

**The future of the welfare state: paths of social policy
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The new care consumer: Ideals, policies and practices

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Introduction

In this chapter, active citizenship is discussed in relation to elder care policies and informal care practices in Finnish welfare society. We will demonstrate that the ideal of social citizenship is giving way to active citizenship. The ideas of participation, responsibility and choice shape political norms and objectives within policy discourse on elder care; and the idea of active citizenship is manifested also in the everyday practices of informal care. Informal carers of older people might however bring also a critical voice into the discourse and formulation of active citizenship. Major tensions between the emerging political discourse on active citizenship and how it is materialised in the everyday care practices have to do with justice and equality while citizens (i.e. informal carers) have very different resources at their disposal, with social networks and their capabilities to bear and share care responsibilities, and finally with changes taking place in Finland between private and public responsibilities.

This article is structured in the following way. The first part of the article deals with public policy of care in Finland serving as a general context for our study and two empirical analyses. In the second part, we describe and evaluate the official policy discourse on elder care. We start our analysis by asking, if the idea(l) of active citizenship is something to be identified from the official policy discourse. We focus on three dimensions of active citizenship; those of participation, responsibility and choice; and ask: how these dimensions shape social care policy discourse and practice in Finland? In the third part, we focus on the interviews of informal carers to find out how active citizenship discourse is materialising in everyday care situations. We pay attention to carers' views on public participation, care responsibilities and choices they make in the emerging market of social care. Finally, in the conclusions we draw together the three parts and discuss how the whole idea of being active has changed in line with active citizenship discourse and what kinds of tensions this major shift in elder care politics brings into being.

Public policy of elder care in Finland

The developments of social care policies for the elderly as well for the children have followed slightly different routes of modernisation in different countries (Anttonen, Baldock & Sipilä 2003). In some countries it is the public sector that carries the main responsibility on care service provision, while in some others the role of welfare organisations, the church or private service providers is more prominent. And there are also countries where the overall responsibility of care production lies even today in the hands of individuals and families. Yet, nearly everywhere an increasing proportion of social care functions are removed from the private domestic sphere of household towards a greater overlap with the formal economy of the market, the voluntary and charitable sector and the state and local governments (*ibid.*, 172).

It is important to underline that care is 'going public' in the sense that it has become a major focus of public policy and policy discourse (cf. Hernes 1987, 39). By public policy of care we refer to care-related rights and benefits and the numerous ways of making these rights effective. Rights as such do not necessarily guarantee access to benefits because of targeting and professional assessment. Assessment of care-related public goods often includes (female) family members' willingness to give care without pay. And even if the work of informal carers is recognised in terms of care allowances or other kind of support systems these benefits tend to be of a low monetary value and do not always accompany with basic social protection rights such as pension or right to take-off (Ungerson 2004; Ungerson & Yeandle 2007). In addition, in societies where public policy of care has become an acknowledged part of welfare policies the status of social care policy tend to remain low compared to such policy areas as education and health care.

Finland represents the Nordic welfare model. When describing the model, reference is often made to the high level of social service provision and the principle of universalism behind the provision (Anttonen 2002; Kautto et al. 1999; Kuhnle 2000). Universalism means that benefits are available to all citizens free of charge or they are heavily subsidised by the public authorities. Universalism also means that citizens might have social rights to benefits. It has been argued that the Nordic universalism bases on the grand idea of social citizenship and social rights as its backbone (Esping-Andersen 1990). For citizens citizenship is about enjoying social rights that are based on the values such as freedom, equality, equity and legality.

To understand the distinctive nature of the Nordic welfare model it is also important to note that municipalities are much more than administrative regions (Kröger 1996). They are characterised as having municipal self-government based on residents' political participation. Although the state sets the frames through its legislative power, in Finland the operative responsibility for service provision rests with fairly independent and, to a large degree, financially self-sufficient local authorities (Kröger 1997). Municipalities are subsidised by central government grants, but the government does not control local activities in detail.

