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The Choice Situation in Swedish Elderly Care

- A qualitative study of the system of choice within Swedish elderly
care

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Thank you

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ABSTRACT

TITLE: THE CHOICE SITUATION IN SWEDISH ELDERLY CARE

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Last year's demographical changes and times of internationalization and also individualization have led to changes in the way welfare services are delivered. More specifically there have been changes made within social care and health care. The new times that have led to privatization has also increased the amount of service providers. Within elderly care, this is not an exception. Waves of New Public Management have caused changes in the organization of welfare. Politicians introducing the law on freedom of choice and trying to find a market solution to be a tool to reach efficiency and increased quality, as well as the feeling of own responsibility and possibility to meet individual needs of users. Could New Public Management ideas and quasi market solutions lead to a feeling of empowerment among users within Swedish elderly care? It is the aim of this research to look deeper into the freedom of choice model and try to find out what consequences the law on freedom of choice has caused within elderly care in the welfare system of Sweden. What does the system really require from politicians, professionals, and not at least from users and their close ones? Looking deeper into the system of choice will hopefully lead to ideas on how a more well-functioning system could look like. Increased feeling of own responsibility and self-determination is what politicians through the law on freedom of choice intends to generate in, but the question remains to look closer into whether this is the case. If not, it remains to map out what the main obstacles are for a market situation to be functional and for elderly to feel empowered. Qualitative methods through semi-structured interviews and document analysis have been used in order to answer the research questions. Interviews have been followed through with two focus groups of elderly, two case managers, two relatives and one interview with Swedish Municipalities and Councils (SKL). Research has shown that all the above mentioned parties do think that being able to choose or change provider of elderly services has got a self-value. Thus it is not a fully functioning system as it is today. There are concerns from all parties regarding the structure of the system and questions are stated whether this should be the way to organize services, and if so-how should the system be further developed. The desire is to reach a structure so that elderly can feel empowered and as if they are responsible over their own lives. There are obstacles as well as benefits from such a system and in the thesis the topic is further analyze. At the end of the thesis conclusions are pulled and suggestions are given on how to furtherer reach policy intentions more efficiently.

Key words: New Public Management, Quasi-markets, Empowerment, The law on freedom of choice, users, and individualization

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1. Introduction

The Swedish welfare state has got a reputation of being inclusive and protective of its citizens and has got a long tradition of safety and support. For a long time Sweden has been looked at as being one of the best and most caring societies to grow old in. Through an international perspective, the Swedish welfare model is characterized as universal and for citizens to benefit from. Reason for the feeling of overall protection is mostly due to welfare services are publicly funded. To a great extent, regardless of changes, welfare services are still provided by the Swedish state. These times of changes during the 1990's have been conceptualized as *New Public Management*¹ (Blomberg 2004:207). During the last period of time, debates regarding health care and social care have been widespread among politicians, in media and society over all. This thesis aims to look deeper into *the freedom of choice system*² within the area of elderly care. The present Swedish right wing government put lots resources into that people should be able to choose care provider. The choice model was primarily introduced in the areas of *dental care, personal assistance* and *primary care*. As for elderly care, the introduction of a choice model came later. Within elderly services, it means that it is up for each municipality to decide if there should be a public soul provider or if a market solution should be established. Since the choice within elderly care was recently established it is not as well researched as other areas with a choice solution. *The entrepreneurial model*³ with competitive tendering and *the user choice model*⁴ are the two different ways of privatization that have been introduced in the welfare state of Sweden. The two models have then been established and continuously developed. In both cases, the municipalities remain the responsible ordering organ, regardless of the structural changes. Municipalities are responsible for structuring of charges, needs assessments and aid decisions. It is the municipalities and their respectively Case Managers that have got responsibility for assuring that services are granted and follow up that they are performed. It is also the task of case managers to inform users about the choice and the alternatives to choose from (SKL 2010:8). Each of Sweden's 290 municipalities makes the decision whether private providers

¹ *New Public Management*-Right wing waves putting pressure on the public sector and introduction of private actors (Blomberg 2004)

² *The freedom of choice system*-Policy incentive to increase efficiency and quality of welfare services (SKL 2010)

³ *The entrepreneurial model*-Municipality procurement of welfare services (Swedish Competition Authority 2013)

⁴ *The user choice model*-User focused form of the choice model which implies users choosing welfare provider (Swedish Competition Authority 2013)

should enter the provision of services or not. At present, there is a debate whether the system of choice should be a joint decision in the country, or if the choice should be for each municipality and its local politicians to make (Swedish Competition Authority 2013:100). It is hereby questioned if the law on freedom of choice should be mandatory for all municipalities. If this becomes the case, great discussions regarding how this will be further reformed will follow.

