Framing user 'choice' in three Nordic cities: challenging equality in eldercare?

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Abstract

This paper explores meanings of user 'choice' and challenges to equality by analysing eldercare policies in three Nordic cities: Stockholm, Copenhagen and Tampere. All three cities have been forerunners of marketisation and the adoption and implementation of choice systems in their respective countries. The comparative policy analysis explores the choices represented as relevant and available for older people in need of care in a selection of key policy documents. In the mapping process we identified four different categories: choice of provider, choice of content of care, choice of carer, and choice related to privately-purchased services. Findings reveal that in Stockholm and Copenhagen, choice is articulated *within* the publicly funded eldercare system, although the cities differ in the ways they approach universalism and marketisation. Tampere's policies, in contrast, encourage choice *outside* the publicly-funded eldercare system, promoting the 'option' of private out-of-pocket services in order to postpone the use of publicly funded services. The 'privatisation of care - is legitimised with reference to economic austerity, the 'problem' of the ageing population and scarce public resources. The analysis hence indicate that the way choice is framed in local policies has implications for equality aspirations in eldercare. Overall, the paper reflects on how the local policies in different ways deal with the co-existing and at times contradictory norms and discourses embedded in the welfare state.

Introduction

The Nordic model of eldercare is generally defined in relation to the universalistic care regime with an overall ambition to promote equality. Although the meaning of universalism is contested (Anttonen et al. 2012), there is a broad understanding of universalism as connected to policies that reduce social inequalities, particularly those related to class and gender (Szebehely and Meagher 2017). Universalism has been characterized by the existence of comprehensive publicly-funded, often publicly provided, high-quality services available to all citizens according to need rather than ability to pay (Anttonen and Sipilä, 1996; Sipilä 1997). This implies that eldercare services are inclusive of all social groups; affordable for those with fewer economic resources and attractive enough to be preferred by the middle class (Vabø and Szebehely 2012). Nevertheless, in view of current trends, a large body of research has pointed at the different ways in which the equality aspirations of the universalistic Nordic model of eldercare are challenged.

The 'marketisation' tend shapes eldercare in the Nordic welfare states since several decades. Choice policies constitute the most recent development within the trend of marketisation. Similar to Anglo-Saxon countries, choice policies in the Nordic countries have been legitimised with reference to individualisation, diversity and user empowerment (cf. Barnes and Prior 1995; Clarke 2006; Glendinning 2008; Brennan et al. 2012; Erlandsson 2013; Meagher and Szebehely 2013; Moberg et al. 2016; Brodin 2017). At the same time, choice policies can be understood in the context of the global reform agenda of New Public Management (NPM), which promotes market ideas and practices in the organisation and provision of public services. Research

focusing on the marketisation of social care has demonstrated that NPM has implied a general shift in the notion of service users, constructing them as 'consumers' entitled to choice and voice (Clarke 2006; Vabø 2006; Glendinning 2008; Clarke et al., 2007; Rostgaard 2006; Anttonen and Meagher 2013). Choice as a concept has often been associated with positive values such as individual freedom, autonomy and individualised services, and user choice has emerged as a widely supported idea within the disability movement, which has strongly supported choice policies (Yeandle 2016). In Nordic eldercare though, choice policies have generally been promoted through top-down political initiatives, rather than coming from a demand articulated by senior citizens (Anttonen and Karsio 2017).

Numerous Nordic studies have critically scrutinised the implementation of choice in eldercare. Vabø (2006) underlines that choice systems generally enable older people with care needs to choose care provider, but they do not grant older people the right to choose the services. In line with this account, studies point out that choice of provider does not necessarily imply enhanced voice, denoting user influence over the content of the services provided. As Vamstad (2016) contend, choice policies construct the possibility of 'exit' - changing providers if one is not satisfied - as the key to user influence. At the same time, studies indicate that users seldom change care providers. Researchers investigating the practices of choice show that older people with care needs face great impediments in making informed choices and cannot be assumed to act as autonomous and 'rational' consumers (Vamstad 2016; Dunér 2017; Moberg et al. 2016; Meinow, Parker and Thorslund 2011; Rostgaard 2011; Dunér et al. 2017). In this vein, service users with great care needs are most dependent on choosing a provider that will offer good care, but they have the worst circumstances for doing so (Meinow, Parker and Thorslund 2011). Additionally, studies show that social inequalities related to for example social class and migration shape the practices of choice and thereby choice policies risk (re)producing inequalities (Brodin 2017; Brennan et al., 2012; Rostgaard 2011). Economically and socially privileged citizens are more likely to benefit from choice systems than less privileged groups. A study of eldercare reforms in Sweden and the UK shows that policy-makers have tended to downplay the effects of choice policies on inequalities, as they assume that these policies produce user autonomy and individualised care, which are highly prioritised goals (Fotaki and Boyd 2005). Moreover, Nordic eldercare research shows that choice policies tend to generate systems that require increased control, including detailed regulations of care work (Brennan et al. 2012; Erlandsson et al. 2013; Vabø and Szebehely 2012; Vabø 2006; Dahl 2009; Rostgaard 2012). This development delimits care workers' discretion and thereby their possibilities to be responsive to individual user's needs and wishes.

