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The political construction of elderly care markets: comparing Denmark, Finland and Italy

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Abstract

In Europe over the last two decades, marketization has become an important policy option in elderly care. Comparative studies predominantly adopt an institutional perspective and analyse the politics and policies of marketization. This analysis takes a step back and examines the fundamental ideas underpinning the policies of marketization, using the 'What's the problem' approach by Carol Bacchi. The central question is how the market was discursively framed as the solution to the perceived problems of three different systems of elderly care, and how such processes are similar or different across the three countries. The analysis includes two extreme types of elderly care systems, the Nordic public systems in Denmark and Finland and the Southern European family based model in Italy. Empirically, the analysis offers interesting insights into processes of constructing and legitimating markets at the level of discourse; this occurs by defining specific problem representations, underlying assumptions and silences. In all three countries, marketization is presented as a solution which builds on rather than challenges dominant ideas of care. Conceptually, in addition to its institutions, it is crucial to understand the ideas behind the marketization of elderly care. Ideas emerge as a key leverage for making policies and practices of marketization acceptable and which decision makers and other influential political/societal actors use in policy and public debates. The importance of ideas is further underlined by the fact they do not necessarily relate to the institutions of elderly care systems in a linear way.

Keywords

Elderly care, marketization, political construction, ‘What’s the problem’ approach, cross-country comparison.

Introduction

Marketization broadly describes policies, which use markets and market mechanisms in the provision of welfare services (Savas 1987). In Europe over the last two decades, marketization has become an important policy option in public sector reforms and this also applies to elderly care (XXX 2008; Brennan et al. 2012; Meagher and Szebehely 2013). Markets in elderly care can be understood as practices that construct care as commodity and the individual in need as a consumer. The existence of markets often also coincides with the increased presence of for-profit providers in the delivery of care services (Anttonen & Häikiö 2011). Marketization has included both supply and demand side mechanisms to pave the way to markets. Quasi-markets are a prominent supply side mechanism, and, for example in England, differ from conventional markets in that some providers do not make any profit or in that purchasing power is expressed in terms of earmarked budgets to buy certain goods and services (Le Grand 1991). Demand-side marketization generally occurs through cash-for care programs, by which funds are allocated directly to users in form of vouchers or non-earmarked cash. Voucher systems have been introduced in France, the Netherlands and some Nordic countries, where public authorities allow individuals to choose services from a range of suppliers and up to a certain monetary value. Other countries, such as Austria, Germany and Italy, have nationwide public, non-earmarked

cash-for-care schemes, where public authorities offer a cash sum in lieu of directly provided services. As the use of cash is not tied to any specific conditions, this often leads to the emergence of informal care markets; these function entirely or partly outside formal rules and allow irregular employment and tax evasion.

Comparative studies of marketization in elderly care predominantly adopt an institutional perspective and analyse the politics and policies of marketization in order to explain this variety of market mechanisms and institutional settings. The first type of study examines how institutional contexts shape the interests and resources of actors in the policy process and by extension the substance of policies (for example Eichler and Pfau-Effinger 2009; XXX 2013). The second type of study is concerned with how individual mechanisms of marketization develop and what effects they have in different country specific contexts (for example Da Roit and Le Bihan 2011; Tynkkynen et al. 2012). What is often missing is how ideas have shaped policy change in elderly care; this is important as normative assumptions play a crucial role in public discourse on social policy (Béland 2005). Ideas are about what is or what ought to be and appeal to values and appropriateness; they are not fixed entities, but constantly in the making and contested (Bacchi and Rönnblom 2014: 176). This study, therefore, takes a step back and examines the fundamental ideas underpinning the politics and policies of marketization, using the 'What's the problem' approach developed by Carol Bacchi (1999; 2009). The focus is on assumptions and tacit knowledge underlying policy changes aimed at introducing market mechanisms in elderly care. This is particularly interesting for those countries in Europe, which, in contrast to most Continental European countries, did not see any radical institutional changes in the last two decades, but where marketization nevertheless occurred. The central question is

how the market was discursively framed as the solution to the perceived problems of the existing system of elderly care. Discourse refers to the practice of the social construction of knowledge that takes place in different arenas, from everyday conversations to the processes of formulating policies (see Bacchi and Rönnblom 2014: 174).

