-type description of the Nordic welfare model does not capture the importance of local democracy and local autonomy in these countries, and the accompanying tensions between the policy goals of national government and the quest for local democracy.

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Introduction

The idea that modern welfare states can be categorised into distinct regimes dominates the contemporary scholarly literature. The Nordic countries are often grouped together to constitute the Nordic welfare model (Esping-Andersen, 1990; Klitgaard, 2007; Pierson, 2001). Typologies of welfare regimes build almost without exception on comparisons of social transfers, while social services provision is studied to a far smaller extent (Bettio & Plantenga, 2004; Klitgaard, 2007, p. 444; Kröger, 2001, p. 40). One of the main characteristics of Nordic welfare states is a large social services sector (Castles, 2004). While social transfer systems are mainly national-level systems, social services provision is a local government responsibility in the Nordic countries. Consequently, local responsibility and local autonomy may lead to local differences in services provision. National comparisons and the construction of welfare regime typologies do not reflect such internal differences, nor do they address the tensions that exist between national and local governments within welfare states. Thus, the construct of welfare regimes based on descriptions of clusters of welfare states entails the omission of information about variations in welfare provision within welfare states. The purpose of this thesis is to contribute to the debate on the Nordic welfare model by providing an in-depth analysis of the present state of Norwegian elder care services. The main contribution in this respect is by exploring whether the strong emphasis on the national policy level in the welfare regime literature misses important internal variations in how and to what extent welfare is provided.

There are two main tensions embedded in the current elder care services provision in Norway. The first is a tension between national ambitions and local autonomy. The national government shapes policies and uses instruments such as legislation and the municipal funding system to influence services provision by local governments in the desired direction. This way, local governments serve as organisational tools for achieving national policy goals. However, local governments are also elected bodies and autonomous units responsible for providing services for their citizens (Grønlie, 2004). Local governments make decisions about their services provision by balancing their perceptions of local needs within the legal and economic framework provided on a national level.

The second tension is that between public and individual responsibility for providing care to frail elderly persons. The substitution argument implies that family care is a resource that can fill gaps in the formal care system (Jegermalm & Grassman, 2012, p. 423). National and local policies and accompanying services provision create incentives and define the alternatives available to individuals (Pierson, 1993, p. 598). Changes in public services provision affect the alternatives available to frail elderly persons as well as to their families. Norwegian government documents do not explicitly delineate public responsibility for care services provision. However, it is the extent and quality of services provided by local governments that lay the foundation for the alternatives available to individuals. Local autonomy restricts the influence of national government on the extent and quality of these services. As a result, the balance between public and individual responsibility for care services provision is highly influenced by the tension between national and local governments.

The Norwegian welfare state and municipal services provision have been the focus of numerous studies. However, few studies have examined how the legal and economic framework set down by the national government and the autonomy and needs of local governments are manifested in actual elder care services provision in Norway. Studies have been relatively limited to investigating either the national or the local level. This thesis contributes to the literature by combining the national and local levels in the study of current elder care services provision. The research question asks to what extent municipal services provision corresponds with national policy goals for the elder care sector. To answer this question, the thesis empirically investigate three national policy goals in this area (Regjeringen, 2014). The empirical investigation constitutes a basis for discussing whether Norway, in the field of elder care, is best understood as one unified welfare state or as numerous welfare municipalities. Thus, the study constitutes a basis for discussing the usefulness of applying national averages to construct welfare regimes in studies of services provision.

The first article, ‘Eldercare policies in Scandinavia between 1993 and 2014: increased facilitation of family caregiving?’, investigates how national legislation on the right to receive care services corresponds with municipal elder care services provision in 1993 and 2014 in the Scandinavian countries. This article continues by investigating whether national legislation facilitates family caregiving as a substitution for public care services, by examining the situation in 1993 and 2014 in the Scandinavian countries. The second article, ‘Postcode lottery or systematic differences in Norwegian elder care provision?’, investigates

whether the variation in municipal services provision can best be explained by the national level municipal funding system or by municipal level autonomy and needs. The third article, 'Aging in which place? Connecting aging in place with individual responsibility, housing markets and the welfare state', investigates how local governments implement the national policy goal of enabling everyone to live at home for as long as possible in their plans. The first article describes present legislation, the second article describes how past legislation and current institutions contribute in forming present services, while the third article describes local government planning for future elder care services.

This introductory chapter of the thesis proceeds as follows: the next section outlines the importance of studying the Nordic welfare model and Norwegian elder care. It also explains the analytical approach taken in the thesis and the research question. The third section points out the research gaps, linking them to the research question and three important policy goals for Norwegian elder care. The subsequent section four describes data and methods. Section five introduces the articles in the thesis, and finally, section six discusses the findings and draws some conclusions.

The importance of studying elder care in the Nordic welfare model

The ageing of the population has received much attention from scholars and politicians alike. An ageing population poses a challenge to all welfare states and makes the question of care fundamental, as well as making research on social care even more relevant (Kröger, 2001, p. 5). Some research suggests that we are living longer with fewer disabilities and functional limitations (Christensen, Doblhammer, Rau, & Vaupel, 2009). However, the increased dependency ratio is a challenge, because it can lead to a shortage of personnel in the care services (Eurostat, 2015; Helsedirektoratet, 2014; Thorslund, 1991). In Norway and the Nordic countries, popular support for the welfare state is strong, and retrenchment initiatives are unpopular (Bergh & Erlingsson, 2009). Elder care is an important topic in elections at both national and local levels, and a topic that attracts votes and arouses emotions among all of the population. The quality and extent of elder care services provision is important for the recipients of care services and for their families. Family members can potentially provide family care if public care services are not available. This is also a challenge because declining birth rates and high female employment rates have reduced the caring capacities of families (Alber, 1995).

The Nordic welfare model

Because of the widespread use of welfare regime typologies in the contemporary scholarly literature, some core characteristics assigned to each cluster of welfare states are almost accepted as undisputable truths. It is not always clear whether welfare regimes are based on descriptions of certain identified characteristics of the welfare states belonging to a certain cluster, or whether they are ideal types. For example, Hvinden (2010, p. 292) asserts that the Nordic welfare model is used to draw a simplified picture of the Nordic welfare societies. Cox (2004), on the other hand, asserts that the Nordic welfare model is made up of the core characteristics of universalism, solidarity and de-commodification, and not of the countries' specific policies.

To use welfare models as ideal types can be a useful analytical strategy. However, to construct welfare models based on descriptions of clusters of welfare states ignores important information about variations in welfare provision within welfare states; thus this strategy may omit more than it contributes. In the field of social services research, comparisons are most often made between nation states, and there is a focus on social transfers rather than services provision (Bettio & Plantenga, 2004; Klitgaard, 2007, p. 444; Kröger, 2001, p. 40). Social transfers and insurance-based systems are expected to be equal throughout the nation to a larger degree than locally provided welfare services, because local autonomy provides leeway for local adaptations and differences in services provision. International comparisons conceal important details of services provision within the Nordic countries as disparities within countries can be larger than those that exist between countries (Daatland, 1997). Scholars suggest that the differences between elder care services provision by municipalities are so large that national averages are of little relevance (Brevik & Nygård, 2013, p. 30). National averages simplify reality in studies of municipal services provision and may lead to erroneous characterisations of the Nordic welfare states.