Nordic eldercare research has also highlighted a trend of 'privatisation', as the consumption of privately purchased services among older people increase, a trend supported by polices on tax rebates. Studies have connected this trend to the challenges facing the universalistic care regime (e.g. Szebehely and Trydegård 2012; Rostgaard 2011; Moberg 2017; Meagher and Szebehely 2013; Brodin 2017; Ulmanen and Szebehely 2015; Vabø and Szebehely 2012). Tax rebates do not constitute formal eldercare policies, but research point at how they intersect with public eldercare systems. Private care providers can offer additional services so that users can 'top-up' their needs assessed care, using the tax rebate. Further, the tax rebate can be an incentive for older people to buy private services as an alternative to needs assessed home care. Some scholars have highlighted that if home care services are not considered sufficient help - or having low quality - more well-off older people will be incentivised to use private services to 'top-up' their needs-assessed care, or to opt for private services all together. Such a development would imply more and better services for those who can afford to purchase private services and meagre basic services for the rest (e.g. Szebehely and Meagher 2017; Vabø and Szebehely 2012).

In this paper we explore meanings of user choice and challenges to equality by analysing eldercare policies in three Nordic cities. Decentralisation is very pronounced in the Nordic welfare states. Local governments

have a central role in implementing eldercare policies and there are great local variations (Kröger 2009; Rostgaard 2011; Trydegård and Torslund 2010). Choice policies are both articulated and put in practice in local contexts. Local policies do not merely reproduce representations of choice embedded in national policies but also (re)formulate them, adapting to local conditions and politics. What is more, to a large extent choice policies first emerged as local initiatives (Anttonen & Karsio 2017). The paper presents a comparative policy analysis of how user choice is framed in eldercare policies in the cities of Stockholm, Copenhagen and Tampere. All three cities have been forerunners of marketisation and the adoption and implementation of choice systems in their respective countries. To explore the overall question, 'what meanings are attributed to user 'choice', we examine the choices represented as relevant and available for older people in need of care in a selection of key policy documents. Mapping meanings of choice, we analyse choice as provider choice, choice of content of care and choice of carer, and choice as related to privately-purchased services. The findings indicate that the way choice is framed in local policies has implications for equality aspirations in eldercare. A key assumption of this paper is that local eldercare policies deal with co-existing and sometimes contradictory policy discourses embedded in the Nordic welfare states. We also show how the framing of user choice (re)produce different policy discourses, for example, universalism, marketisation, user participation, privatisation and economic austerity. In this way, the findings shed light on how political priorities shape eldercare and user choice.

Nordic eldercare: social care services, choice reforms and tax rebates

In the Nordic countries, the general right to help and support is articulated in national social legislation. In Sweden, the Social Services Act guarantees all older people a general right to assistance if the needs cannot be met in any other way. The services shall ensure users a 'reasonable standard of living', although it is up to the local authorities to interpret this in practice. In Denmark, the Social Service Act constitutes the framework for the municipalities' responsibility for providing eldercare and the act states that the provision must be based on individual needs assessment. The extended local self-government means that the municipalities largely decide on the service levels but they are obliged to publish local standards of quality and price. The Finnish Social Welfare Act obliges local authorities to provide services according to the needs of residents if the needs cannot be met in any other way. In line with Swedish and Danish legislation, the Act does not stipulate specific rights but guarantees the right to needs assessment carried out by local authority officials. The Finnish legislation defines the informal care allowance as one form of social service, granted to the care recipient but paid to the carer. In contrast to other European care models, grown-up children bear no legal responsibility for older parents in the three countries. Overall, a central aspect is that municipalities are highly independent, they collect taxes and organize social care services.

Sweden, Denmark and Finland have adopted free choice (voucher) models in eldercare, which implies systems where service users can choose between authorised care providers, following needs assessment carried out by local authority officials. Center-right wing governments have been the driving forces in the introduction of free choice systems in the three Nordic countries. In Sweden, the Act on System of Choice in the Public Sector was introduced in 2009. The act regulates the conditions that apply when a municipality decides to allow users to choose their provider of care services from a list of approved providers (Erlandsson et al. 2013). The reform anticipated that older adults' right to choose care provider, and exit if not satisfied, would strengthen users' influence, contribute to the individualisation of care and increase quality through competition (Brodin 2017). Choice systems are further regulated at the local level and municipalities formulate market entry requirements for private providers. In Denmark, free choice was introduced in eldercare as part of the reform program called 'Welfare and Choice'. The Act on Free Choice of Provider of Practical Assistance and Personal Care of 2002 introduced free choice in home care and, concurrently, the

Social Services Act was modified to stipulate the municipalities' obligation to enable private providers to compete with the municipality in home care provision. The arguments put forward focused on improving quality, increasing efficiency and placing the user in the centre (Bertelsen and Rostgaard 2013). In order to create more diversity and individualised services, free choice was later on also introduced in residential care with the Act on Independent Nursing Homes of 2007. In Finland, free choice has been promoted through the voucher system, which was integrated in the social legislation in 2004. A specific law adopted in 2009 made it possible for municipalities to organise all social- and health care services according to the voucher model. The voucher can be offered to individual service users following needs assessment. The value of the voucher can be the same for everybody at a given level of need, or it can be income-related, and the user pays all service costs exceeding the value of the voucher. In practice, municipalities vary greatly in how they formulate and implement the voucher system. The reform was motivated with reference to the aim of increasing older people's individual freedom of choice, facilitating the option of private care providers, and of improving effectiveness through competition (Zechner 2012; Karsio and Antonnen 2013). Finnish municipalities are not obliged to use vouchers and hence the decision to implement voucher systems lies with local politicians.

