Graying States: Elder Care Policy in Alberta, Canada and Sweden

By

Gabrielle Betts

A thesis submitted to the Faculty of Graduate and Postdoctoral Affairs
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in

Political Science

Carleton University
Ottawa, Ontario

© 2014
Gabrielle Betts

ACKNOWLEDGEMENTS

Undergoing the six-year adventure towards the completion of my thesis would not have been possible without the care and support of many people along the way. First and foremost, I could not be more grateful to have worked under the direction of my talented co-supervisors Dr. Rianne Mahon and Dr. Fiona Robinson. I am thankful for the intellectual stimulus they provided throughout my PhD studies, the countless hours that they spent reading through my thesis drafts, the insightful and invaluable feedback they offered throughout the research and writing process, and their help in overcoming any challenges that presented themselves along the way. My thesis would not be the same without their excellent supervision.

I am fortunate to have also had the opportunity to work with Dr. Hugh Armstrong, who was a member on my thesis committee in addition to being one of my professors while pursuing my PhD studies at Carleton University. His course and work on the political economy of health and elder care have influenced my research and work.

I am also grateful to Dr. Marta Szebehely for sharing her expertise on Swedish elder care, and for being so helpful and kind when I prepared for and undertook my fieldwork in Sweden; with one of the highlights of my trip being the day I spent at her beautiful cottage.

I am also thankful to Dr. Lois Harder and Dr. Linda Trimble. They have greatly impacted my life as they were the ones who initially sparked my interest in gender politics, and have since become inspiring mentors.

Moreover, this thesis would not have been possible without my parents Lucie and Jim Mason. I am grateful to my Mom for helping me to maintain balance and perspective while pursuing my PhD by taking me out for much needed shopping and coffee breaks away from my work. I am thankful to my Dad for carefully reading countless drafts of my work, and helping me to rehearse my presentations; offering thoughtful feedback throughout my university years. It is thanks to my parents' perpetual faith in my abilities and their unconditional support that I have been able to pursue my life dreams.

I am also indebted to my husband Kenton Betts, who could not have been a more solid partner throughout my PhD studies. He coached me through the successful completion of my PhD comprehensive exams, helped me to overcome many intellectual roadblocks that came up while writing this thesis, and helped me to prepare for my defense. Most importantly, I am grateful for the love and happiness he brings me every day.

TABLE OF CONTENTS

Acknowledgements	2
Abstract	5
Acronyms and abbreviations	6
Glossary	7-8
Chapter 1 – Introduction.....	9
Problem pressures - demographic trends in Alberta and Sweden.....	11
Feminist political economy	18
Elder care within the welfare regimes of Alberta and Sweden.....	22
Choice of cases	23
Divergence/convergence theories	24
Theory and methodology	27
Conclusion	30
Chapter 2 - Macro-theoretical Framework.....	31
Feminist political economy	32
Feminist ethics of care	48
Conclusion	60
Chapter 3 - Neo-liberal Divergence with a Common Trajectory in the Welfare Regimes of Alberta and Sweden.....	61
Welfare regimes	62
Feminist critiques of Esping-Andersen's welfare regime models and his response	69
Varieties within welfare regimes	76
Path-dependence and divergence/convergence theories	96
Conclusion	106
Chapter 4 - Political Context and Historical Background of Elder Care in Alberta and Sweden	108
The politics of Alberta and resulting elder care policies in historical perspective	108
The politics of Sweden and resulting elder care policies in historical perspective	121
Conclusion	138
Chapter 5 - The Marketization of Elder Care in Alberta and Sweden.....	140
Marketization and the discourse of choice.....	141
Supply side marketization.....	149
Demand side marketization.....	162
Conclusion	180
Chapter 6 - Concluding Thoughts.....	181
Central themes	183
Research limitations.....	189
Directions for future research	190
Conclusion	191

Appendix A - Interview methodology	193
Appendix B - List of key stakeholders interviewed.....	195
Appendix C - Ethics application forms.....	197
Appendix D - Master list of interview questions	225
Appendix E - Table outlining elder care in Alberta.....	230
Appendix F - Table outlining elder care in Sweden	233
Appendix G - Bibliography	236

ABSTRACT

Graying States: Elder Care Policy in Alberta, Canada and Sweden

Elder care is becoming an important issue across Organization for Economic Co-operation and Development (OECD) countries. This dissertation examines how, in the postwar period many OECD countries began to develop elder care policies, but did so in different ways. In the postwar period, Sweden came closer to what would be considered the 'gold standard' for elder care, investing a substantial share of its Gross Domestic Product (GDP) in a comprehensive, publicly financed elder care system while jurisdictions like Alberta have left it largely to private - household and market - solutions. However, in an era of neo-liberal globalization, fiscal pressures associated with population aging may be leading not only 'liberal' jurisdictions like Alberta, but also 'social democratic' ones like Sweden to rely increasingly on markets and households. This research is important because elder care is an issue of growing concern in OECD countries given the growing gap between available public resources and the needs of the growing elderly population.

The core argument of this thesis is that there is a common trajectory in Albertan and Swedish elder care policies in a neo-liberal direction. Nevertheless, differences in their original policy base continue to be reflected in their current policies. This calls for a more nuanced version of the path-dependency thesis.

While it is appropriate to examine national policy in the Swedish case since the majority of the policy decisions and innovation occurring in the elder care field are national, in Canada elder care is a provincial responsibility, although some policies affecting the elderly are pan-Canadian such as pensions, and the Canada Health Act. Canadian provinces have considerable latitude in designing health and social care provision whereas the national framework clearly sets limits to the extent to which the Swedish municipalities can introduce local variations. I chose Alberta because it is arguably Canada's most conservative province; thus, it offers an interesting contrast (most unlike case) to Sweden, which has been the paradigm exemplar for social democratic social policies.

Elder care is a highly gendered issue since the empirical reality is that the eldest elder care recipients are often women as women typically outlive men, and women provide the bulk of both formal and informal elder care as wives, daughters or paid caregivers. As such, this thesis uses the feminist political economy and the ethics of care to provide a gender-sensitive critical analysis of elder care in Alberta and Sweden from the post-World War Two period until the end of 2011.

ACRONYMS AND ABBREVIATIONS

ADL – Activities of Daily Living
AHS – Alberta Health Services
AHW – Alberta Health and Wellness
AISH – Assured Income for the Severely Handicapped
ASB – Alberta Seniors Benefit
ASCS – Alberta Seniors and Community Supports
CHST – Canada Health and Social Transfer
CIHI – Canadian Institute for Health Information
CPP – Canada Pension Plan
CST – Canadian Social Transfer
EMS – Emergency Medical Services
EPF – Established Program Financing
DAL – Designated Assisted Living
DAL-D – Designated Assisted Living for people with Dementia
GDP – Gross Domestic Product
GOA – Government of Alberta
HCA – Health Care Aide
HIDS – Hospital Insurance and Diagnostic Service (Act)
HAS – Home Support Aides
IADL – Instrumental Activities of Daily Living
LPN – Licensed Practical Nurse
LTC – Long-term Care
MSI – Medical Services Incorporated
NEP – National Energy Program
NPM – New Public Management
OAS – Old Age Security
OECD – Organization for Economic Cooperation Development
PSW – Personal Support Workers
NBHW – National Board of Health and Welfare
RHA – Regional Health Authorities
RN – Registered Nurse
WHO – World Health Organization

GLOSSARY

Activities of daily living (ADL): include bathing, dressing, eating, getting in and out of bed or chair, moving around, and using the bathroom. Often they are referred to as “personal care”.

Care setting: means the place where users of care services live, such as nursing homes, assisted living facilities/sheltered housing, and/or private homes.

Cash (or cash-for-care) benefits: include cash transfers to the care recipient, the household, or the family caregiver, to pay for, purchase, or obtain care services. Cash benefits can also include payments directed to carers.

Elder*: see definition provided for ‘senior citizen’.

Elder care institutions: refer to nursing and residential care facilities (other than hospitals) which provide accommodation and long-term care as a package to people requiring ongoing health and nursing care due to chronic impairments and a reduced degree of independence in activities of daily living (ADL). These establishments provide residential care combined with either nursing, supervision or other types of personal care as required by the residents. Elder care institutions include specially designed institutions where the predominant service component is long-term care and the services are provided for people with moderate to severe functional restrictions.

Elder care recipients: people receiving long-term care in institutions or at home, including recipients of cash benefits.

Formal (elder) care: includes all care services that are provided in the context of formal employment regulations, such as through contracted services, by contracted paid care workers, declared to social security systems. Formal elder care workers include the following occupations and categories: 1) nurses ; 2) personal care workers (caregivers), including formal workers providing elder care services at home or in institutions (other than hospitals) and who are not qualified or certified as nurses, personal care workers at home or in institutions are defined as people providing routine personal care, such as bathing, dressing, or grooming, to elderly, convalescent, or disabled persons in their own homes or in institutions (other than hospitals).

Family carers: include individuals providing elder care services on a regular basis, often on an unpaid basis and without contract, for example spouses/partners, family members, as well as neighbors, and/or friends.

Home care: is provided to people with functional restrictions who mainly reside in their own home. It also applies to the use of institutions on a temporary basis to support continued living at home – such as in the case of community care and day-care centers, and in the case of respite care. Home care also includes specially designed, ‘assisted or adapted living arrangements’ for persons who require help on a regular basis while guaranteeing a high degree of autonomy and self-control.

Informal (elder) care: refers to the services rendered by family members, friends, and relatives. These are informal in the sense that the individuals providing the care do not do it for a living and are not paid. Indeed, they are often providing the elder care service, while at the same time engaged in gainful employment elsewhere. Informal care is reported in the literature as including emotional help (keeping company or keeping an eye on), economic assistance, as well as more hands-on help (personal services, practical assistance, paperwork, cleaning).

Informal (elder) carer: an informal carer is generally defined as someone who looks after another person –a relative, neighbor or friend, but predominantly a relative- who has an impairment, mental health problem, or (chronic and life-limiting) illness.

Instrumental activities of daily living (IADL): include help with housework, meals, shopping and transportation. They can also be referred to as ‘domestic care’ or ‘home help’.

Long-term care (LTC): is defined as a range of services required by persons with a reduced degree of functional capacity, physical or cognitive, and who are consequently dependent for an extended period of time on help with basic activities of daily living (ADL). This ‘personal care’ component is frequently provided in combination with help with basic medical services such as ‘nursing care’ (help with wound dressing, pain management, medication, health monitoring), as well as prevention, rehabilitation or services of palliative care. Long-term care services can also be combined with lower-level care related to “domestic help” or help with instrumental activities of daily living (IADL).

Non-profit sector: many rely on paid employers, but also volunteers whose work can be described as the unpaid time people give to help an organization or an individual to whom they are not related (Karp et al. 2010, 25).

Senior Citizen: a common designation for an elderly person. It is often used instead of traditional terms such as ‘old person,’ ‘old age pensioner,’ or ‘elderly’ as a courtesy and to signify continuing relevance of and respect for the population group as ‘citizens’ of society, or ‘senior’ rank. The age which qualifies for senior citizen status varies widely. In governmental contexts it is usually associated with an age at which pensions and medical benefits for the elderly become available.

Chapter 1 - Introduction

Elder care is an issue of growing concern in Organization for Economic Co-operation and Development (OECD) countries but it is not simply a question of demographic pressures encountering fiscal constraints. Elder care policies are embedded in wider socio-economic and political relations of power, especially gendered understandings of care.¹ The survey of existing social science literature indicates that the issues facing many elderly people and their caregivers need to be examined from a perspective that takes gender seriously.² The empirical reality is that the eldest elder care recipients are often women as women typically outlive men, and women provide the bulk of elder care as wives, daughters or paid caregivers.³ In an era of neo-liberal globalization fiscal pressures associated with population aging have increased the disconnect between increasing elder care needs and decreasing availability of both formal and informal elder care as the adult earner family replaces the male breadwinner-female caregiver family norm. In other words, it is not easy to privatize elder care by devolving responsibilities onto families. The growing size of the elderly population therefore serves to enhance concerns about families' - and in particular women's- ability to provide the care needed to maintain the elderly population.

This thesis uses the feminist political economy and the ethics of care⁴ to provide a gender-sensitive critical analysis of elder care in Alberta and Sweden from the post-World War Two (WWII) period until the end of 2011. Sweden was chosen to represent the ideal-typical social democratic regime, with a strong state, large public sector, and a limited role for market solutions in welfare provision while the Albertan welfare state would be considered a liberal regime. Although comparative studies typically compare two national systems, I chose to

¹ Neo-liberalism and gender inequality should therefore be considered co-constitutive.

² See, for example, the work of Armstrong, P., A. Banerjee, M. Szebehely, H. Armstrong, T. Daly, and S. Lafrance in *They Deserve Better: The Long-term Care Experience in Canada and Scandinavia* (2009).

³ Almost two-thirds of the people receiving elder care in Canada are women, with women amassing more than three-quarters of those aged 85+ (Armstrong et al. 2009, 32). Meanwhile, in Sweden, women also represent a majority of the elder care recipients, in home-based as well as institution-based care (Daly and Szebehely 2011, 8).

⁴ Throughout the thesis I use 'ethic(s) of care' and 'feminist ethics of care' interchangeably. As Kershaw notes, "it remains a uniquely feminist endeavor to treat care as a lens of analysis for citizenship and social policy" (2005, 9). For Daly and Lewis too the two are closely intertwined: "care is one of the truly original concepts to have emerged from feminist scholarship, and it has served as a central hinge in thinking about welfare states are or can be gendered" (1998, 4).

compare Sweden's elder care system to that of one Canadian province (Alberta). While it is appropriate to examine national policy in the Swedish case since the majority of the policy decisions and innovation occurring in the elder care field are national, in Canada elder care is a provincial responsibility, although some policies affecting the elderly are pan-Canadian such as pensions and the Canada Health Act. Canadian provinces have considerable latitude in designing health and social care provision whereas the national framework clearly sets limits to the extent to which the Swedish municipalities can introduce local variations. I chose Alberta because it is arguably Canada's most conservative⁵ province; thus, it offers an interesting contrast (most unlike) to Sweden which is the paradigm exemplar for social democratic social policies.

One would thus expect their elder care policies to have evolved quite differently at least in the postwar era. Sweden has in the past come closer to what would be considered the 'gold standard' investing a significant portion of its Gross Domestic Product (GDP)⁶ in the development of a relatively comprehensive, publicly financed elder care system while other jurisdictions like Alberta have placed greater reliance on private - household and market - solutions. However, in an era of neo-liberal globalization, fiscal pressures combined with population aging may be leading not only liberal jurisdictions like Alberta, but also 'social democratic' ones like Sweden to rely increasingly on markets and households.

This thesis centers around the following central research question: how can we explain the evolution of elder care policies of Alberta and Sweden from the post-WWII period until the end of 2011? In order to answer this question, I begin by answering the following three sub-research questions: first, which elder care policies do the province of Alberta - often classified as a liberal welfare regime - and Sweden - the paradigm exemplar of a social democratic welfare regime - have in place to meet challenges presented by the aging population and why? Second, is Swedish elder care policy moving along the same neo-liberal trajectory as Alberta in terms of elder care policies, and if so, how can this be explained? Third, what are the gendered consequences of contemporary elder care policies in Alberta and Sweden for the elderly and their elder caregivers?

⁵ The province has been governed by right wing parties (first Social Credit then Conservative) without interruption since 1935.

⁶ As a proportion of GDP, Sweden's allocation is almost five times the European Union average. See, for example, <http://sweden.se/society/elderly-care-in-sweden/>.

In answering the central and sub-research questions of this thesis, I argue that while elder care policies in both Alberta and Sweden have followed a neo-liberal trajectory (marketization), which has obscured both the importance of care and the relations of power that govern the giving and receiving of it, it is still possible to see significant policy differences due to both legacies of the past and differences in contemporary political alignments. In other words, while both places began to develop elder care policies in the postwar period, they did so in different ways. Since the 1980s, however, there has been increasing political appetite for neo-liberal ideas of competition and choice. The neo-liberal turn has created a growing gap between available public resources on the one hand, and the needs on the part of the growing elderly population on the other hand. This does not mean that the ‘path dependency’ thesis needs to be rejected outright as the effect of policy legacies is still visible. As Colin Hay (2004) would argue, there is a continued divergence despite a common trajectory.

The main contribution of this thesis is the rich empirical analysis of the evolution of elder care policies in Alberta and Sweden. This activity involves an account of the changing field of elder care in Alberta and Sweden to reveal the political drivers, and the corresponding effects on elder caregivers and the elderly they care for. This approach, which utilizes an integrated lens of care ethics and feminist political economy, allows us to see the often hidden effects of elder care policies and practices on women. Although this dissertation does not formally take an intersectional approach, I do recognize that women’s experiences of elder care are affected by class, age, and ethnicities.

Problem pressures - demographic trends in Alberta and Sweden

Demographic trends present major political economic challenges and opportunities that will have lasting impacts for Alberta and Sweden in terms of elder care policy⁷ development. This section outlines some of the key demographic shifts and offers insight into why both governments are making efforts to adjust their elder care policies to find solutions that are both economically viable and politically acceptable.

Population aging

⁷ See Appendix E for information about current elder care in Alberta, and Appendix F for details on contemporary elder care in Sweden.

Alberta and Sweden’s populations are both aging, albeit at different rates and proportions. The province of Alberta had an estimated population of 3,645,257 in 2011 (Statistics Canada 2011). The first baby boomer⁸ turned 65 in 2011, and each month thereafter over 2000 Albertans reached 65 (GoA 2010, 1). It is estimated that the percentage of Albertans 65+ will increase to 15% of the total population over the next decade, with the number of elderly expected to rise from 413,000 to 642,000 (GoA 2010, 1). Moreover, by 2031, when the last baby boomer reaches 65, it is projected that approximately 20% of Albertans will be 65+ (Ferguson 2011). At the end of 2011, Sweden’s total population was estimated to be 9,514,406 (Statistics Sweden 2012), with more than 18% of the residents 65+ by the end of 2011 (Home Instead 2012). Moreover, analysts predict that by 2050, Sweden will have 2.3 million people in that age group (Home Instead 2013). Table 1 below outlines projections for the number of people 65+ in Alberta and Sweden.

Source: Statistics Canada 2010; Statistics Sweden 2008a.

⁸ A baby boomer is typically considered to be a person who was born during the demographic post-World War II baby boom between the years 1946 and 1964.

Population aging can be attributed to a variety of factors including healthier lifestyles, improved standards of living, and medical advances which are helping people to manage chronic illness and live longer. Population aging thus reflects real advances, but at the same time, it is important to take into consideration the challenges it represents, as well as costs that may result from it.

The politics and policies of aging are an important aspect of social and health policy agendas as societies like Alberta and Sweden debate the future of welfare states in which the distribution of rights and obligations among the state, the market, the non-profit sector, and the family must be reassessed. Given population aging, one of the central pressures with regard to the future of health and social care systems is the financial sustainability of these systems. Some warn that the boomers' giant demographic shift towards retirement constitutes the biggest challenge for governments. Ragan speaks to this:

This government machine built over the past half-century was constructed during a time when demographic forces were very advantageous: a young and fast-growing population. The implications were rapidly advancing living standards and the ability to easily fund many government programs. But as the oldest baby boomers reach 65 this year and these demographic forces move into reverse for the next three decades, there will be a need to adjust this machine of government (2011, 31).

Accordingly, this has given rise to references to the coming 'gray wave,' and 'the gray tsunami'. As Gee and Gutman note:

A number of terms have surfaced – apocalyptic demography, voodoo demography, and alarmist demography – to refer to an increasingly held view that demographic factors determine human affairs. While demography does influence the social environment, it does not determine it – this is what the 'holy writ' of apocalyptic demography fails to understand. We use the term 'holy writ' advisedly because apocalyptic demography has an ideological hue. For many, it is accepted fact that population aging has negative consequences for society and for intergenerational relations, i.e. that increasing numbers and proportions of elderly translate into the need for major cuts in social policies and programs, and that generational tensions are bound to escalate (2000, 1).

Neo-liberalism permeates all aspects of our lives through a wide range of techniques of governance. The media, for example, has been known to sell the idea that the aging population will spell trouble for health and social care systems, creating a sense of crisis. As a result, some believe that publicly funded elder care is unsustainable. Moreover, the 'aging' of both societies is

occurring at a time when governments are trying to limit rising elder care costs, therefore increasing pressure on governments to find low cost but politically palatable elder care solutions.

As a result, in discourse on publicly provided elder care, apocalyptic demographic predictions have been used as a means to justify retrenchment of public support for elder care to counteract the 'burden' of population aging. Commenting on this, Gee states that apocalyptic demography contains two key elements - beliefs and courses of action that stem from those beliefs, and moreover, that these political implications need to be taken into consideration (2000, 5). However, according to Rosenthal "this same ideology would place care of the elderly firmly in the private/personal sphere, on the shoulders of families, in reality on the shoulders of wives, daughters, and daughters-in-law" (2000, 60). Thus, apocalyptic demography should be seen as an ideology, an ideology that does not, however, line up with demographic data.

It is also important to take a look at the overall health of the elderly in each context. One hypothesis is the postponement of morbidity. This theory proposes that the active-life expectancy will rise at the same time as the total life expectancy, and that the number of years of ill-health will remain unchanged. Many of today's elderly are relatively healthy and may not need the kind of care that was required by their parents, with many people living out much of the remainder of their lives in reasonable health, with limited disability. As Armstrong and Armstrong explain, "this means that we should not/cannot base predictions about costs of the current elderly population on past trends to predict the future as it may well be that this aging generation will be in much better health than the previous one was, and age alone does not determine health and social care costs" (2008, 89-90).

This position questions the argument that one of the main characteristics of the elderly population *is* the prevalence of chronic physical or cognitive diseases, especially multiple disabling conditions, which tend to increase as one ages. Although they can be relieved, improved, and/or slowed down; chronic illnesses are not curable. The Director of the Canadian Association for Retired Persons (CARP) discussed this view:

There weren't many people living into their 80s in my parents' generation, but today many people live into their 80s and beyond. This means that more illnesses come along...After all people do need to die of something. People used to pass away earlier, but now medicine keeps you alive - whether you like it or not! The medical profession always knows what's best for you - even if it is *not* what's best for you. People are living much longer, and causing a number of unforeseen consequences (Interview, Perry 2011).

This perspective assumes that people living longer often translates into extended periods of frailty for increasing numbers of elderly people. Thus, regardless of health, the sheer volume of seniors represents a significant challenge for governments.

This thesis does not share these alarmist views, but rather appreciates that we need to think about the challenges that will be presented as a result of population aging in the determination and creation of elder care policies. This work therefore aligns with that of Evans (2010), who reminds us that we *are* all aging, but only one year at a time, a pace more consistent with a ‘silver glacier’ than a tsunami. Another problem with the tsunami thesis is that it assumes that all elderly people are alike, and that they will all present a roughly similar and equal burden on society. As Evans explains, while older people as a rule consume more healthcare than younger people, “on an annual basis the increase in health costs due to aging is actually very small, with population aging comprising but a small factor in increasing healthcare costs, much less than other factors such as population growth...Panic-mongering about a ‘grey tsunami’ is simply a distraction” (2010, 1).

Moreover, demographic shifts may ultimately lead funds to be freed up in other areas. The fact that we have a much smaller younger population means that, for example, resources going into schools/education are not as demanding, therefore freeing up funds that can be applied towards elder care. We must also remember that the elderly pay taxes like everyone else based on their income, pensions, annuities, and other revenue sources. As a result, the longer that the elderly live, the longer they pay taxes. It is important that we recognize this contribution, as well as more generally, the lifetime of taxes and contributions that the elderly have made.

Population aging is, however, not the only demographic trend of impacting the ability of welfare states to provide elder care. As mentioned earlier, public support for elder care has come in different ways, reflecting decisions about different allocations among the state, the market, the non-profit sector, and the family. This thesis focuses on the implications of different arrangements for women since they provide the bulk of informal elder care in Alberta and Sweden alike. Today, many women take on elder care work because there is a lack of available or acceptable publicly funded elder care. In fact, women typically find themselves taking on caring roles throughout their life span, with many starting to care for an elderly relative soon after rearing children, while others, often called the ‘sandwich generation’ provide elder care

while also caring for their children. We must, however, take into consideration the extent that adult-earner families have replaced the male breadwinner-female caregiver family norm. These changes have meant that it is not easy to devolve elder care responsibilities onto adult worker families through privatization, and more specifically marketization, and refamilialization tendencies.

The growing size of the elderly population therefore serves to enhance concerns about families' - and in particular women's - abilities to provide the care needed to maintain the elderly population. That being said, adult-earner families do tend to be more likely to be able to purchase elder care. The limits of this ability are however worthy of debate since the price of care typically tends to be high, and especially for women caught in the sandwich generation with the costs of purchasing care compounded. Despite these challenges, many elder care policies have been created and sustained based on the gendered roles that are found in traditional families, which increasingly clash with today's social realities.

In order to illuminate the causes of this clash, six additional demographic trends are considered. First, new family types⁹ are increasingly common. Across the OECD there are rapidly changing trends in marriage, such as for example, increasing rates of cohabitation and divorce, and decreasing marriage, as it is less an act of economic necessity. This can have an effect on the support available from i.e. a spouse and/or alter the support exchanged between generations. Second, families are more disconnected by geographic distance. Many miles may separate potential informal caregivers from elderly family and friends in need of care. Third, to varying degrees across the OECD there is a decline in fertility. This means that there is not only a larger pool of elderly people requiring care, but that the burden is concentrated on a diminished pool of potential caregivers. Fourth, and related to the first point, there has been an increase in reconstituted or recombinant families, and lone-parent families. This represents a shift toward living in looser, multigenerational families, with may cause some to become emotionally distant from kin, resulting in a loss of potential informal elder caregivers. Fifth, 'delayed transitions,' which can include an increase in the age at first marriage, at remarriage, at leaving the parental home, and at first childbirth have become increasingly common. This shifts the historical balance between the young and the elderly, along with accompanying roles and responsibilities. This can

⁹ These changes should not be seen as the 'family' deteriorating, but rather than modern forms of family have been altered, and furthermore, that social policies should accommodate them accordingly (Olson 2003, 55).

mean that caregivers find themselves caught between the needs of their children and their elderly parents in what has been described earlier as the sandwich generation. Finally, and particularly significant for this thesis, one of the greatest changes affecting families - and the provision of informal elder care in the private sphere - has been the steady influx of women into the labor force, with many women today working outside of the home.¹⁰ Lewis (2001) was one of the first scholars who identified this trend as part of the new norm in social policy being an "adult worker model," (referred to as the adult-earner model¹¹ in this thesis) involving a set of assumptions about individuals, their work, and their family lives.

Demographic changes identified in this section are important as they alter the balance – and, moreover the possibilities – for elder care work provided informally by families. Moreover, these trends present major political economic challenges which will create both opportunities and challenges for elder care policy development in Alberta and Sweden. Both governments are making efforts to adjust their elder care policies in response to demographic shifts as they struggle to find solutions that are both economically viable and politically acceptable. Of particular interest are changes in social reproduction, which represent an important challenge facing advanced capitalist states. According to Mahon, “where once the unpaid care of the mother-housewife could be assumed, this is no longer the case in most OECD countries...As a result, states are now being called upon to help resolve the resulting 'crisis of care'" (2012, 355). Although women’s labor force participation has not resulted in women ‘abandoning their parents,’ it has altered the fashion in which elder care is provided, and has amplified the occurrence of burnout of these informal elder caregivers, signaling the need for greater support from governments.

Thus, the aging of the population and the increase in women’s labor force participation have made elder care a subject of even greater policy importance. As such, much feminist research has been devoted to the potential conflicts women face between paid work and care

¹⁰ The decline of the ‘male-breadwinner/female caregiver’ model began as early as the 1960s in Canada and Sweden. Today Sweden exhibits one of the highest female labor force participation rates in the world with 70.3% of women of working age in employment, while Canada remains higher than the OECD average of 56.7% with 68.8% of women of working age in employment (OECD 2011b).

¹¹ The-adult earner family model predominates among lesbian and gay couples as well as heterosexual families. In this thesis, however, I have not attempted to find out whether and to what extent sexuality affects elder care needs or elder care provision.

responsibilities.¹² Moreover, the pursuit of gender equality depends on the extent to which policies address the issue of elder caregiving as well as on the position of women in the labor market. Choice is socially ‘embedded’ and ‘genuine choice’ or ‘real freedom to choose’ in respect of the balance of paid and unpaid work (informal elder caregiving) at the level of the household will involve not only a rebalancing of paid work between men and women, but a complicated rebalancing of unpaid work such as informal elder caregiving between the market, the state, and men and women. The feminist political economy perspective offers a particularly useful lens for examining these interactions, and as such, will be the focus on the next section.

Feminist political economy

Using a feminist political economy perspective, this thesis will reveal the gendered understandings of elder care by emphasizing the ways that elder care policies are embedded in the broader socio-economic and political relations of power. Despite the importance of these gendered complexities involved in elder care, political science and political economy work over the last two decades has tended to focus greater attention on the dynamics of neo-liberalism, especially at the macro political-economic level. Dyck defined neo-liberalism as "an ideology that advocates an economic arena free of government regulation or restriction and free of government participation in the marketplace via public ownership; it usually overlaps with neo-conservatism in economic terms" (2012, 465).¹³ The term neo-liberal is typically associated with laissez-faire economic policies, and is used by those who are critical of market reform. According to Boas and Gans-Morse, today the most common use of the term neo-liberalism refers to economic reform policies such as “eliminating price controls, deregulating capital markets and lowering trade barriers”, and reducing state influence on the economy especially by privatization and fiscal austerity (2009, 144).

¹² See, for example, Liu et al. 2010; Olson 2003; Lister et al. 2007; Esping-Andersen 2002a; Knijn and Komter 2004; and Dixon and Margo 2006.

¹³ The term was introduced in the late thirties by European liberal intellectuals to promote a new form of liberalism after interest in classical liberalism had declined in Europe. In the decades that followed, neo-liberal theory tended to be at variance with the more laissez-faire doctrine of classical liberalism and promoted instead a market economy under the guidance and rules of a strong state, a model which came to be known as the social market economy. In the sixties, usage of the term “neo-liberal” heavily declined. When the term was reintroduced in the following decades, the meaning had shifted.

These accounts of neo-liberalism have been important in deciphering reconfigurations of power and production, but have been less helpful in illuminating corresponding gendered transformations in the mechanisms and institutions of the public/private division of labor, social reproduction, and more specifically elder care. This is problematic since, according to LeBaron, "through labor market and welfare restructuring, and the promotion of private and individual rather than public and collective strategies of social reproduction, the neo-liberal state's aggressive reordering of people's daily lives extends into the household and the private sphere of reproduction" (2012, 890). This can be seen when one considers how neo-liberalism 'governs' by constructing citizens as 'entrepreneurial subjects' who are fully-autonomous and self-creating. As Larner notes:

The conception of a national community of citizens, made up of male breadwinners and female domestic workers, has been usurped by a new understanding in which not only are firms to be entrepreneurial, enterprising and innovative, but so too are political subjects. Neo-liberal strategies of rule, found in diverse realms including workplaces, educational institutional and health and welfare agencies, encourage people to see themselves as individualized and active subjects responsible for enhancing their own well being (2000, 13).

There is not room for relational ideas like 'care' - and especially the idea that we may be 'dependent' on care - in this picture. Thus, in order to achieve a more complete understanding of the full impact, intensity, scope and scales of neo-liberalism, more attention needs to be paid to the household, reproductive labor, the private sphere of the home and family where informal elder care typically takes place, and moreover the gendered dynamics inherent in the elder care sector. Feminist political economy does so by taking into consideration the economic, social, ideological, and political processes that guide elder care, examined from the standpoints of gender, class, and age. Although this thesis does not follow an intersectional approach, I recognize that women are of a plethora of classes, ages, and ethnicities, and moreover, that these differences are not without significance. In particular, the thesis explores how elder care policies determine, perpetuate, and reinforce gendered hierarchies.

Elder care, like 'care' in general, is a multi-dimensional concept that includes the activities and relations involved in meeting the physical and emotional requirements of dependent elderly, and the normative, economic, and social frameworks within which these are

assigned and carried out. This definition takes into consideration the fact that caring labor has an important personal dimension which includes the relationship between the carer and the cared-for, and the emotion that is involved in that relationship. As the European Commission notes, elder care involves a variety of supports and services: "the relevant points include not only the perennial protection systems, such as pensions, health insurance, and traditional services, but also additional income support, housing benefits, and tax spending" (1999, 135). Although pensions have been the main preoccupation of much research and the debate on population aging, this thesis does not deal with this aspect. Since the majority of services included in the Albertan and Swedish elder care models fall under the rubric of health and social care, these two categories are the central focus of this thesis. Thus, the term 'elder care' encapsulates both elder healthcare and elder social care, and moreover, the fulfillment of the care needs and requirements of people who are typically over the age of 65, and thus considered to be senior citizens.

According to Williams et al. (2009), it is, however, difficult to say what exactly social care *is* without explaining what social care *is not*. One source of difficulty is that it is hard to define even formal social care through occupations or through specialized institutions; as the terms and functions differ considerably from one context to another. Another difficulty is that the boundaries between formal and informal social care are becoming increasingly opaque with the growth of public support for informal care. A third factor is that within the informal sphere it is very difficult to distinguish between healthcare and social care since informal family caregivers are far less bound by strictures concerning who should carry out 'medical' procedures or make 'clinical' judgments than are formal caregivers. Nonetheless, what can be said is that the primary concern in social care is with the 'whole person,' and therefore includes a diverse range of services that may take the form of community support such as homemaking, meal preparation and nutrition, day programs, or home maintenance services. In addition, social care services may target caregivers (care for caregivers) and include programs such as support groups and/or respite.

In contrast, healthcare has traditionally included those services that are deemed 'medically necessary' for the attainment of improved health related outcomes. As Williams et al. argue, "in general, health-care services are largely clinical - including physician, nursing, and rehabilitation support - and are delivered by trained health-care professionals and/or less trained personnel while under their supervision" (2009, 19). This bodily focus has historically

determined the specializations and limits of healthcare, but these too are under attack from those advocating consideration of the 'whole person' in healthcare.

The way in which the aging population's needs for elder care constitute a 'burden' to families and/or public budgets depends on a number of factors: a welfare regime's perspective on societal responsibilities for the elderly; the way in which individuals and families/women are assigned responsibility for care and the personal resources available to them; the amount and type of communal services distributed to those in need; the nature and structural features of the medical and long-term care (LTC) systems for the elderly (including their ownership and control); and the government policies that determine them.

Feminist theory has acknowledged the important differences among women. For example, Stone (2000) distinguishes between 'lumpers' who focus on commonalities between women, and 'splitters' whose attention is drawn to the differences among women. In a similar vein, Armstrong and Armstrong talk about "'lumping' and 'slicing'" as they explore similarities both among women over time and in different places, while also exploring different slices of the same questions. In the same vein, Glucksmann analyzes British women's work in a way that talks about "slicing" data, theory, and concepts to paint pictures of unique peoples in particular places (2000, 16). Her work is meant to examine the multiple ways in which work is divided up with what she terms "the total social organization of labor" (2000, 16).

Feminists have worked hard to expose the complete range of women's work so that it is visible and valued, and lumping is a tool that helps us undertake this work. Another benefit of lumping is that it allows us to look at the social, economic, and institutional arrangements, as well as the policies and practices that contribute to, and reinforce these repeating patterns in women's lives. Slicing helps us to see that there is no consistent division of labor over time and in different locations (Armstrong and Armstrong 2004, 7). In addition, slicing reveals that among women, there are important differences related to age, marital status, class, culture, spatial location, sexual orientation, and race. Thus, slicing allows for an awareness of difference and the possibility of developing different views on the same issues, circumstances, and evidence, etc. Accordingly, this thesis is based on the assumption that both lumping and slicing are important: when talking about elder care as it is necessary to understand not only what women have in common, but also how they differ in important ways.

The following section provides the theoretical background for my choice to compare Alberta and Sweden. It begins with a brief overview of Esping-Andersen's welfare regime typology, and goes on to discuss the important contributions of his feminist critics.

Elder care within the welfare regimes of Alberta and Sweden

Elder care policies do not exist in a vacuum, but rather are influenced by the character of the larger welfare regimes of which they form a part. Population aging has become an issue posing challenges to existing welfare regimes in Alberta and Sweden. The comparative literature has shown that welfare regimes are not all created equal. The classic typology is that of Esping-Andersen as he constructed a welfare regime typology acknowledging the ideational importance and power of the three dominant political movements of the 20th century in Western Europe and North America: Social Democracy, Christian Democracy (Conservatism), and Liberalism. As such, his welfare regime typology - and the comparative regime literature more generally - provides a starting hypothesis for distinguishing elder care provision in Sweden and Alberta. Since they developed different welfare state regimes, they provide important points of comparison in the policies and services they provide the elderly. This raises the question of whether these different policy legacies have affected the way they are trying to meet the challenges presented by the aging population.

The ideal social democratic welfare state is based on the principle of universalism, granting access to benefits and services based on citizenship. Such a welfare state is said to provide a relatively high degree of autonomy, limiting reliance on the family, and the market. In this context, social policies are perceived as 'politics against the market' (Esping-Andersen 1985). In contrast, the liberal regime is based on the notion of market dominance and private provision; ideal-typically the state only interferes in order to ameliorate poverty and provide for basic needs, largely on a means-tested basis. In other words, liberal welfare regimes mainly offer those with care needs a 'safety net' of welfare services. Hence, the de-commodification potential of state benefits is assumed to be low and social stratification high. Finally, the conservative regime is one where the preservation of status differentials predominates, and the principle of subsidiary means that the state will only intervene when the family's resources are exhausted.

The classic examples of the three types of welfare states are the United States (liberal), Germany (corporatist-statist), and Sweden (social democratic). Canada is considered to have a

liberal welfare state, with social democratic inflections such as the Canadian healthcare system. That being said, variations exist within Canada, with some provinces like Quebec being more social democratic than others like Alberta, which comes closer to the United States-based model of a liberal welfare state system. In fact, Alberta is the Canadian province that has come the closest to the American liberal welfare state regime in its reliance on the private sector for provision, and this is very evident in its elder care policies. According to Anttonen et al. (2003) "through the comparative analysis of social care it is possible to illuminate developments and trends in social and health policy systems as well as differences between welfare state ideologies" (3). This thesis reveals how relations between caregivers and the elderly are shaped by broader state-market-community responsibilities. Moreover, the way that each society 'cares' is symbolic of how the ethic of care, more generally, is valued by each society.

One would expect that Albertan and Swedish elder care policies would vary considerably since they are located within very different welfare regimes, and the latter affects not only the available human and financial resources, but also societal values concerning the roles and responsibilities of the public and private spheres in caring for the elderly. These in turn have significant impacts on gender relations. Differences do exist in political alignments and, more specifically in elder care policy reforms. These differences were visible in the elder care systems established in the past, however, while differences are still visible, both have been moving in a neo-liberal direction since the 1980s.¹⁴

Choice of cases

In comparative politics, it is important to balance difference and similarity in the cases under study. The ideal is one where the societies selected are fundamentally more or less similar, but differ primarily in relation to the phenomenon under study, which in this case is elder care. Furthermore, the choice of countries should allow for political variety which is reflected in terms of welfare state regime categorization, but allows for minimal differences in economic organization, demography, morbidity and mortality, etc.

¹⁴ Neo-liberalism attained its widest currency after the end of the post-war boom and sustained expansion of the welfare state, and has had its greatest resurgence after 1980.

Taking this into consideration, my thesis compares elder care in Alberta to that of Sweden for a number of reasons. To start, they are both post-industrial¹⁵ political economies, and more broadly both can be considered affluent urban market economies. Although the focus of this thesis is on the contemporary period, the analysis needs to be set against the relevant historical background, notably the social policy legacy established between the conclusion of WWII and the end of 2011 when I completed the research. WWII was a significant turning point in the welfare state development of Alberta and Sweden - because of the political economic lessons that had been learned from the Depression - involving an expanded role of the state in economic and social life, which was reflected in postwar elder care policy developments. The two are also similar to the extent that they face challenges arising from the same demographic trends that were outlined earlier in this chapter.

The postwar development of elder care programs in these industrialized nations resulted in a certain de-commodification of elder care services, albeit to different degrees and in different forms. As the share of public financing of elder care services grew, there was a corresponding reduction in reliance on private market provision for elder care. Moreover, universality became an important principle embedded in the policies and practices of many postwar welfare states. As in Sweden, the principle of universality is embedded in certain Canada-wide programs, albeit at lower rates of remuneration. Yet, while some policies are pan-Canadian – or nearly so – such as pensions, the former family allowance, the Canada Health Act, etc., Canadian provinces are left with considerable latitude in designing health and social care provision. Thus it makes better sense to choose a province, rather than the country, for the comparison.

Divergence/convergence theories

According to Streeck and Thelen (2005), differences between countries are of importance, but they must not be allowed to obscure the secular process of liberalization that constitutes the common denominator of many of the changes presently occurring in advanced political economies like Alberta and Sweden. Liberalization may be described as an economic adjustment in organized political economies to growing internal and external market pressures, and as a

¹⁵Post-industrial society is a concept in sociology describing a certain stage of society's development when the service sector generates more wealth than the manufacturing sector of the economy.

political strategy of governments overwhelmed by political demands, or of business extricating itself through internationalization from the profit squeeze imposed on it.

Streeck and Thelen suggest that the institutional changes in the political economies of today's advanced capitalist societies are associated with an important renegotiation of the politically regulated social market economy of the postwar period (2004, 4). Today's transformation of modern capitalism is making it more market-driven and market-accommodating as it releases increasing economic transactions from public-political control and turns them over to private contracts. Therefore, they would challenge historical institutionalism's thesis of path dependent change by arguing that seemingly incremental changes - or failures to adjust existing programs to meet new challenges - can mount up to path shifting changes, and in the contemporary period these are in the direction of liberalization. The transnational spread of neo-liberal ideas raises the possibility of convergence of different regimes like Alberta's liberal and Sweden's social democratic welfare state regimes around a liberal norm. Hay (2004) however offers a more nuanced approach to path dependency. He suggests that the identification of common reform trajectories is invariably conflated with convergence. Institutionalists should thus expect common trajectories (such as those associated with neo-liberalism) implemented more or less enthusiastically and at variable paces, to result in divergent not convergent outcomes as policy legacies reproduce differences despite the common trajectories. Accordingly, there is a need for a more careful examination of the concept of convergence.

Hay explores: first, the contingency of any process of convergence or divergence observed; second, the often political as opposed to economic nature of any convergent tendencies; third, the counter-tendencies which can be mobilized to such tendencies; and fourth, the greater importance, in terms of pressures for convergence, of regional rather than genuinely global processes of integration (2004, 243). The resulting approach thus offers a distinctive theoretical perspective:

First, it seeks to specify rather more precisely than is often the case the meaning and referents of the terms convergence and divergence. Second, its approach, in keeping with the historical and ideational institutionalism on which it draws, seeks to interrogate and reflect the complexity and simplicity of the processes of institutional mediation and policy-making in response to external opportunities, constraints and imperatives. Finally, it adopts a rather more skeptical attitude both towards the supposed globalization (with respect to trade, foreign direct investment, and finance) of the EU – European economy

and to attendant claims as to the non-negotiable character of the constraints and imperatives invariably associated with globalization (2004, 244).

Accordingly, in unpacking the concept of convergence, Hay offers the following four options:

Figure 4 Convergence, divergence and common trajectories

Source: Hay 2004, 245.

The adoption of neo-liberal economic and social policies is frequently presented as evidence of convergence (scenarios 1 and 3). However, these tendencies are typically strongest in cases where existing social models are already the weakest (as in scenario 2). This suggests divergence rather than convergence.

Hay's convergence theory is useful for this thesis to explore the extent to which both cases - directly or indirectly - are responding to common pressures to reduce expenditures on elder care and may even be seeking solutions in common directions such as marketization. At the same time, while common trajectories in terms of marketization are clear, particularly in goals and outcomes, as we shall see, the processes by which they are implemented and the resulting structures of provisions continue to vary because they are rooted in different histories, cultures, politics, and practices in elder care and markets; the intersections of these policies, cultures,

practices, and politics thus produce further diversity signaling divergence. Accordingly, this thesis will discuss why Hay's Scenario # 2 – divergence with a common trajectory - best demonstrates the changes that are ongoing in Alberta and Sweden.

Theory and Methodology

From the beginning of the current wave of feminism, questions about what should be studied, how it should be studied, and how theory should be related to empirical research have been central (Armstrong and Armstrong 1990, 128).

In this thesis, theory is used as a guide in answering the central research question and sub-research questions of this thesis. Armstrong and Armstrong define theory as "an attempt to organize explanations in a system way, to develop a connected and logical understanding of how people and social systems work (1990, 11)." In other words, a theoretical framework is what informs the choice of the research topic, identification of salient facts, and analysis of the data. At the same time, 'theory shapes research, but must also be guided by such research' (Armstrong and Armstrong 1990, 11).

This thesis explores elder care using a theoretical lens that integrates the ethic of care and the feminist political economy. The advantage of marrying the ethic of care and a feminist political economy is that it moves the ethics of care away from the realm of normative feminist theory towards the realm of critical theory by grounding it in the real world. More specifically, in combining care ethics and feminist political economy we are not simply prescribing care as 'good' in a normative sense, but we are also questioning our assumptions about how elder care is provided, who does the elder caregiving and who receives it, why we provide elder care and why we need it, and under what conditions elder care takes place. This means that we can start to look at issues from a critical ethic of care perspective based on the experiences of the person providing and/or receiving elder care. Discussing the merits of using this integrated lens, Robinson explains:

While there is no essential picture of what good caring relations should look like, a critical ethics of care emphasizes the benefits of all people of an image of care that recognizes responsibility and responsiveness to particular others as positive expressions of both masculinity and femininity. A critical feminist ethics must reclaim the role of

caring values as a positive, valuable aspect of all societies and of caring labor as an important practice of contemporary citizenship (2011, 136).

In other words, what is needed is an approach to care ethics that focuses attention on the wider context in which concrete activities take place. In this thesis, used complementarily, the feminist political economy and feminist ethic of care can be seen as conceptual tools that reveal how care as a private activity has been constructed, allowing for imagining of a different way of organizing society where all people could be, for example, seen as working and caring citizens.

As Armstrong and Armstrong note "feminists have argued that the first steps in theory construction are the recognition of the link between theory and methods, and a re-examination of these methods. Sex-conscious methods are required; methods that make sex difference a central feature of explanation, and which question, rather than assume, the sexual division of labor" (1990, 16). Methodology is the determination of how the central research question and sub-research questions will be looked at throughout the thesis. The chosen methodology for my thesis is qualitative, and uses a 'double case study' design to carry out a comparative analysis to explore elder care policies and their repercussions. The case study design facilitates a comparative analysis of elder care vis-à-vis the structures within each location.

In carrying out the research for this thesis, I spent from April 2010 until December 2011 doing fieldwork in Alberta and Sweden. I moved to Edmonton in April 2010 to begin working on the Alberta portion of my field work. To undertake my research on Sweden I spent one month in Stockholm in May 2011. Dr. Marta Szebehely, one of the leading experts on elder care arrangements in Sweden, proved to be a helpful primary contact in planning my trip, carrying out the research in Sweden, and throughout the thesis writing as questions arose.

As my primary and main source of information, I drew on a variety of different types of written sources:

- Academic work on the subject area, such as conference papers, books, journal articles, as well as traditional and web-based news media;
- Government reports/documents;
- Publications/documents produced by 'formal caregiver' advocacy groups/unions;
- Publications/documents produced by 'informal caregiver' advocacy groups; and
- Publications/documents produced by elderly advocacy groups.

Such documents helped me to locate elder care health and social policies within international, national, regional, and local developments. It also allowed me to compare my findings with those conducted by other researchers and organizations, and illuminated gaps in the existing literature.

I also conducted interviews during the research period of my thesis work. Unlike studies that examine in detail the experience of the elderly and/or their caregivers, where interviews play a central part, however, the main focus in the research done for this thesis is on the public policies that shape the way that care is provided. I was therefore able to rely substantially on the documentary sources described above. The interviews were conducted primarily to provide an effective complement to these written sources, as a method of checking the 'accuracy' – to the extent that is possible - of what was learned, and of suggesting alternative areas for research. As the focus of the thesis was not on the 'every day lives' of the elderly and their caregivers, but rather on the politics and resulting policies that frame the aging and caregiving experience,¹⁶ the interviews do not constitute the principal source of information for the research and writing of this thesis.

I made every effort to meet with comparable organizations/people in each context. I interviewed 20 key stakeholders in Alberta and 21 in Sweden. The interviewees were selected from each of the five groups listed below, equally divided between the groups:

- 1) Leading/expert academics;
- 2) Government workers/policy and/or decision-makers;
- 3) Formal caregiver advocacy groups;
- 4) Informal caregiver advocacy groups; and
- 5) Elderly advocacy groups.

This allowed me to interview people who were involved in different aspects of elder care, and who could offer a variety of perspectives on politics and elder care. The interviews thus offered insight into elder care provision as viewed from different perspectives.¹⁷ Further information about the interview methodology used is included in Appendix A, the list of stakeholders interviewed is available in Appendix B, the ethics application which includes the letter of

¹⁶ An example of a book that includes a variety of scholars using this approach is Michel, S., and R. Mahon, Eds. *Child Care Policy at the Crossroads: Gender and Welfare State Restructuring*. New York: Routledge, 2002.

¹⁷ Please note that this research did not include interviews with individual elderly people (unless they represented an organization). In order to overcome what could have been a gap in knowledge due to this caution, I interviewed seniors' advocacy groups which proved to be solid source of information on the concerns of the elderly in each context.

invitation to participate as an interviewee in my thesis project is outlined in Appendix C, and the master list of questions used in the interviews is available in Appendix D. The interviews offered more than a collection of anecdotes, but rather, helped to highlight consistent patterns, which are captured in Chapter Six of the thesis.

All written sources used in the research for this thesis were in English, and the supplementary interviews were also conducted in English. The majority of Swedes, especially those born after World War II, are able to understand, speak, and write in English. For the most part in Sweden English is currently a compulsory subject from third until ninth grade, and all students continuing in secondary school study English for at least another year. In fact, there is an ongoing debate among linguists whether English should be considered a foreign or second language in Sweden due to its widespread use in society.

Conclusion

While the position taken in this thesis is that there is little reason to panic about massive increases in the demand for elder care, there are reasons to address the aging population given that the need for elder care will rise in the future. Moreover, it is important that individuals and policy makers understand the realities of these demographic issues in order to plan and develop societal frameworks and policies appropriate for the challenges and opportunities ahead. Indeed, a greater understanding of elder care in both contexts is necessary to increase awareness about the behavior of modern welfare states and the consequences for welfare systems of broader economic and social changes driven by neo-liberal trends.

The thesis is structured as follows: Chapter Two elaborates on the contemporary framing of debates and struggles with respect to elder care, as well as elaborating on important feminist political economy concepts. Chapter Three provides an overview of welfare regimes and state structures pertinent to ‘existing’ arrangements for elder care in Alberta and Sweden. Chapter Four explores the political context in Alberta and Sweden. Chapter Five provides an analysis of recent developments in elder care, and in particular how care for the elderly is being renegotiated and reweighed in the face of the spread of neo-liberalism. This renegotiation results in governments seeking new formulas and tending to weigh economic over social goals like elder care. Finally, Chapter Six concludes this thesis, outlining final thoughts as well as opportunities for future research.

Chapter 2 – Macro-theoretical Framework

Introduction

This chapter outlines the macro-theoretical framework used in this thesis. The analysis of elder care policy in this thesis can be situated within the wider theoretical framework provided by feminist scholarship. In line with the work of Mahon and Robinson (2011), this chapter will explore the feminist political economy and ethics of care. As argued by Mahon and Robinson “the term ‘care’ has two related meanings. The first refers to a set of activities and form of labor focused on social reproduction, including child care, elder care, care for the sick and those with disabilities as well as other forms of household and domestic labor. The second involves the understanding of care as the basis for a system of ethics” (2011, 1). As this quotation suggests, the feminist political economy and the ethics of care are mutually-constitutive, working together to provide a gender-sensitive critical analysis of elder care labor under neo-liberalism.

The first part of this chapter highlights/focuses on two important concepts which stem from feminist political economy; social reproduction and the public-private dichotomy. Social reproduction includes the processes involved in maintaining and reproducing people, specifically the laboring population, and their labor power on a daily and generational basis (Laslett and Brenner 1989; Clarke 2000). Feminists have explained how understanding the tension between work and family leads to a recognition that women and men have different relations to production and reproduction because of the gendered division of labor and gender ideology. Feminists have also challenged the public-private dichotomy by questioning why the caring required to sustain our lives is commonly situated in the private sphere and not generally recognized as an important part of citizenship. The effects of this ‘gender-logic’ extend not only to the social arrangements of care, the question of who cares for whom, but also to the institutionalized, symbolic meanings of care. In this way, government policies have reinforced women’s caring obligations for the elderly.

The second section outlines the feminist ethics of care. The care orientation is grounded on the assumption that relations of interdependence and care are central to all human lives since we rely on the caring provided by others to carry out the reproduction of society, making life possible. Accordingly, the moral reasoning associated with an ethic of care is contextual and

particular in that it emphasizes the responsibilities that stem from specific relationships in concrete circumstances, and it addresses specific needs through the ‘activity of care’. This chapter therefore presents the argument that a feminist ethics of care offers broader normative criteria with potential to enable the critical development, evaluation, and transformation of elder care policies in Alberta and Sweden as it offers an alternative starting point for rethinking the nature and location of care, and its role in our societies.

Feminist political economy

This section will highlight the way elder care policies are woven into the fabric of socio-economic and political relations of power. In doing so, it unveils the gendered understandings of elder care through a discussion of social reproduction and the public/private dichotomy.

Social reproduction

‘Social reproduction’ is a defining concept in feminist political economy, with its literature built from long-standing debates in liberalism, Marxism, and especially Marxist/socialist feminism about domestic labour and women’s economic roles in capitalist economies.¹⁸ The central focus in this thesis is on social reproduction defined as the processes involved in maintaining and reproducing people, specifically the laboring population, and their labour power on a daily and generational basis (Laslett and Brenner 1989; Clarke 2000).¹⁹ It involves the provision of food, clothing, shelter, basic safety, and healthcare, along with the development and transmission of knowledge, social values, cultural practices, and the construction of individual and collective identities (Elson 1998; Picchio 1992).

Social reproduction has both descriptive and analytical functions in this thesis. In its descriptive function, it builds on critiques of divisions of labor within the family/household and highlights the extent, content and distribution of the work involved in caring for elderly people. In turn, as an analytic tool, it refers to the processes involved in creating and re-creating people and their ability to work. According to Bezanson and Carter, “this process is not distinct from

¹⁸ See, for example, the work of Luxton 1998; Cossman and Fudge 2002.

¹⁹ Most definitions of social reproduction relate to all three of the following aspects: first, the biological reproduction of the species, and the conditions and social constructions of motherhood; second, the reproduction of the labour force which involves subsistence, education and training; and third, the reproduction and provisioning of caring needs that may be wholly privatized within families and kinship networks, or socialized to some degree through state supports (Bakker 2007, 541).

capitalist production but rather works in concert, and in conflict, with capital accumulation" (2006, 11).

The concept of social reproduction offers a way of understanding and critiquing the making and implementation of elder care policy in Alberta and Sweden. Social reproduction facilitates this as it provides important insights about women and elder care policies, familial and gendered aspects of welfare states, and the repercussions of elder care policy choices in different welfare states on the elderly and their caregivers. More specifically, it helps us to think about the economic implications of activities like elder care and housework.

Due to insufficient public funding allocation and services elder care is often re-produced and maintained predominantly in private households, mainly by women, and managed by the state through social and health policies. In fact, as we shall see in the empirical chapters of this thesis, families are providing between 80 to 90% of all care for the elderly in Alberta and Sweden.²⁰ According to an article produced for Statistics Canada on informal caregiving in Canada, in 2008/2009, women made up well over half (57%) of people aged 45 or older who were providing care to the elderly (Turner and Findlay 2012, 1). In the Swedish context, it has been calculated that 68% of all informal care (measured as hours of help) for older or disabled people was carried out by women, while on 32% was undertaken by men (SOU 2005, 66; 169).

This gendering of elder care work has a long history, is located in norms, cultural traditions, etc., and is perpetuated through media, social policy, and moreover ideas about what is/should be considered 'work'. As Stoller argues "perhaps the most striking empirical finding in almost three decades of research on family care of the frail elderly is the preponderance of women as caregivers" (1993, 153). Although other family members, neighbors, and friends may help out occasionally, women - the wife, daughter, sister, etc. - usually carry out the bulk of the care without much assistance. As such, in most cases 'family caregiver' is a euphemism for 'primary caregiver,' which is by extension most often a woman.

Among elderly couples, the caregiver is most likely the wife, which according to Olson (2003) is because, on average, men typically marry women younger than themselves, in addition to having higher remarriage rates at older ages, while experiencing lower longevity than women.

²⁰ Statement based on my PhD thesis field research that was generated through interviews carried out in 2011 in Alberta and Sweden with informal elder caregiver advocacy groups, formal elder caregiver advocacy groups, executive level government workers, and academics specializing in the field. Further details about these interviews are included in the Appendix A, B, C, and D.

By extension, this means that men are more likely to have an available partner to care for them, with wives comprising a large proportion of informal spousal elder caregivers. Moreover, often the care given by wives to their elderly or sick husbands is 'hidden,' since they don't see it as care, and don't report it as such.

When a wife is unavailable to provide informal elder care, or when her level of support is insufficient, adult daughters usually assume the role of primary caregiver, with daughters providing a fuller range of assistance when compared to other helpers.²¹ In fact, as Campbell (2010) argues, various studies illuminate that in families with mixed-gender siblings, sisters provide more hours of help to their elderly parents, providing help with whatever is required, and especially with hands-on personal care, housekeeping, and kitchen duties/chores.

Sons may help out occasionally, but their help typically consists of things like transportation services, financial guidance and support, and home repairs. It should nonetheless be noted that, as argued by Campbell (2010), sons do tend to take on substantial responsibilities for all aspects of elder care when there is no daughter available. When they do so, they nonetheless tend to rely on their spouse both to provide the hands-on assistance as well as emotional support, which has the effect of relieving some of their stress, with daughters-in-law having been shown to be a significant source of informal assistance (Olson 2003). As a result, it is often reported that when men do provide informal elder care, they tend to experience less burden and depression than women due to the fact that they receive more help from other family members, neighbors, and friends (Campbell 2010). Another gender difference is that men/sons are more likely to afford - and hire – formal/paid elder care from the public sphere for their elderly kin.

Childless adults who lack adequate support from public services or their spouse appear to compensate for their lack of offspring by developing close relationships with other kin, as well as with friends or neighbors, the majority of whom also often happen to be women.²² Thus, although other family members, neighbors, and friends may help out occasionally, women typically carry out the bulk of elder care; a history that continues to repeat itself.

The informal caregiving responsibilities of women are mediated by the state through social, and moreover elder care, policies. Although women have increasingly entered into the

²¹ See, for example, the work of for example Kivett 1985; Horowitz 1985.

²² See, for example, Johnson and Catalano 1981; Kivett and Learner 1980; Stoller 1993.

paid labor force, and many women now work, their caring obligations have not lessened commensurably. It is increasingly becoming the responsibility of families to look after their own, and it is in the interests of the state to make sure that they do (Interview, Szebehely 2011; Interview, Keating 2011). Consequently, Brodie argues that “these shifts reinforce an unequal gender order, and place greater stress on the unpaid work of women” (1997, 236). Thus, this model places ever-increasing demands on women, who are often wives, daughters, and daughters-in-law. In fact, in both Alberta and Sweden, most seniors have been, and are still, cared for invisibly by female family members (Interview, Keating 2011; Interview, Szebehely 2011). This is indicative that, currently in Alberta and Sweden, we are witnessing a new series of contradictions generated between an economy that is increasingly reliant on women’s paid labor, and a state that continues to rely on women’s informal elder care. Social reproduction contributes to our understanding of the way that political economies function by revealing this important issue which is a function of neo-liberalism, among other contradictions that flavor both Alberta and Sweden’s welfare state regimes.

One of the starting points for feminist analysis of the labor market – and moreover the public sphere - is to demonstrate how the position of women and men within it is related to and even constituted by their responsibilities within the ostensibly separate private sphere of the family. By focusing on the relationship between what are commonly referred to as the public and private spheres, feminists have illuminated the dialectic between production and reproduction.²³ Moreover, women’s access to the labor market is shaped in part by the extent and nature of their family (social reproduction) responsibilities including elder care. According to Lister (2010): “the more time that women spend on caring for the elderly, children, and on doing housework, the less time they have available for paid work. By the same token, men who have women to undertake their domestic work for them are freed up to spend longer hours on paid work” (2010, 70). This understanding of the tension between work and family leads to a recognition that women and men have different relations to production and reproduction because of the gendered division of labor and gender ideology.

Bezanson (2006) explores the reasons why social reproduction and capital accumulation are in tension, and often in contradiction with one another. Using a gender lens, she explains that

²³ See, for example, the work of Lister 2012; Calasanti and Zajicek 1993, 123; Bezanson and Carter 2006.

the relationship must be mediated and stabilized by the social institutions of the state, the market, families/households, and, to a lesser extent, the third, or voluntary sector (Bezanson 2006, 23). In particular, she argues that the emerging gender order in Canada reflects the contradiction that while women are now fully integrated into the labor market, they retain responsibility for much of the private work of social reproduction (2006, 23). In turn, both the division of labor and ideology differentially structure and are structured by women's and men's labor force participation.

Paid work in the public sphere offers the potential of economic rewards, independence, and power, in a way that unpaid work in the private sphere does not. Moreover, a gendered pay gap exists and operates to a greater or lesser extent world-wide, and is one example of how the public sphere/labor market operates as a gendered institution.²⁴ The gendered pay gap reflects, in part, continued occupational segregation, which means that women and men are often doing different kinds of work. In fact, the work that women tend to do in the labor market often mirrors the unpaid work they do in the home, which helps to explain why when examining the field of formal/paid elder caregiving one can see that it is typically low paid. Beresford (2008) argues that caring 'tasks' have increasingly been hived off to workers operating in lower status ancillary roles, and much of this workforce is composed of women. This has gendered repercussions; for example, since men often earn higher wages than women, it makes economic sense for couples to pursue a traditional gendered division of labour. This sets up a vicious cycle where women continue to perform informal elder caregiving in the private sphere, while men pursue paid employment in the public sphere.

Judging by their poor levels of pay, precarious conditions of work, and levels of training, it is evident that a low value is placed on elder care workers in general. This, in turn, leads to high turnover rates, and problems with recruitment and retention. Therefore, existing conditions do not offer a basis for ensuring a reliable, good-quality workforce. When looked at this way, it is difficult to overlook the connections between the treatment of the workforce and poor elder care practices. This important encounter that occurs between the elder care workers and the elderly care recipients is, however, rarely linked to the broader social, political, and economic context.

²⁴ See, for example, the work of Lister 2010, 71; Bezanson and Carter 2006.

In fact, in most mainstream comparative welfare-state research, the paid care workers who actually undertake the care services are hardly visible,²⁵ with little attention paid to the working conditions of care workers. This is also partly a function of the location of much of this work - in the 'home,' which is generally not seen to be a 'workplace,' and thus 'beyond regulation'. According to Daly and Szebehely, very little is known about whether there are national (or welfare regime-specific) differences in the employment conditions, and the work day of elder caregivers (2011, 8). This knowledge gap is problematic because it tends to render invisible a large, female-dominated sector of the workforce. It also means that comparative work in the area of formal elder care is relatively unmapped terrain.

In sum, social reproduction offers insights about women and elder care policies, and gives a context for understanding the familial and gendered aspects of welfare states with respect to elder care responsibilities. In particular, social reproduction unveils how contradictions are woven into both Alberta and Sweden's welfare state regimes, since while women are now fully integrated into the labor market, they retain responsibility for much of the private work of social reproduction including elder care. As outlined above, social reproduction occurs in what is commonly termed the public and private realms, which will be described in more detail in the following section.

The public-private dichotomy

The public sphere, the sphere of justice, moves in historicity, whereas the private sphere, the sphere of care and intimacy, is unchanging...It pulls us toward the earth even when we, as Hobbesian mushrooms, strive to pull away from it. The dehistoricization of the private realm signifies that, as the male ego celebrates his passage from nature to culture, from conflict to consensus, women remain in a timeless universe, condemned to repeat the cycles of life (Kittay and Meyers 1987, 162-163).

Our current understanding of citizenship and elder care has its origins in the history of Western political thought. It was Aristotle who first laid the foundation for this way of looking at citizenship and politics in his demarcation of the 'polis' and the household. It was, moreover, the early liberal theorists who sought to reconfigure feudal society, which rested on claims about

²⁵ See, for example, the work of Daly and Szebehely 2011, 8; Beresford 2008.

natural hierarchies, interdependencies, and the organic whole. As Brodie explains, developing alongside capitalism, liberalism envisioned a divided society.

The church was separated from the state so that it could be governed by the principles of responsible government and, later, liberal democracy. In turn, the state was mapped out as a separate terrain from the market which was to be regulated by the 'invisible hand' of laissez-faire capitalism. And, finally, a line was drawn between the public and the domestic—the private space where the state, constrained by a social contract, dare not tread and where market relations did not apply (1997, 228).

In this way, classic liberal discourse invented the reorganization of metaphorical, economic and political space, recasting what Brodie has termed a 'world of walls' (1997, 228). They sought to replace natural hierarchy with the equality of all men. But in order to exclude women from this equality, they argued that equality only existed in the public sphere, and in the private sphere of the home and family, patriarchal rule, or the rule of men over women, still held. This governing philosophy told the story of a natural and, therefore, politically uncontestable, complementarity among social spaces, social relations and political actors, as well as between social institutions and social functions. The creation of this new liberal order was therefore dependent on keeping the public and private spheres separated, at least at the level of perceived reality, with each regulated by different rules, hierarchies and discursive practices (Brodie, 1995, 29).

Most of the political economy literature – feminist and non alike – assumes that society is composed of two separate spheres. The public and private spheres were seen as separate and distinct realms of activity described by Sevenhuijsen “as a result, the Western tradition has since been left with a mode of theorizing politics in which care is associated with immanence, necessity, and the private sphere, while politics is contrasted as a social activity that enhances the freedom of the human subject, by freeing *him* from the burdens of necessity and the fear of mortality and death" (1998, 130-131). Thus, the household was characterized by care and dependence, altruism, and interconnectedness, and seen as the place where life-sustaining activities such as social reproduction take place in the form of labor carried out by wives and slaves. Moreover, images of care and caregiving – and more specifically elder care - have solid connotations of femininity, privacy, and dependency.

Meanwhile, the polis tends to be characterized by universalism, justice, independence, self-interest, labor, competition, and autonomy, and was seen as the place where free men come

together to engage in socially important affairs, and to deliberate on and live 'the good life'. According to Aristotle, it was this gathering in the polis which was the constitutive act of human freedom. Political participation and freedom are thus closely connected, and their connection is dependent on the distinction between freedom and necessity. As explained by Sevenhuijsen, "the public sphere is thus considered as the domain where free men can transcend not only their embodiedness, but also the finite and mortal aspects of the human condition" (1998, 130). Accordingly, some people - namely women and slaves - in accordance with the 'natural' or 'functional' order, had to make sacrifices to enable the independence of others (the free citizens). Classic liberal discourse therefore outlined and then developed in the recognition of metaphorical, economic, and political space. It presented a new governing philosophy that outlined what was 'natural' and 'universal,' what was included/excluded from the political agenda. As Brodie comments, "it told the story of a natural, and, therefore, politically uncontested, complementarity among social spaces, social relations, and political actors, as well as between social institutions and social functions" (1997, 228). Therefore, this new liberal order depended on keeping these spheres separated.

It is for these reasons that welfare states were originally understood, and have been repeatedly remodeled through what Walzer (1984) termed 'the art of separation'. Beginning in the nineteenth century, with the development of large-scale markets and industrialization in the West, with social, political, and economic life increasingly separated into public and private spheres, and the roles of white men and women increasingly demarcated in a mutually constitutive and supportive relationship with capitalism. Thus, there was a line between the public sphere and the private sphere where the state, bounded by a social contract, did not 'interfere,' and where market relations had no influence in the home (Walzer 1984, 315). Moreover, as Armstrong and Armstrong note: "the separation of spheres means, it seems, that the household economy is essentially irrelevant to the functioning of capitalism and to an understanding of how the system works" (1985, 167). As LeBaron argues, "as a broad generalization needing many clarifications, men no longer organized family labor, but were instead the providers of income on which the household survived, while women took increasing responsibility for the education and training of children but rarely contributed to family enterprise" (2010, 894). Therefore, government, work, and markets, which are all included in the

public sphere, were reserved for men, while the responsibilities of women which included elder care remained in the 'private' sphere.

Feminist theorists have focused on the household for an explanation of inequality between the sexes. Thus, they argue that analysis should revolve around patriarchy and production in the domestic sphere. According to Armstrong and Armstrong: "although some of these theorists, notably socialist feminists, have maintained that domestic labor reproduces the labor force and is thus crucial to capitalist production, they have usually been content with a dualist approach, taking as given the Marxist analysis of class inequality while developing theories of patriarchy to account for sex inequality" (1985, 168). In this view, the separation of the public and private spheres meant that women became solely responsible for reproductive labor in families, and it was assumed that female nurturing within individual households would enable men to compete, and achieve economically in the public sphere of commerce and politics. Thus, women's duties were socially constructed to carry out the production and maintenance of labor power, especially the bearing and raising of children, care for the sick, disabled, and elderly, in addition to other reproductive work and services outside of the formal market economy.

Feminists have, moreover, shown that the distinction between the public and private has a number of important effects on social organization.²⁶ These include, most importantly, the separation of state and market sectors with regard to the economy and the provision of welfare services on the one hand, and the 'patriarchal separation,' which divides off the domestic or intimate sphere on the other.²⁷ Until quite recently, feminists have not, however, been concerned with the gender issues surrounding aging, ageism, and elder care. Instead, when addressing the private sphere, focus has been mainly on household work and child care, overshadowing problems and consequences of unpaid/informal elder care work.

Starting in the 1970s, however, some women's old age groups were formed, mostly made up of middle-to-older women who used a feminist framework to guide their social and political activism. They were not, however, fully immersed in the mainstream feminist movement at the time, and had little impact on its thinking, concerns, and/or meaning. The subject of aging women garnered more attention in the mid-1980s when some women scholars, such as Carroll

²⁶ See, for example, the work of Lister 2003, 119; and Robinson 2011a, 34.

²⁷ See, for example, the work of Pateman 1988; 1989.

Estes, Meredith Minkler, Nancy Hooyman, Beth Hess, and recently Colette Browne, and Linda Gannon began looking at how gender informs the experience of aging (Olson 2003, 6). Furthermore, as second-wave radical feminists were/are dealing with their own aging in addition to that of their parents' generation, we have seen some literature bloom on the topic, such as works by Alix Kates Shulman, and Kate Millett. In addition, other feminist literature on aging is starting to analyze the impact of other locations of oppression on older women's lives as well, such as the work of Toni Calasanti, Deborah Stone, Jill Quadagno, and Evelyn Nakano Glenn.

Elder caregiving is commonly seen as the *natural* responsibility of women, but has not been prioritized as part of *normal* social participation despite its permeation of our lives. Therefore, society relies on the logic of a 'natural' provision of elder care within the family and kinship networks, where it seems just as self-evident that women care spontaneously for others whenever the need arises. As Sevenhuijsen argues, "the effects of this 'gender-logic' extend not only to the social arrangements of care, the question of who cares for whom, but also to the institutionalized, symbolic meanings of care" (1998, 131). In this way, government policies have reinforced women's caring obligations for the elderly.

This dichotomy has served to exclude women from full citizenship for they were deemed to lack the male qualities and capacities necessary for citizenship in the public sphere. According to Robinson:

Feminists have focused on the implications of the liberal-capitalist order for women's exclusion from equal and full citizenship and from paid reproductive labor. Central to these arguments is the claim that in spite of the institutionalization of equal rights in most areas, many women - especially poor women of color - remain excluded and marginalized because of the structural forces and institutional effects of the pervasive public-private dichotomy (2011a, 34).

According to Sevenhuijsen "one could indeed speculate that care is constantly 'banished' from the public sphere and thus from full political consideration *because* it is marked by hidden meanings of femininity" (1998, 132). Moreover, the public-private dichotomy can easily adopt the viewpoint of men/the privileged, who can speak from a position where receiving care is taken for granted without having to realize fully what providing care actually entails.

Men and women (and different groups of each) have varied and complicated relationships with the public and private spheres, and to the paths between the two, to the advantage of men's

citizenship claims and the disadvantage of women's. The continued power of this deeply gendered dichotomy has meant that women's formal admission to citizenship has been on different terms than those enjoyed by men (Clement 1996). Formal elder care work is a good example because it mirrors work done in the private sphere and can be viewed as "gendered social reproduction commodified" (Olson 2003, 8). Olson comments that, "the people employed to do these types of caregiving jobs are considered frontline workers, are mainly female healthcare aides (HCAs) in nursing homes and private residences, are underpaid and overworked, and the majority of them do not have other benefits for themselves, or their families" (2003, 8). Thus, the formal and often female, elder care worker is an example of how women are often in a disadvantaged position in the dual labor market due to the elder care workplace having clear delineated gender-based structural, relational, economic, and power differentials (Olson 2003, 8).

By disregarding the power at work in formulating a gendered division of labor and naturalizing care as inherently feminine, governments evade prioritizing care on the public agenda. Moreover, this illuminates how government agendas save public money at the expense of female caregivers (Olson 2003, 8). Moreover, increasingly women's unpaid elder care work comes into public view only when it breaks down, or threatens to do so. According to Tronto "in our private lives, the need for care is generally expected and understood. Political theory and social policy, however, have traditionally located care both 'beyond' (or beneath) politics and the public sphere" (1993, 96). Thus, while citizens are invited to participate in public discussions about necessary elder care, it is at the same time situated outside of the realm of the public sphere. This placement of elder care outside of the public sphere, consigns it to what Sevenhuijsen terms the 'black box' of the private sphere, where so-called informal arrangements guarantee that care is provided spontaneously (1998, 131). As a result, questions about how elder care should be provided are addressed, but there are a number of assumptions that are already in place before any discussion goes on, and this means that there are limitations on what is seen to be 'possible' where elder care provision is concerned.

By treating as irrelevant for citizenship whatever occurs in the private sphere, the dominant public-private discourse erects what Tronto (1993) describes as a 'moral boundary' between the family and the 'political'. Lister explains that:

This is then used to justify non-intervention to address injustice or oppression within the family and to deny the significance of the care and domestic service upon which the public exercise of citizenship has always depended. The ideological construction of the public-private divide thereby contributes to the oppression of justice and care and to the camouflaging of men's dependence upon women for care and servicing (2003, 120).

Although our societies are dependent on care work, we tend not to adequately appreciate it, while in the name of family values, current political discourse depicts informal elder care as preferable to paid, outside help. As a result, according to Olson "while celebrating spousal/filial domesticity and commitment, such rhetoric translates into a social disregard for the substantial financial, physical, social, and psychological costs experienced by those providing elder care" (2003, 7-8). This is what Robinson calls the 'paradox of value,' which she uses to explain why care workers and their activities are simultaneously 'honored' and despised, and how this paradox of value, moreover, has deepened in the new global care economy (2012, 2). This clashing unveils government agendas to save public money at the expense of the informal, predominantly female, informal caregiving labor force.

Moreover, the notion of public and private spheres is itself divided into descriptive and normative claims. The descriptive claim of the private realm of the family 'unsullied' by state regulation to which women tend to be confined while men inhabit the public realm is a distortion. The reality is more complex: first, using these terms may lead to their reinforcement and reification; second, there is direct and indirect state regulation of the family; and third, male passage between public and private spheres is easy while the entry of growing numbers of women into the public is more challenging. According to Lister "this has not, however, been an obstacle to the normative claims made on behalf of a private, unregulated family as the basin of individual freedom nor to the sexualized values that support these claims, to the benefit of men" (2003, 120).

This thesis highlights the complexity of elder care work as it is undertaken in practice, and why it should be prioritized on public agendas. For instance, migrant women working as caregivers in foreign countries blurs the conceptual dichotomy between 'public' and 'private'. It serves to show how real practices should cause us to rethink our 'theoretical' frameworks. Glenn (1991; 1992) has made this point with regard to both working-class white women and 'racial ethnic women' suggesting that the difference between the two is that racial ethnic women expect to subordinate their own domestic role to the servicing and care of their white employer's family.

In fact, often access to the public sphere for better off women in adult-earner families is facilitated by the employment of poorer, ethnic minority, migrant women. Thus, both historically and today, the situation of white middle-class women has benefited from that of poorer, increasingly migrant women, in a way that disrupts the public-private divide for the latter groups.

There is thus a need to challenge this conceptual dichotomy in order to break the vicious circle, which continues to reinforce gender, racial/ethnic, and class inequalities discussed in this section across the public-private dichotomy. Understanding the social organization of elder care facilitates thinking across the assumed public-private dichotomy between economy and family, public and private, paid and unpaid work, emotion and commodity, culture and state social policy, and the direct state provision of services and indirect public support for caring in households to take care of their members.

Moreover, questioning and recognizing connections between individuals' public and private lives challenges the public private dichotomy. Lister argues that this questioning of the traditional public-private divide has had three main implications for social policy: first, it has translated a number of issues deemed 'private' into legitimate concerns of public policy;²⁸ second, it has highlighted the impact of public policies and practices on relations within the family;²⁹ and, third, it has demonstrated the ways in which gender relations in the private sphere³⁰ differentially affect the access of men and women to the public sphere of the labor market and politics (2010, 65-66). This demonstrates the power of questioning the public/private divide, since it has real potential for fundamental policy shifts within elder care by addressing the economic and political marginalization of women more generally.

Feminists have also challenged the public-private dichotomy in two other important ways. The first way has been for its privileging of public relations over private relations³¹ in questioning why public relations between relative strangers are generally considered paradigmatic moral relations, while personal relations between family and friends are considered of lesser moral importance. Feminists have challenged this devaluation of the private sphere by showing that its distinctive activities, such as informal elder caregiving and child-rearing, are

²⁸ For example, domestic violence.

²⁹ For instance, a range of public policies, including child care and social security, affect mothers' access to an independent income, which in turn shapes their relations with partners and children (Lister 2010, 65-66).

³⁰ For example the amount of time each parent spends on child care and housework.

³¹ See, for example, the work of Robinson 2011a, 34; Lister 2003, 120; Clement 1996.

essential for the continuation of a just society, and should therefore be recognized as central rather than peripheral in moral theory. Feminists have also shown that the public and private spheres of activity are not as different from one another as is commonly assumed. For example, power relations, which are usually considered the distinguishing feature of the political, are present in personal/private relationships as well. In fact, as Clement argues, “precisely because families are considered to be private, they provide distinctive opportunities for abuses of power” (1996, 72).

Out of these critiques has developed a re-articulation of citizenship, which problematizes the gendered domestic division of labor, and the status accorded to unpaid care work in relation to the rights and responsibilities of citizenship. This re-articulation of the public-private dichotomy provides one of the keys to challenging women’s exclusion at the level of both theory and praxis. According to Lister this involves the disruption of its gendered meaning; recognition of the ways in which the public-private divide is socially and politically constituted and therefore fluid rather than fixed; and acknowledgment of how in practice each side impacts on the other (2003, 197). The ways in which the gateways to citizenship for women and men are differently shaped by the interaction of public and private are thereby illuminated.

It should moreover be noted that whether a problem is deemed to be public or private is a matter of politics and the prevailing ‘mentality’ of government. Thus, a person’s difficulties in coping with elder care needs *can* be perceived and treated as either a private trouble or a public issue. Elder care can be framed as a public issue, however, the contemporary politics of neo-liberalism rarely portray elder care needs in a substantively public way. As Connidis argues, “instead care is often perceived as a private trouble; a problem of the individual for which he/she is held responsible. Much of the explicit treatment of situations as private troubles surrounds responsibility for solving problems” (2001, 251). This holding of individuals accountable for solving their problems can have the effect of blaming them for their problems, thereby abdicating society of the responsibility for providing solutions. Thus, although we claim that we want to preserve the ‘autonomy’ of the elderly, and that the best way to do this is to keep elder care ‘in the family,’ this really amounts to an acceptance and deployment of neo-liberal strategies of governance.

Alternatively, when problems are treated as public issues, society accepts (at least some) responsibility for providing solutions. This means that when elder care policies are developed to

support the care needs of the elderly, there is evidence of treating problems as public issues. The availability of publicly provided elder care services is significant for women's employment, and is related to the gendered divide between the public and private spheres and to gendered ideologies about caring and its potential compatibility with paid employment (which may differ across groups of women). As such, for example, a central argument in Hernes' (1987) conception of Scandinavia's potential for woman-friendliness was that the boundary between the public and the private had undergone a marked change owing to the expansion of public care policies.

Added to the fluctuating positioning and meanings, the public-private dichotomy is historically and culturally specific, and reflects different state forms.³² Throughout the history of the Albertan and Swedish welfare states, interest and participation in elder care policy provision has varied. Daatland (1992) discussed the public-private mix in welfare states, and described three forms of shared responsibility for the dependent elderly: the state can be a substitute for, or replace the family for those who lack families to provide for them; responsibility can be shared over time, and transferred from the family to the state, for instance when an elderly person is admitted to an institution; and/or the state and family care in partnership, for example, when the elderly receive care from the family while also receiving supportive home help from the municipality. Johansson (1991) discusses this kind of interaction in terms of task-sharing at the individual level. His findings from a Swedish study of elderly people who live in their own homes indicated that task-sharing depends on individual circumstances more than on a planned division of work. Szebehely (1998b) found (also in Sweden) that how elder care is divided up between public home-helpers, spouses, and non-cohabitating kin depends on how often a task must be performed and the amount of physical strength needed to perform it.