Even if privatization has influenced the welfare arena for a longer period of time, New Public Management emerged during the late 1980's and further developed during the 1990's gave privatization a further push. Welfare services have gone through extensive changes, where the public sector let private actors become providers of welfare services. The municipality and the county councils thereby reduced its role as the premier welfare provider. Sweden has according to researchers gone from being a *welfare state*, into being a *welfare society*. The main purpose of policies and initiatives on restructuring still remain the same goal by providing Swedish citizens with high quality services (Hartman 2008:7).

The choice system intends to provide users with the possibility to make an own choice, in times of increased individualization. One main motive for the introduction of a choice model was that it would enhance user choice and influence. Hereby the feeling of own responsibility over ones life's was desired to increase. The new law on procurement was introduced in 2008 and the law on freedom of choice was introduced on the first of January 2009. In order to make it easier for municipalities to introduce the law on freedom of choice, Swedish municipalities were given incentive payment to investigate possibilities of establishment.

1.1 Purpose

The introduction of quasi-markets that are a consequence of new Public Management ideas was by politicians intended to increase individual feeling of self-determination and responsibility over ones lives. The main problem target for this research lies within the choice and the way it is structured so that users can make a rational choice. There is a lack in research regarding how the choice system should be structured, in order for it to be well functioning. There are different parties involved in the choice situation that are concerned with the structure and also all parties are needed in order for politicians to be able to make changes corresponding to the requests of the different interests groups on how to further develop. What needs to be done is today left un-answered. A cross perspective approach on

the research topic is hereby needed and focus on users is necessary, while in order to make changes and adjustments in the system, a policy making, and a civil servant perspective on users is intended to be helpful to this kind of research. Combining the user perspective with a more structural and policy-making view on the problem aims to enable suggestions to policy suggestions and further development of the choice system.

1.2 Research intentions

The system of choice is highly complex and the questions raised in this thesis will in future research need to be further analyzed on a continuous basis. The roles of municipalities and Case managers in a system of choice need to be more closely looked at. Looking at experiences of users, their relatives, case managers and Swedish Municipalities and Councils is aimed to be a way to capture the greater picture and look at the situation from different aspects. In order for a market situation to generate in desired results, there is a task to find ways to a well-functioning system. There are concerns whether it is possible to create markets on elderly care and if users can act as consumers on such a market. If so, it needs to be decided to what extent does the system should be regulated? If there is a question on regulation, then it needs to be figured out how and who to be responsible for that regulation and to what extent the system needs regulations. Researchers argue that the main issue when it comes to markets is the assurance of users making request on services. In a choice situation in the welfare arena, this implies that there are users making active choices. A supply-demand situation needs to arise. This thesis will not be of economical art, but it is difficult to make such an analysis of the situation and leave the economical discussion totally outside the discussion. It is the user situation and the role of users, case managers and the system as such that will be in focus for the research. The choice within elderly care is of interest since this is a sector where services have had greater impact on Swedish citizens and even though the area has not been researched to a greater extent, the changes made have been widely argued in media and among Swedish citizens. The new system has caused changes on long gone reforms which makes it of interest to analyze and also question effects caused by the new system.

1.3 Research questions

For clarification, all the below stated questions are connected to the case of The Swedish choice system within elderly care.

- How does the choice situation look like in a freedom of choice model such as the one that has emerged from New Public Management ideas and what are the experiences among the involved parties?
- What is required for a choice model in Swedish elderly care to be well functioning and what does such a model in return require from involved parties so quasi market functioning can be reached?
- Does quasi-market solutions contribute to a feeling of own responsibility and does it contribute to empowerment among elderly users?

2. Background

Following section of the thesis aims to briefly present the historical aspects and then describe what has happened until the situation that Sweden stands in front of today will be the base for discussion in this research. It is of importance to clarify these historical aspects as well as the present situation in order to make an analysis and hereby be able to return to intentional aims of the research.

2.1 New Public Management and times of change

The New Public Management (NPM) movement contains ideas from methods used by business and private companies in managing organizations. Almquist (2006:22) state that basic principles regarding the traditional properties of leadership within public service, like the formulation of policy documents and rules should be replaced with business-like management. The restructuring would mean greater focus on goals. Almquist (2006:22) speaks of output instead of input and that focus should be set on goals instead of resources and process. A third way to describe the changes is that public services should be subjects for competition, instead of run by the state (Almquist 2006:20-26). NPM grew stronger as a reaction to public management absence of efficiency and productivity (SKL4 2010:7). Corporate forms of management developed and the main focus was put on the outcome of processes.