Sweden, Denmark and Finland have all introduced tax deductions on domestic services by means of national legislation. Like with the choice reforms, the political forces behind the tax rebates have been the centre-right wing parties. In Sweden and Finland the tax rebates can be used for care and domestic tasks while in Denmark the tax rebate can only be used for specific household tasks, primarily clearing. One of the arguments behind the reforms has been to increase older people's freedom of choice. Grown-up children can also contract services to be carried out in their elderly parent's home. There are some variations in the national legislations on tax rebates. For example, in Sweden, while all taxpayers can use the tax deduction, the law grants people aged 65 and over the right to deduct a higher amount of money. In Finland, the tax credit for domestic help can be used to purchase domestic and care services, but also to employ a carer to assist an older person in his/her home. In Denmark, the Free Municipality Experiment has allowed public providers in 11 selected municipalities, including Copenhagen, to offer additional services in the same way as private providers. The Swedish, Danish and Finnish legal frameworks of social services, choice reforms and tax rebates are summarized in the table.

Table 1. Legislation related to eldercare, choice and tax rebates in Sweden, Denmark and Finland

	Sweden	Denmark	Finland
Social services	Social Services Act (1982): Municipalities shall provide care based on individual needs assessment, services shall ensure 'reasonable standard of living'	Local Standards of Quality Act (1998): Municipalities must establish standards of quality and price Social Service Act (1998): Municipalities shall provide care based on individual needs assessment	Social Welfare Act (1984): State subsidies can be used for purchasing social services provided not only by the municipal authorities but also by not-for-profit and for-profit providers.
Choice systems	Act on System of Choice (2009), not mandatory	Act on Free Choice of Provider of Practical Assistance and Personal Care (2003); Act on	Act on Voucher System in Social and Health Care Systems (2004/2009), not mandatory

		Independent Nursing Homes (2007), mandatory	
Tax deductions	Act on Tax Deduction for Domestic Services (2007): Tax payers 65+ can deduct 50% of domestic services up to 50000 SEK (€5000)	Tax Assessment Act (2011): Tax payers can deduct 33% for domestic services up to 6000 DKK (€800) (2018)	Act on Tax Credit for Domestic Help (2001): Tax payers can deduct: 50% of domestic services up to €2400; employer costs + 20% of pay check when employing a carer

Methods and data

This paper presents a comparative policy analysis, focusing on the meanings attributed to user choice in eldercare policies in three Nordic cities: Stockholm, Copenhagen and Tampere. The selection of cities is motivated on the basis that all three cities have been forerunners of marketisation and the implementation of choice in eldercare in Sweden, Denmark and Finland respectively. This makes them interesting cases for exploring and comparing the framing of choice.

The policy analysis includes a variety of policy documents from the period 2009-2019, with a focus on the most recent policy documents by the time of writing. The policy texts are directed to different social and professional groups, including for example local politicians, older people with care needs, needs-assessors, and private and public care providers. The documents include policy plans related to welfare, dignity, elderly and social- and health care, policy reports, guidelines on needs assessment and eligibility criteria for services, market entry requirements for care providers, local standards of quality, and information material directed to older citizens. We also analyse the cities' official websites, particularly webpages related to eldercare. The wide selection of texts enables an analysis of the meanings attributed to choice in *and* beyond the policies related to choice/voucher systems. This means that we explore multiple meanings of choice articulated in the policies. We draw on the literature on the implementation of choice in Nordic eldercare, but we do not predefine choice as provider choice or assume that choice is necessarily framed within the public system of eldercare. As such, this policy analysis is explorative and inductive in its nature. We categories meanings of choice according what is found in our empirical material in the mapping process. It should be noted that for comparative reasons we have decided to define all forms of 24/7 residential care as nursing homes, although in each context there are different categories of residential care. When it comes to the choice of carer, we have also decided to focus on employed carers, and hence we do not include the figure of informal carers receiving a care allowance. This is because of the problematic aspect of considering family care a free choice. Further, care allowances are part of national social services legislation and not of specific interest when analysing local policies and the cities' approaches to eldercare.