There are many descriptions of the Nordic welfare model. According to Esping-Andersen (1990, pp. 27-28), this model offers a mix of de-commodifying and universalistic programmes partly to service family needs and partly to allow women to choose work rather than home. There is a commitment to a full-employment guarantee. The ideal is to minimise dependence on the family and to maximise capacities for individual independence and de-familialisation. To achieve this, the Nordic welfare model is committed to a heavy social-services burden and promotes equality of the highest standards. Pierson (2001, p. 440) also states that the countries in the Nordic welfare model provide generous transfer programmes covering a wide range of risks with high replacement rates. Furthermore, they have extensive

public social services, and a set of supportive family and labour market policies which generate high rates of labour force participation for both men and women.

These descriptions of the Nordic welfare model are not very different from descriptions of the Scandinavian model of public care services provided by Anttonen and Sipilä (1996, p. 96) and Sipilä et al. (1997, pp. 39-40). They argue that in this model, services for both children and the frail elderly are widely available, that there is a uniform standard of services, that women's participation in the work force is high and that local government is responsible for services provision. This Scandinavian model of public care services is based on national averages of care services provision.

The purpose of this thesis is to contribute to the debate on the Nordic welfare model by providing an in-depth analysis of the present state of Norwegian elder care services. The thesis investigates three traits often attributed to the Nordic welfare model: that public elder care services provision is de-familialising, that services are universal and that there is a commitment to a heavy social-service burden (Esping-Andersen, 1990, pp. 27-28; Pierson, 2001, p. 440). This thesis investigates whether these traits accurately reflect the reality of Norwegian elder care services. This study can aid a more precise description of welfare services provision and the internal differences that exist within one welfare state. This description can contribute to our knowledge of whether a focus on the national level or the local government level leads to different views on the correspondence between Norwegian elder care services provision and the ideal-type description of the Nordic welfare model.

Norwegian elder care

The Norwegian welfare state originates in the welfare municipalities (Grønlie, 1991). Norwegian municipalities used to be responsible for poor relief, and municipalities have created several of the current elder care services, sometimes in partnership with non-profit organisations. Among others, they initiated home care services and old age pensions. The national government has adopted several of these municipal initiatives, legislated them and established them on a national basis (Grønlie, 2004, p. 634). One of the main reasons why the national government legislated municipal responsibility for elder care and obliged the municipalities to provide specific services was to reduce territorial differences. Rich municipalities were generous and provided more services, while poorer municipalities did not, and the state wanted equality (Fimreite, 2003; Huseby & Paulsen, 2009; Langørgen, 2004). When municipal elder care services were in their infancy, the rich municipalities invented services and expanded their services provision. Today, necessity is the mother of

invention and it is likely that the care services of tomorrow will be invented in poorer municipalities. The government still considers municipal agency to be a precondition for invention of future care services (HOD, 2015, p. 5). The dynamic between local invention and autonomy, and national legislation and ambitions has created, and continues to create, a tension between the national and local government levels.

The second main tension embedded in Norwegian elder care services provision is that between public and individual responsibility for providing for frail elderly persons. The obligation of adult children to provide economically for their parents was removed from legislation in the Social Services Act in force since 1965 (Social Care Act, 1964). What may be called the moral obligation to provide care was not removed, however. In the 1980's it was still necessary for the national government to explicitly reject policies where municipalities included the availability of family carers in needs assessments. At that time, 50 municipalities had guidelines stating that family members should not receive remuneration as family carers, and some municipalities had guidelines stating that a person with a daughter or daughter-in-law living in the municipality should not receive home care services (NOU 1985:18, p. 60; St.meld. nr 120, 1980-1981).

Today, employees do not have the right to take more than ten days leave a year to tend to the needs of other adult family members in cases of illness or acute care needs (Working Environment and Employment Protection Act, 2005). As stated in the Act, long-term care services provision is a public responsibility (Prop. 64 L, 2009-2010, p. 13). Yet, it is not possible to fully commodify care (Lewis & Giullari, 2005, p. 83). In Norway, scholars report that adult children struggle to balance full-time jobs and care obligations, and the availability of informal carers sometimes influences municipal decisions (e.g. Gautun & Bratt, 2016; Jakobsson, Kotsadam, Syse, & Øien, 2015; Jakobsson, Kotsadam, & Szebehely, 2013; Ugreninov, 2013). These findings indicate that there is still a tension between the national and local levels regarding how to balance public and individual responsibility for care services provision. These tensions leads to the thesis' research question which is to what extent municipal services provision corresponds with national policy goals for the elder care sector.

Elder care services in Norway mainly consist of health care services, assistance with basic bodily needs and practical help. Services are provided in the person's own home, in assisted housing facilities and in nursing homes. The legal right to receive services is the same irrespective of where the person lives (Martens, 2014). Nursing homes, which are all-inclusive institutions, have designated staff for care provision. In assisted housing facilities and in the person's own home, home care services provide the care. It is a municipal

responsibility to provide services to meet citizens' 'necessary'[1] needs (Municipal Health- and Care Services Act, 2011). What is deemed 'necessary' is not explained. Municipalities grant elder care services based on discretionary needs assessments. In these assessments, the municipality cannot include a means test, but it can consider the availability of municipal resources (Prop. 91 L, 2010-2011, p. 340).

Analytical approach and research question

The national government establishes a framework for the formal organisation of welfare. To ensure a certain level of standardisation and equal priorities throughout the country, the national government makes decisions regarding the direction of social services (Pollitt, 2005, p. 381; Spicker, 2008, p. 135). The national government has a set of instruments with which to influence services provision by local governments in the desired direction. These consist of regulations, economic means and information (Vedung, 2011). Some scholars also consider organisation a policy instrument (Hood, 2008, p. 471). When the responsibility for services provision is divided between policy levels, the main principle is that the national level handles economic transfers and rights that are universalistic in character such as pensions and the social security system. Services provision and transfers that are prone to individual discretion and local conditions are handled at the local level (Powell & Boyne, 2001, p. 184). This structure normally means that national policies pose specific demands and performance criteria on local policies and services provision. To meet national performance criteria, the local level must develop strategies that correspond with local needs (van Gestel & Herbillon, 2010, p. 417).