We choose two extreme types of elderly care systems, the Nordic public systems in Denmark and Finland and the Southern European family based model in Italy. The former have developed a comprehensive public system of elderly care, while Italy has a familialist care model with very limited state responsibility (Costa 2013). In the Nordic countries, the pressure for new policy solutions came from financial concerns over ageing and economic austerity, while in Italy this was combined with demand pressures reflecting the weakening of the traditional family-based system. According to recent research (Bettio and Verashchagina 2012), in Southern European countries the introduction of care markets has occurred in similar ways, while in Nordic countries a differentiation of elderly care systems has emerged; the latter requires including more than one national case.

In the ensuing process of squaring the circle of fitting the market into a system dominated by the public provision and the family respectively, two specific discursive processes are activated: construction (How is the market constructed politically?) and legitimisation (How is the market thought of? What problems is the market supposed to address and how?). Our specific research questions can be formulated as follows: What kind of discursive processes of constructing and legitimising markets have occurred in Denmark, Finland and Italy? In what ways are these processes similar or different across countries?

While the overall understanding of marketization is similar across countries (Hood 1991), the more specific ideas about the market vary, as reflected in different ways to construct and legitimize markets. This makes an important contribution to existing studies on the marketization of elderly care, notably that not only the institutions differ but also the underlying ideas differ and that there is not necessarily a linear relationship between ideas and institutions. The latter is highlighted by including Denmark and Finland as two elderly care systems based on public provision.

Studying problem representations, underlying assumptions and silences in policies

Care for the elderly is a societal question that is addressed in multiplicity of ways in modern societies. However, social and political problems are not just existing 'out there', but are created in processes of policy making and wider political struggles in society (see Laclau and Mouffe 1985; Edelmann 1988; Schramm 1995). Building on this, Bacchi (1999; 2009) has developed a more concrete approach to discursive policy analysis. Instead of taking the existence of problems for granted (Bacchi 2009: ix), she adopts a 'problem' questioning approach. The 'What's the problem represented to be' (WPR) analysis turns the starting point upside down and makes the problem defined by politicians and the media the object of investigation. This is done based on six questions, which range from asking about what problems are represented in a specific policy, with what underlying assumptions and implicit silences, to asking about how representations emerge, are disseminated and shape policy effects.

With these questions, Bacchi provides a detailed yet manageable approach to analysing any policy reform, including elderly care. Her approach is based on an understanding of discourse as forms of knowledge that limit 'what is it possible to think, write or speak about' (Bacchi 2009: 35). This turns 'What's the problem' into a critical approach that tries to understand how one particular representation of a problem has become pervasive and to identify the effects of such a representation. In this perspective, discourses are the processes through which problems are constructed, represented and legitimised, in this case in elderly care policy documents, whereas ideas account for the broader understandings of how the elderly care system should be reformed (Bacchi and Rönnblom 2014).

We have focused on three questions to give ample space to the cross-country comparisons. We examine: a) the dominant lines of argument concerning the need and proposals for policy change; b) the rationalities and concepts involved in the representation of the problem; c) and the related unproblematic aspects (silences). As outlined in more detail below, we investigate the three questions in relation to the specific changes in the elderly care systems in Denmark, Finland and Italy.

The first question is: 'What's the "problem" represented to be?' For example, if the suggested change is outsourcing in elderly care, it is important to identify the problem this change was supposed to solve. So the specific question becomes: What is/are the problem(s) marketization is represented to be an answer to?

The second question goes deeper into the discourse and looks at the presuppositions the problem representation is based upon. Presuppositions play an important role in creating meaning and naturalizing the problem representation. Such underlying assumptions can be particular rationalities, keywords and/or dichotomies that involve hierarchies of valorization (Bacchi 2009: 6, 57–61), for example useful versus useless. What ways of arguing are used? What specific forms of knowledge does the argument draw upon? Are there any keywords used, for example 'elderly burden' and if so, what is implied in their usage? Are there any dichotomies used in the lines of argument? If so, what are they?

The third question is less straightforward, as it relates to what is not talked about. Here the focus is on what is left unproblematic and not questioned. Silencing emerges as a process that exists alongside the things said being a precondition of what is said (Foucault 1976: 27; XXX 2012a). Nevertheless, not everything can become visible (Law 2007: 600). As researchers, we can only get glimpses of the silencing by inquiring about the absent other side, for example, what happens to care workers when their employment changes from public to market-based services may not be mentioned in the political discourse about outsourcing.

Methods and data

In terms of country selection, our comparative research design follows the critical case logic, whereby the cases included are critical examples of the subject under study or whereby they have the potential to reveal something essential (see Yin 2011: 193), and includes Denmark, Finland

and Italy. The rationale for comparison is thus to shed light on the important role played by ideas in marketization processes in different national contexts.