The concept of framing is used in the analysis to refer to the process of articulating meanings. Our analysis starts from the assumption that there are multiple interpretations involved in policy-making and hence the task is to map the different representations at stake in public policy (Verloo and Lombardo 2007). The analysis aims to capture the ways in which policy shapes the world, in this case through the framing of 'choice' –and the connected construction of 'problems', government 'solutions', concepts, categories and subject positions (Bacchi 2009; Goodwin, 2011). For our analysis this implies that we explored the texts

asking what choices were represented as relevant and available for older people with care needs. We also analysed the text by examining how older people with care needs were represented in public policies. Additionally, we identified policy discourses that were (re)produced in the framing of choice in the three cities. Each author selected policy documents from one city (in Swedish, Danish and Finnish respectively) and then conducted a close reading of the texts. Relevant part of the policy documents were then coded and categorised in relation to different meanings attributed to choice. In the next step, the analysis of each case study was translated to English in order to enable comparison. Meanings of choice were compared across the cities, and thereby we constructed the four themes, or categories of meanings of choice, presented later in our empirical analysis. By contrasting the three cases we also analysed the way in which dominant meanings of choice relate to equality aspirations in eldercare. Different policy discourses are (re)produced in the three cities, and we discuss how particularly the discourses on privatisation and economic austerity contradict equality ambitions.

Framing user 'choice' in eldercare in Stockholm, Copenhagen and Tampere

Eldercare policies in the three Nordic cities included in the study are shaped by national social services legislation and choice policies. At the same time, the cities articulate policies that are locally specific, connected to local conditions and governmental trajectories. While the three Nordic cities all have implemented choice and promoted marketisation in eldercare, they have also adopted different policy approaches and they constitute different contexts for the framing of choice. To contextualise the meanings of choice, we here present some of the key features of eldercare in Stockholm, Copenhagen and Tampere.

The city of **Stockholm** introduced choice in eldercare in 2002. Thereby, the city became a forerunner in adopting a customer choice model in publicly-funded eldercare in Sweden. Politicians in the city council adopt the city's general eldercare policies, such as market entry requirements, guidelines for needs assessment and the dignity guarantee. Further, the city is divided into 14 city districts responsible for community services, including responsibility for individual needs assessments and follow-ups. Both home care and nursing homes are included in the choice system, in contrast to most municipalities in Sweden where choice is only implemented in home care. Hence, after needs-assessment the user has the right to choose a care provider from a list of approved providers, and all providers that comply with the local market entry requirements are accepted in the choice system (Erlandsson et al. 2013). Care providers have proliferated, particularly in home care where there have been more than 200 care providers in the choice system. However, the number has gone down recently, partly due to the stricter market entry requirements introduced in 2017. Private care provision in Sweden is predominantly for-profit (Szebehely and Meagher 2017), but there are great local variations in the mix of private and public care provision. For example, while 71 percent of the home care services produced in Stockholm were privately provided in 2018 (NBHW 2018), the national average was approximately one fourth and some municipalities in rural areas still had only public provision. Private care providers are allowed to offer additional, tax-deductible services and many companies active in Stockholm do. Previously, some private home care providers recurred to the employment of family carers as a business strategy, to attract clients within the choice system (Brodin 2017), but Stockholm prohibited this kind of employment in 2017.

Copenhagen has been a forerunner in implementing choice in Denmark, introducing free choice in home care already in 1999. When the 2007 Act on Independent Nursing Homes opened up for private for-profit nursing homes in Denmark, private non-profit nursing homes had existed for decades in Copenhagen. As in Stockholm, both home care and nursing homes are included in the choice system. The Health and Care Committee, under the city council, elaborates the local eldercare policies and the administration of

eldercare is divided into five city districts responsible for needs-assessment and management of health care services, social care services and residential care. Norms that prevail across policy areas in Denmark are empowerment, rehabilitation and active participation and these norms also inform eldercare (Indenrigs- og Sundhedsministeriet 2011). Following from this, most applicants for care services are offered so called 'reablement' interventions. Before being assessed for home care older adults are offered short-term care interventions in the home, aimed at improving functional ability. Copenhagen had already implemented reablement when it became a mandatory part of home care services in 2015 in Denmark. Private home care providers deliver both household services and personal care, but only the public provider deliver reablement interventions. Since the Law on Procurement of 2013 the number of private home care providers has been drastically reduced (from 37 to 2) in Copenhagen. The private home care providers' share of older users in Copenhagen is 65 percent (VIVE, 2017), but the private providers' share of the market is only approximately 13 per cent of the home care services (Copenhagen Municipality 2016). This is because the private providers mainly deliver less time-intensive practical help. Since the beginning of the Free Municipality Experiment 2018-2020, Copenhagen's public home care provider offers additional services just as private providers do, and some of these services are tax deductible.