Today municipalities carry the main responsibility in financing and providing of social services. This trajectory is due to the fact that Finnish society encountered hard economic recession in the early 1990s. By unbalanced budget central government cut state subsidies to local governments. Afterwards legislative reforms have given even greater freedom for municipalities to organise their service provision than they had before. Limited financial recourses have restricted the freedom municipalities actually

have. Besides neo-liberal ideology these events have contributed new ways of governance in Finnish municipalities (Häikiö 2009; Haveri 2006). The idea of public sector and local authority has changed from a producer to a promoter that defines the local framework for activity. Municipalities create structures based on the separation of purchasers and providers and enable market or voluntary services to replace public services. New terminology of service provision includes especially words like choice, customer orientation, and contracts.

Being less protected by social rights services for the elderly has been one of the main fields of reorganisations of social policies. In the 1960s and 1970s, rehabilitation and prevention were set as important goals for elder care. Local service centres and municipal home help were institutionalised at that time. Municipal home help has been argued to be the first universal social service (Rauhala 1996). Older people became defined in the 1970s and 1980s as potential users of social care services, even if they had only minor care needs. But, times and policies have changed. During the latest reform wave there has been a strong tendency to reduce the costs of institutional care and privilege care at home when we talk about elder care policies. However, the home help service has become much more tightly targeted to only those whose care needs are extensive (Anttonen 2009). Moreover, the service fees have gone up, and there are more those who use private services. Even today local government occupies a key role in funding and planning the production of care services, but voluntary organisations and family carers are also involved on the production side. Commercial services were up until early 1990s virtually non-existent but their role and significance has since then been steadily increasing. The state is now actively promoting the purchasing of private services with the help of reforms made in taxation.

Recent developments in Finland are in line with those taking place in the other Nordic countries. Nordic scholars have paid attention to the following trends within elder care policies: informalisation of care (Rostgaard 2004; Szebehely 2005), privatisation of the management and provision of public care services (Szebehely 2004; Vabø 2006), and marketization, companisation and entreprenadisation of service provision (Trydegård 2000). The so-called 'old' politics of social care that was founded on strong centralised institutions, universal treatment of 'clients' or 'patients' and professional needs-interpretation has become replaced at least partly by the 'new' politics of social care. In the 'new' politics of the elder care the figure of client/patient has become replaced by the figure of 'consumer' making 'free choices' on the emerging social care market (Clarke 2006, 425; Kremer 2006).

We concentrate here on elder care arrangements at home and policies supporting these arrangements. Based on previous studies on informal care in Finland (Anttonen, Zechner & Valokivi 2009) we assume that care provided by family members informally without pay or supported by payments for care schemes represents a strong political norm within care policies and leads into a new construction of care citizen. Clare Ungerson (2004) writes that care at home is in the centre of the new politics of elder care. "Increasingly, the forms of unpaid work known as 'informal care' are having cash attached to them through state subsidy (ibid., 189). Hybrid forms of 'work' and 'care' as well as 'formal' and 'informal' care are developing, changing both the meaning of informal care and home as the site of living". These new hybrid support systems

represent diversity rather than uniformity and equal treatment that were typical to the old governance of public service provision.

Active citizenship in official policy discourse

The transition to market-related social policies has taken place in a number of countries. In some countries the shift started already in the 1990s, as for instance in the UK (Clarke & Newman 1997; Clarke 2004). In this respect Finland is more or less a late-comer. Against this background the City of Tampere that is among the first municipalities adopting an extensive purchaser provider model in 2007 (Häikiö 2009) is of a special importance for our study. The major shift in the local level social policies opens up an interesting landscape for us to analyse and evaluate official policy discourse on elder care policy around active citizenship. Our data comprises fourteen policy documents published between 2001 and 2008. One half of these documents are national ones, including government platforms, white papers published by the ministry of social and health affairs and other official national documents dealing with the care of elderly and elder care policies. The other half of the papers consists of local policy documents produced by the City of Tampere. These documents include strategy papers and elder care policy documents. Our intention is not to present any detailed analysis of the policy documents but valorise discourses around active citizenship and examine changes in elder care policy from the vantage point of active citizenship.

Active citizenship is a phrase that is not much used as such in the policy documents, though it is more common in national rather than local documents, and its use increases over our period of study (2001-9) The national documents published between 2001 and 2004 do identify a kind of general frame of active citizenship, while documents published after 2004 construct much more clearly the idea of active citizenship through such keywords as participation, responsabilisation and choice.