In contrast to Continental European countries, their elderly care systems did not have any paradigmatic reform in the last two decades; the three systems were also furthest from the market-based system of elderly care, with the state and the family respectively as the central for the provision of elderly care. They therefore offer especially challenging contexts for squaring the circle of fitting market mechanisms into the existing systems of elderly care. Under such circumstances, strategies of discursive construction and legitimisation will be particularly important. We include two Nordic countries to account for the emerging variation of the public systems of elderly care; more specifically, the range of mechanisms of marketization and the scope of their use is wider in Finland than in Denmark (Bertelsen and Rostgaard 2013; Karsio and Anttonen 2013).

The case selection focuses on policies concerned with demand led marketization of elderly care, which has been one of the main arguments for marketization (Brennan et al. 2012). Demand led mechanisms, which give individual users purchasing power and choice in their care (Timonen et al. 2006; Meagher and Szebehely 2013), are present in all three countries, but with interesting variations. In Denmark and Finland, vouchers are the predominant instrument: following a needs assessment by the municipality, the elderly person may receive a voucher; s/he is then free to choose among the providers approved by the municipality, although the voucher is typically earmarked for a specific set of services (Rostgaard 2006; XXX 2012). In contrast, in Italy non-earmarked cash-for-care payments prevail; they are granted by the national government without

restrictions for users on how the money is spent. This has offered a lever for the rising employment of migrant care workers, which has been further secured by legislation on migration (Da Roit and Le Bihan 2011).

Across the three countries, the demand led mechanisms of marketization are embedded in very different contexts and this accounts for differences in the kind of material used in our analysis. In both Denmark and Finland, vouchers or free choice have been introduced as part of specific legislation. The analysis therefore mainly draws on official documents, including parliamentary debates and hearings, legislative texts and ministerial guidance, as well as other relevant policy documents. In Denmark this has been supplemented by newspaper articles to capture some of the silences of existing problem definitions. The Finnish data covers the period between 1994 to the present, as marketization expanded after the 1993 law that changed the system of state grants to municipalities responsible for organizing health and social care. The corresponding period for the data from Denmark is 1990 to 2003, from the early critique of elderly care to the introduction of the free choice legislation. In Italy, by contrast, there have been very few changes in legislation. The non-earmarked cash-for-are payment has existed since 1980 and it has largely expanded without any explicit design or public discussion (Costa 2013). Instead, the issue of the care market has been only debated within the broader and often highly heated public discussions about migration. The major change paving the way for the emergence of the care market happened in 2002, when a new legislation (law Bossi-Fini) established the yearly quotas for migrant care workers and the recurrent amnesties for illegal migrant care workers. This is also the starting point of our analysis, which draws on the political debates in parliament and the broader public debate as it occurs in the media at the time of key legislation on migration. We

carried out a content analysis (see Downe-Wamboldt 1992) of the two most important national newspapers (Corriere della Sera [CdS] and Repubblica [R]) from 2002 to 2013. We found 6,239 articles with reference to migrant care workers, cash-for-care or elder care, and made a selection based on the three-month period immediately before and after the most important political decisions (the yearly quotas and amnesties in 2002, 2008-2009 and 2012). The content analysis focused on widely debated issues, such as the representation of migrant care workers, their working conditions and legal status, the care needs of the elderly population and their families, and the inadequate state of long-term care policies.

In summary, our analysis draws on material which captures as best as possible the formulations of 'official truths' around policies and developments that introduce or encourage the demand led marketization of elderly care in the three countries. Official truth is understood as the point of view presented in the official documents of the decision makers or as in Italy also in media discourse. Thus, our material is typically close to the legislation or equivalent processes, and our analysis centres around illustrating different discursive strategies based on key quotes from a cross-country perspective. In contrast, we are less interested in mapping out the positions of individual stakeholders and the detailed trajectories of how problem definitions came about. The theory led country and case selection ensures the comparability of the findings, as does the fact that we have subjected the data from each country case to the same three questions identified by Bacchi and outlined in more detail in the section on theory above.

Contexts and development of demand led marketization

In order to better understand the problem representations which through discourses create and back up the demand led mechanisms of marketization, this section offers a short overview of the contexts and main developments of voucher or non-earmarked cash system in each country.