Tampere has been a precursor in the marketisation of eldercare in Finland. The city was the first municipality to adopt the purchaser-provider model for the entire city organization in 2007. Free choice is endorsed in eldercare though the voucher system. Vouchers are used in residential care and a major part of the city's publicly-funded residential care services have been out-sourced. For example, 63 percent of the 24/7 residential care services were privately provided and 37 percent of these services were publicly provided in 2017 (National database ref). The municipal care managers usually decide on whether to offer older people the voucher, and this decision tends to relate to the user's financial situation (Karsio and Van Aerschot 2017). In contrast, vouchers are not used in home care, and publicly-funded home care services are provided mainly by the public provider. At the same time, services such as cleaning, grocery shopping and alarm service are outsourced. In 2009, Tampere introduced a new 'service-integrator model' directed to older people. This organization, in Finnish called *Kotitori*, is operated by a private company and funded by the city of Tampere. Only a few cities in Finland have adopted the service-integrator model and Tampere is the only city where a private company is operating it. Kotitori is intended to be older people's first contact when they start needing help in everyday life. The organisation offers individually tailored counselling and guidance regarding living at home, care services and needs assessment for the whole area of Tampere. The aim is to help older adults to find the most suitable services for their individual needs, counting on a mix of public, private or third sector service provision, as on public and private funding. In this vein, Kotitori provides information about prices and the availability of a variety of services, including private out-of-pocket services as an alternative to or a complement to publicly-funded care services.

Findings: Mapping meanings of user 'choice'

The policy analysis presented here explores the framing of user choice in public policies in the three Nordic cities. In the analysis, we organise the meanings of choice in different categories identified in the mapping process. First, choice is connected to publicly-funded eldercare services, including a) choice in relation to provider; b) choice in relation to content of services: form of care, time and tasks; and c) choice in relation to choosing ones' (paid) carer. Second, choice is constructed in relation to d) private out-of-pocket services (sometimes supported by tax credits), meaning privately-purchased additional services, to complement needs assessed care services or to use as an alternative to needs assessed care. This categorisation is used to structure the analysis and to contrast the framing of user choice in eldercare in the three cities.

Stockholm: Choice of provider within the public eldercare system

Stockholm's eldercare policies emphasise 'freedom of choice' as a basic value and policy documents directed to older people, local authority officials and care providers highlight this concept. Although policies describe freedom of choice as permeating *all* eldercare services, choice is principally associated with provider choice. In this vein, choice is in the Dignity Guarantee framed as 'the right to choose and change among providers who are part of the City of Stockholm's freedom of choice system' (City of Stockholm, 2017d). In this vein, the official website of the city of Stockholm (www.stockholm.se) largely focuses on information about care providers. To enable informed choice, the website presents the complete list of care providers available in the choice system, information about each provider and user satisfaction surveys. Private providers can also present a link to specific websites where they inform about and promote their care services. According to Stockholm's website, home care users can choose among local public entities and 60-80 private providers, depending on city district. The search tool makes it possible for older people and their families to distinguish between private providers and public providers, between providers that produce all services themselves and providers that have subcontracted certain services such as cleaning and night care. Additionally, the website presents care providers according to specific language and religious profiles. In the case of nursing homes, the choice system includes 94 nursing homes with somatic health profiles and 129 nursing homes for people with dementia. Some of these nursing homes offer care for both categories, and currently the total number of nursing homes in the system is 153. Further, the city's website informs about nursing homes according to city districts, organizational type (public or private), rent (1800-10 000 SEK), and linguistic/cultural/religious profiles. While private care providers are predominantly for-profit in Sweden, the website of the city of Stockholm does not distinguish between for-profit and non-profit providers. The policies attribute the role of neutral actors to the needs assessors who should inform objectively about the care providers, taking into account individual needs and preferences (City of Stockholm 2017d). Provider choice is represented in the policies as equally available for all older people in need of care. However, the choice of nursing home is conditioned on economic resources given that the choice system includes 153 nursing homes, but only one choice is available with the minimum indicated rent, across all city districts. Altogether, choice is framed as a question of choosing provider, and this occurs in a context where numerous (for-profit) providers promote a variety of 'profiles' to attract clients in the care market.

However, although 'customer choice' (*kundval*) is in focus, the policy documents do not represent older people in need of care as customers, but rather refer to this category as 'older people', 'individuals' and 'users'. In line with the Social Services Act, the notion of 'user influence' is also accentuated in recent policies. The increasingly detailed regulations of care are represented as delimiting user influence. For example, it is stated that 'detailed regulations have increased and led to a development that was not beneficial to either the individual, home care staff or administrators (City of Stockholm 2017a). User influence is particularly emphasised in relation to home care and the practice of elaborating care plans. The care provider must elaborate a care plan together with the older person in his/her home and the plan should be available digitally for care workers in their mobile phones. The move towards so called 'frame time', concentrating on the total monthly time granted rather than time granted for each specific service, is also represented as enhancing user influence. Further, frame time is articulated as facilitating for care recipients and care workers to make decisions regarding help and support in daily interaction. It is underlined that needs assessment decisions should describe older adults' needs and the 'purpose' of their support in detail, but then leave space for flexibility (City of Stockholm 2017b). Overall, user influence is associated with flexible care and as such the policies draw attention to care recipients' voice and choice over the content of care in everyday life. Practical examples of user influence that appear in the policy papers are choice of

breakfast-time, choice of meals and the choice of combining different services, such as a walk and grocery shopping. Apart from this, the policies only marginally make references to specific choice options in relation to the content of care. The choice of additional time, beyond what is granted through needs assessment, is only possible for janitor services (6 hours/year for all people 75+), framed in terms of risk prevention. The city's guidelines on needs assessment closes off choice in the form of care, between home care and nursing homes, emphasizing that a place in a nursing home can be granted only if a person's care needs are so great 24/7 that 'the needs cannot be covered by home care'. The policies emphasise that the employment of family carers has been prohibited and concurrently they do not contemplate choice of carer. Additionally, 'continuity in care' is described in a way that tones down the role of relationships established between service users and care workers; it is emphasised that different staff can perform the 'same' help - by following instructions provided in the care plan, in their mobile phones (City of Stockholm 2017a).