During the nine-years time period the right-centred discourse shaped by social citizenship gives increasingly way to the responsibility-centred discourse framed by active citizenship. This transition is clearly seen when looking at the documents of early 2000. Some of the policy documents very clearly refer to constitution as the foundation of social citizenship and social security:

Social protection is intended to support equal opportunities for all citizens. Section 19 of the new Constitution of Finland, which came into effect on March 1, 2000, guarantees the right to indispensable subsistence and care for those who cannot themselves obtain the means necessary for a life of dignity. The section develops this theme by guaranteeing the right to basic subsistence in the event of unemployment, illness, disability, old age, at the birth of a child or in the event of the loss of a provider. This is a general right to be provided in detail under separate legislation. The public authorities are also obliged to guarantee adequate social, health care and medical services for all and to promote the health of the population. (Strategies for social protection 2010, 2001.)

This type of reference to the constitution implies that traditions of social citizenship define the relation between individuals and society. The rights-centred discourse underlines that public authorities have the main responsibility to take care of the fact that citizens' basic needs have to be met. Individuals or citizens, on their side, have rights for care and many other things. Therefore the relation between individuals and the state is a relation marked by individual social rights and public responsibilities of the state and municipalities.

Generally speaking, policy documents construct gradually a more active idea of citizenship and there are fewer references to the constitution and citizens' rights after 2004. Instead, documents emphasise the need to increase participation of older people and the need to create new channels for them to be active in the production and planning side of social care services. In addition, the overall issue of responsibility becomes extensively debated but at the same time it turns a problematic issue meaning that responsibilities of different actors comes under continuous discussion and redefinition. There is also increasingly talk about partnership and cooperation between different service providers and choice-based talk. All this indicates that active citizenship is becoming an important political concept and idea in the field of elder care policy. Next, we analyse a bit more closely active citizenship discourse in terms of participation, responsabilisation and choice.

Participation: an abstract idea

Citizen participation and public participation are generally important aims in public policies both locally and nationally in Finland (Bäcklund 2007). The most important legislative reforms within 15 years have established new possibilities for people as individuals and/or groups to express their opinions and have influence on policy making and making of social services (Sutela 2001). Within elder care policy discourse the document of *National quality recommendations for elderly care and services* (2001 and 2008) is an important one: the core idea there is that citizen participation ensures high standard or quality of services in relation to care needs. According to 2008 *National quality recommendation* old people are recognised as individual service users, community members and citizens:

On the level of the individual we are concerned with making the principle visible in services for the elderly, in maintaining social functioning ability and in strengthening both the sense of social belonging in such a way that the individual, including the elderly individual, is a full member of his/her community. More comprehensively social participation signified people's opportunities to exert influence in the further development of their society and living environment. (National quality recommendations for elder care and services 2008.)

Participation is a concept that refers to a number of activities and modes of participation. In a narrow meaning participation refers to an active user position in the service system. Participation is however also defined beyond the elder care policy. Old

people are identified as members of their community in which they live. Participation in local community represents a kind of communitarian idea that includes membership aspect. The broadest definition of participation relates to political participation and such things as having influence in a society. Most definitions appearing in the documents and dealing with participation are quite traditional ones. Yet, some policy documents refer also to new kinds of platforms designed for deliberative participation, such as senior councils (*vanhusneuvostot*) and local forums for residents (*asukasillat*).

These new modes of participation however seem to be quite insignificant ones as local policy documents do not refer to this kind of participation practices. This observation is analogous to participation discourse on a more general level: the means and modes of participation remain quite abstract in practice as they are not defined in any concrete ways either nationally or locally (Bäcklund 2007). In the policy discourse on elder care the most concrete suggestion for advancing participation is the idea to build up information and service centres for elderly nationwide (Government Strategy Document 2007). The aim of these centres is to offer individual support and guidance for older people to manage their life and be socially active, but not so much to nourish their overall political activity.