Denmark

In Denmark, vouchers introduced as part of 'Free Choice' (*frit valg*) legislation in 2003 are the main lever for demand led marketization (Højlund 2004; 2006). The legislation primarily allows citizen choice of service provider; it also extends the choice of the range of services provided. This is also coupled with supply based mechanisms and the legislation requires local authorities to act as purchasers and to contract services not only from public but also from private providers. Yet choice is combined with control. Users may only choose among the providers approved by the local authority and based on the services allocated by the local authority following the needs assessment. Users also have some choice concerning the precise services they receive, but this has to be approved by a care worker as professionally sound.

Danish elderly care was subject to massive criticism in the mid 1990's. It was argued, that the state was unable to control the cost of elderly care (Finansministeriet 1995); and that the existing public system of elderly care alone was incapable of meeting future needs, because of its inflexible and paternalistic nature (Andersen 1997). Marketization had to be made to fit with ongoing transformations of moving elderly care to home based settings and professionalizing of care givers (XXX 2000); and it had to be translated in the specific institutional context elderly care in Denmark with its focus on 'equality', a non-centralist state and a concern for users. The

notion of ‘self-determination’ helped to make the relevant connections (Ældrekommissionens delrapporter 1980–82).

Finland

In Finland, a voucher is a tax-free fixed sum that the municipality grants to users eligible for municipal care services after needs testing. Users are allowed to choose the provider from a list approved by the municipality but do not have a choice of the substance of services. The voucher system came to Finland incrementally. In the second half of the 1990s, there were pilots in some municipalities and the extension of voucher system was part of government programs during the first decade of 2000 (for example Lipponen government program 1999). The first law came into force in 2004, when service vouchers were taken into use for home care. In 2009, the vouchers were extended to cover almost all social and health services (Law on social and health care vouchers 569/2009; Vuorenkoski 2009). In contrast to Denmark, vouchers do not cover all the costs for elderly care: care services may be more expensive when purchased with vouchers and users typically have to pay a deductible in addition to the user fees set by the law on social and health care service fees (Law on social and health care service fees in Finland 734/1992).

In terms of broader political context, the marketization of elderly care has forerunners already in the beginning of the 1980s, where marketization became possible in principle but was strictly controlled. This changed in the early 1990s, when the grants from the national government to the municipalities came to reflect ex-ante calculations of needs. This was followed by legislation that gave municipalities the possibility to outsource service provision (Toikko 2012: 63). The economic depression in the beginning of 1990s and the push towards new public management

reforms by multinational organizations paved the way for the marketization of Finnish elder care (see Julkunen 2001; Alasuutari and Rasimus 2011). Marketization draws on a wide range of mechanisms in addition to vouchers, including: purchaser provider split, contracting out, competitive bidding and tax credit (Karsio and Anttonen 2013).

Italy

Over the last decade, the non-earmarked cash-for-care payment (*Indennità di Accompagnamento*) introduced in Italy in 1980 (Da Roit and Le Bihan 2011: 183) has contributed to a significant growth of a new care market. This has been further fostered by the availability of around 800,000 migrant care workers (Pasquinelli and Rusmini 2013). It is estimated that these care workers are present in 9 per cent of households with people aged 65 and over, mainly on a live-in basis (Gori 2012), and that almost one third are undeclared migrants (Pasquinelli and Rusmini 2013). Despite the absence of explicit policies, the influx of migrant care workers, together with scarce availability of public home and residential care services have *de facto* marketized elderly care. The frequent use of ex-post regularisation to legalize migrant workers, together with policies aiming at both limiting and regularizing the inflow of new migrants into the country, have further fuelled marketization.

This process emerged in an unusual political context. Despite the significant growth in the number of immigrants, since the 2000s the Italian migratory regime has in fact been highly restrictive. The government mainly consisted of a coalition between the conservative party and the country's most xenophobic party (*Lega Nord*). Electoral campaigns included strong populist and racist rhetoric against the illegal presence of migrants. Nevertheless, the population at large

has increasingly accepted the role of migrant care workers, notably as a crucial resource to compensate for the shrinking care capacity of family.

Comparative analysis of marketization

Problem representations

The problem representations reflect the fact that the idea of markets needed to fit into elderly care systems dominated by public services and the family respectively. In Denmark and Finland, concerns about user responsiveness and especially the costs of public care services prevail, whereas in Italy the latter is combined with concerns about the declining care capacity of families.

In Denmark, the problem representation was embedded in a critique of the existing welfare state dating from the early 1990s. In this view, the welfare state was old fashioned, 'bureaucratic' and 'paternalistic' and thus unable to control costs and substance of the system of elderly care (Finansministeriet 1995). Decisions about care were made rather randomly and lacked a more systematic approach (Socialministeriet 1997). This required 'renewal' meeting future challenges of increasing demand, in both qualitative and quantitative terms (see also Andersen 1997; XXX 2000).