The fallacy of this separation of spheres is demonstrated by how elder care policy has a profound effect on private lives (Aronson and Neysmith 2003, 108). Alberta and Sweden are in the midst of a process whereby elder care is displaced either to the market or the home, and the unpaid/informal elder care work of women. According to Brodie this process is sometimes

³² Brodie argues that 'different state forms rest on different negotiations of the public and private', producing 'differently gendered citizens' (1997, 230). This is illustrated by Siim's comparison of perceptions of public-private in liberal, republican, and social democratic states (2000). The culturally specific nature of the divide is underlined by Joseph's analysis of the Lebanon in which she argues that it forms 'a boundary imagined by a state imagining its people' (1997, 88).

referred to as 'reprivatization,' and/or 'refamilialization,' terms that foster the illusion that public goods and services are being returned to somewhere where they 'naturally' belong (1997, 235).

Elder care policies based on government retrenchment, decentralization, familism, and privatization disproportionately burden women in their 'prescribed role' as elder caregivers. Both Alberta and Sweden have demonstrated cost-cutting in elder care, displacing caring work out of the public domain, and onto the already overburdened shoulders of family - namely female - carers. As Aronson and Neysmith discuss, cuts in public provision, such as early hospital discharges, reduced nursing home beds, and cuts in home care result in a shifting of care work onto families, demonstrating how the neo-liberal state reorganizes the labor process to make use of 'free' service labor (2003, 98).

The necessity of providing care to an elderly family member affects the daily rhythm of an informal carer's life, her career pattern, and future pension entitlements. Regardless of the separate spheres of ideology, many women today find themselves in a difficult position, balancing caregiving in the private sphere, for both children and the elderly, with their obligations at work in the public sphere. By recognizing these connections between individuals' public and private lives, the public-private dichotomy can be challenged. According to Sevenhuijsen a "rearticulation is needed in today's society with the growing diversity of experiences relating to care, which have far outgrown the traditional dividing-line between the private and public spheres, the line which has for so long marked the separation between care and politics and which in fact is continually being disputed and redrawn" (1989, 27). Certainly, the role that critical theorizing plays is to expose the way that dominant discourses construct and shape the limits of what is seen to be reasonable or possible. By exposing the way in which care as a private activity has been constructed we can begin to imagine a different way of organizing society where all people could be, for example, seen as working and caring citizens.

The line between the public and private spheres should not be seen as fixed, but rather, it should be seen as a shifting political construction under constant renegotiation, which reflects both historical and cultural contexts, as well as the relative power of different social groups. The division is "a contested cultural construction, saturated with impositional claims and gendered codings" (Brodie 1997, 230). As such, different welfare state forms rest on varied negotiations of the public and private spheres, which flavor elder care policies. This is why critical observers of

these processes call attention to the politically constituted character of the line dividing family and public responsibility for care of the elderly. “The public-domestic divide is not, as classic liberalism would have it, the line marking where politics ends and nature begins” (Brodie 1997, 230). Rather than a natural unfolding of family care and unobtrusive state interventions, the line is revealed as a shifting division determined by political and economic interests.

This section has outlined how feminists have challenged the public-private dichotomy. The following section will address the ethics of care, which is committed to a reconceptualization of the public-private dichotomy by rethinking the nature of the “moral boundaries” of the public and private as they are connected to ethics and politics. As Robinson argues “in particular, it must challenge the assertion by a number of prominent male moral and political philosophers that care matters in the context of intimate, personal relationships but that it is irrelevant, or dangerous, in the ‘real’ context of ethics – the public realm” (2011b, 133). This means accepting a different vision of what is considered as political, and how our ideas are crafted through historically constructed gender norms, roles, and power dynamics.

Feminist ethics of care

The care of human life and happiness, and their destruction, is the first and only legitimate object of good government (Thomas Jefferson 1809).³³

The dominant traditions of moral philosophy uphold this dichotomy between the public and the private spheres. Specifically, they maintain that the public sphere of government and civil society should be governed by abstract norms ensuring equality for all citizens, while the private sphere of the family and personal relations should be governed by particularized norms oriented toward meeting individuals' needs. In this view, the ‘proper’ public morality is what is often called ‘the ethic of justice,’ and the ‘proper’ private morality is ‘the ethic of care’ (Clement 1996, 67).

The study of care ethics has generated an impressive body of theory that has expanded from its beginnings in social psychology to include a variety of other disciplines in the social sciences. This rich literature has generated intricate accounts of care ethics for multiple and

³³ This quote originally appeared in Hankivsky's book *Social Policy and the Ethic of Care* (2004, 1).

overlapping kinds of relationships and for a variety of contexts. In particular, the past decade has witnessed sizeable growth in feminist literature that addresses the implications of the care ethic's distinct values in the public sphere.³⁴ This forms part of a broader shift towards an emphasis on values, ethics, emotions, and relationality in efforts to address the inadequacies inherent in assuming the human beings are autonomous, rational actors, and building policies around these assumptions.

In order to understand how we can create caring elder care policies, we need to reflect on what exactly an 'ethic of care' is, and why it has political value and policy relevance. As this section reveals, there have been numerous iterations of the ethic of care. In the context of political theory, an ethic of care emphasizes networks of human interdependencies that challenge the public-private dichotomy and the important role that care plays in sustaining lives. It emphasizes that across our lifespan - at all stages and in many situations - we need care to sustain our lives. As Kittay et al. argue "people's close relationships can create special needs and interdependencies, which a person cannot ignore" (1987, 147). From this foundation emerges a set of distinct values for guiding our lives and understanding the spectrum of human experiences and human needs. These values can be considered essential to living a worthwhile, fulfilling, and balanced life. As such, the ethic of care orientation is grounded on the assumption espoused by Kershaw that "relatedness is more fundamental than separation" (2005, 66). According to this view, relations of interdependence and care are a central feature of all human lives; we rely on the caring provided by others to carry out the reproduction of society, making life possible. The care orientation encourages individuals to recognize that these connections with others imply mutual responsibilities, and an imperative to respond actively to the needs of others. The care orientation also cautions against 'cookie cutter' application of vague principles in favor of remaining sensitive to environmental variation when deliberating in a moral fashion (Kershaw, 2005, 66). Accordingly, the moral reasoning associated with an ethic of care is contextual and particular in that it emphasizes the responsibilities that stem from specific relationships in concrete circumstances, and it addresses specific needs through a process of empathy and the 'activity of care'.

³⁴See, for example, Rianne Mahon and Fiona Robinson (Eds.), *Feminist Ethics and Social Policy: Towards a new Political Economy of Care*, Fiona Robinson, *Globalizing Care: Ethics, Feminist Theory, and International Relations*; Selma Sevenhuijsen, *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics*; and Eva Feder Kittay and Diana T. Meyers, eds., *Women and Moral Theory*.

The evolution of care theory

The ethic of care is most often linked to Gilligan's *In a Different Voice: Psychological Theory and Women's Development* (1982).³⁵ In this work, Gilligan challenges Kohlberg's theory of moral development³⁶ by pointing out that his singular focus on separation in the 'ethics of justice' risks ignoring the reality that "connection with others is often experienced as a source of comfort and pleasure, and a protection against isolation" (Gilligan 1987, 32). The ethic of care is frequently contrasted with the ethic of justice, with the relationship between the two ethics widely debated. As Gilligan et al. argue, "contrary to the individual who subscribes to the 'ethic of justice,' the endeavor of the person who subscribes to the 'ethic of care' is to fulfill the needs of the people in the ethical situation, and, in this way, to maintain harmonious relations" (1994, xxi).

In her research, Gilligan reveals a different, conventionally unrecognized, voice of moral reasoning that she claims Kohlberg's psychological measures of moral development fails to acknowledge properly. She argues that the moral trajectories of many women are distinct from those of most men but, nevertheless, that they are of commensurate moral worth, which leads Gilligan to label the different 'female' voice as a voice of care, responsibility, and concern for others, with those who exemplify the different voice seeing themselves as defined by a context of relationships with others (Gilligan 1982, 33). This conception of morality as concerned with the activity of care centers moral development around the understanding of responsibility and relationships, just as the conception of morality as fairness ties moral development to the understanding of rights and rules.

In situating her different voice in moral reasoning, Gilligan focuses on a problem of interpretation rather than on representing a generalization about either sex. She asserts that revealing a new voice of moral reasoning has potential to yield a more encompassing view of the

³⁵ In this book, Gilligan sets forth empirical data, gathered in three studies, concerning the moral decision-making strategies of women. Many people see Gilligan's work as the starting point, however, others point to Ruddick's essay "Maternal Thinking" (1980) and her book *Maternal Thinking: Towards a Politics of Peace* (1989). Many, including Held, locate the origins of care ethics in this pioneering essay. Importantly, Ruddick was a philosopher, and her essay (and subsequent book) was very much directed to philosophers. Gilligan's book, however, was the first to use the term 'ethics of care'.

³⁶ His framework is dominated by an ethic of justice, and measures moral maturity by an individual's ability to adhere to rules and universal principles of rights and justice. The morality of rights and formal reasoning is the one familiar to us from the liberal tradition of Locke, Kant, and Rawls.

lives of both sexes. Gilligan argues that “to understand how the tension between responsibilities and rights sustains the dialectic of human development is to see the integrity of the two disparate modes of experience that are in the end connected” (1982, 174). Thus, although she interprets the ethic of justice and the ethic of care as representing two different moral orientations, she nevertheless argues in her conclusion that any tension between care and justice can be resolved in a complementary fashion.

The earliest ‘post-Gilligan’ articulations of care were based on women’s conventional activities and practices, with care seen as a form of moral reasoning that emerged from the experiences of mothering, caring, and nurturing. Drawing on this perspective, a number of feminist theorists argued for the refocusing of ethical priorities in the public sphere. Included in this camp is the work of Noddings, *Caring: A Feminine Approach to Ethics and Moral Education* (1984), where she argues that natural caring³⁷ is the foundation from which all other caring arises. According to Noddings, natural caring inspires us to respond to others in caring ways. Even in her more recent work she builds on this thinking by considering how care, which she sees as rooted specifically in family time, can be transferred to the wider world in order to guide social policies. Like Noddings, Ruddick (1989) has argued that an ethic of care develops from maternal work and offers a critical perspective that illuminates both the destructiveness of war and the requirements of peace. She sees maternal work, which prioritizes the preservation, growth, and acceptability of one’s children, as leading to the development of the virtues of scrutiny, cheerfulness, humility, and commitment to the context of the realities of life. In line with Noddings and Ruddick, Held has explored the possibilities of replacing traditional contractual views of human relations with moral characteristics derived from mother-child relationships (1993).

While most of the earlier care theorists state that their ethic is not exclusively feminine, they nevertheless assume that women are more likely to be in the maternal role than are men. Ruddick, for example, has argued that “many women are, or expect to become, mothers, and more important, throughout most of the world, the majority of mothers are and have been women. It is, therefore, now impossible to separate, intellectually or practically, the female from the maternal condition” (1987, 242). In this statement, Ruddick shows why mothering can be

³⁷ Noddings interprets natural caring as including a mother’s caretaking efforts, as well as our memory of being cared for.

both a caring activity *and* a feminist activity by making a subtle and complex point: to say that it is impossible to separate the female from the maternal condition is not to say that women are naturally more suited for the maternal role than are men. Ruddick is thus explaining that there is an important difference between saying that women are naturally more caring and that women/the feminine are/is associated with caring/the maternal condition.

In the years following the appearance of her work, Gilligan's ideas gave rise to debate, with limitations inherent in her conceptions of care well established in the literature. First, although caring labor has been the traditional domain of women, critics have noted that there is nothing distinctively female about caring. Second, feminist attempts to provide the women's point of view also risk contributing to women's marginalization and contributing to women's oppression by reinforcing stereotypes about women in society. Finally, a third criticism is that early care theorists favored an ethic of care over an ethic of justice, with some dismissing justice, while others insisted that an ethic of care should be more basic and central than an ethic of justice, with regard to deliberations within the public sphere.³⁸ In response, more recent theoretical work on care ethics is flavored with an understanding that, in order to be publicly viable, the care ethic must be distanced from 'uni-directional' conceptualizations arising from earlier theoretical work on the ethics of care.³⁹

Recent theoretical work on care ethics has accomplished two things. First, it has established the centrality of care to all human life and activities. As Tronto argues "care is now generally accepted as a species of activity that includes everything that we do to maintain, continue and repair our 'world' so that we can live in it as well as possible...that world includes our bodies, our environments, all of which we seek to interweave in a complex, life-sustaining web" (1993, 103). Second, these theorists have demonstrated the continuing applicability of care ethics to all aspects of human relations and organization, and involve responses both to theoretical challenges and to fast-changing social circumstances (Koggel and Orme 2010, 110).⁴⁰

³⁸ For example, Noddings (1984) has expressed her preference for care over justice because the former allows us to transcend the abstract quality of reasoning associated with the latter. She maintains that, when using an ethic of care, a moral situation is made concrete by considering how the introduction of facts, feelings, and personal histories can affect a decision (Noddings 1984).

³⁹ Some of these include Barabara Houston "Rescuing Womanly Virtues"; Claudia Card "Gender and Moral Luck"; Marilyn Friedman *What Are Friends For? Feminist Perspectives on Personal Relationships and Moral Theory*; and Sarah Lucia Hoagland "Some Thoughts About 'Caring'".

⁴⁰ Koggel and Orme have recently edited two special issues on care ethics in the journal of *Ethics and Social Welfare* (2010; 2011). The articles in the first special issue investigate the implications for theoretical developments

Human relations and organization' include domestic and global social policy, and the gendered global political economy.

Tronto's book *Moral Boundaries: A Political Argument for an Ethic of Care* (1993) transformed the ethic of care into a critical theory with practical applicability both politically and ethically. She did this by demonstrating that, when connected to a theory of justice, an ethic of care can significantly affect public philosophy and public sphere institutions since liberal thought is transformed when care is taken seriously. Including the value of care with commitments to other liberal values - such as a commitment to people's rights - makes citizens more thoughtful, attentive to the needs of others, and, therefore, better democratic citizens (Tronto 1995b). Moreover, in her newest book, *Caring Democracy: Markets, Equality and Justice* (2013) she builds on this argument, focusing on how market forces misallocate caring responsibilities and exclude care from our understanding of democracy.

Many other contemporary theorists have sought to think through the implications of the ethics of care for a wide range of issues in domestic and international politics. The work of Sevenhuijsen (1998), for example, has been important in developing our understanding of the relationships between care and social policy. Like Tronto, Sevenhuijsen places her discussion of care within a framework of politics and citizenship and argues that a feminist ethics of care should have a central place in a neo-republican idea of active citizenship (Sevenhuijsen 1998, 34). The work of Hankivsky (2004; 2006; 2011), Williams (2001; 2010a), and Kershaw (2006; 2006a) has also been crucial in interrogating the nexus of care ethics and social policy. Hankivsky (2004) connects theoretical and public policy analysis as she applies care ethics to the Canadian social policy scene while exploring values that are prioritized in the public domain to illuminate why we develop, and moreover justify certain social policies. Williams explains that a "care culture" in work organizations, and in social and political organizations, would represent a positive move away from male breadwinning norm towards the prioritization of the relational in people's lives (2001, 488).

Mahon and Robinson's *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care* (2011) brings these debates to transnational and international

of care ethics for a variety of issues and contexts, while the second explores interconnections among relationships. According to Koggel and Orme "taken together the two issues provide a rich source of scholarship and research on the ethics of care and are a testament to our assertion that it has relevance to diverse academic disciplines and in many domains and places" (2011, 109).

contexts. Robinson has also addressed care ethics in the global context (1999; 2011). Her most recent book, *The Ethics of Care: A Feminist Approach to Human Security* (2011) explores the extent to which care (relations and practices) is important in the struggle for basic human security. While she does not view care ethics as a "prescription" for the attainment of human security, she does argue that a re-description can illuminate the ways in which dominant approaches could be improved by showcasing how insecurity is experienced by many people throughout the world. Her consideration of care in both ethical and practical terms provides a strong starting point for understanding and addressing the material, emotional, and psychological conditions that create insecurity for people.

The lack of value placed on care is reflected in the elder care policies of Alberta and Sweden. For example, the current elder care systems in Alberta and Sweden often require family members, and women, to be conscripted⁴¹ into providing elder care due to a lack of alternatives. Elder caregivers should have greater control over their lives, and have a choice whether or not to relinquish their autonomy in order to care for the elderly in their lives. Research for this thesis nonetheless indicates that the elder care required to sustain our lives in our elder years is increasingly relegated to the private sphere; fostering the view that elder care does not need to be considered an important part of citizenship, but rather the natural responsibility of women. According to Hankivsky, "this segregation, naturalization and denigration demonstrates why caring has not been prioritized as part of *normal* social participation despite its permeation in our lives, creating the misunderstanding that aging is a deviation from our normal functioning, rather than an inherent part of any human experience" (2004, 110). This demonstrates why there is great value in continuing the exploration of the consequences of these current trends which do not prioritize care and its values in the creation of elder care policies, and speaks to the need for consideration of the practical implications of the care ethics in the creation of more gender equitable elder care policies.

Tronto suggests three obstacles preventing care from being taken seriously: first, the separation of morality and politics does not allow us to see how profoundly our political ideas limit our sense of morality, and vice versa; second, the abstract account of morality as

⁴¹ The idea of one being "conscripted to care" has been used by H. Armstrong in, for example, "Social Cohesion and Privatization in Canadian Health Care." *Canadian Journal of Law and Society* 16.2 (2001). He cites this term as originating from National Forum on Health when it wrote of citizens being "conscripted" into home care.

appropriate only from 'the moral point of view,' an account which makes us suspicious of an ethic that begins with people's engagement with others, and that recognizes the role of particularity in judgment; and, third, the boundary that separates the public and private spheres of life, a boundary that lessens the legitimacy and moral worth of the daily caring work by stressing the importance of work done in the public sphere of life (1993, 178). These boundaries foster how we focus our values on autonomous, distant, moral actors, using abstract morality as a guide, while also tearing our attention away from the value of care in our daily lives.

Fineman discusses the view that care ethics are incompatible with autonomy, when she writes about the 'autonomy myth' as being politically palatable given that it promotes individual rather than collective responsibility for welfare and well-being (2004). To be a recipient of elder care is associated with dependence, which is often associated with 'lesser worth' (Fraser and Gordon 2002). Autonomy is, however, not necessarily antithetical to a care ethics perspective. Nedelsky (1993; 2012) discusses how and why relationships are pivotal in people's lives, and connects relational dimensions of human experiences to our understanding of politics and law. According to Nedelsky:

The self, autonomy, and law form a constellation of ideas, practices, and institutions. In the prevailing Anglo-American version, human beings are seen as essentially separate from one another. Relationships exist, of course, but they are not treated as constitutive. I want to reconstruct this constellation so that relationships become central to each part of it...Autonomy, for example, comes into being (or is harmed) through relationships with parents, teachers, and employers. And law, including rights, is one of the chief mechanisms (both rhetorical and institutional) for shaping the relationships that foster or undermine values such as autonomy (Nedelsky 2012, 3)

The idea of relational autonomy is not that autonomy must be replaced or subsumed by relations, but rather that true autonomy can only be achieved in and through relations of care.

Policy serves a set of functions in relation to the societal value that is - or should be - placed on care; the status of care in society, and moreover how autonomy might be compatible with this care. The promise of care for elder care policy is based on the assumption that, either explicitly or implicitly, values drive public policy. The influence of values on policies is evident when policy decision makers knowingly articulate the societal and cultural norms that root and shape government action, or conversely when the moral underpinnings of policies seem so

accepted and familiar that officials act without describing the normative ends that motivate their conduct.

Values can therefore be seen as influencing the questions that we ask, in determining the information that we consider important, in selecting the actors that we see as integral to the policy process, and in determining the consequences of choosing to react or not to react to a specific social problem or issue such as the aging population and growing elder care needs. According to Daly the relationship between a care ethic and social policy is complex for a number of reasons:

On the one hand, the line between valuing care and confirming it as a woman's domain is a fine one. On the other hand, paying money for work which has origins in personal relations may devalue caring. It seems to me that recognition is not enough, if only for the reason that recognition does not necessarily ensure valorisation (or respect). I suggest that quality in this regard centres on the legitimisation of care (2002, 263).

In order to prioritize the importance of elder care, existing values and priorities fostered by current neo-liberal paradigms require interrogation. According to recent neo-liberal trends in Alberta and Sweden, citizens are seen to be independent and self-reliant; a view that fails to understand the dependencies in which we are all implicated.⁴² This focus on independence and self-reliance constructs citizens in ways that conform to the gendered logic of neo-liberalism, while not aligning with reality. The term 'caregiver' is often prefixed with 'family', 'spousal', 'child', 'parent', 'young' or 'adult' to distinguish between different care situations. This prefixing is worthy of note as it speaks to the fact that people need care during different periods of their lives, and moreover that humans are interdependent. More specifically, aging is the accumulation of changes in a person over time which refers to a multidimensional process of physical, psychological, and social change; changes that often mean that the elderly person requires care which can vary from low-care needs to high-care needs. Both Alberta and Sweden have aging populations with a growing number of elderly who need care. The notion of solidarity gives a political meaning to care and to mutual commitment. Accordingly, Sevenhuijsen (1998) argues that we need 'caring solidarity' because everyone - in different ways and to varying degrees -

⁴² See, for example, the work of Hankivsky 2004; Lister et al. 2007; and Sevenhuijsen 1998.

needs care at some point in time in their lives, which should be seen as a fact in human existence, especially in a persons' eldest years.

Care ethics also give new meaning and significance to human differences that arise from gender, class, and age. As Kittay et al. argue "how rich a moral life people have depends on their willingness and ability to look beyond common humanity and respond to others' unique personalities" (1987, 147). The ethic of care's sensitivity and responsiveness to the elderly and their caregivers' individual differences opens up new ways for understanding the experiences of discrimination, suffering, and oppression that can occur. It is, moreover, through speaking in terms of caring solidarity that we can take into consideration that each elderly person and their caregiver(s) are differently situated, and that this is what makes public dialogue and collective support important. Caring solidarity offers more potential for understanding the diversity of needs and lifestyles than a solidarity which takes for granted the norms of homogeneity and 'normal' human existence, which according to Sevenhuijsen "marks the difference between policy as control and policy as an enabling activity" (1998, 148).

Deploying a care ethics perspective would mean that the true nature and value of elder care would be appreciated, and elder care would be seen for the integral role it plays. This would also allow for the gender equality of the often marginalized women who are commonly conscripted into providing elder care to be realized, and would furthermore take the need for women's equality in the public and private spheres to be issues that merit interrogation. In particular, this understanding would realize the need to share elder care responsibilities between the public and the private spheres, as well as among families, employers, and governments. According to Hankivsky, the "ethic of care allows us to see the importance of rebalancing public and private responsibilities for care as well as the importance of establishing more equitable caregiving between women and men" (2004, 125). This challenging of the public-private dichotomy offers a way of understanding care needs that encourages us to think about how elder care policy decisions can be recreated to reflect care as a social policy priority. The ethic of care therefore provides a theoretical basis from which to challenge current trends towards deinstitutionalization, which off-loads elder caregiving responsibilities onto the private sphere – or, more particularly and commonly - women's informal/unpaid elder care work in the private sphere of the home and family.

Elder care policy changes could also include an approach that recognizes the value of elder care labor, and accordingly allow individuals to have more time allotted for elder care provision during their lifespan. In efforts to allow people to have more time to provide elder care during their life spans, there have been some investigations as to how the feminist ethics of care might be realized in the redesign of the workplace. Efforts to balance the two conflicting models of citizenship - citizen as wage worker in the public sphere and citizen as caregiver in the private sphere - are central for these purposes. Efforts must be directed towards realigning the lopsided division of labor in which women assume increasing responsibility for economic support through paid employment in the public sphere but maintain sole responsibility for caring and other domestic work within the private sphere. This involves a redefinition of work within both the paid labor force and the private domestic sphere, a redefinition in which Acker argues "the rhythm and timing of work would be adapted to the rhythms of life outside of work" (1990, 155). Moreover, since elder care offers such a significant contribution to society, there should be public support to remodel places of employment to better accommodate and support people to provide informal elder care while maintaining their status as employed workers in the public sphere. This redistribution is important in becoming a society where individuals are able to give and receive the elder care that they need, and where women experience equity in both their employment and elder care responsibilities. Fraser speaks to these ideas in the model she calls the 'universal caregiver' welfare state which she argues would provide a better understanding of the relationship between caregiving and work in the public sphere:

Its employment sector would not be divided into two different tasks; all jobs would be designed for workers who are caregivers, too; all would have a shorter workweek than full-time jobs have now; and all would have the support of employment-enabling services...some informal carework would be publicly supported and integrated on par with paid work...some would be performed in households by relatives and friends...other supported carework would be located outside households altogether – in civil society (1997, 41).

This type of societal change and challenge to the public-private dichotomy would entail substantial alterations to elder care policies in Alberta and Sweden.

From a feminist ethics of care perspective, elder care policy issues would be presented in a different way. This is possible because the ethic of care's principle of responsiveness highlights

the need to challenge recent neo-liberal trends and to include perspectives excluded and often marginalized, to be reflected in elder care health and social policy deliberations and decision making. Even though the use of care ethics in elder care policy-making is becoming more and more difficult given the growing presence of neo-liberalism, it offers an alternative to the values and priorities of neo-liberalism. Deployment of care ethics opens up space for resistance and mobilization around a set of ideas associated with care. This process facilitates learning from the elderly and their elder caregivers in terms of what constitutes quality care, and how elder care policies can be created to support quality elder care arrangements, benefiting both the elderly, their informal and formal caregivers, as well as society more generally. As Hankivsky argues "listening to their collective experiences we see why care is needed, what it means to be dependent and vulnerable, and what is required if effective caregiving is to take place" (2004, 116). Examining the social reality of care, the needs of the elderly and their caregivers, and thinking about what the complex relationship between elder care and policy making should look like, has potential to improve elder care policies by taking into consideration the perspectives of the elderly and their elder caregivers, and enjoining them with those of the typically more powerful decision makers. This speaks to the goal that those with decision making power, who are in charge of elder care health and social policy making may be persuaded to make policy decisions 'with care'.

As shown in this section, current articulations have established a firm basis from which to argue that a care ethic should legitimately lead us to contemplate what we value in our public lives, including social policy actions and decisions, with great potential for positive change in elder care policies. If the importance of care to the human condition were to be explicitly and systematically acknowledged in Sweden and Alberta, then both contexts would approach decision making around elder care policies in a different way. Such a change would be noticeable in public discourse as it would provide a different approach to human differences, vulnerability, dependency, suffering, and responsibility (Hankivsky 2004). This fundamental change in discourse surrounding elder care policies would offer innovation and enrichment for our policy judgments by opening up new ways of looking at issues revolving around elder care. Therefore, a feminist ethics of care offers us the broader normative criteria that can help to critically develop, evaluate, and transform elder care policies in Alberta and Sweden.

Conclusion

As Mahon and Robinson have argued “an ethics of care that is political and critical must be grounded in the concrete activities of real people and the webs of social relations that connect them” (2011, 178). In combination, feminist political economy and ethics of care can be seen a critical tool that can expose the way elder care as a private activity has been constructed, thereby allowing for imagining of a different way of organizing society where all people could be, for example, seen as working and caring citizens. In particular, this conceptual tool illuminates the ways in which the family interacts with other key institutional bases of elder care policy analysis, which includes the state, the market, and the community.

There has, however, been a marked decrease in what can be interpreted as caring elder care policy orientations since the development of Alberta and Sweden’s welfare regimes – albeit to different degrees - since WWII. As criticism of policy restructuring and its implications increase, new frameworks and rationales for understanding the relationship between the state and citizens in regards to elder care policy are needed. As this chapter has argued, a feminist ethics of care offers broader normative criteria which potential to enable the critical development, evaluation, and transformation of elder care policies in Alberta and Sweden as it provides an understanding of human beings and, in particular, of their interconnections, context, experiences, and need for elder care.

Next, Chapter Three complements the information that has been presented here by providing an overview of Esping-Andersen’s welfare state regime typology and the varieties within welfare regime models using the liberal and social democratic regimes as examples in addition to discussing theories of path-dependence and divergence/convergence with emphasis on whether or not they are useful in the study of elder care in welfare regimes. Later on in this thesis, the critical insights in this chapter are used in Chapter Four and Chapter Five to critique/analyze the specific policies that have developed post-WWII in Alberta and Sweden.

Chapter 3 - Alberta and Sweden: Neo-liberal Divergence with a Common Trajectory

Introduction

Population aging has become an issue in Alberta and Sweden which is why it is important to locate elder care within contemporary welfare regimes and changes thereto. The comparative literature has shown that welfare regimes are not all created equal. As noted in Chapter One, the classic typology is Esping-Andersen's (1990) which identifies three types of welfare state regimes - liberal, corporatist/conservative, and social democratic - depending on the particular configurations of the state, the market, and (more recently) the household. Although feminists have rightly criticized his work for ignoring gender and the family, his typology is often used as a starting point for cross-national welfare state analysis.

Sweden is treated as the ideal-typical social democratic regime, with a strong state, large public sector, and a limited role for market solutions in welfare provision while the Albertan welfare state would clearly be classified as a liberal welfare regime. Although such differences remain important, a dominant trend over the last decades has been that of liberalization: the steady expansion of market relations in areas that, in many advanced capitalist economies, were seen as part of the welfare state. One of the questions this raises, is how can these changes in the Albertan and Swedish welfare regimes in a liberal direction be explained?

This chapter presents the argument that the welfare regimes of Alberta and Sweden are ultimately diverging with a common trajectory. This means that they are moving in the same neo-liberal direction with market logic (increasingly) superimposed on non-market facets of everyday lives, including elder care, while differences remain both visible and important. The discussion falls into two main sections. First, Esping-Andersen's typology is outlined, followed by an examination of feminist critiques, and his response thereto. Next, a discussion of intra-regime difference is presented. In other words, just as there are differences among the Scandinavian social democratic regimes (Bergqvist et al, 1999), there are differences among liberal welfare regimes (O'Connor, Orloff and Shaver, 1999). The chapter concludes with a discussion of the debate on path-dependence and divergence/convergence theories, which sets up the Alberta and Sweden comparison.

Welfare regimes

Comparative welfare state research initially consisted primarily of quantitative studies focusing mainly on social spending. From 1980s onwards, the scope of studies broadened to include more qualitative aspects such as basic principles and the level of social rights. The latter was heavily inspired by the classic welfare state typology developed by Richard Titmuss, one of the founding figures of the British social policy discipline. Titmuss's (1974) distinction between residual, handmaiden, and institutional-redistributive models was later developed by the Danish sociologist Gosta Esping-Andersen whose primary focus is on the welfare state and its place in capitalist economies.

As noted in Chapter One, Esping-Andersen's (1990) typology of three types of welfare state regimes - the liberal, corporatist/conservative, and social democratic - has often been used as a starting point for cross-national welfare state analysis.⁴³ These regime types are based on how countries cluster along three dimensions of variability: state-market relations, stratification, and social rights. Thus, Esping-Andersen's typology, and the role of welfare regimes and changes thereto, are important in the identification of changes in the organization of elder care and the relationship between elder caregivers and their elder care recipients.

The liberal welfare regime, which is said to include Canada, Australia, and the United States - is one where means-tested assistance and modest social-insurance plans predominate, and market solutions are encouraged for those who are better off. The conservative welfare state, such as that found in Austria, France and Germany, is one where the preservation of status differentials predominates, and the principle of subsidiary means that the state will only intervene when the family's resources are exhausted. The social democratic welfare regime, of which Sweden has been the ideal-type, is one in which all citizens are incorporated under one universal insurance system aimed at minimizing dependence on markets and families, with the state taking responsibility for care of the elderly, children, and those who cannot look after themselves. Expansion of regime types has occurred, moving beyond Western Europe and North America to include other parts of the world. Of particular interest for this thesis are the liberal (Alberta) and social democratic (Sweden) welfare regimes.

⁴³ With the frequent addition now of the 'Latin Rim' or Mediterranean.

In the discussion of welfare regimes, liberalism is most often understood in the specific sense of an ideology of market capitalism which has constrained the role of the state in countries of British political heritage. In liberal welfare states citizens are constituted primarily as individual market actors. As Myles explains: "there is a reluctance to replace market relations with social rights and citizens are encouraged to seek their welfare in the market i.e. through subsidies for private welfare benefits" (1998, 344). It therefore reflects a persistent preference for market solutions to welfare problems.

Basic security schemes are typically means-tested (residual) with social insurance benefits being modest. As Myles explains, "liberal welfare states rely on more intensive use of means-tested forms of welfare on the one hand, and more private, market-based insurance, on the other" (1998, 344). Accordingly, postwar social programs were designed around three basic building blocks: first, a residual social assistance model of means-tested benefits for the poor taken from the postwar era; second, the industrial achievement model of social insurance based on labor market performance; and, third, a citizenship model of universal flat rate social benefits. This greater reliance on means-testing and private insurance means a lesser share of national income is spent through the public purse and aggregate social spending is less as a result.

This is economic liberalism which Polanyi (1957) identifies with laissez-faire and English poor law reform, and whose key ideas Macpherson (1962) identifies as the ideology of possessive individualism. Liberalism in this sense has a far narrower meaning. O'Connor et al. argue that "compared with liberalism in general, individualism and universalism are exaggerated in its conception of person and society, while the meliorist orientation to human institutions is weakened by extreme distrust of public politics and the role of the state" (1999, 45). This is the meaning that Esping-Andersen evokes to distinguish between liberal welfare states and their corporatist and social democratic counterparts (1990, 41-4).

The hallmarks of the liberal welfare state are benefits shaped by the principles of less eligibility and voluntarism. According to the first, a framework of means-tested social assistance drawn from the old poor laws ensures that social protection does not interfere with the workings of the labor market. The fact that liberal regimes ensure a social minimum in order to ensure the smooth operation of the market is very interesting. The normative force behind this kind of social programming is not a desire to ensure the collective well-being of the public, but to keep society and the market running smoothly – that is, without revolt or collapse. The commitment to

voluntarism stresses charity and self-help, the latter institutionalized in contributory social insurance or collectively bargained social benefits for wage earners (O'Connor et al. 1999, 45). Esping-Andersen maintains that liberalism has proved highly flexible, devising ways of accommodating social protection which are not only compatible with the commodity status of labor but may also strengthen it.

Liberal regimes dedicate lower levels of net redistribution of income than do European countries. Private sources of income (work, investment, and private pensions) for the elderly - a measure of state-market relations - play a larger role than in other countries (Esping-Andersen 1990, 86-87). Moreover, as this section has shown, they exhibit the highest degree of liberal stratification principles reflecting a relatively strong role for means-testing and for markets, private sector welfare, and individual efforts. As a result, poverty is especially evident among the fastest growing kinds of vulnerable households, which are most often comprised of elderly women, lone mothers, and young families with children. Esping-Andersen argues that:

Without comprehensive investments in family services,⁴⁴ the low-wage trap that, in the first place makes assistance necessary, may not disappear. Therefore, the consequence is that this type of regime minimizes de-commodification-effects, effectively contains the realm of social rights, and erects an order of stratification that is a blend of a relative equality of poverty among state-welfare recipients, market-differentiated welfare among the majorities, and a class-political dualism between the two (1990, 26).

What this ideology implies for elder care policy merits further exploration, and as such these implications are explored throughout this thesis.

In contrast, social democratic welfare regimes are part of the smallest regime-cluster, composed primarily of Nordic welfare states. Einhorn (2010) discusses the principal characteristics of the social democratic model which are useful to understanding the regime type: first, an activist and interventionist state, relying mainly on regulation and transfer payments; second, universal transfer payments to support the elderly, disabled, unemployed, and families with numerous children and low market incomes; third, universal, mostly non-means-tested social services for health, education, children, and the elderly; fourth, use of national policy to achieve high rates of labor force participation and full employment on the national level, via both macro-economic and sectoral policies; fifth, a strong civil society with encompassing and

⁴⁴ By which he really means child care services.

democratic organization of interests, but particularly strong organizations of those otherwise weakest in capitalist society - family farmers, and urban workers; sixth, consensual policymaking processes combined with the integration of major interest groups through democratic corporatism (rather than the capture of state structure by a single group of interests, or state capture of the interest organizations); and seventh, underpinned by a set of values around empiricism and social trust, in particular, solidarity and reciprocal responsibility, the values of the labor and agrarian movements remained crucial concepts in the development of public policy. As Einhorn's description suggests, the social democratic model places less distance between the state, civil society, and its citizens.

Accompanying this acceptance of state involvement, social democratic thinking is also distinguished by a negative attitude towards the market. It has been suggested that "if anything is to qualify as the credo of social democratic theorists it must be the belief that capitalism can and must be managed, in some sense, by the state" (Cudworth et al. 2007, 119). The ideal-type of social democratic welfare state regime is one that seeks to erode the market distribution of well-being and existing social stratification by allowing citizens to make basic decisions about their role in the market, without being bound by material need or state compulsion (Boychuk 1998, 12). Thus, according to Lister "while social democracy seeks to accommodate capitalism, and accepts the market has a part to play in a capitalist economy, its opposition to the market is grounded in the belief that it is socially unjust because it is based on principles of profit rather than need; undemocratic in the way in which it concentrates economic and thus political power in the hands of the few; and unethical because it encourages self-interest and greed" (2010, 39).

Moreover, the state actively 'de-commodifies citizens' welfare needs seeking to minimize the extent to which individuals' welfare depends on their fortunes in the market. Thus, for example, as Mahon explains, Sweden is often viewed as offering generous and comprehensive protection from market-generated and other risks (decomodification) on an inclusive and solidaristic basis (2002, 6). The social democratic model therefore crowds out the market, and consequently constructs an essentially universal solidarity in favor of the welfare state in which everyone benefits, with all presumably feeling obliged to pay. This emphasis on solidarity translates into a model of citizenship, which places greater emphasis on the bonds between citizens and - to varying extents - participatory citizenship than do those models which focus on the relationship between individuals and the state. According to Lister:

This [positive relationship between the state and citizens] may partly explain what appears to be a widespread acceptance of taxation as the necessary means to help make a reality of the values of equality, solidarity, and universalism, in contrast to the resentful grumbling about it as a 'burden' in liberal welfare states with much lower levels of taxation (2009, 247).

This 'crowding out' of the market in the pursuit of welfare is attached to a 'crowding in' of policy that maximizes citizens' employability and productivity (Esping-Andersen 2002, 13). In other words, the state is used to stimulate the economy both by social investment, for instance through education, and by increasing the purchasing power of people on low incomes as part of the state's wider role in promoting full employment.

This highlights an important characteristic of the social democratic regime, namely, its blend of welfare and work, as it is at once genuinely committed to a full-employment guarantee, and dependent on its attainment (Esping-Andersen 1990, 28). As Esping-Andersen explains, "on the one hand, the right to work has equal status to the right of income protection, while on the other hand, the enormous costs of maintaining a solidaristic, and de-commodifying welfare system means that it must minimize social problems and maximize revenue income" (1990, 28). This is most successful with the majority of people working, and the fewest possible living off of social transfers.

Social democratic welfare states also seek to actively 'de-familialize' welfare responsibilities. In Esping-Andersen's words: "a defamilializing regime is one which seeks to unburden the household and diminish individuals' welfare dependence on kinship" (1999, 51). This process of 'de-familialization' in Sweden occurred with two central aims: first, to strengthen families (by unburdening them of obligations); and, second, to strive for greater individual independence (Esping-Andersen 2002, 13). In other words, social democratic welfare states take direct responsibility for care of the elderly, and others in need of help. With the state taking a greater role in, for instance, the public provision of elder care, citizens - and especially women who would typically provide informal elder care - are able to seek work in the public

sphere if they so choose. Thus, in social democratic welfare regimes, women's home-based care went public, and their dependency on the income of husbands and partners decreased.⁴⁵

In contrast to other models, the social democratic principle is to preemptively socialize the costs of family-hood, instead of waiting until the family's capacity to aid is exhausted. Therefore, the ideal is not to maximize dependence on the family, but capacities for independence and women's autonomy. For these reasons, Gornick and Meyer use the social democratic welfare states as exemplars of policy packages that go some way towards the achievement of 'a adult-earner, dual-carer society,' which is a society in which men and women engage symmetrically in employment and caregiving, and where gender equality, paid work, and caregiving are all valued (2006, 3).

This development was conceptualized as 'a passion for equality'; Norwegian political scientist Helga Hernes concluded that the social democratic welfare states might become 'woman-friendly' and 'state feminist':

A woman-friendly state would enable women to have a natural relationship to their children, their work and public life . . . A woman-friendly state would not force harder choices on women than on men, or permit unjust treatment on the basis of sex. In a woman-friendly state women will continue to have children, yet there will also be other roads to self-realization open to them. In such a state women will not have to choose futures that demand greater sacrifices from them than are expected of men (1987, 15).

Hernes paints a picture of social democratic welfare states as adopting welfare policies, such as for example, extensive public care services for the elderly, and having a relatively high political representation of women that allows them to influence decisions. For example, as Lister et al. argue, "the expansion of the welfare state and of gender equality policies in the late 20th century in Sweden has been a very important factor in the inclusion of women as active contributors to and receivers of welfare" (2007, 63).

The social democratic label is applied to welfare state regimes in which all citizens are incorporated under one universal system based on equality, often referred to as universalism. Welfare state universalism is a multi-dimensional concept originally introduced into comparative welfare state research by Titmuss. Titmuss (1976) characterizes universal welfare states as

⁴⁵ It should, however, be noted that even in this model, women have more responsibility for the informal care for older people, and are working part time more often than men to provide informal caregiving (Lister et al. 2007, 63).

dominated by welfare schemes that in principle cover all citizens and treat all citizens in the same way. Esping-Andersen builds on the work of Titmuss as he argues that "the universalistic system promotes equality of status. All citizens are endowed with similar rights, irrespective of class or market position. In this sense, the system is meant to cultivate cross-class solidarity, a solidarity of the nation" (1990, 25). According to the social democratic welfare tradition, universal access to public support is based on needs, and no consideration should be given to help that could be provided informally by family or to the elderly person's own economic resources. The main characteristics of universalism are benefits and services based in legislation, tax-financed, available for and used by all citizens in need, irrespective of income, and place of residence-services are equal across the nation.⁴⁶ As such, these regimes tend to favor the public financing of welfare systems and to accept high taxes. In return for paying taxes, people are provided with a broad range of welfare benefits that are meant to guarantee a minimum standard of living, service, and care, as well as redistributing income over the life course and between individuals.

The social democratic welfare state model has thus been described as hinging on a moral philosophy that legitimates redistributive principles as a basis for policy formation as well as a political economy that enables those policies. There is accordingly a commitment to equality of status but to what some would call 'equality of condition,' 'substantive equality,' and also 'egalitarianism'; an equitable distribution of material resources such as to promote well-being and to enable all citizens to flourish and pursue their own life projects and not just equality of opportunity.

The social democratic ideals and assumptions that translate into this commitment to universal welfare services and benefits are on the grounds that they foster integration and altruism. As Lister argues "benefits and services confined to the 'poor' were seen as divisive and prone to become poor benefits and services without the support of the middle classes" (2010, 41). The broad and quite generous income safety net that can be found in social democratic welfare regimes is an effective bulwark against poverty. Rather than tolerating a dualism between state and market, between working class and middle class, the welfare state promotes an equality of the highest standards, not an equality of minimal needs, as is often pursued in other

⁴⁶ See also Kroger et al. 2003; Greve 2004; Rauch 2008; and Boychuk 1998.

regime clusters. According to Esping-Andersen “this implied, first, that services and benefits be upgraded to levels commensurate with even the most discriminating tastes of the new middle classes; and, second, that equality be furnished by guaranteeing workers full participation in the quality of rights enjoyed by the better-off,...[with] benefits graduated according to accustomed earnings" (1990, 27-28).

Feminist critiques of Esping-Andersen's welfare regime models and his response

Feminist analysis of social policy has stressed the extent to which gender is important both as a variable in the analysis of policies, particularly in respect to their outcomes, and as an explanatory tool in understanding social policies and welfare regimes. Historically, access to income and resources of all kinds, such as for example education, has been gendered as have been the concepts that are crucial to the study of social policy: need, inequality, dependence, and citizenship. Furthermore, since the 1970s feminist analysis has revealed the gendered assumptions regarding the roles and behaviors of men and women in society upon which social policies have been based. One of the most significant postwar social trends has been the vast increases in women's labor force participation; a trend that signals the importance of gender in the analysis of welfare.

Postwar writing on welfare states made very little mention of women. With the interface between the private (in the sense of the informal provision of welfare), the market, and the state having not been subjected to close analysis. Titmuss's classic essay on the division of social welfare stressed the importance of occupational and fiscal welfare in addition to that provided by the state, but omitted analysis of provision by the voluntary sector and the family, both vital providers of welfare, and both historically dominated by women providers. Titmuss's typology of welfare states focused on the relationship between welfare policies and capitalism, with social class as the chosen variable for analysis. Gender did not play an explicit role in the analysis. Titmuss's preoccupations were very similar to those of Esping-Andersen. Many have seen limitations in Esping-Andersen's welfare state regime classification which has led to modifications of the original specification of welfare regimes, and to the development of

alternative forms of regime analysis.⁴⁷ For example, Esping-Andersen's 1990 work emphasized the importance of the relationship between work and welfare. Work is defined as paid work and welfare as policies that permit, encourage or discourage the de-commodification of labor. It therefore misses one of the central issues in the structuring of welfare regimes: the problem of valuing the unpaid work which includes informal elder care that is done primarily by women in providing welfare, mainly within the family, and in securing those providers social entitlements. Indeed, as both Oakley (1986) and Kolberg (1991) have pointed out, the family has historically been the largest provider of welfare and its importance in this regard shows no sign of decline. The crucial relationship is not just between paid work and welfare, but rather, between paid work and unpaid work and welfare.

The latter set of relationships is gendered, because while it is possible to argue that the divisions in paid work have substantially diminished to the extent that greater numbers of women have entered the labor market (although not with regard to pay, status, and hours) evidence suggests that the division of unpaid work remains substantially the same. Thus concepts such as 'de-commodification' or 'dependency' have a gendered meaning that is rarely acknowledged. As Langan and Ostner (1991) show in the first thorough feminist critique of Esping-Andersen's work, although de-commodification in *The Three Worlds of Welfare Capitalism* is seen as a necessary prerequisite for workers' political mobilization, the worker Esping-Andersen has in mind is male and his mobilization may actually depend as much on unpaid female household labor as on social welfare policies. De-commodification for women is likely to result in their carrying out unpaid caring work; in other words 'welfare dependency' on the part of adult women is likely to result in the greater independence of another person, young or old. The unequal division of unpaid work thus blurs the dichotomous divisions between dependent and independent, commodified and de-commodified (Lewis 1992, 161). Moreover, it can also be that policies intended to promote de-commodification are gendered, with for example, women taking

⁴⁷One alternative approach, following Jane Lewis (1992; 1997), has been to analyze welfare states with reference to the strength of the male breadwinner policy logic governing the relationship between paid work and family/care responsibilities. A key development from this perspective has been the displacement in some countries of the male breadwinner by an increasingly individualized universal breadwinner model (Lewis 1992; 1997). All adults capable of paid work are regarded as 'adult workers' or at least potential adult workers (even if part-time in the case of many women) (Lewis 1992; 1997).

a disproportionate amount of caregiver leave and men a disproportionate amount of educational leave. These types of patterns exacerbate gender inequalities.

In addition, this initial welfare regime analysis could benefit from paying closer attention to the provision of welfare services, and thus did not provide a satisfactory account of differences in the organization of the care of the elderly, which is critical to any gendered analysis. More particularly, some scholars, like for example, Orloff (1993) suggest that mainstream research on welfare states has neglected to analyze social policy benefits and services that are important for women. Thus, she criticizes comparative research on the welfare state as based on a narrow understanding of social rights and citizenship. She suggests that the concept of 'decomodification' be replaced with that of 'personal autonomy' because it would allow for a much broader perspective on evaluating the development of the welfare state and the differences between welfare state models (Orloff 1993). This prompted an attempt to develop an alternative analysis around the idea of 'social care regimes,' further developed by a number of feminist analysts. Anneli Anttonen and Jorma Sipilä (1996, 98) argue that the inclusion of social care services in the research tradition concerned with the modeling of welfare states is an important step to broaden our understanding of the ways in which welfare states operate. In Scandinavian countries in particular, women have sought to strengthen their personal autonomy through state social policy. Scandinavian public services have implied an expansion of social rights that are important most particularly to women (Sipilä 1996, 89).

Similarly, commodification may have a different set of meanings for women than for men. It can be argued that paid work has served to weaken the dependence of women on men, has strengthened their bargaining power within the family, and has played a crucial role in allowing them to exit from marriage. However, as Lewis argues, "it is possible to overstate the emancipatory effects of the increase in female labor market participation" (1997, 163).⁴⁸ For example, Persson and Jonung (1993) in Sweden, and Hakim (1993) in Britain showed that there had been little change in terms of the number of women working full-time, indeed, in Britain the percentage of full-time women workers was found to be less in the 1990s than it was in the 1950s. Esping-Andersen's typology does not predict women's employment rates in the different countries. For example, lone mothers' participation rates are high in the liberal welfare regime of

⁴⁸ See, for example, Kolberg 1991.

the United States as well as in social democratic Sweden, albeit that some of the reasons for participation in the two countries are entirely different: in Sweden, state provision for the care of children in terms of child care and parental leave makes paid employment much easier to contemplate; in the United States, lack of adequate support in the form of cash or child care effectively pushes mothers into the workforce.⁴⁹ Moreover, as Bruegel (1983) demonstrates, the unequal, gendered division of unpaid work constitutes a set of constraints that plays a major part - alongside workplace-based discrimination - in determining women's labor force participation. Notwithstanding the clearly held beliefs of neoclassicist economists, women do not freely choose whether and how much to work.

De-commodification was central to Esping-Andersen's analysis, but feminists⁵⁰ have also taken issue with his other two main dimensions: state/market relations and stratification. The first of these ignores the family, which in addition to being a major provider of welfare also warrants consideration as an independent variable. The effect of family change - which in itself has been disproportionately due to women's initiatives⁵¹ on the core areas of social policy is too often ignored. However, as Lewis argues, inclusion of 'the family' will not in and of itself assure a gender-based analysis (1997, 163). Feminist research on the division of resources within households and on the nature of female poverty has insisted on the importance of the tensions between the individual, the family, and the household in terms of both the assumptions on which policies are based and their policy outcomes.⁵²

Early feminist analysis stressed the patriarchal and oppressive nature of the modern welfare state. Scandinavian feminists in particular stressed the way in which women had become the employees of the welfare state on a huge scale, but found themselves for the most part doing the same kinds of jobs that they had traditionally done at home: for example, elder care. These jobs remained low paid and low status in the public sector, hence the charge that state patriarchy had replaced private patriarchy. According to Lewis "in Britain it was also suggested that many of the assumptions of the social security system were traditional. Thus, if a woman drawing benefits cohabitated with a man, it was assumed that he would be supporting her, and her benefit was withdrawn" (1997, 164). This early feminist analysis attacked the family as the main site of

⁴⁹ See especially Hobson 1994.

⁵⁰ See especially Orloff 1993.

⁵¹ For example, in seeking divorce.

⁵² See for example Glendinning and Millar 1987; and Brannen and Wilson 1987.

female oppression and also attacked the welfare state for the family.⁵³ In reaction to these interpretations, others have insisted on the emancipatory effect of modern welfare regimes, particularly with respect to the opportunities they present for paid employment.⁵⁴

The development of modern welfare states in the late nineteenth and early twentieth centuries coincided with the period when the boundary between the public world of paid work and political participation and the private domain of the family was strongest in both the prescriptive literature and in reality, at least for middle class women (Lister 1992, 161). In its ideal form, the male-breadwinner model prescribed breadwinning for men and caring/homemaking for women, which was part of a much larger gendered division between public and private that informed the work of political philosophers after Locke, and was taken as one of the measures of a civilized society by late nineteenth century by social scientists such as Hebert Spencer. That being said, as Lewis argues “the male-breadwinner model operated most fully for late-nineteenth century middle class women in a few industrialized countries... [since] working class women have always engaged in paid labor to some degree” (1992, 161).

In reality, as Sokoloff (1980) and Pateman (1989) have insisted, the two spheres have been and are intimately interrelated rather than separated. Not least as a provider of welfare the family has been central to civil society, rather than separate from it. Over time, the boundary between public and private has been redrawn at the level of prescription. According to Lewis “given that in modern societies independence derives primarily from wage earning, the assumption that women were located mainly in the private sphere supported by a male breadwinner also meant that women have only been partially individualized” (1992, 162). In regard to social policies, the liberal dilemma first described by Okin (1979), whereby individuals in fact meant male heads of families, has persisted.

Consideration of the private/domestic is crucial to any understanding of women’s position because historically women have typically gained welfare entitlements by virtue of their dependent status within the family as wives, the justification being a division of labor perceived to follow ‘naturally’ on their capacity for motherhood. Women have thus tended to make contributions and draw benefits via their husbands in accordance with assumptions regarding the existence of a male-breadwinner family model (Land 1990).

⁵³ See, for example, Wilson 1997.

⁵⁴ See, for example, Kolberg 1991.

Modern welfare regimes have all subscribed to some degree to this idea of a male-breadwinner model. Indeed, its persistence, to varying extents, cuts across established typologies of welfare regimes. Welfare policies which primarily build upon a model where the husband is the main breadwinner within the family, lead to gender related consequences that differ from those found in models based upon the individual/citizen. Sainsbury has described two ideal-typical models, which she refers to as the male-breadwinner model and the individual model (1996, 40 ff). According to the male-breadwinner model, social and taxation policies are constructed in such a way as to favor a family model based upon a primary breadwinner-husband and his primarily homemaker-spouse. Thus, wives and children are assumed to be economically dependent upon their respective husbands/fathers. The male-breadwinner model has not existed in its pure form, and instead, it has been modified in different ways and to different degrees in each country. In its pure form we would expect to find married women excluded from the labor market, firmly subordinated to their husbands and expected to undertake the elder care work at home without public support. While no country has ever matched the model completely, some have come much closer than others. By contrast, the individual model is based on the idea of the adult citizen as an autonomous individual. The individual model does not presuppose different policy models for the sexes; both women and men can, in turn, be either breadwinners or (elder) caregivers. Social and taxation policies are tied to the individual, not the family unit. The different ways in which care is structured affects both breadwinner models and helps to shape the broader discussion about the establishment of the welfare state and gender equality.

The development of the Nordic countries has, in general, been associated with a transition from the idea of the male breadwinner model to the idea of a dual breadwinner family, that is to say the individual model (Julkunen 1994). Today, women's share of the labor force is almost as large as men's. The differences between men and women are no longer about who is engaged in waged work and who is not, rather they are about the kind of work women and men do, and the extent to which they are employed. In contrast, Alberta's welfare state programs in the post-WWII era were based on the assumption that men were the primary breadwinners and that women were dependents in the home providing informal elder care (Porter 2003, 33). The reality was, however, quite different: many families depended on the income brought in by married women (Porter 2003, 33).

In response to criticisms of *The Three Worlds of Welfare Capitalism* (1990) from feminists, Esping-Andersen's more recent work *Social Foundations of Postindustrial Economies* (1999) took gender more seriously as he moved from a focus on male workers' de-commodification to incorporating concerns about women's employment - or commodification - and how it can be reconciled with fertility and caregiving. Esping-Andersen's (1999) work showed recognition that the way in which services are provided is important to women's capacities to balance paid and unpaid work. That being said, while his response may have recognized the need for child care, it continued to ignore the problem of elder care.

In addition, in his 1999 book, he claims to be interested in states, markets, and families, but only looks at the extent to which public services replace women's unpaid domestic labor, and leaves out any examination of why women are responsible for such work in the first place. Esping-Andersen notes that conservative regimes promote subsidiarity - thereby strengthening women's dependence on the family, and argues that they do so without providing much in the way of services, and moreover, it is difficult for women to enter paid employment (unless childless or without elderly to care for), thereby strengthening economic dependence on the principal breadwinner. In contrast, Esping-Andersen argues that social democratic regimes promote women's employment by providing services that allow those responsible for care work - mostly married mothers - to enter the paid labor force, and also by employing women in the state service sector. While he sees this as resulting in a desirable mobilization of women's labor while not undercutting their capacities to bear and rear children, it is costly to the state. Meanwhile, he suggests that liberal regimes are indifferent to gender relations, leaving service provision to the market. Women are entering paid employment, and are often able to purchase care services in the market, but the quality of these services is far from assured.

Esping-Andersen therefore links certain gender issues - women's labor force participation, the organization of care work, and child-bearing - to the political economic outcomes in which he is most interested: competitive economic performance by western democratic countries in a global environment where 'the next South Korea' - or in other words, low-wage place - is always on the horizon; the investment in human capital needed to sustain a that performance; and the preservation and strengthening of political coalitions for the welfare state, which will preserve democracy, civility, and human rights. In analytic terms, there is an implicit claim that the class-related dimensions of regimes determine gender outcomes (although

these are rather narrowly defined); an explicitly gendered analysis is not the goal. He focuses on women workers rather than on gender relations, and is interested in relations among states, markets, and families because of the implications of caregiving responsibilities for women's capacities to bear children and to enter paid employment, both significant for state's fiscal concerns, but not because of women's aspirations for equality.

Despite feminist criticisms and the inadequate attention that Esping-Andersen has paid to gender, his work is nonetheless useful for the purposes of this thesis because it helps to highlight important differences between the two cases. In addition, it offers insights into the politically constructed patterns of responses to what can be seen as a common set of challenges - namely the aging population combined with budgetary restraints, and the deployment of 'choice' and 'autonomy' discourse to justify neo-liberal and marketization trends.

Moreover, welfare state regime theory is useful in terms of creating analytical ideal types which are important in comparative analysis. As Kettunen and Peersen argue:

There seems to be a growing awareness that regime or model typologies cannot be more than analytical ideal types or crude generalizations, but at the same time they still tend to dominate welfare state scholarship. Comparative research needs 'models' or ideal types as analytical tools. However, we should also recognize that they are just tools of the research process, not its results (2011, 2).

Moreover, the elder care policies implemented as a response to the aging population of welfare states depends on how active the state is in elder care policies, which is often dependent on the welfare state regime type. In fact, according to Meier and Werding "depending on the type of welfare state 'regime' in place, there are considerable cross-country differences regarding the scope and generosity of the welfare state's activities with respect to the elder care they provide to their aging populations" (2010, 1).

Varieties within welfare regimes

Often, generalized conclusions have sprung from single country studies. Togeby refers to this phenomenon as 'the longing for the general,' arguing that "it seems to be a widespread phenomenon that social scientists seek to interpret circumstances in their own countries within the more general context of tendencies described in the international literature. As a result, the countries in question appear more homogeneous than they are in reality" (1989, 164). This can

be problematic because local and regional differences are significant features of elder care policy systems, so much so that it is often rather inappropriate to draw conclusions from national figures. According to Anttonen et al.:

It is unwise to construct typologies of social care systems that are comparable to those developed in the welfare regime literature. It remains possible, and sometimes necessary, to characterize social care systems in broad-brush ways. But what has become clear is that to suggest nations are even preponderantly of one mode of provision or another is to underestimate diversity in each country, and the degree to which systems are changing. There are also limits to which it is useful, or even possible, to document this complexity (2003, 171).

Moreover, acknowledging the varieties within each of these regimes can lead to a more nuanced description of each regime.

Variation and diversity exist not only between national care systems but also within them. One example of this variation and diversity within national care systems is shown when looking at how elder care welfare services are organized in the decentralized system of the Swedish welfare state. The main responsibility for the social services rests with highly autonomous local governments. Accordingly, 'welfare municipalities' is a concept which has been used to highlight the significant role of independent municipalities in the distribution of social services in social democratic countries (Trydegård and Thorslund 2000). In fact, the tension between the national welfare state principles, and the varying local implementation of the policy on the other, has been stressed by numerous researchers, and many studies have demonstrated large local variation in different forms of social services.⁵⁵ This explains that a country may simultaneously provide or support care services that are universal and appear to confer genuine citizenship rights alongside others that are selective and sharply rationed. As such, most countries can be shown to be pursuing both 'progressive' and 'regressive' policies, that is to say both policies that accord care entitlements to individuals and others that support or even enforce family and community obligations. For example, Anttonen et al. argue that "in the United States the public sector offers limited, tax-based recognition of the pre-school care needs of children whose parents go out to work, [however,] provision of retired people with health and social care needs is relatively generously funded in largely non-stigmatizing ways through Medicare" (2003, 170). There is

⁵⁵ See, for example, Kroger 1997; and Rauch 2008.

also within each country, and even within the provision of a particular form of care, a considerable variety of delivery mechanisms. In some aspects of a nation's care services, direct public provision may be the rule, in others contracting out to the private or voluntary sectors, the use of tax credits, or payments for care may be the dominant method. A search for national patterns can therefore be particularly challenging.

Varieties of liberalism

Gray describes the liberal political tradition as having four unifying tenets:

Liberalism is individualist, giving primacy to the person over the social group; it is egalitarian, regarding all persons as having the same moral status; it is universalistic, valuing the moral unity of the human species above particularities of association and culture; and it is meliorist in regarding the social institutions and political arrangements as capable of human involvement (1995, xii).

There is, however, variation among countries that are classified as liberal regimes⁵⁶ in the extent to which their liberalism is modified by socialist principles - low benefit inequality and universalism.⁵⁷ Within the boundaries of this liberal paradigm, differences exist in the extent to which the state responds to the needs of its citizens. According to Myles, "countries with otherwise similar welfare state regimes differ dramatically in program design. That is, in the models they use to finance and distribute benefits" (1998, 342). The design of old age pensions in Canada, for example, more closely resembles that of Sweden than of the United States. Where Canada and Sweden differ here is in the degree of their generosity. Meanwhile, American Social Security is more similar to the Bismarckian design of Continental Europe than to that of Canada or the UK (Myles 1998, 342). Thus, we can see that differences in programmatic design matter a great deal in understanding distributional outcomes. "While both Canada and the United States have faced similar distributive challenges since the 1970s, a result of changes in the labor market and in family structure, differences in program design have produced very different distributive outcomes" (Myles 1998, 342).

⁵⁶ Canada, the United States, Australia, and Britain exhibit some deviation characteristics but tend towards a liberal model.

⁵⁷ That is, benefits based on citizenship right rather than labor market participation.

According to Esping-Andersen Canada, Britain, and Australia have middle-range scores on socialist stratification principles, while the United States scores a zero (1990, 76). Despite their similarities, some analysts also see important variations in social policy outcomes across those countries classified as liberal welfare regimes. For example, Castles and Mitchell (1993) have been prominent in questioning the coherence of the group of low-spending, allegedly 'liberal' regimes, and have therefore proposed a 'fourth world' of radicalism including Australia, New Zealand, and Britain; moreover, Canada has radical tendencies. Radical regimes, they claim, have adopted policy instruments which can promote equalization without high spending - targeted benefits (which exclude the affluent) and/or progressive taxation (Castles and Mitchell 1993). They bolster their case by referring to the historical strength of labourism in Australia, New Zealand, and Britain, but in context of high levels of right-wing party strength and incumbency; right-wing parties block high spending but strong labor movements compel some attention to equalization. Liberal regimes are those that attempt little or no equalization; the United States is the only English-speaking country that Castles and Mitchell place clearly in the liberal world.

Liberalism has had several distinctive historical inflections. This section examines three successive variants of liberalism which have influenced welfare state development in Alberta, as they also have in other regions/countries. These are classical liberalism, new or social liberalism, and neo-liberalism. Of particular interest for this thesis is that the division between the public and private has been understood differently in each of these variants. Moreover, the meaning of this division for women's place in the public world of economic and political life has changed as liberalism itself has changed.

Classical liberalism

Classical liberalism drew directly on the heritage of Enlightenment thought and political philosophy based on the influential ideas of Hobbes, Locke, and Smith. Wolin characterizes liberalism as at once an attack on traditionalism and a defense against radical democracy (1961, 294). Finding the source of social authority in human beings themselves, it was secular and rationalist in temper (O'Connor et al. 1999, 46). In this sense liberalism and conservatism were born together, for, as liberalism broke with tradition, conservatism was defined by its defense

(O'Connor et al. 1999, 46). Nisbet refers to radicalism, liberalism, and conservatism as the three great ideologies of the nineteenth century (1966, 9).

Liberalism viewed all men as equal in nature, and perhaps equal in political authority; it did not, however, see them as necessarily or appropriately equal in status and wealth. Squires provides a thorough explanation of the liberal model of citizenship explaining that it is "conceived as a set of rights enjoyed equally by every member of society in question, embodies the ideal of justice as impartiality...Everyone has a common set of political entitlements whatever their social, cultural, and economic status" (1999, 162). According to this perspective, we are seen as independent, equal, moral agents who, through abstract reasoning, develop a set of rules for society that will best allow us to pursue our own interests, which are often linked to economic interests (Lister 2010, 31). The key terms of classical liberalism were therefore freedom and the rights of the individual.

The state existed to protect the natural rights of its citizens, and its power was properly limited to this function. Macpherson sets out assumptions comprising the ideology of possessive individualism (1962, 263-77). These begin with the premise that human freedom requires independence of the wills of others, more specifically freedom to enter into relations with others voluntarily, and with a view to one's own interests. The individual is thus the proprietor of his or her own person and capacities, owing nothing to society, and such freedom entails the right to alienate his or her capacity to labor. Moreover, in the ideology of possessive individualism, human society consists of a series of market or market-like relations. The role of the state is therefore to protect the individual's property in his or her person and goods, and to maintain the orderly relations of exchange between individual societies on which society-as-market depends. This means that it may only interfere in the freedom of the individual to the degree necessary to ensure that all individuals have the same freedom (O'Connor et al. 1999, 47). The goal of this perspective can therefore be framed as citizens determining their own responsibilities and obligations towards others with as little interference with their own freedom, from others or from the state, as is possible.

Liberalism was first all about the emancipation of the individual from the restraints of tradition and the rule of the crown, aristocracy, and church. Its rationalism and the equation of social with market relations came out of its infusion with ideas from classical economics. This infusion replaced the older notion of a common good posited by reason with that of a society

rooted in desire, and the interior self of conscience with the exterior one of interest. The ends of action were a product of the passions, and rational conduct lay less in moral restraint than in the calculation of self-interest and the sacrifice of present pleasures for future ones. Liberal ideas about the state reflected anxieties about property and its preservation in social conditions of scarcity and inequality. Accordingly, Wolin argues that the primary object of social policy was thus security - the security of property rather than of the life circumstances of the poor (1961, 331-333).

Liberal social policy found an uncompromising expression in the English poor laws of 1834 (O'Connor et al. 1999, 47). As Rimlinger argues, "they represented emancipation from the servitude of laws designed to restrict the freedom of the working class for the benefit of their masters, laws which imprisoned them in their parishes and dictated their employment and wages" (1971, 42-43). However, while assistance might be allowed to the aged and incapable, aid to the able-bodied poor was to be subordinated to the market. The principle of less eligibility and the workhouse test ensured that aid to the poor not only did not intrude on the incentives of the labor market but reinforced them.

When it came to women, the affirmations of the natural equality and freedom of individuals at the heart of classical liberalism were problematic. Okin (1981) argues that the idealization of the sentimental domestic (and patriarchal) family gave a new rationale for the subordination of women in a society premised on equality. As O'Connor et al. argue, "women were now to be idealized as the mistresses of the domestic haven, creatures of sentiment rather than rationality, and united with their husbands in upholding the interests of household and family" (1999, 48).

Classical liberalism is thus based on the public-private dichotomy of society, with the public realm being the realm of focus and prestige. In the public realm, society is viewed as a contract between free, rational, autonomous, moral individuals who seek to maximize their own self-interests and who are worthy of respect. As Chapter Two of this thesis discussed, feminist analysis of liberalism emphasizes the sharp split between public and private spheres which characterizes the liberal ideology, and to some degree, the liberal institutional arrangements. Because it divides the public world of the state and society from the private domestic life of home and family, this separation is inherently gendered.

Liberalism portrays the public and private spheres as independent of one another when in reality they are inextricably connected, and so obscures a fundamental source of power and inequality in relations between the sexes (Pateman, 1989). This separation provides a starting point for understanding the distinctive ideological grounding for gender relations in welfare states of the liberal type. Women's lack of political rights was an expression of their exclusion from the society of individuals. Explicating the hidden causes of the contract, Pateman unveils fraternal assumptions in the metaphor of legitimate political authority: the parties to the social contract are patriarchal heads of households, and they consent to political order on behalf of other family members. She argues that the incompleteness of women's individual personhood, including their subordinate status in many of the provisions of the welfare state, is a testament to the power of the fraternal social contract.

As O'Connor et al. argue, "mistresses of the domestic haven were the economic dependents of husbands and fathers" (1999, 48). Most adherents of classical liberalism assumed women's proper dependence within a family headed by a male breadwinner. Yet some early liberals - John Stuart Mill as well as Mary Wollstonecraft and Harriet Taylor - believed women as well as men were entitled to individual civil and political rights and to the means of independence. The meaning of dependency, central to the liberal ideology, has itself undergone transformations (Fraser and Gordon 1994, 314-319). Classical liberalism recognized gender difference in terms of the sentimental family and the pedestal: men and women were different, and women's difference distanced them from the liberal individual of the market and competitive society. As individuals and the heads of families, men were physical participants in labor markets and actors in political life. As wives, at least, women's natural dependency placed them in the private domain of home and family, removed from both politics and the market. According to O'Connor et al., "in actuality, women also labored, in or outside the market, but were not widely forced to work under poor relief until the 1870s. For both men and women, the claim to poor relief disqualified the individual from the respect and entitlements of citizenship" (1990, 49). Since women (and certain groups of men) did not share in the key to such entitlement, the franchise, these effects also had gender contours.

New liberalism

The ideological foundations of the new liberal welfare states lie less in classical liberalism than in the new liberalism and kindred movements of the late nineteenth and early twentieth centuries. Orloff (1993, 167) notes changes in the character of the state itself, giving it new capacities to intervene in and regulate economic activity. New liberalism was one of a number of overlapping bodies of social thought which arose in the period, including idealism, positivism, and especially socialism, and was particularly significant in social policy (Freeden 1978, 195). The impetus to its emergence is debated, with Rimlinger (1971, 57) attributing it to the growing strength of organized labor and Britain's Labor Party, while Freedden (1978, 21) sees it as a modernization of the liberal tradition generated from within liberalism itself. They agree about the importance of changing attitudes among sections of the middle and upper classes. Meanwhile, Harris (1993, 228-229) attributes the upsurge of new liberalism to the social dislocations of the times, and loss of confidence in the doctrines of classical economics.

New liberalism, sometimes also called social or social democratic liberalism, was a synthesis of individualist and collectivist values. It shared classical liberalism's concern with the freedom of the individual, but took much greater notice of the social circumstances which conditioned individual choices. New liberalism understood freedom as more than the negative freedom of classical liberalism: it also included the positive freedoms of opportunity and personal development. It brought to liberalism a new concern with the ethical character of society; which it viewed as an organic whole. Drawing on scientific discourses of evolution, it saw this whole as motivated by the co-operative spirit that replaced the competitive instincts of natural selection in higher order species. The new liberals saw industrial society as creating new circumstances of social interdependency, in which government was an indispensable support for individual endeavor. They recognized poverty, especially among the aged, as less evidently a failure of the individual and more probably a consequence of social and economic processes. As a political philosophy of reform, new liberalism sanctioned actions benefiting the majority, centrally the working classes, as the expression of common rather than class interest (Freedden 1978).

In consequence, new liberals rejected the deterred poor law in favor of social provision with at least the flavor of right. Unlike the poor law assistance of classical liberalism, social protection was constructed as a feature of citizenship, an enhancement rather than a negation of civil and political status. For example, according to Orloff state-sponsored old-age protection

recognized dependency among aged people in honorable terms analogous to those applied to soldiers (1993, 173-179). New liberal reformers were attracted to contributory social insurance because it could reflect liberal principles such as foresight and thrift in universal provision. Often, however, as Freedman explains, means-tested benefits were a more practical basis for initial developments (1978, 200-206).

New liberalism came in the wake of multiple feminist reform movements, among them abolitionism, temperance, and women's suffrage. New liberalism's reform responded to women's needs in terms that they were in some respects equal to those of men. Orloff notes, for example, that most Canadian, American, and British proposals for old age pensions called for women to receive the same coverage as men as they also did in Australia (1993, 176-177). The organization of women's trade unions occurred in the same period, and in Britain reforms attempted to regulate the wages of female outworkers (Pedersen 1993, 50).

The dominant pattern, however, was for the familial assumptions of classical liberalism to be systematically carried over into new liberal reform measure. According to Pedersen "these upheld the male breadwinner household and the support of children through the male family wage, and their effect was often to benefit male workers disproportionately while marginalizing women's employment" (1993, 49-52). The male wage was set to provide for the 'matrimonial condition' of the worker, and the wage of the female worker, who was partly provided for in the wage of her husband or father, was to be only half the male wage (Macintyre 1985, 54-58). New liberalism was not alone in this; such familial assumptions pervaded most thought of this period.

Alone or in combination with other influences, the ideology of new liberalism shaped the development of post-war welfare states and the social rights of welfare citizenship (Marshall, 1950). Keynes was himself in the male breadwinner camp: "for the satisfaction of the immediate primary needs of a man and his family is usually a stronger motive than the motives towards accumulation, which only acquire effective sway when the margin of comfort has been attained" (Keynes 1936, 97). New liberalism was nonetheless fundamental in shaping the Keynesian commitment to state action in moderating inequality and maintaining full employment. Keynes argued that an extension of the traditional functions of government was essential for both avoiding destructive social conflict and enabling the successful functioning of individual initiative. He argued that this could be achieved without undue loss of the scope for individualism, private initiative, and personal liberty.

Keynesian welfare states typically assumed the desirability of the family composed of the male breadwinner and dependent spouse, and this family form was encoded in many of their frameworks of provision. Developments in feminist critiques of the treatment of gender in new liberal ideology have paralleled those of the welfare state itself. The first generation of feminist critique focused on the failure of the welfare state to accord full liberal personhood to women (Brown 1981). These writings pointed to welfare state support and the reinforcement of a sexual division of labor in which women were defined as primarily wives and mothers, and only secondarily as participants in paid employment. More recent feminist arguments have been concerned to defend women's entitlement to support and assistance in their own right, and have drawn on new liberal ideology to make the case. Arguments have been various with some having stressed women's claims to full and equal personhood as the bearers of social rights, including the right to be full-time mothers. Others have relied on new liberal understanding of social interdependencies to argue women's special needs for support and assistance.

Neo-liberalism

The following, in no particular order, are some of the terms associated with neoliberalism. It is variously seen as a political philosophy, a system of economic thought, a system of accumulation, a project, an agenda, a logic of governance, a rationality, a doctrine, a faith, a program, a practice, a strategy, an ethos, an ethical ideal, and/or a set of completed or established institutions. It is also fundamentally linked to financialization, secularization, globalization, deregulation, and privatization. Obviously some of these terms overlap significantly. Some are in at least implicit conflict with others (Armstrong 2013, 188).

Although as Armstrong suggests, neoliberalism can be understood various ways, this thesis follows Larner (2000) who focuses on three key aspects: a policy framework, an ideology, and a mode of governmentality. Each of these ways of looking at neo-liberalism has different implications for understanding the restructuring of welfare state processes, and for the development of political strategies that might further aspirations for social justice and collective forms of well-being. For Larner:

This delineation of neo-liberalism is not simply an academic exercise; our understandings of the phenomenon shape our readings of the scope and context of possible political interventions. Thus, analyses that characterize neo-liberalism as either a policy response

to the exigencies of the global economy, or the capturing of the policy agenda by the 'New Right,' run the risk of underestimating the significance of contemporary transformations in governance (2000, 6).

Moreover, when analyzing neo-liberalism it is important to note that it is at once a political discourse about the nature of rule and also a set of practices that facilitate the governing of individuals from a distance. Thus, understanding neo-liberalism as governmentality provides useful methods for the investigation of the restructuring of welfare state processes, especially when enhanced by insights from feminist political economist theorizing.

Accordingly, Larner makes a claim for a detailed engagement with contemporary changes in governance, rather than dismissing them as the prerogative of the 'New Right.' This work has the potential to reveal neo-liberalism as a more tenuous phenomenon than is commonly assumed:

The transformation of a polity involves the complex linking of various domains of practice, is ongoingly contested, and the result is not a foregone conclusion. Consequently, contemporary forms of rule are inevitably composite, plural and multi-form. Thus, while fully recognizing the distinctiveness of the contemporary forms of political-economic life, it will become possible to move past the either/or debates that currently structure political life. If neo-liberalism cannot be reduced to a single set of philosophical principles or a unified political ideology, nor is necessarily linked to a particular political apparatus, this will encourage us to think about different versions of neo-liberalism, and allow exploration of the possibilities that might enhance social well-being (Larner 2000, 20-21).

Theorizing neo-liberalism in this way - as a multi-faceted and contradictory phenomenon - allows for unveiling of current contestations and struggles.

After WWII under the leadership of Hayek⁵⁸ there were those who expressed concern over the threats posed to individual freedom, moral standards, the rule of law, and private property posed by the expansion of the state. This group - which we now know as neo-liberals - promoted free markets as a way to maximize individual freedom through competition, economic efficiency, and choice. However, like Keynes, Hayek and his supporters were not interested in issues related to the private sphere of the home and family where social reproduction such as i.e.

⁵⁸ Friedrich August von Hayek was an Austrian economic and philosopher who is best known for his defense of classical liberalism.

informal elder care mainly undertaken by women takes place, but rather, focused on economics and politics.

In the postwar years, however, it was the Keynesian welfare state that flourished in North America and Western Europe, rather than the neo-liberalism's market-centred approach. Hugh Armstrong describes this period as "a *historic compromise* between capital, with its right to manage, and labor, with its right to unionize. This, in turn, meant - for most men in the labor force - relatively secure employment at wages that increased in real terms and that at least matched productivity growth" (2013, 189). This period entailed growth of publicly funded welfare programs, diminished income and wealth disparities, and economic growth. The 1970s was, however, a time of economic stagnation, inflation, stagflation, and fiscal crisis which created the space for the resurgence of neo-liberalism in the 1980s.

Contemporary neo-liberalism can be seen as a restatement of classical liberalism, reasserting the liberal principles of freedom, market individualism, and small government. It has aimed to halt the growth of the state, and in particular of its welfare apparatuses. This is linked to one of the key goals being to restore market forces in areas of social life in which they have been displaced or altered by the state. It has therefore helped to advance privatization and the contracting of public services such as i.e. health care and elder care to the private sector. As Armstrong explains:

Neoliberalism encourages states to restrict themselves to steering but not rowing the ship of state, leaving outsourced service delivery to those private inputs and processes. NGOs and even existing government departments are usually welcome to compete for these contracts, on the condition that they follow marketplace logic. With the public sector enjoined to become entrepreneurial, policy-makers and public servants are urged to think and act in bottom-line and value-added terms that privilege efficiency in specific programmatic terms if not broader societal terms. The label most commonly attached to this orientation in *New Public Management* (2013, 189).

These goals are linked to policies that both promote and adapt to global economic competitive pressures such as free trade agreements.⁵⁹

⁵⁹ Changes included massive tax-cuts, especially for the rich; union busting and the promotion of labour market flexibility; cuts to social welfare combined with workfare; the co-option and taming of non-government organizations (NGOs) to deliver social services; monetary policy to privilege the control of inflation but not unemployment; and the creation of new - often privatized - urban spaces (Armstrong 2013, 189).

Like classical liberalism, neo-liberalism gives primacy to freedom, which it understands in the narrow and negative sense of minimal restriction of the individual by the powers of the state (due to its distrust of the state), seeing such freedom as enacted through the actions of individuals in voluntary relations with one another. Hindess points out the weaknesses of these conceptions in a society of highly developed interdependencies including those of transnational capitalism as failing to recognize the inhibitions on freedom that follow from lack of resources and opportunities in an unequal society, and the inequalities of power among individuals when these include not only economic actors and corporations of differing economic positions (1987, 120-167).

Although neo-liberalism favors voluntarism of private charity, neo-liberal thought does allow a limited welfare role for the state, as long as it does not involve coercive powers for government and/or infringe on liberty. To the extent that state welfare extended beyond a minimum level of adequacy, however, it would undermine the rule of law, which requires the establishment of impersonal, known rules of legitimate action. As O'Connor et al. argue, "a limited security which can be achieved for all and which is, therefore 'no privilege' is permissible. This must be distinguished from 'the assurance of a given standard of life'" (1999, 53).

Neo-liberalism has gained strength over the last three decades, and has been strongest in the English-speaking countries like Canada, including the province of Alberta. Alberta's welfare model, which is increasingly neo-liberal, can be seen as engaging in a double strategy of encouraging private welfare provision as the norm, and limiting public responsibilities to acute market failures. There is, however, a distinction between privatized solutions: first, elder care can be produced privately, i.e. producers compete against other (private) producers with a high degree of autonomy in, for example, fixing prices, deciding what services to provide and so on; and second, private welfare provision can also refer to when the burden of elder care is placed on individuals - often women - in the 'private' sphere of the home. The limited role of the state that is typical of liberal welfare regimes translates into elder care primarily being the responsibility of individuals, families/women, and moreover, the informal elder care sector. This can be seen in the elder care sector in terms of decreasing public provision of elder care by, for example, reducing the number of home care hours provided for the elderly. Increasingly, even the most demonstrably needy elderly individuals in the Alberta state are finding it difficult to access the

supports and services they require. At the same time, Alberta's welfare state does, however, contain some social democratic elements, with the most notable example the Canadian healthcare system.

In principle, neo-liberalism is subject to the same contradictions as classical liberalism with respect to women's problematic status as liberal individuals and the privileged place of the family in society. The high value neo-liberalism places on freedom tends if anything to reinforce the separation of public and private life. In practice, neo-liberal opinion is usually allied with conservative forces, diluting its market individualism with resurgent conservative doctrines about the need to safeguard traditional family life (Gilder 1981). These arguments sometimes have feminist variants affirming the positive status of women's traditional roles (O'Connor et al. 1999, 53). But neo-liberalism itself claims to be blind to ascribed characteristics of individuals such as age, and gender (O'Connor et al. 1999, 53). It has grown up while married women were entering the labor market in steadily increasing proportions, and while liberal feminism has asserted women's full personhood in law and the market. According to Porter:

The movement for greater gender equality and the pressures to restructure the welfare state model had overlapping roots: the social and economic roots that were propelling women into the labor force – economic changes leading to greater financial pressures on families, a family and welfare state model that contained tensions and contradictions – were also manifested through the economic crisis and were creating pressures for welfare state restructuring (2003, 149).