Responsibilisation: focus on individuals and social networks

It is worth to note that participation and responsabilisation frameworks are closely related to each other. However, responsibility and responsabilisation are more widely used terms than participation in the official policy discourse both at the national and local level. In the active citizenship discourse responsibility directs attention to individuals and their responsibility for themselves and their relatives:

Relatives, significant others and the rest of the immediate environment are important guarantors of the elderly person's welfare. Elderly people are first and foremost themselves responsible together with their close networks for their own well-being. They use largely the same services as other residents. It is the task of the service system to support, direct and motivate people to bear the responsibility for their own health and well-being. (National quality recommendations for elder care and services 2008)

Living independently at home as long as possible (or ageing at home) is the most important policy goal in elder care policy and strongly related to responsabilisation. Independent living at home, self-help and personal resources are key words attached to this policy goal and these words connect responsibility to individuals instead of collectives. Beside individuals, the importance of social networks is made clear. There is a strong reliance on the idea that social networks and communities represent both new resources and create new modes of participation and responsabilisation. Social networks are thought to support individuals and informal carers while bearing a more wide responsibility for care and well-being of different parts

The official policy discourse gives priority to such care arrangements where informal carers would play a more central role than earlier. By the system of home care allowance (HCA) family members are expected to take the main responsibility for the care of older relative and beside that participate actively in the assessment and planning of individual care needs. In practice, this happens by setting up a written document that can be regarded as a contract between the municipality, older person in need of care and informal carer. In this document responsibilities of family members and relatives as well as possible service providers are defined (Valokivi & Zechner 2009). By this way the municipality that carries its legal responsibility for elder care forwards responsibility to informal carers and family members. This kind of shift, however, requires that relatives assume responsibility for care voluntarily:

The legislation departs from the premise that an informal carer is not obliged to make a written contract on being an informal carer. If a person is in need of care and treatment and no informal carer is available, the municipality should make other arrangements. (Support for informal care. Handbook for municipal decision-makers, 2005)

As public authorities municipalities have the final (and legal) responsibility for caring those who have objective care needs. Even though policy documents articulate individual citizen's responsibility fairly powerfully, it is evident that the fundamental responsibility (and power) remains in the hands of municipalities and public authorities at large. This responsibility is however redefined so that the responsibility of public authorities is to enable and create such conditions that made it possible for older people to be responsible of their own welfare – with the help of their family members and social networks.

A significant aspect to point out here is also the relation between the purchaser and provider. The system of HCA positions the municipality to act as the purchaser and the family member as provider of the social care service (i.e. informal care as a social service). Policy documents propose for this kind of division of responsibility also between other service providers and public authorities. The reorganisation of the whole welfare production system, from a local government centred one toward a network and market governance structure, is set as an important goal in the local and national documents. Various service providers have responsibility for care of older people, and municipalities are the enablers of this extensive responsibility to become materialised.

Choice: creating market structures

Choice is the third framework through which active role of citizens is emphasised and redefined. The move from a universalist and solidaristic rhetoric toward an individualist and consumerist one is very clearly argued in the policy discourse. The consumerist orientation becomes in the first instance visible in local policy discourse in which 'communers' or local citizens are framed as clients and customers who have individual needs and expectations (Häikiö 2009). By the end of the studied time period, consumerism and choice have become central notions and political aims also in the national elder care discourse. This trajectory has meant that the notion of customer and/or

client has become extended to a notion of consumer. An important aim is to increase users' choices and opportunities to express their preferences on public services, for example by creating partnership relation with third sector organisations (Kelly 2007). There are aims to empower citizens to make individual choices in the social services market. Therefore promoting partnership and the creation of social care market are the first priorities in reorganising the provision of social services. This is the case in particular with elder care services as the population is ageing rapidly:

Securing the provision of services calls for a sound financial basis and new ways of organising and producing services. The Government promotes partnerships between the public, private and third sector in the provision of services. The adoption of the purchaser provider model will be encouraged. The applicability of social service vouchers and the domestic help credit will be expanded which will contribute to the emergence of working service markets. (The Government Programme. Prime Minister Matti Vanhanen's second Cabinet, 2007)

Both national and local authorities and politicians want to promote the emergence of well functioning social services market. From citizens' perspective all policy initiatives that are formulated to restructure social services include market idea. Either the aim is to create new markets for social services or create market-like-structures in public service provision. All these initiatives do situate individuals in the choice making position. Individual needs, demands and resources frame this type of position.