A related concern was the problem representation that while expenditures were expected to increase, public funds were seen as insufficient to match this development (Finansministeriet 1995; Socialstyrelsen 1983). There were similar concerns in Finland: the ageing of the

population resulted in an increasing demand for services (Suominen and Valpola 2002: 14), which the municipalities had difficulties to match as it would demand raising public expenditure (Heikkilä et al. 1997: 3). Interestingly, the problem definition was also connected to users, who were ’not conscious of the costs of public services’ they received (Palveluseteli ja peruspalvelut 1994: 30). Vouchers were seen to increase cost awareness on all sides (Palvelusetelin käyttöalan laajentaminen 2008: 33; see also Kuusinen-James 2012).

In Denmark, the experiences with small scale marketization pilots during 1990–1998 offered a springboard to further specify the qualitative challenges of the existing system of elderly care; a problem representation emerged around public care services as unresponsive to user needs. In this view, the state had heavily standardized public care services (Socialministeriet 2002; see also Højlund 2006). This referred to the effects of an earlier initiative introducing common categories for service delivery, which was seen to privilege the administrative system over the quality of service delivery. In the legislation on free choice, the Ministry of Social Affairs built on this and portrayed the existing system of elderly care as inflexible and bureaucratic, in fact disempowering the elderly (Socialministeriet 2002). This opened the door for the ‘freely choosing elderly’ who soon became the dominant figure (see also Højlund 2006).

The mismatch between users and public care services was also seen as a problem in Finland. However, this was not only because of a lack of choice, but also because of the public sector’s inflexibility vis-à-vis the increasing diversity of user needs. The view was that ’[t]here is a general shift in the values and needs of people towards individualistic and tailored services’ (Hyvinvointipalvelut –kilpailua ja valinnavapautta 1995: 1). Needs were portrayed as having

become highly individual and this fitted poorly with the standardized service provision of the municipalities.

Unlike in the other two countries, the Finnish documents also raised gender inequality as a problem, notably in two ways. One problem representation related to labour market inequalities, especially affecting (young) women who experienced difficulties getting into long-term employment. In this view, vouchers were seen as a solution, as they ’create jobs especially for women when new enterprises, especially small ones, are started’ (HE 74/2003: 13). Another problem representation related to women as the main users of vouchers, reflecting their longevity. Vouchers would give women a chance to influence services and to increase control over their lives. Since women deliver most of the informal care, vouchers would also give female caregivers better access to respite care (HE 74/2003: 14; see also Tillman et al. 2014).

Like in Denmark and Finland, the lack of public funding of long-term care was also a major concern in Italy. However, here it was combined with problem representations related to the weakening of family care capacity. Budget constraints and the veto by specific interest groups of people with disabilities had earlier stopped any attempt to reform the cash-for-care payment which was the cornerstone of the Italian elderly care system (Costa 2013). However, in the early 2000s, also prompted by the 2003 heat wave that killed 30,000 vulnerable elderly, providing adequate care to the population came to be perceived as a problem that was unlikely to be solved without an increase in public funding.

A unique Italian problem representation concerned the legalisation of the cheap workforce of migrant care workers, most of whom had illegally entered the country. As part of the public discussion surrounding the introduction of general amnesties (in 2002, 2008–09 and 12), the illegal status of migrant care workers was considered a risk for Italian families; they might lose help if the migrant care workers were expelled from the country as 'clandestine': 'if *badanti* do not get their sojourn permits, Italian families go into crisis' (CdS 15.05.2008). Similarly, within a decade the initial opposition of the Lega Nord Party to amnesties slowly turned into a soft acceptance. In 2008, the Lega Minister of the Interior declared: 'we are not going to make war to the people who take care of our old parents' (CdS 04.08.2008).

Within an overall restrictive immigration policy, this also required subjecting migrant care workers to positive discrimination by separating them from the rest of illegal migrants and by integrating them into the country as 'functional workforce'. A clear distinction therefore emerged between the two groups; one 'who rape women or rob houses' (CdS 18.05.2008) and the other 'who perform a relevant social task' (ibid.). This representation coincided with a crucial change in the migratory legislation: since 2008 amnesties for undocumented migrants have been introduced *only* for care workers.