User-choice models are often associated with high degree of user influence, where the individual degree of participation in choosing provider and content of provider-services

supposed to strengthen the influence of users. Proponents argue that through the decision-making, by making requests or complaints or by abandoning one provider for the benefit of another. These two strategies are spoken of as *voice*- and *exit*⁵ channels (SKL1 2010:6-11).

New Public Management (NPM) can be identified as putting pressure on the public sector to reduce the role as bureaucratic and instead present a market solution. The concept of NPM brings ideas of efficiency and choice to the debate about the continuous changes within the public sector (Petersson, Blomberg 2004:10).

In Sweden and all across Europe, the 1990's were times of change in government and in the social services were delivered. A greater responsibility of health and care was put on municipalities, and less responsibility was now relying on the state (Blomberg 2004:207).

"It became a period characterized by an open attitude towards innovations in organizing care and meeting needs" (Blomberg 2004:207).

Major demographical changes in the 1980's and 1990's times caused great challenges for society to solve. The share of people over the age of 65 years is expected to double during the centuries to come. The costs of care were expected to increase faster than the tax-income was expected to do, which meant that there was no possibility to reach the great quality of services that politicians and society expects of the welfare system. Proper changes of the traditional state-provided welfare became necessary (Almega, Svenskt Näringsliv, SKL, 2011:5).

NPM-theory focuses on development of new, efficient ways for the public sector to function and have influenced the way municipalities look upon organization of welfare (Blomberg 2004:14). One basic idea in the NPM- trend is the involvement of individuals and organizations. Blomberg (2004:10) presents the following definition of NPM;

"It's about making own decisions and take the responsibility for results and performances" (Blomberg 2004:15).

⁵ *Voice- and exit channels*- a concept developed to express that users can make a complaint or change provider if they are (Blomberg 2004).

In order to act in the most desirable way to meet user needs, case managers express that they beside from responsiveness and empathy it is important to have great knowledge about rules and system functioning's (Blomberg 2004:156).

"Time is required to adapt to the new role..." (Blomberg 2004:158).

Blomberg means that there is a need for continuous updates of system changes, as well as there is time requested for all parties to adapt to new functioning's and further be able to act in the new role.

2.2 The law on procurement and law on freedom of choice

The government introduced *the entrepreneurial model*, where the law on Procurement (LOU) became essential. With the law on procurement in place, municipalities let private providers buy already existing services to the highest price bid. There was thus still a desire to reach extended user influence. Hence, *the user choice model* through the law on freedom of choice (LOV) was introduced in 2009 as a complement to the law on procurement. In the situation of law on procurement, private providers enter the system of social services, but do not own the ability to entirely run the service (SKL2 2010:9).

LOU was initially implemented in Sweden so that local authorities could introduce services within health care and social care, for example, from private providers. In care LOU was mainly used to procure operating contracts or framework agreements with several providers. The purpose of the Public Procurement Act was to ensure that the purchasers selected the most economically advantageous option and did not favor any supplier on other grounds. When the first choice models were introduced, it was based on LOU procurement, but it was soon discovered that LOU was in conflict with user choice because in a LOU procurement, if you have multiple providers, must rank the selected suppliers. In such cases, the system does not leave the choice with the user. Without breaking the law, LOV allows for the introduction of choice models as an option to buy care services from 1 January 2009. By establishing quality standards and common price models, it becomes possible for providers, public or private, to compete under the same conditions give the user several options without breaking the law.

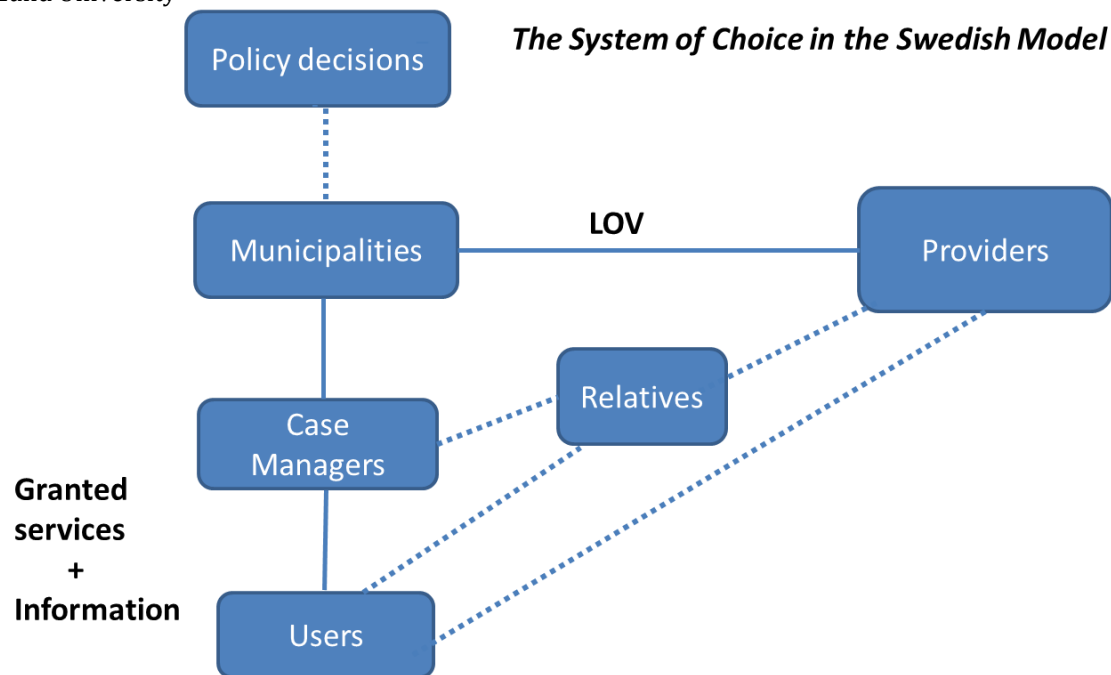
“In order to create a functioning market, the actual introduction process is of great importance. There should, first of all be enough providers for a choice situation to arise; preferably providers should also have different specialties and services in order to compete with each other” (SKL4 2004:7).