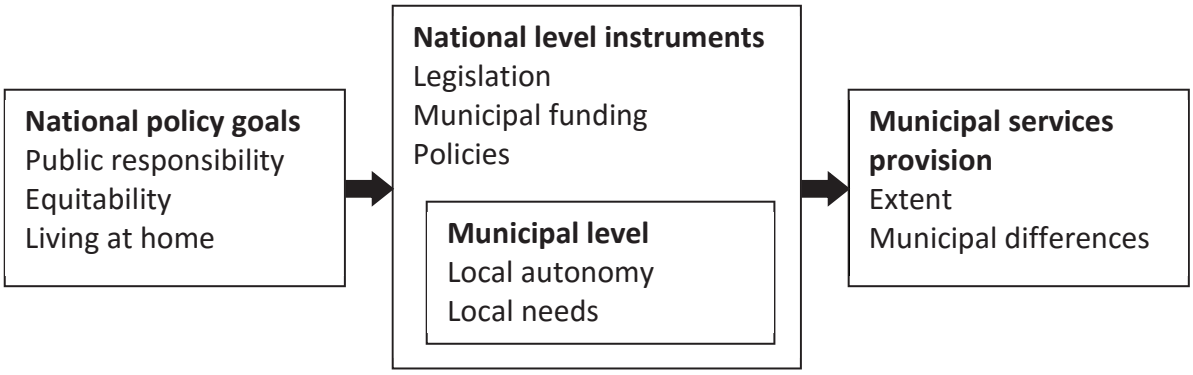
In Norway, the state is the locus of responsibility for policy-making within each sector, for deciding on the economic transfer system from the state to the municipalities and it is the primary issuer of legislation. Norwegian elder care services provision is a municipal responsibility. This formal division of responsibility implies a delegation of authority to the local governments. Thus, the municipalities are simultaneously organisational tools for achieving national policy goals and autonomous units responsible for providing services to their citizens (Grønlie, 2004). They are not direct arms of central government, but are subject to a variety of structural, political and economic pressures (Fimreite, 2003). This organisation of responsibilities implies that the state has limited authority over services provision (Spicker,

[1] Kommunen skal sørge for at personer som oppholder seg i kommunen, tilbys nødvendige helse- og omsorgstjenester (Municipal Health- and Care Services Act, 2011 §3-1)

2008, p. 135). Similarly, national legislation, funding systems and policy goals limit local government autonomy (Hatland, 2007, p. 214).

Figure 1 illustrates the analytical approach taken in this thesis to answering the research question, which asks to what extent municipal services provision corresponds with national policy goals for the elder care sector. The national government formulates policy goals in each sector. Whether actual municipal services provision corresponds with these policy goals depends on how municipalities balance local autonomy and local needs within the legal and economic framework provided at national level, and how they balance what are at times conflicting national policy goals. Government instruments of regulations, economic means and information are here understood as legislation, the municipal funding system and policies. These instruments both enable and restrict municipal leeway in deciding on their care services provision, i.e. they frame the scope of municipal autonomy. The correspondence between input, i.e. national policy goals, and output, i.e. municipal services provision, is investigated in this thesis in relation to three national policy goals: long-term care as a public responsibility, equitability of care services and enabling as many people as possible to live in their own homes for as long as possible.

Figure 1. Analytical model



The three policy goals coincide with the first three of five priorities stated in the government summary of the current plan for care services, called Care 2020 (Regjeringen, 2014). The priorities in the plan are: a) to evaluate whether to legislate a right to residential care; b) to expand national economic responsibility for care services to secure equitability and to improve equal treatment across municipal borders; c) to increase the volume and quality of care services, and to enable more persons to live at home for longer; d) to increase personnel

competence; and e) to make a plan for dementia care. The right to residential care has since been legislated, underlining public responsibility for services provision. It also validates the first policy goal stated above, that long-term care is a public responsibility (Municipal Health- and Care Services Act, 2011 §§ 3-1, 3-2a; Prop. 64 L, 2009-2010, p. 13). The second policy goal, that care services should be equitable, is stated in both the Municipal Health- and Care Services Act (2011 §1-1) and in the government's focus on equitable services and equal treatment across municipal borders. The third policy goal, that as many people as possible shall live in their own homes for as long as possible, is stated in Care 2020, the Municipal Health- and Care Services Act (2011 §1-1) and other related national policy documents (Norwegian Ministries, 2014).

This thesis is located at the intersection between political science and care studies. The connection between national and local levels is a common research topic in political science. However, when investigating the welfare state, political science tends to focus on national benefits and insurance systems. There are not many political scientists within care studies, and particularly not within the area of elder care services provision. Care researchers often investigate municipal services provision. These researchers rarely relate local services to national policies or to the welfare state literature commonly used by political scientists. In this regard, this thesis contributes to the literature by uniting two research traditions.

Research gaps

So far, few studies have examined how the legal and economic framework set by national government and the autonomy and needs of local governments are manifested in actual services provision in Norway. Even though the welfare state and municipal services provision have been the subject of much investigation, most studies have either compared welfare states in the welfare regime tradition, or focussed on describing state policies and forms of governance (e.g. Vabo, 2012) or on explaining municipal service models (e.g. Brevik & Nygård, 2013; Godager, Hagen, & Iversen, 2011). Hence, existing studies have been largely limited to one level only: national or local.

We know that municipal elder care services provision varies in extent and composition, but the reasons for these differences have not been fully explored. Relatively little is known about whether municipal differences are simply a result of different uses of local autonomy and different approaches to local needs, or whether the economic and legal framework set down by national government restricts or permits local autonomy in a way that affects municipal services provision. Studies that research parts of the relationship between

national and local levels and services provision do exist. In a recent study, Gautun and Grødem (2015) explore the relationship between legislation, national reforms and municipal services provision to elderly and adult service users. In their study, Monkerud and Sørensen (2011) investigate the relationship between municipal income, municipal size and related variables, and how these variables affect satisfaction with municipal services. Hjelmbrekke, Løyland, Møller and Vardheim (2011) ask how state guidelines and economic incentives affect the municipal prioritizing of home care and residential care services. Hagen, Amayu, Godager, Iversen, and Øien (2011) investigate the costs of providing home care vs institutional care. These studies all go some way towards filling the research gaps in this area.

An implicit assumption in several studies is that government policy instruments equally affect all 426 municipalities (number from 01.01.2007). All municipalities have to relate to national policies, legislation and the municipal funding system. However, although policies and legislation are national guidelines limiting and inducing certain municipal choices, the municipal funding system is the basis for the ability of municipalities to use the scope provided by their autonomy. The national government makes decisions about the municipal economy by making economic transfers to municipalities, by deciding on the municipal tax level and by imposing caps on property taxes and user fees. The municipal funding system has two main aims: a) to level out local economic conditions to give municipalities equal possibilities to provide equivalent services to all inhabitants, and b) to facilitate the political objective of maintaining settlement in rural and remote areas. To achieve this second goal, the government provides additional funding to certain municipalities to facilitate more generous services provision and to encourage a large public sector in these areas (KMD, 2015, see also article two). There are also other goals and considerations embedded in the funding system such as incentives for growth, compensation for municipal mergers etc. All in all, the transfer system provides municipalities with varying economic means, which suggest that they have different possibilities of using the scope provided by municipal autonomy.

Long-term care as a public responsibility

According to several descriptions of the Nordic welfare model, the Nordic welfare states are de-familialised, with high female employment rates. The provision of extensive care services liberates the family from care obligations, enabling employment. The social investment state strives to achieve high participation rates in paid work, and this has contributed to making care a major issue in public social policies (Kröger, 2001, p. 5). Municipal services provision

has come under scrutiny in studies of welfare services provision and in national plans for the elder care sector. Existing studies conclude that municipal elder care services have already retrenched or offloaded certain responsibilities, leading to a narrower services provision focusing on personal care rather than practical help (Vabø & Szebehely, 2012). If municipal services provision has declined, there is reason to investigate whether policies at the national level have also decreased public responsibility for elder care. Moreover, if this is the case, it is necessary to discuss whether it has affected the degree and type of de-familialisation in the Nordic countries.