Moreover, neo-liberalism has asked a lot of women - by encouraging their participation in the paid labor force - so they can be 'self-actualizing' individuals, while also expecting them to take on most of the care work - since the informalization and marketization of care are crucial to neo-liberalism.

Even in its neo-liberal guise, some aspects of the ideology of possessive individualism resonate with the central themes of contemporary feminism. Key among these is the affirmation of individual freedom and personal autonomy. Such resonances sound very clearly in feminist demands for equal opportunity in employment, and for freedom of choice in areas of personal life, including sexuality, marriage, and household formation; in independence and authority with respect to the control of one's body, sexuality and reproductive capacities; and in the assurance of physical security on the streets and in personal relationships. Where the mainstream of

contemporary feminism differs from the ideology of possessive individualism is in asserting that such autonomy owes nothing to society. As Friedman explains, feminist demands can be understood as claims to autonomy in its procedural sense, as assuring women choice or decision in circumstances that are free of coercion and manipulation, rather than to autonomy in the sense of aspiring to self-sufficiency or to independence of or indifference to the needs of others (1997, 51-57). Neo-liberal individualism gives no ground for reconciling the claim to autonomy with the constraints of human interdependency and the connectedness to others that is most fully developed in the lives of women.

Under neo-liberal conditions, the price of women's liberal individualism is that their needs and satisfactions are defined by the market paradigm. Neo-liberalism has been clear about its opposition to welfare state support for women on grounds of gender and gender disadvantage. It is frequently argued, for example, that intervention to address gender discrimination is undesirable because it contravenes individual freedom, and is moreover unnecessary because in time such problems will be overcome by the rationality of the market. Neo-liberals see supports for the adult-earner family, such as elder care, as best provided through the market, though they often accept a degree of regulation to ensure minimum quality of care. More unambiguously than its contemporary new liberal counterpart, neo-liberalism pictures women in the same terms as men, equally possessive individuals.

Moreover, while differentiation can be made between the three moments in the development of liberalism that have been outlined in this section - classic, new or social liberalism, and neo-liberalism - other scholars, such as for example, Craig and Porter (2006) add a fourth category of inclusive liberalism in *Development Beyond Neo-Liberalism?* They suggest that inclusive liberalism is an adaptation of neo-liberalism to the challenges with which it has been presented. Inclusive liberalism includes the 'passive', consumption-oriented approach of the postwar period for 'activation,' while also recognizing an important 'social investment' role for social policy. Accordingly, Mahon explains:

In a period when so much is labeled 'neo-liberal', it is important to remember that there are varieties of liberalism. All varieties share an emphasis on the individual, often construed as the male head of the family. All retain a strong commitment to supporting a capitalist market economy and the social relations associated therewith. Yet these common features should not be allowed to obscure significant differences (2008, 343).

Mahon, however, argues that while neo- and inclusive liberalism share some noteworthy elements, they stem from different elements of the liberal tradition, and moreover that these differences are important.

Regardless of liberal regime type, we know that the Alberta welfare state is changing. For example, in the first few decades after WWII there was a commitment to provide a minimum standard of living through redistribution to provide equality of opportunity for all citizens. The events of the 1970s were important in shaping the direction of welfare state and economic policy for the next quarter-century, involving welfare state retrenchment (Porter 2003, 149). The following section will contrast the liberal welfare regime described here with Sweden's social democratic welfare state regime.

Varieties of Nordic/Scandinavian models

A unitary Nordic area, inhabited by politically successful women who work for peace, welfare and gender equality is both a well known and a common image in international discussions
(Bergvist et al. 1999, 3).

In comparative studies of the Nordic⁶⁰ countries, emphasis has often been laid on homogeneity as they often appear to be a unified region, not only geographically, but also politically, socially, and culturally. In terms of populations, the Nordic countries are small, relatively homogeneous and, as a result, they exhibit a small number of politically relevant lines of cleavage. Work that attempts to explain the unique nature of the Nordic area often emphasizes the core value attached to equality: "the Nordic states, in one way or another demonstrating a high regard for efficiency and equality, perhaps also in Tocqueville's words, showing a 'true passion for equality,' have managed to institutionalize state procedure that guaranteed the basic physical needs of the citizens, young and old" (Graubard 1986, 8). An emphasis on common Nordic features has been a striking aspect of research in the Nordic countries, with the *Nordic* or *Scandinavian* model being very popular in international research. As discussed earlier in this chapter, the Nordic welfare policy model is characterized by extensive social policy directed more or less to the entire population. Citizens and people who are legally residents in a Nordic country have basic

⁶⁰ The 5 Nordic countries are: Denmark, Finland, Iceland, Norway, and Sweden.

rights of access to a vast range of services and entitlements, and social legislation is founded on principles of solidarity and universality.

Even if, however, many features are common to the Nordic countries, such as cultural homogeneity, egalitarian social structures, a parallel development of economic and welfare policy, and these features play an important role in explaining the shared sense of “the Nordic,” a risk remains that these similarities may be exaggerated. There has, in fact, been a tendency to exaggerate features common to the Nordic countries, and to make generalizations about the whole region based on only one or two of the Scandinavian countries.⁶¹ This is why, as Karvonen and Sundberg argue, “when it comes to analyzing the differences between the countries, historical and structural explanations are often too deterministic and tend to do away with concrete actors, their aspirations and strategies” (1991, 2f). This thesis rejects the view that Nordic countries as essentially homogeneous, and instead adopts a view of these countries as being rich in diversity, and as such, focuses on describing the Swedish case.

This has led the idea of a single social-democratic regime model to need nuancing to take account of such differences and of shifts in policy, particularly with the advent of right-of-center governments in Sweden. Although the social-democratic welfare states tend broadly to be characterized as among those that have moved furthest towards a dual-breadwinner or adult-worker model, the policy mechanisms deployed to support those with care responsibilities differ both in terms of the specifics of policy and of the gendered citizenship models underlying them. This, moreover, raises the question of whether differences between the Nordic countries are so great as to invalidate all talk of a Nordic gender policy model. Bergqvist et al. (1999) have tried to modify the common assumption that men’s and women’s status is uniform throughout the Nordic countries by analyzing the similarities and differences between the countries. They found “many palpable differences between the countries, and they become more and more distinct the deeper one probes, the more one differentiates between developments and the longer the period of time covered by the study” (Bergqvist et al. 1999, 10). As such, they argue that “rather than a single monolithic Nordic gender profile, we have identified the existence of five different profiles that need to be perceived in relation to the special characteristics of each country”

⁶¹ Two examples include (a) the generalized statements regarding the expansion of collective child care which are based on observations from Denmark and Sweden, and (b) observations about the very high number of women in the governments which are based on the situation of Sweden, Norway, and Finland (Bergqvist et al. 1999, 279).

(Bergvist et al. 1999, 286). The five different profiles they identify are: the Swedish gender profile, the Danish gender profile, the Norwegian gender profile, the Finnish gender profile, and the Icelandic gender profile.

The Swedish gender profile demonstrates great gender equality. In welfare and elder care policy, an impressive expansion has taken place from the 1960s, and Sweden has been at the forefront when it comes to length of parental leave and rights for fathers. The high level of institutionalization by means of legislative developments and government policies has left its mark on concerns related to women and gender, with the level of women's representation in Sweden having been among the highest of the Nordic countries. Bergvist et al. argue that "this is an outcome...of the interaction between women's social and political citizenship, the institutionalization of women's issues through the women's sections in the political parties, and integration of women into the labor market" (1999, 286). These developments have been supported by long periods of social democratic government and the high profiling of women's and gender equality issues in the political parties, not least the non-socialist parties, a phenomenon which was quite unique in the Nordic region.

For example, Ulmanen (2012) explains that when the foundations of Sweden's gender equality model were laid out in the 1970s, a member of parliament described its aims as 'getting mommy a job and making daddy pregnant'. This statement demonstrates the Swedish focus on facilitating women's and men's sharing of caregiving and breadwinning via individual taxation of spouses' income, an extensive public child care system, and generous work-related parental insurance. Yet, as Ulmanen points out, children are not the only members of society who have care needs; many elderly also require support and care, and many rely on middle-aged daughters to provide this. Like mothers of small children, the vast majority of these women are employed, but their labor market participation does not enjoy the same policy support. As such, Ulmanen argues that "Swedish eldercare policy has been designed to meet the needs of the elderly and to reduce class inequality among them, not to meet the needs of their family members in the name of gender equality" (2012, 82).⁶²

⁶² According to Ulmanen (2012), this was clearly visible in the silence on gender and family members' needs in the 1950s and 1960s, when elder care services and payments for care expanded. In practice, however, the social citizenship status of both the elderly and their daughters was strengthened through this expansion. Their freedom of choice concerning whether, and under what conditions, they would like to give or receive family care, increased. This facilitated daughters' opportunities to work and increased their economic independence, which was of

The Danish gender profile has also been characterized by a great expansion of the welfare state, in particular publicly funded child care. Bergvist et al. argued that “in comparison with the rest of Scandinavia, until recently, Danish women had relatively low levels of political representation, there have been fewer women in government, and the institutionalism of gender equality has not progressed as far. The Danish gender profile is the most 'bottom-up' of all the Nordic countries" (1999, 287). Women's concerns and gender issues were formulated and articulated by the social movements, and women's organizations have occupied key positions in gender equality bodies. At the same time, when Bergvist et al. were writing their book, concerns related to gender equality had been generally absent from the policies of political parties, and the issue was also granted a low priority, as no active women's movement existed (1999, 287). As such, they argue that "developments in Denmark should be understood against a combination of a relatively high liberal component together with a relatively undogmatic left wing, which has opposed too much steering 'from above'" (1999, 287). Danish political culture is characterized by a strong orientation towards consensus which has tended to prevent a radicalization of gender equality policies.⁶³

The Norwegian gender profile, like that of Sweden, is based on a high level of institutionalization of gender equality. The issue has figured on the political programs of successive governments. The integration of women into politics and the workforce has taken place later in Norway than in Denmark and Sweden, but it has been accomplished much faster. In contrast to Denmark and Sweden, however, Norway has lagged far behind in expanding its child care provisions. There is a trend towards convergence of opinion in this area. According to Bergvist et al., "[in Denmark] political parties have developed the most effective and compulsory strategies to integrate women of all the Nordic countries and gender equality in general constitutes a fundamental element of government and party politics. Another characteristic of the Norwegian gender profile is that the ideology of difference has had a much firmer hold than in Finland, Sweden, and Denmark, a fact which should be probably understood in terms of a carry-over from a period in Norway during which women's place was generally considered to be the

particular importance for less well-off groups. Thus although the explicit ambition was to make it possible for the elderly to live independently in their own homes, support for working daughters via de-familialization of elder care appears to have been an unintended consequence of the expansion of homecare services, rather than an explicit ambition.

⁶³ This factor is important in explaining why controversial matters such as sexual violence, sexual harassment, etc. have been absent from the political agenda.

home" (1999, 287). The Norwegian example shows that under favorable political conditions, an ideology of difference can also be conducive to the advance of equality between the sexes.

The Finnish gender profile differs from that of the Scandinavian countries in that the number of women in the workforce and their political representation began to rise as early as the 1950s. Nevertheless, developments in the labor market were less prominent than in Denmark and Sweden, taking place without a comprehensive expansion of the welfare state's child care program. Bergvist et al. argue that "although public child care facilities have subsequently increased, policies designed through public child care facilities have subsequently increased, policies designed to support childcare in the home on an individual basis have been more central in developments in Finland than the other countries" (1999, 287). Political parties play a relatively dominant role in Finnish political culture. This has allowed for a more open parliamentary discussion of conflicts which follow gender lines. Finnish women were primarily mobilized through the political parties, and while politicians are central players in gender equality bodies, social movements have played a relatively minor role. Finland was the final country to pass gender equality legislation, primarily because of resistance from employers, and because the workers' and employers' organizations have fewer key positions on gender equality bodies than in the Scandinavian countries.

The Icelandic gender profile diverges from that in the other four countries due to its relatively low level of female political representation, and because women's social citizenship in Iceland has not been as broad as in the rest of the Nordic countries. Icelandic society has been characterized by a strong male-breadwinner model. Child care facilities have been expanded much later, and remained at a lower level than in Denmark and Sweden when Bergvist et al. (1999) described the Icelandic gender profile (288). In addition to this, such expansion as has occurred has been mainly in the form of part-time child care facilities. Iceland was also the final country to introduce parental leave rights for fathers. The Icelandic mobilization of women takes place predominantly through the parties, and the parties have held the banner of women's and gender issues relatively high. According to Bergvist et al. "this is thanks not least to the Women's Alliance, the existence of which has obliged the other parties to address these issues and to make policy recommendations. The Alliance's concern with women in politics has also contributed to other parties nominating more female leaders" (1999, 288).

Given these national gender profiles, there is no identifiable factor which Bergvist et al. (1999, 288) can point out as either facilitating or constraining the development of equal democracies. As such, Bergvist et al. argue that “it is evident that processes of institutionalization, as they were initiated 'from above' combined with the mobilization of women 'from below', have represented important factors in the promotion of gender equality" (1999, 288). The models discussed in this section are the product of the interplay between these factors, and also reflect varying opportunity structures, which is why the models are linked to specific structural, cultural, and political circumstances of individual countries.

This section has detailed the varieties with the liberal and social democratic welfare regimes, highlighting their significance for the Albertan and Swedish cases. The following section will outline competing theses of path-dependence and divergence/convergence and the questions these raise regarding the impact of contemporary challenges on each country's elder care system.

Path-dependence and divergence/convergence theories

If the 'classic welfare state' is characterized by collective decision-making, collective responsibility, collective financing, collective production, and collective supply of services of such a quality that market-based, competitive, free-choice solutions are crowded out, it must be expected that de-collectivization and de-politicization will be opposed by the social democrats - seeing themselves as 'founding fathers' of the welfare state. If they nevertheless promote changes that are market-accommodating by nature, an explanation is called for (Peterson 2011, 170).

Path-dependency versus divergence/convergence

The concept of path-dependence typically encourages scholars to think of change dichotomously, either as very minor or incremental changes (the more frequent type) following the same core logic, or as major changes (the much rarer type) that establish a new logic. Those who insist on a more precise definition of path-dependence, however, tend toward a very different view of change, one that is closer to a strong version of a punctuated equilibrium model that draws a sharp distinction between the dynamics of institutional innovation on the one hand and of institutional reproduction on the other. For instance, Mahoney criticizes loose definitions of path-dependence and argues that “path-dependence characterizes specifically those historical sequences in which contingent events set in motion institutional patterns or event chains that

have deterministic properties" (2000, 507). By emphasizing the very different logic of contingent institutional choice and deterministic institutional reproduction, this definition implies and encourages a distinction between 'critical juncture' moments in which institutions are originally formed, and long periods of stasis characterized by institutional continuity.⁶⁴ Regardless of definition, according to Brown "path dependence is the latest and perhaps most sophisticated (anyway, best embellished) entry in a large catalogue of models that view policy in linear, spatial, 'A to B' terms" (2010, 644). Esping-Andersen's work on welfare regimes stresses path dependency since - despite numerous observed changes - he sees the persistence of differences between - the liberal, social democratic, and conservative - regime types.

Brown, however, outlines propositions that argue for caution in the adoption of path-dependence in analyzing health policy outcomes. Given that elder care policy typically involves a hybrid of social and health policy, Brown's cautions are of value for this thesis. According to Brown: first, policy is, or is the product of, not one path but of multiple actors (some institutional, some not) following, reconsidering, or challenging paths of their own; second, in policy, continuity is seldom an alternative to change, or even a state of the world that coexists more or less peacefully with change, but rather a sharp and positive stimulus to change; third, the frustrating back and forth that haunts health policy arises in good part from the tendency of increasing returns for one set of actors to constitute costs for others; fourth, as a source for illuminating why and how change advances within patterns of continuity, the concepts of 'critical junctures' and 'conjunctures' are not especially useful; fifth, policy sometimes entails attempts to reconfigure paths in ways that introduce change without unduly disrupting continuity; sixth, the quest for integration and accountability makes fine sense but also inescapably points health policy down half-blind alleys, synoptically called 'implementation,' in which actors often display unanticipated capacities to guard and preserve autonomy; seventh, some who shy away from the linear imagery of path-dependence and junctures opt instead for a so-called garbage can model, which sketches a wealth of policy proposals floating more or less freely in political space, awaiting a satisfying match with policy makers seeking to solve some problem. What gets tossed into and retrieved from the policy garbage can, however, are filtered by 'laws' of ideological supply and demand; eighth, path-dependence accounts seem to work

⁶⁴ This demonstrates how and why an understanding of path-dependency should include the recognition that path-dependency and contingency are intertwined.

best in cases in which multiple, powerful, and cohesive constituencies that prefer the status quo are not checked and/or balanced by opposing groups with comparable political assets; and, ninth, a valuable albeit ironic use of path-dependence models may be to inspire reassessment of linear approaches to policy, of the myriad ways.

New insights, like Brown's, have grown out of the debate on path-dependence.⁶⁵ Among other things, this work has led analysts to theorize the circumstances under which institutions are - and are not - subject to self-reinforcing 'lock in'. Important strands of this literature suggest that path-dependent lock-in is a rare phenomenon, opening up the possibility that institutions evolve in more incremental ways. For example, works such as Pierson's *Politics in Time* (2004) discuss various slow-moving causal processes⁶⁶ that do not evoke the punctuated equilibrium model of change that is frequently embedded in conceptualizations of path-dependence.

Mahoney and Thelen have offered an inventory of commonly observed patterns of gradual institutional change that allows us to classify and compare cases across diverse empirical settings: "once created, institutions often change in subtle and gradual ways over time. Although less dramatic than abrupt and wholesale transformations, these slow and piecemeal changes can be equally consequential for patterning human behavior and for shaping substantive political outcomes" (2010, 1). Following Mahoney and Thelen, this thesis is based on the view that we cannot underestimate the extent of change, or alternatively code all observed changes as minor adaptive adjustments to altered circumstances in the service of continuous reproduction of existing systems. Welfare regimes need further unpacking since, for example, as several of the articles in the *Journal of European Social Policy's* special issue on family policy suggest, path-shifting changes happen, even in the 'frozen landscapes' of the Bismarckian continental regimes (Knijn and Saraceno 2010). Moreover, as Pierson (2004) and others have suggested, far-reaching change in the field of elder care policy, can be accomplished through the accumulation of small, often seemingly insignificant adjustments.

A vivid example of the incremental yet far-reaching changes that have occurred in the field of elder care policy is the transnational spread of neo-liberal ideas; changes which raise the possibility of divergence with a common trajectory of different regimes around a (neo-)liberal

⁶⁵ For example, the work of North 1990; Collier and Collier 1991; Arthur 1994; Clemens and Cook 1999; Mahoney 2000; Pierson 2004; and Thelen 1999; 2004.

⁶⁶ Such as for example cumulative causes, threshold effects, and causal chains.

norm. Liberalization may be described as an economic adjustment in organized political economies to growing internal and external market pressures, and as a political strategy of governments overwhelmed by demands of business seeking to extricate itself through internationalization from the profit squeeze imposed on it by labor at the height of its postwar power in the early 1970s (Streeck and Thelen 2005, 4). The liberalization of the institutions of organized capitalism have taken different forms and have proceeded at different speeds. Such differences are due in part to the effects of different institutional endowments interacting with what may in shorthand be described as identical exogenous and, in part, endogenous challenges. As pointed out by Karl Polanyi (2001), liberalization always comes with, and is enveloped in, all sorts of countermeasures taken by ‘society’ against the destructive effects of free, ‘self-regulating’ markets. Pressures for liberalization also stem from the increased density and velocity of travelling policy ideas and the role of international organizations and transnational policy networks in disseminating these. Much of the current research on the transnational flow of travelling policy ideas, and ‘best practice’ policies focuses on the European Union (EU), but since this thesis compares Alberta with Sweden, the OECD constitutes a more relevant organization, as it has been an important purveyor of policy ideas for both of these places.

Hay’s work explores: first, the contingency of any process of convergence or divergence observed; second, the often political as opposed to economic nature of any convergent tendencies; third, the counter-tendencies which can be mobilized to such tendencies; and fourth, the invariably far greater importance, in terms of pressures for convergence, of regional rather than genuinely global processes of integration (2004, 243). His perspective:

First, it seeks to specify rather more precisely than is often the case the meaning and referents of the terms convergence and divergence. Second, its approach, in keeping with the historical and ideational institutionalism on which it draws, seeks to interrogate and reflect the complexity and simplicity of the processes of institutional mediation and policy-making in response to external opportunities, constraints and imperatives. Finally, it adopts a rather more skeptical attitude both towards the supposed globalization (with respect to trade, foreign direct investment, and finance) of the EU – European economy and to attendant claims as to the non-negotiable character of the constraints and imperatives invariably associated with globalization (2004, 244).

Hay argues that the concept of convergence is invoked in a plethora of different and often conflicting ways. In an effort to unpack the concept he offers four possible lines of development:

HAY: MODELS OF EUROPEAN CAPITALISM

Figure 4 Convergence, divergence and common trajectories

Source: Hay 2004, 245.

On the basis of these options, Hay goes on to suggest that evidence of the adoption of neo-liberal economic and social policies is frequently presented as evidence of convergence (scenarios 1 and 3). However, these tendencies are typically strongest in cases where existing social models are already the weakest (as in scenario 2). This suggests divergence rather than convergence. In addition Hay identifies at least six different objects of convergence:

First, convergence in the pressures and challenges to which political-economic regimes are exposed (input convergence); second, convergence in the policy paradigms and cognitive filters in and through which such pressures and challenges are identified and understood (paradigm convergence); third, convergence in the policies pursued in response to such pressures and challenges (policy convergence); fourth, convergence in the ideas used to legitimate such policy choices (convergence in legitimacy rhetoric); fifth, convergence in policy outcomes, usually gauged in terms of indicators of policy performance (outcome convergence); and sixth, convergence in the process in and through which challenges are translated into policy outcomes (process convergence) (Hay 2004, 245-246).

Though each refers to a different stage in the process of policy-making they are used interchangeably, making it important to differentiate between them.

Moreover, input convergence does not imply policy convergence, and vice versa since each is for the most part autonomous of the other; and, second, that there are complicated processes in which external pressures are transformed into particular policy outcomes (Hay 2004, 246). Thus, the nature of any process of convergence in policy or policy outcomes is 'open-ended'.

In addition, Hay brings attention to a number of points of mediation: first, common external pressures/challenges affect the various political-economic regimes differently; second, in the place of economies that are similarly affected by common challenges such as, for example, the aging population, the process of cognitive filtering that these challenges have identified, understood, and responded to can differ greatly as a result of different policy paradigms and accompanying traditions; third, in the event that elite political actors share similar cognitive templates and policy paradigms to attain similar assessments of the policy responses desirable to a set of external conditions, the policy-making process may act to mitigate against the realization of these policy goals as a series of domestic political mediations steer outcomes in specific ways; fourth, even when similar policies are determined to be the best option, the implementation process may cause great variety in substantive policy content; and fifth, even very similar policies deployed in similar fashions may lead to divergent outcomes in different institutional and cultural contexts (2004, 246). Hay's points of mediation outlined here show that policy-making - even caused by common external challenges like population aging - is a complicated and diverse process that often involves a string of case-specific mediations, making the type of generic convergence that is widely anticipated in response to generic pressures commonly found in today's literature very unlikely.

Hay's more nuanced approach to the convergence/divergence debate leads me to ask if it is possible that elder care in Alberta and Sweden is following a common trajectory toward greater marketization while also demonstrating continued divergence in their elder care regimes, reflecting the impact of policy legacies and current political alignments.

Sweden and Alberta: Preliminary evidence of divergence with a common trajectory

Whatever the structure of existing systems, these are in many ways a manifestation of historically rooted, welfare ideologies. Thus service provision and policies in all countries are formulated within the context of long-established welfare traditions which pervade attitudes and expectations and which have resulted in particular arrangements regarding the role of the state and the extent and criteria of welfare provision...But policies are not solely 'predetermined' by such historical legacies. Within this context, policy measures can vary and welfare regimes can themselves be subject to change or modification. At any given point in time, economic and political factors are powerful in affecting policies (Jamieson 1991, 286-287).

Path-shifting changes have happened in Alberta's liberal and Sweden's social democratic welfare states. Clayton and Pontusson argue that changes "began in the 1970s when many observers concluded that the welfare state had reached its outer limits and began to speak of a crisis of the welfare state" (1998, 67). The 1970s included a move away from the perspectives on social policy developed in the three decades after 1945. Moreover, this crisis idea was inspired by the idea amongst neo-liberals that the redistributive logic of the welfare state was contradicted by the logic of capitalism, and that the welfare activities of the state would have to be rolled back or reconfigured to conform to the needs of capitalism. Jenson argues that in particular, "there were concerted efforts to roll back existing guarantees to social protection in the name of a larger role for the market, families, and communities" (2010, 60). Thus, policy redesign - that was international in dimension - was the norm at this time, affecting both Alberta and Sweden.

By the late 1980s, there was a rightward shift in the dominant discourse of politics and policies towards promoting markets. As Jenson explains:

The neoliberal perspective of the 1980s...popularized the diagnosis of social spending and state intervention were in conflict with economic prosperity, and thus the state was labeled the source of the problems of many countries. Internationally as well as domestically neoliberals downplayed the role of the state and promoted 'structural adjustments' that would make markets distributors of well-being, families responsible for their own opportunities, and the community sector the final safety net (2010, 62).

The state was less understood as a mechanism through which social policy could protect against market risks, and instead, understood as a mechanism through which markets could be expanded. This meant that, by the early 1990s, neo-liberalism and its attendant assumptions of individual responsibility, free market democracy, and a reduced role of the state were firmly established as driving the response to the politically constructed challenges presented by fiscal concerns

combined with the aging population, and the deployment of 'choice' and 'autonomy' discourse to justify neo-liberal and marketization trends. Carroll and Shaw argue that neo-liberalism "endorses measures such as the erosion and dismantling of public services, campaigns of state deficit and debt-reduction, and the introduction of free market principles" (2001, 196). Moreover, internationally, there was considerable agreement that the post-1990s 'new' politics of welfare states had to be different than in the past (Myles and Quadagno 2002, 35-37).

Institutional changes observed in the political economies of today's advanced capitalist societies are therefore associated with a significant renegotiation of the politically regulated social market economy of the postwar period. Gazso and McDaniel argue that "in using social policies for creating market opportunities, or social integration for disadvantaged individuals, neo-liberalism has supplanted the collectivist and redistributionist approach of post-war social risk protection" (2009, 18). Important qualifications notwithstanding, the current transformation of modern capitalism is making it more market-driven and market-accommodating as it releases ever more economic transactions from public-political control and turns them over to private contracts.

Ongoing change and its accumulating results increasingly suggest that the current process of (neo-)liberalization involves a major recasting of the system of democratic capitalism, issuing in a social order dissociated from fundamental assumptions of social integration and political-economic conflict resolution that underlay the construction of postwar settlement after 1945. According to Streeck and Thelen:

One particularly intriguing aspect of this broad and multifaceted development is that it unfolds by and large incrementally, without dramatic disruptions like the wars and revolutions that were characteristic of the first half of the twentieth century. In fact, an essential and defining characteristic of the ongoing worldwide liberalization of advanced political economies is that it evolves in the form of gradual change that takes place within, and is conditioned and constrained by, the very same postwar institutions that it is reforming or even dissolving (2005, 4).

As noted here by Streeck and Thelen, liberalization can often proceed incrementally without political mobilization, by encouraging or tolerating self-interested subversion of collective institutions from below, or by unleashing individual interests and the subversive intelligence of self-interested actors bent on maximizing their utilities. To this extent, liberalization within

capitalism has a tendency to face far fewer collective action problems than the organization of capitalism, and much more than the latter it may be achievable by default: by letting things happen that are happening anyway. Thus, according to Streeck and Thelen “all that may be needed for liberalization to progress in this case would be to give people a market alternative to an existing system based on collective solidarity, and then give free reign to the private insurance companies and their sales forces” (2005, 33).

Hay's convergence theory is useful to explore the extent to which both cases - directly or indirectly - are responding to pressures such as the politically constructed challenges presented by fiscal concerns combined with the aging population in ways that involve reducing their social expenditure costs on elder care through marketization. According to Olson “the motivation for government has been in the name of the bottom line...individualism is buttressed by our residual approach to [elder] care, with public resources for home and community-based care harshly controlled and limited, and often only provided as a last resort” (2003, 19). The connections between marketization of elder care provision can be found in both Alberta's liberal welfare state regime and they are also emerging in Sweden's social democratic welfare regime.

That being said, while cross-national common trajectories in terms of marketization are clear, particularly in goals and outcomes, as we shall see the processes by which these are travelled are varied because they are rooted in different histories, cultures, politics, and practices in elder care and markets; the intersections of these policies, cultures, practices, and politics thus produce further diversity signaling divergence. Arguments for the marketization of elder care have, for example, been broadly similar in both places, but differently inflected. Resting on different institutional bases, and influenced by local histories and practices, the arguments for and processes of marketization have developed at different speeds, depending on the political context and the problems that marketization was expected to address. Accordingly, of Hay's second scenario – divergence with a common trajectory – may best capture the nature of the changes that are ongoing in Alberta and Sweden. Divergence with a common trajectory makes sense if we observe that Sweden is moving towards more neo-liberal tendencies and market provision, while Alberta has further deepened its neo-liberal tendencies and reliance on markets but that differences remain in their elder care regimes. Marketization can then be considered to be shaped by the initial balance of logics in each context. A second example of this common trajectory can be seen when looking at how commodifying trends have accelerated the

intervention of the private market in elder care and made elder care into international business. These private elder care companies now operate on a global scale; policy discourses travel from region to region and are mediated by international organizations such as the World Bank and the OECD; the collective movements representing elder caregivers, the elderly, and elder care worker mobilize both locally and globally.⁶⁷ These global processes add weight to the proposal of forms of cross-national common trajectories around the intersections of elder care and markets within and beyond regions or welfare regimes.

'Consumer choice' is a good example of how the ideas used to legitimate policy may seem to show convergence; however, they translate differently and therefore reflect continuing divergence in the policy contexts of Alberta and Sweden. For example, as Mahon et al. argue "choice, a core discourse in the neo-liberal turn, is mediated by how it is embedded in different policy matrices and the cognitive filters in different societies" (2012, 427). Choice exists in Sweden through the co-existence of a regulated private sector with a larger quality subsidized public elder care. Meanwhile, in Alberta, choice fits into the standard neo-liberal formula of market options, although the support for non-profit alternatives has been encouraged at different points in time. Choice is, however, not necessarily a sign of freedom, but rather choice is mediated and/or constrained by structures and/or norms in Alberta and Sweden.

Alberta and Sweden's common trajectory is also shown in the increasing employment of migrant elder care labor but in ways that are particular to each regime. As Williams argues "the movement of labor, while creating opportunities for migrant workers, also represents an asymmetrical solution between poorer and richer regions to women's attempts to reconcile . . . dual responsibilities" (2012, 372). These are the factors that connect micro experiences of migrant elder care worker employment to institutional, cultural, and political factors at the national and supranational levels. They also connect to a macro level transnational economy of elder care. As such, we can see that there are divergent processes heading towards a common trajectory. This common trajectory is moving towards a transnational political economy of elder care in which welfare states reduce their increasing social expenditure costs through strategies that involve, directly or indirectly, migrant elder care labor.

⁶⁷ See especially Mahon et al. (2012).

Given the changes that have occurred in Alberta and Sweden, this thesis unveils divergence with a common trajectory towards neo-liberalism in both contexts to different degrees. This has resulted in elder care being provided in a more privatized, individualized, and commodified way by constraining types of government economic interventions, limiting capacity for social distribution and welfare, forcing citizens to take responsibility to insure themselves against social risks, promoting more private systems of governance, and ‘locking in’ the rights of capital while simultaneously ‘locking out’ democratic control over key aspects of the public economy. In other words, the elderly are expected to translate their care needs into market-oriented behavior, thus conceiving of themselves as elder care consumers, participating in a system of care provisions which works according to the principles of supply and demand.

As Mahon et al. argue “the two cases demonstrate the potential importance of political actors in initiating or back-tracking on a course of change” (2012, 428). For instance, in Sweden, the coalition of the center-right facilitated the introduction of policies that allowed for more choice, such as the home care allowance that was introduced. That being said, the contingent nature of these shifts does not, however, indicate a complete change in policy frames: historical legacies and institutionally embedded policies and discourses are not easily dislodged. As Sweden shows, liberal formulas have not completely undermined the support for social investment in elder care. Nonetheless, this section discussed why changes signal a general divergence with a common trajectory between the Albertan and Swedish welfare states.

Conclusion

The social democratic and liberal welfare state regimes are considered to lie at opposite ends of the spectrum. The Albertan welfare state is associated with liberal welfare regimes, and Sweden is the ideal-typical social democratic regime. A comparison of the two cases is interesting because it can reveal the discontinuities, shifting boundaries in the public/private mix of elder care, and the discourses underpinning them. However, as this chapter has suggested, evidence might suggest a common trajectory given that Sweden has been moving towards more neo-liberal tendencies and market provision, while Alberta has further deepened its neo-liberal tendencies and reliance on markets, albeit with continued evidence of divergent practices. The form and pace of marketization are shaped by the initial balance of logics in each domain. As such, although marketization trends are highly visible in both, there remains persistent and

important differences. As we shall see, neo-liberal reforms to the Swedish welfare regime directly challenge the organizing principle of the Swedish welfare services system and notions of a ‘people’s home,’ where uniform, high-quality services are provided by the state to all citizens, regardless of income, social background, or cultural orientation. At the same time, although this new landscape of elder care reveals the incursion of marketization, the contingent nature of these shifts does not indicate a complete change in policy frames. The Swedish case shows that liberal ideas have not completely undermined the support for social investment in elder care. This is due to the fact that certain discourses and policies are anchored in the broader policy framework, rooted in path dependencies in policy logics, and legacies. This is supported by a body of comparative studies in gender, care, and welfare states.

Next, Chapter Four sets out the politics of development and change of the Albertan and Swedish elder care systems by presenting a historical analysis of the political events that have shaped and reshaped elder care policies in Alberta and Sweden, from the post-WWII decades to 2011. Then, Chapter Five provides a more in-depth look at the impact of marketization on the Albertan and Swedish elder care systems

Chapter 4 - Political context and historical background of elder care in Alberta and Sweden

Introduction

This chapter sets out the politics of development and change of the Albertan and Swedish elder care systems, elaborating on the argument sketched at the end of Chapter Three. As argued in Chapter Three, the welfare regimes of Alberta and Sweden are diverging with a common trajectory in and through a larger project of neo-liberalism in which market logic is (increasingly) superimposed on non-market facets of everyday lives, including elder care. This does not, however, mean that they are converging in terms of the forms and scope of privatization.

This chapter provides the historical backdrop for this thesis, analyzing the political events that have shaped and reshaped elder care policies in Alberta and Sweden, from the post- WWII decades to 2011. The chapter is divided into two main parts. The first describes transformations of elder care policy in Alberta's political economy in the postwar period while the second section provides an overview of the political economic elder care policy changes in Sweden during the same period. Overall this chapter argues that a combination of what can be seen as a common set of challenges - namely the aging population combined with budgetary restraints, and the deployment of 'choice' and 'autonomy' discourse have been used to justify neo-liberal and marketization trends, which are more generally leading to cutbacks in publicly provided elder care in Alberta and Sweden.

The politics of Alberta and resulting elder care policies in historical perspective

With political change so rare, one-party politics has become entrenched in Alberta. The forces that drive political change in other jurisdictions - the legislature, public inquiries, interest groups, opposition parties, the media and so on - have adapted to this reality in order to cope, or have been deliberately gutted, or have simply deteriorated to the status of a sideshow (Taft 2007, 15).

Alberta has, since the 1930s been governed by conservative parties,⁶⁸ with most Albertan general elections since 1971 resulting in overwhelming majorities for the governing Conservative party. The distinctive Alberta feature is the absence of minority governments; a trend unseen in any other Canadian province. The provincial government has therefore been formed by a series of right-wing parties for decades, beginning in 1935 with Social Credit.⁶⁹ The Progressive Conservatives have formed the provincial government without interruption since 1971 under premiers Peter Lougheed (1971-1985), Don Getty (1985-1992), Ralph Klein (1992-2006), Ed Stelmach (2006-2011), Alison Redford (2011-2014), and today's Deputy Premier Dave Hancock (2014-present) on an interim basis.. This suggests the depth of support for Conservative parties/politics, which has allowed the emergence of a virtual one-party system. This section will provide an overview of Alberta's political economics, and the resulting elder care policies post-WWII until the end of 2011.

The Social Credit party under Ernest Manning came⁷⁰ to power in 1943. Manning's Social Credit government moved away from the monetary theory of Douglas.⁷¹ Instead, as Jeffrey argues, "it offered traditional conservative policies that did little to disturb the status quo" (1999, 56). As Canada slid into a major recession - with its highest unemployment rate and biggest national debt since the start of WWII, oil-generated revenues allowed Alberta to eliminate its provincial debt and built up a \$347 million surplus which Manning then used to launch a massive five-year anti-recession development program. The five-year plan was designed to stabilize the provincial economy and move ahead at a time when the national trend was in the opposite direction. Elder care was to benefit from Manning's program.

In 1959, the first year of the five-year plan, Manning's government built 50 LTC facilities to accommodate a total of 4,100 residents (Brennan 2008, 136). Although LTC facilities continued to expand in the postwar period, as Armstrong and Armstrong explain, "they have become increasingly specialized over the years, with the majority being homes for the

⁶⁸ 1905-1921 Alberta Liberal Party; 1921-1935 United Farmers of Alberta; 1935-1971 Social Credit Party of Alberta; 1971-Present Alberta Progressive Conservatives.

⁶⁹ The Social Credit Party of Alberta is a provincial political party in Alberta, Canada that was founded on the social credit monetary policy and conservative Christian social values.

⁷⁰ Ernest Manning's term of office was from May 31, 1943 to December 12, 1968.

⁷¹ "While Saskatchewan turned to socialism, Albertans turned to the monetary theories of a Scottish engineer, Major Douglas, who concluded that the root cause of the worldwide recession was simply a lack of money. Print more money and give it to consumers to spend, and all would be well. In Alberta, this meant voters were promised a \$25-a-month 'social credit dividend' (Jeffrey 1999, 55)."

elderly and nursing homes" (2003, 88). Moreover, formal home care programs for the elderly have been a contested site for community-based versus hospital-centered approaches.⁷² According to Struthers, "emerging alongside of these home care programs in Alberta was the rise of private nursing homes, and the rapid construction of modern public and non-profit homes for the elderly, as one possible solution to the problem of hospital over-crowding caused by a bottleneck in chronic care" (2003, 391).⁷³ The expansion of LTC, and development of home care reflected political recognition that elder care is at least partially a public responsibility, and not simply the responsibility of family/women, and moreover the private sphere.

Canada's healthcare system, commonly known as Medicare,⁷⁴ also took shape while Manning was in power, and influenced elder care in Alberta. Healthcare as a right of social citizenship has been the central tenet of Canadian Medicare from its inception in the 1960s. Financing of the Canadian healthcare system evolved incrementally within individual provinces like Alberta, with national government involvement through a series of programs to share costs with the provinces. In 1961, Saskatchewan was Canada's first province to offer its citizens free, universal, government-paid health insurance. Alberta followed two years later with a voluntary and privately operated medical services plan (Brennan 2008, 150). Health-care premiums were to be paid only by Albertans who could afford them, and free medical coverage was provided by the provincial government to those whose incomes fell below a pre-determined level. This meant free care for the poor, and insurance for the 'middle class'. As Brennan explains, "the philosophy behind the Manning government's system was that no one would be deprived of medical services for financial reasons since the state's responsibility was to care for people who were unable to care for themselves" (2008, 151). This philosophy is important with respect to elder care in

⁷² Despite efforts (i.e. research, contacting Dr. Norah Keating who is a Professor at the University of Alberta and an expert on the topic of elder care in Alberta, and also Corinne Schalm, who is the Director of the GoA Continuing Care Branch, I cannot determine what the basis was of the community based/non profit elder care homes. Neither could tell me if they were funded the same way child care was in the 1960s as a result of the provincial government's provision of funding to municipalities to arrange for community care (the Social Credit's Preventive Social Service Act).

⁷³ The lodge program was started in 1959, followed in 1964 by the Nursing Home Program (Engelmann 1995, 287).

⁷⁴ Medicare is the unofficial name for Canada's publicly funded universal health insurance system. The formal terminology for the insurance system is provided by the Canada Health Act (CHA) and the health insurance legislation of the individual provinces and territories. The 13 single-payer, universal schemes covering health services in each territory/province defined and guided by the federal CHA was predominantly financed from general federal and provincial taxation (Ettelt et al. 2008, 9). This new system meant that health care in Canada was delivered through a publicly-funded health care system, which is mostly free at the point of use, and has most services provided by private entities (Armstrong and Armstrong 2008, 8).

Alberta since it is often considered to be medical care and/or included as a responsibility of the Ministry of Health.

The Social Credit government, under the leadership of Harry Strom⁷⁵ succeeded the Manning government in December 1968. While Strom's government was in power, the main change to elder care policy was that the elderly enjoyed property tax reductions (Engelmann 1995). In the summer of 1971, the Conservative Party, led by Peter Lougheed,⁷⁶ defeated the long-standing Social Credit government (Harder 2003, 19). At the outset of the Lougheed government, oil was C\$2 a barrel, as a result of the 1973 oil crisis,⁷⁷ within a few years the price exploded into the double digits and the 1979 energy crisis only increased provincial revenues.⁷⁸ As the price of oil increased to a peak of C\$44 a barrel in 1981, the Alberta economy boomed, and the provincial state expanded at an unprecedented pace (Harder 2003). While other provincial governments struggled with stagflation, the Alberta government enjoyed remarkable affluence.

As a result of the wealth generated by the oil boom, the Lougheed Conservatives were able to usher the province into a new-found secularism and cosmopolitanism. As Harder argues, "in some respects, the philosophy of governance embraced by the Conservative Lougheed government was not markedly different from its Social Credit predecessor. However, the intensification of state interventionism over which the Conservatives presided and the social dynamics that emerged as a result of a booming economy represented a significant shift in the social and moral fabric of the province" (2003, 20). In particular, this period saw significant public spending. Public investment arising from this windfall was directed at facilitating the continued expansion of the industry through joint, public-private investment schemes, infrastructure projects, and most importantly from the standpoint of this thesis, in the public goods of health/elder care and education.

⁷⁵ Harry Strom's term of office was from December 12, 1968 to September 10, 1971.

⁷⁶ Peter Lougheed's term of office was from September 10, 1971 to November 1, 1985. Peter Lougheed served as premier winning four elections until 1985 when he retired from public office. Some of Lougheed's notable accomplishments were the Alberta Bill of Rights, and the Heritage Trust Fund.

⁷⁷ The 1973 oil crisis occurred when the Organization of Petroleum Exporting Countries (OPEC) slapped an embargo on western supplies of petroleum because of the United States (US) and their allies' support for Israel in the Yom Kippur War.

⁷⁸ The 1973 oil crisis and the 1979 oil crisis turned oil from a cheap to a very expensive energy source. During the 1973 energy crisis, the price of oil quadrupled. The nominal price continued its slow increase after the crisis ended. Six years later, the price more than doubled during the 1979 energy crisis. OPEC and Saudi Arabia artificially raised the price of oil several times in 1979 and 1980.

While the Lougheed government was in power, the elderly enjoyed many benefits, with more funds spent per capita on those benefits than for any other Canadian elders. In 1972, the elderly were relieved from paying healthcare premiums, they received renters' assistance, and in 1973 they gained access to extended health benefits, some Blue Cross benefits, especially 80% coverage for prescription drugs, and a small income supplement if they were entitled to the federal Guaranteed Income Supplement (GIS) (Engelmann 1995, 287). The GIS provides additional money, on top of the Old Age Security (OAS) pension to low-income seniors living in Canada.⁷⁹ The Alberta Assured Income Plan, funded and administered by the provincial government, provided Alberta pensioners who were 65+ and in receipt of the federal GIS with C\$10 to C\$47/month (Reichwein 2003). These initiatives were/are however only helpful to the elderly from a purely financial perspective since they do not provide elder care services but simply increase the purchasing power of the elderly, i.e. their ability to turn to the care market.

1981 marked the end of Alberta's oil boom. The 1980s oil glut⁸⁰ represented a serious surplus of crude oil caused by falling demand. As a result, during the 1980s, Alberta's economy suffered; the fiscal crisis intensified, and Alberta fell into a recession. As Harder notes "the Alberta state in the period following the crash of the world price of oil...[had] decreasing revenues available to meet the needs of citizens and a growing public perception of government mismanagement" (1996, 39). From the vantage point of 1981, it was difficult to know how deep this decline would actually be, and what political liabilities might attach themselves to such a profound shift in the fortunes of the provincial economy.

Discontent with the provincial government grew, but was not sufficient to result in a Conservative electoral defeat. Don Getty's⁸¹ government succeeded Lougheed's in 1985, and within six months, oil prices collapsed and Alberta's energy royalties plunged to C\$1.9 billion from C\$4.9 billion, down 60% (Vivone 2009, 71). The world price of oil, which had peaked in 1980 at over US\$35 per barrel fell in 1986 from US\$27 to below US\$10 (Hershey 1989).⁸² The

⁷⁹ To be eligible for the GIS benefit, you must be receiving the OAS pension, and meet the specific income requirements.

⁸⁰ After 1980, reduced demand and overproduction produced a glut on the world market, causing a six-year-long decline in oil prices culminating with a 46% price drop in 1986.

⁸¹ Don Getty's term of office was from November 1, 1985 to December 13, 1992.

⁸² The glut began in the early 1980s as a result of slowed economic activity in industrial countries (due to the crises of the 1970s, especially in 1973 and 1979) and the energy conservation spurred by high fuel prices (U.S. News & World Report 1980). The inflation adjusted real 2004 dollar value of oil fell from an average of \$78.2 in 1981 to an average of US\$26.8 per barrel in 1986 (Oak Ridge National Lab Data).

oil price collapse benefited oil-consuming countries such as the United States, Japan, Europe, and Third World nations, but represented a substantial loss in revenue for oil-producing states like Alberta. By 1987, the province's worsening economic condition was negatively affecting public accounts which trickled down to publicly provided elder care.

After years of budget surpluses, the province began posting deficits and initiated efforts to reduce the level of government spending. Getty's government faced unpleasant choices: to avoid a deficit, he had to choose between raising taxes or massive spending cuts, both of which would be unpopular (Vivone 2009, 71). As Vivone argues, "to balance the budget through spending cuts alone, health, education, and infrastructure had to be cut massively, which would be pure political suicide in any province, even Conservative-loving Alberta" (2009, 71). The Getty government reasoned that a balanced budget was desirable but only at a reasonable price, which meant that substandard public services were not acceptable. The government therefore decided to increase personal taxes modestly, and the Heritage Savings Trust Fund was capped, but the government did not radically cut spending for essential public services such as health, and moreover, elder care. Vivone explains that "no matter which road he [the Getty government] took, annual deficits would persist until oil and natural gas prices recovered...price recovery took longer than he expected...energy revenues wouldn't return to 1985 levels for 14 years, long after Getty was gone" (2009, 71).

The elderly were affected by these economic difficulties when in 1990 the home heating plan for the elderly was dropped. Then, in 1991, there were some reductions in the extended health benefits program (eyeglasses, dental care, and the entitlement to aids to daily living) (Engelmann 1995, 288). Other changes included establishment of the Ministry for Seniors, and the Senior Citizens Division/Bureau became the Seniors Directorate was established in 1990 and, in 1991, Bill 1 was introduced giving statutory basis to the Seniors Advisory Council for Alberta (Engelmann 1995, 288). The Minister and the Directorate held major meetings with seniors' representatives and consultation meetings in various areas of the province, showing that the Getty government did not want to alienate the elderly despite the cuts which it felt necessary in the face of rising deficits. This demonstrates that the Alberta government's response to the crisis in the 1980s was to hold the course in general, and in elder care.

The major change in the direction of deepening marketization etc. began with Klein. According to McDaniel, nowhere in Canada has elder care undergone as radical changes as in

the province of Alberta in the period since the beginning of the 1990s: "Alberta, under the leadership of Premier Ralph Klein, was moving faster and further along the road of changing and challenging Canada's healthcare system than any other province in Canada" (1997, 1). Then, although perhaps few recognized it at the time, the die was cast for the future course of elder care policy in Alberta during a 1992 internecine battle among the Progressive Conservatives for the leadership of the party, which led Getty to resign and be replaced by Ralph Klein.⁸³ As Harder argues, "the damage that had been inflicted upon the credibility of the Conservative Party meant that Klein's government would have to distinguish itself from the approach to fiscal management that had become associated with the Getty government" (2003, 119). Widespread belief – which was well founded as it turned out – held that Klein represented a new kind of conservative politics.

Under the administration of the Klein government, the province prioritized deficit-reduction and program cuts. As Harder explains "these debt and deficit reduction policies provide an excellent forum for observing the effects of neo-liberalism; the massive changes occurring in elder care and other public sectors in Alberta were profound structural adjustments in line with a neoliberal ideology" (2003, 120). Moreover, the impetus for the adoption of a neo-liberal state form occurred because the fiscal crisis brought on by economic recession, falling oil prices, as well as developments in the international political economy propelled decision-makers to address the provincial state's weakening fiscal health.

According to Harder "in order to re-establish some level of governability, the neoliberal state attempts to remake itself for the purposes of ensuring the efficacious functioning of the free market and to devolve from its role in compensating for the inequalities that exist among citizens" (1996, 59). The Klein government transformed provincial governance so that market emulation became the singular focus of public policy in order to achieve two important strategic objectives for the Conservative government and the provincial state (Harder 2003, 120). At the time of the 1993 provincial election, the expression of neo-liberalism helped to distance the Conservative Party from its previous incarnation, which worked to enhance the party's credibility. At a more substantive level, the government's refusal to accept the political legitimacy of any constituency outside of the business community meant that politically

⁸³Klein walked away with a slim majority and served as the leader of the Progressive Conservative Association of Alberta from December 1992 until his retirement in December 2006.

contentious issues surrounding the means to improve the well-being of Albertans and the content of that well-being were largely absent from the political agenda.

This lack of debate concerning issues of 'the public good' was sustainable as long as the deficit-elimination strategy could be maintained. Immediately on assuming power, the Klein government set in motion plans for eliminating the provincial deficit within three years in a province without a serious deficit problem. Cooper and NE comment that "the rhetoric of deficit and debt served as a convenient political rationale for restructuring Alberta's social and economic landscape" (1995, 164). Thus, the Conservative government under Klein's direction had embarked upon a thoroughgoing effort to rethink and reshape the complex relationships among society, the state, and the market (Harder 2003, 119). The government cut back on healthcare funding - with health cutback goals of 25% over three years - streamlined the system's administration, closed down hospitals, and placed more emphasis on community/home-based care such as home care for the elderly (Virani et al. 2000, 36). This emphasis on community/home-based care stems from the fact that home care is typically seen as the cheapest option since it does not involve costly hospital rooms and doctors. In addition, home care is typically carried out by Healthcare Aids (HCAs).

Elder care was no longer a priority when the Klein government was in power - a significant change from Lougheed's time. Klein's government immediately abolished the Ministry for seniors, leaving only the Advisory Council and its staff who were incorporated into the new Department of Community Development (Engelmann 1995, 288). In addition, one Assistant Deputy Minister (ADM)⁸⁴ was put in charge of seniors, women, human rights, and multi-culturalism, indicating "the elderly became just another 'special interest group'" (Engelmann 1995, 288).

Although the Klein government stated that there would be no changes to seniors' programs without consultation, such consultation was limited to one meeting of seniors and others invited by the government in September 1993. Those present at the meeting recognized that there had to be some reduction in benefits, but strongly suggested that low-income seniors should be fully protected. Soon after, the bureaucracy of the Department of Community

⁸⁴ Joe Forsyth.

Development took the lead in working out a benefit scheme. The resulting bad news came on February 24, 1994 when the budget was announced:

In the past we have provided extensive programs for all seniors regardless of their ability to pay...We simply can no longer afford to provide all these services free of charge to all seniors. We asked Alberta seniors: what should the priorities be for your benefit programs? They told us that seniors who can afford it are willing to pay their share...We're taking their advice. Today we are introducing a new coordinated grant program for seniors. It's based on six key principles. First, low-income seniors must be protected. Secondly, seniors' benefits and administration must be simplified and moved to a one-window approach to make it easier for seniors to access the support they need. Thirdly, those who can afford to pay for shelter and health care premiums should pay for them. Fourthly, benefit rates should be fair and be based on a seniors' income, not a means test. Fifthly, any changes and their impact on seniors must be carefully monitored. Last but not least, consultation with seniors must take place so that the program can be made more effective and responsive to their needs (Alberta Mansard 1994).

This excerpt from the budget speech demonstrates some of the significant changes that Klein's government made to elder care. More specifically, it was announced that the new program, the Alberta Seniors Benefit (ASB), would bring together five existing programs: the Alberta Assured Income Plan, property tax deductions, renters' grants, extended health benefits and exemption from healthcare premiums; with the new program income-tested. All programs for the elderly (until 1994 there were 15 in number) experienced cuts that had an impact upon many - sometimes all - elderly, no matter how poor. These changes meant that "many of the elderly were feeling the cumulative effects of several or many cuts during this time" (Engelmann 1995, 289).

As a result of the budget-day news release 65% of seniors lost their benefits and 45% had to pay healthcare premiums (Engelmann 1995, 290).⁸⁵ Consequently, criticism was voiced by elderly advocacy groups and concerned elderly Albertans (Engelmann 1995, 290). This criticism was enough to persuade the Minister of the Department of Community Development⁸⁶ to appoint a review panel of ten seniors, consisting of three members of the Seniors Advisory Council, three members of the Inter-Agency Council, one senior center representative and three senior citizens-

⁸⁵ The only elderly not subject to health care premiums were single seniors with annual incomes below C\$17,000 and those who, as couples, had annual incomes below C\$25,000 (Engelmann 1995, 290).

⁸⁶ Gary Mar was the Minister at this time.

at-large (Engelmann 1995, 290-291). The ASB Review Panel⁸⁷ issued 14 recommendations, five of which were of basic importance to the program, and the GoA announced that it had accepted 11 of the 14 recommendations fully or partially (Engelmann 1995, 291). However, without explanation of where the extra money was coming from, the Minister announced that the total spending on seniors remained at C\$916 million, a 17% decrease of the amount spent before Klein (Engelmann 1995, 291). It did not take long after that for the Ministry to prepare Bill 35, the Seniors Benefit Act which was introduced May 1994, ten days after the Review Panel's report (Engelmann 1995, 293).

In addition to the ASB, the Klein government cut or abolished every other senior's program (Engelmann 1995, 295). Seniors' co-payment for drugs was increased from 20% to 30%, optical reimbursements were diminished, and a number of dental care items were no longer covered. In LTC, ordinary ward accommodation was raised by C\$1,186 a year to C\$7,848, leaving an elderly person on minimum income with C\$215 monthly for everything except room, board, and drugs. The seniors' Emergency Medic Alert Program, allowing up to C\$700, was eliminated. The seniors' Living Independent Program, with grants up to C\$4000 for lower-income seniors' home repairs, were eliminated. Rent for self-contained apartments for seniors was raised from 25% of income to 30% and the renters' grant of C\$600 annually for these seniors was eliminated. The Lodge Program saw the deregulation of rents. The elderly were to be left with no less than C\$265 monthly for expenses other than room, board, and laundry. The rental amount was now left to municipal boards, some of which invoked major increases.

Home care/community LTC also saw changes in the support services, medical care, etc. that are essential for the elderly. Charges for support services used by the elderly not receiving the federal income supplement were raised from C\$2.00 to C\$5.00 per hour (maximum monthly charge between C\$50-C\$300, depending on income) (Engelmann 1995, 295). The Aids to Daily Living Program which includes hearing aids and other important aids and supplied was under review at this time. The Family and Community Support Services was under municipal control, with about 20% of the grant funds directed to services used by the elderly such as seniors centers and meals-on-wheels. As Englemann argues, "these funds were now pooled with other grants to municipalities...the elderly had to compete with potholes" (1995, 296).

⁸⁷ The group met from April 22 to May 2, just in time to enable the passing of legislation before the already set date for the commencement of the benefit program, July 1, 1994 (Engelmann 1995, 291).

All of the cuts made by the Klein government to elder care were consistent with the neo-liberal approach ushered in by this government. According to Harder “the neoliberal ideology that underscored Klein's cuts to healthcare, education and social assistance assumes that Alberta's families, but particularly Alberta women, will fill the void left by provincial retrenchment” (1996, 37). The Alberta neo-liberal state relies on the unpaid elder care provided by women in the home for its success.

In 1999 the ‘Broda Report’ was released, which is the seminal report on aging and nursing home services in Alberta. The direction coming from this report was the need to expand home care and supportive living. When the elderly receive, for example, home care as opposed to institutionalized elder care such as LTC, they typically receive a - fairly limited - number of care hours per week from a HCA. This means that families/women typically find themselves providing the bulk of care since the elderly have a plethora of care needs that often far surpass the number of home care hours provided. As Dacks et al. pointed out:

The policies of the Klein government both assume and foster the notion that a woman’s full-time focus should be the family. With this model in mind, the government can discount the burdens it places on working women and single mothers when it reduces social programs and cuts public sector employment in ways that disproportionately harm women (1995, 282).

This speaks to the fact that the neo-liberal approach influences expectations of families, and more particularly women, in the delivery of informal elder care provided in the private sphere.

A major change with respect to social assistance policy in Canada at the federal level occurred alongside these neo-liberal changes in Alberta, with the replacement of the Canada Assistance Plan (CAP) with the Canada Health and Social Transfer (CHST) in 1996, what has been termed by Battle and Torjman a “watershed in the history of social policy” (1995, 408). This change entailed substantive social and health policy changes. The CHST put together all federal contributions to provincial welfare, education and healthcare, and reduced the total sum by an amount equal to what the federal government had previously given for welfare. As Armstrong et al. argue, “provinces and territories also had the ability to spend this money with no stipulations; however, there was much less to work with” (2009, 30). In order for Alberta to compensate for diminished federal funding with which to implement elder care services, in effect, the provinces increasingly transferred elder care costs to the private sphere of the elderly

and their families, signifying what Hankivsky suggests was “the trend to make Canadians less dependent on their governments” (2004, 3), and moving away from the concept of shared risk.

More and more, however, governments at all levels began talking about transforming the state, and then, in the early 2000s, a new policy environment emerged (Hutchison et al. 2011, 256). The discourse underpinning the new vision of governance has included a willingness to consider investing more effort into caring for people,⁸⁸ which spawned a variety of commissions and reviews of Canada’s healthcare⁸⁹ (Duncan and Reutter 2006, 242). By 2004, a large majority of Canadians felt that the system needed either major repairs or a complete overhaul (Bhatia 2010, 47). As a result, part of a 2004 agreement between the federal and provincial/territorial governments, the federal government committed to transferring an additional C\$41 billion over ten years, bringing the direct federal share of provincial/territorial health spending back up to 25%, with virtually no strings attached (Armstrong and Armstrong 2008, 23).

At the same time, Alberta boomed once again during the 2003-2008 oil price spike, and in early 2004 the Klein government announced that the Alberta debt was paid in full. Klein was rewarded with winning the 2004 election, despite running a campaign with no new policies brought forward. His party did however lose a number of seats, and during the campaign he stated this would be his last election. Vivone comments on Klein's decline in popularity: “he was fine when he knew exactly what to do - cut the deficit - but when faced with reforming and rebuilding the province's political institutions to lead into the 21st century, he was lost” (2009, 2).⁹⁰ In 2006 at a Progressive Conservative convention delegates forced Klein to pick a retirement date by giving him low numbers in a leadership review.

Ed Stelmach⁹¹ succeeded Klein, following his win of the leadership of the Alberta Progressive Conservative party in 2006. While Stelmach's government was in power, in July 2008 the price of oil peaked and began to decline, and Alberta's economy soon followed suit,

⁸⁸ See Pierre S. Pettigrew (former Minister of Human Resources Development Canada), “A History of Trust, a Future of Confidence: Canada’s Third Way,” notes for an address to the Canadian Centre for Philanthropy, Toronto, Ontario, 26 April 1999.

⁸⁹ For example, the Canada Senate Report 2002; and the Commission on the Future of Health Care in Canada 2002.

⁹⁰ The speed with which budget surpluses were achieved complicated the approach taken by the Klein government. In 1994-95, the province posted a budget surplus of C\$958 million (Alberta Treasury 1997). Still, the government persisted with its dire economic forecasts, predicting a budget deficit in 1995-6 of C\$506 million (Alberta Treasury 1997). In fact, oil and gas revenues boosted the province's surplus that year to C\$1.1 billion (Alberta Treasury 1997).

⁹¹ Ed Stelmach's term of office was from December 14, 2006 to October 7, 2011.

with unemployment doubling within a year. By 2009, with natural gas prices at a long-term low, Alberta's economy was in poor health compared to before, although still relatively better than many other comparable jurisdictions. By the end of 2011, despite natural gas prices at a ten-year low and a higher Canadian dollar, oil prices had recovered enough to restart economic growth.

The Stelmach government expressed the view that the system needed to change to allow health services including elder care to follow the elderly to their homes - a similar strategy outlined by the Broda Report of 1999. The government emphasized the positive aspects, notably having the elderly 'age in place,' keeping accommodation stable, instead of 'forcing' people to move along the continuum of care, from their homes to assisted-living facilities, then nursing homes, and finally auxiliary hospitals. Reflecting this new stance, the government released three plans emphasizing 'aging in place,' individual responsibility, informal caregiving, and the role of private and non-profit sectors: the *Continuing Care Strategy: Aging in the Right Place* (in December 2008), the *Aging Population Policy Framework* (released November 2010), and *Becoming the Best: Alberta's 5-Year Health Action Plan* (also released November 2010). By focusing on aging in place, and the provision of home care for the elderly, these strategies/plans represented substantial cost-saving opportunities for government by shifting the costs to the informal sphere of the family, and more specifically women. The lower down an elderly person is on the 'spectrum of elder care,' the more informal elder care is typically required from families/women. Following the Stelmach government, Alison Redford was subsequently appointed party leader, which was significant from a feminist perspective since she became the first female Premier of Alberta in 2011.⁹²⁹³ In 2014, Redford announced that she would resign as Premier of Alberta. She has been succeeded by Deputy Premier Dave Hancock on an interim basis.

This section illuminated Alberta's distinctive political economy, which is greatly influenced by the price of oil, oil royalties, corporate taxes from oil companies, and lease sales,⁹⁴ as they form a major portion of government revenue, and are important drivers of a distinctive path for elder care in the province. This can be seen since while the Lougheed government was

⁹² Alison Redford's term in office was from October 7, 2011 to March 23, 2014.

⁹³ Given that the study period of this thesis only included until the end of 2011 – soon after Redford came to power – the thesis does not discuss whether having a female Premier impacted elder care in the province. This would, however, be an interesting topic for further study.

⁹⁴ When oil and gas companies lease a piece of land to drill on.

in power, the price of oil exploded during the 1973 oil crisis, and the 1979 energy crisis. During these times, the Conservatives provided more generously for Alberta's elderly. Alberta's elderly were, however, negatively affected by the falling oil prices when the Getty government, and even more so when the Klein government were in power. The next section will provide a historical overview of Sweden's political economy, and how politics has altered elder care policy and provision over the same period.

The politics of Sweden and resulting elder care policies in historical perspective

The dominant public character that the welfare services sector assumed in Sweden since the conclusion of WWII is - at least partly - a result of conscious political choices made by the reformist Social Democratic Party (SAP), which assumed governing power in 1932 and continued to govern the country without interruption until 1976. As Blomqvist argues, "for the SAP government, the welfare system represented a vehicle to transform a still largely agrarian country of vast income differences and widespread poverty to their own vision of a modern, progressive society" (2004, 143). Following WWII there was strong support for a society with full employment, to counter the devastating unemployment of the 1930s. The majority of the Swedish population had made sacrifices during the war, and demands for increased salaries had been placed on hold. This meant that post-WWII was a time of strong demand for socialist welfare politics. Leading reformers saw the public sector as a guarantee of egalitarianism and freedom from the reliance on the market. It was felt that only by producing services could the state guarantee access to high-quality social services for all citizens. Thus, the SAP government spent much of the 1950s and 1960s building the 'Folkhemmet' (The People's Home), at the core of which stood the Swedish welfare state.

The SAP government's often had to gain the support of at least one of the opposition parties. In the early period it looked to the Agrarian Party, which favored flat rate benefits. After the late 1950s, however, the SAP government often looked to the Liberals as they were more oriented to the urban middle class/white collar workers. Lindberg et al. argue that although "both the liberal and conservative parties accepted the central aims of the welfare policies, they expressed some concern that the changes might be too extensive and that income taxes were too high" (2011, 748).

In 1949 old age homes were the primary source of elder care in Sweden but this soon came under fire from the famous Swedish author Ivar Lo-Johansson who launched a massive critique against Swedish old age homes. Strongly committed to the cause of the elderly, Lo-Johansson was involved in a series of radio reports, articles, and two books (Lo-Johansson 1949; 1952), showing that old age homes were characterized by inactivity and a patronizing mentality. Jonson suggests that “the author used the old age homes to describe the general position of elderly people in Sweden, and demanded a radical shift in treatment, attitude, and politics” (2005, 296). “Home care instead of care in a home” was a slogan coined by Ivar Lo-Johansson for the reform of elder care and he managed to persuade both public opinion and leading politicians to change policy, which paved the way for the development of home care services for the elderly.

As a result, in 1950 a critical juncture was reached, and after that point a home care service system became an important component of Sweden’s elder care system. As Edebalk explains, “home care in Sweden was started by voluntary organizations, and more particularly it was the local Red Cross organization in Uppsala” (2010, 70). For the first time home care was considered to be a publicly supported alternative to residential care, to be managed by municipalities (Government Bill 1957, 38). Thus, as Armstrong et al. point out “Sweden had already formulated an ‘aging in place’ policy in the 1950s and early 1960s” (2009, 26). That being said, it is important to keep in mind that, as discussed earlier in this chapter, although home care can be positive in terms of independence of the elderly, it often also means that families/women must provide greater amounts of informal elder care in the private sphere.

During the 1950s, there was also an effort to reduce the plurality in elder care provision and create an all-public system with little or no room for any forms of private activity. This led to the rapid expansion of the residential elder care sector at the municipal level, facilitated by ear-marked grants from the state. This was part of the SAP’s strategy to create a universal system for elder care that could be used by all citizens including the wealthy, which is one of the central principles of the party, and a well-documented part of the party’s mission to eradicate class differences within the populations. Home care was the first form of elder care to be offered not only to the poor, but to all social groups. As Szebehely and Trydegård argue, “services were affordable even for those with fewer resources while remaining attractive enough to be preferred by the middle class as well, and quickly became very popular amongst all social groups” (2010,

1). Therefore home care can be seen as an important part of the formation of the universal welfare model in Sweden – a publicly financed (or strongly publicly subsidized) service offered to and used by the rich and poor alike.

Elder care services therefore expanded substantially in the 1960s before Erlander was succeeded by his long-time protégé Olof Palme.⁹⁵ Domestically, the Palme government's socialist views engendered a great deal of hostility from more conservatively inclined Swedes. Under the Palme government, the Swedish welfare state was significantly expanded from a position already one of the most far-reaching in the world. This, however, meant that tax rates rose from being fairly low even by European standards to the highest levels in the Western world.

The Palme government was also in power in the late 1960s and 1970s when the Swedish economy entered a negative spiral, and a period of stagflation.⁹⁶ The loss of export markets, particularly within big Swedish industries like mining and shipbuilding, led to declining economic growth levels. As Lindberg et al. argue “miners, dock workers, and forest workers went on major strikes during this period” (2011, 748), which peaked in 1969. Global difficulties linked to the two oil crises caused increased inflation as well. These developments, in conjunction with still-expansive fiscal policies, and more particularly, the tax funded public sector, resulted in rapidly growing budget deficits in the late 1970s. That being said, Sweden did fare better than most in the 1970s.

Until the 1970s the bulk of the expansion in elder care was in the areas of LTC and old people's homes, which meant that more elderly were now cared for in institutions (in addition to those who received home care to enable aging in place). Nevertheless, public resources for social care, and more specifically elder care, were expanded substantially under Palme's government. An ambitious redistributive programme was carried out, with special help provided to the elderly,⁹⁷ during which time the services were expanded by 5% annually (Trydegård 2000). At this time, more than 40% of municipal budgets were earmarked for the care of the elderly (Trydegård 2000).

⁹⁵ Palme led the Swedish Social Democratic Party from 1969 until his assassination in 1986, and was a two-term Prime Minister of Sweden, heading a Privy Council Government from 1969 to 1976 and a cabinet government from 1982 until his death.

⁹⁶ This is, however, only one view. Those interested in workers and women's rights would see it otherwise or at least as both positive and negative.

⁹⁷ As well as the disabled, immigrants, the low paid, and lone-parent families.

Palme's government expanded resources in two main areas: first, in line with the past, the number of beds in LTC and the number of places in old people's homes, and second the number of households receiving public home care, which increased the most as it quadrupled between 1963 and 1975 (Ministry of Health and Social Affairs 2007). That being said, while the number of LTC beds and places in old people's homes increased, the real expansion occurred in public home care as it seemed to be the more efficient use of resources. As home care services were expanded in the 1970s it became increasingly possible for the elderly to live in their own homes and receive the healthcare needed there.

For the most part, the elderly cared for in nursing homes at this time had complex care needs and/or cognitive impairments (Ministry of Health and Social Affairs 2007). In addition, many of them did not have access to any home other than the nursing home (Ministry of Health and Social Affairs 2007). There were, however, some bottleneck issues developing due to long waiting lists for alternative/appropriate forms of elder care. For example, some elderly people stayed for a long time at the psychiatric care facilities, or were stuck in emergency medical care even though their treatment there had been completed; they were forced to remain in these resource-intensive settings because there was a lack of alternatives (Ministry of Health and Social Affairs 2007).

During this period, the division of responsibility between the municipalities and county councils concerning publicly provided care for the elderly became increasingly blurred. The county councils were responsible for the nursing homes, while in terms of home care, responsibility in health and social care for the elderly was divided so that county councils dealt with healthcare in ordinary housing while the municipal social services were responsible for the social care (Ministry of Health and Social Affairs 2007). Thus, the division of responsibility between the authorities responsible for elder care services meant that municipal home helpers did work of a social character and county council assistant nurses carried out healthcare in the individual's home. The range of services also widened and home care could now be combined with transport services, meals-on-wheels, day-care, etc.

The dramatic Swedish election in 1976 marked the end of 44 years of Social Democratic rule. A bourgeois coalition of the liberal-conservative parties took control under the leadership of

Thorbjörn Fälldin,⁹⁸ leader of the then-largest of the bourgeois parties, the Centre Party. The Fälldin and subsequent Liberal-headed governments did not, however, seriously break with the SAP's basic policies, so their impact can be seen more as an incremental adjustment.

In the late 1970s, the Swedish welfare state was increasingly exposed to criticism for bureaucratism by the right who launched an aggressive campaign by the Swedish Employers' Association (SAF) and the new left with its critique of bureaucracy/lack of democracy. Criticism was, more specifically, voiced against the level of taxation, the growth of the welfare system, the increase in the number of public employees, the strong emphasis placed on equality, and the inefficiency of the public sector. As Petersen argues "public debates focused on the bureaucratic welfare state, its organizational weaknesses, its adverse side-effects, its standardization, its regimentation, and its neglect of individual preferences" (2011, 174). Economic conditions also deteriorated in the wake of the first oil crisis that was described earlier in this chapter. Public sentiments were changing, the Swedish paradigm was contested, and Sweden was engaged in a process of self-examination.

As a result, only two years later, Fälldin's coalition fell apart⁹⁹ which led to his resignation and the formation of a minority Liberal Party government, which in turn paved "the way for recapturing office, a group of their leading politicians diagnosed the 1976 defeat as a result of electoral dissatisfaction with the public sector and the linkage between bureaucracy, regimenting, and Social Democrat rule, and presented a guideline for Social Democrat crisis policy..." (Petersen 2011, 175). For the new government, one of the ways to deal with the charge of bureaucratic rule was to open the public sector up for competition. It was argued that the government had to defend values embodied in the welfare state but that greater emphasis had to be placed on efficiency and rationalization, which led the party to coin the slogan "no more money for reforms, but extended reforms for the money" (Petersen 2011, 175).

Upon the downfall of the center-right government the same year, Olof (Ola) Ullsten, leader of the Liberal party, succeeded to the post of Prime Minister of Sweden in 1978. Ullsten's rule did not last long since, following the 1979 election, Fälldin regained the post of Prime Minister, even though his party suffered major losses and lost its leading role in the center-right

⁹⁸ Fälldin was Prime Minister of Sweden in three non-consecutive cabinets from 1976 to 1982, and leader of the Swedish Centre Party from 1971 to 1985.

⁹⁹ Over the issue of Swedish dependency on nuclear power (with the Centre Party taking a strong anti-nuclear stand).

camp. In 1980, the Fälldin government appointed a committee to report on prioritizing and coordination of elder care policies, the work of which would free the SAP government that took office in 1982 from having to take any initiatives until the committee had reported (Petersen 2011, 181). Three reports were published (SOU 1985: 3; SOU 1985: 31; SOU 1987: 21).

The 1980s, stimulated by the Reagan and Thatcher successes in the United States and United Kingdom, saw trade organizations and industry, together with employers' organizations, undertake a massive ideological shift (Lindberg et al. 2011, 748). The domestic roots of this ideological shift entailed the radicalization of Swedish business in response to the workers' push for industrial and economic democracy (especially wage earner funds) in the 1970s. The public sector was painted as a societal burden, with Conservatives arguing that the high taxation level reduced Sweden's international competitiveness (Lindberg et al. 2011, 749). Several well-resourced conservative and market-liberal think tanks were also created at this time. The liberal-conservative offensive had considerable influence on social democratic economic policy as well (Lindberg et al. 2011, 749).

The SAP government returned to office in 1982 during a time when Sweden's economy was in difficult shape. The new government launched a comprehensive reform program focused on the welfare state. As Klitgaard argues "the SAP program for public sector reforms targeted the public provision of welfare services such as elder care" (2008, 489). The government established a new department to take charge of the program; a department created "for the citizens against the authorities" (Antman 1993, 35). Public sector reforms were meant to address four main issues: Swedish citizens should enjoy more freedom of choice between alternative service providers, have a stronger degree of influence on the services they use, the general quality of public services should be improved, and the economic efficiency within the public sector should be enhanced.

The reforms involved decentralization, and a more service-oriented welfare state since, as Antman argues, "the SAP reforms were based on the idea that they would prevent more market-type reforms from reaching the political agenda" (1993, 251). The program was nonetheless not received with enthusiasm by a number of SAP backbenchers - those whom Premfors called the "true believers" in the traditional Swedish welfare model. This group argued that expansion of the welfare state may have to be halted in the short run due to temporary economic constraints

but that this was preferable to the suggested reforms which would come into conflict with the goal of social equality (Premfors 1993, 93).

Palme's government brought in a new unified Social Services Act in 1982.¹⁰⁰ The Act is a framework law that emphasizes the right of the individual to receive municipal services and help at all stages of life, with the aim of guaranteeing everyone personal security, equality, and an active social life; emphasizing everyone's right to personal autonomy and integrity. The Act provided the framework for the coordination of social services within the municipalities, and provided the legal basis for provision of elder care services in Sweden, defining a clear public responsibility for elder care based on the principles of independence and aging in place (Johansson et al. 2011, 340). The act included a section which stated that "the individual is entitled to assistance from the Social Welfare Committee towards his livelihood and other aspects of living, if his needs cannot be provided for in any other way" (Social Services Act 1982, section 6). This statutory right included home care services, transport services, living in service houses or old people's homes, etc.

A new type of modern elder care institution was also introduced during the 1980s, in the form of group homes for people with dementia. According to Armstrong et al. "these institutions were small in scale, with approximately 6-10 small apartments sharing a kitchen and dining room, with high staff ratios, and a 'home-like' feeling...[these facilities represented] an effort to combine high quality housing and elder care standards; offering privacy and independence in combination with safety, care, and nursing" (2009, 27). At the same time, home care was increasingly considered to be the best alternative for the elderly, with some municipalities moving elderly from care in nursing homes to care in their own homes (Edebalk 2010, 71). In other words, moving elderly from more extensive publicly provided elder care to home care, which often meant that family/women had to provide supplementary informal elder care in the private sphere.

These elder care trends were happening at a time when organizational models which aimed at a high level of efficiency were imported into the elder care sector. These changes represented substantial alterations to the complexion of elder care as it came to resemble an assembly line which included: a horizontal and vertical division of labor; a standardization and

¹⁰⁰ The Social Services Act of 1982 was updated in 1998, and now a revised Social Services Act has been in force since 2001 (Ministry of Health and Social Affairs 2007).

fragmentation of care into manageable 'care products'; and widened gap between mental and manual labor. In addition, Edebalk argues that "elder care services became increasingly oriented towards more extensive and heavier forms of care and the total number of recipients decreased" (2010, 71). This meant that the number of elderly who were not granted elder care, and therefore required informal elder care from family/women was increasing; demonstrating that the SAP government felt that informal care was an appropriate supplement to publicly provided formal elder care.

In line with changes seen in the elder care sector at this time, the SAP government talked about restoration of the economy and renewal of the public sector through greater emphasis on market principles such as greater efficiency and 'free choice'. This meant that individuals would be given greater freedom of choice, but within the framework of the public sector who was responsible for ensuring quality, equality, and benefits determined by need. The government therefore focused on the enlargement of free choice and influence, the renewal and improved effectiveness of the public sector, achieving more using existing resources, eliminating bureaucracy, and developing more alternatives. Privatization was, however, not an acceptable instrument; rather citizens were to be given a free choice among alternative kinds of public services and the public sector had to be pervaded by a spirit of service. The embrace of market principles into public services justified by the appeal to 'choice' by the SAP government represented a substantial change that demonstrates their acceptance of certain neo-liberal ideas.

Following the assassination of Palme in 1986, Ingvar Carlsson became the new Prime Minister and party leader.¹⁰¹ According to Edebalk "during Carlsson's time in power, problems arose between the local municipalities and the county councils over shared responsibility for expenditures for elder care" (2010, 72). Medical treatment was the responsibility of county councils but elderly patients who, in effect, did not require more medical treatment came to occupy expensive hospital beds. These problems within the elder care system were addressed in the late 1980s, with the first step being a governmental decision to allow national subsidies and housing allowances to apply also to residents in nursing homes, with the state taking a neutral stance with regard to nursing homes and home care services (Edebalk 2008, 4). Then, in the late 1980s, a national enquiry into the needs of the aging population was undertaken by the Ministry

¹⁰¹ Carlsson served as Prime Minister of Sweden twice, first from 1986 to 1991 and again from 1994 to 1996.

of Health and Social Affairs. This review resulted in a government bill, and also laid the foundations for the Community Care Reform (Ädelreform) (Johansson et al. 2011, 340).

In 1989 the Ministry proposed that responsibility for elder care - political, economic, and administrative - should be borne by one tier of government - the municipality. This entailed the important change that, in contrast to previous regulations, the municipalities were now free to engage private companies to provide care for their elderly. As Blomqvist explains, "this was part of a broader move undertaken by the government (1986-1990) to decentralize: much of the administrative and regulatory controls of the central state agencies within education, healthcare and social services sectors were being dismantled at this time" (2004, 145). This is an important change further demonstrating the SAP governments' deployment of certain neo-liberal ideas such as marketization, and more generally privatization. In 1987 moreover, the SAP government had accepted another facet of neo-liberal ideas, the informalization of elder care, when they stated that informal care by families (i.e. women), should be considered a supplement to public services. The government accordingly proposed a new support program for care providers (Government proposal 1987/88:176, 92). This signaled the increasing reliance on informal elder care, predominantly provided by women, in Sweden.

In 1991, the SAP government suffered a historic defeat in the election, which paved the way for another bourgeois government under the leadership of Carl Bildt of the conservative (Moderate) party. Unlike the previous coalition government, Bildt's government was determined to engineer a change of course. The new government however came to office at a time of economic crisis much more severe than that of the previous decade. The crisis unleashed a wave of unemployment, the like of which had not been seen in Sweden since the Great Depression (Dahlström 2009, 223). The decline of gross domestic product (GDP) created a growing budget deficit, going from a surplus in 1990 to a large deficit only a few years later.

As has been shown in this section, even before the new bourgeois Bildt government took office in 1991, a pragmatic, apolitical view on marketization had come to prevail. In fact, a number of authors argue¹⁰² that the market-type reforms implemented by the bourgeois government from 1991-1994 followed a path that had been laid out by the SAP government. The SAP government had already admitted that the Swedish welfare state needed to be reformed in a

¹⁰² See, for example, Antman 1994; and Blomqvist 2004.

market-oriented way, and the economic crisis added fuel to this fire. The new bourgeois government therefore simply implemented a more radical version of neo-liberal reforms. Individual and collective responsibilities were given a new status in the hierarchy of values with the promotion of a ‘choice revolution’ in welfare services. The Bildt government can therefore be seen as having sped up the reforms and encouraging private provision more forcefully than had the SAP government. As Gren-Pedersen argues, the changes that occurred included: “economic reforms were enacted, including voucher schools, liberalizing markets for telecommunications and energy, privatizing publicly owned companies and healthcare/elder care, contributing to liberalizing the Swedish economy" (2002, 284).

Another important reform of Swedish elder care came about in 1992 called the Ädelreform (Ädelreformen/Community Care Reform). This reform transferred the responsibility for elder care from the counties to the municipalities. According to Petersen, since then the municipalities have been free to implement market-type reforms of two kinds: the implementation of purchaser-provider systems¹⁰³ and competition between municipal and private suppliers (2011, 182). Since competition between municipal and private suppliers was adopted in Sweden, the Bildt government proposed easing competition by contracting-out (Proposition 1992/93: 43), but maintaining collective financing. This initiative was followed by an Act which on the one hand would ease contracting-out and competition - except for matters between a public authority and the individual - and on the other hand set specified rules to be followed, with rule compliance controlled by Konkurrensverket (a competition authority). The first proposal (Proposition 1993/94: 35) was rejected, but the second (Proposition 1993/94: 222) was adopted.