Assumptions underlying the problem representations

The problem representations were underpinned by a range of assumptions. In Denmark and Finland these related to the desirability of choice and the positive effects of competition in elder

care service markets; in Italy the assumptions concern the superiority of home-based care and the naturalness of migrant care workers as part of the elder care solution.

In two Nordic countries, one of the central assumptions is that choice is desirable. For example, in Denmark, the basic argument was that choice by users was the lever for quality in market settings (Folketinget 2002; see also Petersen 2011). The elderly emerged as an active user, who had a range of choices: on day-to-day basis, to prioritize among specific care services, to choose their preferred provider and to exit if dissatisfied with the service provision. Free choice was also ascribed forces of empowerment; it gave the elderly greater independence and respect (Folketinget 2002).

In Finland, the desirability of choice was framed in a more personalized way: users want choice. Compared to previous generations, the elderly had better skills, resources and knowledge to use vouchers and to make choices: ’Higher level of education and the better availability of information on services have increased the citizens’ ability and willingness to make their own choices’ (Räty et al. 2004: 1). More specifically, if users were given the choice, they preferred to have private service providers and with the help of vouchers users would be able to pay more for services. For example, the argument was that ’[v]ouchers give also the low income groups a chance to use private services’ (Lith 2011: 6). Correspondingly, the documents portrayed users as more demanding and as having more diverse needs (see also Anttonen & Häikiö 2011).

The other important set of assumptions in the two Nordic countries was that competition has positive effects on elderly care services. In Denmark, this was based on the presumption that

competition created change, which was synonymous with development (Folketinget 2002; see also Petersen 2011). More specifically, through the mechanism of price competition, the market punished those (public) providers which remained unresponsive to the diverse needs of the elderly. Similarly, in Finland, competition was ascribed the possibility to 'increase choice and availability of services and make them more flexible, diverse and efficient' (HE 20/2009: 16). The presence of private providers together with 'the mere existence of competition rationalizes the public services as well' (Lith 2011: 14). This would force public services to change, and they too would become innovative, efficient and high quality. A related presupposition came from the Danish Ministry of Social Affairs (Folketingets Socialudvalg 2002) which stated that another positive effect was that competition led to a clearer division of labour between provider and purchaser and thus offered incentives to better attract qualified care staff.

In Denmark, competition was also seen to increase fairness of needs assessment (Socialministeriet 1997; see also Andersen 1997) and fairness among public and private providers. Fairness was closely linked to another assumption, which saw care as something predictable. The implication was that municipalities could describe and decide upon care in formalized ways, which, in turn, care workers could implement in a straightforward manner (see also XXX 2000, 2012b). This represented an administrative logic that split up tasks to make them suitable for control and management. An example is a report by four ministries, which described the professional carer on the basis of five 'functions for home helpers', which were further split into sub-functions (Finansministeriet 1995).

In contrast, in Italy the assumptions related to the functioning of markets were dominated by migrant care workers. A primary assumption was that there were no additional public resources available for supporting elderly care. This 'fact' was used as a rationale for the extensive use of migrant care workers, as the following quote illustrates: 'the country would stop if they [migrant care workers] go on strike' (R 01.06.2006). This also seemed to justify the irregular employment of care workers: 'Italians do not draft standard work contracts with migrant care workers because they cannot afford to pay them a regular salary' (R 27.05.2008).

Another assumption was that employing a migrant care worker was the best way to secure ageing in place. Care workers were explicitly welcomed as 'savers' of the family-based care system, complementing kinship networks: 'employing a care worker is a choice, which is driven both by sentiments and interest: the elderly should never be taken out of their own home and abandoned in a public residential home' (CdS 12.08.2006).

A related assumption was that the care market only functioned if the informal and domestic nature of migrant care work was maintained. It is emblematic that migrant care workers were portrayed as '*badanti*', which is an old-fashioned term for caring people. This carried positive connotations in the public discourse: the *badanti* became recognized as 'a crucial component of our [Italy's] familialistic welfare' (R 23.05.2009), 'where people organise welfare services by themselves to compensate for the lack of initiative by the state' (CdS 13.06.2004).

Silences

In all three countries, the silences concern the conditions for and consequences of marketization. Like the assumptions, the specific silences reflect the two different types of care markets: in Denmark and Finland silences relate to specific aspects of costs and users, whereas in Italy the status of migrant care workers and issues of quality are silenced. In all three countries, the implications of markets for the everyday life of informal carers are silenced.

In the Nordic countries, one set of silences related to the costs of marketization. In Denmark, one assumption was that free choice improved the control of monies spent on elderly care, and that free choice was cost neutral. Yet, this silenced the transaction costs that were associated with the implementation and administration of free choice. These incur in arranging, managing and monitoring transactions across the markets (Williamson 1975).