We know that in the Scandinavian countries, the responsibility for services provision lies with the municipality. However, there is a need for a more thorough understanding of what this responsibility entails. The way national legislation formulates individual entitlements to care services and the municipal obligation to provide specific services influence the leeway available to municipalities to set priorities in services provision. Individual entitlements to specific services limit municipal discretion, while granting a general right to have one's needs met by municipal services may entail a larger scope for municipal differences. There is a need to untangle the relationship between national legislation and actual municipal service provision and to investigate which legal rights to receive elder care services exist in the Scandinavian welfare states and whether the municipal services provision reflects these rights.

Public responsibility for care services provision can be maintained by public funding of family care, irrespective of actual in-kind services provision. Several countries have implemented such cash-for-care schemes in the last decade (Timonen, Convery, & Cahill, 2006). Although national policies underline public responsibility for care services provision, the right to receive public care is only enforceable when the services are good and affordable, and extensive enough to cover care needs. Remuneration of family care can be regarded as a measure against risks, and as part of the welfare state's safety net. However, encouraging family care runs counter to attaining full employment.

Research findings suggest that extensive public care services 'crowd in' the family, leading to a situation where the family and the public reinforce one another, often sharing duties as partners (Daatland & Lowenstein, 2005; Saraceno & Keck, 2008, p. 66). These findings demonstrate that family care is also important in the Nordic countries. In the welfare state literature, there is no agreement on the extent of work-family facilitation policies in the Nordic welfare states (Leitner, 2003, p. 363; Saraceno, 2010, p. 38). It is possible that the absence of a legal obligation to care for one's parents combined with the mere existence of

cash-for-care schemes is taken by some researchers as evidence that there is a choice in Scandinavia as to whether or not to care for family members. Such a conclusion needs to build on a more in-depth understanding of whether the eligibility rules, the level of income replacement and the range of entitlements do in fact support family care for elderly relatives.

Equitability of care services

Another trait often assigned to the Nordic welfare model is universalism. Universalism may have different meanings. A common description of universal welfare programmes is that they are for everyone, i.e. they are the opposite of services and benefits targeted towards the poor (Kildal & Kuhnle, 2007, p. 13). In this context, universalism mainly refers to the ideal that all inhabitants have access to sufficient benefits and services to be able to improve and secure their situation, and more generally to enjoy a life of dignity, respect and autonomy (Hvinden, 2010, p. 296). According to Anttonen (2002, pp. 76-78), universalism means that the system offers uniform services throughout the country. However, she stresses that even in Scandinavia universalism is not complete. Large territorial differences in services provision and in access to services do not meet the expectations of a universal welfare state.

At the national level, the policy goal is equitable services. Local autonomy and responsiveness to local needs may cause municipal differences in services provision. National policies and legislation aim towards equal opportunities, and the granting of services according to need rather than postcodes. A previous study concludes that the municipal differences in services provision are too large to be caused by different needs in the population only (Hagen et al., 2011, p. 78). There are also indications that the Norwegian government is aiming at a greater degree of equality than currently prevails. The existing trial with state funding of municipal care services has two main aims: more equal treatment across municipality borders and a more correct needs coverage (Helsedirektoratet, 2015). Both aims point towards more equal coverage rates, indicating that services are not equitable as things stand. The existence of these aims also suggests a tension between national ambitions and local autonomy. Consequently, there is a need to explore the degree of local differences in provision of elder care services, and whether these local differences are increasing or decreasing.

There is incomplete information on whether municipal coverage rates of elder care services can best be explained in terms of municipal income from state transfers, a variable mostly determined by national policies, or in terms of local autonomy and needs. Earlier studies mostly focus on either government instruments or municipal decisions. There are

studies of elder care services provision that include municipal income. These studies either treat it as a control variable or as a variable explaining municipal spending (e.g. Huseby & Paulsen, 2009). There is a difference in using spending and coverage rates as dependent variables. Spending relates to whether the municipality chooses institutional care or the supposedly more cost-efficient home care services, and whether they exploit opportunities for economy of scale. Coverage rates, on the other hand, are a measure of how many inhabitants receive municipal elder care services to meet their needs. These services can be provided in several ways and still be equitable. We know that there is a correlation between the degree of municipal income and the extent of municipal spending. The correlation between the degree of municipal income and municipal coverage rates has been less explored, however.

As many as possible shall live in their own homes

The welfare states in the Nordic welfare model provide extensive public care services covering a wide range of risks, including those related to old age. In these countries, old age care has traditionally been provided as institutional care (Houben, 2001, p. 657). The former binary practice whereby elderly persons either lived in their long-term family home or in institutions, has now turned into a broad housing and services continuum where residential care has become 'semi-institutional' (Andrews & Phillips, 2004, p. 3; Van Wezemael & Gilroy, 2007, p. 603). The increased focus on ageing at home rather than in an institution was a response to institutional criticism, but also an acknowledgement of the costs of providing institutional care. Retirement pensions are a public measure against risks in old age, and because of these pensions, elderly persons who are no longer able to work can remain economically independent of their relatives and pay for their own homes (NOU 1992:1; Petersen & Åmark, 2006, p. 145). The policy goal that as many people as possible shall live in their homes for as long as possible, i.e. to age in place, is potentially confusing and ambiguous (see article 3 for a discussion). As there is no clear definition of or agreement on what the policy entails, there are hardly any Norwegian or international studies of how the policy goal is implemented at the local level.

National policies point out that everyone should live in ordinary dwellings in ordinary surroundings (Norwegian Ministries, 2014). Most Norwegians live in detached single-family housing, and several municipalities have small, stagnating housing markets (Nygaard, Lie, & Karlstad, 2010; Søholt & Wessel, 2010, p. 138). Thus, for ageing in place to become a reality, the municipalities have to implement policies that enable the housing market to provide dwellings with universal design. A differentiated housing market would enable the acquisition

of dwellings that promote independent living in old age. We do not know whether the municipalities share the national government's ambition, or whether and how they plan to facilitate ageing in place.

We also do not know whether municipalities are using ageing in place policies to limit public responsibility for housing for elderly persons. It is possible to imagine ageing in place policies being used as a retrenchment strategy by municipalities as it is more economical to provide home care services than nursing homes to persons with less extensive care needs (Hagen et al., 2011). The national policy goals of enabling as many people as possible to live in their own homes for as long as possible and the notion of long-term care as a public responsibility can be conflicting, because the latter poses requirements on the municipality to ensure the availability of residential care facilities. It is possible that the national and local government levels have conflicting ambitions and goals regarding where best to accommodate independent living in old age.

Data and methods

The thesis consists of three studies that taken together shed light on the larger phenomenon of Norwegian elder care services provision. The three studies are all stand-alone articles that differ with regard to analytical framework, research design and methodological approach.

Norway as case

A case study is not a methodological choice, but a choice of research subject (Gerring, 2004, p. 341; Stake, 2005, p. 443). A case study is an intensive investigation of a single unit for the purpose of understanding a larger class of units; thus the case should have relevance beyond the particular case (Gerring, 2004, p. 342). Case studies are instrumental in character as they provide insights and may aid a redrawing of theory (Stake, 2005, p. 445). By first dissecting and analysing several aspects of the case, the elements can be reassembled to make sense. One of the goals of a qualitative case study is to refine theories (Ragin, 1994, p. 51).