The Ädelreform meant that the elder care provision system moved from a very generous welfare model to a more mixed model through contracting out and higher fees, in addition to also becoming a more selective system due to restrictions in eligibility and program cutbacks. As Minford argues, “it was from this point that private for-profit care started playing a small but

¹⁰³ These changes to the system have led to a reorganisation of the eldercare sector in Sweden so that municipalities now separate needs assessment (the actual exercise of authority) from provision of services. Previously, the same local government official assessed care needs *and* supervised the home care workers who delivered services to meet those needs (Blomberg 2008). This division within local authority operations was a precondition for the introduction of competition as a means of outsourcing care services to private providers: non-profit as well as for-profit (Blomqvist 2004; Szebehely & Trydegård 2012). Sweden was the first of the Nordic countries to introduce such a split between needs assessment and provision; a form of purchaser- provider model.

growing role, and overall service levels - in terms of the coverage ratio - dropped back to the level of the 1960s before elder care services saw two decades of strong expansion" (2001, 176). The changes brought about by the Ädelreform - such as increased competition and privatization - showcase how neo-liberal ideas became increasingly embraced over time.

Another significant change in the central-local relations took place in 1993 when the vast majority of earmarked state subsidies were abolished and transformed into 'block-grants' leaving the municipalities to determine their own priorities (Szebehely and Trydegård 2010, 6-7). The block grants were calculated on the basis of a municipality's income and estimated costs, and took into account structural factors such as the age, living conditions, and socio-economic status of the local population. The official intention of the change was to create equal economic conditions for the municipalities to perform their obligations (Government Bill 1997/98, 113). This new system, however, also did away with state control of how the money was used, thereby giving the municipalities greater freedom, leading to greater diversification between regions.

Sweden's entry into the EU reinforced these trends as special European public-procurement directives became applicable to Swedish municipalities and county councils. A new Swedish Public Procurement law¹⁰⁴ that regulated the tendering process was introduced in the fall of 1994 stipulating that all contracting decisions must be preceded by a competitive process of closed bidding open to all. The law also states that the selection of bids must be based on transparent criteria¹⁰⁵ made known to all potential bidders already in the call for tender. This includes the criteria against which the tenders are compared, how the criteria are ranked, and how the price relates to the quality dimensions. Thus, in effect if a municipality chooses any other bid other than the lowest priced one, it must be able to demonstrate clearly in what way this

¹⁰⁴ The legislation on public procurement, the Public Procurement Act (LOU) was introduced in 1992 and amended in 2007. In contrast to many other Member States, Sweden has introduced more detailed rules for public procurement than those required by EU Directive 2004/18/EG. This means that Sweden has opted to also include welfare services in the competition requirement, even though the Directive itself does not require these 'services of general interest' to be included. The Swedish rules are described in the Act on Public Procurement and, in practice, mean that a small business or a non-profit organisation is not allowed to be favoured.

¹⁰⁵ The Act on Public Procurement does not specify the requirements that the provider must fulfil to be able to provide the service; these are left to the municipality to determine. Requirements may, for example, include decisions about the level of formal training of care workers. Tender documents must also specify how tenders will be evaluated. The supplier who has submitted the best tender will win the procurement procedure and be awarded the contract. In some cases, the price is fixed by the local authority and the prospective providers compete exclusively on quality issues, while in other cases a list of specific quality criteria has to be met and competition is based solely on price; a combination of price and quality is also common (Kammarkollegiet 2011a, Stolt et al. 2011, Almega et al. 2013).

bid was qualitatively superior to the others. In practice, the municipalities' application of the public procurement law has come to favor large for-profit firms over small non-profit ones (Winblad and Blomqvist 2011).

In October 1994, the SAP government returned to office, and the bourgeois parties feared that the new government intended to roll back the neo-liberal reforms they had enacted. Accordingly the session 1996/97 witnessed a number of motions from the bourgeois parties with competition and free choice at their core (Motions 1996/97: So403; 1996/7: So415; 1996/97 So420; 1996/7: So277; 196/97: So423). When the report of the Social Committee (Betankande 1996/97: SoU13) was debated in the Riksdag (RP 1996/97: 86; 1996/97: SoU13), the bourgeois parties stressed competition and choice as the instruments to achieve self-determination, cost savings, increased quality, reduced bureaucracy, increased flexibility, and greater responsibility among the carers, innovation, dynamics, efficiency, and so on (Petersen 2011, 187).

Stressing collective finance, the SAP government noted that "for the elderly, it is more important to receive the care needed, supplied in a manner desired and by carers with whom they are familiar than to have the option to choose at a market...The municipalities were free to contract-out, but there was no need to compel municipalities to act as a purchaser in a market" (Petersen 2011, 187). The party was placed in a dilemma, which was reflected in the government's proposal of a national plan on policies for the elderly (Proposition 1997/98: 113). The plan referred to the SAP government plan implemented a decade before (Proposition 1987/88: 176), which had underlined the principle of free choice. It now added that expectations of extended free choice and self-determination had been growing since the 1970s and that one had to anticipate further demands. As Petersen notes, "the result was an effort to ride two horses at the same time, thus appealing to public sentiments as well as the party's rank and file" (2011, 187).

The SAP government under Persson put forward a new national plan on policies for the elderly (Proposition 1997/98: 113) based on three principles: governance by political assemblies, collective financing, and equal access based on assessed need irrespective of ability to pay. Referring to Socialstyrelsen (1996), it was emphasized that nothing suggested that purchaser-provider systems improved efficiency. Not surprisingly, the implied dissociation from free choice and competition called forth a number of motions (Motion 1997/98: So43; 197/98: So51),

but their ideas about extended choice and use of vouchers were rejected by the report of the Social Committee (Betankande 197/98: SoU24).

During the parliamentary debate (RF 1997/98: 120) the SAP government distanced itself from free-choice models, referring among other things to geographical inequities, and the risk of eroding the Swedish model. The debate continued with motions from the three bourgeois parties (Motions 1997/98: So406; 1997/98: So431; 197/98: So433; 1997/98: So639; 1998/99: So230), but they were all rejected by reference to the previous adoption of the national plan, which continued no ideas about free choice and competition. Pressure from the bourgeois parties was sustained by new motions (Motions 2000/01: So244; 2000/01: So363; 2000/01: So465), among other things criticizing the SAP government. On the argument that there were no hindrances to the municipalities in contracting-out, and ensuring freedom of choice and competition, the motions were rejected (Betankande 2000/01: SoU9). Motions in the sessions 2000/01 and 2001/02 suffered the same fate¹⁰⁶ (Betankande 2002/02: SoU12).

Then in 2002, after a decade of increasing fees in elder care, a national max-fee reform was introduced capping the fees for elder care for both home care and residential care. Szebehely and Trydegård argue that “although the max-fee reform in Sweden potentially made elder care services more accessible for all social groups, within the framework of the max-fee legislation, each municipality determines its own fee schedule and can do so in a way designed to reduce demand (2011, 3).” In fact, in most municipalities the fees charged are income-graded and they are often higher for people who need only a few hours help with domestic chores, such as cleaning, shopping, and/or laundry (Szebehely and Våbo 2009, 13). In other words, services are more costly - and less attractive - for the elderly with higher pensions and limited care needs. This means that for those who are more wealthy it may actually be cheaper to purchase services from the private market, paying the cost entirely out of their own pockets. In making these services less attractive for those with more resources, there is potential that they will become ‘poor services for the poor.’ This means that elder care services differ greatly from those that

¹⁰⁶ During the parliamentary debate in March 2004 (RP 2003/04: 80) on the report of the Social Committee (Betankande 2003/04: SoU4), the spokesman of the Liberal (People's) Party strongly argued that freedom of choice had to be written into Socialtjänstlagen (the Act on Social Services), whereas the Social Democrat spokesman expressed his concern that free choice, competition, or market accommodation would result in withdrawal of resources from high-quality services and care for the elderly: “[W]e Social Democrats have an ingrained anxiety which we intend to stick to”.

were designed post-WWII to be attractive and provide elder care services to all social groups (the rich and poor alike).

Next, in March 2006, the government put forward a national development plan on care for the elderly (Proposition 2005/06: 115) which did not take a stance on how municipalities were to act regarding contracting-out, free choice, and market accommodation. This gave rise to a number of motions (Motions 2005/06: So38; 2005/06: So39; 2005/06: So40; 2005/06: So41). According to Petersen, "the bourgeois parties noted that the concept of freedom of choice by and large did not appear in the development plan, and that the government saw existing options as sufficient, a view with which the opposition strongly agreed" (2011, 188).

Following these changes which are consistent with neo-liberal ideas, using choice rhetoric as justification, John Fredrik Reinfeldt has been the Prime Minister of Sweden, incumbent since October 2006. In the run-up for the Swedish general election of 2006, Reinfeldt, as leader of the Moderate Party, participated in the creation of the Allians for Sverige (Alliance for Sweden), which united the center-right in a coalition consisting of the Moderate Party, the Centre Party, the Liberal People's Party and the Christian Democrats.¹⁰⁷ The parties presented a joint election manifesto for the alliance. Under Reinfeldt's leadership, the Moderate Party has transformed its policies and re-oriented itself towards the center, branding itself the 'New Moderates'. Thus, Reinfeldt's government has been successful in part because it has resisted a direct attack on what was left of the old system, arguing instead that it is just reforming it.

Reinfeldt's government has tended to be less forceful in its criticism of the Swedish welfare state than the previous Bildt government. It has instead proposed reforms to Sweden's welfare state which include cutting taxes for the lowest income earners and reducing unemployment benefits, in order to encourage the jobless to return to work. This government has therefore toned down calls within the party for dismantling large portions of the Swedish welfare state, stating that change must come gradually from the bottom up instead of being dictated from the top down. This government has therefore worked to shift the conservatives toward the middle ground by convincing voters that it would fix rather than dismantle the public welfare system. This government has, moreover, strategically introduced incremental changes that accelerate the

¹⁰⁷ Reinfeldt is said to have been instrumental in uniting the four parties, which previously were known for being notoriously divided, in order to present a powerful alternative to the Social Democrats.

move towards marketization, shown in the cutting of taxes reducing of the ability of the state to fund services, and the RUT avdrag, etc.

July 2007 the Reinfeldt government introduced the 'RUT avdrag' or 'Tax-subsidized household services' which is a tax deduction for household services. As Szebehely and Våbo argue, "this tax deduction is used by those able to purchase elder care services from the market, working to further enhance the trend to marketization" (2009, 11). The household services deduction applies to services such as housekeeping, clothing care, cooking, lawn maintenance, hedge trimming, snow shoveling, and other forms of care and supervision that a person may need and which are carried out in or close to the home. Tasks falling under healthcare are, however, not covered by the deduction.¹⁰⁸ The services, which may be carried out in their own home or in a parent's home, are not needs assessed, nor are they regulated by the state or local authority. The introduction of the RUT deduction made it possible to spend up to SEK 100,000 per year on domestic help or personal care for oneself - or for one's elderly parents - and get 50% back in a tax deduction. This tax deduction is much more accessible for those who have resources to purchase domestic help/care in the first place since those using it need to initially come up with the total payment for domestic help/care in the first place, and await the 50% back which later comes as a tax deduction. Thus, those with less resources are unlikely, or at least, less likely to be able to take advantage of the tax deduction, offering different services for the poor than those with greater resources.

Reinfeldt's government has also appointed a committee to investigate extended free choice in care for the elderly. The first aim of this committee was to clarify the relations between legislation on contracting-out and free-choice models, with the second aim being to stimulate a greater number of municipalities to adopt free-choice models, since it was recorded that approximately 90% of elder care was supplied by municipalities. The report¹⁰⁹ of the committee

¹⁰⁸ In 2008, 29,000 elderly (1.7% of 65+ in the population) used the tax-rebate; high-income elderly significantly more often than those with lower incomes (Szebehely and Trydegård 2010, 5).

¹⁰⁹ In the report of the Social Committee (Betänkande 2008/09: SoU5) the bourgeois majority supported the proposal, whereas the Social Democrats, the Left Party and the Greens advised against adoption on the existing basis (Petersen 2011, 191). Freedom of choice between certified suppliers was welcomed, but market solutions and competition based on common tax money did not ensure quality or equitable access based on need (Petersen 2011, 191). In addition, the postulated increased in efficiency and justice of resource utilization was called into question (Petersen 2011, 191). Neither social nor geographical equality was ensured (Petersen 2011, 191). The minority was rejecting the idea of supplementary benefits, and if it were adopted the municipality had to be given the option to provide them (Petersen 2011, 191).

proposed the adoption of an Act on Free Choice (Lag om Valfrihet). Accordingly, the use of choice rhetoric has escalated in popularity since 2009 when the Act on Free Choice Systems (LOV) was introduced. The aim of the choice legislation was to make it easier for municipalities to introduce a 'customer-choice system,' where the individual user chooses from among authorized providers the one perceived as having the best quality.

Since Sweden's adoption of the Act on Free Choice, private and public providers receive the same reimbursement, and the users pay the same fee. Thus, the providers are supposed to compete only on quality, not on cost. In this system, the care manager provides the elderly with information about the various providers from which they can choose, at which point they also choose between either public or private elder care providers that are included in each municipality's customer choice model. The elder care firm that an elderly person selects then employs subcontractors, which could mean that, for example, a cleaning company provides cleaning, or that the elderly receive goods delivered from various shops. In addition, the private - - but not the public - providers of tax funded elder care services can offer extra services, such as walks, homemade meals, or anything else that the elderly person is willing to pay for. Thus, again demonstrating that there are differences developing between what those of different economic means have access to in terms of elder care, with much more available to those with greater economic means.

During the 2008/09 parliamentary debate (RP 2008/09: 31) the SAP government spokesman saw the Act on Free Choice as a move away from time-honored care policies towards privatizing the Swedish model under the slogan of free choice, a free choice which Petersen argues "in fact was restricted to a choice between public and private suppliers" (2011, 191). They warned that supplementary benefits marked a break with a tradition of equal access and might lead to an erosion of the basic benefits themselves. The bourgeois parties on the other hand saw the passing of the Act as a break away from the guardian welfare state and a move towards a welfare state of freedom. The SAP governments' arguments corresponded with the views expressed in their 2001 party program (SAP 2001). The program argued that social benefits could never be reduced to commodities in a market where tax money was distributed to single individuals with an eye to purchasing, and moreover, the principles of market and competition were not to penetrate public activities. The party, however, strongly endorsed free choice in the sense that the public sector had to develop alternatives to meet the varying needs and desires of

individuals. Also, cooperative and 'ideal' firms had a role to play, but the emphasis remained on the options of free choice and not on considerations of profit at the producer or supplier level. Overarching objectives had to be decided democratically, and nationally adopted standards were not to be eroded by local decisions. In the political guidelines adopted by the party congress in 2005 (SAP 205), it was stated that welfare had to be predominantly a task of the public sector and, to the extent that 'private elements' appeared, they had to fulfill similar requirements with regard to quality, review, appointments, environment, and access. Whether private for-profit companies can ever achieve this is a highly contested topic, and as the next chapter demonstrates, is rare in the case of elder care because profit motive is often in direct conflict with provision of quality elder care.

Reinfeldt's governments' first term in office was marked by the late-2000s financial crisis and recession. As a result, the government's popularity waned, but when Sweden's economy emerged as one of the best in Europe it brought a resurgence of support, resulting in his re-election in 2010. After the 2010 general election, Reinfeldt's government was reduced to a minority government but also became the first center-right government since before WWII to be re-elected, making Reinfeldt the first Moderate politician to be re-elected as Prime Minister. Reinfeldt ruled until the end of 2011, and moreover, is still Prime Minister of Sweden today.

This section has provided a historical overview of Sweden's political economy in the period from WWII to 2011. Swedish politics have moved along the political spectrum from the left starting with the Social Democrats long period in power, to the current center-right coalition of the Moderate Party. As this section has shown, through almost all of the post-WWII period, the Social Democrats and Left parties have, between them, managed to receive at least half of the votes. This changed in 2006, and by 2010 the Left parties were supported by less than 40% of voters (Lindberg et al. 2011, 747). The Social Democrats experienced the greatest drop in support, while the Left Party has managed to maintain the 5% level that has held through most of the postwar period (Lindberg et al. 2011, 747). The political cornerstones of the former strength of the labor movement in the political process were its association with full employment, protection from loss of income, and access to medical and social (elder) care. The reasons behind the electoral defeat can be found in the successive dismantling of these cornerstones during both liberal-conservative and Social Democratic governments. These changes have meant that although the entire increase of welfare services after WWII was in the form of publicly provided

services based on a commitment to universalism, the rhetoric of choice, and market principles including an increase in private for-profit providers are increasingly present in Sweden's elder care sector; changes representing a major challenge to Sweden's traditions.

Conclusion

The whole government will be affected by the rising number of seniors. We need to be able to work with fewer resources. There is a realization that the resources must be shared between a number of social policy areas: health, education, environment. That is the reality. It is high on the government's radar screen. It is a very complex issue. It will continue to be something that the public expects and demands. I would not want to be a politician balancing priorities. There are a lot of pressing issues that they need to address (Interview, Carr 2011).

This chapter has set out the politics of development and change of the Albertan and Swedish elder care systems from the post-WWII until the end of 2011. Alberta politics have moved along the political spectrum from the development of good community services introduced by the Manning government after WWII, to the modern conservatism of the Lougheed and Getty governments in good times, to the radical turn towards ideas of neo-liberalism seen during the Klein government era, and have continued along the course set by Klein with the Alberta Progressive Conservatives in power once again under the rule of Stelmach, recently under Redford, and with today's Hancock. Meanwhile, Swedish politics have also moved along the political spectrum from the left starting with the SAP government in power during the postwar decades, a further leftward shift in the late 1960s and first part of the 1970s, only to be transformed over time with the Social Democrats (partial) embrace of neo-liberal ideas, including the introduction of market principles into public services justified by the appeal to 'choice' rhetoric. During the last eight years, Sweden has been governed by a center-right coalition under the leadership of the Moderate Party who have strategically introduced incremental changes accelerating the move towards neo-liberalism.

It is clear that, in both contexts, the period since WWII has been one of transformation affecting elder care provided in both the private and public spheres. To suggest that revolutions have taken place in Alberta and Sweden would be to overstate the case. What can, however, be acknowledged is that in Alberta and Sweden fiscal concerns and the aging population have been politically constructed in a way that fosters marketization, increasing thresholds, and more

generally cutbacks in publicly provided elder care; the effect of which has been a divergence with a common trajectory towards neo-liberalism in both contexts to different degrees.

The next chapter will provide a more in-depth look at the impact of marketization on the Albertan and Swedish elder care systems. Although the processes of marketization have been experienced differently in Alberta and Sweden, the changes have meant that in each case elder care provision has moved along the spectrum from more generous welfare models to more mixed models. The policy changes that have resulted from these processes and their consequences from the point of view of the elderly, their informal elder caregivers, and their formal elder caregivers will be analyzed throughout Chapter Five.

Chapter 5 – The Marketization of Elder Care in Alberta and Sweden

Introduction

The establishment and extension of public services (or publicly subsidized non-profit services) was central to the postwar welfare states of Canada/Alberta and Sweden. Since the 1960s, the demands of women's movements and other actors for 'recognition, rights, and redistribution' of elder care responsibilities were focused on the state. However, as was suggested in the previous chapter, in the last quarter of the 20th century there was increasing enthusiasm for neo-liberal ideas about competition and choice including marketization. These changes have been fuelled by increasing pressures on public finances due to economic difficulties in Alberta, and by the political-ideological 'crisis' and shift towards the right in Sweden.¹¹⁰ These changes have led the Albertan and Swedish governments to adopt policies that foster markets in elder care and encourage for-profit providers, i.e. marketization.¹¹¹ As a result, substantial reforms have taken place in both elder care systems, although the changes made vary, remain controversial, and are incomplete.

Using the arguments of neo-classical economics, proponents of marketization argue two main benefits flow from delivering services through markets. First, service users are 'empowered' by enhancing their (or their agents') purchasing power. This process constructs care users as consumers able to exercise consumer sovereignty and care is treated as a commodity to be bought and sold (Brennan et al. 2012, 379). Second, marketization is said to lead to an improvement in the quality of services, and a reduction in costs to purchasers, by forcing providers to compete for business (Brennan et al. 2012, 379). The idea is therefore that markets compel producers to serve the public interest by providing goods and services that are efficiently produced, of reasonable quality, and at prices that are close to costs. This chapter argues, however, that the discourse of 'choice' masks the deep-seated material and structural forces of neo-liberalism (intersecting gender, class, and age) that constrain and circumscribe available care for the elderly, impacting informal and formal elder caregivers.

¹¹⁰ This shift to the right is considered moderate from a comparative perspective.

¹¹¹ Marketization refers to government measures that authorize, support or enforce the introduction of markets, the creation of relationships between buyers and sellers, and the use of market mechanisms.

Both the liberal welfare state of Alberta/Canada and the social democratic welfare state of Sweden have embraced marketization to meet the challenges of elder care needs. As we have seen, although elder care in Alberta has always involved a certain degree of private involvement, marketization of elder care really deepened in the Klein era. Here marketization has not so much involved a move from public ownership to private ownership, but rather a move from private non-profit to private for-profit ownership. In contrast, in Sweden, private provision of publicly funded elder care services is a relatively recent development. As we have seen, during the postwar period welfare services took the form of publicly provided services based on a commitment to universalism. The introduction of market principles and private for-profit provision therefore represents a major challenge to Sweden's traditions.

Although the precise impact of marketization reflects their different starting points, both have followed a neo-liberal trajectory in elder care provision, moving along the spectrum from more generous welfare models to more limited models; from one of greater public sector responsibility to one of greater private responsibility. This chapter explores the impact of these policy changes on the elderly, their informal elder caregivers, and their formal elder caregivers. The chapter begins with an analysis of the discourse of 'choice' that has been used to promote marketization. It then turns to analyse the impact first of the supply side of marketization and then of the demand side.

Marketization and the discourse of choice

Each society must produce, distribute, and allocate elder care to their aging populations, and have economies to support this. Economies, however, can be organized in a multitude of ways.¹¹² In much social scientific literature, the key distinguishing feature of the present form of economic organization in the advanced economies is that the production, distribution and allocation of goods and services are largely marketized.¹¹³ Since the last quarter of the 20th century, there has been a lot of focus on the market and the belief that marketization of the advanced economies is taking place. For example, Rifkin argues that "the marketplace is a

¹¹² Most analyses tend to conceptualize three different variants of economic organization: market, state, and community (Giddens 1998; Gough 2000; Polanyi 1944), although different terms are often used. For instance Polanyi (1994) refers to 'market exchange,' 'redistribution,' and 'reciprocity' while Giddens (1998) uses 'private,' 'public,' and 'civil society'.

¹¹³ See, for example, Polanyi 1944; Gough 2000; and Gudeman 2001.

pervasive force in our lives” (2000, 3), Cicel and Heath that capitalism is transforming “every human interaction into a transient market exchange” (2001, 401), Gudeman how “markets are subsuming greater portions of everyday life” (2001, 144) and Carruthers and Babb who assert that there has been the “near-complete penetration of market relations into our modern economic lives” (2000, 4).

Marketization refers to the process by which “goods and services...are [increasingly] produced by capitalist firms for a profit under conditions of market exchange” (Scott 2001, 21). Gilpin has analyzed the key characteristics of the market:

Three characteristics of a market economy are responsible for its dynamic nature: (1) the critical role of relative prices in the exchange of goods and services, (2) the centrality of competition as a determinant of individual and institutional behavior, and (3) the importance of efficiency in determining the survivability of economic actors. From these flow the profound consequences of a market for economic, social, and political life (1987, 19).

The term marketization, moreover, refers to market ideologies and market-oriented reforms. A market ideology reflects the belief that markets are of superior efficiency for the allocation of goods and resources. As Djelic and Sahlin-Andersson argue, “in its most extreme form, this belief is associated with the commodification of nearly all spheres of human life” (2006, 1). Market-oriented reforms are those policies fostering the emergence and development of markets and weakening, in parallel, of alternative institutional arrangements.

The cornerstones of the market are supply and demand. The supply side constitutes the conditions of production, and moreover, expressions of three dimensions of the market – type of ownership (private or public), degree of pluralism (how many competitors/producers), and degree of producer autonomy. At one end of the spectrum services or goods are produced privately, i.e. a producer competes against other (private) producers with a high degree of autonomy in, for example, fixing prices, deciding what to produce and so on. At the other end of the spectrum we find politically controlled production where the state or local authorities own the single producer (public monopoly) who is circumscribed by regulations on prices as well as on quality and quantity. Many different and interesting solutions can of course be found between these two extremes. As Svensson argues, “the combination of publicly owned production with a high degree of autonomy, i.e. market reforms within welfare states, and a low degree of

pluralism, is for instance a probable solution" (2003, 10). Another common way of arranging the production of social goods, especially if these are collective goods, is to control the privately owned monopoly through detailed regulation, thereby circumscribing the autonomy of the producer. The complete model of marketization, however, also requires a description of the demand side. The question here is whether demand is 'free' or somehow manipulated by political decisions. It is fruitful to single out one important dimension here, whether consumer demand is subsidized or not, i.e. if the good is privately or publicly financed. The more private financing through fees and charges, the more market-like the situation is. With a good totally financed through taxes, the market is 'closed' and prices no longer reflect real demand.

One of the central issues to look at in terms of supply side and demand side marketization is the relationship between efficiency and equality; the efficiency and equality trade-off is a key topic in political economy.¹¹⁴ Efficiency refers to the ratio of input to output; higher efficiency can be achieved if greater output is produced from a given input. Moreover, supporting these efforts to increase efficiency, the Swedish and Albertan governments have both become preoccupied with the financial benefits of informal elder care. Implicit in this emphasis on the efficiency and cost effectiveness of care within the private sphere is, however, the assumption that informal care is somehow free, an orientation reflecting conventional accounting systems in which unpaid domestic labor is privatized and not counted in estimates of economic production. The feminist political economy reveals that this does not take into account the real costs of elder care.

It seems that more efficiency is likely to be achieved when there is greater tolerance of inequality, and more equality is gained by sacrificing efficiency. Proponents of a market-friendly welfare state suggest that inequality is a natural and even necessary component of a capitalist economy. They argue that we do not need a large welfare state aimed at reducing inequality. Rather, government regulations and supports should be kept to a minimum and be devised in ways that are market friendly. Instead, individual choice, risk, and responsibility should be maximized.

Choice is one of the discursive mechanisms commonly used to 'sell' marketization, and has been a buzzword for many elder care policy changes in Alberta and Sweden. Examples of

¹¹⁴ See, for example, Liu 1997, 163; and Okun 1975.

the impacts the deployment of choice as a discursive mechanism has had are the offering of cash benefits, vouchers, tax rebates, and a mix of service providers under the rubric of public care. Choice is therefore used as a discursive strategy to uphold and support neo-liberal policies, and marketization.

In the literature on the role of choice and consumers in public services, some link ‘user choice’ to provider competition, arguing that for optimal arrangements in delivering public services both choice and competition should be adopted. For example, Le Grand (2007) presents ‘choice’ as largely about *choice of service provider*, a position some contest. In publicly-funded care services, ‘choice’ is mainly constructed as a choice between a public or private provider, which can only be made if a ‘quasi-market,’ with non-profit and for-profit providers allowed or encouraged to operate, exists (Yeandle et al. 2012, 440). However, as Yeandle et al. argue, “in practice, promoting choice in elder care often means advocating the privatization of publicly, or non-governmental organization (NGO)-delivered services” (2012, 440).

In Sweden, the use of choice rhetoric has escalated in popularity since 2009 when the Act on Free Choice Systems was introduced. The aim of the choice legislation was to make it easier for municipalities to introduce a ‘customer-choice system,’ where the individual user chooses from among authorized providers the one perceived as having the best quality. Private and public providers receive the same reimbursement, and the users pay the same fee. Thus, the providers are supposed to compete only on quality, not on cost. In this system, the care manager provides the elderly with information about the various providers from which they can choose, at which point they also choose between either public or private elder care providers that are included in each municipality’s customer choice model. The elder care firm that an elderly person selects may then employ subcontractors, which could mean that, for example, a cleaning company provides cleaning, or that the elderly receive goods delivered from various shops. In addition, the private – but not the public – providers of tax funded elder care services can offer extra services, such as walks, homemade meals, or anything else that the elderly person is willing to pay for.

In October 2010 - stimulated by state incentives - over half of the Swedish municipalities had introduced customer-choice models, or had at least decided to do so (NBHW 2010b). This is a dramatic increase from under 10% of the municipalities only four years earlier (NBHW 2007b, 7). However, despite the fact that it is voluntary for municipalities to introduce choice models, the Swedish government found the pace too slow (Szebehely and Trydegård 2012, 204). Further

financial incentives have been introduced for 2011-2014, and if all municipalities have not introduced choice models by 2014 ‘compulsory legislation’ will be considered (Government Bill 2010/2011:1, 163). Moreover, the Swedish government continues to express strong hopes for the positive effects of choice by asserting the right of users ‘to choose and choose again’ (Brennan et al. 2012, 382).

In Alberta, the Government of Alberta (GoA) produced the *Continuing Care Strategy: Aging in the Right Place* December 2008. This publication makes it clear that ‘choice’ is the driver of change behind the continuing care¹¹⁵ strategy, with many references to Alberta’s elderly population “prefer[ing] choices that permit them to preserve their independence, quality of life and personal dignity” (GoA 2008, 2). One of the ways that the GoA plans can be shown to prioritize choice is the increase in cooperation with the private sector, the non-profit sector, and other community partners to support the creation of a greater range and supply of continuing care options.

Adjusting the framework for setting fees is expected to encourage more investment by the non-profit or private sector and increase the number of beds. As a result, individuals will have more choice to select a facility that meets location wishes, health service needs and personal preferences. This will allow operators to provide residents with the option to purchase increased services (GoA 2008, 14).

There have already been increases in choices available for Alberta’s elderly with some Designated Assisted Living (DAL) supportive living sites now tailored for specific needs and cultural populations. For example, some DAL supportive living sites include secure environments for seniors with dementia (Edmonton Senior Newspaper 2011, 12).¹¹⁶ According to the Director of Supportive Living and Long-term Care for Alberta Health, an additional trend in DAL has resulted from growing multiculturalism in Alberta: “East Indian, Chinese, and Jewish groups are developing supportive living facilities that are culturally targeted...We already have some of these facilities in Alberta” (Interview, Grabusic 2011). Given the rise in mental

¹¹⁵ Alberta’s continuing care system provides Albertans with the health, personal care, and accommodation services. There are 3 settings in which continuing care services provide clients, with different needs, with a range of health and personal care, accommodation and hospitality services: home living; supportive living; and facility living.

¹¹⁶ These DAL sites for Dementia (DAL-D) provide a secure, safe, living environment for people with dementia who also need the care and services provided in the DAL program (Edmonton Senior Newspaper 2011, 12).

health conditions and increasing multiculturalism in the senior's population of Alberta, we are likely to see growth in these types of options.

Of particular interest is strategy # 4 of the *Continuing Care Strategy* which outlined new ideas for funding individuals based on needs and/or funding providers:

Currently, continuing care clients are assessed and funding is allocated for them according to their needs. For those requiring facility care, their allocated funding is provided to operators. This creates a system where the person must reside in that facility in order to receive funding for health needs and accommodations. According to the individual's care plan and the subsequent funding allocated, seniors and persons with disabilities could opt for the new funding model which will allow them to shop for their own health providers and make choices on where they receive services. The client's care and accommodations allocation would be appropriate to their care needs.

When asked to comment on the status of this strategy, a Continuing Care Service Planner for Alberta Health said that "we are still a few years away from truly realizing this innovation called 'funding follows the client'" (Interview, Kim 2013). Implementation of this new funding model will mean that Alberta's system will become increasingly similar to that of Sweden's, allowing elderly clients to 'shop' for their own elder care providers.

We must, however, keep in mind that in order to be empowered while shopping for elder care, elderly consumers must be able to assess the price and quality of services, and make choices on the basis of their assessments (Brennan et al. 2012, 379). In practice, the freedom to make choices in terms of elder care is always exercised within limits as the alternatives are often few. Choice is impossible without multiple options, and for the elderly, initial options often include seeking support: from family members, friends or neighbors (often with a desire not to 'over-burden' them); from formal community care services (often, but not always, turning first to publicly-subsidized support); or from private service providers, using personal financial resources (where available) to purchase what is needed, or to supplement other support, without government subsidy (Yeandle et al. 2012, 441). In most cases of significant need among the elderly, two or more of the above are invoked, as it is unusual among elderly service users to rely exclusively on just one of the family, the state, community-based, or private for-profit services.

The emphasis put on choice has led to a situation where the elderly and their families are increasingly acting as care managers: choosing, comparing, administering, and controlling various benefits, services, and sources of care to ensure a continuous and encompassing care for

the elderly person in need. This is problematic since elderly consumers tend to find it difficult to make accurate judgments about the quality of care, and many elderly do not have support in place to make choices when they are unable to do so. There are many reasons why the elderly may not be able to act on the basis of their assessment(s) such as for example: the elderly often find it very challenging to navigate systems of choice, and are often unable to exercise meaningful choices because when they are in need of care they tend to be in no condition – as they may lack the mental capacity - to be making these kinds of decisions; choices and decisions around elder care are made infrequently; and, elder care decisions often need to be made with short notice and under pressure (Brennan et al. 2012, 379). Furthermore, due to their changing needs, decisions about how these needs can be met are continually being made, making the choices exercised necessarily complex and shifting. In other words, the same frailty and dependence that creates the need for care often limits consumer sovereignty.

As such, 'choice' discourse can be seen as a neo-liberal governance strategy. Neo-liberalism is often seen as not just an ideology or set of economic policies, but as governing of individual subjects - shaping individuals as 'empowered,' 'autonomous,' 'self-actualizing' subjects. The ethics of care acts as a powerful counter-narrative, recognizing our fundamental interdependence and vulnerability. But instead of seeing this as something 'bad' that has to be 'fixed', is it seen as a normal part of all human lives. Social policy must, then, respond to our vulnerability and dependence, rather than try to erase it.

Making use of market information requires skills that are not equally distributed. An increased focus on choice favors those with more resources and education, who have considerable advantages in navigating the system. Where the market provides for both privately and publicly funded elder care, or care recipients are expected to top-up public funds through their own resources, those with greater resources will be able to purchase higher quality care. Where the market is sufficiently differentiated and there are some purchasers willing and able to pay for higher quality care, the higher quality care tends to be provided by non-profits, while for-profits provide lower quality care for lower prices. Brennan et al. argue that “this is based on the fact that for a commodity such as elder care, whose quality is hard to assess without direct experience, non-profits are likely to be more trusted to use higher fees to produce higher quality” (2012, 380). Moreover, if/when those with more resources gain the best services, those with

fewer resources are left with inferior services; for them the quality of services may actually decrease. Thus, markets almost inevitably lead to increasing inequality in the quality of care.

In order for quality control through the market to work, consumers must be able to easily switch from poor quality providers to higher quality ones. Brennan et al. argue that “this is complicated in the realm of elder care since continuity of care is important both for the elderly – particularly in residential care – often making exit either too difficult or too costly a strategy when quality is found to be inferior” (2012, 379). The transaction costs and/or physical and mental stress of switching elder care providers are also often too high for many users to make market information useful. Perversely, this means that consumers can be locked in to continuing with an elder care provider even when they have concerns about quality, thereby reducing the effectiveness of the market in promoting efficiency.

The logic of the market therefore does not take into account the ways in which elder care differs from other ‘products’. This has led Armstrong and Armstrong to caution that health care is different from other types of business. Their argument is applicable more broadly for my purposes when thinking about elder care as well:

Perhaps most obviously, healthcare is about life and death; about healthy possibilities and dangerous consequences. Delivering poor quality care carries risks and both skilled work and working conditions are more important factors than in other sectors. Healthcare treats people at their most vulnerable in environments that constitute a high risk. It is also less predictable than the rush at lunch for McDonald’s (2008, 130).

Accordingly, many questions have arisen as to whether marketization is even useful in the ‘softer’ areas of public service such as elder care. According to the Executive Director of Seniors Association of Greater Edmonton (SAGE):

Privatization of elder care makes me very nervous...From a business perspective an investment portfolio manager is going to want to see the most growth possible. Especially when you have a businessman from Texas who looks for investment strategies that will get the best return. When you want to cut costs you cut services and staff...So the ones who suffer are the elderly. Privatization philosophies that government has used in some of the infrastructure do not work for elder care (Interview, MacDonald 2011).

Endeavors to expand markets and improve financial gains have nothing to do with elder care, their families, communities' needs, nor do they have to do with the quality of elder care services provided.

Himmelweit's (2008) work provides reasons why caring has some specific features that distinguish it from other economic activities: first, *care is a personal service*, not just the production of a product that is separable from the person delivering it, but the *development of a relationship* which has implications for attempts to raise the productivity of care and deliver it more flexibly; second, the need for care and the ability to provide it are *unequally distributed* and tend not to go together; and, third, *social and personal norms* matter in perceptions of who is seen to need care, how that care should be delivered, and by whom. These characteristics of care mean that in general the marketization of elder care cannot be the relatively smooth market-led process that attended the marketization of other aspects of household labor, where wages earned on the labor market allowed affordable commodity substitutes to be purchased (Himmelweit 2008, 2). Moreover, care resists commodification as it does not respond to an 'economies of scale' logic, which means that quality elder care cannot be achieved just by following market principles.

Therefore, marketized, choice-based elder care has the potential to increasingly lead to an *individualization* of elder care where organizing, providing, and funding elder care is an individual responsibility, illuminating how choice is used as a discursive strategy to uphold and support neo-liberal policies.

Supply side marketization

There are numerous self-serving providers, each with their own consolidated turf, feeding from the public trough. – Olson 2003, 235

Supply is one of the cornerstones of the market, with the supply side constituting the conditions of production, and moreover, expressions of the type of ownership, the degree of pluralism, and the degree of producer autonomy. When examining the supply side it is important to consider the increasing tendency towards contracting-out as it has been suggested¹¹⁷ to be the most common

¹¹⁷ See, for example, Young 2000.

way of introducing market mechanisms and private alternatives into the public sector, and can thus be said to be the major mechanism behind privatization. Contracting-out is a form of marketization whereby public agencies delegate the task of providing public services to private organizations in exchange for financial reward.

Edebalk explains that when contracting-out, there is at first a competitive tendering procedure that involves competition between different agents, with competition occurring at the time of tendering (2008, 5). Competition is believed to increase benchmarking and learning effects, not only between public-public and private-private units, but also between public-private units. Successful (or failing) units serve as examples and influence other units to introduce (or remove) similar strategies in a continuous process of measuring services and practices against the toughest competitors leading the market. These contracting practices create new patterns of interaction between states and markets in the welfare sector, and more specifically, in the elder care services sector.

Although elder care in Alberta has involved a certain degree of private involvement since WWII, marketization of elder care really accelerated in the Klein era, and continued under the leadership of Premier Ed Stelmach. As Robb argues, in 2011 elder care was a “mixed bag of private and non-profit organizations” (2012, 1). There is, however, steady movement away from publicly funded and publicly administered elder care. For example, Duncan and Reutter’s work examines the surge of for-profit organizations providing home care in Alberta. They discuss how Alberta is ‘redesigning home care,’ legitimized by a dominant discourse sympathetic to a business model of healthcare, and how it exhibits profound tensions among stakeholders with regard to their values of choice and universality in the fundamental determinations of the boundaries of entitlement and the limits to the provision of scarce resources (2006, 248). Demonstrating this trend more generally, in November 2010, the GoA produced *the Aging Population Policy Framework*¹¹⁸ that identified the roles and responsibilities of public and private elder care providers:

The private sector will always play an essential role in meeting the needs of Albertans of every age by responding to the ever-changing demands of the marketplace. Private

¹¹⁸ The framework is based on research completed in 2008 by the Demographic Planning Commission which consulted 100 stakeholder groups and conducted an online survey in which 10,000 Albertans participated (Government of Alberta 2010, 6; Kleiss 2010).

sector organizations in Alberta communities offer a wide range of products and services in a variety of areas, including: housing, home support services (such as home maintenance or house cleaning); transportation, insurance, finance, investment and banking; supplemental healthcare, food and hospitality, and travel and recreation. The private sector is also a key source of innovation, addressing evolving market demands with new and different services (GoA 2010, 11).

In line with the roles and responsibilities of the private sector outlined in this framework, Table 2 demonstrates that in Alberta, public provision of continuing care is decreasing, while private provision is increasing.

Table 2. Changes in the elder care provider mix in Alberta

		(2010/2011)	(1995/1996) ¹¹⁹
% of continuing care beds	Private For-profit	38.7	28.8
	Private Non-profit	35.5	25.1
	Public	25.7	46.2

Source for Alberta percentages: GoA 2013. "Continuing Care Beds (Alberta Health Services) in Alberta"

In Sweden, private provision of publicly funded elder care services and marketization are relatively recent developments that began with the introduction of a new Local Government Act in 1991. This act relaxed previous legislation to make it possible for municipalities to set up purchaser-provider arrangements and to outsource some services, including tax-funded elder care, to private providers (for-profit and non-profit) (Brennan et al. 2012, 381). In addition, a new Swedish Public Procurement law regulating the tendering process was introduced in 1994.¹²⁰ Sweden does not, however, have any user statistics on the percentage of elder care

¹¹⁹ There is no reliable data available prior to 1995/1996.

¹²⁰ Public Procurement Law stipulates that all contracting decisions must be preceded by a competitive process of closed bidding open to all. The law also states that the selection of bids must be based on transparent criteria made known to all potential bidders already in the call for tender. This includes the criteria against which the tenders are compared, how the criteria are ranked, and how the price relates to the quality dimensions. Thus, in effect, if a

services provided by the private sector divided by provider type, for-profit and non-profit, so the only way to make this distinction is based on data about formal elder caregivers (Interview, Szebehely 2011). Further complicating the issue is that we cannot accurately separate elder care and care for people with disabilities, nor home care and residential care (Interview, Szebehely 2011). What is, however, currently known is that in 2011, 20% of the home care hours for the elderly, and 20% of the beds in residential care for the elderly were provided by private organizations (for-profit or non-profit) (Socialstyrelsen 2012). Moreover, in 2010, 20% of the staff in elder care or services for people with disabilities were employed by private organizations, 17% of which were for-profit and 3% that were non-profit (Szebehely and Trydegård 2012).

The historical data for Sweden are even more difficult to ascertain. There are, however, some limited statistics available through Socialstyrelsen¹²¹ from the 1990s. For example, in 1993, around 5% of beds in residential care and 2% of home care users received help from private providers, but it is not possible to differentiate between for-profit and non-profit providers (Socialstyrelsen 1995). In 1997 the corresponding figures were 10% (residential care) and 4% (home care) respectively (Socialstyrelsen 1999).

Behind these national averages are large local variations since, as noted earlier, the high degree of municipal autonomy in Sweden enables municipalities to decide whether to open up elder care to private providers. For example, the two largest cities in Sweden have chosen different solutions in this respect, with over 55% of the home care hours in Stockholm currently privately provided compared to 0% in Gothenburg (Szebehely and Trydegård 2010, 8). Despite such local differences, the Swedish elder care system is undergoing a transformation towards a more mixed provision structure, where private actors increasingly operate alongside with public providers, even if the public sector remains a dominant actor in most municipalities.

municipality chooses any other bid than the lowest priced one, it must be able to demonstrate clearly in what way this bid was qualitatively superior to the others (Winblad and Blomqvist 2011).

¹²¹ The Swedish National Board of Health and Welfare (*Socialstyrelsen*) is a Swedish government agency. The agency was the result of a merger between the Swedish Royal Medical Board and the Swedish Royal Board of Social Affairs in 1968. The Board is the central national authority for the social services, public health, infectious diseases prevention and health services. The Board establishes norms by issuing provisions and general advice. It evaluates legislation and activities conducted by municipalities, and county councils. It also issues certificates of registration to 17 professional groups. Another responsibility are the official national statistics in the social services, medical care and health and disease.

Private sector involvement in the Albertan and Swedish cases share certain characteristics. One of the main similarities is that large market providers, including stock-market listed companies, have become dominant in the elder care market by merging and buying up smaller providers. In fact, as Armstrong argues “the majority of the profit-seeking companies involved in delivering elder care are large, powerful organizations that are close to becoming monopolies; with a growing number of them foreign-owned” (2008, 547). In Alberta, elder care is ‘big business’ with an increasing proportion of large private for-profit companies like for example Revera and Intercare providing the bulk of elder care.

The situation is similar in Sweden where the private sector is highly concentrated with a few corporations comprising over half of the private elder care market. In 2003 the five largest actors had 60% of the private market, and by the end of 2011 there were only three large companies owned by international private equity companies in the elder care market: Attendo Care, Carema, and Aleris (Interview, Szebehely 2011). In 2008 the two biggest of these actors, Attendo Care and Carema, were providing at least 50% of the tax-funded, privately provided care market or approximately 70% of the entire elder care sector (Hobson et al. 2009). Moreover, the fact that the three largest private care companies have recently been bought up by different private equity firms shows that the market expects private elder care services to be a growth area in Sweden (Szebehely and Våbo 2009, 12). Such concentration often means that competition clearly cannot function to improve efficiency since providers with too much market power can set their own prices, raising costs to government and to service providers. Moreover, as Armstrong and Armstrong points out, “private delivery inevitably costs more because after the workers, supplies, buildings, and equipment are paid for, the company also has to make a profit” (2008, 127). For-profit firms also have to pay more to borrow money to finance capital projects, whereas governments can borrow money at lower interest rates. This means that these for-profit organizations, unlike non-profit ones, need to have money above and beyond what goes towards elder care, with the majority of for-profit elder care providers motivated by the bottom line, balance sheets, and short-term investments (Folbre 2001, 56). Understanding these profit motives, the Executive Director of Continuing Care Strategies for Alberta Health Services (AHS) explains that:

When AHS is not providing care it has a tendency to cost more simply because they have to make a profit. They either make a profit, or they will not be in business. What we are looking at now from a strategic standpoint is how to ensure that we can translate elder care into a profit for these companies since private providers have just as much value given increasing elder care needs (Interview, Knight 2011).

Various factors help to explain the rapid concentration of ownership within the elder care market. The large corporations' interest in elder care stems from the fact that elder care involves enormous spending, making it a potential source of profits. For example, according to Statistics Canada, in 2004/2005 the LTC industry in Canada generated C\$12.6 billion in revenue and expenses, about C\$1 billion more than in the previous year (Statistics Canada 2007). Another reason is that a certain minimum volume of business is necessary for a company to succeed. Price competitions have driven many of the smaller companies out of the market or left them vulnerable to purchase by larger companies. Edebalk comments on this situation in Sweden:

When the contracting-out of elderly care was first introduced there were often no clearly expressed criteria for selecting a contractor as it was more a matter of creating a market situation in which various actors participated. However, it was not long before price became the major criterion. This favored larger companies as they have greater ability to meet the paperwork related to the bidding procedure rather than small companies or not-for-profit organizations, and they can also submit an underbid if necessary to enter the market (2008, 6).

As in Sweden, smaller companies have also found it difficult to compete in Alberta, leading to an oligopoly in the elder care system (Interview, Lai 2011).

Concern about unsatisfactory elder care has grown in line with the increasing presence of these large private companies. Since the wages of caregivers form a high proportion of the costs of care, marketization lowers costs only if staffing ratios are reduced, or less qualified staff are employed, both of which tend to reduce quality (Brennan et al. 2012, 380). The Executive Director of the Institute for Continuing Care Education and Research spoke about her experiences at a privately run facility in Alberta:

I went into one privately run long-term care facility and almost wanted to cry. It was dark and dingy, and there were absolutely no activities in the 'locked facility' for persons with Alzheimer's. The residents were just sitting in the television room not talking, not doing anything at all. And it was outrageous what they were charging for this care (Interview, Woodhead-Lyons 2011).

Recently, concerns have surfaced about the mistreatment of those with mental illness, which is a common health condition of the elderly in both contexts. An example of this which occurred in Sweden was described by the Director of the Swedish Association of Health Professionals who explained that “Dementia patients are locked up because of a lack of employees...They are locked in their rooms, sometimes for the entire night until workers return in the morning so that they do not have to pay for staff to care throughout the night” (Interview, Falk 2011).¹²² Studies of elder care in Canada and Sweden have shown that staffing ratios are typically lower in for-profit residential care than in non-profit facilities.¹²³

Marketization trends, and the resulting staff shortages have resulted in many formal elder caregivers having very heavy workloads, which in turn means there are not enough formal elder caregivers to meet current elder care demands. Armstrong et al. provide a vivid description of the dehumanizing ramifications for elderly in need of care in these types of situations:

They sit in soiled diapers for hours because there are no workers available to answer their calls. They are rushed through dinner because there are too many who need to be fed. Or they miss their bath because there is not enough staff to get everyone adequately bathed...And they sit in their rooms without exercise or conversation because the workers have no time to chat, to explain, or provide social support (2009, 138).

Staffing shortages in elder care which translate into these types of situations can cause the elderly to become violent towards care providers because of the lack of ‘appropriate’ and necessary elder care. These working conditions can therefore be shown to have negative consequences for both formal elder caregivers and also for their elderly patients.

Another ramification of marketization is the increasing pressure towards the ‘commodification’ of elder care, and associated with this, the tendency for care to be reduced to a set of standardized procedures and services. As was discussed in Chapter One, elder care is now presented as a potentially ‘catastrophic’ burden on the public purse, in a context marked by ongoing efforts to control public expenditures in the delivery of services (Duncan and Reutter 2006, 250). As a result, Olson argues that “paid elder care providers have become cost-

¹²² I learned from my research that elder abuse – which varies greatly in type - is quite common.

¹²³ See, for example, Comondore et al. 2009; and Stolt et al. 2011.

accountable units and are expected to work as quickly and methodically as possible...The workplace has become an assembly line with a prescribed set of instrumental tasks" (2003, 86-87).

Elder care has been increasingly depersonalized through the acceleration of the pace of work, leading to a focus on concrete tasks, and less on relational aspects of care. As a result, it has come to be conceived as a range of basic tasks to support people's living in terms of daily maintenance, for example getting them up and putting them to bed, dressing them, feeding them, helping them with toileting, etc. This commodification of care is fundamentally at odds with quality of care, since the emphasis is on outcomes rather than processes, offering little opportunity for communication, social contact, and relationship building. The Executive Director of SAGE provided examples of these occurrences in Alberta's home care system:

More and more home care workers are going in on a clock. They have a new paradigm assessment tool and operations manual describing how they should do things...It is very structured and once more the dollar sign is controlling the service. They come in, they get their job done and they go. But quite often the greatest need of seniors is companionship, and often the most serious issue among seniors is loneliness. What people really need is a genuine visit and friendship and there is no room left for this when home care workers are working on a set clock (Interview, MacDonald 2011).

In Sweden, formal elder caregivers also increasingly find themselves working on a clock, with a list of specific services to undertake while working, without consideration or time for socialization with their elderly clients. Even though many formal elder caregivers in both contexts would say that communication with their elderly patients is one of their most important tasks, conversation and relationship building are not viewed as official 'work' by most administrators. Accordingly, Olson argues that "getting to know patients, listening to their comments, and answering their questions; encouraging stories about their families, friends, and past life; talking with those who are depressed or lonely; helping and soothing them are not part of an aide's formal responsibilities" (2003, 87).

Elder care is a personal service that requires presence. The ethic of care provides an understanding of human beings and, in particular, of their interconnections, context, experiences, and need for this presence in providing elder care. Care theorists point out that caring for someone is important work that takes time, that elder care has to be provided when it is needed,

and moreover that quality (elder) care requires the development of relationships. These characteristics of care have important implications for the commodification of care. As the Alberta Director of Seniors United Now explains, the current lack of emphasis on relationships has detrimental effects not only for the elderly but also for formal elder caregivers' working conditions:

When you are dealing with people, if you do not have a relationship with them, it is a cold and empty job. The goal should be to create a good environment for the workers and the seniors they care for. Often the seniors are in facility care etc. not by choice but because their medical conditions have become so bad that they must enter the care system. So, you want to make sure that the caregivers are not cold, calculating, and impersonal, as so many have had to become in today's work world. This creates an environment where the residents become depressed. But, if on the other hand the staff are compassionate and personable, then this creates a completely different environment and comfort zone for both the staff and clients (Interview, MacDonald 2011).

Formal elder caregivers who do not have adequate time to foster relationships with their clients are often left feeling stressed and inadequate. As Armstrong et al. argue, "they go home physically exhausted because they have cared for too many residents, or they go home emotionally drained because they could not provide the care they knew should have been provided but couldn't in spite of their best efforts" (2009, 138). In addition, many formal elder caregivers come to work when they are injured or sick because they know that otherwise there will be no one there to provide care, and/or they work unpaid hours to make up for the care deficit. These tendencies can lead to health issues for these formal elder caregivers, which then spill out onto their families, making it difficult to cope with the unpaid domestic work and informal care these - mainly female - providers face once they leave paid work.

Moreover, since the bulk of the costs of elder care are labor costs, private for-profit companies are also trying to cut corners by hiring the 'cheapest' elder caregivers. In both places, the formal elder caregiver labor force is composed of similar types of workers, with the range of people providing care including physicians, rehabilitation specialists, registered nurses (RNs), licensed practical nurses (LPNs), healthcare aides (HCAs), occupational therapists (OTs), dieticians, social workers, and a newer group of elder caregivers often called 'granny nannies'. 'Granny nannies,' is a term describing a growing rank of babysitters-turned elder caregivers in Canada due to shifting demographics (Engelheart 2010). This trend is growing with seniors

increasingly shunning - or unable to get into - the option of nursing homes. With more elder care provided outside of facilities there has been growth in this new class of formal caregivers, many of whom are unregulated, and unprotected, and with this comes a new set of problems. A sizeable number of granny nannies come through Canada's Live-in Caregiver Program (Engelheart 2010). Granny nannies do not exist in Sweden (Interview, Szebehely 2011) but the elderly and/or sometimes their children increasingly buy private services - mainly help with cleaning - but when there is a larger need for care the alternatives are either the publicly funded services - home care or residential care - or family.

When looking at the formal elder caregiver labor force it is important to distinguish between those considered to be 'professional,' and those who are not. Typically, elder caregivers are considered 'professional' when they work within a regulated professional body with practice standards. For-profit companies, bent on reducing labor costs, tend to favor non-professional elder caregivers, especially non-regulated HCAs often drawn from more vulnerable groups in society: traditionally women and, increasingly in elder care, migrants.

HCAs are playing an increasing role in Sweden's elder care provision. HCAs provided approximately 63.9% and 64.5% of all elder care hours and services provided respectively in the 2004/05 year (Wilson et al. 2011, 5). In Sweden there are no mandatory qualifications (in the public and private sector) for HCAs, other than what is stated in the Social Services Act: that there has to be staff with 'suitable training and expertise.'¹²⁴ In Alberta, HCAs, who only have to undergo a 16 week training program, comprise the majority of formal elder caregivers. AHS employs about 20% of all HCA's, with the remainder employed by other private (for-profit and non-profit) organizations. Alberta has moved to a system where the standards are 1RN/100 HCAs or 11LPNs/35-50 HCAs (Interview, Woodhead-Lyons 2011). In fact, the Director of Continuing Care Integrated Services for AHS said that in Alberta, non-regulated workers make up approximately 75% of the caregivers in LTC facilities, an even higher percentage in supportive living, with the bulk of HCA workers found in home care (Interview, Choo 2011).

¹²⁴ Of all elder caregivers in Sweden (those employed by the hour excluded), 76% had formal training in 2008; slightly more in residential care and less in home care (Szebehely and Trydegaard 2010, 13).

This demand has meant that there are approximately 50,000 HCAs in Alberta (Interview, Choo 2011).¹²⁵

Although HCAs in both places often have limited education, training, and medical knowledge, they are increasingly expected to care for severely ill and disabled patients, and perform highly technical tasks, with insufficient staffing, supervision, or help. The Manager of Health and Social Service Programs for the GoA commented on the situation in Alberta:

The increasing reliance on HCAs is driven by economics; with changes made because we were/are trying to save money. Sometimes I wonder if in trying to save money we are just downloading work to the HCAs? We need to keep in mind that these people are not regulated...In our push to save money are we having these people do 'mini-nursing' tasks? They administer medication if they are adequately supervised and trained. We need to question what constitutes appropriate supervision for HCAs? Supervision is often one RN across 4 floors. Sometimes I wonder if these people are appropriately trained to be delivering the level of care that is expected by the client (Interview, Schneider 2011).

Moreover, since hospitals in Alberta and Sweden are discharging patients 'quicker and sicker,' most HCAs are finding themselves in situations where they are not properly trained because the elderly patients that they are working with are increasingly frail and ill.¹²⁶ HCA's are, therefore, dealing with challenging medical, social, and psychological needs of patients, as well as an increase in the ratios of HCAs per resident (Interview, Schneider 2011; Interview, Bostrom 2011).

Compounding these challenges is the trend for a large proportion of the formal elder caregivers to work part-time, and on a casual basis (Statistics Canadian 2004; Statistics Sweden 2008). This casualization is often involuntary, with 22% of the Swedish (Daly and Szebehely 2011, 3) and 45% of the Canadian part-time workers working shorter hours than they would like (Interview, West 2011). Another aspect of involuntary part-time work was reflected in the proportion of the workforce who had to string together more than one job, with 7% of the caregivers in Sweden (Daly and Szebehely 2011, 3) and 17% of the caregivers workers in Canada having to do so (Olson 2003, 92). The Manager of Health and Social Service Programs for the GoA commented on this situation with respect to HCAs in Alberta:

¹²⁵ There is, however, no knowledge of how many positions they fill because one HCA is often working in 4-5 different positions (Interview, Schneider 2011).

¹²⁶ Patients often include those suffering from diabetes, heart ailments, strokes, fractured hips, arthritis, among many other illnesses/issues.

Non-unionized HCAs are usually only hired as casual workers...Even in some unionized private centers workers can only get hired on as casual or part time so they have to piece together five to six casual positions from five to six employers to make up full time hours. So, even if workers are paid at the top of the scale, you are lucky if you make C\$30,000 a year, which is almost below the poverty line in Alberta (Interview, Schneider 2011).

Casualization means that formal elder caregivers are less likely to have protection for pay, vacations, benefits, and conditions of work, and from harassment of all forms. Not only is such heavy reliance bad for the formal elder caregivers, but it also has the effect of limiting the continuity of care for the elderly.

In addition, formal elder caregivers are not compensated very well for the elder care they provide. According to Olson it is this “cheap labor [that] absorbs much of the private and social costs of providing for frail older people and, as such, links the family sphere with the public domains of production and the state” (2003, 73). In other words, the devaluation placed on elder care work and skills in the marketplace is a mirror image of that found in the private sphere of the home, with women who provide elder care being, predominantly, devalued, invisible, and disregarded. As Olson argues, “the social and private policies which affect these formal elder caregivers, in addition to the gendered pedestal that supports it, reinforce patriarchal norms, addresses the wants of business interests, and heightens women’s inequality, oppression, and poverty at local, national, and global levels” (2003, 73). This speaks to the continuing structural discrimination in the paid labor force that segregates work into categories of ‘men’s blue jobs’ and ‘women’s pink jobs,’ valuing the former much more than the latter.

This categorization of 'men's and women's jobs,' is explained using the concept of social reproduction which involves a relationship between work carried out in the formal economy (the public sphere), and the reproduction of informal/unpaid labor taking place in the family (the private sphere). The skills involved in formal elder care have historically been associated with women and there is an assumption that *any* woman can be hired to do the work, thus often making *any* woman eligible to do the job. As a result, the Director of the Swedish Association of Health Professionals describes the situation in Sweden as having “women make up the majority of formal elder care workers by ‘tradition’ in Sweden because elder care simply *is* traditionally women’s work” (Interview, Falk 2011). The most recent statistics available support this claim: in

Canada women currently make up 95.2% of formal elder caregivers while men compose 4.8% (Armstrong et al. 2009, 43), and similarly in Sweden women make up 96.6% while men compose 3.4% for the formal elder caregivers (Daly and Szebehely 2011, 3). This is not to say that there are no efforts to recruit male care workers. For example, the Director of the Alberta Continuing Care Association explained that “Alberta recently launched a website recruiting elder care workers and we went out of our way to include pictures of men in order to try and see if we can get a bit more of a gender balance, but they tend not to gravitate to this line of work” (Interview, West 2011). The Director of Continuing Care Integrated Services for AHS commented on the difficulty of recruiting formal elder caregivers – male or female - in contemporary Alberta:

There is a huge demand on HCAs in terms of competency, qualifications, etc. It is very difficult to attract people to this type of work since we are competing with the oil industry in Alberta where they will be short 100,000 oil workers over the next 5 years in an industry which pays significantly higher wages. HCAs deal with human beings – palliative care, seniors end of life care, managing seniors 24/7. This can be both mentally and physically taxing. It is definitely not the sexiest job in the world (Interview, Choo 2011).

The hiring of women migrant workers as formal elder caregivers has become one method of addressing the growing elder care deficit.

In Sweden an increasing proportion of the formal caregivers of the elderly and disabled are foreign-born: in 2008, 18% were born outside Sweden (3% in other Nordic countries, 6% in Europe or North America and 9% in Africa, Asia or Latin America) (Szebehely and Trydegård 2010, 13). Moreover, in some of the metropolitan areas like Stockholm, more than 40% of the formal caregivers are foreign born (Statistics Sweden 2010). There is, however, no active recruitment of formal elder caregivers from other countries; the vast majority of workers born in other countries have migrated for other reasons, many as refugees. AHS, which employs about 20% of all HCAs, does not have a formal recruitment strategy to hire from outside of Canada. In addition, Alberta does not track country of birth in employee databases. However, the Director of Recruitment Strategies for AHS, said that “attracting recent migrant workers to the occupation has been a strategy that has been used within the province over the past 18 months” (Interview, Jardine 2013).

Often migrant women are seen as commodities to be used without concern over their rights, needs, and/or personal health and wellness. In fact, Olson argues that “employers commonly exploit migrant labor, taking advantage of their cultural values that sometimes make them hold the elderly in high esteem, thereby obligating them to put in additional, unpaid hours to satisfy any unmet needs of the elderly they care for” (2003, 79). This trend of migrant women working in elder care, moreover, reflects the structuring of opportunities and limits on choices and alternatives for these women. Armstrong et al. comment on this situation saying that “too often, when women migrate to Canada, the credentials they have earned abroad are not recognized here... Yet, there is an assumption that, because they are women, they can provide the kind of care required in LTC facilities [and more generally, formal elder care]” (2009, 44).

This section has shown that the feminist political economy approach reveals the way that care work is gendered/racialized in these contexts. It also reveals how the logic of the market is in many practical, political, and ethical ways at odds with the logic of care, resulting in, among other things, the exacerbation of inequalities and concerns about quality. The following section will go on to explore demand side marketization which includes the private financing of elder care by individuals and their families, and speaks to the consequences this process has on the elderly, and their caregivers in each context.

Demand side marketization

Demand side marketization processes involve a shift towards the private financing of elder care by individuals and their families. Policies affecting this turn to greater private financing of elder care can include user fees, the need to purchase extra support, and sometimes simply the absence of suitable publicly-funded provision.

One form of support for the private financing of elder care by individuals and their families is ‘cash-for-care’. In Sweden, one of the central ideas behind cash-for-care is ‘free choice,’ whereby elderly people and/or their families may choose among different kinds of care and care providers. Another objective of these cash-for-care trends in Sweden is the recognition of (formerly unpaid) informal care since many cash-for-care schemes allow beneficiaries to compensate and/or employ their relatives. Taking a different viewpoint, Da Roit and LeBihan argue that “these cash-for-care schemes are an attempt to bring care back to the family through its cash payments” (2010, 305). Regardless of whether this is the case, this compensation rarely

corresponds to income of a salary, but has more of a symbolic function of public recognition, an appreciation of the work carried out.

In Alberta, the Director of the Continuing Care Branch at Alberta Health explained that “in the self managed care program for home care clients, there was (and maybe still is) a clause that allowed in extraordinary circumstances for families to be paid - basically in a rural area where people can't always recruit a paid caregiver. But, this is not documented so would be anecdotal” (Interview, Schalm 2011). This leaves many caregivers saying that they should be able to receive financial compensation for the informal elder care that they provide because they have had to leave the workforce in order to provide elder care. Nevertheless although cash-for-care schemes enable informal elder caregivers to *cope* with caregiver ‘burden’ given a reduction in economic stress, they are essentially ‘band aid’ approaches which fail to alter the structural arrangements that produce that burden in the first place.

Another market-oriented example of the private financing of elder care that was introduced in July 2007 in Sweden is the ‘RUT avdrag’ or ‘Tax-subsidized household services’. This tax deduction for household services¹²⁷ can be used by those able to purchase elder care services on the market. Under this reform, taxpayers of all ages are entitled to deduct 50% of the price of households services up to SEK 100,000¹²⁸ per person/per year on domestic help or personal care and get 50% back in a tax deduction if the service company has a business tax certificate. The services may be carried out in the purchaser’s own home or in a parent’s home, are not needs assessed, and are not regulated by the state or local authority, but they interact with the publicly funded home care services. The use of tax-deducted services among the elderly has increased from 1.7% in 2008 to 3.5% in 2009 (Sköld and Heggemann 2011, 3). The availability of the tax-deducted services has resulted in those with higher incomes having a more positive attitude towards the market as provider of care, both within and outside the tax funded services (Szebehely and Våbo 2009, 9). Alberta does not have a comparable program; however, it has a program called Special Needs Assessment for Seniors. This program is available to help the elderly with their costs of, for example, housekeeping/yard maintenance, home repair, funeral

¹²⁷ The household services deduction applies to services such as housekeeping, clothing care, cooking, lawn maintenance, hedge trimming, snow shovelling, and other forms of care and supervision that a person may need and which are carried out in or close to the home, or in connection with walks, visits to banks, health centres and other simple errands (SALAR 2009). Tasks falling under healthcare are not covered by the deduction (SALAR 2009).

¹²⁸ SEK 100,000 was equivalent to C\$15,792 (on February 4, 2013).

expenses, appliances/furniture, medical expenses, and medical trips by providing a lump-sum payment that is only available to eligible low-income elderly people, to a maximum of C\$5,000 in a benefit year. Sweden's Tax Deduction on Household Services is therefore much more comprehensive in the services it includes, as well as the target population since the Special Needs Assessment for Seniors is only available to certain low-income seniors while Sweden's program can be taken up by all elderly people, however, as mentioned above it tends to favor those with higher incomes.

In addition to the promotion of programs that provide only a minimal service in a sense, thereby forcing people to purchase what they would regard as a critical minimum level of care, user fees are another example of the private financing of elder care. In Sweden, elder care services are generally not free, with user fees covering a fraction of the cost (4-5%) (SALAR 2011, 9).¹²⁹ For example, in special housing, all of the different types of housing require the individual elderly client to pay rent, fees for food, and a fee for medical care and social services provided under the Social Services Act. Although the general trend has been towards raised user fees, since 2002 a max-fee reform has been instituted capping the fees for elder care (home care and residential care). The max-fee reform capped fees in home care to SEK 1,696 per month.

User fees are generally related to income and the amount of help provided, with most elderly receiving a housing allowance for pensioners. For example, for a person living alone, the allowance can amount up to 93% of the monthly housing costs that do not exceed SEK 5,000. If the cost of the home exceeds SEK 5,000 per month, the pensioner pays 100% of the amount in excess. A non-profit principle does, however, apply which means that fees may not be higher than the costs incurred by the service concerned. Szebehely and Trydegård argue that "although the max-fee reform in Sweden potentially made elder care services more accessible for all social groups, within the framework of the max fee legislation, each municipality decides on its own fee schedule and can do so in a way designed to reduce demand" (2011, 3). In most municipalities fees are income-graded, and are often higher for people who need only a few hours help with domestic chores, such as cleaning, shopping, and/or laundry. In other words, services are more costly - and less attractive - for older people with higher pensions and limited care needs. This means that for the better off it can be cheaper to purchase services from the

¹²⁹ The vast majority of elder care expenditure comes from municipal taxes (around 85%), and another 10% comes from national taxes (SALAR 2011, 9).

private market, paying the cost entirely out of their own pocket. Many of those who most need care services for themselves or their dependents do not have the resources to buy them.

In Alberta's continuing care system, although home care services are publicly-funded and provided – albeit with restrictive thresholds, and limited care provided through AHS - user fees are in place for both supportive living and LTC. In supportive living, residents are responsible for paying for their accommodation costs for their room, meals, housekeeping and any optional services that may be offered by the supportive living operator. Additional accommodation services that may be included in the basic package or are available for an extra fee to the resident can include personal choice services.¹³⁰ Supportive living operators determine the service packages that are available and costs for those packages or additional services that can be purchased. Individuals do not pay for publicly funded health and personal care services provided in a designated supportive living space,¹³¹ based on their assessed unmet need. Seniors lodges¹³² are governed under provincial legislation that protects low-to-moderate income seniors by ensuring that operators can only charge an accommodation rate that leaves senior residents with at least C\$265 a month for their personal expenses.

Affordable supportive living spaces that were funded in part with capital grant dollars from the province cannot charge residents more than the equivalent of what the maximum accommodation fees are for a private room in a LTC facility. Nonetheless, many of Alberta's seniors and their families feel that the costs are too high, with room and board in supportive living costing between C\$1650 to C\$3,000 per month (Edmonton Senior Newspaper 2011, 12). Lastly, LTC residents pay an accommodation fee to cover the costs of providing accommodations and services like meals, housekeeping and building maintenance. Health

¹³⁰ Examples of these types of services include hairdressing, personal laundry, and nail services.

¹³¹ Designated Supportive Living (DSL) is where AHS controls access to a specific number of spaces according to an agreement between AHS and the operator. DSL settings are a community-based living option where 24-hour on-site (scheduled and unscheduled) personal care and support services are provided by Health Care Aides (HCAs). In some DSL settings, personal care and support services are provided by 24-hour on-site Licensed Practical Nurses and HCAs.

¹³² Seniors lodges are supportive living settings operated under the *Alberta Housing Act*, which are designed to provide room and board for seniors who are functionally independent with or without the assistance of community-based services.

services in LTC are publicly-funded and provided through AHS. As in Sweden, a maximum monthly charge is in place for LTC¹³³ as is also the case for supportive living.

The private financing of elder care also includes privately purchased elder care, especially when the elderly lack family support. In both contexts recent forms of marketization, and especially the need to privately purchase elder care, have resulted in a stratifying tendency, with the elderly with lower incomes increasingly reliant on their families (whether by choice or not), whereas higher-income groups increasingly turn to the private market for services formerly provided by governments, or to services that supplement publicly provided elder care services. Yet in both places, when it comes to the elderly with more extensive care needs, privately purchased services are rarely an alternative to publicly funded services even for those with larger financial resources often find it too costly to purchase the care needed.

A feminist political economy approach reveals gender inequalities in this context, since women are particularly unlikely to have the resources to buy care. As Olson argues, “women not only live in a material world that differs significantly from men’s, but they also experience cumulative disadvantages over their life cycle: economic inequality between the genders tends to intensify and broaden at older ages” (2003, 99). These gendered differences are high amongst the elderly population because women’s receipt of benefits and also their pension amounts will continue to be hampered by their low wages, part-time work, and intermittent employment. Elderly women who are not married are also less likely to have any savings or assets aside from a home, and due to the increasing rates of divorce, this situation will often look more grim. In fact, according to Olson “only a small proportion of women have saved enough money to sufficiently cover their financial needs during their elder years” (2003, 101).

Despite the difficulties the elderly - of both genders - experience when trying to afford the private financing of elder care, this trend is growing with governments often claiming that the current generation of elderly will have more disposable income. For example, Alberta’s

¹³³ LTC fees were raised on January 1, 2013. The maximum accommodation charge that operators can apply in long-term care facilities increased by 5% or a maximum daily increase of C\$2.80.

- Private room – C\$58.70 per day from C\$55.90, a maximum increase of C\$2.80 per day (for a maximum monthly charge of C\$1,785);
- Semi-Private room – C\$50.80 per day from C\$48.40, a maximum increase of C\$2.40 per day (for a maximum monthly charge of C\$1,545); and
- Standard Room – C\$48.15 per day from C\$45.85, a maximum increase of C\$2.30 per day (for a maximum monthly charge of C\$1,465).

Continuing Care Strategy outlines that “future continuing care clients are expected to be less reliant on government sources of income, to have more disposable income, and have increased expectations for choice in their living accommodations” (GoA 2008, 14). The claim that the current generation of elderly will have more disposable income provides the justification for the recent focus in both Alberta and Sweden on the private financing of elder care. This obscures the fact that this policy turn is based primarily on governments’ fiscal priorities.

In Alberta, fiscal austerity has led resources to be applied to a more concentrated group of elderly people with extensive care needs. The GoA continues to raise the bar in terms of the qualifications for publicly funded elder care, and as a result, there have been noticeable changes in the population of residents admitted to LTC facilities. There has been a substantial decrease in LTC bed capacity as a function of the elderly population – from 5.256 per 100 elderly in 1996 to 4.0607 per 100 elderly in 2001, which is reflective of changes in government policy to increase thresholds (Wilson and Truman 2004). According to the Director of Supportive Living and LTC for Alberta Health, “the entire system has changed in terms of where people can get services and how serious the patients’ levels of care are in each care setting” (Interview, Grabusic 2011). Those who are entering are increasingly frail, with many people in LTC facilities being ‘the oldest old’¹³⁴ who have complicated medical and mental problems that require considerable care. The Director of the Alberta Council on Aging paints a vivid picture of these changes:

The Government of Alberta needs better clarity on long-term care...They have changed the definition so many times...For example, fifteen years ago it was not difficult to get into long-term care, and as such, you did not need to have any serious disability or mental illness before you could get yourself into long-term care. There were people that were in there because they did not have family supports, perhaps because of estrangement. Over the years I have noticed that the percentage of people in wheelchairs has gone up gradually, the number of people who need help with eating has gone up, and the number of long-term care facilities that will deal with the most serious of long-term care has not increased while the percentage of elderly has increased...So some of the ones whose conditions are not quite as serious, but still serious and in desperate need of long-term care can no longer get in (Interview, Pool 2011).

¹³⁴ In the literature, references to the ‘oldest old’ typically refer to those over 80+.

Keating echoes these sentiments when she explains that the current climate of continuing care in Alberta is very different than that of the past with “facilities for people who are extremely frail...This was not the case 20 years ago” (Interview, 2011).

Increasing thresholds have left many of Alberta’s seniors residing outside of hospitals without appropriate support services in place:

The 78-year-old, who lives in a disabled suite in a seniors apartment [in Alberta] where she cooks her own meals, was worried about slipping in the bathtub and breaking a bone...But she was turned down for home care this past spring [2009] because of budget cutbacks and because she had family to help – who live one hour away – plus a 96-year-old neighbor with a heart pacemaker who could continue to help her by making the occasional meal of chicken soup or hovering nearby during bath time...[This elderly Albertan was] upset at [the former] Premier Ed Stelmach, who said he wants to keep seniors comfortable and cared for in their homes by providing enhanced home care and having health services come to them instead of forcing seniors into institution-like long-term-care facilities (Sinnema 2009).

The underlying motivation for increasing thresholds is to reduce the demand for hospital beds, ease congestion in emergency departments, and add capacity to the overall health-care system because sending people home with extremely limited home care displaces responsibility for social reproduction from the public system to the private sphere of the home and family, or more specifically to women, who typically provide informal elder care.

Similarly, in Sweden thresholds for approval for all publicly funded elder care services have increased. Szebehely argues that “along the spectrum, at every level, and in every type of elder care service and/or accommodation type, seniors approved for elder care are increasingly frail” (Interview, Szebehely 2011). With only the frailest elderly admitted to nursing and care homes, the elderly with a level that may have previously been placed in nursing and care homes are now considered appropriate clients for perhaps a service home, or even lower on the spectrum in seniors’ accommodations, accompanied by a trend towards the targeting of home care services to/for the most needy. This can be seen by the fact that in 1980 public home care was used by 16% of older people 65+ and over and by 34% of those 80+ (Nososco 2009). At that time, the coverage was similar in the neighboring Nordic countries, and much higher than in the rest of the world. Then, things changed, and in 2008 there was a decline shown by the fact that only 9% of the population 65+ and 22% of those 80+ were receiving home care in Sweden

(Nososco 2009). The decline in the number of home care recipients in Sweden was particularly dramatic among younger elderly, and the use of home care has been reduced among the oldest old who are in the 80+ group. These changes show that, much like in Alberta, home care services have become concentrated on those with the greatest needs due to increasing thresholds for entry into the publicly provided elder care system.¹³⁵

In order to materialize increasing thresholds, many municipalities in Sweden have created restrictive local guidelines for their care services, with more stringent gate-keeping performed by care managers.¹³⁶ As Szebehely and Trydegård argue, “their [the care managers’] latitude for discretion has diminished as restrictive local guidelines have proved to dominate over professional judgments” (2010, 11). Recent changes have had an impact on the care managers’ assessments and decisions, especially since increasingly, care managers are urged to consider the municipal budget and stick to the restrictive local guidelines, rather than considering the individual elderly peoples’ situations and needs, as prescribed by legislation. In fact, according to Szebehely and Trydegård “studies have shown that needs assessments often take their starting point in the ‘municipal tool-box’, i.e. people’s needs are transformed into what services the municipality can offer, and a suitable client is thus constructed” (2010, 10).¹³⁷ The Ombudsman for the Elderly in Stockholm, Sweden adds weight to their argument:

The municipality communicates with social workers. Social workers then try to be good gate keepers, and as a result, most social workers will not provide care unless it is asked for, even if they can see that the elderly need it. If the gate keeper has not done the proper social work to decide on the appropriate intervention then the elderly fall through the cracks as we are seeing more and more (Interview, Burenus 2011).

Similar efforts are being made for Alberta by case managers and assessors through the AHS Coordinated Access Program where all clients are assessed for access to the most ‘appropriate’ level of care and identified program. Recently in Alberta there has been a strategic shift in promoting supportive living options as the most appropriate level of care for many elderly. GoA

¹³⁵ The Nordic countries are no longer homogeneous with respect to home care coverage, and several European countries have higher coverage than in Sweden (Huber et al. 2009).

¹³⁶ Care managers in both contexts are typically social workers.

¹³⁷ There is, however, the option for citizens to appeal against elder care decisions they feel have not been fairly assessed; a process which involves having the case assessed in an administrative court (Szebehely and Trydegård 2010, 10).

officials and bureaucrats are marketing supportive living as a more attractive option compared to LTC for reasons such as the fact that they can bring some of their own possessions into the home. In reality, the GoA views the placement of Alberta's elderly in supportive living as an opportunity to reduce its costs. For example, for those living in LTC, the costs of both drugs and care are covered under Alberta Health Care, however this is not the case for those in supportive living. This indicates the substantial financial incentives behind the GoAs focus on supportive living options for the elderly: costs are transferred from the public sector onto individuals and their families, i.e. the private sphere. The Executive Director for the Institute for Continuing Care Education and Research comments on this:

It is not that I think everyone should live in a long-term care facility, but when you are in a long-term care facility the price is set and includes your medications, health-care, etc...The lower down you go on the continuing care spectrum from long-term care towards home care, the more responsibility is put on the shoulders of the individual...If you are in supportive living, or at home, virtually nothing is covered...*You* have to pay...If you are lucky, there can be a certain [limited] amount of home care covered by Alberta Health Services, but if you need anything more *you* have to pay, and your medications are on you, and that is one of the things they have changed is how the government co-funds, ...They don't co-fund as much as they used to... So, the reason for people being moved to these lower levels like supportive living [along the continuing care continuum] is to get away with the government putting less money into elder care (*emphasis added*) (Interview, Woodhead-Lyons 2011).

This suggests that the discourse of autonomy and 'independent living' can - and is - being used to legitimate neo-liberal policies and cutbacks in the area of elder care. This cost shifting is justified by some like, for example, Director of Supportive Living and LTC for Alberta Health who states that "when you do find yourself in supportive living, naturally there are personal accommodation costs...these costs to the individual are the same costs we are responsible for throughout our life course i.e. meals, shelter, etc." (Interview, Grabusic 2011).

Given rising thresholds and the resulting decline in the availability and provision of elder care, informal elder caregivers have had to increase the amount of elder care that they provide. Alberta's *Continuing Care Strategy* makes clear the reliance on informal family care that takes place in the private sphere: "with the realization that many *families* take on the responsibility for their loved one's care...Additional training and education will help *them [families]* feel more capable of giving care knowing that their loved one's needs are being safely met in a high-

quality environment" (AHW 2008, 4 *emphasis added*). Elder care is increasingly off-loaded onto informal family elder caregivers (the majority being women) in the private sphere as governments make efforts to limit the amount of services provided in efforts to minimize the expenditures on elder care health and social services. For example, in the *Aging Population Policy Framework* the roles and responsibilities of *individuals and families* in elder care provision were reinforced (GOA 2010, iii). Thus, the document highlights that:

Individuals have primary responsibility for preparing for their senior years. This includes meeting their own basic needs, and securing the resources they will require for the lifestyle they choose as they age. The decisions and choices made by *individuals* throughout the course of their lives have implications for their senior years. In consultation with their families and support networks, *individual* Albertans also have the responsibility to consider and plan for changes in their needs as they age...*Individuals, their families and support networks also play important roles in supporting each other's wellness and well-being* (GoA 2010, 11, *emphasis added*).

This quote from the *Aging Population Policy Framework* presents a clear normative statement of individualism/neo-liberalism. An ethics of care approach provides a challenging counter-argument to this, since although it mentions families and support networks, it clearly subordinates them to the individual, or sees them as mere instruments to stamp out dependence (on the state) and ensure individual autonomy/independence.

Commenting on the Swedish context, Szebehely and Trydegård state that "the boundary line between formal and informal care has changed since the late 1980s, with a trend of informalization of care: public home care services have decreased whereas grown up children and other close kin outside the household have enlarged their care contributions. Their next-of-kin have shouldered an increased care responsibility, both as a substitute for lacking public home care and as a supplement to home care services for those with larger care needs" (2008, 14). Moreover, the Swedish and Albertan governments have both become preoccupied with the financial benefits of this informal elder care provided in the private sphere.