The *Kotitori* ("homemarket") programme also makes it possible for old people to be both clients and patrons. As clients they use the services arranged by the city administration and as patrons they use services paid for with their own money. (Homemarket planning and decision documents 2.6.2008)

As the previous extract demonstrates, the City of Tampere is starting up in 2009 *Home Square* –project. The *Home Square* –project brings forward the idea of citizen as conscious consumer who needs help and support given by care integrators (or care managers) as suggested in the plan. This kind of conscious consumer is able, and also willing, to consume various public and private social services basing on individual choices. The care integrator of *Home Square*, a private service provider, becomes responsible for setting up a service package to each consumer of services according to their needs and their personal financial resources. This is a major difference to the previous system where municipal authorities were responsible for needs-testing and assessment of public services. Now, older people are actively encouraged to use their money for purchasing services of different kinds. Through this centre older people will have an unlimited access to information covering all service provision within the municipality and far beyond its borders. Old people can get all the services they need or want, municipal or privately purchased, from the same place. Still, it is the municipality that is legally responsible for meeting the social care needs of its older citizens and to perform quality control.

Citizen carers – everyday life perspective on active citizenship

In the following, we turn to actual citizen carers and analyse their conceptions of participation, responsibility and choice to understand how active citizenship as a policy discourse materialises in everyday life. These conceptions are analysed by using the data that consists of 23 in-depth interviews collected in Tampere region 2006. Out of 23 carers fourteen are female and nine male care-givers. The age of carers varies between 41 and 83 years and most of them are spouses.

The interviewed caregivers do not refer to active citizenship as such when they identify themselves as carers or describe care practises and arrangements. The active citizenship discourse is however something to be identified in the ways they argue and comment their position and agency in the context of everyday care practices and in their relation to care policy. The data has been analyzed by asking, what kinds of responsibilities, ways of participation and types of choices caregivers have, when they comment care and identify themselves as informal carers, care citizens and consumers of services.

In order to understand carers' views on active citizenship, it is vital to notice three points. The first one is the fact that public authorities carry the legal responsibility for elder care. Therefore, caregivers regard that they serve society when they take care of their relative at home. By this identification they define themselves both as service users and service providers. As service users they most often take a right-centred position and define themselves as citizens entitled to care-related benefits according to their own or the care-receiver's need and social and legal rights. As service providers they rather take a responsibility-centred position but simultaneously feel justified to require fair compensation for their services to society.

The second point is that for interviewed carers participation, responsibility and choice are issues that are related to managing complex care situations and organising services for themselves and for care receivers. In this respect carers can be divided into two different groups. One part of the carers identifies that they operate in a governance structure in which they have to co-operate and negotiate with a number of service providers and use various opportunities offered to them. The other part does not recognise that the logic of governing has changed. Besides informal social networks, if there are some, these carers turn mainly to public authorities only. They tend to think that they manage care in the welfare state context, in which public authorities act on behalf on them and treat them as clients.

And the third point is that interviewed carers present also a critical voice on active citizenship and official policy discourse as demonstrated in the previous section. The relation between the policy discourse and carers' own interpretations is quite similar to the one found in the UK (Clarke & Newman 2007). In particular, tensions arising between the policy discourse of citizen-consumer and peoples' identifications of health care practises in the UK seem to be similar to Tampere case. In both cases policy discourses do not recognise the everyday life reality where people live and consume services, and citizens do not identify themselves with positions that policy discourses

offer. Next, we analyse in details active citizenship from the informal carers' vantage point by focusing on participation, responsibilities and choice.

Participation: social activity and individual influence

Citizen participation and public participation are not among the most important issues discussed in the interviews. This minor attention relates definitely to the formulation of the interviews but also to actual circumstances in which carers live. On the base of the interviews it may, however, be concluded that carers find for themselves quite limited possibilities for participation. Most interviewed carers who touch upon participation issue construct a similar local power structure as Burau and Kröger (2004) found out in their study of one Finnish city. They argued that local voluntary organisations that have close contacts with local politicians, local politicians and local administration have great influence on local care policy. Informal carers and service users were outsiders in relation to this power structure.