This thesis is a case study of Norwegian elder care services provision. A strength of this case study is the ability to explore details that larger comparative studies of several welfare states omits. Rather than studying or comparing national averages, the case study offers the ability to examine the municipal level, i.e. the units that make up the average. This study investigates three levels: the local level, the national level and the ideal-type Nordic welfare model level. The research question concerns the local and national levels, while the purpose of studying these two levels is to contribute to the debate about the ideal-type level.

The empirical study examines data at the national and local levels. By exploring national policy goals and municipal services provision, and by identifying the tensions that exist between different government levels, this case study paints a complex picture of Norwegian elder care services provision. It also facilitates a detailed understanding of the Norwegian welfare state that is more complex than national averages would suggest. More in-depth knowledge of the complexity of the Norwegian welfare state can, in turn, serve as a basis for ascertaining whether the Norwegian welfare state complies with the prevailing image of the Nordic welfare model in the scholarly literature. The findings can contribute to our knowledge of the correspondence between the Nordic welfare model and Norwegian elder care services provision. As a result, this case study may aid a refining of theory.

Data

The empirical basis in this thesis consists of both quantitative and qualitative data from legislation, Statistics Norway and municipal plans. All data used in this thesis is in the public domain and is mostly available on the internet. The data sources are all primary, although secondary sources have been consulted to verify results and to aid the theoretical basis of research questions and hypotheses. The data comprises public, written statements of government and municipalities, and data reported by municipalities to the government body Statistics Norway.

An important question regarding the trustworthiness and validity of data is the distinction between documents as a normative and as a factual data source. On the one hand, documents can express opinions and tell us something about the ideas, aims, standpoints and normative considerations of those who have produced them. On the other hand, documents can provide factual information about circumstances, actors or events (Grønmo, 2016, p. 135).

Two kinds of document are analysed in the thesis: national legislation and municipal plans. Both document types are normative as they describe the intentions of public bodies. The documents themselves do not provide any information on the achievement of objectives. The right to residential care has recently been legislated and there is an ongoing trial with state funding of care services. The attention provided to legislation in this area indicates that the legislation is reflective of national policies. Municipal plans contain both factual information about the municipality, and they state values and concerns that guide future municipal service provision. These plans therefore contain both facts and normative opinions.

This thesis treats municipal plans as statements of the municipality's intent although the political support for the municipal plans has not been investigated. Both national legislation and municipal plans are normative documents and it is the researcher's responsibility to make sure that they are not interpreted as purely factual data sources.

Data on all legislated services and the most common kinds of services can be found in the data bank of Statistics Norway. Statistics Norway administers the municipal reporting system KOSTRA. Every year, the municipalities report on the number of persons living in nursing homes and in assisted housing, as well as the numbers in receipt of home nursing and of home care services. The national statistics also include recipients of services such as safety alarms, meals-on-wheels and cash benefits (nav.no; ssb.no). Statistics Norway also administers the registry of all individual service users (IPLOS). This data is not publicly available and is subject to strict application procedures. KOSTRA contains some of the variables in IPLOS aggregated to the municipal level.

Clarification and operationalisation

The research question addressed in this thesis asks to what extent municipal services provision corresponds with national policy goals for the elder care sector. The question demands some clarification. 'Elder care' and 'elderly persons' can be misleading terms as elder care has less to do with age, and more to do with frailty. By elderly persons this thesis generally mean those persons who have transitioned from the third age as healthy retirees, to the fourth age with the onset of frailty and disabilities due to elevated age. In articles one and two, elderly persons are operationalised as persons aged 80 and above because this is the age group that receives most of the elder care services (Otnes, 2015).

Care can be defined as help fulfilling basic needs and doing everyday activities that the person cannot perform or can only perform with major difficulties (Szebehely, 2005, p. 135). The fulfilment of 'necessary' needs is a right by legislation. Certain needs, like emotional needs, are not likely to be fulfilled by public services alone: there is no substitute to spending time with one's friends and family. This thesis will not venture into any discussion of the term 'need'. It refers to 'need' as a generic notion of the challenges that arise because of disabilities and frailty.

To fulfil the perceived needs of the elderly population, the municipalities provide a range of services. In the literature, social care services are defined as 'assistance that is provided in order to help children or adult people with the activities of their daily lives' (Kröger, 2001, p. 4). Social care services are also defined as 'a specific way of increasing the

autonomy of both care providers and care receivers' (Anttonen & Sipilä, 1996, p. 87). This definition does not restrict public services provision to services directed at persons struggling with everyday activities, but also encompasses services for those who provide care. The understanding of public elder care services employed in this thesis is the totality of services and benefits legislated nationally, and services and benefits provided by the municipality that fulfil the everyday needs of elderly citizens and their carers. This includes both services that the municipality supplies directly and services that the municipality finances but that are provided by private for-profit and non-profit organisations. Most public elder care services are provided in kind such as residential care and home care services. There are also services provided in cash. Due to their size and extent, they are not prominent in Norwegian elder care and, as a result, they are often omitted in general descriptions of public elder care services.

The literature differentiates between formal and informal care. It is possible to differentiate between these two ways of providing care by identifying either who provides the care or how it is organised. When looking at who provides care, formal care is delivered by public, voluntary and commercial organisations, while informal care is provided by family members, relatives, friends and neighbours (Sipilä, Anttonen, & Baldock, 2003, p. 2). When turning to the organisation of care, informal care refers to all unregulated, mostly unpaid activities on behalf of children, elderly relatives or others, while formal provision of care can be identified as provision regulated by law or other contractual agreements (Bettio & Plantenga, 2004, p. 86). When combining the two ways of distinguishing between formal and informal care, no clear boundary exists between the two kinds of care; for example when a family member is employed as a carer, the informal care provider becomes a formal carer. Similarly, there is no clear point when an adult child clocks out of formal caregiving to a parent and starts providing informal care. This is a territory of cooperation, conflict and continuous negotiation (Sipilä et al., 2003, p. 2). To avoid any misunderstanding, the word 'family carer' is used here as an encompassing denotation for a family member, friend or neighbour who provides care, both informally and formally.

The composition and extent of services vary between municipalities. Coverage rates calculated as the percentage of the population who receive a particular service enable comparisons to be made of service provision between municipalities. Using aggregated data has consequences for the operationalisation of municipal care services; it is only possible to include mutually exclusive services in the calculation of coverage rates. This is a common limitation in such studies, and most studies of services provision disregard services such as safety alarms, meals-on-wheels, cash benefits and similar services for pragmatic reasons: it is

not possible to know how many persons receive more than one service. Thus, in article two, the statistical study of municipal elder care provision, only home care services and nursing home provision are included.

'Correspondence' is used in this thesis to mean 'similarity, connection or equivalence' (Oxford Dictionary of English). The aim is to assess whether it is possible to recognise national policy goals in municipal services provision. This is a qualitative measure and does not provide decisive answers. To evaluate the extent to which municipal services provision corresponds with national policy goals for the elder care sector, it is necessary to substantiate the standard against which the services provision is measured. If municipal services provision corresponds with the policy goal of long-term care as a public responsibility, there should not be any indication that municipal services provision is declining or is offloading responsibilities, or that there is a need for extensive family care.