Implicit in this emphasis on the cost effectiveness of care within the private sphere is, however, the assumption that informal care is somehow free, an orientation reflecting conventional accounting systems in which unpaid domestic labor is privatized and not counted in estimates of economic production. The feminist political economy reveals that this process does not take into account the true costs of these changes, and dilutes the protective features of

welfare state programs and the increasing inequalities linked to gender. Rather than saving money for Albertans and Swedes, recent shifts are more about shifting in costs to the private sphere of the family than about saving money overall. Just because informal care is not reflected in any public expenditure equation does not mean that it has no value, and/or associated costs. For example, as Harrington argues, “when the elderly are cared for in institutional settings, the costs of providing care include the wages paid to the formal elder caregivers, however, when the same tasks are performed by informal caregivers, the economic costs are overlooked because no wages are paid and there are no costs to any government agency” (2010, 37). What this perspective neglects is therefore the opportunity costs associated with informal elder caregiving.

The true costs of transferring the responsibility of elder care to the private sphere cannot be estimated accurately when there is an exclusive focus on public expenditures. This is demonstrated in a study that was carried out by Fast and Frederick (1999) who found that the estimated replacement value of the work performed by informal caregivers in Canada exceeded five billion annually. In a similar vein, the Eurobarometer (2007) demonstrates that approximately 10% of Swedes expect to give up work or reduce work hours to take care of their elderly parents. Such lost wages and benefits should be considered in making cost evaluations, not only for current expenditures related to the care of the elderly, but also for potential costs related to future care of current caregivers who may have reduced their retirement funds by diminishing earnings.

This reliance on informal elder care provided by friends and family in the private sphere is growing in both Alberta and Sweden. In Sweden, along with the development of public elder care services in the postwar period families became accustomed to playing a supplementary role. Although today the elderly still have a right to request publicly provided services to support themselves in their everyday lives, “if needs cannot be met in any other way” according to the Social Services Act (1982), it seems that Sweden is more focused on meeting needs through informal elder care provided by families. The family still does not have a legal responsibility to provide care, however, family care continues to be an important source of care for the elderly, and has been of increasing importance in recent years. This escalated in 1987 when it was officially stated that informal care by families, and more specifically women, was a supplement to public services when the government proposed a new support program for care providers (Government proposal 1987/88, 176; 92). These changes can be seen reflected in results found in

the work of Sundström et al. (2002) who have estimated that, in Sweden in the year 2000, families provided 70% of all care for elderly 75+; an increase from 60% in 1994. Findings from the National Board of Health and Welfare add to the evidence reporting that more than a million Swedes provide informal care to their elderly loved ones (SALAR 2009). This demonstrates why informal elder care is now considered the most frequent type of elder care in Sweden, with family members, relatives, friends, and neighbors being the most frequent elder care providers.

The case of Alberta is different than that of Sweden in that, as Harrington argues “the provision of elder care has historically been understood to be a family responsibility” (2010, 33). Albertans, and Canadians more generally, provide significant amounts of unpaid care to the elderly, and today, informal care remains the primary source of assistance to the elderly. In fact, approximately 80-90% of elder care in Canada is provided informally in the private sphere with Canadian families providing “the lion’s share of caring for relatives who are in need of daily assistance” (Neysmith 2006, 398). A poll released by Investors Group found that 69% of Canadians aged 43 to 63 years of age have at least one living parent or parent-in-law, and of this group, one-third were providing some form of support to their parents (Chevreau 2009). More specifically, the number of Albertans 45+ years of age who are currently caring for an elderly person is 25% (Interview, Mann 2011). Keating commented on the increasing demands on informal elder caregivers in Alberta, and how the amount of elder care provided varies over time:

The vast majority of care provided to elderly is provided by families and a substantial proportion of that is provided by friends and neighbors. It is substantial and often unrecognized. We do not really know how this compares to previous generations. I would think that even in the past 50 years it has probably fluctuated up and down (Interview, Keating 2011).

This reliance on informal elder care has meant that in Alberta and Sweden, elderly people are often forced to move in with their children or other relatives when they can no longer take care of themselves, due to the increasing thresholds and rationing of care, and the lack of options that accompany this rationing. This is not ideal since the majority of elderly people wish to avoid being dependent on their families, with many elderly expressing a preference for public over private/informal sources of assistance. Keating explains that “older people in Canada are least enamored with the idea that the children provide the care” (Interview, Keating 2011), and according to the latest available Swedish figures from 2000, only around 10% of elderly people

prefer to get help with cleaning or laundry from a daughter or another relative or friend and even fewer prefer family help with more intimate tasks such as help to bathe; 80% would prefer formal care rather than informal family care (Szebehely and Trydegård 2011, 10). These preferences indicate that the elderly in both contexts do not want to intrude on their childrens'/families' lives and burden them with elder care work. This reliance on informal care therefore seems to be coerced rather than voluntarily chosen in both contexts by the less resourceful groups of elderly people and their families. The Director of the Canadian Association for Retired Persons provides a troubling example of how this coercion materialized in Alberta:

Our good friend who got cancer did not bother having it treated because she did not think she had anyone to take care of her. She died in 3 months...What we are seeing happen now is no different from an Inuit going out on an iceberg to die because they do not have anyone to care for them. I think that we have an iceberg situation because people fear that the caregiving needed will not be there and/or that they do not want to burden their families with having to care for them (Interview, Perry 2011).

The example provided here demonstrates that recent marketization trends often leave the elderly with only having the option to access informal elder care in the private sphere as opposed to publicly funded formal elder care. This lack of options can have serious repercussions for the elderly and their families.

Despite these realities, the Albertan and Swedish governments continue enacting policies that rely on informal elder care, and moreover, that assume that there exists, and will always exist, a pool of private labor available to provide informal elder care that is subject to the pressures of affect, kinship obligation and duty, reciprocity, altruism and habit. That both societies are addressing elder care issues in this way has important implications for the achievement of gender equality. The impacts of this reliance on informal elder care are far greater on women than on men. This is based on the fact that informal elder caregivers are primarily women, with women continuing to dominate in the invisible informal care sector in both Alberta and Sweden. Daughters, daughters-in-law, and not least spouses, who are often frail themselves, carry out most of the informal caregiving within families. Strawbridge and Wallhagen speak to this when they explain that “policies and programs have side effects, some of them quite serious. One negative consequence of promoting family care is that women are

likely to be unfairly burdened since caregiving responsibilities fall primarily on women" (1992, 88).

Not only do women provide more care, but they also provide different kinds of care when compared to their male counterparts, with women taking the overwhelming majority of responsibility for direct personal care. Keating commented on the types of care often provided by Albertan women:

Women provide more hours of care and provide the hands on day to day tasks that require you to be there i.e. meal preparation, bathing, etc. Men are more likely to do intermittent and gendered care such as lawn maintenance and bureaucratic mediation. Fewer men are likely to be spouse caregivers...It is not straightforward. What I find quite interesting is that among spousal caregivers men report providing more care to their wives than the women to their husbands. But, what I can say is that it is certainly gendered when you look at the differences in tasks performed (Interview, Keating 2011).

Another example demonstrating the gendered nature of informal elder care provision can be seen in the Swedish context in the work of Jonsson et al., where they interviewed a daughter while carrying out their research that told them that when her mother announced that she did not like the pre-packed food delivered a whole week at a time: "then somebody had told her that if she had a daughter, then the daughter could cook for her and put the meals in the freezer. But my mother told them that her daughter was working and had a family of her own..." (2011, 637). This example demonstrates the gendered assumptions that can be found in both Alberta and Sweden where women are/will be the primary informal elder caregivers.

Women's motivations for accepting the often strenuous informal elder caregiving roles are, however, much less researched and understood. It seems as though women care for a number of reasons outlined by Olson: first, there seems to be a type of 'confluence of socialization' (i.e. women's internalized need to care for others, even at the expense of the self, as well as their considerable capacity for empathy, intimacy, and connectedness); second, patriarchal power relations that not only define women's roles and obligations but also devalue females and their own needs; third, the gendered workplace often relegates women to low-paid work; fourth, pressures from relatives, service providers, and other outside forces; and fifth, the lack of viable alternatives (2003, 56-57). As Abel argues, these factors can be seen as "both a profound personal experience and an oppressive social institution [since] caregiving can contribute to a

person's sense of connection, yet it can also interfere with the activities that contribute to a sense of competence in adulthood and to economic independence" (1989, 79). Both the feminist political economy and the feminist ethics of care reveal the relations of power - gender, class, age etc. - and the cultural norms which include hegemonic masculinities where caring is not seen as part of the 'normal' masculinity, and cultural sexism that allow this system to persist.

Many women fall into elder care work because there is a lack of available or acceptable publicly funded elder care. In fact, women typically find themselves falling into caring roles throughout their life span. Many women begin taking care of an elderly relative soon after rearing their children, while others, often called the 'sandwich generation' provide elder care while also caring for their children. According to the Executive Director of the Alberta Caregivers Association:

Family caregivers often sacrifice their own needs to care for their loved ones, and their life circumstances are most often not taken into consideration. Some of them are also already caring for a disabled son/daughter. When these types of responsibilities are topped off with informal elder care responsibilities, they often turn out to be very bad situations (Interview, Mann 2011).

The sandwich generation - and elder caregiving more generally - can last several years because the elderly are often afflicted with chronic diseases that tend to last for a long time. Some women end up spending more years caring for their elderly parents than for their children, with women most often having limited choices about whether or when to provide elder care.

In Alberta and Sweden, these informal elder care responsibilities are, however, not evenly distributed across the female population. There is evidence of a class-based divide in the elder caregiving experience since elder caregivers encounter different realities based on their socioeconomic experiences. In both contexts, those with lower incomes provide more care. This means that often women with the least resources have the fewest choices. As Sunesson et al. argue "selective welfare systems always carry with them the opportunity for some people to replace lacking public welfare with welfare arrangements obtained from the market. Families that cannot afford to buy personal social services will have to provide them themselves" (1998, 22). The problem compounds since low-income wage earners typically have rigid schedules, limited (if any) sick days, and often risk being fired and/or laid off if they are late or take time away from work. In addition, low-income women are also less able to afford to take time off

even if it is available by their employers. In contrast, higher income earners are more likely to have dependent care assistance, family leaves, more job autonomy, and flexible work options. As Olson argues, “middle- and upper-class women also have greater financial resources for resolving conflicts between their work and elder care obligations, as they can often afford to hire private help to provide some, if not all, of the elder care work” (2003, 62).¹³⁸

The diverse situation of informal elder caregivers also becomes more complex when one considers that some racial and ethnic minorities - due to religious and cultural mandates - have even higher expectations in terms of the elder care they should provide for their elderly family members. As Olson argues, many cultures entail “values [that] emphasize collectivism, interdependence, and mutual assistance, [and] the dependency of frail older people on their family is both expected and accepted as a predictable phase of the life cycle” (2003, 128). Some cultural groups place substantial importance on a high sense of filial loyalty, fostering strong bonds within the extended family, and a high status for elderly family members. In addition, while some racial and ethnic minority elderly do live in their own homes, within some cultures there is the expectation that their elderly kin will move in with their adult children.¹³⁹

With increasing longevity, this means that racial and ethnic minority women may have several generations and large numbers of relatives to provide informal care for, sometimes with four generations residing in the same home. These types of multigenerational households are quite common among migrant families in Alberta (Interview, Mann 2011). Trends are, however, changing. For example, in Alberta, although in the Chinese culture extended family would traditionally look after elderly, many immigrants are 2nd and/or 3rd generation Canadians are now deciding not to look after their elderly kin (Interview, Choo 2011). Meanwhile, in Sweden intergenerational cohabitation hardly exists (Jonsson et al. 2011), so this is not so much of an issue.

Regardless of income-level this shifting of elder care onto informal family care providers has adverse impacts on the economic, physical, emotional, and social health of those doing the care work. There are a variety of economic costs incurred by caregivers such as out of pocket

¹³⁸ Privileged middle- and upper-class elder caregivers do, however, still encounter obstacles, as they are still responsible for arranging and coordinating sources of help (Stoller 1993, 163). On top of having to hire and coordinate their paid elder caregivers, they often struggle with high turnover rates of caregivers, many who fail to show up, and are often late and/or sick (Olson 2003, 62).

¹³⁹ Many racial and ethnic elderly people are forced to move in with their children due to having no other financial options (Olson 2003, 128).

expenses which can include for example: medications that are not covered, mobility aids, etc. that informal elder caregivers often pay for. Costs related to employment are another important category of economic costs incurred by caregivers. For example, an informal elder caregiver going from full-time to part-time employment has to accept lower pay, pension, and potentially truncate their career advancement. These informal elder care providers are being financially penalized due to the price attached to caring for their elderly family members.

Aside from the economic impacts that elder caregiving can have, the care that one is providing can take up every moment of one's day. As Liu et al. argue, "this tends to leave many elder caregivers with little time to attend to their own needs, curtailing any leisure, limiting outside relationships, and restricting freedom in other respects as well" (2010, 172). As a result, elder caregiving can be emotionally draining, with one of the most emotionally devastating experiences of informal elder caregivers being to watch the family member they are caring for deteriorate, become depressed, and/or engage in inappropriate behaviors. For example, in addition to impairments in cognition, Alzheimer's disease and other mental illnesses may cause disconcerting vacillations in mood and behavior, loss of impulse control, and extreme agitation. This means that, in the case of older couples, the caregiver is losing the companionship and comfort of her/his lifelong partner, a process that is very difficult for most. In addition to potential emotional health problems, physical health problems may also accrue since many of the tasks involved in caring for the elderly involve lifting, moving, and transferring them as they often require assistance in getting out of bed, going to the washroom, bathing, etc. This demonstrates that providing for the full range of needs of the elderly can be extraordinary work, taking physical and emotional tolls.

Accordingly, deteriorating health, exhaustion, anger, conflict, frustration, feelings of helplessness and hopelessness, strain, guilt, and social isolation are frequent among informal elder caregivers; with research linking caregiving stress to substantially increased rates of depression. For example, of the more than two million informal caregivers in Canada, one in six say that the responsibilities they are faced with lead to difficulty in coping, feelings of anger, depression, and anxiety (Chai 2010). In fact, many informal elder caregivers report medical problems, mental problems, and/or both, as well as greater alcohol and psychotropic drug use (Alzheimer's Association and National Alliance for Caregiving 1999). If the stress builds, family members providing support can become unable to continue in their role, which can lead to

institutionalization, potentially for the care recipient, and the caregiver, if he/she is also a senior. This is why Ward-Griffin and McKeever argue that “caregivers may themselves use the health system more because of health problems that have developed as a result of the elder caregiving experience they provide” (2000, 101).

Nevertheless, despite the difficulties, and sometimes devastating financial, emotional, and physical ramifications, elder caregivers tend to help their relatives until it is no longer possible. Many people feel filial obligations with elder care often based on love and affection, or more specifically, wanting to care for a parent or spouse that one has developed a bond with; for many, elder care is truly a ‘labor of love’ (Clement 1996, 101). Levitsky comments on the remarkable persistence of the belief in family responsibility for care provision:

The belief in taking care of one’s own, of handling long-term care problems within the family, and the fear and guilt of being viewed as a ‘bad’ son or daughter or deficient spouse for seeking help with care, all reinforce an understanding of caregiving as a private, and individual – rather than public or social - responsibility (2010, 224).

For many people in both contexts, institutionalization can only occur when there are available elder care spaces, when elder care is affordable, and is moreover often seen as a final resort. As such, it usually only occurs after years of elder care having been provided by families/individuals and after the caregiving has become too psychologically taxing and/or physically unmanageable, the family is relocating, and/or the condition of the elderly person has become overly complex. Even in these situations, which are often full of good intentions, a sense of guilt frequently occurs when they observe the often low levels of quality elder care provided to their loved ones.

This section has provided evidence that demand side marketization trends such as the direct purchasing of care by individuals and their families are occurring in both contexts, and furthermore, that they reinforce a shift towards increasingly dualized care systems with more and better services coming available for those who can afford it, and meager basic services or placement of a far greater share of the burden of care on the informal private sphere of the family for the rest. Armstrong and Armstrong comment on this growth in inequalities amongst the elderly and their caregivers and say that “increasingly, for both individuals and their care providers, financial resources determine both what choices they have and whether they get or

give care. As a result, inequality grows and genuine choice is available only to those with the ability to pay for alternatives" (2008, 47).

Conclusion

The increasing thresholds for LTC make it clear that promises of health and social care for the elderly are being revoked as balancing budgets becomes increasingly entrenched as the paramount public policy goal (Aronson and Neysmith 1997, 41).

The roles of the state, the market, the non-profit sector, and the family have changed, and continue to change due to the politically constructed challenges presented by fiscal concerns combined with the aging population, and the deployment of 'choice' and 'autonomy' discourse used to justify neo-liberal and marketization trends.

This chapter has illuminated the consequences associated with supply side and demand side marketization on elder care policy. In particular, feminist political economy exposes the way these elder care policy shifts shape the limits of what is seen to be reasonable or possible in terms of supports and services for the elderly and their caregivers. The concepts of social reproduction; the public-private dichotomy; and care ethics unveil how the family interacts with other key institutional bases. Moreover, these concepts expose the way in which (elder) care as a private activity has been constructed, which creates space for thinking about alternative ways of organizing society, and highlights the ways in which the family interacts with these other key institutional bases of elder care policy analysis.

Although there was an increase in what could be considered to be an elder *care* policy orientation during the postwar period, since the 1980s there has been a marked decrease, which has created a growing gap between available public resources on the one hand, and the needs on the part of the growing elderly population on the other. The distribution of state resources for elder care on the basis of a market model is inadequate because it is blind to the moral basis on which decisions about elder care are being made. Next, the concluding chapter will offer an overview of the central themes that came out of the research and supplementary interviews carried out in the making of this thesis, provide thoughts on its research limitations, and put forward ideas for further research.

Chapter 6 –Concluding Thoughts

Introduction

Whatever the structure of existing systems, these are in many ways a manifestation of historically rooted, welfare ideologies. Thus service provision and policies in all countries are formulated within the context of long-established welfare traditions which pervade attitudes and expectations and which have resulted in particular arrangements regarding the role of the state and the extent and criteria of welfare provision...But policies are not solely 'predetermined' by such historical legacies. Within this context, policy measures can vary and welfare regimes can themselves be subject to change or modification. At any given point in time, economic and political factors are powerful in affecting policies (Jamieson 1991, 286-287).

Elder care policies, which have become a growing priority for welfare states, have significant gendered implications, making the topic and more specifically the central and sub-research questions of this thesis particularly timely. The integration of care ethics and feminist political economy was used as a framework in addressing these research questions. Care ethics has developed into an impressive body of literature, expanding beyond its beginnings in social psychology to engage with a variety of other social science disciplines.¹⁴⁰ This work has informed theory and practice, generating rich accounts of care ethics for multiple and overlapping kinds of relationships, and for a variety of contexts. In particular, the past ten years has witnessed sizeable growth in the amount of feminist work done that is less 'normative' and more 'critical,'¹⁴¹ In spite of this move, most work in care ethics remains centrally concerned with care as a moral disposition – albeit one that emerges out of concrete social practices. Feminist political economy, by contrast, is committed to analyzing the material conditions through which gender oppression operates.

The feminist political economy takes a different approach to reveal the gendered understandings of elder care, emphasizing the ways that elder care policies are embedded in the broader socio-economic and political relations of power. It does so by taking into consideration

¹⁴⁰ Please refer to Chapter Two for a discussion about this.

¹⁴¹ Critical theory is a school of thought that stresses the reflective assessment and critique of society and culture by applying knowledge from the social sciences and the humanities.

the economic, social, ideological, and political processes that guide elder care.¹⁴² Moreover, in addition to the more abstract feminist political economy concept of social reproduction, work on care regimes has been developed by a number of feminists and is useful in comparative work as it demonstrates how the family is still an important provider of care, but that policies of various countries are supporting and/or supplementing families in diverse ways, resulting in different social and economic outcomes. For example, Bettio and Plantenga (2004) compare and categorize care strategies for the elderly and children in member states of the EU while taking into account the different modalities for providing care, like for example social services. They explain that because ideas/ideals about care are an important component of individual national identities, care regimes also act as independent incentive structures that affect patterns of women's labor market participation and fertility (Bettio and Plantenga 2004).

Although Chapter Two has shown that the ethics of care and the feminist political economy have been the basis of much fruitful - and often critical - research/work on their own, the approach taken in this thesis uses an integrated lens of care ethics and feminist political economy. Integrating the ethic of care and a feminist political economy in this way moves the ethics of care away from the realm of normative feminist theory towards the realm of critical theory by grounding it in the real world.¹⁴³ Thus, in the context of this thesis, integrating the ethic of care and feminist political economy ensures that the normative considerations of how we should care for one another are grounded in critical analysis of the material and ideational structures and processes of the political economy.

Accordingly, the feminist political economy and the ethics of care have been used throughout this thesis to compare and analyze elder care policies in Alberta – an exemplar of the liberal welfare regimes - and Sweden - the ideal-typical social democratic regime - from the post-WWII period until the end of 2011. WWII was chosen as the starting point because it constitutes a turning point in the development of the welfare states of Alberta and Sweden when an expanded role of the state in economic and social life came to be increasingly accepted, and this was reflected in postwar elder care policy developments. Demanding better conditions after

¹⁴² Please refer to Chapter Two for a discussion about this.

¹⁴³ In this I realize that I am not alone, with authors such as Tronto, Robinson, Williams, and Sevenhuijsen also taking this approach.

the sacrifices made during WWII, people in Alberta and Sweden came to benefit from the shared responsibility for elder care through state involvement.

One would expect considerable differences in the elder care policies of Alberta and Sweden given their location in very different welfare regimes. The structure of the latter, which reflects distinct societal values concerning the roles and responsibilities of the public and private spheres, affects both the human and financial resources available for elder care, and this in turn holds significant implications for gender relations. As this thesis has shown, such differences did emerge in the postwar years, in ways that regime theory would predict. Nevertheless, while differences are still apparent, since the 1980s there has been increasing enthusiasm for neo-liberal ideas favoring competition and choice in both places. These changes have been fuelled by different sources - by increasing pressures on public finances in Alberta, and by the political-ideological 'crisis' and shift towards the right in Sweden. In both cases, however, the neo-liberal turn has resulted in a decrease in the supply of publicly provided elder care at a time when the demand is rising. As a result, welfare regimes are experiencing what many have called a 'crisis of elder care'.

This chapter begins by providing a summary of the common themes that emerged from the documentary sources and the 41 supplementary interviews undertaken in the research for this thesis. This is followed by reflections on the research limitations of the thesis. Finally, ideas for future research are explored. I hope that the thesis may inspire future academic work on this important topic as well as contribute to the formation of future elder care policy development. The overarching goal, however, is to contribute to the well-being of the elderly and elder caregivers.

Central themes

As indicated in Chapter One, the supplementary interviews were used primarily to verify the consistency of information generated by my research of written sources. The interviews, however, went much deeper than simply a shallow collection of anecdotes. Rather, I found that four common patterns emerged in Alberta and Sweden which helped to expose the nature of elder care in both places.

First, growing numbers of elderly people do not have access to (informal or formal) elder care. This lack of care was seen as stemming from either increasing eligibility thresholds for

government provided programs and services (lack of access to formal elder care), and/or the lack of a spouse, children, family, or friends to provide care (lack of access to informal elder care). As the Director of Sweden's National Pensioners Organization indicated, "the thresholds have been raised to receive the help you need. It is more difficult to get help compared to before. To give you an example, if you need a place in special housing, it is very difficult to get this help unless you have a cognitive disease" (Interview, Lööv 2011). As a result, the elderly are at risk of experiencing exploitation, suffering from self-neglect, and living in unsuitable environments. The Director of the Alberta Council on Aging corroborated these concerns: "the ability for the elderly to keep up with their medicine is an issue, especially if they have some memory problems. If they are in their own home, they can either double dose, or might not take it at all, leaving them in dangerous situations" (Interview, Pool 2011).

Second, the role played by the informal elder care sector has changed, and continues to change - in different ways - since the postwar period when Alberta and Sweden began to develop elder care policies. Due to insufficient public funding allocation and services, elder care has predominantly remained in private households, where it is mainly provided by women, but managed by the state through social and health policies.¹⁴⁴ One of the most common ways for governments to do this is through 'aging in place' policies. Although governments are selling the idea that the elderly often require minimal formal supports (such as marginal home care hours) to remain in the community, in reality the elderly often require significantly more care than that being offered by governments given that mental illness, cognitive deficits, and/or functional impairments are common amongst this group, and especially amongst the eldest elderly. Thus, often the elderly have no other option but to rely on informal elder care (if it is available) to make up for the care deficit. As a Swedish expert on elder care explained "families have been caring for the elderly for a long time in Sweden. There was a belief that the public took care of everything but this was not true... Now we know that families provide most of the care of the elderly with 70-75% of elder care performed by families" (Interview, Britt-Sand 2011).

¹⁴⁴ Families are providing between 80 to 90% of all care for the elderly in Alberta and Sweden. Statement based on my PhD thesis field research that was generated through interviews carried out in 2011 in Alberta and Sweden with informal elder caregiver advocacy groups, formal elder caregiver advocacy groups, executive level government workers, and academics specializing in the field. Further details about these interviews are included in the Appendix A, B, C, and D.

Third, the low pay and precarious working conditions (due to increasing workloads and work-scope creep) of formal elder care workers was a topic of many interviews. This situation is exacerbated by the fact that elder care involves both social and medical skills, and moreover, that these occupations are physically and mentally demanding. High turnover rates were cited as a symptom of these unsatisfactory working conditions and levels of compensation. Moreover, they cited this trend as having significant repercussions in terms of quality and continuity of formal care available for the elderly. As the Senior Workforce Planner with Alberta Health underlined "Tim Hortons and McDonalds provide benefits, education bursaries, and more regular hours than those offered for elder care workers. So, it is not a surprise that people leave continuing care for other jobs when they are having to work very hard at several jobs in order to make a living...unfortunately, it is our vulnerable elderly Albertans who suffer without the amount or quality of care they need" (Interview, Carmichael 2011).

Fourth, the people I interviewed spoke about politically driven changes occurring in the field of elder care based on economic motivations signaling neo-liberal trends. Specifically, in Sweden the 'RUT avdrag/Tax-subsidized household services,' and the 2009 Act on Free Choice Systems (LOV) were provided as examples of marketization trends. In Alberta, the increasing emphasis on the community, families, individuals, and voluntary organizations in "partnership" was often discussed, along with the 2008 *Continuing Care Strategy: Aging in the Right Place* which points to 'choice' as the driver of change. Both examples emphasize individualism and autonomy values inherent in neo-liberal ideology.

These four common patterns can be located in the broader changes that have occurred in Alberta and Sweden, and demonstrate that their welfare regimes are diverging with a common trajectory. This thesis has shown that the period between the 1980s and 2011 witnessed normative shifts involving the increasing withdrawal of the state from the provision of public elder care services in favor of a role as supplier of elder care services, and away from viewing individuals as responsible citizens and community members participating in collective decision-making to seeing them as users, consumers and customers acting in market-like institutions. Thus, marketization, privatization, and consumer choice have become dominant metaphors in the rhetoric surrounding the 'modernization' or 'renewal' of the public sector. These trends reflect the way that Alberta and Sweden have come to make normative judgments about elder care

guided by market logic rather than elder care needs, social relations, social processes, systems of knowledge, cultural images, and value systems.

Although they are moving in a common trajectory, this thesis also reveals that Alberta and Sweden's elder care policies continue to reflect the differences between 'liberal' and 'social democratic' regimes¹⁴⁵ thus demonstrating divergence and the effect of policy legacies. This was highlighted in the thesis by continuing differences in the degree of privatization in Alberta and Sweden. For example, in Alberta private for-profit provision accounted for approximately 70% of home care, 18% of supportive living, and 33% of LTC, while in Sweden private for-profit provision accounted for approximately 20% of elder care provision in home help/home care and special housing.¹⁴⁶ In Alberta marketization has not so much involved a move from public ownership to private ownership, but rather from private non-profit to private for-profit ownership. In contrast, in Sweden the postwar period welfare services took the form of publicly provided services based on a commitment to universalism. The lesser extent of reliance on the private for-profit sector in Sweden reflects the impact of their policy legacies on contemporary elder care policies and services.

It is certainly the case that in both, the market is being granted a greater role than before. This is ushering in important changes in what is considered elder care and the conditions under which it is carried out. This trend in regard to the 'marketization' of elder care is complex and multi-faceted, involving changes in the balance of the mixed economy of service provision and an increased faith in the application of market principles to the public sector. In other words, what is happening is more complicated than simple cuts in the levels of service provision. Nor does 'privatization' adequately capture what is underway, although in many countries the balance of provision has shifted away from the state and towards the 'independent' (both commercial and voluntary) sector.

As the process of social regulation has shifted from state to market, in line with the neo-liberal ideology, the capacity of individuals to provide for themselves through their participation in the labor market has become the central requirement of citizenship. Markets assume the existence of 'independent', competitive individuals, with the legal capacity to contract. Even the most zealous exponents of market individualism have assumed that there would be a private

¹⁴⁵ With the boundary between welfare regimes becoming increasingly blurred.

¹⁴⁶ More detail is provided on provider types in Alberta and Sweden in Appendix E and Appendix F.

sphere of the family that would provide elder care to those who could not compete in the market. This has become increasingly problematic since informal elder caregivers - who are typically women - often cannot lay claim to social assistance on the basis of their elder caregiving responsibilities. As Harder argues, "in this universal expectation of labor market participation then, the neo-liberal state erodes the significance of gender" (2003, 8). Feminists have demonstrated how this notion of a separation of spheres was grounded primarily in the gendered division of paid and unpaid work, but also in the accompanying belief in women's moral superiority. While the gendered division of paid work that characterized the experience of middle class women at the turn of the century has been substantially eroded, the gendered division of unpaid work has not. While care has been taken into the public sphere as paid work performed chiefly by women, the ethic of care has remained largely associated with the private sphere which has continued to be seen as something of 'a haven in a heartless world' (Lasch 1976).

Marketization also has implications for elder care recipients. Where 'marketization' is taking place, services have become more systematically targeted to those most in need, which has meant in practice a larger role for professional discretion in determining who receives services. Those with lower levels of dependency and risk or those with 'available' family elder carers are less likely to qualify for provision. Moreover, elder care services do not respond well to the logic of marketization because care is often about a one-to-one relationship, economies of scale do not work in the case of (elder) care provision. In this case, it is the informal elder carers who must pick up the slack. Moves towards a more mixed economy of care with more plural provision are justified largely in terms of providing greater individual choice for those in need of care, but it may also be prompting more 'compulsory altruism' (Land and Rose 1985) on the part of informal family elder caregivers.

Feminist theorists have identified the ways in which the resurgence of the market and the diminution of the role of the state simultaneously erode and intensify the importance of gender. This has occurred through the articulation of a neo-liberal gender order, characterized by the privatization of social reproduction, the decline of the family wage model, the fluidity of public and private spheres, and the increasing polarization of women. With the increasing withdrawal of the state from the provision of public services, clearly witnessed in, for example, the increasing thresholds for entry into LTC, and increased informal involvement in elder care, the need for informal elder care provided by families has increased. As socially reproductive activities, which

formerly took place in public spaces such as LTC facilities housing the elderly, hospitals, etc. have been relocated into the private household, women have disproportionately assumed the labor and costs associated with them, prompting fundamental changes in reproduction strategies. These have often involved either submitting more elements of livelihood to market forces and increasing market dependence through increasing commodification and/or indebtedness, or alternatively, compromising conditions of existence and cutting down on the basic necessities of life.

Recent government expectations in Alberta and Sweden are – to different degrees – guided by the neo-liberal ideology and demographic trends. Moreover, both governments are making efforts to adjust their elder care policies in response to demographic shifts as they struggle to find solutions that are both economically viable and politically acceptable. The result has been that family members, and more specifically women, are expected to assume increasing informal elder caregiving responsibilities.

It is, however, necessary to understand the extent that adult-earner families have replaced the male breadwinner-female caregiver family norm. This demonstrates that elder care policies which have been created and sustained are based on the gendered roles found in traditional families that clash with contemporary social realities, as was outlined in Chapter One. The growing size of the elderly population in both Alberta and Sweden therefore serves to enhance concerns about the ability of informal elder caregivers to provide the care needed to maintain the growing elderly population.

This thesis has therefore shown how and why current public priorities and decisions do not reflect social changes that have taken place, or the integral role and value of care as it is needed throughout our lives. As a result, elder care policies in Alberta and Sweden do not adequately take into consideration human needs, respond to those who articulate their needs, or consider the full consequences of pursuing certain elder care policy trajectories, especially for those who are the most vulnerable and/or marginalized. More broadly, the way in which societies like Sweden and Alberta address elder care has substantive social significance for gender equality, by either broadening the capabilities and choices of women, or by confining them to traditional roles associated with femininity and elder caregiving. Moreover, how elder care is addressed is at the same time inextricably linked with other structures of social class, and age.

Research limitations

Like all research, this thesis is subject to limitations. First, along with other feminists, I reject the view that social science research can be objective, and that the researcher comes from an uncommitted place, with the ability to understand at a higher level than the elder caregivers and elderly what they were/are experiencing. Although we may consider ourselves neutral observers, there are always certain factors which influence qualitative research. More specifically, one's research, whether qualitative or quantitative, is affected by one's gender, age, ethnicity, religion and political orientation. As the researcher, I am aware that I am not coming from a place that is value free. It is important to be aware of one's standpoint.

Second, from the outset I was concerned to design a research project that was feasible given limitations of time and money. While I was successful in answering the questions that I set out to answer, I was not able to explore many other important issues/topics related to elder care in my thesis. Having been involved in research and work in the field of elder care for almost nine years,¹⁴⁷ I have encountered new issues in need of further research. Broadly, my research has shown that elder care is a growing concern in welfare states, and a frequent object of social and health policy reform. Moreover, the aging population poses important contemporary policy challenges as established forms of provision are being undermined by economic and social change.

Future work is needed to establish policy recommendations to address the challenges and opportunities presented by the aging population given increasing elderly populations in changing social and political economic climates. In particular, this thesis asserts the need for the development of elder care policies reflecting an ethic of care so that elder care is a priority, depicted as a typical rather than an exceptional experience. Such policies would help us to see the importance of dismantling the public-private dichotomy. Policies designed from an ethic of care would create the potential for reducing inequalities currently experienced by the elderly and their (informal and formal) elder caregivers. Such policies would spread the risks and responsibilities of aging across society rather than concentrating them within families. More

¹⁴⁷ My Masters Course Based Research Paper "The Graying State: Elder Care Policy in Canada" advanced a social policy model based the national home-care program called *The Veterans Independence Program* that provides care for some of Canada's elderly, arguing that it would help to rectify the care imbalances and uncertainties experienced by many of Canada's elderly.

specifically, my research has revealed two topics that stood out as warranting further research and work which are discussed in the following section.

Directions for future research

First, in many western developed nations, migrant elder care workers are making a substantial contribution to the health and social care sectors providing care for increasing numbers of elderly people. Global factors such as population aging, the increased labor market participation of women, and high vacancy and turnover rates in the elder care sector (due to, i.e. poor working conditions and pay) are leading to increasing demands for migrant elder care workers. As such, within the formal system of elder care provision, migrants comprise a significant proportion of the workforce (which varies depending on jurisdiction). Some of these workers have entered countries on work permits to work in the (elder) care system; others – including those who entered as family members, seeking refugee status have turned to such work subsequently. As a result of the increasing demands for migrant care the topic is becoming an important area of study amongst scholars such as Onuki (2011) who argues that "state policy shifts towards the neoliberal governance of social (re)production have facilitated the currently emerging global division of reproductive labor through (1) the commodification of care work and (2) the constitution of migrant care workers as potentially cheap, flexible, and disposable racialized and gendered subjects" (73).

Moreover, the increased demand for elder care services and the costs of providing them have suggested the urgency of opening a policy debate on the future of elder care provision: how elder care should be provided, by whom, how the quality of services can be improved, and how they should be funded. As such, one avenue for future research would be to consider the extent to which migrant workers may be needed to meet an expanding demand for elder care services, and to examine the implications for employers, the elderly, their families, and the migrants themselves.

Second, I currently work as a Project Manager in the Homeless Cross Ministry Initiatives Branch in the Ministry of Human Services. This experience has provided the opportunity to learn about elderly people experiencing homelessness; a group which tends to be extremely vulnerable, complex, and in need of care as well as wrap around supports and services. As noted in the thesis, the elderly homeless population is increasing along with homeless populations of

many jurisdictions more broadly due to increasing costs of living, rising unemployment rates, etc. The physical capacity of elderly homeless people to withstand living on the streets or in shelters can be limited as many experience disabilities and ailments, and/or chronic pain. Due to their age, elderly homeless people often lack options for reintegrating into dominant social and economic structures signaling that they may require supports and services for the duration of their lives. Homelessness has been found to be a factor in dramatically shortening life, otherwise known as the tendency for people who are homeless to age more rapidly as a result of their living conditions, lifestyles, lack of access to medical and social care, etc. In addition, we know that gender impacts experiences of homelessness in important ways, with, for example, security being an issue for this group with homeless women often reported as being exposed to higher proportions of assaults.¹⁴⁸

It is thus clear that the aging homelessness population, and more particularly, elderly women experiencing homelessness are topics that warrant further research. Timely research might focus on exploring the effects of neo-liberal trends on elderly women experiencing homelessness, and making policy recommendations to address this groups complex needs.

Conclusion

Failure to develop and implement responsive new welfare policies, coupled with a growing willingness to retrench and privatize existing programs, fuels inequality in old age (Harrington 2010, 23).

This thesis reveals how elder care policies are embedded in wider socio-economic and political relations of power, and how this has resulted in gendered understandings of elder care. Alberta and Sweden have developed a specific welfare mix of elder care along with a balance in the division of roles and responsibilities. Analysis of their differences and similarities have demonstrated the capacity for trajectories to change, revealing that there while there is continuing divergence, they are following a common trajectory towards neo-liberal elder care; notably an increased emphasis on marketization. This trend results from the Albertan and Swedish governments efforts to adjust their elder care policies in line with demographic trends while they struggle to find a balance between what is economically viable and politically

¹⁴⁸ This includes both sexual and physical assaults.

palatable. As this thesis shows, these adjustments are cause for concern since the political decisions and policies that have resulted act to effectively decrease the supply of elder care at a time when the demand is rising. As a result, welfare regimes are experiencing what many have called a ‘crisis of elder care’.

In conclusion, if nothing changes, in the future families – and more specifically women - will be increasingly relied upon to provide informal care for the elderly. As demographic changes occur in the aging population, without policies that recognize and counter current normative structures using the care ethics, neo-liberalism and gender inequalities will continue to flourish. The aging population, moreover, calls for a change in the organization of elder care systems of Alberta and Sweden, and the adoption of a ‘caring mindset,’ so that elder care comes to be viewed as a priority for the Albertan and Swedish societies as a whole. By prioritizing (elder) care on their political agendas, the challenges raised by their aging populations remain formidable, but certainly not insurmountable.

APPENDIX A – INTERVIEW METHODOLOGY

The form of research interview that I used is called a ‘semi-structured interview’ in which a number of the questions were left open for verbatim responses. The semi-structured interview is defined as “an interview with the purpose of obtaining descriptions of the life world of the interview in order to interpret the meaning of the described phenomenon” (Kvale and Brinkman 2008, 3). Accordingly, I created a set of questions to ask the interviewees, with additional time left at the end of the interview for them to provide any additional information that they felt would be helpful to my PhD thesis research work.

Each interview began with background questions and continued with more specific questions selected from a prepared master list of questions that were appropriate given each of their specific experiences, employment, and knowledge base. In line with this approach, the interviews maintained an informal open discussion which allowed the interviewees to answer the interview questions in many different ways, and allowed me as the interviewer to ask follow-up questions as needed. Moreover, the semi-structured interview form used allowed for both the interviewees and I to have a say in how the topics were defined, the amount of emphasis placed on each particular topic, and as to whether and how topics were linked to one another.

A pre-existing list of research participants was not available. As such, I developed my participant list using internet searches for organizations and government agencies in the five specific categories outlined above who deal with elder care issues in different ways. Once a master list for each context was developed, I sought feedback from experts in each place to ensure that all relevant organizations/government agencies were targeted.¹⁴⁹ After the interview process began, additional research participants were also recruited through a referral process. A complete list of the interviewees who participated in the interview process of this thesis, from each context, is detailed below.

Using this strategy, a preliminary list of interviewees (see included in Appendix B) was drawn up and each person was sent a ‘Letter of Invitation,’ including a copy of the ‘Informed Consent’ (see included in Appendix C). After which, each letter was followed up with a telephone call to schedule the respective interviews. In order to ensure the effectiveness of my research work trip to Sweden, I had to be very organized, with initial contact with interviewees approximately three months prior to my arrival in Sweden. This strategy proved successful, with all of the people who were contacted in both cases agreeing to participate in my thesis research.

An interview schedule was developed for each context, with the time, date, and location of the interview arranged over the telephone, or over e-mail, in accordance with each participant’s preferences in advance of the interview. All interviews were conducted in person, beginning with my provision of an introduction explaining the project’s purposes and processes, which was then followed by inviting any questions the participant had about the interview. When these procedures were done the interview followed the pre-determined themes and questions (see included in Appendix D), with individually adapted follow-up questions for each interview participant depending on their area of expertise and experience. Each interview lasted approximately one hour.

¹⁴⁹ Dr. Marta Szebehely provided feedback on the Swedish master list of stakeholders to interview, while my Supervisors Dr. Rianne Mahon and Dr. Fiona Robinson, as well as one of my Committee Members Dr. Hugh Armstrong, provided input on the Albertan context.

The interviews began in Sweden in May 2011, followed by interviews in Alberta beginning in August 2011, with the majority of interviews completed by November 2011, in addition to a couple of additional interviews held in Alberta which were completed by February 2013. All research participants from both locations were generous with their time and information, and many interviewees continued our conversations for longer than the planned hour-long interview, generating valuable information relevant to my thesis topic and useful contacts.

To ensure that nothing was lost from the interview conversations a digital recorder was used, and the interviews were transcribed verbatim after the interviews. In addition, immediately after each interview, I took 'field notes'. The field notes functioned as a first step of analysis. They were used to document my interpretations of the context of the interview, the key points revealed in the interview in relation to the research questions, initial ideas for analytical themes, relationships between themes, and the general tone of the interview; and they were also used for verification purposes. Then, the interview recordings were listened to several times, and the verbatim-typed interviews were analyzed. The interviewees' comments reinforced my research findings and allowed me to provide some specific examples on the broader patterns in terms of elder care health and social policies in each context, while also inspiring me to explore additional issues and topics.

APPENDIX B – LIST OF KEY STAKEHOLDERS INTERVIEWED

The following people were interviewed in Alberta/Canada

Association/Organization	Name, Title
Alberta Caregivers Association	Anna Mann (Executive Director)
Alberta Continuing Care Association (ACCA)	Bruce West (Director)
Alberta Advanced Education and Technology	Laura Schneider (Manager, Health and Social Service Programs)
Alberta Council on Aging	Gary Pool (Director)
Alberta Health Services	Queenie Choo (Director of Continuing Care Integrated Services)
Alberta Health Services	Sandra Jardine (Director, Recruitment Strategies)
Alberta Health	Crista Carmichael (Senior Workforce Planner)
Alberta Health	Vivien Lai (Director of Senior's Health)
Alberta Health	Jonathan Kim (Continuing Care Service Planner)
Alberta Health	Roman Sus (Financial Consultant)
Alberta Health	Corinne Schalm (Director, Continuing Care Branch)
Alberta Ministry of Seniors and Community Supports	Sarah Carr (Director of Seniors Policy and Planning)
Alberta Ministry of Seniors and Community Supports	Carmen Gradusic (Director of Supportive Living and Long-term Care)
CARP (Canadian Association for Retired Persons)	Richard Perry (Director)
Edmonton Seniors Coordinating Council (ESCC)	Cori Paul (Director of the Good Samaritan Society)
Elder Advocates of Alberta	Ruth Maria Adria (Executive Director)
The Institute for Continuing Care Education and Research	Sandra Woodhead-Lyons (Executive Director)
Seniors Association of Greater Edmonton (SAGE)	Roger Laing (Executive Director)
Seniors United Now (SUN)	John MacDonald (Executive Director)
The University of Alberta	Dr. Norah Keating

The following people were interviewed in Stockholm Sweden

Association/Organization	Name, Title
Anhörigas riksförbund	Åke Fagerberg
Aldercentrum	Ingrid
Elderly Services Administration	Eva Frunk Lind
Kommunal	Marie Jokio
The Ombudsman for the elderly	Lotta Burénus
SKL-Swedish Association of Local Authorities and Regions (Division of Health and Social Care)	Göran Stiernstedt
Socialstyrelsen	Lennarth Johansson
Stockholm University	Dr. Ann-Britt Sand
Stockholm University	Dr. Marta Szebehely
Stockholm University	Dr. Gun-Britt Trydegård
Uppsala University	Dr. Paula Blomqvist
SKTF	Yvonne Ahlström
Almega	Hakan Telenius Näringspolitisk Chef
Famma	Patricia Crone
Svenska Röda Korset	Lena Tynnmärk
National Pensioners Organization	Guy Lööf
The Swedish Association for Senior Citizens	Cathrine Swenzen
SKPF – Svenska Kommunal Pensionärernas Förbund	Filip Olman
The Dementia Association	Stina-Clara Hjulström
Vårdförbundet (The Swedish Association of Health Professionals)	Ulla Falk

APPENDIX C – ETHICS APPLICATION FORM

Graduate Student Application for Ethics Approval for Human Participant Research

REC Office Use Only		
Date received:	Date reviewed:	Application number:
Level of review ☐ Full ☐ Expedite		

SECTION 1: General Information

☒ **Individual project** ☐ Group project

1. Student researcher information:

Name: Gabrielle Mason

Department/School: Department of Political Science at Carleton University

E-mail Address:¹⁵⁰ gmason2@carleton.connect.ca

Telephone: (cell) 613-447-7531; (home) 780-487-4955

¹⁵⁰ In accordance with the Freedom of Information and Privacy Protection Act (FIPPA) you will only be contacted via e-mail if you are using a **connect.carleton** or **carleton.ca account**. Applicants from other universities will be contacted at their university account only.

Status:

☐ Master's

☒ **Ph.D.**

IMPORTANT! The Carleton University Research Ethics Board will only review applications from registered students. Students who plan on a leave of absence or not registering for a term during the course of the research cannot submit an application for ethics approval.

Group Project: List the names of all group members and provide e-mail and telephone contact information.

Supervisor information:

*I have two co-supervisors and have included their information here

1)

Name: Dr. Fiona Robinson

Department/School: Dr. Robinson is Associate Professor and Supervisor of Graduate Studies in the Department of Political Science at Carleton University

E-mail Address: fiona_robinson@carleton.ca

Telephone: (work) 613-520-2600 ext. 3120

2)

Name: Dr. Rianne Mahon

Department/School: Dr. Mahon is Professor Emeritus at the School of Public Policy and Administration at Carleton University and CIGI Professor in Comparative Family and Social Policy at the Balsillie School of International Affairs and Faculty of Social Work at Wilfred Laurier University.

E-mail Address: prmahon@rogers.com

Telephone: 613-233-9033

2. Title of Research Project

<i>Graying States: Elder Care Policy in Alberta, Canada and Sweden</i>
--

3. Research Dates: *(Start date is the date the researcher expects to begin interacting with human participants (including recruitment). Completion date is the date that the researcher expects that interaction with human participants (including feedback or follow-up) will be complete.)*

Start date: (01/09/2010)

Expected date of completion: (01/01/2012)

4. Location(s) where the research will be conducted:

☐ Carleton University ☐ Region of Ottawa-Carleton

X Canada (please specify): Alberta

X Other (please specify): Stockholm, Sweden

5. Letter of support from agency, NGO or other institution:

X Not applicable

☐ Letter secured (photocopy attached)

6. Visa or other foreign travel documentation:

X Not applicable

☐ Visa required

☐ Visa secured (photocopy attached)

7. Additional reviews: *Final approval may depend upon by other committees. Indicate all other reviews and approvals required before the research can begin. If Carleton University approval is required first*

an in principle approval will be issued. Final approval will only be granted once documentation from other review(s) is provided.

X None

☐ Yes, documentation attached

☐ Yes, documentation to follow

Name of other boards/committees: *Provide the name, address and contact information/person.*

I must also defend my PhD Thesis Proposal to my Committee on May 4, 2010. This committee is comprised of Dr. Rianne Mahon, Dr. Fiona Robinson and Dr. Hugh Armstrong.

SECTION 2: Expertise

8. Will the research involve vulnerable populations or distinct cultural groups?

☐ Yes **X No**

9. Is the research above minimal risk to participants?

☐ Yes **X No**

If **Yes**, describe your (or the research team members) experience and/or training in working with the identified population or dealing with above minimal risk projects.

--

SECTION 3: Conflict of Interest

10. Will you or any members of the research group; including spouses, partners, immediate family members (*immediate family refers to siblings, children, in-laws*) and business associates:

- a) Receive any personal benefits (financial remuneration, intellectual property rights, rights of employment, consultancies, board membership, share ownership, stock options etc.) as a result of or connected to this study?

☐ **Yes** ☒ **No**

If **Yes**, please describe the benefits below. (Do not include direct costs of research)

- b) Are you, members of the research group, family members own or operate a business (including consultancy), involved in the governance of a business, or are stakeholders in a business that could benefit from this research project?

☐ **Yes** ☒ **No**

If **Yes**, please identify the business.

- c) What is the likelihood of a commercial outcome from this research?

☒ **None**

☐ Some (limited development)

☐ Very possible (with more development)

☐ Definite commercialization

Describe the possible outcomes? Identify all commercial benefits to any member of the research team and their families or business associates.

There are no anticipated commercial benefits to me as the researcher, my family, or business associates.

- d) Discuss any relationship you have with the research participants. (This includes students, co-workers, family members, friends, clients, etc.)

I do not have any previous relationships with the research participants.

- e) Who retains ownership of the data? (*Researcher, research team, agency, external company.*)

As the researcher, I will retain ownership of the data.

- f) Facilities: Will the research, in whole or in part be conducted at Carleton University?
X Yes ☐ No

If **Yes**, please identify what facilities and resources will be used.

I plan to use Carleton's library resources in conducting my literature research.

If **No**, indicate where the research will take place.

SECTION 4: Research Project Information

Please complete each section below. Do not omit any questions.

11. Description of the Research Project: Use plain language to briefly describe the research project and its objectives (limit to one page.)

Introduction

As we age, the quality of our lives is affected by a range of health and social elder care policies. The coverage and benefits provided by health and social care systems to older people vary considerably between countries like Sweden and Canada (Vos et al. 2008, 171). These differences reflect not only the human and financial resources made available for older persons, but also societal values and views concerning the role and responsibilities of the public sector in caring for the elderly (Vos et al. 2008, 171). The aging population poses important contemporary policy challenges in both Canada and Sweden. In Canada, the ‘graying’ of Canadian society is occurring at the same time that provincial governments are trying to limit rising health and social care costs, and adult-earner families have replaced the male breadwinner-female caregiver model, producing a ‘crisis of elder care’. This shift places heavy burdens on women in particular since women provide most unpaid care for the elderly in Canada. Meanwhile, Sweden is addressing its aging population in a fundamentally different way, which alleviates pressures which could contribute to a ‘crisis of elder care’ by providing for the majority of elder care health and social services publicly.

The substantive topic of my PhD dissertation research

Decentralization has occurred in both states, in Canada to the province, and Sweden to the municipality. My PhD Thesis will view the way national-local arrangements affect elder care policy. The analysis in my PhD thesis, *Graying States: Elder Care Policy in Alberta, Canada and Sweden* will focus on comparing Alberta, Canada’s elder care policies with those of Stockholm, Sweden. Local policies will thus be set in relation to the challenges presented by Canadian federalism and Swedish national-municipal arrangements as these affect elder care policy making. Canada’s policies are typical of a ‘liberal’ regime, while Sweden’s is the paradigm exemplar of a ‘social democratic’ regime (Esping-Andersen 1990; O’Connor, Orloff and Shaver 1999). In Canada’s liberal regime, services are provided by markets which means they vary by individual success in labor markets, while, in Sweden’s ‘social-democratic’ regime, social rights and women’s labor force participation are promoted by way of providing services for care work (Clement 2004, 42). Social and health policies like Sweden’s increase the ability of elderly to help themselves while the Canadian state is not committed to ensuring that elderly Canadians are provided with similar programs and services.

Alberta’s continuing care system provides elderly Albertans with health, personal care, and accommodation services, with options available in three streams: home living, supportive living, and facility living. The continuing care system in Alberta is a shared responsibility between Alberta Seniors and Community Supports, and Alberta Health and Wellness. In Sweden the responsibility for providing elder care is decentralized to 290 municipalities, with the role of central government to establish guidelines and set the political agenda for care. Stockholm is the largest city in Sweden, and often the leader in elder care policy innovations. The care services in Stockholm enable elderly people to remain in their home environment and receive the social services and healthcare they require. Stockholm’s elder care policies are extensive in comparison to Alberta’s, as Stockholm strives and often succeeds in ensuring that seniors have a network of safety, care, and services.

Research Objective - Central research question

The central research question of my thesis rests on three related premises: Firstly, the population is aging which means that there is a growing need for elder care health and social policies; secondly, that there are

differing elder care health and social policy responses available to address the aging population; and thirdly, that local, national and global arrangements exist in a complicated relationship affecting elder care health and social policy making.

The focus of my thesis then is on the following questions: What policies do Alberta and Stockholm have in place to meet these challenges? Why have they chosen such different paths? How do the relationships with other levels of government complicate or contribute to these choices? And, finally, what are the implications for elder care associated with these choices?

12. Methodology and Procedures:

- a) Describe, sequentially and in detail, all procedures which will involve the research participant (tasks, interviews, questionnaires, etc.)

I will be spending the remaining portion (2 years) of my PhD program time in both the province of Alberta and the municipality of Stockholm, carrying out my thesis research/work. I am moving to Edmonton (Alberta, Canada) in April 2010 to begin working on the Alberta 'case study' portion of my thesis work, which will be my principle residence for the remainder of my thesis work.

In order to facilitate my research on the Stockholm 'case,' I will be travelling to Stockholm from February 2011 until May 2011. Dr. Marta Szebehely, the leading expert on elder care in Sweden, and currently a professor at Stockholm University, will be a primary contact when I travel to Stockholm to do my research. Her work is closely related to my own and has already been influential in my thesis research/work.

The chosen methodology for my thesis project is qualitative, and uses a 'double case study' design (Buraway 1998; Yin 1989, 14) to explain elder care in the province of Alberta and the municipality of Stockholm. These cases are built with information generated, firstly, through research and analysis of publications and documents, and, secondly, through supplementary interviews. The case study design facilitates a comparative analysis of elder care vis-à-vis the structures within each (provincial and municipal) location (Mason 1996, 36).

I will be using comparative analysis because my thesis presents a comparison of the different elder care programs/policies in two different countries/regional contexts (province of Alberta & municipality of Stockholm). This approach allows me to make comparisons of Alberta and Stockholm looking for/at differences between their elder care systems.

- b) Describe how long each procedure/task will take (minutes, hours and how many occasions and where the interview, procedure, testing, etc. will take place.)

I will use interviewing, which is a qualitative research ‘tool’ as the secondary/supplementary research and analysis technique.

The interviews will last between 30 minutes to an hour in length (in accordance with the interviewee’s wishes).

The interviews will take place in public spaces such as the interviewees place of work, or in a coffee shop, or similar venue, that is convenient for the interviewee.

The form of research interview that I will be using is called a ‘semi-structured’ interview’ in which a number of the questions will be left open for verbatim responses. The ‘semi-structured interview’ is defined as “an interview with the purpose of obtaining descriptions of the life world of the interview in order to interpret the meaning of the described phenomenon" (Kvale and Brinkman 2008, 3).

I will also be asking for suggestions for further contacts from each of my first point(s) of contact. This will create a ‘web’ of possible organizations/people (agencies/actors) to interview. On that note, I will make every effort to meet with a similar number of comparable organizations/people in the province of Alberta and the municipality of Stockholm in efforts to achieve a balance of the two ‘cases’ in my research and work.

An interview schedule will be developed, based on five areas of interest/key themes identified as important for my thesis purpose(s) (please see Annex A). The time, date, and location of the interview will be arranged over the telephone, or over e-mail, in accordance with each participant’s preferences in advance of the interview. Since my visit to Stockholm (Sweden) will be for a fixed period of four months, this planning will be very important to keep on schedule and complete my PhD thesis in a timely manner.

All interviews will be conducted in person, following the pre-determined themes (outlined in Annex A), with individually adapted follow-up questions for each interview participant because the interviews are ‘semi-structured’ in nature. Each interview will last 30 minutes to an hour (which the interviewee will be aware of for their convenience).

All interviews will be taped, with the permission of the participant, and transcribed verbatim by me during the interview procedure and close to the interview occasion. In addition, immediately after each interview, I will take 'field notes'. The field notes will function as a first step of analysis. They will be used to document my interpretations of the context of the interview, the key points revealed in the interview in relation to the research questions, initial ideas for analytical themes, relationships between themes, and the general tone of the interview. Then, the interview tapes will be listened to several times, and the verbatim-typed interviews will be analyzed.

13. Participants:

a) Number of participants researchers plans on recruiting for this study: Less than 100.

b) Age range of participants: Age range will be between 18+ years of age.

Note: Participants under the age of 16 may require parental or legal guardian consent. In these cases submit a parent/legal guardian consent form.

c) Describe specific issues that need to be considered for the safe and ethical conduct of research with the selected research population. (i.e. matters of cultural and religious sensitivity, gender, language-barriers, and the collection of private and sensitive information.)

There are no specific issues that need to be considered for the safe and ethical conduct of research with the selected research population.

d) Exclusion from project: Describe what steps you will take to inform participants that they do not qualify for the project.

This will not be necessary in my type of research as I will be only be approaching participants who do qualify to participate.

14. Recruitment

IMPORTANT: You must attach a copy of the letter of information, oral script, advertisement, poster, etc. to this application. Please note that in some cases you will require more than one letter or script. For example different groups participating in the same project may have different tasks or risks.

- a) Describe how participants will be identified and recruited.

I will be sending out a letter (please see a copy of the letter which is attached to this application) to all of the people that I would like to have participate in my research as interviewees. Interviews will be set up with:

- Leading academics
 - In Alberta: I will be contacting Dr. Norah Keating who is a Professor and Family Gerontologist working in the Department of Human Ecology at the University of Alberta. Dr. Keating is a family gerontologist who is interested in issues faced by families as they grow older. Her research program is focused on family caregiving, seniors in rural Canada, social inclusion and aging well. Dr. Keating conducts policy research on family/friend caregiving, age-friendly communities, and social engagement. She is actively involved in professional national and international gerontology organizations. She is North American Chair of the International Association of Gerontology and Geriatrics, and is past president of the Canadian Association on Gerontology.
 - In Stockholm: Dr. Marta Szebehely will be my primary contact as she is the leading expert on elder care in Sweden and had researched and written extensively on the topic. One of her recent book publications called *They Deserve Better: The Long-Term Care Experience in Canada and Scandinavia* which she co-authored with Dr. Hugh Armstrong (who is the third member on my thesis committee and currently my Professor in the course I am taking called “The Political Economy of Health Policy” among others has been a useful resource in my work.
- Policy makers/analysts
 - In Alberta: I will be contacting policy makers/analysts who are working in the “Continuing Care Branch” of the “Strategic Directions Division” of “Alberta Health and Wellness” (which is the branch/division/department where I used to work as a policy analyst).
 - In Stockholm: I will be contacting policy makers/analysts who are working in the “Community Care Department”.
- ‘Formal caregiver’ advocacy groups/unions
 - In Alberta: These will be specified in a later phase of the dissertation project.
 - In Stockholm: These will be specified in a later phase of the thesis project.
- ‘Informal caregiver’ advocacy groups
 - In Alberta: I will be contacting the Alberta Caregivers Association, which is an organization of “caregivers for caregivers” that helps them maintain their own well-being throughout the caregiving experience.
 - In Stockholm: These will be specified in a later phase of the thesis project.

- Advocacy groups for the elderly
 - In Alberta: I will be contacting is the Alberta Council on Aging (similar to the Ottawa Council on Aging who I have been volunteering with this year) which is a province wide, non-profit, non-government, charitable umbrella organization representing seniors, comprised of individuals, organizations, and agencies interested in issues and challenges posed by an aging population.
 - In Stockholm: These will be specified in a later phase of the thesis project.

b) Describe how contact with research participants will be made.

All contact with the participants will be via mail by way of a formal letter (please see attached copy of this letter).

c) Describe any relationship between yourself and the potential research participants (e.g., co-workers, fellow students, etc.)

There are no prior relationships involved in my research project.

d) Attach a copy of recruitment poster, brochure, advertisement, script, or letter used to recruit participants (including information for third parties) as appendices.

15. Compensation:

Will participants receive compensation for their participation?

☐ Yes ☒ No

If **Yes** describe the compensation (money, gift, transportation, child care costs, etc.)

What is the monetary value of the compensation? _____

If participants withdraw what steps will you take to distribute the compensation?

16. Dissemination: (Check all that apply)

X Thesis	X Course research paper
X Academic journals	X Web site/publication
X Book(s)	X Workshops
X Conferences	☐ Other:
X Classroom presentations/exercises	

SECTION 5: Description of Risks and Benefits

17. Possible Risks

Indicate if participants might experience any of the following risks:

- a) Physical risk or discomfort (including any bodily contact, application of equipment, management of any substance)?
☐ Yes ☒ No

- b) Psychological risks (including feeling demeaned, embarrassed worried or upset, discussing personal sensitive information)?
☐ Yes ☒ No

- c) Social risks (including possible loss of status, privacy and/or reputation, disclosure of sensitive information by others)?
☐ Yes ☒ No

- d) Are any possible risks to participants greater than those the participants might encounter in their everyday life?

☐ Yes ☒ No

If you answered **Yes** to any of these questions please explain the risk.

e) Is there any deception involved?

☐ Yes ☒ No

If you answered **Yes** to any of these questions please explain the deception.

18. Describe how these risks will be managed: Describe what steps will be taken to minimize the risks to participants. **NOTE:** If you are offsetting risks by providing independent counseling to participants please attach a letter from an agency or counselor indicating that they will provide free counseling services.

There are no perceived or known risks to participants involved in this project.

19. Possible Benefits: Describe any potential direct benefits to the participants from their involvement in the project. If there is no benefit to the participants clearly state so.

There are no anticipated benefits for the participants involved in this project.

SECTION 6 – Anonymity and Confidentiality

20. ANONYMITY: (NOTE: Interviews are by nature not anonymous)

- a) Will all participants be anonymous? (i.e. no contact between researcher and participants)
☐ Yes ☒ No
- b) Will participants be known to researchers during the collection of information, data gathering or testing?
☒ Yes ☐ No
- c) Will participants be identified in any reports, thesis, research articles, presentations, etc.?
☒ Yes ☐ No
- d) Will personal, identifiable information be collected from participants? (Example: Age, gender, position, profession, etc.)
☒ Yes ☐ No

If **Yes**; describe what steps will be taken to destroy the personal information. If the information will be kept for future research purposes explain why and what steps will be taken to ensure the security of the material.

I will be the only one with access to the interview data, and it will remain locked in a filing cabinet at my home or at Carleton University when not in use. No raw data information will be on my computer. Upon completion of my PhD thesis, I will destroy all personal information, however, all notes will be securely stored and used for future research on this or related topics.

- e) Participants will be audio recorded.
☒ Yes ☐ No

If **Yes**; describe what steps will be taken to destroy the recordings. If the recordings are to be archived or kept for future research purposes explain why and what steps will be taken to ensure the security of the material.

I will be the only one with access to the interview audio-tapes, and they will remain locked in a filing cabinet at my home or at Carleton University when not in use. No raw data information will be on my computer. Upon completion of my PhD thesis, I will destroy the audio recordings.

- f) Participants will be photographed or video recorded.
☐ Yes ☒ No

If **Yes**; describe what steps will be taken to destroy the photographs. If the photographs are to be archived or kept for future research purposes explain why and what steps will be taken to ensure the security of the material.

- g) Will the project require the services of a translator? (Professional or non-professional. This includes yourself or someone from the research team acting as translator)
☐ Yes ☒ No

If **Yes**; describe what steps will be taken to ensure the privacy and confidentiality of the participants.
Attach a copy of the confidentiality agreement for the translator.

- h) Will the project require the services of a transcriber? (Professional or non-professional. This includes yourself or someone from the research team acting as transcriber)
☐ Yes ☒ No

If **Yes**; describe what steps will be taken to ensure the privacy and confidentiality of the participants.
Attach a copy of the confidentiality agreement for the transcriber.

21. CONFIDENTIALITY: Confidentiality means the non-attribution of data and responses.

- a) Participants will be anonymous and therefore their information will be non-attributable.
☐ Yes ☒ No

- b) Participants will not be anonymous and all responses will be attributable.
☐ Yes ☒ No

- c) Participants will not be anonymous but will have the opportunity to request that certain responses remain non-attributable.
☒ Yes ☐ No

Research and the law: There are legal limits on information researchers can promise to keep confidential. Example: child abuse and participants who may harm themselves or others. **Participants must be informed of these limitations as part of the consent process.**

If researchers anticipate any conflict between the research project procedures and data gathering and the law please describe those potential conflicts in detail.

There will be no conflict between the research project procedures and data gathering and the law.

SECTION 7: Informed Consent

22. Informed Consent Process

IMPORTANT: You must attach a copy of the informed consent form (for written and/or oral consent) to this application. Please note that in some cases you will require more than one consent form. For example different groups participating in the same project may have different tasks or risks.

- a) Describe the process that will be used to obtain informed consent, including who will be obtaining the consent (principal researcher, co-investigators, researcher assistants, etc. **Attach consent form.**)

I will ask that each interviewee fills out a consent form prior to the interview (please see the attached document).

I, as the sole researcher, I will be obtaining the consent in writing prior to starting the interview.

- b) Describe any impediments to the consent process and what steps the researcher will take to address these.

There will not be any impediments to the consent process.

- c) If there will be no written consent form, explain why. (**Attach oral consent script.**)

N/A

- d) If obtaining consent for participants who are minors or incompetent to consent please describe how the researchers will address any power situations between the authorized party and the participant (e.g. parent/child)

N/A

- e) Will the research involve any form of deception?
☐ **Yes** ☒ **No**

If **Yes**, please provide details on how the deception will be revealed to participants. **Note:** Attach a copy of the debriefing letter or script.

23. Participant withdrawal

- a) Describe how the participants will be informed of their right to withdraw from the project.

Note: Participants who withdraw have the right to determine what will happen to the data/information they have provided to the research project. Procedures for withdrawal must include the option to have the data destroyed.

The participants will be informed of their right to withdraw from the project in the letter/script of participation request, and again when they sign the letter of consent document.

- b) If the participants will not have the right to withdraw from the project, please explain. (Example, random survey)

24. Participant feedback

Describe what feedback/information will be provided to participants after participation in the project. (For example, access to the results of the research).

I will inform the participants that, if they wish, I can let them know when I am finished my PhD thesis research project, and where they can access it online, so that they can take a look at it if interested.

SECTION 8: Research Instrument

Attach copy of all research instruments for the project. This includes questionnaires, interview guides, sample questions and tests.

SECTION 9: Signatures

Gabrielle Mason:

Please indicate that you have read and fully understand all ethics obligations by checking the box beside each statement.

- ☐ I declare that the project information provided in this application is accurate.
- ☐ I agree to conduct the research in accordance with the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, the *Carleton University Policies and Procedures for the Ethical Conduct of Research* and the conditions of approval established by the Carleton University Research Ethics Committee.
- ☐ I declare that during the course of this research I will be registered as a student at Carleton University.
- ☐ I will report any serious adverse events to the Research Ethics Committee.
- ☐ I will report any additions or changes in research procedures after approval has been granted to the Research Ethics Committee.
- ☐ I agree to request a renewal of approval for any project continuing beyond the expected date of completion or for more than one year.
- ☐ I will submit a final report to the Research Ethics Committee once the research has been completed.
- ☐ I take full responsibility for ensuring that all other investigators involved in this research follow the protocol as outlined in this application.

Signature _____ Date: _____

Faculty Supervisor # 1 (Dr. Fiona Robinson):

Please indicate that you have read and fully understand the obligations as faculty supervisor listed below by checking the box beside each statement.

- ☐ I agree to provide the proper supervision of this study to ensure that the rights and welfare of all human participants are protected.
- ☐ I will ensure a request for renewal of a proposal is submitted if the study continues beyond the expected date of completion or for more than one year.
- ☐ I will ensure that a final report is submitted to the Carleton University Research Ethics Committee.
- ☐ I have read and approved the application and proposal.

Signature _____

Date: _____

Faculty Supervisor # 2 (Dr. Rianne Mahon):

Please indicate that you have read and fully understand the obligations as faculty supervisor listed below by checking the box beside each statement.

- ☐ I agree to provide the proper supervision of this study to ensure that the rights and welfare of all human participants are protected.
- ☐ I will ensure a request for renewal of a proposal is submitted if the study continues beyond the expected date of completion or for more than one year.
- ☐ I will ensure that a final report is submitted to the Carleton University Research Ethics Committee.
- ☐ I have read and approved the application and proposal.

Signature _____

Date: _____

Month date, year

Dear Name,

My name is Gabrielle Mason and I am a PhD candidate at Carleton University in the Department of Political Science. I am currently working on my PhD thesis. The central research question of my PhD thesis is: What are the consequences of the human need for elder care in social and health policy? In answering this question I consider the values that are currently prioritized in the public sphere to understand why Stockholm and Alberta are making and justifying specific social and health policy choices. I will be conducting interviews with leading academics, policy makers/analysts, formal caregiver advocacy groups/unions, informal caregiver advocacy groups, and advocacy groups for the elderly. This will entail looking at the similarities and differences in the Stockholm and Alberta cases. The thesis is under the supervision of Prof. Rianne Mahon and Prof. Fiona Robinson, Carleton University.

I would like to ask you to participate as an interviewee, which will contribute to the research of my PhD thesis. If you agree to participate as an interviewee then I will meet with you at a time and place convenient for you. The interview should take approximately 30 to 60 minutes, depending upon your availability, and the length of your answers. The interview will be 'semi-structured' in nature, which means that I will have a pre-determined set of questions to ask you, with additional time at the end for you to provide any other information you feel would be helpful to my PhD thesis research.

With your permission I would like to audio-tape the interview so that I can refer back to what was said in the interview. I will be identifying all participants by name, position and expertise. Your comments and quotes will be attributed to you in the thesis and subsequent publications, conferences, presentations and workshops. There is no perceived risk to you for agreeing to participate in this study.

However you retain the right to not answer questions and request that certain comments and opinions not be attributed to you.

I will be the only one with access to the interview data, and it will remain locked in a filing cabinet at my home or at Carleton University when not in use. No raw data information will be on my computer. Upon completion of my PhD thesis, I will destroy the audio recordings but all notes will be securely stored and used for future research on this or related topics.

It is important that you are aware that you may withdraw from the study any time before (October 1, 2011) after which point it would be impossible to extract the information you have provided from the data collected.

I hope that you will accept my invitation to participate in my PhD thesis research. I have attached all of my contact information, along with that of Prof. Rianne Mahon and Prof. Fiona Robinson. The project has been reviewed and cleared by the Carleton University Research Ethics Board. You may contact the REB Chair, Prof. Antonio Gualtieri, with any questions or concerns.

Sincerely,

Gabrielle Elise Mason

Ms. Gabrielle Mason

PhD Candidate

Address: B657 Loeb Building, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6, Canada

Phone number: 613-447-7531

E-mail: gmason2@carleton.connect.ca

Prof. Rianne Mahon

Professor Emeritus and CIGI Professor in Comparative Family and Social Policy

Address: Room 1001 Dunton Tower, Carleton University, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6

Phone number: 613-233-9033

E-mail: prmahon@rogers.com

Prof. Fiona Robinson

Associate Professor and Graduate Studies Chair

Address: B657 Loeb Building, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6, Canada

Phone number: 613-520-2600 ext. 3120

E-mail: fiona_robinson@carleton.ca

Prof. Antonio Gualtieri, Chair

Research Ethics Board

Address: Tory 510B, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6, Canada

Phone number: 613-520-2517

E-mail: ethics@carleton.ca

Informed Consent Form

Research study: *Graying States: Elder Care Policy in Alberta, Canada and Sweden*

I, _____ agree to participate in the following study begin conducted by Gabrielle Mason, who is a PhD candidate at Carleton University in the Department of Political Science.

I understand that my participation is voluntary and that I am agreeing to an interview on the topic of the consequences of the human need for elder care in social and health policy.

I understand that the interview will take approximately 30 to 60 minutes, and that I may decline from answering any questions, and also that I may end the interview at anytime.

_____ I agree to be audio recorded, and understand that all audio recordings will be destroyed at the end of the thesis writing (July 1, 2012).

_____ I decline from being audio recorded.

Should I decide to end the interview, I will inform the researcher if she may use any portion of the interview for her study. If not, the data will be destroyed and all audio recording (if they exist) erased and notes shredded.

There is no perceived risk to me in participating in this study.

I understand that I will be identified in the PhD thesis and in all subsequent publications and presentations of the research study.

I understand that my comments and quotes will be attributed to me but I retain the right to request that certain comments and opinions not be attributed to me.

I understand that the only person with access to the interview material will be the researcher and that the interview material, recordings (if they exist), and consent forms will remain in a locked filing cabinet at the home of the researcher or at the university when not in use (no raw data information will be on the researcher's computer). In addition, I understand that upon completion of her PhD thesis, Ms. Mason will destroy all audio recordings (if they exist) but all notes will be securely stored and used for future research on this or related topics.

I understand that I may withdraw my participation in this study up until (October 1, 2011) after which time it would be impossible to extract the information I have provided from the data collected.

I understand that this study is under the supervision of Prof. Rianne Mahon and Prof. Fiona Robinson. The project has been reviewed and cleared by the Carleton University Research Ethics Board. I understand that I may contact the REB Chair, Prof. Antonio Gualtieri, with any questions or concerns.

Signature of participant

Date

Signature of researcher

Date

Ms. Gabrielle Mason

PhD Candidate

Address: B657 Loeb Building, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6, Canada

Phone number: 613-447-7531

E-mail: gmason2@carleton.connect.ca

Prof. Rianne Mahon

Professor Emeritus and CIGI Professor in Comparative Family and Social Policy

Address: Room 1001 Dunton Tower, Carleton University, 1125 Colonel By Drive, Ottawa, ON, K1S 5B6

Phone number: 613-233-9033

E-mail: prmahon@rogers.com

Prof. Fiona Robinson

Associate Professor and Graduate Studies Chair

Address: B657 Loeb Building, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6, Canada

Phone number: 613-520-2600 ext. 3120

E-mail: fiona_robinson@carleton.ca

Prof. Antonio Gualtieri, Chair

Research Ethics Board

Address: Tory 510B, Carleton University, 1125 Colonel By Drive, Ottawa, Ontario, K1S 5B6, Canada

Phone number: 613-520-2517

E-mail: ethics@carleton.ca

APPENDIX D – INTERVIEW QUESTION MASTER LIST

Graying States: Elder Care Policy in Alberta, Canada and Sweden

Interview Project Summary

This document sets out the main questions to be explored in interviews that will be undertaken for my PhD thesis research project in Stockholm/Sweden. The issues and questions have been deliberately cast in fairly broad terms so as to stimulate a wide range of ideas and unearth innovations and good practice as well as ‘gaps’ in the system(s) where people are ‘falling through the cracks’.

The interview will be ‘semi-structured’ in nature. Thus, I will have a pre-determined set of questions to ask the interviewees, with additional time at the end for them to provide me with any other information that they feel is important. The interviews will last between 30-60 minutes. It is not my intention to address all the questions from this ‘master list’ with every interviewee. Instead, prior to each interview, questions will be selected from this ‘master list’ of questions that are appropriate for each interviewee (based on their employer, experience, and knowledge base).

Main Areas of Interest/Key Themes in my Research Include:

- Interviewee background/context
- Roles and responsibilities of the relevant agencies/actors
- Politics
- Delivery of services and accountability mechanisms
- Financial issues, incentives and rewards
- Gender issues/implications
- Family involvement
- Cultural norms and values

Introduction: Stockholm/Sweden

I decided to compare Stockholm/Sweden to Alberta/Canada for two main reasons: First, Sweden is among the countries with the largest proportion of citizens over 65 years of age, and the elderly represent an increasing proportion of the Swedish population. Second, Sweden invests more of its gross domestic product in its elderly citizens than any other country in the world. I understand that this is because in Sweden, elderly care is a social right (regulated by the Swedish Social Services Act) aiming to guarantee older people a secure income, housing, social services, and healthcare according to their needs, while maintaining freedom of choice and high standards. I also know that most elderly care is financed by municipal taxes and government grants because Sweden is characterized by a long tradition of extensive local self-government. Thus, I am interested in understanding both national, as well as local factors underpinning the current elderly care system.

That being said, I am aware that recently many changes in the elderly care system have occurred. Examples of these changes are the decreasing number of elderly care recipients due to decreased coverage of tax-funded elderly care; increased privatization of tax-funded elderly care; and, as a result, increases in informal family provision of elderly care and, for those who can afford to pay, privately purchased elderly care.

In the future, care requirements among the elderly in Sweden will increase. Thus, the growing number of elderly represents a major challenge to Swedish society. This interview will allow us to discuss the aging population, and the subsequent changes that are occurring in Stockholm/Sweden's elderly care system. More specifically, we can talk about how these issues will continue to affect your organization, and what strategies/plans your organization has for the future in terms of caring for Stockholm/Sweden's graying society.

Interview Questions

Interviewee background/context

What elderly care initiatives is your organization currently working on? Please identify some of your organization's elderly care initiatives that are working/successful? What are your organization's major challenges and/or weaknesses in terms of elderly care provision?

Is the aging population a top priority/concern for your organization? How is your organization preparing to meet the future challenges coming with the growing elderly population (I.e. approaches, collaboration with other organizations, etc.)?

Roles and responsibilities of the relevant actors/agencies

How does your organization interact with the national government? How does your organization interact with the municipal government? What is the balance between direction from the federal and municipal government?

Do global forces, such as for example, the United Nations and the World Health Organization have an impact on elderly care initiatives in your organization? Do you believe that these global forces have an impact on national and/or local elderly care initiatives?

Where are some of the 'gaps' in the current elderly care system? How do you think that these gaps might be addressed/filled? Are some elderly people left without care because of these gaps? If so, are the people left without adequate care of a specific gender and/or income level? Have any recent programs and/or organizations been developed in efforts to address these gaps in elderly care?

When policies/programs are designed, do you consult with elderly people, formal caregivers, informal caregivers, and/or families? If so, how does your organization conduct these consultations? Which groups were consulted? How does your organization incorporate information from these consultations?

Politics

Do elected officials -at various levels of government- engage with elderly care issues (I.e. the increasing costs of elderly care; the growing role of the private sector in elderly care provision; Care vs. cure; Mismanagement of elderly care funds)? Which elderly care topics/issues receive the most attention from elected officials (I.e. in the media)?

Do changes in government/leadership lead to changes in elderly care policies/programs occurred? Have any changes in elderly care policies/programs occurred since the last election? If so, how has the focus of elderly care programs/policies changed? Have changes had an effect on elder caregivers (informal and formal), and/or the elderly care recipients?

Delivery of services and accountability mechanisms

Within tax-funded elderly care there has been an increase in market provision. What is the balance between for-profit and not-for-profit elderly care provision? Do for-profit and not-for-profit providers offer the same quality of elderly care?

Does a unified organizational structure for elderly care exist? How does your organization fit in? Are services formally planned or commissioned? How do current organizational structures promote or impede collaboration?

What are some of the professional organizations that are involved in elderly care? In what ways are agencies and professionals held accountable? Is value for money an explicit objective? How is performance management used to review strategy and care responsibilities?

Is the corporatization of elderly care providers and the role of private equity companies changing elderly care in Stockholm/Sweden? If so, how?

Financial issues, incentives, and rewards

Where does your organization receive funding from (I.e. Is there are unified elder care budget)? Has your organization noticed any increases or decreases in funding? If so, when did these changes in funding occur? What were the reasons/motivations for these changes in funding?

Why has there been a decline of tax-funded elderly care services in Stockholm/Sweden? How are the elderly affected by the decline of tax-funded elderly care services? How are their caregivers (formal and informal) affected by the decline of tax-funded elderly care services?

Why has there been a shift from public to market provision of tax-funded services in Stockholm/Sweden? How are the elderly affected by these changes? How are the caregivers (formal and informal) affected by these changes?

Are elderly care services charged for (I.e. user fees, etc.)? If so, which care recipients/care recipient groups are charged for elderly care services? How is the line drawn between charged and non-charged elderly care services? Is public sector-funded coverage expanding or contracting?

What financial incentives and rewards are perceived to exist in elderly care (I.e. financial incentives for the number of clients served as opposed to a focus on quality of care)? What are the consequences of financial incentives on the quality of formal elder care/services provided?

Gender issues/implications

What are the gender divisions of formal elderly caregivers?

What are the gender divisions of informal elderly caregivers?

Are workers in decision making/planning roles of a different gender than those delivering 'front-line' elderly care? Are some roles in elderly care considered to be 'women's work,' while other roles are not?

What is the difference in pay between workers making decisions/planning and those delivering 'front-line' elderly care? Why do these differences in pay for work within elderly care exist (I.e. Is gender a factor in determining pay)?

Why do gender divisions in pay and roles in elderly care work exist, and why do such divisions persist (I.e. are there social/political/structural/organizational reasons)?

Do you believe that gender influences elderly care in your organization and/or in general (I.e. at national and municipal levels)?

Family involvement

To what extent is elderly care carried out by families? When elderly care is provided informally by families, was it their 'choice' to provide this care, or is it provided due to a lack of publicly provided alternatives/options? Are families caring for the elderly due to the decline in coverage of tax-funded elderly care services?

Which elderly people are most often cared for by their family members (I.e. elderly with less/more education; elderly born outside/inside of Europe)?

Has the proportion of elderly care provided by families increased/decreased in recent years?

Does your organization predict that the changes in government provided elderly care in combination with the aging population will result in a greater dependence on the provision of family/informal elderly care?

What is your organization's view on the 'appropriate' role of the family in elderly care provision?