In our study, carers point out that voluntary organisations provide some possibilities for participation. In the following excerpt one female carer describes her participation in one interest organisation. The excerpt is quite long, but it gathers many of the aspects that the other interviewed carers associate with participation in the context of informal care:

Regarding the informal carers around Tampere, (...) there is safeguarding of interests. In August I was (...) in rehabilitation for four days (...) you got it at half price. It included four sessions in the office there (...) pedicure or manicure and lunch and lectures and activities. (...) They were the ones who fixed the Parliament trip. (...) Minister, Liisa Hyssälä was there talking to us. Then came the Tampere MPs, (...) They all said they were doing their best for the informal carers, (laughter). (...) I went there quite (...) since they enticed me. (Female carer, interview 2.)

The participation is important for the informal carers, because they get various information, support and have access to different free time activities. Interest organisations provide subsidised services with low price or free of charge for the members. Family carers need to meet other informal carers to change experiences and share the care burden. Other type of participation is less significant but does exist. Only some of the carers had tried to influence on national or local care policies. The female carer gives one of the few examples in the data about lobbying when a group of informal carers visited national parliament and met MPs representing Tampere region. She identifies herself as an external participant or service user without any greater assumptions about having possibilities to influence beyond her own case.

Participation in these interest organisations makes it however possible to construct a collective identity as an informal carer. Collective identities have many functions, but sharing is the key word for understanding the meaning of this kind of participation for carers:

I went to it (activity for informal carers) because there was this men's group, peer group (...) There's been from five to ten blokes there with the same fate. (Male carer, interview 35.)

All these participation modes that the interviewed carers recognise in relation to interest organizations, maintain their social activity and capability as carers. But, in case they try to have influence of any kind, they only refer to individual participatory positions. By this activity they position themselves as individual citizens with rights in relation to administrative and political authority. Individual positions have strong cultural foundation in the traditions of welfare state and particularly in the political culture of the city of Tampere (Häikiö 2007). On the base of the data, it seems that individual participation is an effective channel for having influence on local authorities within elder care.

Individual participation in this context is about challenging public authorities and their decisions over individual social benefits and services. The next example is a typical case for this kind of activity in the data:

The applications went to the informal carer support office. And back they came like a boomerang that there's no more money. (...) Then I sent great bunches of letters and questions to three city managers. I bombarded them until he (the city manager) took water in. (...) I have learned in six years. At first I waited, but nobody helped. Then was time to start bawling and shouting, then things started to happen. (...) (The city manager) has called the informal carer support office to give them enough money that it would shut them up. (...) That all of a sudden the money was found. (Male carer, interview 35.)

The story here demonstrates how one man takes an active position when he thinks that he has been treated unfairly or has become misrecognised. These types of citizens are able and willing to take contacts beyond local administration either at the national or local political level. But even if these people wish to have influence on policies and get solutions that favour also those with minor resources, they are mostly able to benefit individually and not collectively. The political structure appears to be an individualised structure that does not easily offer collective ground for having influence on local care policy. It should be noted that there are remarkable differences between caregivers' capacity to take this kind of active standing (Valokivi 2004). Some caregivers have a lot of recourses for advocacy and demanding. Some of them are in a very vulnerable position and just surviving in everyday life situations.

Responsibility: individual-public responsibility

In the official policy discourse individual responsibility is highly valued and family members are motivated to assume as large part of care functions as possible, but on the voluntary basis. Informal carers themselves comment responsibilities within the framework of moral reasoning but sometimes they also refer to economic circumstances.

On the base of the data, individual responsibility for taking care of old family members is a strong norm among carers. Yet, many interviewees refer to the absence of any real alternatives what it comes to the ways care could be organised and responsibilities defined. Most typically family members define the individual responsibility they have assumed as informal care-giver to be a kind of natural choice. One respondent explains that even if she has siblings, she as daughter of her mother has been given and she also has taken the main care responsibility:

But I thought that I just can't turn my back on an old person. I am now, I would say, I bear the main responsibility. (Female carer, interview 10.)

