

The Competing Rationalities of the Finnish Politics of Care and their Impact on Care Work and Care Workers

フィンランド・ケア政策の競合的合理性とケア
ワーク及びケアワーカーに対するその影響

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The structure of this talk

本講演の構成

- ◆ History of Finnish elderly care
 - instrumental rationality
 - rationality of humanistic care / the Nordic ethos
- ◆ Changes in the welfare state and welfare service work: The efficiency & flexibility discourse
- ◆ The practical nurse occupation and practical nurses: Crisis in care work?

Background: The studies

背景：研究論文

- ◆ Wrede & Henriksson 2005:
Redefinition of home care, new terms
of welfare service work
 - ◆ Wrede 2008, Tainio & Wrede 2008,
Laurén & Wrede 2008:
Implications of the flexibility discourse
for practical nurses; integration of
migrant care workers
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The early formation of elderly care in the 1960s

1960年代における高齢者ケアの初期構造

- ◆ 1960s: legislation on municipal home help, poor relief starts to transform into residential *care*.
- ◆ Instrumental view of both care recipients and carers; steep hierarchies
- ◆ The ethos of necessity, moral duty, based largely on Christian ethics. Public care the “last resort”.

Welfare state ethos /the 1970s

福祉国家の倫理 / 1970年代

- ◆ Allardt 1975:

"Having" = standard of living, the resources an individual has.

"Loving" = community relations, how the individual relates to others

"Being" = integration, what the individual is in relation to the society. Opposite: alienation, a situation where the individual has become commodified and only is perceived in an instrumental perspective by the society.

- ◆ Individual wellbeing & satisfaction of needs in the good society

- ◆ Welfare values thus came to be approached from the perspective of the individual, and the issue of the individual's possibilities for "self-actualization" and personal development came to forefront.

Nordic individualism in the 1970s

(Johan Galtung, Erik Allardt)

1970年代における北欧の個人主義

ALIENATION/ THE BAD SOCIETY

The individual is totally replaceable and like a thing that is only considered from instrumental perspective



INTEGRATION / THE GOOD SOCIETY

The individual is irreplaceable, and is viewed as a person and an individual

For Allardt, integration also means that a person is respected, has opportunities for social and private activities (= *to do*), and that the person has political resources to influence decisions about his or her milieu and life.

Rationality of socially-defined care

社会的に定義されたケアの合理性

- ◆ Feminist critic of the 1970s: The welfare state industrializes care
- ◆ Also professionalization was considered to be a threat, as it was seen to create a hierarchy of dirty work in the provision of care
- ◆ Re-evaluation of what the foundation is: linkage to having, loving & being.

Social care occupations and the expanding welfare state

介護職と拡大する福祉国家

- ◆ In 1988, 46 % of the Finnish population aged 75 or older received home help services, 32 % of population over 75 on a regular basis. 18 % received long-term residential care of some type.
- ◆ Home help personnel one of the largest personnel groups in the municipal care sector.
- ◆ Most worked full-time in steady employment.
- ◆ 'Flat' organizations, clear work roles.
- ◆ Problematic emphasis on residential care.
- ◆ Weak universalism offered a vague basis for the rights of the elderly person.
- ◆ This vagueness became a problem when the economic situation changed.


Reform of welfare services & the flexibility discourse

福祉サービス改革と柔軟化の論説

- ◆ Decentralization of welfare budgets
- ◆ Policies aiming at marketization, quasi-markets and a welfare-mix = *Economically* more efficient management of public policies.
- ◆ Narrowing down of public responsibility primarily to 'basic services' and more responsibility for the family.
- ◆ Education of a flexible workforce; new type of 'transsectoral qualifications'.
- ◆ Reorganization of the public services into more 'flexible' organizations.


The welfare-mix

福祉の混合

- ◆ In 2003, 19 % of 75 + receiving regular home care (32 % in 1988)
 - ◆ Government goal 2004: 25%.
 - ◆ The number of private providers of home care + 70% 1997-2001.
 - ◆ 70% firms and 30% voluntary organisations
 - ◆ More diverse care work labour market, including a number of often small-scale 'care entrepreneurs'
 - ◆ In 2002, 20% of the care personnel in the private sector. In the late 1980s: 12%.
 - ◆ Public services as the last resort.
 - ◆ Focus on medical needs.
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Social care occupations and welfare state reform

介護職と福祉国家改革

- ◆ Trans-sectoral vocational qualification in social and health care, i.e. the practical nurse
 - ◆ Multi-professional teams
 - ◆ Flexibility for the employer, vagueness for the employee.
 - ◆ Conflicting expectations lead to an undesirable work role.
 - ◆ Lack of influence in one's work role is a source of discontent.
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Future care work and care workers

今後のケアワークとケアワーカー

- ◆ Occupations or jobs?
 - ◆ Knowledge-based work or dirty work?
 - Implications for recruitment and labour management
 - Implications for cultures of care and care relations
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Care work in cultural crisis?

ケアワークの文化的危機？

- ◆ Disintegration of occupations and groups?
 - ◆ Hierarchical and task-oriented culture
 - ◆ Temporary contracts & insecurity in the labour market
 - ◆ Crisis of commitment & occupational identity
 - ◆ Policy makers favour medical definition of care
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Reclaiming the Nordic ethos, 1.

北欧倫理の再生 1

- ◆ Care workers are **neither disposables, nor an inexhaustible asset**, even when they are recruited globally.
 - ◆ Both care workers and care receivers should be treated as **persons** who are to be respected and secured the means of self-fulfillment.
 - ◆ Organization of care and care work should support socially sustainable efficiency and flexibility as defined in the context of the everyday world of care.
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Reclaiming the Nordic ethos, 2.

北欧倫理の再生 2

- ◆ Elderly care policy should recognize the individual's right to human and social dignity, regardless of their role in elderly care.
 - ◆ Elderly care policy should treat individuals in an equitable way.
 - ◆ Does not mean neglect of economic or organizational efficiency.
 - ◆ A broader conception of efficiency required to grasp the relevance of different contexts of care.
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