There has been an increase of privately purchased care among the elderly. Which elderly (I.e. elderly with more/less education; elderly of a specific gender) are purchasing this care? Does your organization encourage an increased role for private sector provision of elderly care as an alternative to elderly care provided informally by families?

Cultural norms and values

Is informal/familial elderly care provision valued and viewed as an important part of citizenship?

Is there still a strong popular support for tax-funded, publicly provided elderly care services? Why are trends towards refamilialization, marketization, and privatization of financing occurring at an increasing rate?

Have values about elderly care (I.e. who is responsible for providing elderly care) been changing? If so, why?

APPENDIX E – ELDER CARE IN ALBERTA

Type of elder care	Description	Costs	Delivery system
Home care ¹⁵¹	<p>Home care services include both professional and support services. The current focus of Alberta's home care is on professional services, with much less emphasis placed on support services.</p> <p>-Professional services include nursing, social work, physiotherapy, occupational therapy, nutritional services, and respiratory therapy.</p> <p>-Support services are personal care services such as bathing, dressing, and grooming.</p> <p>In Alberta, there are three types of home care: long-term home care, short-term home care, and palliative home care.</p> <p>-Long-term home care coverage is expected to continue past one calendar month, and perhaps over the person's entire remaining lifespan.</p> <p>-Short-term home care is home care provided over a period of up to 20 or 30 days in length.</p> <p>-Palliative home care is the third classification, with palliative clients expected to be within the last three months of life. In palliative cases, home care is normally provided until death occurs in the home, or until there is a relocation of the dying person</p>	<p>If granted home care, there is no charge for services.</p> <p>The GoA pays all costs of home care for the elderly based on individual needs assessments for patients who meet specific criteria.</p>	<p>Home care is delivered by the following sectors:</p> <p>-Voluntary not-for-profit (20%);</p> <p>-Private for-profit (70%); and</p> <p>-Publicly provided (10%).¹⁵²</p> <p>Alberta Health Services (AHS) acts as a single entry point for people seeking home care as the different sectors/organizations work in close collaboration, and are contracted out by AHS.</p>

¹⁵¹ In 2011, there were approximately 112000 home care clients in Alberta (West 2011)

¹⁵² These percentages are approximations that were provided in an interview that took place with the Alberta Continuing Care Association (Interview, West 2011).

	to a hospital or nursing home.		
Supportive living ¹⁵³	<p>Supportive living combines accommodation services with other supports and care. In addition to providing a place to live, services in supportive living facilities can include meals, housekeeping, and social activities. Supportive living environments therefore offer care/services that are appropriate for a wide range of people with moderate care needs.</p> <p>In Alberta, supportive living is offered at four different levels, depending on the needs of the elderly patient(s): seniors lodges (offered with three different levels of care), and Designated Assisted Living (DAL).</p> <p>-Seniors lodges are offered in levels one through three. Level one is for seniors if they need only limited help. It is therefore considered more of a 'housing hospitality' service. These seniors may live in a lodge or seniors apartment where they may receive home care for assistance with aids to daily living (ADL) such as, for example with toileting. In contrast, in a level three setting, seniors have health care aids (HCA)s and licensed practical nurses (LPN)s on call 24 hours a day/7 days a week in case any medical situations arise. Meanwhile, level two sits in between, on a spectrum of care services offered.</p> <p>-DAL, sometimes also known as Enhanced Assisted Living (EAL)</p>	<p>In legislation, the GoA details what the accommodation fees in supportive living can be, what the municipalities provide in terms of funding, and what the GoA provides in the form of grants to operators.</p> <p>The Alberta Seniors Benefit (ASB) recipients and Assured Income for the Severely Handicapped (AISH) recipients may be eligible for subsidies.</p> <p>Room and board in supportive living costs between C\$1,650 to C\$3,000 per month.</p> <p>Added to the cost of room and board, residents are also responsible to pay for all personal expenses such as clothing, entertainment, transportation, and medications.</p>	<p>The majority of the supportive living facilities in Alberta are privately run, with very few facilities run by AHS. The mixture of providers is:</p> <p>-Not-for-profit providers making up about 68%;</p> <p>-Private for-profit providers (18%); and</p> <p>-Public providers (14%).¹⁵⁴</p>

¹⁵³ In 2011 in Alberta there were over 700 licensed supportive living facilities with a mixture of providers (Interview, Grabusic 2011).

¹⁵⁴ These percentages are approximations that were provided in an interview that took place with the Alberta Continuing Care Association (Interview, West 2011).

	is considered the fourth level of supportive living, and provides accommodation and flexible 24 hours a day/7 days a week on-site personal care, with scheduled access to professional services. This type of accommodation typically serves residents with higher health needs, but who do not need the level of care provided in a LTC facility.		
LTC ¹⁵⁵	<p>Alberta's LTC facilities provide accommodation and meals: necessary nursing services, personal services, therapeutic services, special diets as required, drugs specified by the Minister for use on a routine or emergency basis as prescribed by a physician, routine dressings as required, and life enrichment services, all of which are provided through contracts with AHS.</p> <p>LTC facilities are settings with 24 hours per day/7 days a week services and care by visiting physicians, onsite Registered Nurses (RN)s, LPNs, and HCAs.</p> <p>LTC facilities are 'nursing homes' under the <i>Nursing Homes Act</i> and 'auxiliary hospitals' under the <i>Hospitals Act</i>.</p> <p>LTC facilities are best suited for the elderly with complex, chronic, end-of-life and/or unpredictable health needs, including behavior that puts the resident and others at risk.</p>	<p>The GoA pays all healthcare costs for the elderly living in LTC based on individual needs assessments for patients who meet specific criteria.</p> <p>Residents in LTC facilities are not charged for the cost of prescription drugs as prescribed by the patients' attending physician.</p> <p>Ambulance services are also provided at no charge if a patient is transferred to or from a hospital for care or treatment.</p> <p>Residents of LTC facilities are responsible for the following accommodation charges:</p> <p>-C\$45.85/day for standard accommodation;</p> <p>-C\$48.50/day for semi-private accommodation; and</p> <p>-C\$55.90/day for private accommodation.¹⁵⁶</p>	<p>In Alberta, LTC is delivered by a mixture of three providers, and split three ways:</p> <ul style="list-style-type: none"> - Private for-profit providers (33%); - AHS publicly provided (33%); and - Non-profit organizations (33%). <p>Despite the mixture of providers, they all have the same funding model concept.</p>

¹⁵⁵ Statistics Canada provides a formal definition for LTC facilities as "facilities with four beds or more that are funded, licensed or approved by provincial/territorial departments of health and/or social services" (Statistics Canada 2007). This definition includes a variety of institutional forms, of varying sizes, ownership, acuity of residents, and systems of care, with LTC including facilities such as nursing homes and auxiliary hospitals (Armstrong et al. 2009, 19).

APPENDIX F – ELDER CARE IN SWEDEN

Type of elder care	Description	Costs	Delivery system
Home help ¹⁵⁷	<p>All municipalities offer home help services as required up to 24 hours a day/7 days a week.</p> <p>Help is provided in terms of domestic activities such as shopping, cooking, cleaning, laundry and/or personal care such as feeding, bathing, using the toilet, and dressing.</p> <p>Other services include home nursing, food care, meals on wheels, personal alarms, housing adaptations, assistive technology, and transport services.</p>	Home help is funded by municipal taxes and government grants.	<p>Home help is needs-assessed and distributed by the municipalities.</p> <p>More municipalities are choosing to privatize parts of their elderly care, letting private care providers run their operations.¹⁵⁸</p> <p>All recipients can choose whether they want their home help or special housing to be provided by public or private operators.</p>
Special housing ^{159,160}	Special housing includes old age homes; nursing homes; ‘service houses’ (apartments with care); and group living	In all of these housing types, the individual pays rent and fees.	This housing is needs-assessed and distributed by the municipalities.

¹⁵⁶ LTC facility operators adjusted accommodation fees February 1, 2011 (Seniors and Community Supports 2010). However, in the interests of affordability, the maximum increase was limited to 3% (Seniors and Community Supports 2010). The province is also covering the adjustment for AISH clients, which means that these residents will continue to have a minimum of \$315 in monthly disposable income (Seniors and Community Supports 2010). Seniors receiving benefits through the ASB program saw increases in their January 2011 ASB payments, reflective of increases in LTC fees (Seniors and Community Supports 2010). Their benefits are calculated to ensure that they have a minimum of \$265 in disposable income every month (Alberta Seniors and Community Supports 2011). About 8,100 of the approximately 14,700 Albertans in LTC facilities receive financial assistance through the ASB and AISH programs, making the minimum monthly disposable income for seniors in long-term care is among the highest in Canada (Storrier 2010).

¹⁵⁷ The amount of home help can vary from help once a month to care provided 24-hours a day (Szebehely and Trydegård 2010, 4). In 2008, 35% of the recipients of home care received less than 9 hours of help per month (2 hours per week), 35% received between 10-49 hours per month, 17% received 50-119 hours per month, and 3% received 120 hours per month or more (Szebehely and Trydegård 2010, 4). For 7% of the users there was no information on hours, and 3% of the registered users did not receive any help at all (Szebehely and Trydegård 2010, 4). On average, a home care user receives around 7 hours of help per week (Szebehely and Trydegård 2010, 4).

¹⁵⁸ In 2011, private care provided services for 18.6% of all elderly people getting home help.

¹⁵⁹ The Adel reform of 1992 (the Community Care Reform) brought together all of the different kinds of institutional elder care under the umbrella concept of ‘special housing with service and care’ (Socialstyrelsen 2010). The aim of housing all institutional elder care alternatives under one umbrella was to create a seamless system of nursing, services, and care that could meet any need, irrespective of where an elderly person has chosen to live (Minford 2001).

¹⁶⁰ On October 1, 2007, 6.2% (95,200 people) aged 65+ lived permanently in special housing (Armstrong et al. 2009, 28).

	<p>arrangements for elderly people with cognitive impairments.¹⁶¹</p> <p>For elderly people in need of constant supervision and care, there are traditional old people's homes, which are often also called nursing homes and/or care homes. These homes have trained staff who can judge when social and medical care is required, and can ensure that the elderly person receives the care he/she needs, on duty 24 hours a day/7 days a week.¹⁶²</p> <p>Group accommodation is another type of living which is intended for a specific target group who have similar needs based on a common type of illness or functional disability such as, for example, elderly with dementia.¹⁶³</p> <p>Service homes are available for the elderly who require higher levels of security and service.¹⁶⁴ If a person is in need of</p>	<p>Costs to individual residents comprises of rent, fees for food, a fee for medical care, and a fee for social services provided.</p> <p>Charges are set either according to income or a combination of care needs and income. Thus, housing costs vary depending on several factors, such as the size of the accommodations, though most receive a housing allowance as pensioners (BTP).¹⁶⁵</p> <p>The resident's contribution to special housing costs amounts to 4%; the remaining 96% are paid</p>	<p>More municipalities are choosing to privatize parts of their elderly care, letting private care providers run their operations.</p> <p>All recipients can choose whether they want their home help or special housing to be provided by public or private operators.</p>
--	---	---	---

¹⁶¹ At the local level, older concepts like nursing home or old-age home are still used, together with newer concepts like care dwellings, housing for older people, or, in particular, group homes for elderly with dementia -- the most frequently used concept for residential care today in Sweden (Armstrong et al. 2009, 28).

¹⁶² Seniors living in these homes have their own apartment or room in a building, there are communal rooms for socializing and activities, and the tenants eat together in a communal dining room. It is also possible for the elderly to share a room with, for example, their husband or wife, if they prefer not to live alone (City of Stockholm 2007).

¹⁶³ Accommodations may also be offered to different target groups of people with specific interests, for example a specific ethnic, linguistic, or religious group, etc. (City of Stockholm 2007).

¹⁶⁴ The design of service houses varies, and some of them have restaurants, salons, and opportunities to join in activities, however, to live in service accommodation always means that seniors live in a 'normal' apartment (Trydegård 2011). There is a safety alarm in each apartment and the resident will be given the help they need in the form of home care services based on their circumstances (Trydegård 2011). Such help can include services and nursing care, and personnel are available in the building at all hours (Trydegård 2011). That being said, if a person lives in a service flat, they cannot choose who will provide home care services; instead, they will receive those services from the provider in that building (City of Stockholm 2011b).

¹⁶⁵ For example, a person living alone, the BTP can amount to 93% of the monthly housing costs that do not exceed SEK 5,000 (SALAR 2009, 50). If the cost of the home exceeds SEK 5,000 per month, the pensioner pays 100% of the amount in excess of that amount (SALAR 2009, 50). The individual's income and any personal wealth are taken into account when the regional social insurance office decides on BTP (SALAR 2009, 50). The cost of meals also varies and can amount to SEK 2,500 a month (SALAR 2009, 50).

	services and care that cannot be carried out in their current home, they can be granted service accommodation.	through municipal government taxes (Socialstyrelsen 2010). ¹⁶⁶	
Short-term accommodations <i>*Short-term accommodations comprise part of the special types of accommodation, and the local authorities are responsible for medical interventions in such facilities.</i> ¹⁶⁷	<p>Short-term accommodations offer a limited-time stay; an intermediate stage between special housing, support, assistance in regular housing, and in-patient hospital care.</p> <p>This type of accommodation is a multi-faceted operation used for rehabilitation, convalescence, and recovery after a hospital stay, waiting for a space in special housing, examination/diagnostics, home-hospital care/respite for family members, a ‘breather’ allowing time to consider whether the patient should continue to live at home or move to special housing, and also for terminal care.</p> <p>Short-term accommodation can be housed in or near special housing, and in recent years it has increasingly expanded into independent operations.</p>	Short-term accommodations are funded by municipal taxes and government grants.	<p>These accommodations are needs-assessed and distributed by the municipalities.</p> <p>More municipalities are choosing to privatize parts of their elderly care, letting private care providers run their operations.¹⁶⁸</p> <p>All recipients can choose whether they want their home help or special housing to be provided by public or private operators.</p>

¹⁶⁶ The Social Service Act states that municipalities must ensure that recipients of municipal care have funds left over for their personal expenses after their fees have been paid, and that the financial situation of the wife or husband of an institutionalized elderly person does not deteriorate unreasonably (Trydegård 2000). For example, the user fees are small, and there is an annual ceiling; no one pays more than SEK 300 in a year, including on prescription drugs (Wodak 2011).

¹⁶⁷ The number of people aged 65 and older living in regular housing who were granted short-term accommodation/care as of October 1, 2007 was almost 9,700 (SALAR 2009). Of these 64% were age 80 and older (SALAR 2009).

¹⁶⁸ In 2011, private care provided services for 18.6% of all elderly people getting home help.

APPENDIX G – BIBLIOGRAPHY

A

Aaron, H.J., and R.D. Reischauer. 1995. "The Medicare Reform Debate: What is the Next Step?." *Health Affairs* 14.4 (1995): 8-30.

Abel, E. "Adult Daughters and Care for the Elderly." *Feminist Studies* 12 (1986): 479-497.

---. "Family Care of the Frail Elderly: Framing an Agenda for Change." *Women's Studies Quarterly* 1.2 (1989): 75-86.

---. "Family Care of the Frail Elderly." *Circles of Care: Work and Identity in Women's Lives*. Eds. E. Abel, and M. Nelson. Albany, NY: SUNY Press, 1990.

Abrams, P. "Community Care: Some Research Problems and Priorities." *Policy and Politics* 5.6 (1977): 125-51.

Acker, J. "Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations." *Gender and Society* 4 (1990): 139-158.

Adria, R. M. Personal interview with Gabrielle Betts. 14 Sept., 2011.

Ahlström, Y. Personal interview with Gabrielle Betts. 4 May, 2011.

Alber, J. "A Framework for the Comparative Study of Social Services." *Journal of European Social Policy* 5.2 (1977): 131-49.

Alberta Caregivers Association. *Yours Mine & Ours: Final Report on Alberta Caregiver Strategy Consultations*. 2010.

Alberta Hansard (258). 1994. February 24, 1994.

Alberta Health. *Moving Continuing Care Centres Forward: Concept Paper*. Edmonton: Government of Alberta, 2012.

Alberta Health. <http://www.health.alberta.ca/seniors/special-needs-assistance.html>. Web. 1 Feb. 2013.

Alberta Health and Wellness (AHW). *Annual Report 2010-2011*. Edmonton: Government of Alberta, 2011.

---. *Continuing Care Strategy: Aging in the Right Place*. Edmonton: Government of Alberta, 2008.

Alberta Health Services (AHS). *Becoming the Best: Alberta's 5-Year Health Action Plan (2010-2015)*. Edmonton: Government of Alberta, 2010.

Alberta Treasury. *Treasury Annual Report for the Fiscal Year*. Edmonton: Government of Alberta, (Ended March 31) 1997.

Alesina, A., and E.L. Glaeser. *Fighting Poverty in the US and Europe*. Oxford: Oxford University Press, 2004.

Algava, E., and M. Plane. "Vieillissement et Protection Sociale: Une Projection Comparée Pour Six Pays de L'Union Européenne." *Etudes et Résultats* 134 (September), 2001.

Allen, R. T. *Today is the First Day of the Rest of Your Life*. Toronto, ON: McClelland & Stewart, 1971.

Allentuck, A. "Living Longer – Will Poverty Stalk the Very Elderly?" *The Edmonton Journal*. 20 Jan., 2010.

Almega. *Välfrihet i Den Kommunala Valfärden*, 2009.

---. *Välfrihet Skapar Nya Värden i Valfärden*, 2008a.

---. *Remissvar Angående Huvudbetänkande Långtidsutredningen*. 2008b.

Almqvist, R., and O. Högberg. "Management by Contract?" *Kommunal Ekonomi Och Politik* 9.2 (2005): 7-36.

Alzheimer's Association and National Alliance for Caregiving. *Who Cares? Families Caring for Persons with Alzheimer's Disease*. Washington, D.C.: Alzheimer's Association and National Alliance for Caregiving, 1999.

American Home Economics Association. *Handbook on Aging*. Washington, DC: American Home Economics Association, 1980.

Amirkhanyan, A. "Privatizing Public Nursing Home: Examining the Effects on Quality and Access." *Public Administration Review* 68.4 (2008): 665-680.

Andersen, J.G., P.A. Pettersen, S. Svallfors, and H. Uusitalo. "The Legitimacy of the Nordic Welfare States: Trends, Variations, and Cleavages." *Nordic Social Policy. Changing Welfare States*. Eds. M. Kautto, M. Heikkilä, B. Hvinden, S. Marklund, and N. Ploug. London: Routledge, 1999.

Anderson, B. *Doing the Dirty Work: The Global Politics of Domestic Labour*. London: Zed Books, 2000.

Anderson, C. W. "The Place of Principles in Policy Analysis." *American Political Science Review* 73 (1979): 713.

Anderson, F. *Konkurrens Pa Kommunala Villkor*. Stockholm: Svenska Kommunförbundet, 2002.

Anderson, M. *Thinking About Women: Sociological Perspectives on Sex and Gender* (2nd edition). New York: Macmillan, 1988.

Andersson, L. "Äldre och Äldreomsorg i Norden och Europa [Elderly People and Elderly Care in the Nordic Countries and Europe]." *Äldrevårderingen* 94.2 (1994).

Andrew, C. "Women and the Welfare State." *Canadian Journal of Political Science* 14. 4 (1984): 667-684.

Anell, A., and P. Rosén. *Välfrihet i Vården: En Empirisk Undersökning av Preferenser hos Allmänhet och Vårdpersonal*. IHE Arbetsrapport 4 (1995).

Antman, P. Barn och Äldreomsorg i Sverige. Välfärdsprojektet Kunskap/Fakta nr 5. Socialdepartementet, 1996.

---. "Vägen Till Systemskiftet – Den Offentliga Sektorn i Politiken 1970-1992." *Köp och Sälj, var God Svälj?* (Arbetsmiljöfonden Rapportserien). Ed. R.Å. Gustafsson, 1994.

---. "Vägen Till Systemskiftet – Den Offentliga Sektorn I Politiken 1970-1992" [The Road to Systemic Change – the Politics of the Public Sector 1970-1992]." *Köp Och Sälj, Var God Svälj? [Buy and Sell, Please Swallow?]*. Ed. R.A. Gustavsson. Stockholm, Sweden: Arbetsmiljöfonden, 1993.

Anttonen, A. "Universalism and Social Policy: A Nordic-Feminist Revaluation." *NORA: Nordic Journal of Feminist and Gender Research* 10 (2002): 71-80.

---. "The Welfare State and Social Citizenship." *Unresolved Dilemmas: Women, Work and the Family in the United States, Europe and the Former Soviet Union*. Eds. K. Kauppinen, and T. Gordon. Aldershot: Ashgate, 1997.

---. "The Feminization of the Scandinavian Welfare State. The Welfare State in Transition: From the Social Insurance State Towards the Social Service State." *Finnish Debates on Women's Studies*. Ed. L. Simonen. University of Tampere: Research Institute for Social Science, 1990.

Anttonen, A., J. Baldock, and J. Sipilä (Eds.) *The Young, the Old and the State: Social Care Systems in Five Industrial Nations*. Cheltenham, UK. Northampton, MA Edward Elgar, 2003.

Anttonen, A., and J. Sipilä. "European Social Care Services: Is It Possible to Identify Models?" *Journal of European Social Policy* 6.2 (1996): 87-100.

Arbetsgruppen för Social Ekonomin, Regeringskansliet. Social Ekonomi –En Tredje Sektor för Valfärd Demokrati och Tillväxt (Slutrapport), 2001.

Archbold, P. "The Impact of Parent-Caring on Women." *Family Relations* 32 (1983): 39-45.

---. "An Analysis of Parent Caring by Women." *Home Health-care Services Quarterly* 3.2 (1982): 5-26.

Aristovnik, A., and J. Seljak. "Performance Budgeting: Selected International Experiences and Some Lessons From Slovenia." MPRA Paper 15499, University Library of Munich, Germany, 2009.

Armstrong, H. "Neoliberalism and Official Health Statistics: Towards a Research Agenda." *Troubling Care: Critical Perspectives on Research and Practices*. Eds. P. Armstrong, and S. Braedley. Toronto: Canadian Scholars' Press Inc., 2013.

Armstrong, P. "Relocating Care: Home Care in Ontario." *Women's Health in Canada*. Eds. M. Morrow, O. Hankivsky, and C. Varcoe. Toronto: University of Toronto Press, 2008.

---. "The Welfare State as History." *The Welfare State in Canada: Past, Present, and Future*. Eds. R. Blake, P. Bryden, and J. Frank. Concord, ON: Irwin Publishing, 1997.

Armstrong, P., and H. Armstrong. *About Canada: Healthcare*. Fernwood Publishing: Halifax and Winnipeg, 2008.

---. *Wasting Away: The Undermining of Canadian Healthcare* (2nd edition). Toronto: Oxford University Press, 2003.

---. *Theorizing Women's Work*. Toronto: Garamond Press, 1990.

---. "Beyond Sexless Class and Classless Sex: Towards Feminist Marxism." *Studies in Political Economy* 10 (1983).

Armstrong, P., C. Amaratunga, J. Bernier, K. Grant, A. Pederson, and K. Wilson. 2002. *Exposing Privatization: Women and Healthcare Reform*. Aurora, ON: Garamond Press.

Armstrong, P., H. Armstrong, I. Bourgeault, J. Choiniere, E. Mykhalovskiy, and J. P. White. "Heal Thyself": *Managing Health-care Reform*. Ontario: Garamond Press Ltd., 2000.

Armstrong, P., A. Banerjee, M. Szebehely, H. Armstrong, T. Daly, and S. Lafrance. *They Deserve Better: The Long-term Care Experience in Canada and Scandinavia*. Ottawa: Canadian Centre for Policy Alternatives, 2009.

Armstrong, H. Armstrong, D. Coburn. Eds. *Unhealthy Times: Political Economy Perspectives on Health and Care in Canada*. Don Mills, Ontario: Oxford University Press, 2001.

Armstrong P., and T. Daly. "There are not enough hands. Conditions in Ontario's Long-Term Care Facilities." Report prepared for the Canadian Union of Public Employees. Toronto, 2004.

Armstrong, P., and O. Kits. *One Hundred Years of Caregiving*. Ottawa: Law Commission of Canada, 2001.

Armstrong, P., and K. Laxer. "Mapping Precariousness in the Canadian Health Industry: Privatization, Ancillary Work, and Women's Health." *Precarious Employment: Understanding Labour Market Insecurity in Canada*. Ed. L. Vosko. Montreal and Kingston: McGill-Queen's University Press, 2006.

Aronson, J. "Women's Sense of Responsibility for the Care of Old People: But Who Else is Going to Do It?" *Gender and Society* 6 (1992): 8-29.

---. "Dutiful Daughters and Undermining Mothers: Constraining Images of Giving and Receiving Care in Middle and Later Life." *Women's Caring: Feminist Perspectives on Social Welfare*. Eds. C. Baines, P. Evans, and S. Neysmith. New York: Oxford University Press, 1991.

Aronson, J., and S. M. Neysmith. "The Retreat of the State and Long-Term Care Provision: Implications for Frail Elderly People, Unpaid Family Carers and Paid Home Care Workers." *Studies in Political Economy: Developments in Feminism*. Eds. C. Andrew, P. Armstrong, H. Armstrong, W. Clement, and L. F. Vosko. Toronto: Women's Press, 2003.

Arthur, B.W. *Increasing Returns and Path Dependence in the Economy*. Ann Arbor: University of Michigan Press, 1994.

Arts, W., and J. Gelissen. "Three Worlds of Welfare Capitalism or More? A State-of-the-art report". *Journal of European Social Policy* 12.2(2002): 137-158.

Atchley, R. *Social Forces in Later Life: An Introduction to Social Gerontology* (2nd ed.). Belmont, CA: Wadsworth Publishing Company, 1977.

Atchley, R., and M. Seltzer (Eds.). *Sociology of Aging: Selected Readings*. Belmont, CA: Wadsworth Publishing Company, 1976.

Attendo. *Årsredovisning för räkenskapsåret 1 januari – 31 december 2008*. Available online: http://www.attendo.se/ATTemplates/PageTemplate___9683.aspx [Accessed 2 Jan., 2010], 2009a.

---. "32 new units and increased revenue 2008." Available online: http://www.attendo.se/ATTemplates/PageTemplate___7354.aspx [Accessed 3 Jan., 2010], 2009b.

---. *Årsredovisning 1 mai – 31 december 2007*. Available online: <http://www.attendo.se/upload/Arsredovisningar/Attendo%20Care%20arsredovisning%202007.pdf> [Accessed 2 Jan., 2010], 2008.

Audette, T. "\$500,000 in Pilot Project Pledged to Keep Seniors Afloat at Home." *The Edmonton Journal*. 12 Jun., 2010.

Aumann, K., E. Galinsky, K. Sakai, M. Brown, and J.T. Bond. "The Elder Care Study: Everyday Realities and Wishes for Change, Families and Work Institute." Available online: http://familiesandwork.org/site/research/reports/elder_care.pdf , 2010.

B

Bacchi, C. *Same Difference*. Sydney: Allen & Unwin, 1990.

Bäckman, O. "Med välfärdsstaten som arbetsgivare [The Welfare State as Employer]." *Välfärdstjänster i omvandling* [Welfare Services in Transition]. SOU 2001:52. Research Volume, Government Report, The Welfare Commission, 2001.

Baker, M. *The Restructuring of the Canadian Welfare State: Ideology and Policy. Discussion Paper No. 77*. Sydney: Social Policy Research Centre, 1997.

Bakker, I. "Social Reproduction and the Constitution of a Gendered Political Economy." *New Political Economy* 12.4 (2007): 541-556.

---. "Neo-liberal Governance and the Reprivitization of Social Reproduction: Social Provisioning and Shifting Gender Order." *Power, Production and Social Production*. Eds. I. Bakker, and S. Gill. New York: Palgrave MacMillan, 2003.

---. "Who Built the Pyramids? Engendering the New International Economic and Financial Architecture." Paper presented at the 42nd Annual Convention of the International Studies Association, Chicago, February 20-24, 2001.

Bakker, I. Ed. *Rethinking, Restructuring: Gender and Change in Canada*. Toronto: University of Toronto Press, 1996.

---. Ed. "Engendering Macro-economic Policy Reform in the Era of Global Restructuring and Adjustment." *The Strategic Silence: Gender and Economic Policy*. London: Zed Books, 1994.

Baldock, J. "Culture: The Missing Variable in Understanding Social Policy?" *Social policy & Administration* 33.4 (1999a): 458-473.

---. "Economics and Social Policy." *Social Policy*. Eds. J. Baldock, N. Manning, S. Miller, and S. Vickerstaff. Oxford: Oxford University Press, 1999b.

---. "Social Care in Old Age: More Than a Funding Problem." *Social Policy and Administration* 31.1 (1997):73-89.

Baldock, J., and P. Ely. "Social Care for Elderly People in Europe: The Central Problem of Home Care." *Social Care in Europe*. Eds. B. Munday, and P. Ely. London: Prentice Hall, 1996.

- Baldock, J., and A. Evers. "Innovations and Care of the Elderly: The Cutting Edge for Social Welfare Systems. Examples from Sweden, the Netherlands and the United Kingdom." *Ageing and Society* 12 (1992): 289-312.
- Baldock, J., and C. Ungerson. *Becoming Consumers of Community Care. Households Within the Mixed Economy of Welfare*. York: Joseph Rowntree Foundation, 1994.
- Ball, A. J. *Caring for an Aging Parent: Have I done all I can?* Buffalo, NY: Prometheus Books, 1986.
- Bambra, C. "Defamilialisation and Welfare State Regimes: A Cluster Analysis," *International Journal of Social Welfare* 16.4 (2007): 326-38.
- Banting, K. "Keeping Our Balance: The Political Imperatives of Social Policy Reform," *Policy Options* 15 (July-August 1994): 66.
- Baranek, P.M., R.B. Deber, and A. P. Williams. (Eds.). *Almost Home: Reforming Home and Community Care in Ontario*. Toronto: University of Toronto Press, 2004.
- Bardouille, N. "The Transformation of Governance Paradigms and Modalities: Insights into the Marketization of the Public Service in Response to Globalization". *The Round Table* 353 (2000): 81-106.
- Barnes, M. *Care in Everyday Life: An Ethic of Care in Practice*. University of Bristol: Policy Press, 2012.
- Barnes M., and D. Prior. "Spoilt for Choice? How Consumerism can Disempower Public Service Users." *Public Money and Management* (July-September 1995): 53-59.
- Barrett, M. *Women's Oppression Today: The Marxist-Feminist Encounter*. London: Verso Press, 1987.
- Barry, N. *Welfare*. Milton Keynes, Open University Press, 1990.
- Bartlett, W., C. Propper, D. Wilson, and J. Le Grand. (Eds). *Quasi-markets and the Welfare State*. Bristol: SAUS Publications, 1994.
- Batljan, I. "Demographics and Future Needs for Public Long Term Care and Services Among the Elderly in Sweden." *Stockholm Studies in Social Work* 24 (2007).
- Battle, K. "Transformation: Canadian Social Policy Since 1985." *Social Policy and Administration* 32.4 (1998): 321-340.
- Battle, K., and S. Torjman. "How Finance Re-formed Social Policy." In D. Drache and A. Ranachan (Eds.), *Warm Heart, Cold Country: Fiscal and Social Policy Reform in Canada* (pp. 407-442). Ottawa: Caledon Institute of Social Policy, 1995.

Baum, D. J. *Final Plateau: The Betrayal of our Older Citizens*. Don Mills, ON: Burns & MacEachern, 1974.

Beaver, M. L. *Service Practice With the Elderly*. Englewood Cliffs, NJ: Prentice-Hall, 1983.

Beck, U. "Interview with Ulrich Beck." *Individualization*. Eds. U. Beck, and E. Beck-Gernsheim. London: Sage, 2002.

Becker, G. "Human Capital, Effort, and the Sexual Division of Labour." *Journal of Labour Economics* 3(1985): S33-S58.

Behiels, M. D. "Stephen Harper's Rise to Power: Will His 'New' Conservative Party Become Canada's 'Natural Governing Party' of the Twenty-First Century?," *American Review of Canadian Studies* 40.1 (March 2010): 118–145.

Bejerot, E., and H. Hasselbladh. *Det nya regleringslandskapet [The New Regulating Landscape]. Bortom New Public Management: Institutionell Transformation I Svensk Sjukvard [Beyond New Public Management: Institutional Transformation in Swedish Health-care]*. Eds. H. Hasselbladh, E. Bejerot, and R. A. Gustafsson. Lund: Academic Adacta, 2008.

Bel, G., and M. E. Warner. "Challenging Issues in Local Privatization." *Environment and Planning C: Government and Policy* 26.1 (2008): 104-109.

Bellamy, R. "Introduction: The Making of Modern Citizenship." *Lineages of European Citizenship*. Eds. R. Bellamy, Dr. Castiglione, and E. Santoro. Baringstoke: Palgrave, 2004.

Bender, L. "From Gender Difference to Feminist Solidarity: Using Carol Gilligan and an Ethic of Care in Law." 15 *Vt. L. Rev.* 1. 1990-1991.

Benhabib, S. *Situating the Self*. Cambridge: Polity Press, 1992.

Beresford, P. "What Future for Care?" Joseph Rowntree Foudation: Brunel University and Shaping Our Lives, 2008.

Berg, S., L. G. Branch, A. Doyle, and G. Sundström. "Local Variations in Old-age Care in the Welfare State: The Case of Sweden." *Health Policy* 24 (1993): 175-86.

Bergmark, A., and R. Minas. "Decentraliserad valfard eller medborgerliga rattigheter? Om omfordelning av makt och ansvar mellan stat och kommun [Decentralized Welfare or Citizenship Rights? On Redistribution of Power and Responsibility Between Nation State and Local Government]." *Socialvetenskaplig Tidskrift* 14.2-3 (2007): 220-241.

Bergstrom, V. "Party Program and Economic Policy: The Social Democrats in Government." *Creating Social Democracy: A Century of the Social Democratic Labor Party in Sweden*. Eds. K. Misgeld, K. Molin, and K. Amark. University Park, Pa.: Penn State Press, 1992.

Bergqvist, C., A. Borchorst, A.-D. Christensen, V. Ramstedt-Silen, N.C. Raaum, and A. Styrkarsdóttir. *Equal Democracies? Gender and Politics in the Nordic Countries*. Scandinavian University Press: Oslo, 1999.

Bergqvist, C., and A. Nyberg. *Den Svenska Barnomsorgsmodellen—Kontinuitet Och Förändring Under 1990-Talet*. In *Expert Commission A Balance Sheet for Welfare of the 1990s, Välfärdstjänster i Omvandling* (2001), Stockholm: Socialdepartementet.

Berleen, G. “A Healthier Elderly Population in Sweden!” National Institute of Public Health (www.fhi.se). Sweden, 2004.

Bettio, F., and J. Plantenga. “Comparing Care Regimes in Europe.” *Feminist Economics*. 10.1 (2004): 85-113.

Bezanson, K. “Struggles Over Social Reproduction in a Neo-liberal Era.” *Gender, the State, and Social Reproduction: Household Insecurity in Neo-liberal Times*. Toronto: University of Toronto Press, 2006.

Bezanson, K., and M. Luxton. *Social Reproduction: Feminist Political Economy Challenges Neo-Liberalism*. Montreal and Kingston: McGill-Queen’s University Press, 2006.

Bezanson, K., and E. Carter. “Public Policy and Social Reproduction: Gendering Social Capital.” Brock University & Status of Women Canada, 2006.

Berg, E. *The Unequal Encounter: A Study of Co-operation in Home care Between the Municipal Home Help Services and the County Council’s Medical Care*. (Dissertation). Lulea, Sweden: University of Technology, 1994.

Bergmann, B. *The Economic Emergence of Women*. New York: Basic Books, 1986.

Bergman, H., F. Béland, P. Lebel, A.-P. Contandriopoulos, P. Tousignant, Y. Brunelle, T. Kaufman, E. Leibovich, R. Rodriguez, and M. Clarfield. “Care for Canada’s Frail Elderly Population: Fragmentation or Integration?” *Canadian Medical Association Journal* 157 (1997): 1116-1121.

Berleen, G. “A Healthier Elderly Population in Sweden”. Paper produced by the *National Institute of Public Health*. 2004:2.

Bernardo, D. H., C.L. Shehan, and G. R. Leslie. “A Residue of Tradition: Jobs, Careers, and Spouses’ Lime in Housework”. *Journal of Marriage and the Family* 49 (1987): 381-390.

Berta, W., A. Laporte, D. Zarnett, V. Valdmanis, and G. Anderson. “A Pan-Canadian Perspective on Institutional Long-Term Care.” *Health Policy* 79.2-3 (2006): 175-194.

Bergmark, A., and R. Minas. ["Decentralized Welfare or Citizenship Rights? On Redistribution of Power and Responsibility Between Nation State and Local Government"]. *Socialvetenskaplig Tidskrift* 14, 2-3 (2007): 220-41.

Betankande 2008/09: SoU5 *Välfrihetssystem*.

Betankande 2005/06: SoU26 *Nationell Utvecklingsplan for vard och omsorg om äldre*.

Betankande 2003/04: SoU4 *Aldrepolitik*.

Betankande 2001/02: SoU12 *Aldrepolitik*.

Betankande 2000/01: SoU9 *Aldrefragor*.

Betankande 1996/97: SoU13 *Aldreomsorg*.

Betankande 1992/93: SoU9 *Okad konkurens inom kommunal verksamhet*.

Bezanson, K., and M. Luxton. Eds. *Social Reproduction: Feminist Political Economy Challenges Neoliberalism*. Montreal and Kingston: McGill-Queen's University Press, 2006.

Bianchi, S.M., J.P. Robinson, and M.A. Milkie. *Changing Rhythms of American Family Life*. New York: Russell Sage Foundation, 2006.

Birkel, R., and N. Reppucci. "Social Networks, Information-Seeking, and Utilization of Services." *American Journal of Community Psychology* 11(1983) :185-205.

Bjornberg, G. "Care Gender and Ethnicity in a Scandinavian Welfare State." Paper presented to *ESF Workshop 'A Caring Europe,'* 12 and 13 November, Milton Keynes, UK: Open University, 2009.

Blaxter, M. *The Meaning of Disability* London: Heinemann, 1976.

Blomberg, S. *Specialiserad Biståndshandläggning inom Den Kommunala äldreomsorgen*. (Dissertation) Lund Department Social Work 17. Lund: Socialhögskolan, 2004.

Blomqvist, P. Interview with Gabrielle Betts, May 2011.

Blomqvist, P. "Can the State Monitor Private Contractors? Evidence from Swedish Elder Care." (Paper presented at the European Consortium for Political Research (ECPR) Joint Sessions). Berlin: September 9-11th, 2009.

Blomqvist, P. "The Choice Revolution: Privatization of Swedish Welfare Services in the 1990s." *Social Policy & Administration* 38 (2004): 139-155.

Blomqvist, P., and B. Rothstein. *Välfärdsstatens Nya Ansikte: Demokrati Och Marknadsreformer Inom Den Offentliga Sektorn*. Stockholm: Agora, 2000.

Blomqvist, P., and U. Winblad. "Monitoring Quality in Contracted Elder Care: The Swedish Case." (Presentation), 2010.

Blyth, M. "The Transformation of the Swedish Model: Economic Ideas, Distributional Conflict, and Institutional Change." *World Politics* 54 (2001): 1-26.

Bode, I. "The Puzzle of Welfare Markets." (Paper submitted to the European Consortium for Political research Conference in Potsdam in September), 2009.

Bodiuzzaman, M., A. Kulmala, B. Li, and T. Tuurna. "Who Cares? Discussions About the Care of the Frail Elderly in Bangladesh, China and Finland." (Unpublished Masters dissertation). University of Tampere: International School of Social Sciences, 1995.

Bojem T. "Working Time and Caring Strategies: Parenthood in Different Welfare States." *Politicizing Parenthood in Scandinavia*. Eds. A.L. Ellingsaeter, and A. Leira. Bristol: The Policy Press, 2006.

Borchorst, A. "Political Motherhood and Child Care Policies: A Comparative Approach to Britain and Scandinavia." *Gender and Caring: Work and Welfare in Britain and Scandinavia*. In Ed. C. Ungerson. New York: Harvester Wheatsheaf, 1990.

Borchorst, A., and B. Siim. "The Woman-Friendly Welfare States Revisited." *NORA* 10.2 (2002): 90-98.

Borg, P. *Historiska Perspektiv På Skattepolitikens Framtida Förutsättningar – Underlag Till Globaliseringsrådets Skattegrupp*, Arbetspapper, Globaliseringsrådet. Available online: <http://www.regeringen.se/content/1/c6/11/80/63/ed3854ad.pdf> [Accessed 6 May 2009], 2008.

Borg, P. *Tjugo Samtal om Välfärdens Finansiering På Sikt [Twenty Conversations on the Long-term Financing of Welfare]*, Programberedningen för välfärdsfinansieringen, Sveriges Kommuner och Lansting, Stockholm. Available online: http://brs.skl.se/brsbibl/kata_documents/doc39395_1.pdf [Accessed 14 April 2009], 2009a.

Borg, P. *Den Långsiktiga Finansieringen– Välfärdspolitikens Klimatfråga?* Rapport till Expertgruppen för Studier i Offentlig Ekonomi 2009:1. Stockholm: Finansdepartementet, 2009b.

Borgenhammar, E. "Health Services in Sweden." In M. Raffel (ed.), *Comparative Health-care Systems: Descriptive Analyses of Fourteen National Health Systems*. Philadelphia: University of Pennsylvania Press, 1984.

Boston, J., J. Martin, J. Pallot, and P. Walsh. *Public Management: The New Zealand Model*. Auckland: Oxford University Press, 1996.

Bostrom, A.-M. Interview with Gabrielle Betts, May 2011.

Bostrom, A.-M., K. Fraser, and M. Lidbrink. "Comparing Care of Older Adults in Canada and Sweden: What Could be Learnt?" (Presentation made at the Annual Canadian Gerontology Conference), 2010.

Botes, A. "A Comparison Between the Ethics of Justice and the Ethics of Care." *Journal of Advanced Nursing* 32.5 (2000): 1071-1075.

Bowers B.J., S. Esmond, N. Jacobson. "Turnover Reinterpreted: CNAs Talk About Why They Leave." *Journal of Nursing* 29 (2003): 36-43.

Bowker, L. H. *Humanizing Institutions for the Aged*. Lexington, MA: Lexington Books, 1982.

Boychuk, G. "The Canadian Social Model: The Logics of Policy Development." *CPRN Social Architecture Papers*. Research Network F-36 (Family Network), January, 2004.

Boychuk, G. "Federal Spending in Health: Why Here? Why Now?." In G. B. Doern (ed.). *How Ottawa Spends, 2002-2003: The Security Aftermath and National Priorities*. Don Mills, ON: Oxford University Press, 2002.

Boychuk, G. *Patchworks of Purpose: The Development of Provincial Social Assistance Regimes in Canada*. Canada (Montreal & Kingston): McGill-Queen's University Press, 1998.

Boychuk, G., and K. G. Banting. "The Canada Paradox: The Public-Private Divide in Health Insurance and Pensions." Vancouver, British Columbia: Paper presented to the Canadian Political Science Association, Jun. 2008.

Boyd, R. R., and C. G. Oakes. Eds. *Foundations of Practical Gerontology*. Columbia, SC: University of South Carolina Press, 1969.

Boyd, S. B. Ed. *Challenging the Public/Private Divide: Feminism, Law, and Public Policy*. Toronto: University of Toronto Press, 1997.

Boyne, G. "Competitive Tendering in Local Government: A Review of Theory and Evidence." *Public Administration* 76 (1998): 695-712.

Boyne, G., and M. Powell. "Territorial Justice: A Review of Theory and Evidence." *Political Geography Quarterly* 10.3 (1991): 263-81.

Bowers, B. "Family Perceptions of Care in a Nursing Home." *Circles of Care: Work and Identity in Women's Lives*. Eds. E. Abel, and M. Nelson. Albany, NY: SUNY Press, 1990.

Bowers, B. "Family Perceptions of Care in a Nursing Home." *The Gerontologist* 28.3 (1988): 361-368.

Braid, D. "Albertans Must Forget 'Cadillac Services.'" *Calgary Herald*, March 3: A3, 1993.

Brennan, B. *The Good Steward: The Ernest C. Manning Story*. Calgary, Alberta, Canada: Fifth House Ltd., 2008.

Brennan, D., B. Cass, S. Himmelweit, and M. Szebehely. "The Marketization of Care: Rationales and Consequences in Nordic and Liberal Care Regimes." *Journal of European Social Policy* 22.4 (2012): 377.

Brenner, M., and T. Bundgaard Vad. "Sweden and Denmark: Defending the Welfare State." *Welfare and Work in the Open Economy* (Vol. 2): *Diverse Responses to Common Challenges*. In Eds. F. Scharpf, and V. Schmidt. Oxford: Oxford University Press, 2000.

Briggs, A. "The Welfare State in Historical Perspective." *European Journal of Sociology* (II): 1961.

Brink, S. "Elder Care: the Nexus for Family, Work and Health Policy." Ontario: Caledon Institute of Social Policy, 2004.

Brink, S., and A. Zeeman. *Measuring Social Well-Being: An Index of Social Health for Canada R-97-9E*. Hull, PQ: Applied Research Branch Strategic Policy, Human Resources Development Canada, June, 1997.

Brodie, J. "Reforming Social Justice in Neoliberal Times." *Studies in Social Justice* 1.2 (2007): 93-107.

---. "Citizenship and Solidarity: Reflections on the Canadian Way." *Citizenship Studies* 6.4 (2007): 377-394.

---. "Meso-Discourses, State Forms and the Gendering of Liberal-Democratic Citizenship." *Citizenship Studies* 1.2 (1997): 223-42.

---. *Politics on the Margins: Restructuring and the Canadian Women's Movement*. Halifax: Fernwood, 1995.

---. *Politics on the Boundaries: Restructuring and the Canadian Women's Movement*. Toronto: Robarts Centre for Canadian Studies, 1994.

Brody, E.M. "Parent Care as a Normative Stress." *The Gerontologist* 25 (1985):19-29.

Brody, E.M., and C.B. Schoonover. "Patterns of Parent-Care When Adult Daughters Work and When They Do Not." *The Gerontologist* 26 (1986): 372-381.

Bromley, D. B. *Psychology of Human Ageing* (2nd ed.). Harmondsworth, Middlesex: Penguin Books, 1974.

Brook, R. 1987. "Justice and the Golden Rule: A Commentary on the Recent Work of Lawrence Kohlberg". *Ethics* 97: 363-373.

Brook, R., E. McGlynn, and P. Cleary. "Quality of Health-care. Part 2: Measuring Quality of Care." *The New England Journal of Medicine* 335.13 (1996): 966-970.

Brown, C. "Mothers, Fathers and Children: From Private to Public Patriarchy." *Women and Revolution: A Discussion of the Unhappy Marriage of Marxism and Feminism*. Ed. L. Sargent. Boston: South End Press, 1981.

Brown, D. M. *Economic Change and New Social Policies*. Ottawa: C.D. Howe Institute, 1994.

Brown, D. S. *Handle With Care: A Question of Alzheimer's*. Buffalo, NY: Prometheus Books, 1984.

Brown, L. D. "Pedestrian Paths: Why Path-Dependence Theory Leaves Health Policy Analysis Lost in Space." *Journal of Health Politics, Policy and Law* 35.4(2010): 643-659.

Brown, L. T, and M. Potoski. "Contract Management Capacity in Municipal and County Governments." *Public Administration Review* 63.2 (2003): 153-164.

Browne, C. V. *Women, Feminism, and Aging*. New York: Springer, 1998.

Brubaker, E., and T. Brubaker. "The Content of Retired Women as Caregivers." *Families and Retirement*. Eds. M. Szinovacz, D.J. Ekerdt, and B. Vinick. Newbury Park, CA: Sage Publications, 1992.

Bruegel, I. "Women's Employment, Legislation and the Labor-Market." *Women's Welfare, Women's Rights*. Ed. J. Lewis. London: Croom Helm, 1983.

Bureau, V., and T. Kroger. "The Local and the National in Community Care: Exploring Policy and Politics in Finland and Britain." *Social Policy & Administration* 38.7 (2004): 793-810.

Burawoy, M. "The Extended Case Method." *Sociological Theory* 16.1 (March 1998): 4-33.

Bureau, V., H. Theobald, and R.H. Blank. *Governing Home Care*. Cheltenham, UK and Northampton, MA: Edward Elgar, 2007.

Burénus, L. Interview with Gabrielle Betts on May 25, 2011.

Burr, J. A., J. E. Mutchler, and K. Gerst. "Public Policies and Older Populations of Color." *The New Politics of Old Age Policy: Second Edition*. Ed. R. Hudson. Baltimore: The Johns Hopkins University Press, 2010.

Butler, R. N., and M. I. Lewis. *Aging & Mental Health*. St. Louis, MO: C. V. Mosby Company, 1983.

C

Calasanti, T., and C. Bailey. "Gender Inequality and the Division of Household Labour in the United States and Sweden: A Socialist-Feminist Approach." *Social Problems* 38.1(1991): 34-53.

Calasanti, T., and A. Bonanno. "Working Over-Time: Economic Restructuring and Retirement of a Class." *The Sociological Quarterly* 33(1992): 135-152.

Cameron, B. "From Equal Opportunity to Symbolic Equality: Three Decades of Federal Training Policy for Women." *Rethinking, Restructuring: Gender and Change in Canada*. Ed. I. Bakker, Toronto: University of Toronto Press, 1996.

Campbell, L.D. "Sons Who Care: Examining the Experience and Meaning of Filial Caregiving for Married and Never-Married Sons." *Canadian Journal on Aging* 29.1(2010): 73-84.

Canadian Institute of Health Information (CIHI). *National Health Expenditure Trends 1975-2011*. Available at: <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC1671>. (Accessed 1 Dec., 2011), 2011.

---. *Highlights from a Regulated Nursing Workforce in Canada*. Ottawa: Canadian Institute for Health Information (CIHI), 2007.

---. *Canada's Health-care Providers*. Ottawa: Canadian Institute for Health Information (CIHI), 2002.

---. *Canada's Healthcare Providers*. Ottawa: Canadian Institute for Health Information (CIHI), 2001.

Canadian Medical Association. "Principles to Guide Healthcare Transformation in Canada. 2011.

---. "Healthcare Transformation Change That Workd, Care That Lasts." 2010.

Canadian News Facts (4804), 1-15 September 1993.

Cancian, F., and S. Oliner. *Caring and Gender*. New York: AltaMira Press, 2000.

Caniano, A., I. Shutes, S. Spencer, and G. Lesson. *Migrant Care Workers in Ageing Societies: Research Findings in the UK*. Oxford: Centre on Migration, Policy and Society, University of Oxford, 2009.

Cantor, M. H. "Family and Community: Changing Roles in an Aging Society." *Gerontologist* 31(1991): 337-346.

Card, C. "Gender and Moral Luck." In O. Flanagan (ed.) *Identity, Character and Morality*. MA: MIT Press, 1990.

Carema. *I Livets Alla Skeden*. Available online:
<http://ir.myreport.se/show/carema/show.asp?pid=2352327210120> [Accessed 2 Jan 2010], 2008.

Carens, J. H. *Culture, Citizenship, and Community: A Contextual Exploration of Justice as Evenhandedness*. Oxford: Oxford University Press, 2000.

Carmichael, C. Interview by Gabrielle Betts on September 6, 2011.

Carr, S. Interview by Gabrielle Betts on September 9, 2011.

Carroll W.K., and M. Shaw. "Consolidating a Neoliberal Policy Bloc in Canada, 1976-96." *Canadian Public Policy* XXVII (2001): 195-217.

Carruthers, B. G., and S.L. *Economy/Society: Markets, Meanings and Social Structure*. Thousand Oaks, CA: Pine Forge Press, 2000.

Castles, F., and D. Mitchell. "Identifying Welfare State Regimes: The Links Between Politics, Instruments, and Outcomes." *Governance: An International Journal of Policy and Administration* 5(1992):1-24.

Cavanaugh, J. C. *Adult Development and Aging*. Belmont, CA: Wadsworth Publishing Company, 1990.

Certified General Accountants. *Growing Up: The Social and Economic Implications of an Aging Population*. Canada: Certified General Accountants Association of Canada, 2005.

Chai, C. "Caring for Parents Weighs Down Canadians." *The Edmonton Journal* (August 27, 2010), 2010.

Challis, D., P. Clarkson, and R. Waburton. *Performance Indicators in Social Care for Older People*. Ashgate Publishing Co., 2006.

Chambre, S. M. *Good Deeds in Old Age: Volunteering by the New Leisure Class*. Lexington, MA: D.C. Heath and Company, 1987.

Chang, J. *Wild Swans*. London: HarperCollins, 1991.

Chappell N., and M. Novak. "Caring for Institutionalized Elders: Stress Among Nursing Assistants." *Journal of Applied Gerontology* 13(1992): 299-315.

Charles, C.A., J. Lomas, M. Giacomini, V. Bhatia, and V. Vincent. "The Role of Medical Necessity in Canadian Health Policy: Four Meanings and ...A Funeral?" *Milbank Quarterly* 73.3(1997): 365-394.

Charles, N. *Feminism, the State and Social Policy*. Basingstoke: Macmillan, 2000.

Charpentier, C. *Kundvalets Effekter Och Funktionssätt* [Customers' Choice: Effects and Functions]. Stockholm: Handelshögskolan SSE/EFI Working Paper Series in Business Administration No. 2004:1), 2004.

Chellis, R. D., J. F. Seagle, and B. Mackey Seagle. Eds. *Congregate Housing for Older People: A Solution for the 1980's*. Lexington, MA: D.C. Heath and Company, 1984.

Chevreau, J. "Caregiver Boomers Spend Average \$6,000 on Parents." *The Edmonton Journal* (20 Oct., 2009), 2009.

Chodorow, N. *The Reproduction of Mothering: Psychoanalyses and the Sociology of Gender*. Berkeley: University of California Press, 1978.

Choo, Queenie. Interview by Gabrielle Betts on 7 Sept., 2011.

Chorney, H. *Debts, Deficits and Full Employment. States Against Markets: The Limits of Globalization*. Eds. R. Boyer, and D. Drache. London: Routledge, 1996.

Christensen, K. "Chapter 2: Between Late Modern and Later Modern Elderly Care in Norway and Japan." *Meeting the Challenges of Elder Care: Japan and Norway*. Eds. Yayoi, R., A. Auestad, and K. Waerness, 2010.

---. *Omsorg Og Arbejde. En Sociologisk Studie Af ændringer i Den Hjemmebaserede Omsorg* (Akad Avh). Sosiologisk institutt, Universitetet i Bergen, 1998.

Chung, E., C. McLarney, and M. C. Gillen. "Social Policy Recommendations to Alleviate Stress Among Informal Providers of Elder Care." *International Journal of Sociology and Social Policy* 28.9,10(2008): 340-350.

Central Intelligence Agency (CIA). "Sweden." Available at: <https://www.cia.gov/library/publications/the-world-factbook/geos/sw.html> [Accessed 8 Apr., 2013], 2013.

Ciscel, D. H., and J.A. Heath. "To Market, to Market: Imperial Capitalism's Destruction of Social Capital and the Family." *Review of Radical Political Economics* 33.4(2001): 401-14.

City of Stockholm. "Policy Towards Relatives/Next-of-kin: For the Elderly Services Administration of the City of Stockholm." 2011a.

---. "Care for the Elderly in the City of Stockholm." 2011b.

---. "A Guide to Elderly Care in the City of Stockholm." 2011c.

---. "The City of Stockholm's Care Plan for the Elderly 2007-2011." 2007.

Clark, J., J. Newman, N. Smith, et.al. *Creating Citizen-Consumers*. London: Sage, 2007.

Clark, P. "Understanding Ageing and Disability Perspectives on Home Care: Uncovering Facts and Values in Public-policy Narratives and Discourse." *Canadian Journal on Aging* 26 (2007): 47-62.

Clark, P. "Public Policy in the United States and Canada: Individualism, Familial Obligation and Collective Responsibility in Care of the Elderly." *The Remainder of Their Days: Domestic Policy and Older Families in the United States and Canada*. Eds. J. Hendricks, and C. Rosenthal. New York: Garland Publishing, 1993.

Clarke, L. "Disparities in Wage Relations and Social Reproduction." *The Dynamics of Wage Relations in the New Europe*. Eds. L. Clarke, P.D. Gijssels, and J. Jansen. London: Kluwer Academic Publishers, 2000.

Clarke, J., and J. Newman. *The Managerial State, Power Politics and Ideology the Remaking of Social Welfare*. London: Sage Publications, 1997.

Clarke, J. "Welfare States as Nation States: Some Conceptual Relections." *Social Policy and Society* 4.4(2005): 407-15.

---. *Changing Welfare, Changing States*. London: Sage, 2004.

Clasen, J. "Introduction." *Comparative Social Policy: Concepts, Theories and Methods*. Ed. J. Clasen. Oxford: Blackwell, 1999.

Clayton, R., and J. Pontusson. "Welfare-State Retrenchment Revisited: Entitlement Cuts, Public Sector Restructuring, and Inegalitarian Trends in Advanced Capitalist Societies." *World Politics* 51.1(1998): 67-98.

Clemens, E.S., and J.M. Cook. "Politics and Institutionalism: Explaining Durability and Change." *Annual Review of Sociology* 25(1999): 441-466.

Clement, G. *Care, Autonomy, and Justice*. Boulder, CO: Westview Press, 1996.

Clement, W. "Canadian Political Economy's Legacy for Sociology." *Canadian Journal of Sociology* 26.3(2001): 405.

Clement, W., and J. Myles. *Relations of Ruling*. Montreal and Kingston: McGill-Queen's University Press, 1994.

Cleveland, G. *If it Don't Make Dollars, Does that Mean That it Don't Make Sense? Commercial, Nonprofit and Municipal Child Care in the City of Toronto*. A Report to the Children's Services Division, 2008.

Code, L. *What Can She Know? Feminist Theory and the Construction of Knowledge*. Ithaca, NY and London: Cornell University Press, 1991.

Cole, J. *American Women: Lines that Divide, Ties that Bind*. New York: Free Press, 1986.

Collier, R.B., and D.C. *Shaping the Political Arena: Critical Junctures, the Labor Movement, and Regime Dynamics in Latin America*. Princeton: Princeton University Press, 1991.

Collins, P.H. *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. Boston: Unwin Hyman, 1990.

Comack, E. Ed. *Locating the Law: Race/Class/Gender*. Halifax: Fernwood, 1999.

Community Care Department. *Service for the Elderly in the City of Stockholm*. Available online: www.stockholm.se [Accessed December 2006], 2006.

Comondore, V., P. Devereaux, Q. Zhou, et al. "Quality of Care in For-profit and Not-for-profit Nursing Homes: Systematic Review and Meta-analysis." *British Medical Journal* 339(2009): b2732.

Competition Commission (Konkurrensskommittén). *Konkurrensen Inom Den Kommunala Sektorn [Competition in the Municipal Sector]*, SOU 1991:104, Allmänna Förlaget, Stockholm, 1991.

Confederation of Swedish Enterprises. *Vad är det för vinst med privat driven äldreomsorg? Om vinst och kvalitet i äldreomsorgen*. Stockholm: Svenskt Näringsliv, 2006.

Connelly, P. M. "On Marxism and Feminism." *Studies in Political Economy* 12(1983): 155-161.

Connidis, I. A. *Family Ties & Aging*. Thousand Oaks, CA: Sage Publishing, 2001.

Coontz, S. *The Way We Never Were: American Families and the Nostalgia Trap*. New York: Basic Books, 1992.

Cooper, B, and M. Kanji. *Governing in Post-Deficit Times: Alberta in the Klein Years*. University of Toronto Press, Toronto, Ontario, 2000.

Cornman, J. M., and E. R. Kingson. "Trends, Issues, Perspectives, and Values for the Aging of the Baby Boom." *The Gerontologist* 36.1(2006): 15-26.

Cossman, B. and J. Fudge. *Privatization, Law and the Challenge to Feminism*. Toronto: University of Toronto Press, 2002.

Coverman, S. "Explaining Husbands' Participation in Domestic Labour." *Sociological Quarterly* 26(1985): 81-97.

---. "Gender, Domestic Labour Time and Wage Inequality." *American Sociological Review* 48(1983): 623-637.

Cox, R. "The Path-Dependency of an Idea: Why Scandinavian Welfare States Remain Distinct." *Social Policy & Administration* 38.2(2004): 204-219.

Coyte, P. *Home Care in Canada: Passing the Buck*. Toronto: University of Toronto Home Care Evaluation and Research Centre, Department of Health Administration, 2000.

Craig, D., and D. Porter. *Development Beyond Neo-liberalism? Governance, Poverty Reduction and Political Economy*. London: Routledge, 2006.

Crawford, I. *Senior Side of Living - A Handbook for Canadians Over Fifty*. Toronto, ON: John Wiley & Sons Canada, 1979.

Crawford, R. "Individual Responsibility and Health Politics." *The Sociology of Health and Illness: Critical Perspectives*. Eds. P. Conrad, and R. Kern. St. Martin's Press, 1998.

Crone, P. Interview with Gabrielle Betts on 13 May, 2011.

Cudworth, E., T. Hall, and J. McGovern. *The Modern State*. Edinburgh: Edinburgh University Press, 2007.

Curtin, S. R. *Nobody Ever Died of Old Age: In Praise of Old People, In Outrage at Their Loneliness*. Boston: Little, Brown and Company, 1972.

D

Daatland, S.O. "Welfare Policies for Older People in Transition? Emerging Trends and Comparative Perspectives." *Scandinavian Journal of Social Welfare* 6 (1997): 153-161.

---. "The public private mix: The family's role and the public care system in the welfare state." *The European Journal of Gerontological Social Work* 21.5 (1993): 127-145.

---. "The Public-Private Mix: The Roles of Families and the Public Care System in the Welfare State." *European Journal of Gerontology* 1.3(1992): 170-183.

Daatland, S. O., and K. Herlofson. Eds. "Ageing, Intergenerational Relations, Care Systems and Quality of Life: An Introduction to the OASIS Project." Norwegian Social Research NOVA Rapport, 2001.

Daatland, S.O., and G. Sundström. "Synsvinkel og Tilnaerming [Perspective and Approach]. In S.O. Daatland (ed.) *De siste arene. Eldreomsorgen i Skandinavia 1960-95 [The final years. Old-age care in Scandinavia 1960-95]*. Oslo: NOVA, 1997.

---. *Gammal i Norden. Boende, omsorg och service 1965-1982 [Growing old in the Nordic countries. Housing, care and services 1965-1982]*. Stockholm: minab/gotab, 1985.

Dacks, G., J. Green, and L. Trimble. "Road Kill: Women in Alberta's Drive Toward Deficit Elimination." *The Trojan Horse: Alberta and the Future of Canada*. Eds. T. Harrison, and G. Laxer. Montreal: Black Rose Books, 1995.

Daguerre, A., and P. Taylor-Gooby. "Neglecting Europe: Explaining the Predominance of American Ideas in the New Labour Welfare Policies Since 1997." *Journal of European Social Policy* 14.1 (2004): 25-30.

Dahl, H.M. *Fra Kitler Til Eget Tøj – Diskurser om Professionalisme, Omsorg og Køn* (Akadavh). Århus: Politica, 2000.

Dahl, T.S. *Women's Law: An Introduction to Feminist Jurisprudence*. Oslo: Norwegian University Press, 1987.

Dahlgren, J. Effekter av Konkurrencesættning, en Kunskapsöversikt. Linköping: Ekonomiska institutionen, Linköpings universitet, 2003.

Dahlstrom, C. "The Bureaucratic Politics of Welfare-State Crisis: Sweden in the 1990s." *Governance: An International Journal of Policy, Administration, and Institutions* 22.2(2009): 217-238.

Dalley, G. *Ideologies of Caring: Rethinking Community and Collectivism*. London: Macmillan Press, 1996.

Daly, M. "What Adult Worker Model? A Critical Look at Recent Social Policy Reform in Europe from a Gender and Family Perspective". *Social Politics* 18.1(2011): 1-23.

---. "Care as a Good for Social Policy." *Journal of Social Policy* 31(2002): 251-270.

---. *Care Work: The Quest for Security*. Geneva: International Labour Office, 2001.

---. *The Gender Division of Welfare: The Impact of the British and German Welfare States*. Cambridge: Cambridge University Press, 2000.

Daly, M., and J. Lewis. "The Concept of Social Care and the Analysis of Contemporary Welfare States," *British Journal of Sociology* 51.2(2000): 281-98.

---. "Introduction: Conceptualizing Social Care in the Context of Welfare State Restructuring." *Gender, Social Care and Welfare State Restructuring in Europe*. Ed. J. Lewis. Aldershot: Ashgate, 1998.

Daly, M., and K. Rake. *Gender and the Welfare State*. Cambridge: Cambridge University Press, 2003.

Daly, T., A. Banerjee, P. Armstrong, H. Armstrong, and M. Szebehely. "Lifting the Violence Veil Using Iterative Mixed Methods in Long-Term Care Research." *Canadian Journal of Aging* 30.2(2001): 271-284.

Daly, T., and M. Szebehely. "Unheard Voices, Unmapped Terrain: Care Work in Long-term Residential Care for Older People in Canada and Sweden." *International Journal of Social Welfare*, 2001.

Da Roit, B., and B. Le Bihan. "Similar and Yet So Different: Cash-for-Care in Six European Countries' Long-Term Care Policies." *The Milbank Quarterly: A Multidisciplinary Journal of Population Health and Health Policy* 88.3(2010): 286-309.

Datta Gupta, N., N. Smith, and M. Verner. *Child Care and Parental Leave in the Nordic Countries: A Model to Aspire to?* Bonn: Institute for the Study of Labour, 2006.

Davies, C. "The sociology of professions and the profession of gender." *Sociology* 30 (1996): 661-678.

Davies, M. "The Public Sphere of Unprotected Workers." *Poverty and the Production of World Politics*. Eds. M. Davies, and M. Ryner. London: Palgrave Macmillan, 2006.

Davis, R. H., and M. Neiswender. Eds. *Aging: Prospects and Issues*. Ethel Percy Andrus Gerontology Center, University of Southern California, 1973.

Deacon, B. "The Governance and Politics of Global Social Policy." *Social Policy and Society* 4.4(2005): 437-45.

Deacon, B, M. Halse, and P. Stubbs. *Global Social Policy*. London: Sage, 1997.

Dean, J. *Solidarity of Strangers: Feminism After Identity Politics*. Berkeley: University of California Press, 1996.

Dean, K. "Lay Care in Illness." *Social Science and Medicine* 22(1986):275-284.

Decima Research. *National Profile of Family Caregivers in Canada -2002*. Ottawa, 2002.

Dempsey, N.P., and R.A. Pruchno. "The family's role in the nursing home: predictors of technical and non-technical assistance." *Journal of Gerontological Social Work* 21.5 (1993): 127-145.

Depner, C., and B. Ingersoll-Dayton. "Conjugal Social Support: Patterns in Later Life." *Journal of Gerontology* 40.6(1986):761-766.

Devereaux, P.J., D. Heuls-Ansdell, C. Lacchetti, C., T. Maines, K. Burns, D. Cook, N. Ravindran, S.D. Walter, H. McDonald, S. Stone, R. Patel, M. Bhandari, H. Shunermann, P. Choi, A. Bayoumi, J. Lavis, T. Sullivan, G. Stoddart, and G. Guyatt. "Payments for Care at Private For-profit and Private Not-for-profit Hospitals: A Systematic Review and Meta-Analysis." *Canadian Medical Association Journal* 170.12(2004): 1817-1824.

DeViney, S., and A. O'Rand. "Gender-Cohort Succession and Retirement among Older Men and Women, 1951-1984." *Sociological Quarterly* 29(1988): 525-540.

Diamond, T. *Making Gray Gold: Narratives of Nursing Home Care*. Chicago: University of Chicago Press, 1992.

Dietz, M. "Citizenship With a Feminist Face: The Problem With Maternal Thinking." *Political Theory* 13(1985): 19-37.

DiQuinzio, P., and I. Marion Young. "Introduction: Special Issue on Feminist Ethics and Social Policy." *Hypatia* 10.1(1995): 1-7.

Dixon, M., and J. Margo. *Population Politics*. London: Institute for Public Policy Research, 2006.

Djelic, M.-L., and K. Sahlin-Andersson. *Transnational Governance*. Cambridge University Press, 2006.

Dolan, H., and D. Thien. "Relations of Care: A Framework for Placing Women and Health in Rural Communities." *Canadian Journal of Public Health* 99.2(2008): 38-41.

Domberger, S. *The Contracting Organization: A Strategic Guide to Outsourcing*. Oxford: Oxford University Press, 1998.

Donabedian, A. "Quality Assessment and Assurance: Unity of Purpose, Diversity of Means." *Inquiry* 25.1(1988): 173e192.

---. "Quality Assessment and Monitoring: Retrospect and Prospect." *Evaluation and the Health Professions* 6.3(1983): 363e375.

Donahue, J. D. *The Privatization Decision: Public Ends, Private Means*. New York: Basic Books, 1989.

Doron, I. "Jurisprudential Gerontology: Theorizing the Relationships Between Law and Aging." *Handbook of Theories of Aging*. Eds. V.L. Bengtson, D. Gans, N.M. Putney, and M. Silverstein. New York: Springer, 2009.

Dostal, J. "Campaigning on Expertise: How the OECD frame EU Welfare and Labour Market Policies - and Why Success Could Trigger Failure." *Journal of European Public Policy* 11.3(2004): 440-60.

Doupe, M., M. Brownell, A. Kozyrskyj, N. Dik, C. Burchill, M. Dahl, et al. *Using Administrative Data to Develop Indicators of Quality of Care in Personal Care Homes*. Winnipeg: Manitoba Centre for Health Policy, 2006.

Downs, H. *Thirty dirty lies about old*. Niles, IL: Argus Communications, 1979.

Driedger, L., and N. Chappell. *Aging and Ethnicity: Toward an Interface*. Toronto, ON: Butterworths Canada, 1987.

Du Gay, P. *In Praise of Bureaucracy*. Sage, London, 2000.

Duncan, S., and L. Reuter. "A Critical Policy Analysis of an Emerging Agenda for Home Care in One Canadian Province." *Health and Social Care in the Community* 14(2006): 242-253.

Dunér, A., and M. Nordström. "The Discretion and Power of Street-Level Bureaucrats: An Example From Swedish Municipal Eldercare." *European Journal of Social Work*, 9.4(2006): 425-444.

Dunleavy, P., and H. Margetts. "New Public Management is Dead: Long Live Digital Era Governance." *Journal of Public Administration Research and Theory* (2006).

Dwyer, P. *Understanding Social Citizenship*. Bristol: The Polity Press, 2004.

Dyck, I., P. Kontos, J. Angus, and P. McKeever. "The Home as a Site for Long-Term Care: Meanings and Management of Bodies and Spaces." *Health & Place* 11.2(2005): 173-185.

E

Eaton, S. "Beyond 'Unloving Care': Linking Human Resource Management and Patient Care Quality in Nursing Homes." *International Journal of Human Resource Management* 11.3(2000): 591-616.

Edebalk, P. G. "Ways of Funding and Organizing Elderly Care in Sweden." *Population Ageing – A Threat to the Welfare State*. Ed. T. Bengtsson. Sweden: Springer-Verlag Berlin Heidelberg, 2010.

---. "New Modes of Delivering Elderly Care in Sweden." (Presentation made at Nordic Day) Paris: July 1, 2008.

---. *Drömmen om ålderdomshemmet. Åldringsvård och Socialpolitik 1900-1952. [The Dream of the Old People's Home. Old-age Care and Social Policy 1900-1952]*. Meddelande från Socialhögskolan (1991):5. Lund, Sweden: University of Lund, Department of Social Work.

---. *Hemmaboendeideologins Genombrott – Aldringsvard Och Socialpolitik 1945-1965 [The Breakthrough of the Ideology of Ageing in Place – Old-Age Care and Social Policy 1945-1965]*. University of Lund, Department of Social Work 4, 1990.

Edebalk, P. G., and B. Lindgren. 1996. "Fran Bortauktionering Till Kopsalj-System" [From Auctioning Off to Buy-and-sell]. *Omsorgens Skiftningar [Nuances of Care]*. Ed. R. Eliasson. Lund: Student-litteratur.

Edebalk, P. G., and U. Persson. "Älderdomshem Eller Hemmaboende? Ett Rakneexempel Grundat p ett Samhallsekonomiskt Synatt." Lund: IHE, 1998.

Edebalk, P.G., G. Samuelsson, and B. Ingvad. "How Elderly People Rank-Order the Quality Characteristics of Home Services." *Ageing and Society* 15(1995): 83–102.

Edebalk, P. G., and M. Svensson. "Frivilliga aldrevardsforsakringar – en mjlighet i Sverige?" *Nordisk Forsakringstidskrift* 4(2003): 369–378.

Edebalk, P.G., and M. Svensson. *Kundval Fr ldre Och Funktionshindrade i Norden. Konsumentperspektivet* [Customer choice for elderly and disabled persons in Scandinavia. The consumer perspective]. TemaNord:507. Copenhagen: Nordic Council of Ministers, 2005.

Edmonton Seniors Coordinating Council (ESCC). "The Seniors Assisted Transportation Project: A Coordinated Shared Services Model". Submitted by Greenaway Consulting Services Ltd., 2011a.

---. "Vision for an Age-Friendly Edmonton: Action Plan." Facilitated by the Edmonton Seniors Coordinating Council, 2011b.

Edmonton Senior Newspaper. "Edmonton Seniors Guide: A Guide to Products and Services for People 50+." 2011.

Edwards, S.D. *Nursing Ethics: A Principle-Based Approach*. London: Macmillan, 1996.

Ehrenreich, B., and A. Hochschild. Eds. *Global Woman: Nannies, Maides, and Sex Workers in the New Economy*. New York: Henry Holt, 2002.

Eichler, M. *Families in Canada Today*. Toronto: Gage Educational Publishing, 1988.

Eika, K. *The Difficult Quality. Essays on Human Services With Limited Consumer Sovereignty*. (PhD Thesis). Department of Economics: University of Oslo, 2006.

Eika, K. "The Challenge of Obtaining Quality Care: Limited Consumer Sovereignty in Human Services." *Feminist Economics* 15.1(2009): 113-37.

Einhorn, B. *Citizenship in an Enlarging Europe*. Basingstoke: Palgrave, 2006.

Einhorn, B. "Gender and Citizenship in the Context of Democratization and Economic Transformation in East Central Europe." *Mimeo: Equality, Democracy, and the Welfare State* Conference: Stanford Universtiy (10-11 May), 1999.

Einhorn, B. *Cindarella Goes to Market*. London: Verso, 1993.

Einhorn, B. "Where Have All the Women Gone? Women and the Women's Movement in East Central Europe." *Feminist Review* 39(1991): 16-36.

Einhorn, E., and J. Logue. "Can Welfare States be Sustained in a Global Economy? Lessons from Scandinavia." *Political Science Quarterly* 125.1(2010).

Eisenstein, Z. *The Radical Future of Liberal Feminism*. New York: Longman, 1981.

Elhstain, J. B. "Against Androgyny." In A. Phillips. *op. cit.*, 1987.

Elhstain, J. B. "The Power and Powerlessness of Women." In G. Bock and S. James. *op. cit.*, 1992.

Elhstain, J. B. *Public Man, Private Woman*. Oxford: Martin Robertson, 1982.

Eliasson, R. Ed. *Omsorgens Skiftningar. Begreppet, Vardagen, Politiken, Forskningen*. Lund: Studentlitteratur, 1996.

Eliasson-Lappalainen, R., and I. Motevasel. "Ethics of Care and Social Policy." *Scandinavian Journal of Social Welfare* 6(1997): 189-196.

Elstad, J., and M. Vabø. "Job Stress, Sickness Absence and Sickness Presenteeism in Nordic Elderly Care." *Scandinavian Journal of Public Health* 36.5(2008): 467-474.

Engelhart, K. "Grannie Nannies: This New Class of Caregiver is Booming, and Quite Unregulated." *Macleans Magazine* (18 Jan., 2010), 2010.

Engelmann, F.C. "Seniors: The End of a Dream." *The Trojan Horse*. Eds. T. Harrison, and G. Laxer. Black Rose Books Ltd.: Quebec, Canada, 1995.

England, P. "Emerging Theories of Care Work." *Annual Review of Sociology* 31(2005): 381-399.

England, P., and G. Farkas. *Households, Employment and Gender: A Social, Economic and Demographic View*. New York: Aldine, 1986.

England, P., and N. Folbre. "The Cost of Caring." *Annals of the American Academy of Political and Social Science* 561.1(1998): 39-51.

Enterline, P., A. McDonald, L. Davignon, and R. Salter. "The Distribution of Medical Services Before and After 'Free' Medical Care." *Medical Care* 11.4(1973): 269-286.

Eriksson, M. "(Re)producing a Periphery: Popular Representations of the Swedish North." Department of Social and Economic Geography: Umea University, Sweden, 2010.

Erikson, R., et al. Eds. *The Scandinavian Model: Welfare States and Welfare research*, New York: M.E Sharpe, 1987.

Erler, G., M. Jackel, and J. Sass. *Auswirkungen und Einschätzung Familienpolitischer Massnahmen für Familien mit Kindern Unter 6 Jahren im Europäischen Vergleich*. Munchen: Deutsches Jugendinstitut, 1994.

Esping-Andersen, G. "Towards the Good Society, Once Again?" *Why We Need a New Welfare State*. Eds. Esping-Andersen, D. Gallie, A. Hamerijck, and J. Myles. Oxford: Oxford University Press, 2002.

---. *Social Foundations of Postindustrial Economies*. New York: Oxford University Press, 1999.

---. *Welfare States in Transition*. Thousand Oaks, California: Sage, 1996.

---. K. Misgeld, K. Molin, and Å. Klas. Eds. *Creating Social Democracy: A century of the Social Democratic Labour Party in Sweden*. Pennsylvania State University Press: University Park, 1992.

---. *The Three Worlds of Welfare Capitalism*. Princeton University Press, Princeton, 1990.

---. *Politics Against Markets*. Princeton University Press, Princeton NJ, 1985.

Esping-Andersen, G., and W. Korpi. "From Poor Relief to Institutional Welfare States: The Development of Scandinavian Social Policy." *The Scandinavian Model: Welfare States and Welfare Research*. Eds. R. Eriksson, E.J. Hansen, S. Ringen, and H. Uusitalo. New York: M.E. Sharpe, 39-74, 1987.

Ettelt, S., E. Nolte, S. Thomson, N. Mays, and the International Healthcare Comparisons Network. "Capacity Planning in Health-care: A Review of the International Experience." A policy brief put out by the World Health Organization on behalf of the European Observatory on Health Systems and Policies, 2008.

Eurobarometer. "Health and Long-term Care in the European Union." *Special Eurobarometer* 283. European Commission, 2007.

European Comission. 1999. *Social Protection for Dependency in Old Age in the 15 EU Member States*. Directorate General for Employment, Industrial Relations, and Social Affairs, Unit v/E.2. Luxembourg: Office of Publications for the European Communities.

Eurostat. *Europe in Figures – Eurostat Yearbook 2008*. 2008.

Evandrou, M., S. Arber, A. Dale, and G.N. Gilbert. “Who Cares for the Elderly? Family Care Provision and Receipt of Statutory Services.” *Dependency and Interdependency in Old Age: Theoretical Perspectives and Policy Alternatives*. Eds. C. Phillipson, and M. Bernard. London: British Gerontology Society, 1986.

Evans. “Leading Economist Shatters Myth That Public Health Care is ‘Unsustainable’; Pins Blame for Soaring Costs on Private Health Care Spending”. Available at: <http://medicare.ca/media-release-communique-de-presse> [Accessed 23 Nov., 2012), 2010.

---. “Health Care in Canada: Patterns of Funding and Regulation.” *Journal of Health Politics, Policy, and Law* 8.1(1983): 1-44.

Evers, A. “The Welfare Mix Approach. Understanding the Pluralism of Welfare Systems.” *Balancing Pluralism. New Welfare Mixes in Care for the Elderly*. Eds. A. Evers, and I. Svetik. Avebury, 1993.

---. “Introduction.” *Shifting Welfare Mixes and Citizenship Rights*. Ed. D. Gaunt. Eurosocial Report 43 Vienna, 7-9, 1992.

Evers, A., and I. Svetlik. Eds. *Balancing Pluralism: New Welfare Mixes in Care for the Elderly*. Aldershot : Avebury, 1993.

Evers, A., and H. Wintersberger. Eds. *Shifts in the Welfare Mix*. Vienna: Campus, 1990.

Expert Commission. A Balance Sheet for Welfare of the 1990s`` (Kommittén Valfärdsbokslut), Final Report :79. Stockholm: Ministry of Social Affairs, 2001.

F

Fagerberg, A. Interview with Gabrielle Betts May 2011.

Fahey, T., A. Montgomery, J. Barnes, and J. Protheroe. “Quality of Care for Elderly Residents in Nursing Homes and Elderly People Living at Home: Controlled Observational Study.” *British Medical Journal* 326.7389(2003): 580e583.

Falk, U. Interview with Gabrielle Betts on 12 May, 2011.

Falk, U. A. *On Our Own: Independent Living for Older Persons*. Buffalo, NY: Prometheus Books, 1989.

Fast, J. Interview with Gabrielle Betts September 2011.

Fast, J., D. Williamson, and N. Keating. “The Hidden Costs of Informal Care.” *Journal of Family and Economic Issues* 20.3(1999).

Faulks, K. *Citizenship*. London and New York: Routledge, 2000.

Federation of Swedish Industry. *En ny Strategi För Sjukvården. En Industriell Tillväxtmöjlighet*. Stockholm: Industriförbundet, 1997.

Ferguson, E. *Protecting The Vulnerable Adult: A Perspective on Policy and Program Issues in Adult Protective Services*. Ann Arbor, MI: University of Michigan, 1978.

Ferguson, E. "Aging Boomers Will Stretch Health-care System." *The Calgary Herald* (4 Jan., 2011), 2011a.

---. "Aging Boomers Will Stretch Health-care System." *The Calgary Herald*. (4 Jan., 2011), 2011b.

Ferlie, E., et al. Eds. *The New Public Management in Action*. Oxford University Press; New York, 1996.

Finch, J., and D. Groves. Eds. *A Labour of Love: Women, Work and Caring*. London: Routledge & Kegan Paul, 1983.