Private home care providers are numerous in the customer choice system of Stockholm and many of them offer additional services. However, the consumption of private out-of-pocket services and the possibility to top-up needs assessed care are generally not mentioned in Stockholm's policies, including the official website, guidelines for needs assessment and information material for older people. Information on whether specific care providers offer additional services appears only on the companies' specific websites. In this vein, local policies do not frame purchasing out-of-pocket services as a 'choice'. Such services are not described as an alternative to needs assessed care or promoted as a way to get more help. Nonetheless, the market entry requirements (City of Stockholm, 2017c) directed to private care providers state that 'if additional services are offered it must be clear for the individual that it is about a service that go beyond the responsibility of the care provider'. It is emphasized that additional services cannot be provided to 'cover up for increased care needs'. Thereby, the policies represent blurred boundaries between public and private responsibility in care as problematic.

Copenhagen: Choice connected to content of care and active participation

Overall, Copenhagen's policies stress freedom of choice, autonomy and individualised care. For example, the local Elder Policy emphasizes that 'when in need of help and care, freedom, choice options and self-determination should follow'. It also states that in Copenhagen, 'it is not the system but you who are at the centre' (Copenhagen Municipality, 2015a). Further, the local eldercare policies attribute various meanings to choice. As in Stockholm, choice is related to choosing care provider in home care and residential care, within publicly funded eldercare (Copenhagen Municipality, 2018a). In home care, provider choice includes the possibility to choose between the public provider and two private for-profit home care providers. The three options are listed on the city's official website, indicating only their name and status as public or private provider, but in practice needs assessors hand out brochures for each provider when they visit home care applicants. As for nursing homes, there is also the possibility to choose non-profit providers; users can choose among 20 public providers, 20 private non-profit providers and one for-profit nursing home. Eight of the nursing homes are so-called 'profile-nursing homes' with profiles such as 'ethnic diversity' and 'art and culture'. Copenhagen's public website states that the aim of the profile-nursing homes is to 'meet the citizens' individual needs and interests even more' (www.boligertilældre.kk.dk). Both the Elder Policy of Copenhagen (Copenhagen Municipality, 2015a) and the municipality's Dignity Policy (Copenhagen Municipality, 2018b) emphasize that the most infirm older people, including people with complex care needs and socially vulnerable groups, should receive special attention and support. Additionally, the Eldercare Policy states that: 'Also in the future, a well-functioning public provider of eldercare services is needed to ensure that all our senior citizens, including those with the greatest care needs, get access to care and

rehabilitation of highest quality'. Thereby the public provider is represented as essential for high quality eldercare for all older people. While choice is framed as provider choice, in contrast to Stockholm, policies underline the importance of public provision and private non-profit provision play a significant role.

Older people with care needs are primarily referred to as 'users' and 'citizens'. Concurrently, choice is not only linked to provider choice but also to influencing the content of care. Copenhagen's policies outline a more specific set of choice options available for service users than Stockholm's policies do. The municipality's Dignity Policy (2018b) states that a 'meaningful existence' is conditioned by the user experiencing having 'actual choice options'. That 'people with great care needs' have the possibility to choose additional time of help is mentioned prominently in policy papers, public websites and brochures. This possibility refers to the right that this group has to choose 0.5 hours of extra assistance every week. It is often mentioned in the policy documents that it is the user who decides how to use the extra time. The time can also be accumulated to be used for an activity that requires more time. Moreover, users have the possibility to choose their paid carers. In this case, the local authorities assess the carer's qualifications and, if accepted, the care worker is employed by the municipality (www.kk.dk/artikel/frit-valg-af-leverandør). The Local Standard of Quality also mentions the possibility to choose a nursing home over home care, if the user 'feels unsafe at home' and also has some 'functional ability problems'. As such, within certain limits, the policies outline a possibility for older people to choose the form of care. While the Social Services Act contemplates 'flexible home care', meaning user's right to change the tasks to be performed (e.g. going for a walk instead of having a shower), this choice is not prominently highlighted in the local policies. In contrast, reablement-interventions are emphasised and articulated as the key to make people as autonomous and independent as possible. It is mentioned repeatedly that users must participate as much as possible in the performance of services, with the aim to regain or maintain abilities (Copenhagen Municipality, 2018a). Whereas the policy states that 'you should experience that it is you who choose how the public services fit into your life' (Copenhagen Municipality, 2015a), it is also highlighted that services should be flexible to fit with 'other activities' of everyday life, such as 'training'. That older people must have choice options and influence over the content of care is connected with the norm of active participation in everyday activities and rehabilitation. Overall, active participation of senior citizens is represented as a key aspect of eldercare.