Norwegian care services should be equitable. Equitability does not mean equal treatment of persons with different needs, but that there should be equality of opportunity and equality of outcome (Phillips, 2004). The availability of services and the access criteria should be equal, and the services should strive to provide the same quality of life for all. To investigate whether services are equitable, it is necessary to have information on the 'need', and whether everyone with the same level of need receives care services and enjoys a comparable quality of life. It is not possible with the statistics provided by Statistics Norway to control for a variable measuring 'need', both because there is no objective national measurement of need available and because the needs of persons who have not applied for care services are not assessed. In order to evaluate whether the municipal services provision is equitable, this thesis operationalises equitable services as the coverage levels of municipal care services. Coverage rates indicate whether there is equality of opportunity as there is reason to believe that the access criteria are less strict in municipalities with high coverage levels than in those with low coverage levels. The need for services differs somewhat between municipalities. As a result, both equal coverage levels and large differences would indicate that services are not equitable. In 1996, a government action plan for elder care set a 25 per cent coverage level of residential care services as a national goal. This later became fixed in municipal plans as a target for municipal elder care services, although subsequent government documents have cautioned against setting such norms for coverage levels and called the target of a 25 per cent coverage rate a 'myth' (NOU 2011:11). However, based on the target of 25 per cent, there are reasons to think that a difference of about 10 per cent in coverage levels

between the municipalities with the most and those with the least services, indicates a considerable degree of equity.

To evaluate whether there is a correspondence between national and local policies on enabling as many people as possible to live in their own homes for as long as possible, the yardstick is whether the two policy levels express the same perception of what the policy entails. Moreover, whether they both perceive of the public as a coordinator or a direct provider of housing in old age.

The articles

This section presents the three articles in this thesis. They are thematically connected as they focus on the same policy field, municipal elder care services. Each article explores one national policy goal. Together they illuminate one important dimension of our welfare state.

Eldercare policies in Scandinavia between 1993 and 2014: increased facilitation of family caregiving?

The first article concerns work-family facilitating policies in the Scandinavian countries. Work-family facilitating policies are policies that facilitate combining employment in the formal economy with caring for family members without large prohibitive costs for the caregiver. The aim of the article is to contribute to a broadened understanding of whether legal rights provided through national legislation on services provision in Scandinavia have become, over time, more accommodating to the role of family care giving to elderly relatives.

This article relates to the research question by first investigating whether national level legislation strengthened or lessened public responsibility for care services provision between 1993 and 2014. Secondly, it compares changes in legislation to developments in actual municipal services provision. Furthermore, the article investigates the connexion between public responsibility for care services provision and legislation on work-family facilitation. This study outlines a conceptual model with which legislation may be categorised as either providing a legal right to the individual, or by posing requirements on municipal services provision. The study compares Norwegian, Swedish and Danish legislation in addition to data from NOSOSCO on coverage rates of elder care services.

The article uses legislation as the primary data source, with legal texts sourced in Norwegian, Swedish and Danish databases on legislation. The article elaborates on the data search. Sometimes legal changes can appear to be a simple question of semantics. In this study, an interpretation of legislation and differences between countries is more important

than the reasons behind the semantic changes of legislation. Thus, government documents prior to the change have not been studied in detail. Legislation was compared to statistics on services provision from Nososco (1995-2015). There are advantages to using the statistics from Nososco; country experts in the national statistical agencies in the Nordic countries have collected and assembled the data, aiming towards comparability both between countries and over time.

The three Nordic countries come across as having a high level of public services provision, relieving the family of care responsibilities. The statistics covering 1994 to 2014 show a decline in the coverage rates of elder care services in the population aged 80 and over in both Norway and Demark. Sweden's lower coverage rate has remained stable since a decline in the 1980's.

The main finding of the article is that the Scandinavian countries strengthened the individual legal right to public care services between 1993 and 2014. However, individual rights to care services depend on municipal provision, i.e. they are supply-conditioned rights. In Norway, legislation grants only a right to 'necessary' care services and the availability of services and the assessment of need are prone to municipal discretion. The other finding is that there are few, if any, truly work-family facilitating policies in the Scandinavian countries. Employees have gained a stronger right to short-time absence due to care responsibilities in all three countries. However, existing schemes do not facilitate a combination of employment and long-term care; rather they force the family caregiver to choose between them. In addition, caregivers have to factor in potentially punitive costs when choosing between employment and caregiving. The findings do not support the literature suggesting that the Nordic countries have policies enabling a choice to be made between employment and care.

The lack of national policies on work-life facilitation supports the policy goal that sees the responsibility for providing care services as a public one with the family unburdened from extensive care obligations for elderly relatives. Although national legislation in Scandinavia strengthened the right to care services between 1993 and 2014, the availability of services is dependent on municipal provision. National legislation leaves room for municipal discretion in services provision. Comparative international statistics show that services coverage rates are declining in Scandinavia. Hence, the study suggests the existence of an increasing discrepancy between national legislation and municipal services provision. However, the study cannot determine whether the discrepancy would have been even greater had the individual right to care services not been strengthened. Nor can it determine whether the

decline in coverage rates is due to a retrenchment of municipal services provision or to reduced needs among the population due to increased life expectancy.

Postcode lottery or systematic differences in Norwegian elder care provision?

This article concerns municipal variation in elder care services provision. The article addresses the research question of the thesis by first exploring the extent of, and changes in, municipal variation in services provision in Norway. Large variation indicates unequal access criteria, and would seem to suggest unequal outcomes. Secondly, the article explores the correlation between existing municipal elder care services provision (dependent variable), municipal income from the state funding system and variables measuring local autonomy and needs. State transfers constitute the major component of the municipal budget. Hence, an awareness of the relationship between the municipal funding system and municipal services provision will inform our understanding of how state instruments shape municipal decision-making on services provision. The article elaborates on the municipal funding system.

The article is based on registry data from KOSTRA, contained in the data bank of Statistics Norway. One municipality was excluded because of a reporting error. A comparison of municipal elder care services coverage rates in the years 2013, 2014 and 2015 revealed an inconsistency that is likely to be due to a reporting error in 2014. As Norway consists of several small municipalities, some data is omitted due to privacy considerations. The research method employed in the article was an ordinary linear regression with the combined coverage rate of nursing homes and home care services in each municipality as the dependent variable. It is possible to argue that nursing homes and home care services are two services with different rationalities, hence they should be separated and subject to two separate analyses. On the other hand, home care services provide care in assisted housing facilities, which can be a functional equivalent of nursing homes. The combined services provision was used in the study because the services can be both equitable and functional equivalents. The sample was all Norwegian municipalities (428 in 2014). The data and analysis do not provide opportunities for causal explanations.

The findings are, first, that there are relatively large differences in municipal provision of elder care services, and that services coverage levels were lower in 2014 than in 2002. The dispersion of elder care services across municipalities has become more equal overall, although differences in the municipalities' nursing home coverage grew between 2002 and 2014. For elder care services, the difference between the 10^{th} and 90^{th} percentiles was 18.6 per cent in 2014. Secondly, municipal disposable income is the study's most important variable in

explaining municipal variation in services provision. There is a rather strong covariation between the disposable income per capita available to a municipality and its elder care services coverage level. Former services coverage levels also have an impact on present levels, indicating path dependency in services provision. The variables measuring population size and demographic composition had little impact, nor did the party composition of the local government.