Finance Canada. "Taxes." Available at: <http://www.fin.gc.ca/fag/gag4c.html> [Accessed 3 Mar., 2004], 2002.

Fine, M. "A Caring Society? Care and the Dilemmas of Human Service in the 21st Century." Presentation by/for the Centre for Research on Social Inclusion, 2009.

---. *A Caring Society?* Basingstoke, Palgrave Macmillan, 2007.

Fineman, M. *The Neutered Mother, The Sexual Family, and Other Twentieth Century Tragedies*. New York: Routeledge, 1995.

Fingerman, K., L. Miller, and A. Seidel. "Functions Families Serve in Old Age". *Aging Families and Caregiving*. Eds. S. Qualis, and S. Zarit. New Jersey: John Wiley and Sons Inc., 2009.

Finkel, A. *Social Policy and Practice in Canada: A History*. Ontario, Canada: Wilfred Laurier University Press, 2006.

Finley, N. "Theories of Family Labour as Applied to Gender Differences in Caregiving for Elderly Parents." *Journal of Marriage and the Family* 51(1989): 79-86.

Firbank, O. "Framing Home-care Policy: A Case Study of Reforms in a Canadian Jurisdiction." *Journal of Aging Studies* 25(2011): 34-44.

First Ministers of Canada. *First Ministers' Accord on Healthcare Renewal*. Ottawa: Government of Canada, 2003.

Fischer, L. "Who Cares for the Elderly: The Dilemma of Family Support." *Research in Social Problems and Public Policy*, Vol 3. Eds. M. Lewis, and J. Miller. CT: JAI Press, 1984.

Fisher, B, and J. Tronto. "Towards a Feminist Theory of Caring." Eds. E.K. Abel, and M. Nelson, 1990.

Flanagan, T. *Harper's Team: Behind the Scenes in the Conservative Rise to Power* (2nd ed. McGill-Queens United Press, 2009.

Flanagan, O., and K. Jackson. "Justice, Care and Gender: the Kohlberg-Gilligan Debate Revisited." *Ethics* 97(1987): 622-37.

Folbre, Nancy. *The Invisible Heart: Economics and Family Values*. New York: The New Press, 2001.

Folster, K. *Barn- och äldreomsorg i Tyskland och Sverige. Tysklandsdelen [Childcare and Eldercare in Germany and Sweden. The Germany volume]*. Stockholm, Sweden: Ministry for Health and Social Affairs, 1996.

Folster, S. Kommuner kan! Kanske! Rapport till Expertgruppen för studier i offentlig ekonomi. Ds, 1998.

Foner, A. *Aging and Old Age: New Perspectives*. Englewood Cliffs, NJ: Prentice-Hall, 1986.

Foner, N. *The Caregiving Dilemma: Work in America Nursing Homes*. Berkeley: University of California Press, 1994.

Fontana, A. *The Last Frontier: The social Meaning of Growing Old*. Beverly Hills, CA: Sage Publications, 1977.

Forder, J., and J.L. Fernandez. "The Impact of a Tightening Fiscal Situation on Social Care for Older People." *Personal Social Services Research Unit Discussion Paper* 2723, 2010.

Forssell, E. "Utsatt, Privilegierad – En Studie om att återfå Assistansersättning Efter 65" [Vulnerable, privileged – a study of regaining assistance benefit after 65]. In *Assistansersättning efter 65 – utvärdering av de nya reglerna* [Assistance benefits after 65 – evaluation of the new rules]. Stockholm: Riksförsäkringsverket, 2004.

Fox-Piven, F. "Ideology and the State: Women, Power and the Welfare State." in L. Gordon, *op. cit.*, 1990.

Fraser, N. "Social Justice in the Age of Identity Politics: Redistribution, Recognition, and Participation." *Redistribution or Recognition? A Political-philosophical Exchange*. Eds. N. Fraser, and A. Honneth. London and New York: Verso, 2003.

---. *Justice Interruptus: Critical Reflections on the 'Postsocialist' Condition*. London and New York: Routledge, 1997.

---. *Unruly Practices: Power, Discourse and Gender in Contemporary Social Theory*. Minneapolis: University of Minneapolis Press, 1989.

Fraser, N., and L. Gordon. "A Genealogy of Dependency: Tracing a Keyword of the U.S. Welfare State". *Signs* 19.2(1994): 309-336.

Frazer, E., and N. Lacey. *The Politics of Community*. Hemel Hempstead: Harvester Wheatsheaf, 1993.

Frazer, N., and L. J. Nicholson. "Social Criticism Without Philosophy; An Encounter Between Feminism and Postmodernism." *Feminism/Postmodernism*. Ed. L. J. Nicholson. London: Routledge, 1990.

Frederick, J., and J. Fast. "Eldercare in Canada: Who Does How Much?" *Canadian Social Trends* (Autumn) (1999): 26-30.

Frieden, M. *The New Liberalism: An Ideology of Social Reform*. Oxford: Clarendon Press, 1978.

Friedman, M. "Autonomy and Social Relationships: Rethinking the Feminist Critique." *Feminists Rethink the Self*. Ed. D. T. Meyers. Boulder: Westview, 1997.

---. "Beyond Caring: The De-Moralization of Gender." *An Ethic of Care: Feminist and Interdisciplinary Perspectives*. Ed. M.J. Larrabee. New York and London: Routledge, 1993.

---. *Capitalism and Freedom*. Chicago: University of Chicago Press, 1962.

---. *Capitalism and Freedom*. Chicago: University of Chicago Press, 1961.

Freidson, E. *Professionalism Reborn. Theory, Prophecy, and Policy*. Cambridge Polity Press, 1994.

Fries, J. F. "The Future of Disease and Treatment: Changing Health Conditions, Changing Behaviors and New Medical Technology." *Journal of Professional Nursing* 2(1986): 10-19.

Frunk Lind, E. "Elderly Care in the City of Stockholm: A Short Brief About Elderly Care Services." 2011.

Fudge, J., and B. Cossman. Eds. *Privatization and the Law*. Toronto: University of Toronto Press, 2002.

Fudge, J., and L. Vosko. "Gendered Paradoxes and the Rise of Contingent Work: Towards a Transformative Feminist Political Economy of the Labour Market." *Changing Canada: Political*

Economy as Transformation. Eds. W. Clement, and L. Vosko. Montreal and Kingston: McGill-Queen's University Press, 2003.

G

Gamble, A., and Wright, T. "Introduction." *Restating the State?* Eds. A. Gamble, and T. Wright. Oxford: Blackwell, 2004.

Gariano, G. "New Framework to Help Alberta Meet the Opportunities and Challenges of an Aging Population." *Backgrounder* (8 Nov., 2010), 2010.

Gauthier, A.H. *The State and the Family: A Comparative Analysis of Family Policies in Industrialized Countries*. Oxford: Clarendon Press, 1996.

Gautun, H. Hvordan Kombinere Eldre Arbeidstakere Jobb Med Omsorgsforpliktelser for Gamle Foreldre? *Søkelys på arbeidslivet* 25.2(2008): 171-185.

Gazso, A., and S. McDaniel. "The 'Great West' Experiment: Neo-Liberal Convergence and Transforming Citizenship in Canada." *Canadian Review of Social Policy/Revue canadienne de politique sociale*. 2009/10, No. 63/64., pp. 15-35, 2009.

Gee, E. "Voodoo Demography, Population Aging and Social Policy." *The Overselling of Population Aging*. Eds. Gee, E. and M. Gutman. Oxford University Press, Canada, 2000.

Gee, E., and M.M. Kimball. *Women and Aging*. Toronto, ON: Butterworths Canada, 1987.

Gee, E., and G. Gutman. "Introduction." *The Overselling of Population Aging*. Eds. Gee, E. and M. Gutman. Oxford University Press, Canada, 2000.

Gelwicks, L. E., and R. J. Newcomer. *Planning Housing Environments for the Elderly*. Washington, DC: National Council on Aging, 1974.

George, V., and P. Wilding. *Welfare and Ideology*. Hemel Hempstead: Harvester Wheatsheaf, 1994.

Gerhard, U. "European Citizenship: A Political Opportunity for Women?" *Women's Citizenship and Political Rights*. Eds. S.K. Hellsten, A.M. Holli, and K. Daskalova. Baringstoke: Palgrave, 2004.

Gerstel, N., and S. Gallagher. "Caring for Kith and Kin: Gender, Unemployment and the Privatization of Care." *Social Problems* 41(1994): 519-539.

Gibson, D. *Aged Care: Old Policies, New Problems*. Cambridge: Cambridge University Press, 1998.

Giddens, A. *The Third Way: The Renewal of Social Democracy*. Cambridge: Polity Press, 1998.

Gilbert, N. *Transformation of the Welfare State: The Silent Surrender of Public Responsibility*. New York: Oxford University Press, 2002.

Gilder, G. *Wealth and Poverty*. New York: Basic Books, 1981.

Gilligan, C. "Moral Orientation and Moral Development." *Women and Moral Theory*. Eds. E.F. Kittay, and D.T. Meyers. Totowa, NJ: Rowman and Littlefield, 1987.

Gilligan, C. "Reply." *Signs* 11(1986): 324-33.

Gilligan, C. *In a Different Voice: Psychological Theory and Women's Development*. Cambridge, MA: Harvard University Press, 1982.

Gilligan C., J.V. Ward, and J. M. Taylor. *Mapping the Moral Domain*. Harvard University Press, Cambridge, 1994.

Gilpin, R. *The Political Economy of International Relations*. Princeton: Princeton University Press, 1987.

Glendinning, C. "Increasing Choice and Control for Older and Disabled People: A Critical Review of New Developments in England." *Social Policy & Administration* 42.5(2008): 451–469.

Glenn, E. N. "From Servitude to Service Work: Historical Continuities in the Racial Division of Paid Reproductive Labour." *Signs* 18.1(1992): 1-43.

---. "Racial Ethnic Women's Labour: The Intersection of Race, Gender, and Class Oppression." in R. L. Blumberg (ed.), *op. cit.*, 1991.

Global Edge. 2013. "Sweden: Economy." Available at: <https://globaledge.msu.edu/countries/sweden/economy> [Accessed 8 Apr., 2013].

Glucksmann, M. 2000. *Cottons and Casuals. The Gendered Organisation of Time and Space*. Sociology Press 1.188.

Gnaedinger, N. "Changes in Long-Term Care for Elderly People With Dementia." *Culture Change in Long-Term Care*. Eds. A. Weiner, and J. Ronch. New York, Haworth Press, 2003.

Gomez, M. I. "European Innovation Partnership on Active and Healthy Ageing (AHAIP)." Presentation made at the EU Health Forum (21 Oct., 2010), 2010.

Gordon, L. Ed. *Women, the State and Welfare*. Madison, Wisconsin, University of Wisconsin Press, 1990.

Gornick, J.C., and M.K. Meyers. "Institutions That Support Gender Egalitarianism in Parenthood and Employment," 2006.

Gough, I. *Global Capital, Human Needs and Social Policy*. New York: Palgrave, 2000.

Government Bill 1987/88: 176. *Elderly Care for the 1990s*.

Government Bill 1997/98: 113. *National Plan of Action for the Care of Elderly People*.

Government Bill 2006/2007: 94. "Tax Deductions on Household Services, etc."

Government Bill 2008/09:29. "Act on Free Choice Systems."

Government Bill 2009/10:116. *Värdigt Liv i äldreomsorgen* [Life with Dignity in Eldercare].

Government Bill 2010/11:1. *Förslag Till statsbudget för 2011. Hälsovård, Sjukvård och Social Omsorg* [Draft State Budget for 2011: Health and Social Care].

Government of Alberta (GoA). "Embracing an aging population".
<http://www.health.alberta.ca/seniors/aging-population.html>. (accessed February 19, 2013).

---. "New Technologies Bring More Independence to Seniors: Pilot Program Adds to Families' and Caregivers' Peace of Mind" (10 Feb., 2011), 2011.

---. *Aging Population Policy Framework, 2010*.

---. "Seniors Programs and Services: Information Guide 2010-2011" Published by Alberta Seniors and Community Supports, 2010a.

---. *Nursing Homes Act*. Revised Statutes of Alberta 2000, Chapter N-77, Current as of November 1, 2010. Alberta Queen's Printer, 2010b.

---. *Alberta Health Act*. Statutes of Alberta, 2010, Chapter A-19.5, Assented to December 2, 2010. Nursing Homes Act: Nursing Homes Operation Regulation. Alberta Regulation 258/1985, with amendments up to and including Alberta Regulation 217/2010. Alberta Queen's Printer, 2010c.

---. *Continuing Care Health Service Standards*. 2008.

---. *Nursing Homes Act: Nursing Homes General Regulation*. Alberta Regulation 232/1985, with amendments up to and including Alberta Regulation 101/2007. Alberta Queen's Printer, 2007.

---. *A Framework for Reform: Report of the Premier's Advisory Council on Health*. Premier's Advisory Council on Health: Edmonton, Alberta, 2001.

---. *Hospitals Act*. Revisited Statutes of Alberta 2000, Chapter H-12, Current as of November 1, 2010, 2010b.

Government Proposal 1987/88: 176. *Aldreomsorgen inför 90-talet [Elderly Care for the 1990s]*.

Government Report 2000:3 *Welfare at Crossroads. Interim Balance Sheet for Welfare in the 1990s*. SOU 2000:3.

Government Report 2004:68, Sammanhållen hemvård [Integrated Home Care]. Betänkande av Äldrevårdsutredningen [Report from the Eldercare Commission]

Government Report 2007:37, Vård med omsorg – möjligheter och hinder [Careful Care: Possibilities and Obstacles]. Betänkande från Delegationen för mångfald inom vård och omsorg [Report from the Delegation for diversity in care]

Government Report 2008:77 *Möjlighet att leva som andra. Slutbetänkande av LSS-kommittén [Possibilities living like everybody else. Final report from the LSS-committee]*.

Grabusic, C. Interview with Gabrielle Betts Sept. 2011.

Graefe, P. "Welfare Regimes and the Third Sector: Rendering Path Dependency Contingent?" Paper presented at the 6th International Conference of the International Society for Third-Sector Research (14 Jul., 2004), 2004.

Graham, H. "Social Divisions in Caring." *Women's Studies International Forum* 16.6(1993): 461-70.

---. "Providers, Negotiators and Mediators: Women as the Hidden Carers." *Women, Health and Healing*. Eds. E. Lewin, and V. Olesen. London: Tavistock, 1985.

---. "Caring: A Labour of Love." *A Labour of Love: Women, Work and Caring*. Eds. J. Finch, and D. Groves. London, Routledge & Kegan Paul, 1983.

Grant, K., C. Amaratunga, P. Armstrong, M. Boscoe, A. Pederson, and K. Wilson. Eds. *Caring For/Caring About: Women, Home Care, and Unpaid Caregiving*. Aurora Ontario: Garamond Press, 2004.

Graubard, S. K. *Norden – the Passion for Equality*. Oslo: Norwegian University Press, 1986.

Green, D. "The Neo-Liberal Perspective." In P. Alcock, M. May, and K. Rowlingson (eds) *The Student's Companion to Social Policy* (2nd edition). Oxford: Blackwell, 2003.

Greener, I. "Markets in the Public Sector: When Do They Work, and What Do We Do When They Don't?" *Policy and Politics* 36.1(2008): 93-108.

Greener, I., and M. Powell. "The Other Le Grand? Evaluating the "Other Invisible Hand" in Welfare Services in England." *Social Policy and Administration* 43.6(2009): 557-70.

Green-Pedersen, C. "New Public Management Reforms of the Danish and Swedish Welfare States: The Role of Different Social Democratic Responses." *Governance: An International Journal of Policy, Administration, and Institutions* 15.2(2002): 271–294.

Gregory, L. "The Road to the Referendum." *New Times* (1996): 10-11.

Gremmen, I. *Ethiek in de gezinsverzorging. Gender en de macht van zorg*. Urecht: Jan van Arkel, 1995.

Gronlie, T. "Velferdskommunen [The Welfare Municipality]." *Velferdskommunen: Kommunenenes rolle i Utviklingen av Velferdsstaten [The Welfare Municipality: The Role of the Municipalities in the Development of the Welfare State]*. Ed. A. Nagel. Bergen: Alma Mater, 1991.

Gross, R., B. Gross, and S. Seidman. Eds. *The New Old: Struggling for Decent Aging*. Garden City, NY: Anchor Books, 1978.

Grosse, J. "Nonprofitorganisationer Inom Vård och Omsorg – En Explorativ Genomgång av Kunskapsläget i Sverige, Kanada och Storbritannien." Sköndalsinstitutets Arbetsrapportserie nr 38. Sköndalsinstitutets forskningsavdelning, Stockholm, 2005.

Guberman, N. "Designing Home and Community Care for the Future: Who Needs to Care." *Caring for/Caring About: Women, Home Care, and Unpaid Caregiving*. Eds. K.R. Grant, C. Amaratunga, P. Armstrong, M. Boscoe, A. Pederson, and K. Wilson. Aurora, ON: Garamond, 2004.

---. "The Family, Women and Caring: Who Cares for the Carers?" *New Feminist Research* 17.2(1988): 37-41.

Gudeman, S. *The Anthropology of Economy*. Oxford: Blackwell, 2001.

Gurston, D. J. Green, and L. Trimble. "Road Kill: Women in Alberta's Drive Toward Deficit Elimination." *The Trojan Horse: Alberta and the Future of Canada*. Eds. T. Harrison, and G. Laxer. Montreal: Black Rose Books, 1995.

Gustafsson, R.Å. *Välfärdstjänstearbetet: Dragkampen Mellan Offentligt och Privat i ett Historie-Sociologiskt Perspektiv*. Göteborg: Daidalos, 2000.

---. *Traditionernas Ok. Den Svenska Hälso- och sjukvårdens Organizering i ett Historie-Sociologiskt Perspektiv*, Stockholm: Esselte Studium, 1987.

Gustafsson, R.Å., and M. Szebehely. "Outsourcing of Elder Care Services in Sweden: Effects on Work Environment and Political Legitimacy." *Paid Care in Australia: Politics, Profits, Practices*. Eds. D. King, and G. Meagher. Sydney, Sydney University Press, 2009.

---. "Privat och Offentlig äldreomsorg – Svenska Omsorgsarbeters Syn På Arbetsmiljö och Politisk Styrning." *Socialvetenskaplig tidskrift* 14.1(2007): 47e66.

---. "Arbetsvillkor och Styrning i äldreomsorgens Hierarki – En Enkätstudie Bland Personal och Politiker [Working Conditions and Steering in the Hierachy of Eldercare. A survey study among employees and politicians]." Stockholm University, Department of Social Work, 2005.

Guyatt, G. "Fraud is Part of For-Profit Healthcare." *Hamilton Spectator* (21 Mar., 2003), A17, 2003.

Gynnerstedt, K. *Etik i Hemtjänst. En Studie av Förvaltnings – Och Professionsetik. [Ethics in Home Help Service. A Study of Bureaucratic and Professional Ethics]*. (Dissertation). Lund: Studentlitteratur, 1993.

H

Habermas, J. *The Theory of Communicative Action: Reason and Rationalization of Society*. London: Heinemann Educational, 1984.

Hacker, J.S. "Privatizing Risk Without Privatizing the Welfare State: The Hidden Costs of Social Policy Retrenchment in the United States." *American Political Science Review* 98.2(2004): 243-260.

---. *The Divided Welfare State: The Battle Over Public and Private Social Benefits in the United States*. New York: Cambridge University Press, 2002.

Hakim, C. "Notes and Issues: The Myth of Rising Female Employment." *Work, Employment and Society* 7.1(1993): 97-120.

Hall, P.A., and K. Thelen. "Institutional Change in Varieties of Capitalism." *Socio-Economic Review* 7(2009): 7-34.

Hamilton, R., and M. Barrett. Eds. *The Politics of Diversity: Feminism, Marxism and Nationalism*. Montreal: Book Center Inc., 1986.

Hankivsky, O. "The Dark Side of Care: The Push Factors of Human Trafficking." *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*. Eds. Mahon, R., and F. Robinson. Vancouver: UBC Press, 2011.

---. "Imagining Ethical Globalization: The Contributions of a Care Ethic." *Journal of Global Ethics* 2.1(2006): 91-110.

---. *Social Policy and the Ethic of Care*. Vancouver: UBC Press, 2004.

Hankivsky, O. and M. Morrow. *Trade Agreements : Home Care and Women's Health*. Ottawa: Status of Women Canada, 2004.

Boll Hansen, E., and M. Platz. *Kommunernes Tilbud Til Elder: Kommenteret Tabelsamling [Offers From Municipalities to Elderly People: A Commented Table Collection]*. Copenhagen: AKF Forlaget, 1995.

Hansen E.B., L. Eskelinen, and J.K. Madsen. *Hjemmehjælp Og ældres Velbefindende – En Analyse af Hjemmehjælpernes Arbejdsprincipper i to Kommuner*. Köpenhamn: AKF Forlaget, 1999.

Hansson, L. *Lyssna Till Regnet Innan Det Faller: Äldreomsorgsförsäkring åt Alla - Kombination av Skatt Och Försäkring*, Rapportserie, Svenskt Näringsliv, 2005.

Hantrais, L. "Comparing Family Policy in Britain, France and Germany." *Journal of Social Policy* 23.2(1994): 135-60.

Harder, L. "Depoliticizing Insurgency: The Politics of the Family in Alberta." *Studies in Political Economy* 50 (1996).

Harper, S. *Ageing Societies*. New York: Oxford University Press Inc, 2006.

Harrington, M. 2010 "Shifting Risk and Responsibility: The State and Inequality in Old Age." In *The New Politics of Old Age Policy: Second Edition*. R. Hudson (ed.). Baltimore: The Johns Hopkins University Press.

Harrington, M. *Care and Equality*. New York: Routledge, 2000.

---. "The Impact of Family Status on Income Security and Health-care in Old Age: A Comparison of Western Nations." *International Journal of Sociology and Social Policy* 14.1/2(1994):53-73.

Harrington Meyer, M., and P. Herd. *Market Friendly or Family Friendly? The State and Gender Inequality in Old Age*. New York: Russel Sage Foundation, 2007.

Harrington, C., D. Zimmerman, S. Karon, J. Robinson, and P. Beutel. Nursing Home Staffing and Its Relationship to Deficiencies. *Journal of Gerontology: Social Sciences* 55(2000): S278–S287.

Harris, J. *Private Lives, Public Spirit: Britain 1879-1914*. London: Penguin, 1993.

Hartman, H. "The Family as the Locus of Gender, Class and Political Struggle: The Example of Housework." *Signs* 6(1981):366-394.

Harvey, C.D., and S. Yoshino. "Social Policy for Family Caregivers of Elderly." *Marriage and Family Review* 39:1-2(2006), 143-158.

Hay, C. "Common Trajectories, Variable Paces, Divergent Outcomes? Models of European Capitalism Under Conditions of Complex Economic Interdependence." *Review of International Political Economy* 11.2(2004), 231-262.

Hayduk, P. Interview with Gabrielle Betts on 24 May, 2011.

Hayek, F.A. *The Road to Serfdom*. London: Routledge & Kegan Paul, 1944.

Health Council of Canada. *Value for Money: Making Canadian Health-care Stronger*, 2009.

Hébert, C. *French Kiss: Stephen Harper's Blind Date with Quebec*. Knopf Canada, 2007.

Hefetz, A., and M. Warner. "Beyond the Market Versus Planning Dichotomy: Understanding Privatisation and its Reverse in US cities." *Local Government Studies* 33.4(2007): 555e572.

Held, V. *The Ethics of Care: Personal, Political, and Global*. Oxford: Oxford University Press, 2006.

---. *Feminist Morality: Transforming Culture, Society and Politics*. Chicago: University of Chicago Press, 1993.

Hellqvist, K. "Quality of Long-Term Care in Residential Facilities." (October), 2010.

Hemerijck, A. "The Self-Transformation of the European Social Model(s)" *Why We Need a New Welfare State*. Eds. G. Esping-Andersen, D. Gallie, A. Hamerijck, and J. Myles. Oxford: Oxford University Press, 2002.

Hentic, I., and G. Bernier. "Rationalisation, Decentralization, and Participation in the Public Sector Management of Developing Countries." *International Review of Administrative Sciences* 65.2(1999): 197-209.

Henton, D. "Seniors Stuck in Hospitals Face a Grim, Lonely Life." *The Edmonton Journal* (13 Dec., 2010), 2010.

Hermann, C. 'Neoliberalism in the European Union', *FORBA Discussion Paper 03/2007*, Working Life Research Centre, Vienna, 2007.

Hernes, H. M. *Welfare State and Woman Power*. Oslo: Norwegian University Press, 1987.

Hershey Jr., R.D. "Worrying Anew Over Oil Imports". *The New York Times*. Available at: <http://query.nytimes.com/gst/fullpage.html?res=950DE6DA1E31F933A05751C1A96F948260> [Accessed 26 Apr., 2008), 1989.

Higgins, J. *States of Welfare. Comparative Analysis in Social Policy*. Oxford: Blackwell, 1981.

Hill, M. "Who Pays? Who Provides? Towards a Comparative Approach to the Study of Social Care." *The Changing Role of Social Care*. Ed. B. Hudson. London: Jessica Kingsley Publishers, 2000.

Himmelweit, S. United Nations Division for the Advancement of Women Expert Group Meeting on "Equal sharing of responsibilities between women and men, including care-giving in the context of HIV/AIDS" EGM/ESOR/2008/EP.7 25 September 2008, 2008.

Hindess, B. *Freedom, Equality and the Market: Arguments on Social Policy*. London: Tavistock, 1987.

Hinrichs, K. "Pension Reforms in Europe: Convergence of Old-age Security Systems." *The Politics of Age. Basic Pension Systems in a Comparative and Historical Perspective*. Eds. J.H. Peterson, and K. Petersen. Frankfurt: Peter Lang, 2009.

Hirschman, A.O. 1970. *Exit, Voice and Loyalty: Responses to Decline in Firms, Organizations and States*. Cambridge MA: Harvard University Press.

Hinton, B. <http://www.bettyhinton.ca/index.asp?id=377>, June 20, 2007.

Hjalmarsson, I. *Välfrihet i äldreomsorgen – En Reform Som Söker Sin Form. En Utvärdering av Kundvalsmodellen i Stockholms stad [Freedom of Choice in Eldercare – A Reform Trying to Find its Forms. An Evaluation of the Customer Choice Model in Stockholm]*. Stockholm: Stiftelsen Stockholms läns Äldrecentrum, 2003.

Hjalmarsson, I., L. Johansson, G. Sundström, and L. Hassing. State provision down, offspring's up: the reverse substitution of old-age care in Sweden. *Ageing & Society* 23(2003): 269-280.

Hjulström, S.-C. Interview with Gabrielle Betts, May 2011.

Hoagland, S.L. *Lesbian Ethics: Toward New Value*. Palo Alto: Institute of Lesbian Ethics, 1988.

Hobson, B. "Recognition Struggles in Universalistic and Gender Distinctive Frames: Sweden and Ireland." *Recognition Struggles and Social Movements*. Ed. B. Hobson. Cambridge: Cambridge University Press, 2003.

---. "Solo Mothers, Social Policy Regimes and the Logics of Gender." *Gendering Welfare States*. Ed. D. Sainsbury. London: Sage, 1994.

---. "No Exit, No Voice. A Comparative Analysis of Women's Economic Dependency and the Welfare State." *Acta Sociologica* 22.3(1990): 235-50.

Hobson, B, and S. Fahlen. "Capabilities and Agency in Work Family Balance: Theoretical and Empirical Challenges." *RECOWE Working Paper Series*. Available at: <http://recwowe.vitamib.com/rp>, 2009.

Hobson, B., M. Szebehely, and C. Bergqvist. "Which Way Will the Wind Blow?: Pressures for Greater Marketization and Informalization Alongside Widespread Support for Public Services and Regulation." (presentation), 2009.

Hochschild, A. *The Commercialization of Intimate Life: Notes From Home and Work*. Berkeley: University of California Press, 2003.

---. "The Nanny Chain." *The American Prospect* 11.4(2000): 32-6.

Hodge, G. A. *Privatization: An International Review of Performance*. Boulder: Westview Press, 2000.

Hohn, N. *Survey of Seniors in Alberta*. Alberta Senior Citizens Secretariat, 1986.

Hollander, M. J., G. Liu, and N. Chappell. "Who Cares and How Much? The Imputed Economic Contribution to the Canadian Healthcare System of Middle-aged and Older Unpaid Caregivers Providing Care to the Elderly." *Healthcare Quarterly* 12.2(2009): 42-49.

Hollander, M., and A. Tessaro. *Evaluation of Maintenance and Prevention Model of Home Care: Final Report*. Victoria, BC: Hollander Analytical Services, 2001.

Holmberg, S., and L. Weibull. "Swedish Trends 1986-2007." *SOM Report 2008:18*. Gothenburg: SOM-Institutet, 2008.

Home Instead. "Sweden Senior Home Care." Available at: <http://www.homeinstead.ca/international/franchise-opportunity/Pages/Sweden-Senior-Home-Care.aspx>. [Accessed Apr. 8, 2013], 2012.

Homme, A., and H. Host. *Who Cares for the Elderly in OSLO?* Bergen: The Rokkan Centre, 2008.

Hood, C. "A Public Management For All Seasons?" *Public Administration* 69.1(1991): 3e19.

Hoover, M., and M. Rotermann. "Seniors' Use of and Unmet Needs for Home Care, 2009". A Component of Statistics Canada Catalogue no. 82-003-X (December 2012), 2012.

Horowitz, A. "Family Caregiving to the Frail Elderly." *Annual Review of Gerontology and Geriatrics* 5(1985): 194-246.

Hornick, J.P. "Alberta." *Privitization and Provincial Social Services in Canada: Policy, Administration and Service Delivery*. Eds. J.S. Ismael, and Y. Vaillancourt. Alberta: The University of Alberta Press, 1988.

Houston, B. "Rescuing Womanly Virtues: Some Dangers of Moral Reclamation." In M. Hanen, and K. Nielson. *Science, Morality, and Feminist Theory*. Univresity of Calgary Press, 1987.

Howlett, M. And M. Ramesh. *Studying Public Policy: Policy Cycles and Policy Subsystems*. Oxford University Systems, Toronto: Ontario, 1995.

Huber M., R. Rodrigues, F. Hoffmann, K. Gasior, and B. Marin. 2009. *Facts and Figures on Long-Term Care. Europe and North America*. Vienna, European Centre.

Hudson, R. B. Ed. *Boomer Bust? Economic and Political Issues of the Graying Society (Volume One: Perspectives of the Boomers)*. CT: Praeger Publishes, 2009.

Hudson, R. B. "The Changing Face of Aging Politics." *The Gerontologist* 36.1(1996): 33-35.

Hugemark, A. *Den Fängslande Marknaden. Ekonomiska Experter om Välfärdsstaten*. Lund: Arkiv förlag, 1994.

Hughes, C. M., E. Roughead, and N. Kerse. "Improving Use of Medicines for Older People in Long-Term Care: Contrasting the Policy Approach of Four Countries." *Healthcare Policy* 3.3 (2008).

Hutchings, K., and R. Dannreuther. Eds. *Cosmopolitan Citizenship*. Basingstoke: Macmillan, 1999.

Hutchison, B., J.-F. Levesque, E. Strumpf, and N. Coyle. "Primary Healthcare in Canada: Systems in Motion." *The Milbank Quarterly: A Multidisciplinary Journal of Population Health and Health Policy* 89.2(2011): 256-288.

Hyatt, S. "Across the Great Divide? Women's Politics and the Geneology of Public/Private Space." Mimeo: Christian Urban Resources Unit seminar, University of Bradford, 1993.

I

Idvall, E., L. Rooke, and E. Hamrin. "Quality Indicators in Clinical Nursing: A Review of the Literature." *Journal of Advanced Nursing* 25(1997): 6e17.

Ignatieff, M. "Citizenship and Moral Narcissism." *Political Quarterly* 60.1(1989): 63-74.

Ikegami, N. "Rationale, Design and Sustainability of Long-Term Care Insurance in Japan – In Retrospect." *Social Policy and Society* 3(2007): 423–434.

Ikegami, N., K. Yamauchi, and Y. Yamada. "The Long Term Care Insurance Law in Japan: Impact on Institutional Care Facilities." *International Journal of Geriatric Psychiatry* 18(2003): 217e221.

The Imperial Order, Daughters of the Empire (IODE) Report. Chapters VI and VII. This report is one of three reports released by the IODE, leaving a valuable legacy of historical information, 1947.

Immergut, E. *Health Politics: Interests and Institutions in Western Europe*. Cambridge, MA: Cambridge University Press, 1992.

Institute of Aging. *The Future is Aging Institute of Aging: Strategic Plan 2007/2012*. Vancouver: Canadian Institutes of Health Research, 2007.

J

Jacobs, A.M. "Policymaking as Political Constraint: Institutional Development in the U.S. Social Security Program." *Explaining Institutional Change: Ambiguity, Agency, and Power*. Eds. J. Mahoney, and K. Thelen. New York: Cambridge University Press, 2010.

Jahn, F., and F. Olma. Interview with Gabrielle Betts on 2 May, 2011.

James, N. "Care = Organisation + Physical Labour + Emotional Labour." *Sociology of Health & Illness* 14.4(1992): 488– 509.

Jamieson, A. Ed. *Home Care for Older People in Europe. A Comparison of Politics and Practices*. Oxford: Oxford University Press, 1990.

Jardine, S. Interview with Gabrielle Betts, 3 Feb. 2013.

Jeffrey, B. *Hard Right Turn: The New Face of Neo-Conservatism in Canada*. Toronto, Canada: HarperCollins Publishers Ltd., 1999.

Jenson, J. "Diffusing Ideas for After Neo-Liberalism: The Social Investment Perspective in Europe and Latin America." *Global Social Policy* 10.1(2010): 59-84.

---. "Shifting Roles in Tough Times: Rebalancing the Welfare Diamond." Presentation prepared for Queens International Institute of Social Policy (18 Aug.), 2009.

---. "Catching Up to Reality: Building the Case for a New Social Model." *CPRN Social Architecture Papers Research Report F/35 Family Network*. Ottawa: Canadian Policy Research Networks Inc., 2004.

---. "Paying for Caring: The Gendering Consequences of European Care Allowances." *Women's Work is Never Done: Comparative Studies in Care- Giving, Employment, and Social Policy Reform*. Ed. S. Bashevkin. New York and London: Routledge Taylor & Francis Group, 2002.

---. *Building Citizenship: Governance and Service Provision in Canada*. Family Network F17. Ottawa: CPRN, 2001.

---. "Representation of Gender: Policies to 'Protect' Women Workers and Infants in France and the United States Before 1914." *Women, the State and Welfare*. Ed. L. Gordon. University of Wisconsin Press, 1990.

---. "Gender and Reproduction or Babies and the State." *Studies in Political Economy* 20(1986): 9-46.

Jenson, J., and M. Sineau. Eds. *Who Cares? Women's Work, Childcare and Welfare State Redesign*. Toronto: University of Toronto Press, 2001.

Jeppsson Grassman, E. *Third age volunteering in Sweden*. Stockholm: Skondal Institute Research Group, no. 2, 1994.

Johansson, L. Interview with Gabrielle Betts, May 2011.

---. *Caring For The Next of Kin. On Informal Care For Elderly in Sweden* (Dissertation). University of Uppsala, 1991.

Johansson, L., H. Long, and M.G. Parker. "Informal Caregiving for Elders in Sweden: An Analysis of Current Policy Developments." *Journal of Aging & Social Policy* 23.4(2011): 335-353.

Johansson, L., G. Sundström, and L. Hassing. "State Provision Down, Offspring's up: The Reversed Substitution of Old-Age Care in Sweden." *Ageing and Society* 23.3(2003): 269-280.

Johnson, R., and R. Mahon. "Nafta, the Redesign, and Rescaling of Canada's Welfare State." *Studies in Political Economy* 76 (Autumn 2005).

Johnson, N. *The Welfare State in Transition: The Theory and Practice of Welfare Pluralism*. Amherst: University of Massachusetts Press, 1987.

Johnson, W. *Stephen Harper and the Future of Canada* (2nd ed.). McClelland & Stewart, 2006.

Johnston, M. J., and S. B. Romzek. "Reforming Medicaid Through Contracting: The Nexus of Implementation and Organizational Culture." *Journal of Public Administration Theory and Research* 9.1(1999): 107e139.

Jokio, M. Interview with Gabrielle Betts on 12 May, 2011.

Jonson, H. "Social Democratic Aging in the People's Home of Sweden." *Journal of Aging Studies* 19(2005): 291-308.

Jonsson, I., A.-M. Daune-Richard, S. Odena, and M. Ring. "The Implementation of Elder-care in France and Sweden: A Macro and Micro Perspective." *Ageing & Society* 31(2011): 625-644.

Jordansson, B. "Hur Filantropen Blir en Kvinna. Fattigvård Och Vålgörenhet Under 1800-talet" i *Historisk Tidskrift*:4, 1992.

Joseph, S. "The Public/Private – The Imagined Boundary and the Imagined Nation/State/Community: The Lebanese Care." *Feminist Review* 57(1997): 73-92.

Julkunen, R. Suomalainen sukupolimalli - 1960-luku jaanteena. In A. Anttonen, L. Henriksson, and R. Natkin, eds. *Naisten hyvinvointivaltio*. Tampere: Vastapaino, 1994.

Jurkowski, E. T. *Policy and Program Planning for Older Adults*. New York: Springer Publishing Company, 2008.

K

Kamerman, S.B., and A.J. Kahn. Eds. *Family Change and Family Policies in Great Britain, Canada, New Zealand and the United States*. Oxford: Clarendon Press, 1997.

Kangas, O., and J. Palme. *Social Policy and Economic Development in the Nordic Countries*. Baringstoke: Palgrave, 2005.

Kantola, J. "Feminism." *The State. Theories and Issues*. Ed. C. Hay, M. Lister, and D. Marsh. Basingstoke: Palgrave, 2006.

Karasek, R., and T. Theorell. *Healthy Work. Stress, Productivity, and the Reconstruction of Working Life*. New York, Basic Books, 1990.

Karp, A., R. Ebrahimi, A. Marengoni, and L. Fratiglioni. "Informal Care and Voluntary Assistance: A Systematic Review of Quantitative and Qualitative Aspects of Assistance to Elderly Persons in Sweden, Italy, the United Kingdom, and Canada". A Report From the Social Council of Stockholm, 2010.

Karvonen, L., and P. Selle. *Women in Nordic Politics. Closing the Gap*. Aldershot: Dartmouth, 1995.

Karvonen, L., and J. Sundberg. Eds. *Social Democracy in Transition: Northern, Southern, and Eastern Europe*. Aldershot: Dartmouth, 1991.

Kautto, M. "Two of a Kind? Economic Crisis, Policy Responses and Well-Being During the 1990s in Sweden and Finland." *SOU 2000:83*. Stockholm: Fritzes, 2000.

Kautto, M., M. Heikkilä, B. Hvinden, S. Marklund, and N. Ploug. "The Nordic Welfare States in the 1990s." *Nordic social policy. Changing welfare states*. Eds. M. Kautto et al. London: Routledge, 1990.

Keating, N. Interview by Gabrielle Betts on 12 Sept., 2011.

Keating, N, and J. Fast. "Defining Eldercare for Policy and Practice: Perspectives Matter." *Family Relations* 47.3(1998): 1-8.

Keating, N., J. Fast, I. Connidis, M. Penning, and J. Keefe. "Bridging Policy and Research in Eldercare". *Canadian Public Policy* 23 (Special Joint Issue on Aging - Spring 1997): 22-41. Published by: University of Toronto Press on behalf of Canadian Public Policy.

Keating, N., J. Swindle, and D. Foster. "Social Capital in Action: Thematic Policy Studies." Policy research initiative project on social capital as a public policy tool, 2005.

Kershaw, P. *Carefair: Rethinking the Responsibilities and Rights of Citizenship*. 2006.

---. "Carefair: Choice, Duty, and the Distribution of Care." *Social Politics* 13.3(2006a): 341-371.

Keynes, J.M. *The General Theory of Employment, Interest and Money*. London: Macmillan and Co. Ltd., 1963.

Kildal, N., and S. Kuhnle. "The Principle of Universalism: Tracing a Key Idea in the Scandinavian Welfare Model." *Normative Foundations of the Welfare State*. Eds. N. Kildal, and S. Kuhnle. London: Routledge, 2005.

Kim, J. Interview with Gabrielle Betts, Feb. 2013.

King, D. *In the Name of Liberalism: Illiberal Social Policy in the USA and Britain*. Oxford: Oxford University Press, 1999.

Kingdon, J. W. "The Reality of Public Policy Making." *Ethical Dimensions of Health Policy*. Eds. M. Davis, C. Clancy, and L. Churchill. Oxford University Press, 2002.

Kirby, M. *The Health of Canadians – The Federal Role. Final Report*. Ottawa: The Standing Senate Committee on Social Affairs, Science and Technology, 2002.

Kittay, E. F. "Social Policy." *A Companion to Feminist Philosophy*. Eds. A. Jaggar, and I.M. Young. Oxford: Blackwell, 1998.

Kittay, E. F., and D. T. Meyers. Eds. *Women and Moral Theory*. Totowa, NJ: Rowman and Littlefield, 1987.

Kleiss, K. "Alberta Not Ready for Senior Boom, Critics Say Services will be Stretched as Postwar Generation Starts Turning 65." *Edmonton Journal* (9 Nov., 2010), 2010.

Klitgaard, M. B. "School Vouchers and the New Politics of the Welfare State." *Governance: An International Journal of Policy, Administration, and Institutions* 21.4(2008): 479-498.

Knapp, M. "Private and Voluntary Welfare." *The New Politics of Welfare: An Agenda for the 1990s?* Ed. M. McCarthy. London: Macmillan, 1989.

Knight, C. Interview with Gabrielle Betts Feb. 2013.

Knijn, T. "Zorg Met Mondjesmaat: Paradoxen Rond de Dagelijkse Zorg". Eds. A. Meinen et al., 1994.

Knijn, T., and A. Komter. Eds. *Solidarity Between the Sexes and the Generations*. Cheltenham, UK, and Northampton, MA: Edward Elgar, 2004.

Knijn, T., and M. Kremer. "Gender and the Caring Dimension of Welfare States: Toward Inclusive Citizenship." *Social Politics* 4.3(1997): 328-61.

Knijn, T., and C. Saraceno. "Changes in the Regulation of Responsibility Towards Childcare Needs in Italy and the Netherlands: Different Timing, Increasingly Different Approaches." *Journal of European Social Policy* 20.5(2010): 444-55.

Koggel, C., and J. Orme. "Care Ethics: New Theories and Applications - Part II." *Ethics and Social Welfare* 5.2(2011): 107-109.

---. "Care Ethics: New Theories and Applications." *Ethics and Social Welfare* 4.2(2010): 109-114.

Kolberg, J. E. "The Gender Dimension of the Welfare State." *International Journal of Sociology* 21.2(1991): 119-48.

Kohlberg, L., and A. Hewer. *Moral Stages: A Current Formulation and a Response to Critics*. New York: Karger, 1983.

Konkurrensverket. *Konkurrensutsättning Inom Hemtjänsten och Primärvården*. [Swedish Competition Authority], 2009.

Korpi, W. "The Great Trough in Unemployment: A Long-term View of Unemployment, Inflation, Strikes, and the Profit/Wage Ratio." *Political Society* 30.3(2002): 365-426.

---. "The Position of the Elderly in the Welfare State: Comparative Perspectives on Old-age Care in Sweden." *Social Service Review* 69.2(1995): 242-273.

Korpi, W., and S. England. "The Nordic Gender Paradise Lost? Gender Inequalities in Employment, Work Segregation, Wages and Political Representation in Different Types of Welfare States." Annual Meeting of RC 19, Florence, Italy, 6-8 Sept., 2007.

Kosberg, J.I. Ed. *International Handbook on Services for the Elderly*. Greenwood Press, Westport, Connecticut, 1994.

Koselleck, R. *Zeitschichten. Studien zur Historik. Mit einem Beitrag von Hans-Georg Gadamer*. Frankfurt am Main, Germany: Suhrkamp, 2003.

Kosonen, P. *Challenges to the Welfare State and Nordic Models*. Tampere: Vastapaino, 1987.

Kouzmin, A., E. Löffler, and H. Klages. "Benchmarking and Performance Measurement in Public Sectors, Towards Learning for Agency Effectiveness." *The International Journal of Public Sector Management* 12.2(1999): 121-144.

Krasner, S.D. "Sovereignty: An Institutional Perspective." *Comparative Political Studies* 21.1(1988): 66-94.

Krauss, C. "Challenging Power. Toxic Waste and the Politicization of White Working-Class Women", in N. Naples, 1998.

Kröger, T. "The Interplay of Formal and Informal Care for Older People: The State of the Nordic Research." *Kunskapsöversikt över Nordisk Välfärdsforskning Inom äldreomsorgsområdet*. Ed. M. Szebehely. TemaNord. Copenhagen: Nordic Council of Ministers, 2005.

---. "The Dilemma of Municipalities: Scandinavian Approaches to Child Day-care Provision." *Journal of Social Policy* 26.4(1997): 485-507, 1997a.

---. "Local Government in Scandinavia: Autonomous or Integrated Into the Welfare State?" *Social Care Services: The Key to the Scandinavian Welfare Model*. Ed. J. Sipilä. Avebury: Aldershot, 1997b.

Kröger, T., A. Anttonen, and J. Sipilä. "Social Care in Finland: Stronger and Weaker Forms of Universalism". *The Young, the Old, and the State: Social Care Systems in Five Industrial Nations*. Eds. A. Anttonen, J. Baldock, and J. Sipilä. 2003.

Kröger, T., and J. Sipilä. *Overstretched: European Families Up Against the Demands of Work and Care*. Oxford: Blackwell, 2005.

Kullberg, A. "My Home is My Castle: Residential Well-being and Perceived Safety in Different Types of Housing Areas in Sweden." *Linköping University Medical Dissertations* 1190, 2010.

Kumar, N., M. A. Cohen, C. E. Bishop, and S. S. Wallack. "Understanding the Factors Behind the Decision to Purchase Varying Coverage Amounts of Long-Term Care Insurance." *Health Services Research* 6(1995): 653-679.

Kvale, S., and S. Brinkmann. *Inter Views: Learning the Craft of Qualitative Research Interviewing Second Edition*. Sage Publications Inc., 2008.

Kvande, E. "Leave Policy and Social Inequality: The Case of Norway." In P. Moss, and K. Wall (eds.). *International Review of Leave Policies and Related Research 2007*. Employment Related Research Series No. 80, London: Department for Business Enterprise and Related Research, 2007.

L

Labour Canada (Women's Bureau). *Women in the Labour Force: Facts and Figures*, 1971, Table 7.

Lacey, N. "Theory Into Practice? Pornography and the Public/Private Dichotomy." *Journal of Law and Society* 20(1993): 93-113.

Lai, V. Interview on 15 Sept., 2011.

Laing, R. Interview with Gabrielle Betts on 25 Aug., 2011.

Land, H. "The Confused Boundaries of Community Care." Eds. J. Gabe, M. Calnan, and M. Bury, 1991.

Land, H. "The Family Wage." *Feminist Review* 6(1980): 55-79.

Land, H., and S. Himmelweit. *Who Cares: Who Pays*. London: UNISON, 2010.

Landes, J.B. *Women in the Public Sphere in the Age of the French Revolution*. Ithaka, NY: Cornell University Press, 1988.

Landi, F., E. Tua, G. Onder, B. Carrara, A. Sgadari, C. Rinaldi, et al. "Minimum Data Set for Home Care. A Valid Instrument to Assess Frail Older People Living in the Community." *Medical Care* 38.12(2000): 1184e1190.

Landsorganisationen. *Trade Unions and Full Employment*. Malmo: Framtiden, 1953.

Lang, E. "Whither the Liberals? Current State and Prospects of the Liberal Party of Canada." *The Journal for International Relations and Global Trends*. 2010.

Langan, M., and I. Ostner. "Gender and Welfare: Towards a Comparative Framework." *Towards a European Welfare State*. Ed. G. Room. Bristol: SAUS, 1991.

Larner, W. "Neo-liberalism: Policy, Ideology, Governmentality." *Studies in Political Economy* 63(Autumn 2000).

Larner, W., M. Fannin, J. MacLeavy, and W. W. Wang. "New Times, New Spaces: Gendered Transformations of Governance, Economy, and Citizenship." *Social Politics: International Studies in Gender, State and Society* 20.2(2013): 157-164.

Larsson, K. "The Social Situation of Older People." *International Journal of Social Welfare* 16.1(2007): 203-218.

---. "Care Needs and Home-Help Services for Older People in Sweden: Does Improved Functioning Account for the Reduction in Public Care?" *Ageing & Society* 26.3(2006): 413-429.

---. *According to Need? Predicting Use of Formal and Informal Care in a Swedish Urban Elderly Population* (Dissertation). Stockholm studies of social work 20. Department of social work, Stockholm University, 2004.

Larsson, K, and M. Szebehely. *Changes in Eldercare in Recent Decades. Living Conditions Among Older People: Work, Economy, Health and Social Networks 1980-2003*. SCB, Stockholm, 411-20, 2006.

Lavis, J.N. *Political Elites and Their Influence on Health-Care Reform in Canada*. (Discussion Paper no. 26). Commission on the Future of Healthcare in Canada, Ottawa, 2002.

LeBaron, G. "The Political Economy of the Household: Neoliberal Restructuring, Enclosures, and Daily Life." *Review of International Political Economy* 17.5(2010): 889-912.

Lee, G. "Gender Differences in Family Caregiving: A Fact in Search of a Theory." In J. Dwyer and R. Coward. *Gender, Families and Elder Care*. Newbury Park CA: Sage Publications, 1992.

Le Bihan, Blanche, and Claude Martin. "A Comparative Case Study of Care Systems for Frail Elderly People: Germany, Spain, France, Italy, United Kingdom and Sweden." *Journal Compilation*. Oxford: Blackwell Publishing Ltd., 2006.

Leira, A. *Models of Motherhood, Welfare State Policies and Everyday Practices: The Scandinavian Experience*. Oslo, Institute for Social Research, 1989.

Le Grand, J. *The Other Invisible Hand: Delivering Public Services Through Choice and Competition*. New Jersey: Princeton University Press, 2007.

---. *Motivation, Agency and Public Policy*, Oxford: Oxford University Press, 2003.

Lehto, J., N. Moss, and T. Rostgaard. "Universal Public Social Care and Health Services?" In M. Kautto, J. Fritzell, B. Hvinden, J. Kvist, and H. Uusitalo (eds.). *Nordic Welfare States in the European Context*. London & New York: Routledge, 2001.

Leibfried, S., and P. Pierson. "Social Policy: Left to Courts and Markets?" In H. Wallace, and W. Wallace (eds). *Policy-making in the European Union* (4th edition). Oxford: Oxford University Press, 2000.

Leira, A. "Concepts of Caring: Loving, Thinking, and Doing." *Social Service Review* 68.2(1994): 185-201.

---. *Welfare States and Working Mothers. The Scandinavian Experience*. Cambridge: Cambridge University Press, 1992.

Leira, A., and C. Saraceno. "Care: Actors, Relationships and Contexts." In B. Hobson, J. Lewis, B. Siim (eds.). *Contested Concepts in Gender and Social Politics*. Cheltenham, Edward Elgar, 2002.

Leisering, L. "Government and the Life Course: Looking Back to Look Ahead." *Handbook of the Life Course*. Eds. T. J. Mortimer, and M.J. Shanahan. New York: Kluwer Academic/Plenum, 2003.

Leitner, S. "Varieties of Familialism: The Caring Function of the Family in Comparative Perspective." *European Societies* 5.4(2003): 353, 375.

Levitas, R. "Shuffling Back to Equality?" *Surroundings* 26(2004): 59-72.

Levitsky, S. R. "Caregiving and the Construction of Political Claims for Long-Term Care Policy Reform" In R.B. Hudson (ed.). *The New Politics of Old Age Policy: Second Edition*. Maryland: The Johns Hopkins University Press, 2010.

Lewinter, M. *Spreading the Burden of Gratitude – Elderly Between Family and State* (akad avh). Sociologisk Institut, Köpenhamn, 1999.

Lewis, D., C. Donaldson, C. Mitton, and G. Currie. "The Future of Healthcare in Canada." *BMJ* 523 (October 2005).

Lewis, J. "Work/Family Reconciliation, Equal Opportunities and Social Policies: The Interpretation of Policy Trajectories at the EU Level and the Meeting of Gender Equality." *Journal of European Public Policy* 13.3(2006): 420-37.

---. "Gender and welfare regimes." *Rethinking Social Policy*. Eds. G. Lewis, S. Gewirtz, and J. Clarke. London: Sage, 2000.

---. *Gender, Social Care and Welfare State Restructuring in Europe*. Aldershot: Ashgate, 1998.

---. 1994. *Women and Social Policies in Europe: Work, Family and the State*. Aldershot: Edward Elgar, 1994.

---. "Gender and the Development of Welfare Regimes." *Journal of European Social Policy* 2.3(1992): 159-73.

---. 1986. "The Working Class Wife and Mother and State Intervention, 1870-1918." *Women's Experience of Home and Family, 1850-1940*. Ed. J. Lewis. Oxford, Blackwell.

Lewis, J., and S. Giullari. "The Adult Worker Model Family, Gender Equality and Care: the Search for New Policy Principles and the Possibilities and Problems of a Capabilities Approach." *Economy & Society*, 34.1(2005): 76-104.

Lewis, J., and B. Meredith. *Daughters Who Care: Daughters Caring for Mothers at Home*. London: Routledge, Kegan Paul, 1988.

Lindberg, I, G. Agren, and C. Hogstedt. "The Rise, Decline, and Future of the Swedish Left." *International Journal of Health Services* 41.4(2011): 747-756.

Lindbom, A. "Dismantling the Social Democratic Welfare Model? Has the Swedish Welfare State Lost its Defining Characteristics?" *Scandinavian Political Studies* 24.3(2001):171-93.

Lindgren, A.-M. *Ta Tillbaka Demokratin! En Genomgång av Effekterna Av Privatiseringar Inom Tre Sektorer*. Stockholm: Arbetarrörelsens Tankesmedja, 2009

Lindelöf, M., and E. Rönnbäck. *Biståndshandläggning Och Handlingsutrymme – Från Ansökan Till Beslut i äldreomsorgen [The Management of Assistance and Space of Action. From Application to Decision in Eldercare]*. Lund, Studentlitteratur, 2004.

Lingsom, S. *The Substitution Issue. Care Policies and their Consequences for Family Care*. Avhandling. NOVA-rapport 6, 1997.

Lingson, S. "Filial Responsibility in the Welfare State." *Journal of Applied Gerontology* 8(1989):8-17.

Linklater, A. "Cosmopolitan Citizenship." *Handbook of Citizenship Studies*. Eds. E.F. Isin, and B.S. Turner. London: Sage Publications, 2002.

Lipsky, M. *Street-level Bureaucracy. The Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation, 1980.

Lister, R. *Understanding Theories and Concepts in Social Policy*. Bristol: The Policy Press, 2010.

---. "A Nordic Nirvana? Gender, Citizenship, and Social Justice in the Nordic Welfare States." *Oxford Journals* (Summer 2009): 242-278.

---. "Dilemmas in Engendering Citizenship." *Economy and Society* 24.1(1995): 1-40.

---. "Investing in the Citizen-Workers of the Future: Transformations in Citizenship and the State under New Labour." *Social Policy & Administration* 37.5(2003): 427-443.

Lister, R., F. Williams, A. Anttonen, J. Bussemaker, U. Gerhard, J. Heinen, S. Johansson, A. Leira, B. Siim, C. Tobio, and A. Gavanas. *Gendering Citizenship in Western Europe: New Challenges for Citizenship Research in a Cross-National Context*. Bristol: The Policy Press, 2007.

Liu, L., D. Xiao-yuan, and Z. Xiaoying. "Parental Care and Married Women's Labour Supply in Urban China." *Feminist Economics* 16.3(2010): 169-192.

Lo-Johansson, I. *Aldoms-Sverige: En Stridsskrift av Ivan Lo-Johansson [Old Age in Sweden: A Manifest of Battle by Ivar Lo-Johansson]*. Stockholm: Albert Bonniers Forlag, 1952.

---. *Alderdome [Old Age]*. Stockholm: KF's Bokforlag, 1949.

LO. *LOs Yttrande över Långtidsutredningen 2008 (SOU 2008:105)*, 2008.

---. *Kan Framtidens Velfärd Finansieras? – LO om LU*, 2004.

Lööv, G. Interview with Gabrielle Betts on May 3, 2011.

Lopata, H.Z. *Widowhood in an American City*. Cambridge, MA: Schenkman Publishing, 1973.

Lundberg, O. Sjukvård Och Sjukvårdsutnyttjande. In Expert Commission A Balance Sheet for Welfare of the 1990s, Velfärd, Vård och Omsorg, report 2000:34, Stockholm: Socialdepartementet, 2000.

Lundberg, U. *Juvelen i kronan. Socialdemokraterna och den allmänna pensionen*. Stockholm: Hjalmarson and Hogberg, 2003.

Lundström, T., and L. Svedberg. "The Voluntary Sector in a Social Democratic Welfare State – The Case of Sweden." *Journal of Social Policy* 32.2(2003): 217-238.

Lutz, H. Ed. *Migration and Domestic Work: A European Perspective on a Global Theme*. London: Routledge, 2008.

Lutz, H., and E. Palenga-Mollenbeck. "Care Work Migration in Germany: Semi-compliance and Complicity." *Social Policy and Society* 9.3(2010): 419-430.

Luxton, M. 2000. *More Than a Labour of Love*. Toronto: The Women's Press.

---. *Families and the Labour Market: Coping Strategies from a Sociological Perspective*. No. F02. Ottawa: Canadian Policy Research Networks, 1998.

---. "Two Hands on the Clock." *Studies in Political Economy* 12(1983): 27-44.

Lymberly, M. "Care Management and Professional Autonomy: The Impact of Community Care Legislation on Social Work With Older People." *British Journal of Social Work* 28(1998): 863-878.

Lynch, F. "Political Power and the Baby Boomers." In R. Hudson (ed.). *The New Politics of Old Age Policy: Second Edition*. Baltimore: The Johns Hopkins University Press, 2010.

Lyon, D., and M. Glucksmann. "Comparative Configurations of Care Work Across Europe." *Sociology* 42.1(2008): 101-118.

M

Maarse, H. "The Privatization of Healthcare in Europe: An Eight-country Analysis." *Journal of Health Politics, Policy and Law* 31.5(2006): 981-1014.

Mabbett, D., and H. Bolderson. "Theories and Methods in Comparative Social Policy." *Comparative Social Policy: Concepts, Theories and Methods*. Ed. J. Clasen. Oxford: Blackwell, 1999.

MacDonald, J. Interview with Gabrielle Betts on August 8, 2011.

Macdonald, K.M. *The Sociology of the Professions*. London: Sage Publications, 1995.

Mackay, L. *Stephen Harper: The Case for Collaborative Governance*. ECW Press, 2006.

Macintyre, S. *Winners and Losers: The Pursuit of Social Justice in Australia's History*. Sydney: Allen & Unwin, 1985.

Macpherson, C.B. *The Political Theory of Possessive Individualism*. London: Oxford University Press, 1962.

Mahon, R. "Varieties of Liberalism: Canadian Social Policy From the 'Golden Age' to the Present." *Social Policy & Administration* 42.4(2008): 342-361.

---. "Resculling Social Reproduction: Childcare in Toronto/Canada and Stockholm/Sweden." *International Journal of Urban and Regional Research* 29.2(2005): 341-57.

---. "Child Care in Canada and Sweden: Policy and Politics." *Social Politics* (Fall 1997).

Mahon, R., A. Anttonen, C. Bergqvist, D. Brennan, and B. Hobson. "Convergent Care Regimes? Childcare Arrangements in Australia, Canada, Finland and Sweden." *Journal of European Social Policy* 22.4(2012): 419-31.

Mahon, R., and S. Michel. *Child Care Policy at the Crossroads*. New York: Routledge, 2002.

Mahon, R., and F. Robinson. *The Global Political Economy of Care: Integrating Ethics and Social Politics*. Vancouver: UBC Press, 2011.

Mahoney, J. *Colonialism and Postcolonial Development: Spanish America in Comparative Perspective*. New York: Cambridge University Press, 2010.

Mahoney, J., and K. Thelen. Eds. *Explaining Institutional Change: Ambiguity, Agency, and Power*. New York: Cambridge University Press, 2010.

Maioni, A. "Parting at the Cross-Roads: The Development of Health Insurance in Canada and the United States." *Comparative Politics* 29(1997): 411-432.

Malmberg B, S. H. Zarit. "Group Homes for People With Dementia: A Swedish Example." *The Gerontologist* 33.5(1993): 682-686.

Mandel, H, and M. Semyonov. "A Welfare State Paradox: State Interventions and Women's Employment Opportunities in 22 Countries." *American Journal of Sociology* 111.6(2006): 1906-1949.

- Mann, A. Interview with Gabrielle Betts on September 13, 2011.
- Marcelino, I., J. Barroso, J. Bulas Cruz, and A. Pereira. "Elder Care Architecture: A Physical and Social Approach." *International Journal on Advances in Life Sciences* 2.1 & 2(2010): 53-62.
- Marchildon, G.P. *Health Systems in Transition: Canada*. Copenhagen: WHO Regional Office for Europe on Behalf of the European Observatory on Health Systems and Policies, 2005.
- Mares, I. *Taxation, Wage Bargaining, and Unemployment*. Cambridge University Press, 2006.
- Martin C. Ed. *La dépendance des personnes âgées. Quelles politiques en Europe?* Rennes: Presses Universitaires de Rennes et Edition ENSP, 2003.
- Martin-Matthews, A. "Canada and the Changing Profile of Health and Social Services: Implications for Employment and Caregiving." *Work and Caring for the Elderly: International Perspectives*. Eds. V. Lechner, and M. Neal. Philadelphia: Brunner/Mazel, 1999.
- Marshall, T.H. *Citizenship and Social Class*. Cambridge: Cambridge University Press, 1950.
- Mason, J. *Qualitative Researching*. London: Sage Publishing Ltd., 2000.
- Matthews, S., and T. Rosner. "Shared Filial Responsibility and the Family as the Primary Caregiver." *Journal of Marriage and the Family* 50(1988): 185-95.
- Mayeda, A. "Aging Population Will Strain Finances, Watchdog Says." *The Edmonton Journal* (19 Feb., 2010), 2010.
- Mayer, K.U., and U. Schopflin. "The State and the Life Course." *Annual Review of Sociology* 15(1989): 187-209.
- McAdam, M. "Home Care: It's Time for a Canadian Model." *Healthcare Papers* 1.14(2000).
- McAdoo, H. "Societal Stress: The Black Family." *All American Women: Lines That Divide, Ties That Bind*. Ed. J. Cole. New York: Free Press, 1986.
- McBride, S., K. McNutt, and R.A. Williams. "Policy Learning? The OECD and Its Jobs Strategy." *The OECD and Transnational Governance*. Eds. In R. Mahon, and S. McBride. Vancouver: University of British Columbia Press, 2008.
- McClain, L.C. "Care as a Public Value." *Chicago-Kent Law Review* 76(2001): 1679.
- McDaniel, S. "Population Aging, Health and Health Policy." Opening Plenary at the Canadian Research Data Centre Network National Conference "Coming of Age: The Policy Impact of an Aging Population." Sutton Place Hotel: Edmonton, Alberta (3-5 Oct.), 2011.

---. "What Did You Ever Do For Me?" *The Overselling of Population Aging*. Eds. Gee, E., and M. Gutman. Oxford University Press, Canada, 2000.

---. "Health Care Policy in an Aging Canada: the Alberta 'Experiment'" *Journal of Aging Studies* 11.3:211-227, 1997.

McDowell, L. "Gender Division in a Post-Fordist Era: New Contradictions or the Same Old Story?." *Defining Women: Social Institutions and Gender Divisions*. Eds. L. McDowell, and R. Pringle. Cambridge: Polity Press, 1992.

McIntosh, M. "Feminism and Social Policy." *Critical Social Policy* 1.1(2010): 32-42.

Mead, L.M. *Beyond Entitlement: The Social Obligations of Citizenship*. New York: Free Press, 1986.

Meagher, G., and M. Szebehely. *Private Financing of Elder Care in Sweden: Arguments for and Against*. (Working Paper). Stockholm: Institute for Futures Studies, 2010.

---. *Financing Care in the People's Home: Arguments for and Against Vertical and Horizontal Contraction of Public Elder Care Services*. Paper presented at the Mid-term conference of REASSESS, Oslo, 18-20 May 2009.

Meggison, J., and J. Netter. "State to Market: A Survey of Empirical Studies on Privatization." *Journal of Economic Literature* 39(2001): 321e389.

Meidner, R. *I Arbetets Tjänst* (Stockholm: Tindens Forlag, 1984), 275, quoted in Tim Tilton, *The Political Theory of Swedish Social Democracy: Through the Welfare State to Socialism*. Oxford: Oxford University Press, 1990.

Meier, V., and M. Werding. "Ageing and the Welfare State: Securing Sustainability." CESIFO Working Paper No. 2916, Category 3: Social Protection, Jan. 2010.

Meinow, B. Capturing Health in the Elderly Population. Complex Health Problems, Mortality and the Allocation of Home-Help Services (Stockholm Studies in Social Work, No 26). Stockholm: Department of Social Work, 2008.

Melby, K., A. Ravn, and C.C. Wetterberg. "A Nordic Model of Gender Equality? Introduction." *Politics in Scandinavia: The Limits of Political Ambition?* Eds. K. Melby, C.C. Wetterberg, and A. Ravn. The Policy Press, 2008.

Meyer, T. "The German and British Welfare States as Employers: Patriarchal or Emancipator?" In D. Sainsbury, *op. cit.*, 1994.

Meyers, D.T. "The Socialized Individual and Individual Autonomy: An Intersection Between Philosophy and Psychology." *Women and Moral Theory*. Eds. E.F. Kittay, and D. T. Meyers. United States: Rowman & Littlefield Publishers, INC., 1987.

Michel, S., and S. Koven. "Womanly Duties: Maternalist Politics and the Origins of Welfare States in France, Germany, Great Britain and the United States, 1880-1920." *The American Historical Review* 95.4(1990): 76-108.

Michel, S., and R. Mahon, Eds. *Child Care Policy at the Crossroads: Gender and Welfare State Restructuring*. New York: Routledge, 2002.

Michel, S., and I. Peng. "All in the Family? Migrants, Nationhood, and Care Regimes in Asia and North America." *Journal of European Social Policy* 22.406(2012).

Midre, G. *Bot, Bedring Eller Brod? Om Bedømming of Behandling av Sosial Nod Fra Reformasjonen til Velferdsstateten*. Oslo: Universitetsforlaget, 1995.

Miles, J. "How to Design a 'Liberal' Welfare State: A Comparison of Canada and the United States." *Social Policy and Administration* 32.4(2002): 341-364.

Milke, Doris. Interview with Gabrielle Betts September 2011.

Millar, J., and A. Warman. *Family Obligations in Europe*. London: Family Policy Studies Centre, 1996.

Miller, J. B. *Toward a New Psychology of Women* (2nd edition). Boston: Beacon Press, 1989.

Mimoto, H., and O. Cross. "The Growth of the Federal Debt." *Canadian Economic Observer* (June 1991): 1-17.

Minas, R. "(Re)centralizing Tendencies Within Health-care Services: Implementation of a New Idea." *Arbetsrapport/Institutet for Framtidsstudier* 9, 2010.

Minas, R., S. Wright, and R.V. Berkel. "Decentralization and Centralization: Governing the Activation of Social Assistance Recipients in Europe". *International Journal of Sociology and Social Policy* 32.5(2012): 286-298.

Minford, M. *The Boundaries Between Health and Social Care for Older People in Developed Countries*. London: The Nuffield Trust, 2001.

Ministry of Health and Social Affairs. "The Future Need for Care: Results From the LEV Project", 2011.

---. *The Future Need For Care: Results From the LEV Project* (Oct. 2010).

---. *Care of the Elderly in Sweden: Fact Sheet*. Fact Sheet No 18 (Sept. 2007).

---. *Välfärdsfakta Social* [Social welfare facts]. Stockholm: Socialdepartementet, 1997.

Ministry of Finance. Long-Term Survey. 2008.

Mischra, R. *Globalization and the Welfare State*. Edward Elgar: Chatham, UK, 1999.

Minow, M. *Making All the Difference: Inclusion, Exclusion, and American Law*. Ithaca: Cornell University Press, 1990.

Misra, J., S. Merz, and J. Woodring. "The Globalization of Care Work: Neoliberal Economic Restructuring and Migration Policy." *Globalizations* 3.3(2006): 317-322.

Moen, P. *Working Parents: Transformations in Gender Roles and Public Policies in Sweden*. Madison: University of Wisconsin Press, 1989.

Moen, P., G. Downey, and N. Bolger. "Labour-Force Re-Entry Among U.S. Homemakers in Midlife, A Life-Course Analysis." *Gender and Society* 4(1990):230-243.

Monk, A., and C. Cox. "Trends and Developments in Home-Care Services: An International Perspective." *Journal of Gerontological Social Work* 24.3/4(1995): 251-270.

Monroney, R.M. "The Family as a Social Service." *Child Welfare* 4(1978): 211-230.

Montanari, I. *Social Citizenship and Work in Welfare States: Comparative Studies on Convergence and on Gender* (Dissertation). Stockholm, Sweden: Stockholm University, Department of Sociology, 2000.

Montgomery, R.J.V., and Y. Kamo. "Parent Care by Sons and Daughters." *Aging Parents and Adult Children*. Ed. J.A. Mancini. Lexington, MA: Lexington Books, 1989.

Montigny, E.-A. *Foisted Upon the Government? State Responsibilities, Family Obligations, and the Care of the Dependent Aged in Late Nineteenth-Century Ontario*. Montreal and Kingston: McGill University Press, 1997.

Montin, S., and I. Elander. "Citizenship, Consumerism and Local Government in Sweden." *Scandinavian Political Studies* 18.1(1995): 25-51.

Mor, V., J. Angelelli, D. Gifford, J. Morris, and T. Moore. "Benchmarking and Quality in Residential and Nursing Homes: Lessons From the US." *International Journal of Geriatric Psychiatry* 18(2003): 258e266.

Morris, J. *Independent Lives*. Basingstoke: Macmillan, 1993.

---. *Pride Against Prejudice*. London: Women's Press, 1991.

Morris, M. "What Research Reveals About Gender, Home Care and Caregiving: Overview and Case for Gender Analysis." *Caring For/Caring About: Women, Home Care and Unpaid Caregiving*. Eds. K. Grant, M. Boscoe, A. Pederson, and K. Willson. Aurora, ON: Garamond Press, 2004.

Morrow, M., O. Hankivsky, and C. Varcoe. Eds. *Women's Health in Canada: Critical Perspectives on Theory and Policy*. Toronto: University of Toronto Press, 2008.

Morris, J.R., and S.W. Helburn. "Child Care Center Quality Differences: The Role of Profit Status, Client Preferences, and Trust." *Nonprofit and Voluntary Sector Quarterly* 29.3(2000): 377-99.

Mörner, M. "The Swedish Model: Historical Perspectives." *Scandinavian Journal of History* 14.3(1989): 245–67.

Mossialos, E. and McKee, M. Eds. *EU Law and the Social Character of Health-Care*. Bruxelles: PIE Peter Lang, 2002.

Motion 2008/09: Fi291 Investera i valfardens kvalitet.

Motion 2005/06: So642 Aldrefragor

Motion 2005/06: So640 En äldreomsorg som alla kan lita på.

Motion 2005/06: So41 med anledning av prop. 2005/06: 115 Nationell utvecklingsplan för vård och omsorg om äldre.

Motion 2005/06: So551 Aldrepolitik.

Motion 2005/06: So40 med anledning av prop. 2005/06: 115 Nationell utvecklingsplan för vård och omsorg om äldre.

Motion 2005/06: So39 med anledning av prop. 2005/06: 115 Nationell utvecklingsplan för vård och omsorg om äldre.

Motion 2005/06: So38 med anledning av prop. 2005/06: 115 Nationell utvecklingsplan för vård och omsorg om äldre.

Motion 2000/01: So363 Aldrepolitik. Motion 2000/01: So456 Äldreomsorgen.

Motion 2000/01: So244 Trygghet för äldre genom ökad välfärd.

Motion 1998/99: So230 En modern äldrepolitik.

Motion 1997/98: So433 Äldreomsorgen.

Motion 1997/98: So639 Äldreomsorgen.

Motion 1997/98: So431 Äldreomsorgen.

Motion 1997/98: So406 De aldres situation i Sverige.

Motion 1997/98: So51 med anledning av prop. 1997/98: 113 Nationell handlingsplan for aldrepolitiken.

Motion 1997/98: So43 med anledning av prop. 1997/98: 113 Nationell handlingsplan for aldrepolitiken.

Motion 1996/97: So423 Aldreomsorg for Valfrihet och trygghet.

Motion 1996/97: So277 Hals- och sjukvård

Motion 1996/97: So420 På äldre dar.

Motion 1996/97: So415 Enskilda alternativ i äldreomsorgen.

Motion 1996/97: So403 De aldres situation i det moderna Sverige.

Motion 1994/5: So207 Kvalitet och Valfrihet i äldrevarlden.

Motion 1993/94: So249 Äldreomsorgen.

Motion 1990/91: Fi502 Fornyelsen av den offentliga sektorn.

Motion 1990/91: So206 Kvalitet och Valfrihet i äldrevarlden.

Mui, A. C. "Caregiver Strain Among Black and White Daughter Caregivers: A Role Theory Perspective". *Gerontologist* 32.2(1992): 203-12.

Mulhi, U. H. "Accounts of Professional and Institutional Tension in the Context of Swedish Elderly Care." *Journal of Aging Studies* 24(2010): 47-56.

Murphy, J.M. *Residential Care Quality: A Review of the Literature on Nurse and Personal Care Staffing and Quality of Care*. Nursing Directorate British Columbia Ministry of Health, 2006.

Myles, J. "What Justice Requires: Normative Foundations for U.S. Pension Reform." *The New Politics of Old Age Policy: Second Edition*. Ed. R. Hudson. Baltimore: The Johns Hopkins University Press, 2010.

---. "A New Social Contract for the Elderly?" *Why We Need a New Welfare State*. Eds. G. Esping-Andersen, D. Gallie, A. Hamerijck, and J. Myles. Oxford: Oxford University Press, 2002.

---. "How to Design a 'Liberal' Welfare State: A Comparison of Canada and the United States." *Social Policy & Administration* 32.4(1998): 341-364.

Myles, J., and J. Quadagno. "Political Theories of the Welfare State" *The Social Science Review* 76.1(2002): 34-57.

N

Naess, S., and K. Waerness. *Bedre Omsorg? Kommunal Eldreomsorg 1980-1995 [Better Care? Municipal Old-Age Care 1980-1995]*. Bergen: SEFOS, 1996.

Nathanson, C. "Sex Roles as Variables in Preventative Health Behavior." *Journal of Community Health* 3(1977):142-155.

National Agency for Education. *Kostnader för förskoleverksamhet, skolbarnsomsorg, skola och vuxenutbildning 2009* [Costs for childcare and education 2009]. Stockholm: Skolverket, 201.

National Council on Welfare. *Poverty Profile 1998*. Ottawa: National Council on Welfare, 1998.

National Social Insurance Board. *Social Insurance in Sweden 2001: Welfare for the Elderly*, 2001.

Naylor, D. *Private Practice, Public Payment*. Montreal: McGill-Queen's University Press, 1986.

National Board of Health and Welfare (NBHW). *Äldre Och Personer Med Funktionsnedsättning – Regiform m.m. för Vissa Insatser år 2010* [Management Forms in Services for Older Persons and for Persons With Impairments] Stockholm, Socialstyrelsen, 2011a.

---. *Välfrihetssystem ur ett Befolknings- och Patientperspektiv* [Choice Models From Population- and Patient Perspectives] Stockholm, Socialstyrelsen, 2011b.

---. *Management Form for Certain Services to Elderly and to Persons with Impairments*. Stockholm, National Board of Health and Welfare, 2010a.

---. *Vård Och Omsorg För äldre. Lägesrapport 2010* [Care And Services to Older Persons. Status report 2010]. Stockholm, Socialstyrelsen, 2010b.

---. *Stimulansbidrag LOV. Slutrapport* [State Incentives According to the Act of Freedom of Choice in Eldercare. Final report]. Stockholm, Socialstyrelsen, 2010c.

---. *Vad Tycker de äldre om äldreomsorgen? En Rikstäckande Undersökning av äldres Uppfattning om Kvaliteten i Hemtjänst och äldreboenden 2010* [National Study of Users' Perception of Quality in Home Care and Residential care 2010]. Stockholm, Socialstyrelsen, 2010d.

---. *Äldre Och Personer Med Funktionsnedsättning – Regiform m.m. för Vissa Insatser år 2009* [Management Form For Certain Services to Older Persons and to Persons with Impairments, 2009]. Stockholm: Socialstyrelsen, 2010e.

- . *Vård Och Omsorg För äldre. Lägesrapport 2010 [Care and Services to Older Persons. Status report 2010]*. Stockholm: Socialstyrelsen, 2010f.
- . *Stimulansbidrag Enligt LOV i äldreomsorg. Delrapport Juni 2010* [Stimulation Grants According to the Act of Freedom of Choice in Elder Care. Partial report June 2010]. Stockholm: Socialstyrelsen, 2010g.
- . *Öppna Jämförelser av Vård Och Omsorg om äldre 2007-2009. Slutrapport Från ett Treårigt Regeringsuppdrag* [Open Comparisons of the Care of Older Persons 2007-2009. Final Report From a Three-year Commission From the Government]. Stockholm: Socialstyrelsen, 2010h.
- . *Vad Tycker de äldre om äldreomsorgen? En Rikstäckande Undersökning av äldres Uppfattning om Kvaliteten i Hemtjänst och äldreboenden 2010* [National Study of Users' Perception of Quality in Home Care and Residential Care 2010]. Stockholm: Socialstyrelsen, 2010i.
- . "Management form for Certain Services to Older Persons and to Persons With Impairments." Stockholm: Socialstyrelsen, 2010j.
- . "Care and Services to Older Persons: Status Report 2010." Stockholm: Socialstyrelsen, 2010k.
- . "About the National Board of Health and Welfare." www.socialstyrelsen.se (accessed on November 11, 2009), 2009a.
- . *Äldre – Vård Och Omsorg Den 30 juni 2008* [Care and Services to Older Persons June 30 2008]. Stockholm, Socialstyrelsen, 2009b.
- . *Vård Och Omsorg Om äldre, Lägesbeskrivning 2008*. Stockholm: National Board of Health and Welfare, 2009c.
- . *Äldre – Vård Och Omsorg Den 30 Juni 2008* [Care and Services to Older Persons 30 June 2008]. Stockholm: Socialstyrelsen, 2009d.
- . *Vård Och Omsorg För äldre. Lägesrapport för 2008* [Care and Services to Older Persons. Status report 2008]. Stockholm: Socialstyrelsen, 2009e.
- . *Öppna Jämförelser 2008. Vård Och Omsorg Om äldre*. Stockholm: National Board of Health and Welfare, 2008a.
- . *Öppna Jämförelser Inom Vården Och Omsorgenn om äldre. Verksamhetens Kvalitet* [Open Comparisons of Care for Older People. Quality of the Services]. Stockholm, National Board of Health and Welfare [Socialstyrelsen], 2008b.

---. *Hemsjukvård i Förändring. En Kartläggning av Hemsjukvården i Sverige Och Förslag Till Indikatorer* [Home Nursing in Transition. Mapping the Home Nursing in Sweden and Proposals for Indicators]. Stockholm: Socialstyrelsen, 2008c.

---. *Personalens Kompetens Vid Handläggning Och Uppföljning av ärenden Som Avser Personer med Funktionshinder* [Competence for the Management and Follow-up of Cases Concerning Persons With a Disability]. SOSFS 2008:32 (S) Allmänna råd. Stockholm: Socialstyrelsen, 2008d.

---. Aldre – vard och omsorg 2006 [Care and Social Services for the Elderly in 2007]. Stockholm: National Board of Health and Welfare (NBHW). [cited Dec. 8, 2008]. Available from [http://www. Socialstyrelsen.se/;2008](http://www.Socialstyrelsen.se/;2008), 2008e.

---. Developments in the Care for the Elderly in Sweden 2007. Stockholm: National Board for Health and Welfare, 2008f.

---. *Current Developments in Care of the Elderly in Sweden*. Stockholm, Socialstyrelsen, 2007a.

---. *Kundval Inom äldreomsorgen* [Customer Choice in Eldercare] Stockholm, Socialstyrelsen, 2007b.

---. *Personalens Kompetens Vid Handläggning Och Uppföljning Av ärenden Som Avser äldre Personer* [Competence for the Management and Follow-up of Cases Concerning Older Persons]. SOFS 2007:17(S) Allmänna råd. Stockholm: Socialstyrelsen, 2007c.

---. *Äldre – Vård Och Omsorg år 2006* [Care and Services to Older Persons 2006]. Stockholm: Socialstyrelsen, 2007d.

---. *Äldre – Vård Och Omsorg 2005. Statistik – Socialtjänst* [Older People – Care and Services in 2005. Statistics – Social Services]. Stockholm: Socialstyrelsen, 2006.

---. Current Developments in Care of the Elderly in Sweden. Stockholm: National Board for Health and Welfare, 2005.

---. Konkurrensutsättning Och Entreprenad Inom äldreomsorgen. Utvecklingsläget. Stockholm: National Board of Health and Welfare, 2004.

---. *Nationell Handlingsplan för Hälso- och sjukvården. Årsrapport 2002*. Stockholm: Socialstyrelsen, 2002.

---. “Konkurrensutsättning och Entreprenader Inom Äldreomsorgen.” *Äldreuppgifter* 99, 6. Stockholm: Socialstyrelsen, 1999a.

---. *Konkurrensutsättning Och Entreprenader Inom äldreomsorgen* [Competitive Tendering and Contracting out in Eldercare]. Stockholm: Socialstyrelsen, 1999b.

---. *Aldreuppdraget. Arsrapport 1998 [Summary report on eldercare in Sweden 1998]*, 1998a.