While home care and reablement services are free in Denmark, users can also purchase private out-of-pocket services from their care providers. Information on the new possibility to buy additional services from the public home care provider has been added to Copenhagen's official website. A brochure on the possibility to top-up services from the public home care provider frames these services as a way to 'get more help when you want it'. The possibility to get a tax-deduction on some of the purchased services is also mentioned (Copenhagen Municipality, 2018c). The possibility to buy additional services from the private home care providers is not mentioned in any policy documents or the public website. Overall, as in Stockholm, choice is mainly located within the publicly-funded eldercare system, not in relation to the private service market.

Tampere: Choice associated to privately-funded help

The city of Tampere's Welfare Policy Plan (2013a) describes 'free choice' as a key value. The voucher system is central for how the city articulates choice in the publicly-funded needs assessed eldercare. Tampere's official website states that 'by using a voucher, the customer can acquire social- and health care services by choosing service producer on the basis of individual preferences and needs' (www.tampere.fi). In a similar vein, the Service Guide for the Elderly (2016a) puts forward that 'the benefit of the voucher is the increase of freedom of choice of the customer, because the customer can choose service housing from the list of

approved producers'. In this context, choice is associated with provider choice and, more specifically, choosing between private providers. Vouchers are used for nursing homes, short-term intensive service housing and respite services for care allowance receivers. Within the voucher system, users granted a place in a nursing home can choose from a list of 30 private providers, of which the majority are for-profit companies. However, not all older people eligible for a place in a nursing home will be able to use the voucher since the needs assessors decide whether to offer the older person a voucher or not. More specifically, needs assessors decide whether to offer older adults publicly provided services, outsourced privately provided services, or a voucher. Policy documents do not specify the criteria for such decisions. Tampere's official website features a calculator to help those who have been offered the voucher, and are considering using it, to determine how much the care services will cost. The cost of care using the voucher varies between different private providers and it differs from the municipality's standard user fees (it tends to be higher with the voucher). The voucher is promoted as a way to assure a place in the desired nursing home. The Service Guide for the Elderly states that 'by using the voucher customers may get into a care home unit of their preference sooner'. This advantage is related to situations when there is a waiting list for residential care and places are offered by private 'voucher' providers. Tampere's voucher policy frames choice is in terms of enabling 'customers' to choose between different private (mainly for-profit) providers and, in contrast to Stockholm and Copenhagen, choice is framed in an exclusionary way given that choice does not encompass all older people granted applicable services.

At a more general level, as in the Welfare Policy Plan, it is stated that 'we support choice' and that 'individuality and doing together are central values in customer-oriented eldercare services in Tampere'. Doing together could be associated with older people's choice and influence over the content of care in everyday life. Nevertheless, the policy documents that specifically deal with needs assessment, eligibility criteria and the organization and provision of publicly-funded care services, do not link choice to the content of care. Aspects such as choosing the form of care, extra time or tasks to be performed, or choosing one's carer are absent. What is more, user influence is not articulated as an issue that policies on eldercare should address and in this regard Tampere contrasts with both Stockholm and Copenhagen.

Local eldercare policies state the right to needs assessment but also they also highlight the 'problems' of the ageing population and scarce resources (City of Tampere 2013b; City of Tampere 2014.) While older adults in need of care are systematically referred to as 'customers' in Tampere's local policy documents, they are not represented as 'users' (as in Stockholm) or 'citizens' (as in Copenhagen). In line with the framing of older people as customers, choice is also linked to the consumption of private out-of-pocket services. In other words, choice is not principally highlighted in relation to publicly-funded services but in relation to the private service market. As mentioned previously, Tampere's service integrator organisation Kotitori provides information and guidance about different services available for older people who need help in daily activities, facilitating the use of a mix of services including both publicly- and privately-funded services. A policy paper produced by Kotitori (2018), 'Living at home the whole life: Kotitori a key to services', asserts that 'customers can choose from this supply the services that suite them *and their wallet* best' (authors' italicisation). Thereby, the help and support older people receive is represented as depending on their ability to pay, not merely on their needs. In this vein, they are constructed not only as customers but also as consumers of help and support. The service integrator articulates the postponement of the need for publicly-funded services as an important way to keep costs down. For this purpose, the organisation promotes the staying-at-home-principle as well as preventive and rehabilitative services. The Plan for the Support of the elderly (2016b) emphasises that Kotitori has increased older people's consumption of out-of-pocket services and thus 'lightened the burden' of the city to arrange services. In this vein, it is stressed that Kotitori has 'saved money' for the city. Additionally, it is highlighted that the organisation has created and maintained services markets. The ageing population has been described as a 'serious challenge' for the

sustainability of the eldercare system (City of Tampere 2009), and the activities of Kotitori are generally legitimised with reference to the economically sustainability of the municipality. Although Tampere's policies represent the consumption of privately purchased services among older people as desirable, the tax deduction on domestic services is not mentioned to support this.