The study implies that the differences between services provision in the municipalities are too large to be considered equitable and that there is inequality of opportunity. Furthermore, there are reasons to believe that municipal variation in elder care services provision is not simply a result of municipal autonomy and local needs. The insignificance of both political majorities and municipal structural conditions suggest that the main differences between services provision across municipalities have to do with the economic constraints within which local politicians make decisions. National economic policies provide municipalities with very different income levels. However, the same policies smooth out differences that would otherwise be more pronounced. From a democratic point of view, it can be problematic that the state indirectly encourages local variation in services provision. The composition and extent of local services should be a topic in local rather than national elections.

Ageing in which place? Connecting ageing in place with individual responsibility, housing markets and the welfare state

It is not a new idea that as many people as possible should live at home for as long as possible, i.e. that they should age in place. At the core of the ageing in place concept is the difference between ageing *at* home and ageing *in* a home. However, there is no clear distinction between the two, nor does a clear definition of what constitutes a 'home' exist. For ageing in place to be something other than a result of indifference and a lack services for elderly citizens, ageing in place policies need to be accompanied by coordinated policies in the fields of housing, care and social services

The aim of the article is to contribute to a broadened understanding of the meaning of ageing in place in general, and in particular of how the Norwegian municipalities relate to the national policy of ageing in place. To arrive at a conceptualization of ageing in place, the article explores the two continuums at home or in a home, and public or private responsibility for housing in old age. In a second step, it investigates how different understandings of ageing in place are emphasised at national and local government levels in Norway. The article

informs the research question by illustrating how a national policy goal is operationalized at the local level. The study is based on a mapping and comparison of definitions and descriptions of ageing in place in the scholarly literature. The empirical part is based on searches in municipal plans investigating how and to what degree municipalities plan to implement 'ageing in place' policies. The article elaborates on the methodology.

The findings from the literature review are, firstly, that promoting an ageing in place policy is not simply a case of allocating responsibility for housing to the individual. There has to be a housing policy in place that promotes a differentiated housing market, enabling individuals to take responsibility for their own housing. A differentiated housing market can limit the demand for expensive institutional care, and avoid elderly persons simply 'staying put' in the long-term family home. Although some strands of the literature suggest that moving should be avoided altogether, moving to age-friendly housing that promotes independent living is not contrary to the ageing in place concept. The second finding is that to age in place is to age *at* home, not *in* a home. However, it is uncertain where the boundary between at home and in a home other than an institution lies, and whether it is compatible with the ageing in place concept to age in assisted housing facilities.

The example from Norway shows that ageing in place is an expressed policy goal at national level. Policy documents state both that housing is an individual responsibility, and that as many people as possible should live in ordinary housing in ordinary surroundings. The results of the article indicate that these policies are not followed through in municipal plans. Municipal care plans concern the availability of care services, including the availability of assisted housing facilities. Only a minority of care plans emphasise individual responsibility for housing in old age, and only a minority of these plans contains an overview of the housing market. Less than half the plans explicitly treat the topic of attracting private developers to make dwellings available in the municipality or the importance of adapting existing housing stock. This indicates that the municipalities do not strongly connect their role as care services providers to their role in correcting the housing market.

The findings suggest that there is a discrepancy between the national policy goal and municipal policies. Rather than emphasising that ageing in place should take place in the ordinary housing market, the municipalities define publicly assisted housing facilities as the person's own home. Hence, the majority of municipalities define existing policies as ageing in place policies because, by definition and legislation, assisted housing facilities are not institutions. Municipalities could have used ageing in place policies as a retrenchment strategy by imposing the responsibility for acquiring a dwelling for old age on the inhabitants,

thereby limiting the municipal housing stock. To a large extent they have not done this. One possible reason for the different policies is that national and local levels have different target groups in mind when designing ageing in place policies.

Discussion and conclusions

The research question of this thesis is to what extent municipal services provision corresponds with national policy goals for the elder care sector. Three policy goals have been investigated: long-term care as a public responsibility, equitable services, and enabling as many people as possible to live in their own homes. These three policy goals are related to three main characteristics attributed to the Nordic welfare model in the scholarly literature; de-familialism, universalism and a commitment to a heavy social services burden. To achieve its policy goals, the national government has put in place a framework of policies, legislation and municipal funding, within which the municipalities can use their autonomy to fulfil local needs.

Is long-term care a public responsibility?

The investigation of legislation shows that the right to care services was strengthened between 1993 and 2014. Current national policy documents also highlight the need to further invest in elder care services. At the same time, according to national statistics, the coverage rates of municipal care services are declining. If one can assume that declining coverage rates imply decreased availability of elder care services, there is a growing discrepancy between national government ambitions and local government provision in this area.

It is not certain that declining coverage rates imply decreased availability of elder care services. The decline in coverage levels can be due to an adaptation to fewer elder care needs in the population as a result of increased longevity and better health among the elderly population. However, there is reason to believe that the decline in Norwegian elder care services between 1993 and 2014 evident in the statistics masks larger decreases, in particular with regard to institutional care. This is the case because the coordination reform and a shift toward increased use of short-term stays in institutions, limit the availability of institutional care. This supports the assumption that the decline is real. Another indicator that there is a real decline in at least some municipalities, is that municipalities have different trajectories. While most municipalities decreased their elder care services coverage levels between 2002 and 2014, albeit to varying extents, several municipalities increased their elder care services

provision. If the average national decrease was simply due to a uniform demographic shift towards longevity, we should have expected a more similar trajectory across municipalities.

An increased need for family care would be an indication of decreasing availability of care services. There are studies suggesting that many adult children are struggling to balance full-time jobs and care obligations. We do not know whether this is because of declining services provision, or because of increased female employment rates. We do know that it is an indication that the care services provision does not fully relieve the family of care obligations, and it suggests that the municipal services provision is not extensive enough to make long-term care fully a public responsibility in all municipalities.

Further investigation is necessary to make decisive statements about developments in the availability of elder care services in Norway. What is clear is that national averages neglect the increase in elder care services coverage rates in some municipalities, and consequently understate the varying degree of decline in others. Because of large differences in municipal elder care services provision, the extent to which long-term care is a public responsibility differs between municipalities.

Are the care services equitable?

A second national goal is equitable services provision. It is important to remember that differences in services provision are not necessarily negative or problematic. For example: nursing homes and assisted housing facilities can be interchangeable services, hence some municipalities can have more nursing homes, while others can have more assisted housing facilities with home care services. Municipalities can meet the needs of the local population although the services they provide are not equal, i.e. the same. The analysis shows, however, that some municipalities have more of both types of services relative to the size of their elderly population. This suggests that elder services provision is not equitable between municipalities.

Why do some municipalities provide more elder services than others? When investigating possible causes for municipal differences in the extent of elder care services provision, the variable with most explanatory power in the analysis was municipal income. The available income of a municipality is mainly decided by national government policies. This suggests that the underlying reason for municipal differences can be traced back to the framework provided by national government, within which municipalities use their autonomy. The main explanation is not unequal use of autonomy or unequal perception of municipal needs by local governments.