In Finland, silences around costs are more directly related to users. The view was that users were ignorant of the actual costs of elderly care services and instead economized and turned to public services, even when they could afford to purchase services from the market. This silenced the costs of voucher system to the users and the actual ability of users to pay services. There was also no consideration of how it was possible that private providers could offer services for less than public providers and still make a profit. Questions such as, where does the profit come from and where does it go, were never posed.

A second set of silences in Denmark and Finland concerned the characteristics of users in care markets. In the former, the focus was on the type of choices that existed, rather than on the conditions for realizing the choice available in principle. The assumption is that elderly people

had the relevant information and the necessary resources to make informed choices. But what specific information and what specific resources were required for elderly people to be able to choose and to change providers? Further, how did ‘free choice’ work out in practice? What were the specific implications for the day-to-day experiences of receiving care, on the part of the elderly person, and of giving care, on the part of the care worker? What are the consequences for informal carers?

Similarly, in Finland there was a widespread understanding of users as more demanding and as having more diversified needs (see also Anttonen and Häikiö 2011). Yet, in the policy documents there was no discussion of what users were like in reality. It is well known that more elders suffer from memory disorders (Vuorio and Väyrynen 2011) and that users of elder care services are also older and frailer than before (Kaskisaari et al. 2010). However, it was unlikely that this would make users more conscious and active clients demanding more choice.

A third set of silences related to the issue of employment and in Finland, vouchers were assumed to enhance the creation of female-led small enterprises. There was no information on whether the low-paid care workers actually wanted to start their own companies and to take the risks of entrepreneurial activity. How did the working environment, income and benefits of these women change? How did they acquire the skills needed for running a business? Was a small home care company sufficient to make a living? Instead, the issue of employment was considered only from the point of view of the municipalities.

Meanwhile in Italy there was a silence around the working conditions of migrant care workers. One silence concerned their human and labour rights, as well as their living conditions. In more than a decade, the major national newspapers had not published any articles about the material difficulties faced by these workers. Instead, any specific requests by migrant care workers were discredited; for example a request for family reunification was portrayed as an ‘an insidious invasion’ (R. 18.05.2008). It was therefore accepted that migrant care workers faced typical secondary labour market working conditions: very low salaries, considerable insecurity, mix of formal and informal arrangements, no upward mobility. One justification was the transient status of migrant care workers: ’they [migrant care workers] do not need social contributions as their migratory plan is only temporary’ (R. 25.10.2011).

The cash-based nature of the Italian long-term care system was also never challenged (Costa 2013): ’Italian families were left alone by the state and they found a private solution on the market’ (R. 24.06.2006). The growth of the care market was seen as evidence of the inadequacy of public policies, but there were no calls for change. Instead, the lack of higher public subsidies was claimed to be responsible for the growth of the illegal market: ’the *indennità di accompagnamento* does not provide enough money to pay the salary of migrant care workers if they have to be regularly employed; it [the cash benefit] just covers food, housing costs, and bills’ (R. 02.02.2010).The quality of care that elderly people received from migrant care workers was also never discussed. Finally, the predominant focus on migrant care workers silenced the contribution of informal carers and their day-to-day lives.

Discussion

Marketization is widespread across elderly care systems in Europe and includes a variety of supply and demand led mechanisms. In the international literature on marketization, the institutional perspective is dominant and studies examine the politics and policies of marketization. Instead, our analysis has reconstructed how social and political actors have argued in favour of/legitimised this turn in social policy. We focus on the ideas underlying marketization and this is important for two reasons. Like other social policies, elderly care is a policy field where normative assumptions play an important role, and there are a number of countries where marketization occurred without radical institutional change. Using Bacchi's 'What's the problem' approach, we analyse the discursive processes of constructing and legitimising markets in elderly care based on a comparative analysis of demand led marketization mechanisms in Denmark, Finland and Italy. The analysis mainly draws on official and other relevant policy documents as well as on newspaper articles.

Empirically, the analysis offers interesting insights into the construction and legitimisation of markets at the level of discourse; this occurs by defining specific problem representations, underlying assumptions and silences. On the part of policy makers, there is a demand for arguments that represent a good match between marketization and defined problems in the existing system of elderly care, while other arguments are silenced or pushed aside. This occurs through either discontinuities or continuities. In Denmark and Finland, the old-fashioned, costly and bureaucratic public system is the main problem representation and this is contrasted with markets as modern, efficient, responsive and cost-saving. In contrast, in Italy, the lack of public

funding together with the declining caring capacity of families emerged as the central problem representation. An informal, flexible market is portrayed as the natural extension of the existing family-based system although under new circumstances; it is based on relationships of paternalistic dominance between employer-families and an extensive, cheap labour force with no social rights.