Table 2. Meanings of user choice in Stockholm, Copenhagen and Tampere

Meanings of choice	Stockholm	Copenhagen	Tampere
Choice of provider	Yes. In home care and nursing homes; choice between public and numerous private (mainly for-profit) providers.	Yes. In home care and nursing homes; choice between public, private non-profit and for-profit providers; public provision emphasised.	Limited. In nursing homes for users offered the voucher; choice between private (mainly for-profit) providers.
Choice of content of care	Limited. Additional time for janitor services; increased 'user influence' promoted through care plan and 'frame time'.	Yes. Individuals with great care needs can choose additional time of help – user decides content; user influence over the form of care.	No.
Choice of (paid) carer	No. Employment of family carers existed in home care (mainly among private providers) until prohibition 2017.	Yes. Assessment of care qualifications; accepted carers are employed by the municipality.	No.
Choice of privately purchased services	No. Silence on the consumption of out-of-pocket services (private providers) and the tax rebate.	No. Both public and private care providers offer extra out-of-pocket services, but policies only marginally mention them.	Yes. Policies promote the 'choice' of private out-of-pocket services as a complement or an alternative to needs assessed care.

Comparison: user choice and challenges to equality aspirations

The findings have revealed multiple and contrasting meanings of choice. The analysis shows that, in Stockholm and Copenhagen, choice is articulated mainly as taking place within publicly-funded eldercare system, but the cities differ as Stockholm strongly focuses on provider choice in a context of numerous private (for-profit) providers, while Copenhagen to a greater degree incorporates other aspects beyond provider choice. Copenhagen's policies relate choice to the content of care and specifies choice options, referring to the choice of additional time (possible for users with great care needs), the form of care (between home care and residential care), and the choice of carer. Tampere's policies articulate provider choice in an exclusionary way, attributing the possibility of choosing provider only to those who are conceded the voucher. Additionally, and in contrast to Stockholm and Copenhagen, Tampere's policies downplay the concept of choice *within* the publicly-funded eldercare, and encourage choice *outside* the

public system. In this vein, choice is framed in relation to the private service market, promoting the consumption of private out-of-pocket services among older people, as an alternative and in addition to publicly-funded home care. The findings indicate a connection between the meanings of choice articulated in the three cities, and the construction of older people in need of care as subjects in the policy discourse. In Stockholm's policies, this category tend to be represented as 'individuals', 'older persons' or 'users'. Older people in need of care are generally *not* represented as active citizens. This fits with the dominant framing of choice as 'limited' to choosing care provider, the choice of content of care is only vaguely mentioned through the concept of 'user influence'. In contrast, in Copenhagen, older people with care needs tend to be represented not only as users but also as active 'citizens', and this perspective is linked to the wider definition of choice, including specific choice options related to the content of care. At the same time, senior citizens are described as having to participate actively in the care they receive, which is a central idea of the reablement dicsourse. In Tampere, policy documents recurrently refer to older people with care needs as 'customers' and this is linked to the articulation of choice through consumption of privately-funded services.

Table 3. Dominant meaning of choice, subject positions and prevailing policy discourses

	Stockholm	**Copenhagen**	**Tampere**
Dominant meaning of choice	Choice of provider	Choice of provider, choice in content of care, choice of carer	Choice of private out-of-pocket services
Subject positions	Individuals; older persons; users	Users; citizens	Customers
Discourses that inform the framing of choice	*Universalism* - care services based on needs; *marketisation* of care provision	*Universalism* - care services based on needs; *universalism* - public provision necessary to assure good care for all; *reablement /active citizen participation*	*Economic efficiency*, *austerity* in public services, *privatization* of care (private out-of-pocket services); care based on needs *and* capacity to pay

The different meanings of choice have implications for inequalities in care. Stockholm's and Copenhagen's eldercare policies enhance the norm of *universalism*, emphasizing that all older people who need care have the right to receive publicly-funded help and support and the care they receive is to be determined by their needs. Additionally, Copenhagen's policies contrast with Stockholm's in the defence of publicly provided services as a guarantee for fulfilling the needs of those with greatest care needs. This is not the case in Stockholm were public provision is not emphasised and choice involves a great number of private care providers. Although private out-of-pocket services are offered by private care providers in Stockholm, and both the public and private providers in Copenhagen, the policy discourse in these cities has not linked choice to the consumption of private services. Policies articulate choice as situated *within* the publicly funded care system. In contrast, in Tampere's policies, the discourse on *economic efficiency* and austerity in public services is dominating and choice is articulated as located *outside* of the publicly funded care system. That older people in need of care 'choose' to contract services from the private market is defined as positive for the city, since it saves money in times of constrained economic resources and growing care needs among

the older population. Care is described as based on both needs *and* capacity to pay. The construction of choice as located outside of the publicly-funded eldercare system legitimises inequalities in care and challenges the norm of universalism. Provider choice can be linked to inequalities; inequalities in terms of possibilities of informed choice may shape the outcome by and provider choice may have unequal consequences in practice. Nevertheless, while provider choice is predominant in the framing of choice in Stockholm and Copenhagen, the norm of universalism informs the understanding of choice.

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