Without doubt, the municipal funding system evens out local economic differences, but it also allows for quite large disparities in income. In 2014, the municipal disposable income per capita, as a percentage of the national average per capita, varied between 95 and 161 per cent[2]. This figure is controlled for estimated differences in service-provision costs, which means that it is a measure of the differences in municipal wealth. This finding suggests that although the national government aims towards equitable services provision that gives citizens equal access to care services, the national government does not provide municipalities with equal economic opportunities to do so. Consequently, this indicates that other policy goals trump the goal of equitable elder care services.

Providing municipalities with different economic means makes it less likely that services provision will be equitable. It is paradoxical that the government is aiming to increase municipal equitability in service provision by introducing national guidelines, while at the same time maintaining a funding system that allows substantial variation in the income available to municipalities to provide services. Further investigation of how conflicting national policy goals influence the degree of income equalisation between municipalities, and hence the degree of equity in elder care services provision, is an interesting topic for future research.

Although municipalities with higher incomes deliver more elder care services, the study shows that this does not provide the full answer as to why some municipalities have more generous elder care services provision. Some municipalities appear to have higher services provision than their income would suggest, while others have lower services provision than theirs would suggest. To fully understand the differences in elder care services provision, it is probably necessary to go beyond the data provided by national statistics, and investigate if the organisation and location of services such as nursing homes, assisted housing facilities and care centrals affect the effectiveness of services provision. It is also possible that the availability of age-friendly housing in the municipality influences the need for additional, publicly funded care services. An investigation of this area would contribute to knowledge of 'best practices' and is a topic for future research.

[2] The percentages exclude income tax and revenue from concession and reversion. The mean is 104 per cent, the first quartile is 98 per cent and the third quartile 106 per cent. By including income tax and revenue from concession and reversion, the differences increase to between 92 and 278 per cent of the national average per capita (Source: KMD, 2014-2015).

Can everyone live at home for as long as possible?

Retirement pensions and means-tested housing allowances enable elderly persons to pay for their housing. Home care services further enable frail persons to stay in their homes. In practice, when the gap between needs and the extent of the home care services provided becomes too large it is no longer possible to live in a specific home. The supply of home care services is not unlimited; such services are rationed. Therefore, the goal of home-based care services is to allow elderly frail persons to live at home for longer, but not 'as long as technically possible'.

It is highly likely that the municipality would have to provide more home care services to elderly persons who stay put in the long-term family home than to persons who live in a home with universal design. It would therefore be preferable to the municipality if people moved to more suitable dwellings as they get older. These dwellings might be privately acquired in the ordinary housing market, or they could be provided by the municipality in assisted housing facilities. To encourage individual responsibility for housing in old age, universally designed dwellings must be available in the municipal housing market. The study of municipal plans, however, suggest that planned policies for meeting the future care needs of the frail elderly population is to prioritise publicly assisted housing facilities rather than stimulating the ordinary housing market to provide universally designed dwellings.

By prioritising assisted housing, municipal planning for housing for elderly persons differs from general national policies stating that everyone should live in ordinary dwellings in ordinary surroundings. On the other hand, it is possible that national government policies are not consistent. It is likely that the national policy goal for the general population, including retirees, no longer applies to frail elderly persons. In national policy documents directed towards the elderly segment of the population, such as the new strategy on age-friendly societies, the policy goal of enabling everyone to live at home is not mentioned, nor is the individual responsibility for housing (Norwegian Ministries, 2016). It is possible that the view of the oldest old as deserving recipients of care overshadows the goal of inducing them to be responsible for their own housing. In that case, national and municipal policies on where to age correspond.

The Norwegian welfare state and the Nordic welfare model

This thesis has empirically investigated the implementation of three national policy goals with regard to the care of frail elderly persons. The investigation provides a basis for assessing the extent to which the Norwegian welfare state and the ideal-type Nordic welfare model

correspond. As previously discussed, three characteristics of the Nordic welfare model are that services provision is de-familialising, that the services are universal, and that there is a public commitment to a heavy social services burden. The question is how well such ideal-type characteristics correspond to the provision of elder care services in the Norwegian welfare state.

It is doubtful whether the Norwegian welfare state is fully de-familialised. There are extensive care services, and the Norwegian welfare state is more de-familialised than other welfare states, but care provision is not totally removed from the family. Furthermore, because Norwegian de-familialisation relies heavily on public elder care services provision, it is vulnerable to retrenchments in the availability of such services. A cut in municipal care services provision implies increased pressure on the family. In a situation where there are few, if any, truly work-family facilitating policies, a retrenchment in public elder care services provision would lead to re-familialisation of elder care. Public funding of family care could limit the degree of re-familialisation as it would enable family members to be economically independent while providing care. There are no indications of such policies being introduced in Norway. Thus, the lack of work-family facilitating policies and the ageing of the population are two potential perils to high female employment rates.

Second, it is also doubtful whether the label universalism really captures Norwegian elder care services provision. It is true that elder care services are for everyone: the assessment of need does not include an economic means test. Neither national policies and legislation, nor municipal policies permit means testing. However, if by universalism we mean that the system offers uniform services provision throughout the country, it is less likely that the services provision is universalistic. The availability of local public care services determines which needs qualify for the granting of services. There might be universalism *within* municipalities, but this is less so *between* municipalities. According to the ideal-type description of the Scandinavian model of public care services, there is a uniform standard of services. This thesis has not investigated the quality of services, and it is possible that the standard is uniform for service recipients. But even when services are of the same quality, services provision is hardly universal if the services are not obtainable to the same degree by everyone with similar needs, regardless of which part of the country they live in.

Third, the ideal-type Nordic welfare model implies a heavy commitment to publicly provided social services. There is certainly a strong public commitment to a heavy social services burden in Norway. Several policy documents emphasise public responsibility for care services. In fact, public responsibility is used as a justification for not granting family carers

more than ten days absence a year from employment to provide care. The commitment at the municipal level is also significant. There are municipal differences, but this study provides no reason to believe that such differences are due to different levels of commitment. The findings suggest rather that municipalities provide services according to their economic abilities. Nor are there any indications that municipalities use ageing in place policies as a retrenchment strategy.

To sum up, the Norwegian welfare state falls somewhat short of the ideal-type characteristics of the Nordic welfare model. Applied to the Norwegian welfare state, some of the ideal-typical traits associated with this model are inaccurate.

Equally important, the ideal-type description of the Nordic welfare model does not capture the importance of local democracy and local autonomy in these countries, and the accompanying tensions between the policy goals of national government and the quest for local democracy. Rather than providing universal services across the country, Norway consists of a multitude of welfare municipalities that have considerable local autonomy in deciding which services to provide. There is a constant tension between national and local governments concerning the extent of services provision and the implementation of national policy goals as well as a constant quest to balance national governance and local autonomy in the field of elder care.

The division of responsibility between government levels requires a carefully thought-out balance between autonomy and control, and a realistic understanding of how government instruments affect the local level and how autonomy limits the opportunity for direct intervention at a national level. Decentralisation and local autonomy processes are important in Southeast Europe, as well as being an ever-present topic for discussion at EU level. The Norwegian and Nordic experiences with balancing national control and local government autonomy may hold some valuable lessons for other countries.

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