Carers identify themselves as family or informal carers by using moral arguments such as 'one has to take into consideration other people's needs and well-being' or by simply noting that 'home is the best place for old person to live and die'. It is interesting that most of these carers do not pose same moral responsibility toward other relatives or close ones.

In fact, there is not many other parts who are sharing informal care responsibility with the primary carer. On the contrary, in our interview data it seems that the role of wider social networks taking any care responsibility at all is very limited. Most carers have some networks such as family, friend or peer networks. Even if family networks in some situations might increase what we can call 'care capital' among care-givers and care-receivers (Anttonen & Sipilä 2007), the interview data verifies that care-related responsibilities and tasks are not shared widely within family networks:

We have three children. (...) I use the boys when it suits them, so then they come to help. I try not to use them too much. (...) They have lives of their own, their own work and families, so I don't like to ask too much. (...) I've still tried to cope with everything alone. From time to time of course there's something to be done where I must ask for (help), but I try not to be a burden. (Female carer, interview 26.)

Moral and highly individual responsibility to care has not become extended to social networks, not even to family networks. Even if family network are regarded very important, caregivers mention these networks mainly as resources of mental support. Additionally, other identified networks do not give support for the care or help with actual caring in day-to-day situations. Carers do not refer to any practical situation in which established social networks basing on friendship would take responsibility over care. The only exceptions are some so called trustworthy persons, who become part of the responsibility-centred discourse in the everyday life care practices.

Despite the strong moral emphasis on home care, caregivers express that municipality has the primary responsibility for well-being of those who need care. This discourse is based on the argument that home care is much cheaper than institutional care, which would be the only option for municipalities to arrange the care of the person

they are caring for at home with a low price. Therefore carers think that they have the right to demand and ask support.

Carers interpret that the boundary between public and private responsibility is an economical question. In the following a husband carer articulates the case in a way that the responsibility public authorities' does not materialise:

You get this feeling that those people responsible, even the political decision-makers, they think that the informal carers will take care of their relatives in any case because they love them. Whether they get any support or not. (Male carer, interview 1.)

From this vantage point municipalities do not fulfil their obligations as public authorities, but 'misuse' informal carers in the name of love. Informal carers are conscious of the fact that public authorities and professionals want to lean on the volunteering of informal carers to save public money and that way authorities withdraw from public responsibility they have. As illustrated in the context of participation, from carers' perspective this constitutes that kind of political structure in which the boundaries between public and individual responsibility are negotiated case by case, individually. It seems to so that those who have resources to use their voice and act as active citizens are able to share care responsibilities with public authorities. In some cases family members provide additional resources and play a very central role when informal carer needs to negotiate with public authorities about boundaries of responsibilities (Valokivi & Zechner 2009).

Choice: within public framework

On the base of the interviews, carers' consumer power is limited because care governance structures and practices appear to be unclear and fragmented for them. It is difficult for them to apart private companies, civil society associations or public services from each others and regard how these different agents are related to each other. From carers' perspective public authorities, however, form the core in care governance. Public authorities set the framework in which carers operate. This strong position is due to caregivers understanding that caring is a public activity and should be supported and financed by local authorities. But, it is also due to practices of needs assessment that public authorities take. Needs assessment is a precondition for receiving a home care allowance or care services that are at least partly publicly financed. Even if civil society associations provide services, public authorities nearly always decide who is entitled to those services by giving vouchers. The assessment seems to be a matter of public authority and responsibility. Carers make their choices within this public framework.

In the data there are two opposite ways of viewing emerging customer and consumer position. From the minor perspective consumerism is a good thing. Vouchers provide possibilities to make choices between alternative providers. From this vantage point, vouchers free people from using public care and health services of poor quality. In the help of different care service projects these vouchers also provide new possibilities to buy help to home.

From current perspective consumerism is troublesome for carers. It is not possible for them to make choices in that framework. In the following a daughter taking care of her mother explains why the good aim of vouchers providing alternatives does not function:

I'm a bit sorry about this service voucher system. And this two-day holiday (refers to the legal right of informal carers to holiday). I wish that (...) I really could get a stand-in for two days at home that I could fix myself who it is. (...) The voucher is not enough for more than eight hours. That isn't even one 24-hour day. (Female carer, interview 8.)