---. *Vard och omsorg om alder och personer med funktionshinder 1997 [Service and care to the elderly and disabled persons 1997]*, 1998b.

---. *Alternativa Styr Och Driftsformer i äldreomsorgen. Äldreomsorg På Entreprenad*. Stockholm: National Board of Health and Welfare, 1996a.

---. *Äldreomsorg under omprovning [Old-age care under reconsideration]*. Stockholm, Sweden: Socialstyrelsen, 1996b.

---. *Vard Och Omsorg om Alder Personer och Personer Med Funktionshinder. [Service and Care to Elderly and Disabled Persons 1995]*. Socialstyrelsen följer upp och utvärderar, 1995.

---. *Health-care and Social Services in Seven European Countries*. Stockholm, Sweden: Socialstyrelsen, 1993.

National Council of Welfare. "Fact Sheet: Welfare Recipients. Estimated Number of People on Welfare by Province and Territory." Ottawa, ON, 2002.

National Forum on Health (Canada). *Canada Health Action: Building on the Legacy* vol 2, *Synthesis Report and Issues Papers*. Ottawa: National Forum on Health, 1997.

Nelson, B. "The Origins of the Two-Channel Welfare State: Workmen's Compensation and Mothers' Aid." *Women, the State and Welfare*. Ed. L. Gordon. Madison: University of Wisconsin Press, 1990.

Neysmith, S., and X. Chen. "Understanding How Globalization and Restructuring Affect Women's Lives: Implications for Comparative Policy Analysis." *International Journal of Social Welfare* 11(2002): 243-53.

Nisbet, R.A. *The Sociological Tradition*. London: Heinemann, 1966.

Ng, R. "Restructuring Gender, Race, and Class Relations: The Case of Garment Workers and Labour Adjustment." *Restructuring Caring Labour: Discourse, State, Practice, and Everyday Life*. Ed. S. Neysmith. Toronto: Oxford University Press, 2000.

Nicholson, L. J. "Feminist Theory: The Private and the Public." In C. Gould, *op. cit.*, 1984.

Noaksson, N., and K. Jacobsson. *The Production of Ideas and Expert Knowledge in the OECD: The OECD Jobs Strategy in Contrast with the EU Employment Strategy*. Stockholm: University of Stockholm, Stockholm Centre for Organizational Research, 2003.

Noddings, N. *Caring: A Feminine Approach to Ethics and Moral Education*. Berkeley: University of California Press, 1984.

Nordstrom, M. *Yttre Villkor Och Inre Moten. Hemtjansten Som Organisation [External Conditions and Internal Meetings. The Home Help Services as an Organization]* (Dissertation). Goteborg, Sweden: Goteborg University, Department of Sociology, 1998.

North, D.C. *Institutions, Institutional Change, and Economic Performance*. Cambridge: Cambridge University Press, 1990.

Nososco. *Social Protection in the Nordic Countries. Scope, expenditure and financing 2007/2008*. Copenhagen, Nordic Social-statistical Committee, 2009.

Nososco. *Social Protection in the Nordic Countries, 2006/2007. Scope, Expenditure and Financing*. Copenhagen: Nordic Social-Statistical Committee, 2008.

Nososco. *Social Protection in the Nordic Countries, 2005: Scope, Expenditure and Financing*. Copenhagen: Nordic Social-Statistical Committee, 2007.

Nyberg, A. *Deltidsarbete Och Deltidsarbetsöshet [Part-time Work and Part-Time Unemployment]*. Stockholm: Arbetslivsinstitutet, 2003.

---. Barnomsorgen: Ett Kvinnligt Nollsummespel Eller? In E. Amnå (ed.), *Medmänsklighet att Hyra?* Örebro: Libris, 1995.

Nutek. *Framtidens Näringsliv: Vård och Omsorg – En Framtidsbransch*. OECD 2006, *Projecting OECD Health and Long-Term Care Expenditures. What are the Main Drivers?* Economics Department Working Papers No. 477. OECD, Paris, 2007.

O

Oakley, A. "Social Welfare and the Position of Women." Richard Titmuss Memorial Lecture, Hebrew University, Jerusalem, 1986.

---. *The Sociology of Housework*. Oxford Martin Robertson, 1974.

O'Brien, D. "Seniors' Health." *Apple*. AHS (Mar./Apr. 2011).

O'Connor, J. S. "Gender Class and Citizenship in the Comparative Analysis of Welfare State Regimes: Theoretical and Methodological Issues." *The British Journal of Sociology* 44.3(1993): 501-518.

O'Connor, J., A. Orloff, and S. Shaver. *States, Markets, Families: Gender, Liberalism and Social Policy in Australia, Canada, Great Britain and the United States*. Cambridge: Cambridge University Press, 1999.

O'Connor, J., and G. Robinson. "Liberalism, Citizenship, and the Welfare State." *Culture and Welfare State: Values and Social Policy in Comparative Perspective*. Eds. W.V. Oorschot, M. Opielka, and B. Pfau-Effinger. Massachusetts: Edward Elgar Publishing, Inc., 2008.

- O'Donovan, K. *Sexual Divisions in Law*. London: Weidenfeld & Nicholson, 1985.
- Okin, S.M. *Women in Western Political Thought*. Princeton, Princeton University Press, 1989.
- . "Women and the Making of the Sentimental Family." *Philosophy and Public Affairs* 11.1(1981): 65-88.
- Okun, A. *Equality and Efficiency: The Big Tradeoff*. Washington D.C.: Brookings Institution, 1975.
- Olman, F. Interview with Gabrielle Betts, May 2011.
- Organization for Economic Co-operation and Development (OECD). 2011a. "Help Wanted? Providing and Paying for Long-term Care." OECD Health Policy Studies, OECD Publishing, 2011a.
- . "Employment Rates." *OECD Factbook 2011-2012: Economic, Environmental and Social Statistics*. OECD Publishing, 2011b.
- . *Health at a Glance 2009*. DOI 10.1787/health_glance-2009-en, 2009.
- . "Sweden." *Economic Surveys* 2008/20 (December, supplement no. 2), 2008a.
- . *Factbook 2008: Economic, Environmental and Social Statistics*. Paris: OECD Publishing, 2008b.
- . *Long Term Care for Older People*. Paris, Organisation for Economic Cooperation and Development, 2005a.
- . *Babies and Bosses. Reconciling Work and Family Life*. Vol. 4. Paris: OECD, 2005b.
- . *Caring for frail elderly people*. Paris: OECD, 1996.
- Ohrlander, K. "I Barnens och Nationens Intresse: Socialliberal Reformpolitik 1003-1930." *Studies in Education and Psychology* 30 (1992).
- Okin, S.M. "Gender, the Public, and the Private." *Feminism and Politics*. Ed. A. Phillips. Oxford: Oxford University Press, 1998.
- . "Political Liberalism, Justice and Gender." *Ethics* 105(1994): 23-43.
- . "Gender, the Public and the Private." *Political Theory Today*. Ed. D. Held. Cambridge: Polity Press, 1991.
- . *Justice, Gender and the Family*. New York: Basic Books, 1989.

Olesen, V. "Caregiving, Ethical and Informal: Emergent Challenges in the Sociology of Health and Illness." *Journal of Health and Social Behavior* 30 (1989): 1-10.

Oliver, J. "The Caring Wife." *A Labour of Love: Women, Work and Caring*. Ed. J. Finch, and D. Groves. London: Routledge and Kegan Paul, 1983.

Olsen, G.M. "Locating the Canadian Welfare State: Family Policy and Health-care in Canada, Sweden and the United States." *Power Resources Theory and the Welfare State*. Eds. J. O'Connor, G.M. Olsen. Toronto: University of Toronto Press, 1999.

Olson, L. K. *The Not-So-Golden Years: Caregiving, the Frail Elderly, and the Long-Term Care Establishment*. Toronto: Rowman and Littlefield Publishers Inc., 2003.

Olsson, S.E. *Social Policy and Welfare State in Sweden* (Dissertation). Lund: Arkiv forlag, 1993.

Ontario Premier's Council on Health Strategy. *Nurturing Health. A Framework on the Determinants of Health*. Toronto: Author, 1991.

Onuki, H. "The Global Migration of Care Labour: Filipino Workers in Japan." *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*. Eds. R. Mahon, and F. Robinson. Vancouver: UBC Press, 2011.

O'Rand, A., and J.C. Henretta. "Midlife Work History and Retirement Income." *Women's Retirement: Policy Implications of Recent Research*. Ed. M. Szinovacz. Beverly Hills: Sage Publications, 1982.

Orloff, A. S. "Introduction." *Social Politics* (Summer 1997): 157-159.

---. "Gender and the Social Rights of Citizenship: The Comparative Analysis of Gender Relations and Welfare States." *American Sociological Review* 58.3(1993): 303-328.

Orren, K., and S. Skowronek. *The Search for American Political Development*. Cambridge: Cambridge University Press, 2004.

P

Pallesen, T. "A Political Perspective on Contracting Out: The Politics of Good Times. Experiences from Danish Local Governments." *Governance* 17.4(2004): 573e587.

Palley, H.A., and J.S. Otkey. "The Chronically Limited Elderly: The Cases for a National Policy for In-Home and Supportive Community-Based Services." *Home Healthcare Services Quarterly* 2.2(1983): 3-141.

Palme, O. "The Controversy Lives On." *The Local* 27 (February 2006).

Palme, J., Å. Bergmark, O. Bäckman, F. Estrada, J. Fritzell, O. Lundberg, O. Sjöberg, and M. Szebehely. *A Welfare Balance Sheet for the 1990s*, *Scandinavian Journal of Public Health*, Supplement 60, August, 2003.

Palme J., Å. Bergmark, O. Bäckman, F. Estrada, J. Fritzell, O. Lundberg, O. Sjöberg, and M. Szebehely. "Welfare Trends in Sweden: Balancing the Books for the 1990s." *Journal of European Social Policy* 12.4(2002): 329-346.

Palme, J., and I. Wennemo. *Swedish Social Security in the 1990s: Reforms and Retrenchment*. Stockholm: Socialdepartementet, 1998.

Parlevliet, C, and S. Sevenhuijsen. *Zorg Bekeken Door Een Andere Bril. Vrouwen en het Debat Over 'Keuzen in de Zorg'*". Utrecht: Metis/Weggroep Vrouwenstudies Sociale Wetenschappen, 1993.

Pascall, G. *Social Policy: A Feminist Analysis* (second edition). London: Routledge, 1997.

---. "Citizenship: A Feminist Analysis." *New Approaches to Welfare Theory*. Eds. G. Drover, and P. Kerans. Aldershot: Edward Elgar, 1993.

Pascall, G, and A. Kwak. *Gender Regimes in Transition in Central and Eastern Europe*. Bristol: The Policy Press, 2005.

Pascall, G, and J. Lewis. "Emerging Gender Regimes and Policies for Gender Equality in a Wider Europe." *Journal of Social Policy* 33.3(2004): 373-94.

Pateman, C. *The Disorder of Women*, Cambridge: Polity Press, 1989.

---. *The Sexual Contract*, Cambridge: Polity Press, 1988.

Paugan, S., J.A. Preliis, and M. Evans. "Chunnel Vision: Poverty and Social Exclusion and the Debate on Social Welfare in France and Britain." London: LSE, STICERD, WSP/115, 1995.

Paul, C. Interview with Gabrielle Betts on 16 Sept., 2011.

Pavolini, E., and C. Ranci. "Restructuring the Welfare State: Reforms in Long-Term Care in Western European Countries." *Journal of European Social Policy* 18.3(2008): 246-59.

Peck, J., and N. Theodore. "Mobilizing Policies: Models, Methods and Mutations." *Geoforum* 41(2010): 169-74.

Pedersen, S. *Family, Dependence and the Origins of the Welfare State: Britain and France, 1914-1945*. Cambridge: Cambridge University Press, 1993.

Pempel, T.J. *Regime Shift: Comparative Dynamics of the Japanese Political Economy*. Ithaca, NY: Cornell University Press, 1998.

Pensionärernas Riksorganisation. *Yttrande över Långtidsutredningen 2008 (SOU 2008:105) [Comment on Long-term Survey 2008]* Available online: <http://www.pro.se/PRO-paverkar/Remissvar/Yttrande-over-Langtidsutredningen-2008-SOU-2008105/> [Accessed 22 Apr. 2009], 2009.

Perry, R. Interview with Gabrielle Betts on 24 Aug., 2011.

Persson, T., and S. Berg. "Older People's Voices — On Paper: Obstacles to Influence in Welfare States—A Case Study of Sweden." *Journal of Aging & Social Policy* 21.1(2009):94-111.

Persson, I., and C. Jonung. "Women's Employment: Current Developments." *Work, Employment and Society* 7.2(1993): 259-74.

Pestoff, V. *Between Markets and Politics, Co-operatives in Sweden*. Westview Press, New York, 1991.

Peter, E., K. Spalding, K. Nuala, P. Conrad, P. McKeever, and A. Macfarlene. "Neither Seen Nor Heard: Children and Homecare Policy in Canada." *Social Science and Medicine* 64(2007): 1624-1635.

Petersen, K. 2011. "Marketization and Free Choice in the Provision of Social Services. Normative Shifts 1982-2008. Social Democratic Lip Service as a Response to Problems of Legitimacy." *Beyond Welfare State Models: Transnational Historical Perspectives on Social Policy*. Eds. P. Kettunen, and K. Petersen. Edward Elgar Publishing Limited: Massachusetts, USA.

Pfau-Effinger, B. "Changing Welfare States and Labour Markets in the Context of European Gender Arrangements." *Changing Labour Markets, Welfare Policies and Citizenship*. Eds. J. G. Anderson, and P.H. Jenson. Bristol: The Polisy Press, 2002a.

Pfau-Effinger, B. "Culture and Welfare State Policies: Reflections on a Complex Interaction." *Journal of Social Policy* 34.1(2002b): 3-20.

Phillips, A. *Engendering Democracy*. Cambridge: Polity Press, 1991.

Picchio, A. Ed. *Unpaid Work and the Economy: A Gender Analysis of the Standards of Living*. London: Routledge, 2003.

---. *Social Reproduction: The Political Economy of the Labour Market*. Cambridge: Cambridge University Press, 1992.

Piercy, M. "Circles on the Water," 1982, reproduced in S. Brodribb, *Nothing Matters*. Lorimer: Toronto, 1992.

Pierson, P. *Politics in Time: History, Institutions, and Social Analysis*. Princeton, NJ: Princeton University Press, 2004.

---. "Big, Slow, Many, and Invisible: Macrosocial Processes in the Study of Comparative Politics." In *Comparative Historical Analysis in the Social Science*. Ed. J. Mahoney, and D. Rueschemeyer. Cambridge: Cambridge University Press, 2003.

---. "Increasing Returns, Path Dependence, and the Study of Politics." *American Political Science Review* 94.2(2000): 251- 267.

---. "Coping with Permanent Austerity. Welfare State Restructuring in Affluent Democracies." *The New Politics of the Welfare State*. Ed. P. Pierson. Oxford: Oxford University Press, 1996

---. *Dismantling the Welfare State. Reagan, Thatcher and the Politics of Retrenchment*. Cambridge, UK: Cambridge University Press, 1994.

Pitters, S. "Long-term Care Facilities." *Continuing the Care: The Issues and Challenges for Long-Term Care*. Eds. M. Stephenson, and E. Sawyer. Ottawa: CHA Press, 2002.

Plamondon, B. *Full Circle: Death and Resurrection in Canadian Conservative Politics*. Key Porter Books, 2006.

Plantega, J. "Local Providers and Loyal Parents: Competition and Consumer Choice in the Dutch Child Care Sector." Paper prepared for Social Policy Association Conference, Lincoln University, 5-7 Jul., 2010.

PLS. Utvärdering av konkurrensutsättning inom Stockholms stad. Stockholm: PLS Ramboll Management, 2001.

Plummer, K. "The Square of Innate Citizenship: Some Preliminary Proposals." *Citizenship Studies* 5.3(2001): 237-53.

Poland, B., C. Coburn, A. Robertson, and J. Eakin. "Wealth, Equity and Home Care: A Critique of the 'Population Health' Perspective on the Determinants of Health." *Social Science & Medicine* 46.7(1998): 785-798.

Pollack, S. "Creating Submissive Subjects: Lone Mothers and Social Assistance Regimes in Canada." *Benefits* 17.3(2009): 225-235.

Pool, G. Interview with Gabrielle Betts (19 Aug., 2011).

Pollitt, C., and G. Boucaert. *Public Management Reform – A Comparative Analysis*. Oxford University Press: Oxford, 2000.

Pollock A.M. *NHS plc*. London: Verso, 2004.

Polanyi, K. *The Great Transformation*. Boston, MA. Beacon Press, 2001.

---. *The Great Transformation: The Political and Economic Origins of Our Time*. Boston: Beacon Press, 1957.

Porter, A. *Gendered States: Women, Unemployment Insurance, and the Political Economy of the Welfare State in Canada, 1945-1997*. Toronto: University of Toronto Press, 2003.

Poulschock, S.W., and G. T. Deimling. "Families Caring for Elders in Residence: Issues in the Measurement of Burden." *Journal of Gerontology* 39.2(1984): 230-39.

Powell, M., and G. Boyne. "The Spatial Strategy of Equality and the Spatial Division of Welfare." *Social Policy and Administration* 35.2(2001):181-94.

Premfors, R. "The Swedish Model and Public Sector Reforms." *Understanding the Swedish Model*. Ed. J.E. Lane. London: Frank Cass, 1993.

Prince, M. J. "From Health and Welfare to Stealth Farewell: Federal Social Policy, 1980-2000." *How Ottawa Spends, 1999-2000: Shape Shifting – Canadian Governance Toward the 21st Century*. Ed. L. A. Pal. Don Mills, ON: Oxford University Press, 1999.

Prizzia, R. "Privatization and Social Responsibility: A Critical Evaluation of Economic Performance." *International Journal of Public Sector Management* 14.6(2001): 450e464.

Progressive Conservative Alberta. "Statement of Principles". Available at: <http://www.albertapc.ab.ca/admin/contentx/default.cfm?PageId=9380> [Accessed 12 Nov. 12, 2010), 2010.

Prop 2008/09: 29. Lag om Valfrihetssystem.

Q

Quadagno, J. "Women's Access to Pensions and the Structure of Eligibility Rules: Systems of Production and Reproduction." *The Sociological Quarterly* 29.4(1998): 541-558.

Quadagno, J. and M.H. Meyer. "Gender and Public Policy." *Generations* 14.3(1990): 64-66.

Qureshi, H., and A. Walker. *The Caring Relationship: Elderly People and Their Families*. London: MacMillan Education Ltd., 1989.

Qvarsell, R. "Välgörenhet, Filantropi Och Frivilligt Socialt arbete. En Historisk översikt." I: SOU 1993:82. Frivilligt socialt arbete. Stockholm: Fritzes förlag.

R

Radice, G., and L. Radice. *Socialists in the Recession: The Search for Solidarity*. Macmillan, 1986.

Radowski, W., M. Julius, and T. Hickey. "Daily Symptoms and Behavioral Responses." *Medical Care* 26(1988): 278-295.

Ragan, C. "Canada's Looming Fiscal Squeeze: The Oldest Babyboomers Reach 65 This Year." A MacDonald-Laurier Institute Publication (Nov.), 2011.

Rainwater, L, M. Rein, J. Schwartz. *Income Packaging in the Welfare State: A comparative Study of Family Income*. Clarendon Press, Oxford, 1986.

Rajan, S. I., C. Risseuw, and M. Perera. "Care of the Aged in Asia and Europe." *Institutional Provisions and Care for the Aged: Perspectives From Asia and Europe*. Eds. S. Rajan, C. Risseuw, and M. Perera. London, New York, and Delhi: Anthem Press, 2008.

Rankin, S. "Gender, Age and Caregiving: Mediators of Cardiovascular Illness and Recovery." (Unpublished doctoral dissertation). Department of Family Healthcare Nursing. University of California school of Nursing. San Francisco, 1988.

Rauch, D. "Is There Really a Scandinavian Social Service Model?" *Acta Sociologica* 50.3(2007): 249-269.

Razavi, Shahra. "The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options." United Nations Research Institute for Social Development, 2007.

Rönnbäck, E. "Att Bedöma Behov Och Fatta Beslut om Bistånd [Assessing Needs and Deciding on Assistance]." *Förhållningssätt Och Möten – Om Arbetsmetoder I Social Omsorg [Attitudes and Encounters – On Working Methods in Social Care]*. Ed. T. Strandberg. Lund: Studentlitteratur, 2010.

Rauch, D. "Central Versus Local Service Regulation: Accounting for Diverging Old-Age Care Developments in Sweden and Denmark, 1980-2000." *Social Policy & Administration* 42.3(2008): 267-87.

. "Is There Really a Scandinavian Social Service Model? A Comparison of Childcare and Elderly Care in Six European Countries," *Acta Sociologica* 50.3(2007): 249-269.

---. *Institutional Fragmentation and Social Service Variations. A Scandinavian Comparison*. (PhD Thesis). Umeå University, Department of Sociology, 2005.

Razavi, S. "The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options." United Nations Research Institute for Social Development: Gender and Development Programme Paper No. 3 (Jun.), 2007.

Regeringens proposition 2006/07: 94. *Skattelättnader för Hushållstjänster, m.m. [Governmental Proposal for Tax Deduction for Household Services, etc.]*, 4 Apr. 2007. Finansdepartementet, Stockholm, 2007.

Reichwein, B. P. "Alberta's Long-Term Care Services Are in Crisis: Government's Relentless Pursuit to Privatize Long-Term Care." *Healthcare Papers* 10.4(2011): 51-56.

---. *Benchmarks in Alberta's Public Welfare Services: History Rooted in Benevolence, Harshness, Punitiveness and Stinginess*. Alberta College of Social Workers, 2003.

Reiger, K. "Reconceiving Citizenship: The Challenge of Mothers as Political Activists." *Feminist Theory* 1.3(2000): 309-27.

Reynolds, J. L. *Prognosis: The Current State and Shaky Future of Canada's Health System*. Toronto: Penguin Canada, 2008.

Rice, J.J., and M.J. Prince. *Changing Politics of Canadian Social Policy*. Toronto: University of Toronto Press, 2000.

Rich, A. *Of Women Born: Motherhood as Experience and Institution*. New York: Norton, 1976.

Richardson, D. *Women, Motherhood and Childrearing*. Baringstoke: Macmillan, 1993.

Ridzi, F. *Selling Welfare Reform: Work-First and the New Common Sense of Employment*. New York University Press, 2009.

Rifkin, J. *The Age of Access*. Harmondsworth: Penguin, 2000.

Riksrevisionen. *Statens Styrning Av Kvalitet I Privat äldreomsorg*. Stockholm: Swedish National Audit Office, 2008.

Rimlinger, G. *Welfare Policy and Industrialization in Europe, America, and Russia*. New York: John Wiley & Sons, 1971.

Rimmer, L. "The Economics of Work and Caring." *A Labour of Love: Women, Work and Caring*. Eds. J. Finch, and D. Groves. London: Routledge and Kegan Paul, 1983.

Robinson, F. "Decolonizing International Political Theory: Emotional Imperialism and the Paradox of Value in Globalized Care." Paper prepared for the annual conference of the Canadian Political Science Association that was held in Edmonton, Alberta, Jun. 2012.

---. *The Ethics of Care: A Feminist Approach to Human Security*. Philadelphia, Pennsylvania: Temple University Press, 2011a.

---. "Care Ethics and the Transnationalization of Care: Reflections on Autonomy, Hegemonic Masculinities, and Globalization." *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*. Eds. R. Mahon, and F. Robinson. Vancouver: UBC Press, 2011b.

---. *Globalizing Care: Ethics, Feminist Theory, and International Relations*. Boulder, CO: Westview Press, 1999.

Rodgers, D.T. *Atlantic Crossings. Social Politics in a Progressive Age*. Cambridge, MA: Belknap Press of Harvard University Press, 1998.

Roestgaard, T., and C. Thorgaard. *God Kvalitet i Aeldreplejen*. SFI, 2007.

Roine, J., and D. Waldenström. "The Evolution of Top Incomes in an Egalitarian Society: Sweden, 1903-2004." *Journal of Public Economics* 92.1-2(2008): 366-387.

Rollén, B., and M. O. Wikman. *Vi Vill Inte Bli Gamla Som äldreomsorgen se ut Idag [We Don't Want to Get Old, The Way Elder Care Looks Today]*. SNS Förlag, Stockholm, 2008.

Romanov, R. "Building on Values: The Future of Health-care in Canada – Final Report." ON: The Royal Commission on the Future of Health-care in Canada, 2002.

Rönnbäck, E. "Att Bedöma Behov Och Fatta Beslut om Bistånd [Assessing Needs and Deciding on Assistance]." *Förhållningssätt Och Möten – Om Arbetsmetoder i Social Omsorg [Attitudes and Encounters – On Working Methods in Social Care]*. Ed. T. Strandberg. Lund: Studentlitteratur, 2010.

Rønning, R. *Omsorg Som Vare? Kampen om Omsorgens Sjel i Norske Kommuner*. Oslo: Gyldendal Akademisk, 2004.

Rooney, P. "A Different Different Voice: On the Feminist Challenge in Moral Theory." *The Philosophical Forum* 22.4(1991): 335-361.

Roos, J. M. *Quality of Personal Assistance. Shaped by Governments, Markets and Corporations* (PhD thesis). University of Gothenburg, Department of Psychology, 2009.

Rosenthal, C. "Have Current Changes and Challenges Been 'Oversold'?" *The Overselling of Population Aging*. Eds. Gee, E. and M. Gutman. Oxford University Press, Canada, 2000.

Rosko M.D., J.A. Chilingerian, J.S. Zinn, and W.E. Aaronson. "The Effects of Ownership, Operating Environment, and Strategic Choices on Nursing Home Efficiency." *Medical Care* 33(1995): 1001-21.

Ross, C. "The Division of Labour at Home." *Social Forces* 65(1987): 816-833.

Ross, M., A. Carswell, and W. Dalziel. "Staff Burnout in Long- Term Care Facilities." *Geriatrics Today* 5.3(2002): 132-135.

Rostgaard, T., and M. Zechner. "Guest Editorial: Shifting Boundaries of Eldre Care: Changing Roles and Responsibilities." *European Journal of Ageing* 9.97(2012): 97-99.

Rothstein, B. *Just Institutions Matter: The Moral and Political Logic of the Universal Welfare State*. New York: Cambridge University Press, 1998.

---. *Vad Bör Staten Göra?* Stockholm: SNS Förlag, 1994.

---. *Den Korporativa Staten: Intresseorganisationer Och Statsförvaltning I Svensk Politik*. Stockholm: Norstedts juridik, 1992.

Ruddick, S. *Maternal Thinking: Towards a Politics of Peace*. Random House of Canada Limited: Toronto, 1989.

---. "Maternal Thinking." *Feminist Studies* 6.2(1980): 342-67.

Ryan, W. *Blaming the Victim*. New York: Vintage, 1971.

S

Sainsbury, D. (ed.). *Gender and Welfare State Regimes*. Oxford: Oxford University Press, 1999.

---. *Gender, Equality and Welfare States*. Cambridge: Cambridge University Press, 1996.

---. Ed. *Gendering Welfare States*. London: Sage, 1994.

---. "The Scandinavian Model and Women's Interests: The Issues of Universalism and Corporatism." *Scandinavian Political Studies* 11.4(1988): 337-346.

Saito, Y., R. A. Auestad, and K. Waerness. Eds. *Meeting the Challenges of Elder Care: Japan and Norway*. Trans Pacific Press, 2010.

Salamon, L M. Ed. *The State of the Non-Profit America*. Brookings Institution Press, Washington, 2002.

---. "The Marketization of Welfare: Changing Nonprofit and For-Profit Roles in the American Welfare State." *Social Service Review* 67.1(1993): 16-39.

Salamon, L. M., and H. K. Anheier. "The Social Origins of Civil Society: Explaining the Nonprofit Sector Cross-nationally." *Voluntas*, 1998.

Sand, A.-B. Interview with Gabrielle Betts on 9 May, 2011.

---. *Combining Paid Work and Care*. Knowledge Overview 2010:1 Swedish Family Care Competence Centre/Focus Kalmar County, 2010.

---. "Forändrad Tillämpning av Offentlig Aldreomsorg – ett hot mot Målsättningen om Demokrati och Jämställdhet" ["Changes in Public Elder-Care – A Threat Towards Democracy and Equality"], *Socialvetenskaplig Tidskrift* 3/4 (2004): 293-309.

Saraceno, C. "Reply: Citizenship is Context-Specific." *International Labour and Working-Class History* 52(1997): 27-34.

Sarti, R. "The Globalization of Domestic Service: A Historical Perspective." *Migration and Domestic Work: A European Perspective on a Global Theme*. Ed. H. Lutz. Aldershot: Ashgate, 2008.

Sasson, A.S. "Comment on Jane Lewis: Gender and Welfare Regimes: Further Thoughts." *Social Politics* (Summer 1997): 178-181.

---. *Women and the State*. London: Hutchinson, 1987.

Sato, E. "Long-term Care insurance in Germany: Analyzing its Progress From the Perspective of Economic Indicators." *Journal of Public Health* 1(2006): 7-14.

Savas, E. *Privatization: The Key to Better Government*. New Jersey: Chatham House, 1987.

---. "Privatization and Public-Private Partnerships." New York: Chatman House Publishers, 2000.

---. *Privatization in the City: Successes, Failures, Lessons*. Washington DC: CQ Press, 2005.

Savla, J., A. Davey, G. Sundström, S.H. Zarit, and B. Malmberg. "Home Help Services in Sweden: Responsiveness to Changing Demographics and Needs." *European Journal of Ageing* 5(2008): 47-55.

Schalm, C. Interview with Gabrielle Betts, Feb. 2013.

Scharlach, A., and S. Boyd. "Caregiving and Employment: Results of an Employee Survey." *The Gerontologist* 27(1989): 627-631.

Scharpf, F. "The European Social Model: Coping With the Challenges of Diversity." *Journal of Common Market Studies* 40.4(2002): 645-70.

Schartau, M-B. *The Public Sector Middle Manager: The Puppet Who Pulls the Strings*. (Dissertation). Lund, Wi, 1993.

Schmid, H. "Rethinking the Policy of Contracting out Social Services to Nongovernmental Organizations. Lessons and Dilemmas." *Public Management Review* 5.3(2003): 307e323.

Schmidt, V. A. "Values and Discourse in the Politics of Adjustment." *Work and Welfare in the Open Economy*. Eds. F.W. Scharpf, and V.A. Schmidt. Oxford: Oxford University Press, 2000.

Schön, D. A. *The Reflective Practitioner. How professionals Think in Action*. Aldershot: Arena, 1983.

Schultz, J. *The Economics of Aging* (4th edition). Belmont, Ca: Wadsworth, 1988.

Schultz, R., and S. Beach. "Caregiving as a Risk Factor for Mortality: The Caregiver Health Effects Study." *JAMA: Journal of the American Medical Association* 282.23(1999): 2215-19.

Scott, A. J. "Capitalism, Cities and the Production of Symbolic Forms." *Transactions of the Institute of British Geographers* NS 26(2001): 11-23.

Scott, C.M., T. Horne, and W.E. Thurston. "The Differential Impact of Healthcare Privatization on Women in Alberta." *Exposing Privatization: Women and Healthcare Reform in Canada*. Eds. P. Armstrong et al. Garamond Press: Aurora, Ontario, 2002.

Scourfield, P. "Are There Reasons to be Worried About 'Caretelization' of Residential Care?" *Critical Social Policy* 27.2(2007): 155-80.

Self, P. *Government by the Market? The Politics of Public Choice*. London: Maximillian Press, 1990.

Sellers, J.M., and A. Lidstrom. "Decentralization, Local Governmnet, and the Welfare State." *Governance: An International Journal of Policy, Administration, and Institutions*, 20.4(2007):609-32.

Seniors and Community Supports. Available online at:
http://www.seniors.alberta.ca/about_ministry/ministry_overview/ [Accessed 15 Nov., 2010], 2010.

Sessions, S.Y., and A.S. Detsky. "Washington, Ottawa, and Healthcare Reform: A Tale of 2 Capitals." *Journal of the American Medical Association* 303. 20(2010).

Settersten, R., and M. Trauten. "On Time and Ties: Why the Life Course Matters for Old Age Policies." *The New Politics of Old Age Policy: Second Edition*. Ed. R. Hudson. Baltimore: The Johns Hopkins University Press, 2010.

Sevenhuijsen, S. *Citizenship and the Ethics of Care: Feminist Considerations on Justice, Morality, and Politics*. London; New York: Routledge, 1998.

Shapiro E. "Market Forces and Vulnerable Elderly People: Who Cares?" *Canadian Medical Association Journal* 159.2(1998): 151-2.

Shaver, S. "Considerations of Mere Logic: The Australian Age Pension and the Politics of Means Testing." *States, Labor Markets and the Future of Old-Age Policy*. Eds. J. Myles, and J. Quadagno. Philadelphia: Temple University Press, 1991.

Shutes, I., and C. Chiatti. "Migrant Labour and the Marketization of Care for Older People: The Employment of Migrant Care Workers by Families and Service Providers." *European Journal of Social Policy* 22.392(2012).

Sibbald, B, J. Shen, and A. McBride. "Changing the Skill Mix in the Healthcare Workforce." *Journal of Health Services Research and Policy* 9(2004): 28-38.

Sidel, R. *Women and Children Last: The Plight of Poor Women in Affluent America*. New York: Viking, 1986.

Siim, B. *Gender and Citizenship*. Cambridge: Cambridge University Press, 2000.

---. "Gender, Citizenship and Empowerment." *Capitalism and Social Cohesion*. Eds. I. Gough, and G. Olofsson. Basingstoke: Macmillan, 1999.

---. "Engendering Democracy: Social Citizenship and Political Participation for Women in Scandinavia." *Social Politics* 1.3(1994): 286-305.

---. "The Scandinavian Welfare States – Towards Sexual Equality or a New Kind of Male Domination?" *Acta Sociologica* 30.3/4(1987): 255-270.

Siim, B., and H. Skjeie. "The Scandinavian Model of Citizenship and Feminist Debates." *Lineages of European Citizenship: Rights, Belonging and Participation in Eleven Nation States*. Eds. R. Bellamy, D. Castiglione, and E. Santoro. Basingstoke and New York: Palgrave Macmillan, 2004.

Silvers, A. "Reconciling Equality to Difference: Caring For Justice for People With Disabilities." *Feminist Ethics and Social Policy*. Eds. P. DiQuinzio, and I.M. Young. Bloomington and Indianapolis: Indiana University Press, 1997.

Simmons, H. *Unbalanced Mental Health Policy in Ontario, 1930-1989*. Toronto: Wall & Thompson, 1990.

Sinnema, J. "I Need Help and I Can't Get Any." *The Edmonton Journal* (25 Sept., 2009), 2009a.

---. "Hospitals Poised for Funding Change." *The Edmonton Journal* (14 Nov., 2009), 2009b.

---. "Long-term Care Demand Rising: Freeze on Number of Beds Expected to Add Pressure." *The Edmonton Journal*. (11 Dec., 2009), 2009c.

---. "Gov't Wants Homelike Places for Seniors." *The Edmonton Journal*. (24 Sept., 2009), 2009d.

Sipilä, J. Ed. *Social Care Services: The Key to the Scandinavian Welfare Model*. Aldershot: Avebury, 1997.

Sipilä, J., M. Andersson, S.-E. Hammarqvist, L. Nordlander, P.-L. Rauhala, K. Thomsen, and H. Warming Nielsen. "A Multitude of Universal, Public Services: How and Why Did Four

Scandinavian Countries Get Their Social Service Model?" *Social Care Services: The Key to Scandinavian Welfare Model*. Ed. J. Sipilä. Aldershot: Avebury, 1997.

Skoglund, A.-M. *Fattigvarden Pa Den Svenska Landsbygden ar 1829 [Poor Relief in Rural Sweden, 1829]* (Dissertation). Stockholm, Sweden: Stockholm University, Department of Social Work, 1992.

Sköld, J., and H. Heggemann. "RUT Vanligast Efter 85 [Tax Deductions for Household Services Most Common Among 85+]." *Välfärd*, 1(2011):3-5. Stockholm, Statistics Sweden.

Sneider, L. Interview with Gabrielle Betts on 31 Aug., 2011.

Socialdemokraterna. *90-Talsprogrammet – En Debattbok Om Arbetarrörelsens Viktigaste Frågor Under 90-Talet*. Stockholm: Tidens förlag, 1989.

Social Democrats. *Investera I Vår Välfärd: Välfärdsrådslagets Rapport Till Socialdemokratiska Partistyrelsen [Invest in our Welfare: Report of the Welfare Consultation Group to the Social Democratic Party Board]*. Available online: http://www.socialdemokraterna.se/upload/Radslag/Valfard/Rapporter/investera_i_var_valfard.pdf [Accessed 23 Apr. 2009], 2008.

Socialstyrelsen. *Äldre och personer med funktionsnedsättning – regiform år 2011 – Vissa kommunala insatser enligt socialtjänstlagen [Older and disabled persons – management forms for assistance according to the Social Service Act 2011]*. Rethinking care, gender inequality and policies, 2012.

---. Healthcare Report 2009, 2010.

---. *Äldre Och Personer Med Funktionsnedsättning – Regiform m.m. För Vissa Insatser år 2008*. Statistik – Socialtjänst, 2009a.

---. *Vård Och Omsorg Om äldre. Lägesrapporter 2008*, 2009b.

---. *Nationell Brukarundersökning Inom Vården och Omsorgen om äldre 2008 [National Study of Users of Elder Care 2008]*, April, 2009c.

---. *Vård Och Omsorg Om äldre. Lägesbeskrivning 2008*, 2009d.

---. *Developments In the Care for the Elderly in Sweden, 2007*, 2008a.

---. *Stimulansbidrag LOV. Delrapport december 2008*, 2008b.

---. *Äldre – Vård Och Omsorg år 2007*. Statistik, Socialtjänst 2008, 2008c.

---. *Vård Och Omsorg om äldre. Lägesrapport 2006*, 2007.

---. *Äldre – Vård Och Omsorg år 2004 – Kommunala Insatser Enligt Socialtjänstlagen Samt Hälso- Och Sjukvårdslagen*, 2005.

---. *Konkurrensutsättningen Inom äldreomsorgen*, 2004.

---. *Konkurrensutsättning Och Entreprenader Inom äldreomsorgen. Utvecklingsläget 2003*, 2003.

---. *Från Beslut Till Praktik I Hemtjänsten*. Stockholm: Socialstyrelsen, 2000.

Söderström, L., F. Andersson, P.G. Edebalk, and A. Kruse. *Privatiseringens Geanser. Perspektiv på velfärdspolitiken*. Stockholm: SNS Förlag, 2001.

Söderström, L., A. Björklund, P.G. Edebalk, and A. Kruse. *Från Dagis Till Servicehus: Velfärdspolitik i Livets Olika Skeden. Rapport från 1999 års Velfärdspolitiska Råd*, Stockholm: SNS Förlag, 1999.

Sokoloff, N. *Between Men and Love. The Dialectics of Women's Home and Market Work*. New York, Praeger, 1980.

SOU. *The Long-Term Survey of the Swedish Economy 2008* (English translation). Stockholm: Fritzes, 2008:105.

---. *Vård Med Omsorg – Möjligheter Och Hinder*. Stockholm: Fritzes Förslag. Statistics Sweden's Business Register 2010, 2007:37.

---. "Forskarrapporter till Jämställdhetspolitiska utredningen". Stockholm: Fritzes kundtjänst, 2005:66.

---. *The Long-Term Survey of the Swedish Economy 2003/04*, English translation, Fritzes, Stockholm. Available online at: <http://www.regeringen.se/sb/d/574/a/29497> (Accessed April 2, 2009), 2004:19.

---. *Velfärdstjänster i Omvandling*. Stockholm: Fritzes Förlag, SOU 2001:52.

---. *The Long-Term Survey of the Swedish Economy 1999/2000*. (English translation). Fritzes, Stockholm, SOU 2000:5.

---. *Frivilligt Socialt Arbete*. Stockholm: Fritzes förlag, SOU 1993:82.

---. *Konkurrensen Inom Den Kommunala Sektorn. [Competition in the municipal sector]*. Stockholm: Allmänna Förlaget, SOU 1991:104.

---. *Utredning Och Förslag Angående Socialvaordens Organisation mm*. Stockholm: SOU, SOU. 1942.

Special Senate Committee on Aging. "Canada's Aging Population: Seizing the Opportunity." *Special Senate Committee on Aging Final Report*. Apr. 2009.

Spelman, E.V. *Inessential Woman. Problems of Exclusion in Feminist Thought*. Boston: Beacon Press, 1989.

Spila, J., A. Anttonen, and J. Baldock. "The Importance of Social Care." *The Young, the Old, and the State: Social Care Systems in Five Industrial Nations*. Eds. A. Anttonen, J. Baldock, and J. Sipilä. USA: Edward Elgar Publishing, Inc., 2003.

Stacey, M. "Who are the Health Workers? Patients and Other Unpaid Workers in Healthcare." *Economic and Industrial Democracy* 5(1984): 157-184.

---. "The Division of Labour Revisited or Overcoming the Two Adams: The Special Problem of People Work." *Practice and Progress: British Sociology, 1950-1980*. Eds. P. Abrams, R. Deen, J. Finch, and P. Rock. London: George Allen and Unwin, 1980.

STAKES. *Care and Services for Older People*. Helsinki: STAKES (National Research and Development Centre for Welfare and Health), 2007.

Statistics Canada. "Population and dwelling counts, for Canada, provinces and territories, 2011 and 2006 censuses." Available at: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/hlt-fst/pd-pl/Table-Tableau.cfm?LANG=Eng&T=101&S=50&O=A> [Accessed 8 Apr., 2013], 2011.

---. Statistics Canada. Demographic Reports, *Population Projections for Canada, Provinces and Territories 2009 to 2036*. Catalogue no. 91-520-X, 2010.

---. "The Alberta economic Juggernaut: The boom on the rise" (PDF). Archived from [the original](#) on 2009-03-26. Available at: <http://web.archive.org/web/20090326023337/http://www.statcan.gc.ca/ads-annonces/11-010-x/pdf/6000725-eng.pdf>. [Accessed 2 Feb., 2007], 2006.

---. "Population Projections for Canada, Provinces and Territories." Ottawa: Minister of Industry, 2005.

---. *Women in Canada: Work Chapter Updates 2003, 2004*.

---. *Women in Canada*. Table 1.8, 21, 1985.

Statistics Sweden. "Preliminary Population Statistics, by month, 2006–2012". 2012.

---. "The Swedish Occupational Register" (Press release). Available at: http://www.scb.se/Pages/PressRelease_309102.aspx, 2011.

---. *Yrkesregistret Med Yrkesstatistik [Occupational Statistics]*. Available at: <http://www.ssd.scb.se/databaser/makro/Produkt.asp?produktid=AM0208> [Accessed 25 Nov. 25, 2010], 2010.

---. *Income Distribution 2007: Incomes Increase Like Never Before [Inkomstfördelningar 2007: Inkomsterna Steg Som Aldrig Förr]* (Press release and associated tables). Available at: http://www.scb.se/Pages/PressRelease_263704.aspx and http://www.scb.se/Pages/TableAndChart_163544.aspx [Accessed 29 Dec., 2009], 2009.

---. *Women and Men in Sweden. Facts and Figures 2008*, 2008.

---. Demographic Reports, *The Future Population of Sweden 2006-2050*, 2008a.

---. *Residential Care Facilities 2005/2006*, 2007.

---. *Statistisk Årsbok 1996 [Statistical Yearbook 1996]*. Stockholm, Sweden: Statistics Sweden, 1997.

Steger, M.B., and R. K. Roy. *Neoliberalism: A Very Short Introduction*. Oxford: Oxford University Press, 2010.

Stein, J.G. *The Cult of Efficiency*. Anansi, Toronto, Ontario, 2002.

Steinmo, S. "Social Democracy vs. Socialism: Goal Adaptation in Social Democratic Sweden." *Politics and Society* 16.4(1988): 419.

Stephens, J. "The Scandinavian Welfare States: Achievements, Crisis, and Prospects." *Welfare States in Transition: National Adaptations in the Global Economy*. Ed. G. Esping-Andersen. London: Sage, 1996.

Stiernstedt, G. Interview with Gabrielle Betts on 2 May, 2011.

Stobert, S., and K. Cranswick. "Looking After Seniors: Who Does What for Whom?" *Canadian Social Trends* Autumn (2008): 1-5.

Stockholm Stad Elder Care Department. "For Those Who are Caring for a Relative or a Close Friend." 2011.

Stoller, E. "Gender and the Organization of Long-Term Care: A Socialist-Feminist Perspective." *Journal of Aging Studies* 7.2(1993): 151-70.

---. "Males as Helpers: The Role of Sons, Relatives and Friends." *The Gerontologist* 30(1990): 228-235.

---. "Parental Caregiving by Adult Children." *Journal of Marriage and the Family* 45(1983): 851-858.

Stoller, E., K. Pugliesi, and M. Gilbert. "Support Networks of the Rural Elderly: A Panel Study." *Technical Report to National Institute on Aging*. 1998.

Stoller, E., and L. Forster. "Patterns of Illness Behavior Among the Elderly: Preliminary Results of a Health Diary Study." *Journal of Rural Health* 8(1992): 13-26.

Stolt, R., P. Blomqvist, and U. Winblad. "Privitization of Social Services: Quality Differences in Swedish Elderly Care." *Social Science and Medicine* 72.4(2011): 560-7.

Stolt, R., and P. Jansson. *Den Privata äldreomsorgsmarknaden – Etablering, Utveckling Och Konkurrens*. Kandidatuppsats. Företagsekonomiska Institutionen, Stockholms Universitet, 2006.

Stolt, R., and U. Winblad. "Mechanisms Behind Privatization: A Case Study of Private Growth in Swedish Elderly Care." *Social Science & Medicine* 68.5(2009): 903-911.

Stolt R, P. Blomqvist, and U. Winblad. 2010. "Privatization of Social Services: Quality Differences in Swedish Elderly Care." *Social Science & Medicine*.

Stone, D. 2000. "Caring by the Book." *Gender, Labour, and the Welfare State*. In Ed. Madonna Harrington Meyer. London: Routledge, 2000.

Stone, R. *Political Paradox: The Art of Political Decision Making*. W. W. Norton, New York, 1997.

Stone, R., G. Cafferata, and J. Sangl. "Caregivers of the Frail Elderly: A National Profile." *The Gerontologist* 27(1987): 616-626.

Storrier, R. "Long-term Care Facilities to Adjust Accommodation Fees to Reflect Increasing Operating Costs." *Backgrounder* (19 Oct., 2010), 2010.

Strawbridge, W. J., and M. I. Wallhagen. "Is All In The Family Always Best?" *Journal of Aging Studies* 6.1(1992): 81-92.

Streeck, W., and K. Thelen. "Introduction: Institutional Change in Advanced Political Economies." *Beyond Continuity: Institutional Change in Advanced Political Economies*. In Eds. Streeck, W. and K. Thelen. USA: Oxford University Press, 2005.

Struthers, J. "'No Place Like Home': Gender, Family, and the Politics of Home Care in Post-World War II Ontario." 2003.

Styrborn, K. *Geriatric Decision-Making: A Study of Medical and Organizational Aspects of Discharge Planning* (Dissertation). Uppsala, Sweden: Uppsala University, Faculty of Medicine, 1994.

Styrborn, K., and M. Thorslund M. “‘Bed-Blockers’: Delayed Discharge of Hospital Patients in a Nationwide Perspective in Sweden.” *Health Policy* 23(1993): 155-70.

Sundström, G. “Nedskärningar av Svensk Aldreomsorg: Misär För De Äldre [Cut-backs in the Swedish Old-age Care: Destitution for the Elderly]?” *Omsorgens Förvitring? Antologi Om Velfärdspolitiska Utfordringar [The Erosion of Care? An Anthology About Welfare Policy Demands]*. Eds. K. Christensen, and L.J. Syltevik. Bergen: Fagbokforlaget, 1999.

---. “Rättvis Aldreomsorg: Är Ransonering Svaret [A Fair Distribution of Old-Age Care: Is Rationing the Answer]?” *Aldrepolitik i Förändring [Eldercare Policy in Transition]?* Eds. K. Jennbert, and R. Lagercrantz. Valfärdsprojektet 9. Ministry of Health and Social Affairs, Stockholm, 1997.

---. *De Gamla, Deras Anhöriga och Hemtjänsten [The Very Old People, Their Next of Kin, and Home Help Services]*. Rapport I Socialt Arbete 22. Stockholm, Sweden: Stockholm University, Department of Social Work, 1984.

Sundström, G., L. Johansson, and L. B. Hassing. “The Shifting Balance of Long-Term Care in Sweden.” *The Gerontologist* 42.3(2002): 350-355.

Sundström, G., and M. Thorslund. Sweden: Ideals and Realities of Old-Age Care in the Welfare State. *Eldercare, Distributive Justice, and the Welfare State. Retrenchment or Expansion*. Eds. D. G. Gill, and S. R. Ingman. State University of New York Press, Albany, 1994.

Sunesson, S. “The Flight From Universalism.” *European Journal of Social Work* 1.1(1998):19-29.

---. *Att Sprang Fattigvardsskalet [To Break Through the Poor Relief Shell]*. In FORSA. *Scenförändring [Change of scenery]*. Lund, Sweden: Meddelandedn från Socialhögskolan 1990:2.

Sus, R. Interview with Gabrielle Betts, Feb. 2013. Provided government document titled: “Continuing Care Beds (Alberta Health Services) in Alberta”.

Sussman, M. “The Family Life of Old People.” *Handbook of Aging and the Social Sciences*. Eds. R. Bintock, and E. Shanas. New York: Van Nostrand Reinhold, 1976.

Suzuki, K. EIJS Working Paper Series - Marketization of Elderly Care in Sweden Volume 137, 2003.

Svallfors, S. “Välfärdsstatens legitimitet: Åsikter om Svensk Välfärdspolitik I Komparativ Belysning [The Welfare State’s Legitimacy: Opinions on Social Policy in Comparative Perspective].” In SCB, *Välfärd och ofärd på 90-talet* Living Conditions Report no. 100, SCB, 2003.

---. "Political Trust and Attitudes Towards Redistribution." *European Societies* 1.2(1999a): 241-68.

---. "The Middle Class and Welfare State Retrenchment: Attitudes to Swedish Welfare Policies." *The End of the Welfare State? Responses to State Retrenchment*. Eds. S. Svallfors and P. Taylor-Gooby. Routledge, London, 1999b.

---. *Vem Älskar Velfärdsstaten?* Lund: Arkiv, 1992.

Svensson, M., and P. G. Edebalk. *Kundval i äldreomsorgen - Stärks Brukarens Ställning I ett Valfrihetssystem?* [Customer Choice in Eldercare – Is the User's Position Strengthened in a Choice Model?] Stockholm, SALAR, 2010.

Svensson, T. "Globalization, Marketization and Power – the Swedish Case of Institutional Change." Paper for the Symposium, *East Asia-Europe-USA Progressive Scholars' Forum 2003*, 11-15 Oct., 2003.

Sveriges Riksbanken. *Yttrande över Långtidsutredningens Betänkande [Comments on the Long Term Survey for 2003/04]*. Available at: <http://www.riksbank.se/pagefolders/15913/langtidsutredningen.pdf> [Accessed 23 Apr., 2009], 2009.

Sweden. <http://www.sweden.se/eng/Home/> . Accessed November 29, 2012.

Swedish Agency for Public Management. *Health Care, Schools and Social Care: Which Information do Users Need to be Able to Choose?*. Stockholm: Statskontoret, 2007.

Swedish Association of Local Authorities and Regions (SALAR). "Levels of Local Democracy in Sweden." Stockholm, Swedish Association of Local Authorities and Regions, 2011.

---. "Developments in Elderly Policy in Sweden." Stockholm, Swedish Association of Local Authorities and Regions, 2010.

---. *Developments in Elderly Policy in Sweden*. Stockholm, Swedish Association of Local Authorities and Regions, 2009.

---. *Handlingsplan för programmerad velfärdsfinansiering*. Available at: <http://www.skl.se/artikel.asp?C=6609&A=50201> [Accessed 30 Apr., 2009], 2007.

---. *Kommunernas Marknadsanvändning år 2001*. Stockholm, Swedish Association of Local Authorities and Regions, 2003.

Swedish Association of Local Authorities and Regions and Synovate. *Svenska Folket Om Finansiering av Velfärden*. Available at: www.kollega.se/files/0804111056045/Finansiering%20av%20velfärden%20tabeller.pdf [Accessed 2 May, 2009], 2008.

Swedish Competition Authority. *Konkurrensutsättning Inom Hemtjänsten Och Primärvården* [Competition in Home Care and Primary Health-Care]. Stockholm: Konkurrensverket, 2009.

Swedish Government. 2009. *Regeringens skr 2009/10:102* [Letter from the Government 2009/10:102].

Swedish Institute. *Local Government in Sweden: Fact Sheet*. Stockholm, Sweden: The Swedish Institute, 1999.

---. *The Care of the Elderly in Sweden: Fact Sheet*. Stockholm, Sweden: The Swedish Institute, 1996.

Swedish National Association of Local Authorities [Svenska Kommunförbundet]. *Kommunala Framtider – en Långtidsutredning om Behov Och Resurser Till år 2050*, 2002.

Swedish Social Insurance Agency. *Social Insurance in Figures 2009*. Stockholm: Swedish Social Insurance Agency, 2009.

Swenzen, C. Interview with Gabrielle Betts on 10 May, 2011.

Sykes, R. “Globalization and Social Policy.” *The Student’s Companion to Social Policy* (3rd edition). Eds. P. Alcock, M. May, and K. Rowlingson. Oxford: Blackwell, 2008.

Sykes, R., B. Palier, and P. M. Prior. *Globalization and European Welfare States*. Baringstoke: Palgrave, 2001.

Szebehely, M. “Insatser För äldre och Funktionshindrade i Privat Regi [Privately Provided Care Services for Older and Disabled Persons].” *Produktion av Vårldstjänster [Production of Welfare Services]*. Ed. L. Hartman. Stockholm: SNS - Centre for Business and Policy Studies, 2011.

---. Interview with Gabrielle Betts, May 2011.

---. “Which Way Will the Wind Blow? Pressures for Greater Marketization and Informalization Alongside Widespread Support for Public Services and Regulation.” *Swedish Country Report*, 2010.

---. “Are There Lessons to Learn From Sweden?” *A Place to Call Home: Long-Term Care in Canada*. Eds. P. Armstrong, M. Boscoe, B. Clow, K. Grant, M. Brockman, B. Jackson, A. Pederson, M. Seeley, and J. Springer. Halifax, Fernwood Publishing, 2009a.

---. “Omsorgsmönster Bland Kvinnor Och Män – Inte Bara en Fråga om Kön.” *Genus I Omsorgens Vardag*. Eds. E. Gunnarsson, and M. Szebehely. Stockholm: Gothia, 2009b.

- . "Informella Hjälpgivare." *Äldres Levnadsförhållanden*. Eds. J. Vogel, and L. Häll. Stockholm: SCB, 2006.
- . "Care as Employment and Welfare Provision – Child Care and Elder Care in Sweden at the Dawn of the 21st century." *Dilemmas of Care in the Nordic Welfare State*. Eds. H.M. Dahl, and T. Rask Eriksen. Aldershot, Ashgate, 2005.
- . Den Nordiska Hemtjänsten – Bakgrund och Omfattning. *Hemhjälp i Norden - Illustrationer och Reflektioner*. Ed. M. Szebehely. Lund: Studentlitteratur, 2003.
- . Äldreomsorg i Förändring — Knappare Resurser och Nya Organizationsformer [In Expert Commission A Balance Sheet for Welfare of the 1990s]. Vård, Velfärd och Omsorg, report 2000:38, Stockholm: Socialdepartementet, 2001.
- . "Äldreomsorg i Förändring – Knappare Resurser och nya Organisationsformer" ["Changes in Elder-care – Scarce Resources and new Organizational Forms"]. *Velfärd, Vård och Omsorg. Forskarantologi Fran Kommitten Valfardebokslutet [Welfare and Care. A Research Anthology From the Welfare Commission]*. Ed. Szebehely, M. Socialdepartementet, Stockholm, 2000.
- . "Concepts and trends in home care for frail elderly people in France and Sweden." *Comparing social welfare systems in Nordic Europe and France*. Paris: MIRE, 1999.
- . "Omsorgsarbetets Olika Former: Nya Klasskillnader Och Gamla Jonsmonster I Äldreomsorgen." *Sociologisk Forskning* 36.1(1999): 7-32.
- . "Changing Divisions of Carework. Caring for Children and Frail Elderly People in Sweden." *Gender, Social Care and Welfare State Restructuring in Europe*. Ed. J. Lewis. Aldershot: Ashgate, 1998a.
- . "Hjälp i Hemmet i Nedskärningstid – Hemtjänstens och Anhörigas Insatser för Gamla Kvinnor och Man [Home Help in Times of Cut-Backs – Formal and Informal Contribution to Old Women and Men]." *At Var Och en Efter Behov [To Everyone According to Need]*. Ed. A. M. Sandqvist. Stockholm: Commentus, 1998b.
- . *Vardagens Organisering. Om Vårdbiträden Och Gamla i Hemtjänsten* (PhD dissertation). Lund: Arkiv förlag, 1995.
- Szebehely, M., and G.-B. Trydegård. "Home Care in Sweden: A Universal Model in Transition." *Health and Social Care in the Community* 20.3(2012): 300-309.
- . "Home Based Care in Sweden: A Universal Model in Transition." 2010.
- . "Omsorgstjänster För äldre och Funktionshindrade: Skilda Villkor, Skilda Trender? [Services for Older and Disabled Persons: Different Trends, Different Conditions?]" *Socialvetenskaplig Tidskrift* 14.2–3 (2007): 197–219.

Szebehely, M., and P. Ulmanen. "Vård av Anhöriga – Ett Högt Pris för Kvinnor." *Välfär* 2(2008): 12-14.

Szebehely, M., and M. Vabø. "A Caring State For All Older People?" (Paper prepared for the Mid-term conference of NCoE Welfare REASSESS 2009). Oslo: 18-20 May, 2009.

T

Taft, K. *Democracy Derailed: The Breakdown of Government Accountability in Alberta and How to Get it Back on Track*. Red Deer Press: Alberta, 2007.

Taft, K., and G. Steward. *Clear Answers: The Economics and Politics of For-Profit Medicine*. Duval House Publishing, Edmonton, Alberta, 2000.

Tawney, R.H.. *Equality*. London: George Allen & Unwin, 1931/1964.

Taylor, M. *Health Insurance and Canadian Public Policy*. Montreal and Kingston: McGill-Queen's University Press, 1987.

Taylow, D., L. Aday, and R. Anderson. "A Social Indicator of Access to Medical Care." *Journal of Health and Social Behavior* 16(1975): 39-49.

Telenius, H. Interview with Gabrielle Betts on 26 May, 2011.

Thelen, K. *How Institutions Evolve: The Political Economy of Skills in Germany, Britain, the United States, and Japan*. New York: Cambridge University Press, 2004.

Thelen, K. "Historical Institutionalism in Comparative Politics." *Annual Review of Political Science* 2(1999): 369-404.

Therborn, G. *European Modernity and Beyond: The Trajectory of European Societies, 1945-2000*. London: Sage, 1996.

Thomas, C. "De-constructing Concepts of Care." *Sociology* 27.4(1993): 649-69.

Thompson, S., and P. Hogget. "Universalism, Selectivism and Particularism: Towards a Post." *Critical Social Policy* 16(1996): 21-42.

Thorsen, K. *Den Pressede Omsorgen. Kvaliteter i Hjemmehjelpstjenesten for Eldre i Lokal Kontekst*. Oslo: NOVA Rapport, 1998.

Thorslund, M. "Dagens och Morgondagens Vard och Omsorg" ["Today's and Tomorrow's Care of Older People"]. *Socialgerontologi [Social Gerontology]*. Ed. L. Andersson. Studentlitteratur, Lund, Sweden, 2002.

Thorslund, M., A. Bergmark, and M.G. Parker. "Difficult Decisions on Care and Services for Elderly People: The Dilemma of Setting Priorities in the Welfare State." *Scandinavian Journal of Social Welfare* 6(1997): 197-206.

Thorslund, M., C. Lennartsson, M. Parker, and O. Lundberg. "De Allra äldstas Hälsa Har Blivit Sämre [Health in the Oldest Old has Deteriorated]." *Läkartidningen* 101(2004): 1494-1499.

Thorslund, M., and M. Silverstein. "Care for Older Adults in the Welfare State: Theories, Policies, and Realities." *Handbook of the Theories of Aging*. Eds. V.L. Bengtson, D. Grans, N.M. Putney, and M. Silverstein. New York: Springer, 2009.

Tilton, T. *The Political Theory of Swedish Social Democracy: Through the Welfare State to Socialism*. Oxford: Clarendon Press, 1991.

Timbro. "Allmänheten är Mogen för Privat Finansiering – Hänger Politiken Med?" Available at: http://www.timbro.se/innehall/?content_type=1&content_id=7761 [Accessed 10 Feb 2009], 2009.

Tinker, A., C. McCreadie, F. Wright, and A. V. Salvage. *The Care of Frail Elderly People in the United Kingdom*. London: HMSO, 1994.

Titmuss, R.M. *Commitment to Welfare*. London: George Allen & Unwin, 1968.

Togeby, L. *Ens og forskellig. Groesrodsdeltegelse i Norden*. Aarhus: Politica, 1989.

Tong, R. *Feminist Thought. A Comprehensive Introduction*. Boulder: Westview Press, 1989.

Trifiletti, R. "The Gendered 'Rationalization' of Italian Social Policies in the Nineties." Paper presented at the ESA Conference. Budapest, August, 1995.

Tronto, J. *Caring Democracy: Markets, Equality, and Justice*. New York: New York Press, 2013.

---. "Care as a Basis for Radical Political Judgements." *Hypatia* 10 (Spring 1995): 141-149.

---. *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge, 1993.

Titmuss, R. *Commitment to Welfare*. London, Allen & Unwin, 1976.

---. *Commitment to Welfare*. London, Allen & Unwin, 1968.

Trydegård, G.-B. Interview with Gabrielle Betts on 10 May 10, 2011.

---. "Äldreomsorgspersonalens Arbetsvilkor i Norden – En Forskningsöversikt." *Nordisk äldreomsorgsforskning. En Kunskapsöversikt Tema Nord 2005:508*. Eds. M. Szebehely. København: Nordisk Ministerråd, 2005.

---. "Swedish Care Reforms in the 1990s. A first Evaluation of their Consequences for the Elderly People." *Revue Française des Affaires Sociales* 4(2003): 443-460.

---. "Välfärdstjänster Till Salu – Privatisering Och Alternativa Driftformer Under 1990-talet [Welfare Services for Sale: Privatisation and Alternative Management Forms in the 1990s]." *Välfärdstjänster i Omvandling [Welfare Services in Transition]*. Ed. M. Szebehely. Stockholm: Fritzes, 2001.

---. *Tradition, Change and Variation. Past and Present Trends in Public Old-age Care* (PhD dissertation). Stockholm Studies of Social Work 16. Stockholm: Department of Social Work, 2000a.

---. "From Poorhouse Overseer to Production Manager: One Hundred Years of Old-Age Care in Sweden, Reflected in the Development of an Occupation." *Ageing & Society* 20.5(2000b): 571-598.

---. "Fran Kommandora Till Driftchef [From Overseer to Production Manager]." *Omsorgens Skiftningar [Nuances of Care]*. Ed. R. Eliasson. Studentlitteratur, Lund, 1996.

Trydegård G.-B., and M. Thorslund. "One Uniform Welfare State or a Multitude of Welfare Municipalities? The Evolution of Local Variation in Swedish Elder Care." *Social Policy and Administration*, 44.4(2010): 495–511.

Tsand, A. "Healthcare Transformation." *The Meducator* 1.20(2011): Art. 5.

Tuohy, C.H. *Accidental Logics: The Dynamics of Change in the Healthcare Arena in the United States, Britain, and Canada*. New York: Oxford University Press, 1999.

Tupper, A. "Uncertain Future: Alberta in the Canadian Community." *Forging Alberta's Constitutional Framework*. Eds. R. Connors, and J. M. Law. Edmonton: University of Alberta Press, 2005.

Turner, A., and L. Findlay. "Informal Caregiving for Seniors." Statistics Canada Catalogue no. 82-003-X, 2012.

Twigg, J. 2000. "Carework as a Form of Body Work." *Ageing and Society* 20: 389-411.

---. "Models of Carers: How do Social Care Agencies Conceptualize Their Relationship with Informal Helpers?" *Journal of Social Policy* 18(1989): 53-66.

Tynnemark, L. Interview with Gabrielle Betts, May 2011.

U

Ulmanen, P. "Working Daughters: A Blind Spot in Swedish Eldercare Policy." *Social Politics* 20.1(2012): 65-87.

Umberson, D. "Gender, Marital Status and the Social Control of Health Behavior." *Social Science and Medicine* 34(1992): 907-917.

Ungerson, C. "Social Politics and the Commodification of Care." *Social Politics* 4.3(1997): 362-81.

---. "Gender, Cash and Informal Care: European Perspectives and Dilemmas." *Journal of Social Policy* 24.1(1995): 31-52.

---. "The Language of Care: Crossing the Boundaries." *Gender and Caring: Work and Welfare in Britain and Scandinavia*. Ed. C. Ungerson. Hemel Hempstead: Harvester Wheatsheaf, 1990.

---. *Policy is Personal: Sex, Gender and Informal Care*. London: Tavistock, 1987.

---. "Why Do Women Care?" *A Labour of Love: Women, Work and Caring*. Eds. J. Finch, and D. Groves. London: Routledge and Kegan Paul, 1983.

Ungerson, C., and S. Yeandle. Eds. *Cash for Care Systems in Developed Welfare States*. Basingstoke: Palgrave Macmillan, 2007.

United Nations. *World Population Ageing*. Department of Economic and Social Affairs, Population Division, New York, 2007.

U.S. News & World Report 89. "Oil Glut, Price Cuts: How Long Will They Last?" 1980-08-18.

USK. *Hemtjänsten i Stockholm – En Enkät till Brukarna Hösten 2008* [Home Care Services in Stockholm – A User Survey Autumn 2008]. Stockholms Stads Utrednings - Och Statistikkontor AB, 2008.

V

Vabø, M. "Home Care in Transition: The Complex Dynamic of Competing Drivers of Change in Norway." *Journal of Health Organisation and Management* 2009.

---. *Organisering for Velferd. Hjemmetjenesten i en Styringsideologisk Brytningstid* [Organizing for Welfare. Home Care in an Era of Conflicting Ideologies of Governance] Oslo: Unipub, 2007.

---. "Caring for People or Caring for Proxy Consumers?" *European Societies* 8.3(2006): 403-422.

---. "New Public Management I Nordisk Eldreomsorg – Hva Forskes Det På?" *Nordisk äldreomsorgsforskning. En Kunskapsöversikt*. Ed. M. Szebehely (ed.). Tema Nord København: Nordisk Ministerråd, 2005.

---. "Effektivitet Og Kvalitet I Omsorgstjenesten – En Dragkamp Mellom Nye Og Gamle Styringsidealer." In R. Dahle, and K. Thorsen (ed.). *Velferdstjenester I Endring. Nå Politikk Blir Praksis*. Oslo: Fagbokforlaget, 2004.

---. "Mellan Traditioner Och Trender. New Public Management I Retorik Och Praktik." In M. Szebehely (ed.). *Hemhjälp i Norden - Illustrationer Och Reflektioner*. Lund: Studentlitteratur, 2003.

Vabø, M., and S. Brodhurst. "Norway." *Social Care and Social Exclusion. A Comparative Study of Older People's Care in Europe*. Eds. T. Blackman, S. Brodhurst, and J. Convery. Hampshire: Palgrave Publishers Ltd., 2001.

Vabø, M., and M. Szebehely. "A Caring State for all Older People?" *The New Welfare State: Rethinking Universalism and Diversity*. Eds. A. Anttonen, L. Häikiö, and K. Stefansson. Cheltenham, Edward Elgar, 2011.

Våbo, S. I. "Universalism and the Local Organization of Elderly Care." Emerald Group Publishing Limited, 2011.

Vårdföretagarna. "Den Privat Drivna Vården Ska ha 50 Procent av Marknaden." Available at: http://www.vardforetagarna.se/web/debatt_opinion_1.aspx [Accessed 29 Dec 2009], 2009.

Vass, M., K. Avlund, J. Lauridsen, and C. Hendriksen. "Feasible Model for Prevention of Functional Decline in Older People: Municipality-Randomized, Controlled Trial." *Journal of American Geriatric Society* 53(2005a): 563–568.

Vass, M., K. Avlund, and C. Hendriksen. *Ældre & Forebyggende Hjemmebesøg*. Copenhagen: ÆldreForum, 2005b.

Venables, D., S. Reilly, D. Challis, J. Hughes, and M. Abendstern. "Standards of Care in Home Services: A Comparison of Generic and Specialist Services for Older People With Dementia." *Aging and Mental Health* 10.2(2006): 187e194.

Vining, A. R., and S. Globerman. "Contracting-Out Health-Care Services: A Conceptual Framework." *Health Policy* 46(1999): 77e96.

Virani, S.N., M.S. Kanji, and B.C. Cooper. "Why Bill 11 Won't Hurt Ralph Klein." *Options Politics* May 2000.

Vivone, R. *Ralph Could Have Been a Superstar*. Patricia Publishing: Ontario, 2009.

Von Otter, C., and R. Saltman. "Välfrihet Som Styrmedel, Stockholm: Arbetslivsinstitutet." *Ageing and Development*. Eds. R. Vos, J. A. Ocampo, and A. L. Cortez. New York: ZED Books Limited (Published in association with the United Nations), 1990.

Vosko, L. F. *Precarious Employment: Understanding Labour Market Insecurity*. Quebec: McGill-Queen's University Press, 2006.

---. "The Pasts (and Futures) of Feminist Political Economy in Canada: Reviving the Debate." *Studies in Political Economy* 68 (summer 2002).

---. "Crisis Tendencies in Social Reproduction: The Case of Ontario's Early Years Plan." *Social Reproduction: Feminist Political Economy Challenges Neoliberalism*. Eds. K. Bezanson and M. Luxton. Montreal and Kingston: McGill-Queen's University Press, 2006.

W

Wabakayashi, C., and K.M. Donato. "The Consequences of Caregiving: Effects on Women's Employment and Earnings." *Population research and Policy Review* 24.5(2005): 467-88.

Waerness, K. "Chapter 1: On the Rationality of Caring." *Meeting the Challenges of Elder Care: Japan and Norway*. Eds. Y. Saito, R. A. Auestad, and K. Waerness. Trans Pacific Press, 2010.

---. "Caring as Women's Work in the Welfare State." *Acta Sociologica* (Special Congress Supplement) *The Nordic Welfare States* 21(1984a): 193-225.

---. "The Rationality of Caring." *Economic and Industrial Democracy* 5.2(1984b): 185-211.

---. "The Invisible Welfare State: Women's Work at Home." *Acta sociologica*, (Special Congress Supplement) *The Nordic Welfare States* 21(1978): 193-225.

Walby, S. "The European Union and Gender Equality: Emergent Varieties of Gender Regime." *Social Politics* 12.1(2004): 4-29.

Waldau, S. "Creating Organizational Capacity for Priority Setting in Health-care: Using a Bottom-up Approach to Implement a Top-down Policy Decision." *Umea University Medical Dissertations* (New Series No 1368). Sweden: Department of Public Health and Clinical Medicine, Umea University, 2010.

Waldron, I. "Gender and Health-Related Behavior." *Health Behavior: Emerging Research Perspectives*. Ed. D.S. Gochman. 1988.

Walker, A. "From Welfare State to Caring Society? The Promise of Informal Networks." *Support Networks in a Caring Community*. Eds. J. Yoder, J. Jonker, and R. Leaper. Dordrecht: Martinus Nijhoff, 1985.

Walker, A. and L. Warren. "The Care of Frail Older People in Britain –Current Policies and Future Prospects." *The Graying of the World: Who Will Take Care for the Frail Elderly?* Ed. L.K. Olson. New York: Haworth Press, 1994.

Walsh, P. *Public Services and Market Mechanisms; Competition, Contracting and the New Public Management*. London: Macmillan, 1995.

- Walzer, M. "Liberalism and the Art of Separation." *Political Theory* 12 (August 1984).
- Ward-Griddin, and P. McKeever. "Relationships Between Nurses and Family Caregivers: Partners in Care?" *Advances in Nursing Science* 22.3(2000): 101.
- Ward-Griffin, C., and V.W. Marshall. "Reconceptualizing the Relationship Between 'Public' and 'Private' Eldercare." *Journal of Aging Studies* 17(2003): 189-208.
- Waring, M. *Counting For Nothing: What Men Value and What Women Are Worth*. Toronto: University of Toronto Press, 1999.
- Warner, M. E., and A. Hefetz. "Managing Markets for Public Service: The Role of Mixed Public-Private Delivery of City Services." *Public Administration Review* 68.1(2008): 55e166.
- Weisbrod, B. A. *The Vountary Sector*. Lexington Books, Lexington MA, 1977.
- Wells, P. *Right Side Up: The Fall of Paul Martin and the Rise of Stephen Harper's New Conservatism*. Douglas Gibson Books, 2007.
- Wentowski, G. "Reciprocity and the Coping Strategies of Older People: Cultural Dimensions of Network Building." *The Gerontologist* 21(1981): 600-09.
- West, Bruce. Interview with Gabrielle Betts on 17 Aug., 2011.
- Westcott, M. "Historical and Developmental Roots of Female Dependency." *Psychotherapy* 21(1986): 213-220.
- Weston, R., Qu, L. & Soriano, G. "Australia's Ageing Yet Diverse Population. *Family Matters*, 66 (Spring 2003): 6-13. Melbourne, Australia: Australian Institute for Family Relations.
- Westlund, J. "Increased Parental Choice Can Lead to Reduced Gender Equality." *NIKK Magasin* 2(2007): 8-11.
- White, J., and J. Tronto. "Political Practices of Care: Needs and Rights." *Ratio Juris* 17.4 (2004): 425-53.
- Wijkström, F. *Svenskt Organisationsliv: Framväxten av en Ideell Sektor*. Ekonomiska Forskningsinstitutet vid Handelshögskolan, Stockholm, 1999.
- Wikman, S., F. Estrada, A. Nilsson. *Våld I Arbetslivet – En Kriminologisk Kunskapsöversikt* [Work Place Violence – A Criminological Research Overview]. Report 2010:4. Stockholm, Swedish Work Environment Authority, 2010.
- Williams, F. "Converging Variations in Migrant Care Work in Europe." *Journal of European Social Policy* 22.4(2012): 363.

---. *Claiming and Framing in the Making of Care Policies: The Recognition and Redistribution of Care*. Geneva: United Nations Research Institute for Social Development, 2010.

---. "Review Article: Migration and Care: Themes, Concepts, and Challenges." *Social Policy & Society* 9.3(2010a): 385-396.

---. "Culture and Nationhood." *The Student's Companion to Social Policy* (3rd edition). Eds. P. Alcock, M. May, and K. Rowlingson. Oxford: Blackwell, 2008a.

---. "Theorizing Migration and Home-Based Care in European Welfare States." Paper for the Annual Conference of the Canadian Political Science Association (4-6 Jun., 2008). Vancouver: University of British Columbia, 2008b.

---. "The Myth of Marketization: An Evolution of the Persistence of Non-Market Activities in Advanced Economies." *International Sociology* 19.4(2004): 437-449.

---. "Trends in Women's Employment, Domestic Service, and Female Migration: Changing and Competing Patterns of Solidarity." *Solidarity Between the Sexes and Generations: Transformations in Europe*. Eds. T. Knijn, and A. Komter. Cheltenham: Edward Elgar, 2004a.

---. *Rethinking Families*. London: Calouste Gulbenian, 2004b.

---. "In and Beyond New Labour: Towards a New Political Ethic of Care." *Critical Social Policy* 21.4(2001): 467-493.

---. "Race/Ethnicity, Gender and Class in Welfare States: A Framework for Comparative Analysis." *Social Politics* 2.1(1995): 127-59.

---. *Social Policy; A Critical Introduction*. Cambridge: Polity Press, 1989.

Williams, F., and D. Brennan. "Care, Markets and Migration in a Globalizing World: Introduction to the Special Issue." *European Journal of Social Policy* 22.4(2012).

Williams, F., and the ESRC CAVA Research Group. *Rethinking Families*. Calouste Gulbenkian Foundation: London, 2004.

Williams, P., R. Deber, J. Lum, R. Montgomery, K. Kuluski, F. Morton-Chang, A. Peckham, J. Watkins, A. Williams, A. Ying, and L. Zhu. *Mapping the State of the Art: Integrating Care for Vulnerable Older Populations*. Canada: Ministry of Health and Long-Term Care Canadian Institutes for Health Research (Canadian Research Network for Care in the Community Report), 2009.

Williams, A.P., R.B. Deber, P. Baranek, and A. Gildiner. "From Medicare to Home Care: Globalization, State Retrenchment and Profitization of Canada's Healthcare System." 2001.

- Wilson, D. "Who Uses Hospitals in Alberta?: Two Years of Population-based Evidence for Health Services Planning and Policy." *The Edmonton Journal* (11 Jan., 2010), 2010.
- . "Who Uses Hospitals in Alberta? Don't Blame Elderly for our Overburdened Health-care System." *The Edmonton Journal* (21 Oct., 2009), 2009.
- Wilson D.M., and C.D. Truman. "Long-term Care Residents." *Canadian Journal of Public Health* 95.5(2004): 382-4.
- Wilson, D. M, S. Birch, J. Cohen, R. MacLeod, D. Mohankumar, and A. Williams. "Home Care Development in the Canadian Province of Alberta with Regionalization." *Global Journal of Health Science* 3.1(2011).
- Wilson, E. *Women and the Welfare State*. London: Tavistock, 1977.
- Winbladh, U., C. Andersson, and K. Stefansson. *Kundval I Hemtjänsten – Erfarenheter Av Information Och Uppföljning* [Customer Choice in Home Care – Experiences of Information and Follow-up], 2009.
- Winbladh, U., and P. Blomqvist. "Why No Non-profits? The Marketization of Swedish Elder Care." Presented at the 5th Nordic Conference on Health Organization and Management, Copenhagen (13-14 Jan., 2011), 2011.
- Wistow, G, M. Knapp, B. Hardy, and C. Allen. *Social Care in a Mixed Economy*. Buckingham: Open University Press, 1994.
- Wodak, C. "Emulating Sweden's Health-care Great, But Complex Idea." *The Edmonton Journal* (3 Mar., 2011), 2011.
- Wolf, D. "The Family as Provider of Long-Term Care: Efficiency, Equity and Externalities." *Journal of Ageing and Health* II(1999): 360-82.
- Wolfe, A. *Whose Keeper*, Berkeley: University of California Press, 1989.
- Wolin, S.S. *Politics and Vision: Continuity and Innovation in Western Political Thought*. London: Allen & Unwin, 1961.
- World Bank. *The International Migration of Women*. Available at: <https://openknowledge.worldbank.org/handle/10986/6804> [Accessed 2 May, 2013], 2012.
- World Health Organization. *Active Ageing: A Policy Framework*, 2002.
- Wood, R. "Care of Disabled People." *Disability and Social Policy*. Ed. G. Dalley. London: Policy Studies Institute, 1991.
- Woodhead Lyons, S. Interview by Gabrielle Betts (22 Aug., 2011).

Wright, F. "Single Carers: Employment, Housework and Caring." *A Labour of Love: Women, Work and Caring*. Eds. J. Finch and D. Groves. London: Routledge and Kegan Paul, 1983.

Y

Yeandle, S., T. Kroger, and B. Cass. "Voice and Choice for Users and Carers? Developments in Patterns of Care for Older People in Australia, England, and Finland." *European Journal of Social Policy* 22.4(2012).

Yeates, N. "A Global Political Economy of Care." *Social Policy and Society* 4.2(2005): 227-34.

---. "Globalization and Social Policy." *Global Social Policy* 2.1(2002): 69-91.

---. *Globalization and Social Policy*. London: Sage, 2001.

---. "Social Politics and Policy in an Era of Globalization. Critical Reflections." *Social Policy and Administration* 33.4(1999): 372-93.

Yergin, D., and J. Stanislaw. *The Commanding Heights: The Battle Between Government and the Marketplace That is Remaking the Modern World*. New York: Simon & Schuster, 1998.

Yin, R. K. *Applied Social Research Methods Series*. Eds. L. Bickman, and D. Rog. California: Newbury Park; Sage Publications Inc., 1989.

Young, I. M. *Intersecting Voices: Dilemmas of Gender, Political Philosophy, and Policy*. Princeton: Princeton University Press, 1997.

---. *Justice and the Politics of Difference*. Oxford: Princeton University Press, 1990.

---. "Impartiality and the Civic Public: Some Implications of Feminist Critiques of Moral and Political Theory." *Feminism as Critique*. Eds. S. Benhabib, and D. Cornell. Oxford: Polity Press, 1987.

---. "Socialist Feminism and the Limits of Dual Systems Theory." *Socialist Review* 50.5(1980): 169-88.

Young, M. "Recognizing the Signs of Elder Abuse." *Patient Care* 30: 56-66.

Young, P. H. *Equity: In Theory and Practice*. Princeton: Princeton University Press.

Young, S. "Outsourcing: Lessons From the Literature." *Labour and Industry* 10.3(2000): 97e117.

Yuval-Davis, N. "Women and Citizens." 1992.

---. "The Citizenship Debate: Women, Ethnic Processes and the State." *Feminist Review* 39 (1991a): 58-68.

Z

Zimmerman, L. "Apocalyptic Demography: Why We Should Like Older People." *The Globe and Mail*. (19 Sept., 2011). Available online at: <http://www.theglobeandmail.com/news/opinions/opinion/why-we-should-like-older-people/article2169494/> (Accessed 20 Sept., 2011), 2011.

Zimmerman, R. D. "Improving Nursing Home Wuality of care through outcomes data: the MDS quality indicators." *International Journal of Geriatric Psychiatry* 18. 250e257(2003).

Zippel, K. "Transnational Advocacy Networks and Policy Cycles in the European Union: The Case of Sexual Harasment." *Social Politics* 11.1(2004): 57-85.