Processes directed at defining the underlying assumptions further support the discontinuities/continuities connecting marketization with existing systems of elderly care in our three countries. These relate to the superior functioning of markets as responsive and efficient, and as offering more choice for users and value for money. However, the views on the role of public actors vary. In Denmark and Finland markets are to be controlled and regulated, whereas in Italy markets are perceived as natural and spontaneous, needing to be safeguarded through flexible regulation. This allows not only for the unregulated informal market of care to exist, but also for its illegality to be ignored.

Defining problem representations and assumptions rests on processes of silencing. In all three countries, one major silence relates to the consequences of markets for care workers. This concerns the following: migrant care workers in Italy and their unregulated and unsafe working conditions as well as their lack of social rights, the female entrepreneurs in the Finnish care market and the Danish care workers who work under strict managerial control. The everyday experiences of users of care services are also silenced. This includes the quality of care received from low paid migrant care workers in Italy as well as the willingness and abilities of Danish and Finnish elders to make choices in the care market. Finally, the issue of informal carers is not at

all discussed in Denmark and Italy, while in Finland informal carers are portrayed as potentially empowered and gendered users of vouchers. Yet, neither in Finland the consequences of markets for the everyday life of informal carers are discussed.

The variety of ways to construct and legitimate markets through problem representations, underlying assumptions and associated silences also makes an important conceptual point. In addition to its institutions, it is crucial to understand the ideas behind the marketization of elderly care. Ideas are a key leverage for making policies and practices of marketization acceptable and decision makers and other influential political/societal actors use ideas in policy and public debates (Béland 2005). The different ideas about what a care market is and should be crystallize in the particular institutional forms of care markets which become dominant in individual national contexts. In Denmark and Finland care markets have been highly regulated in order to secure the high level of efficiency and responsiveness they are supposed to have. In Italy the idea of introducing a care 'market' has been, more or less explicitly, almost ignored and consequently the use of migrant care workers has been left almost unregulated and embedded in paternalistic relationships.

However, ideas do not always relate to the institutions of the elderly care system in a linear way (see also Béland 2005); the differences between Denmark and Finland are a case in point. For example, although both countries have a strong focus on gender equality, this is only an issue in Finnish public discourses. The gendered nature of informal care giving and the gender biases in

labour market participation form part of the problem representation, while women's interests in becoming care entrepreneurs is one of the silences.

Further, in methodological terms, the analysis highlights the advantages of adopting a cross-country comparative perspective when using the 'What's the problem' approach. XXX (2012a) stresses the merits of the comparative perspective, specifically when analysing policy silences. Juxtaposing seemingly similar discourses in different contexts helps 'de-naturalising' individual discourses and identifying what is not talked about. The present analysis included two sets of cases with variation of contexts and as such powerfully demonstrates that the merits of comparison extend to the other dimensions of the approach. The cross-country comparative approach makes studies based on the 'What's the problem' approach more robust.

In summary, our analysis of how markets in elderly care are constructed, legitimated and framed as a viable solution to the perceived problems of the existing system of elderly care shows that ideas around financial savings and/or the overall superiority of marketization of elder care services dominate. The literature suggests that marketization significantly changes existing systems of elderly care, ranging from gains in service efficiency and effectiveness (Le Grand 1991) to the rise of inequality and re-familiarisation (Lewis 1998). However, at the level of public discourse, marketization is presented as a solution which builds on rather than challenges dominant ideas of care. In Denmark and Finland, market mechanisms are supposed to improve the functioning of the public system in elderly care, whereas in Italy market mechanisms are seen as a way to preserve the family ties through the use of *badanti*. Nevertheless, as the silences in

the public discourse show, dominant ideas about what a market is and how it works are very narrow and minimal across all our countries; there is little concern about its implications for service quality, working conditions and society more broadly. Importantly, this bears the risk of constructing markets that are alien to care users/workers/informal carers and whose legitimacy is not sustainable in the long-run. In the future, better knowledge of the role played by ideas in forging care policies, and specifically the introduction of market mechanisms, will allow a more critical understanding not only of how marketization is generally accepted as a solution, but also of the issues which marketization silences.

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