The thing she is actually criticising is the fact that she cannot choose. Vouchers do not guarantee that she would be able to buy those services she wants. She is not in the position of defining her own or her mother's needs. If she chooses to organize home care by using vouchers, she would have to pay it at large part from her own pocket and still use publicly recognized service providers.

There are also other reasons why carers interpret that vouchers limit their possibilities to use their own will and make choices. Caregivers perceive that they receive mainly these vouchers as part of their salary as service providers. As wage earners they would like to use their salary as they want and not necessary to purchase regulated and targeted services:

Now that was the last version when they replied that informal carers don't need money, only services. What service is it when they give you a coupon and that's to get services with. You don't get much at all with that. (...) (An external service) provider gets the money, not the informal carer. (Male carer, interview 36.)

Informal carers often regard themselves as being in an unequal position in relation to other service providers. They have to do the most of the work and the others receive the funding. The consequence of all these critical arguments is that caregivers do not want to or are not able to get engaged with social care services, but turn away from care markets (exit). And, if care arrangements cost more than those who need help can afford, choice has not been a real option at any point.

For these reasons, most carers construct consumer practices as illusions and founded on misrecognition. For them these practices do not create situation in which individual carers would become active citizens, citizens having empowered position in the governance structure. As illusions consumer practices are not providing alternatives or offering carers a real consumer position.

Conclusion

In this article we have analysed Finnish elder care policy within active citizenship framework. We have focused on participation, responsibility and choice as dimensions of active citizenship and the ways these dimensions are articulated in policy documents and

in carers' everyday life. The main conclusion here is that the whole idea of being active citizen and activation has changed in the Finnish elder care policy and care practices. Since the 1960s older people have been defined as independent individuals who are active clients participating in the service provision (Rintala 2003). It was thought that the growth of municipal services, such as home help, transportation and meal-on-wheal – services would help to integrate older people into their community. Service centres represented the most advanced policy of activation and integration.

Against this background the new discourse of active citizenship represents a different ideology of social care policy. Since the 1990s activation has meant that families and social networks should play a more important role and that older people should use their personal resources, including their financial resources, to manage their lives at home.

This kind of change can be illustrated by paying attention to the verb *support* (*tukea* in Finnish) widely used in the documentary data. Support used to mean that the public sector promotes independent living of older people by providing them a wide range of services. In the new discourse support has a different meaning. It is the responsibility of the municipality to enable independent living of older population by promoting solutions that make it possible for older people to stay at home as long as possible; for instance, by supporting social networks to take more responsibility of the care of older people and by promoting partnership between different service providers. Rights-centred discourse thus becomes replaced by responsibility-centred discourse so that the enabling role of the municipality is emphasised instead of its legal functions.

It can be stated that active citizenship discourse has replaced many ideas based on social citizenship traditions. This new discourse with emphasis on participation, responsibility and choice is a dominant discourse in elder care policy, and also individual carers identify themselves as being positioned by this framework. Carers, however, relay in many ways to social citizenship discourse and the ideal of universalism as the main norm for social services and benefits. They interpret their position to be based on social rights whereas policy discourse offers them individual activation and responsibilities. The shift from right-centred to responsibility-centred relation between individuals and society and the privatisation of public responsibility becomes a source of injustice between citizens with different resources.

Major tensions between policy discourse and carers' interpretations and experiences relate to the fact that some elements of active citizenship discourse do materialise in everyday life, but some elements do not. For example emerging consumer practices and declining and withdrawn public responsibility becomes visible in care practices. Carers find it difficult to manage these complex situations and meet care needs. For meeting these needs, policy discourses highlight the idea of social networks that bear and share care responsibilities. The existence of possible care networks, however, remains quite illusionary in actual care work. In everyday life active citizens dealing with home care are quite tired and alone. Elder care policy discourse constructs ideal active citizen by marginalising difficulties that are present in the actual care work and by sidelining everyday life cultural and moral norms.

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