The law (2008:962) on freedom of choice regulates and sets the rules for the contracting authorities that decide to apply the law. When introducing the freedom of choice model, the authorities let users make the choice of service providers. Among these services, the choice model has been introduced to a great extent within elderly care. One purpose of the law on freedom of choice was to make it easier for users to receive services of higher quality. The intentions were hereby to give users greater possibility to decide whom to provide services. This was expected to lead to an extended competition and make it easier for small and middle-sized companies to access such a market (Swedish Competition Authority 2011:7). According to Swedish Competition Authority (2011:9) there are four basic principles within both the law on procurement (LOU) and the law on freedom of choice (LOV). When the laws are applied, all of the four principals should be taken into consideration and be part of the system; equal treatment, the principal of openness, the principal of proportionality and the principal of mutual recognition (Swedish Competition Authority 2011:9).

2.3 Law intentions

“The freedom to choose, together with competition is supposed to lead to better services of better quality and to better access as well as increased efficiency” (Competition authority 2013:26).

A choice situation is raised when municipalities replace the state monopoly on services with a competitive market solution and through the introduction of alternative providers. According to Vårdföretagarna (2011:25) there is a difference in how municipalities look upon the choice situation and the introduction of private service providers, as well as how they decide to design it. The differences are further considered a difficulty caused by the choice system. In order to clarify the system and its functioning's, following model was created to demonstrate the structure and the relations between involved parties;



2.4 Suggestions on new law regulations

In a Council on Legislation, there is a suggestion presented to strengthen the development and quality of the contents of care regarding elderly suffering from dementia. There is a continuous development when it comes to care and new knowledge generates in innovative and new, better methods in how to work with people. The overreaching goal is increased individual integrity and providing people with dementia good and safe care, which could call for safety actions in order to keep elderly from serious damages. That kind of actions needs support from the law so that people working with this vulnerable group do not need to hesitate when it comes to what is allowed and what is not (The Swedish Government 2013).

"A regulation could strengthen the safety of people suffering from dementia but also give service staff within care support in the daily work of judging what actions to use in order to give the best possible care"(The Swedish Government 2013).

"The care of people with dementia must be run with as few enforcement actions as possible" (The Swedish Government 2013).

The suggested law intends to regulate the possibility of authorities to make certain decisions regarding protective services within social services so that they can be done in case of people with dementia conditions. Decisions about forced safeguards can be made when users licensed services of the law on social services (2001:453) are unable to themselves leave a

grounded statement due to the condition he or she is in. The action should further be necessary in order to assure a good and safe care. The suggested law is planned to take place on July 1st 2014 (The Swedish Government 2013).

2.5 The none-active choice alternative and competitive neutrality

In all municipalities there is a non-active choice alternative and it is the responsibility of each municipality, where the law on freedom of choice has been implemented to inform users about the functioning of non-active choice alternative. (SKL2 2010:39). Within municipalities where the law on freedom of choice is taken in action, there is the possibility for users to decide not to make a choice. The way that the non-active choice alternative is structured is up to each municipality to decide (Swedish Competition Authority 2011:59). A number of providers desire and strive for a more equalized system in how to structure the freedom of choice model and the way in which rules for basic demands should be met. Further there is a desire to create ways to do follow-up and the level of compensation. Alternative providers feel as if there are difficulties in figuring out if or how to set up services in a new municipality due to all the differences. Even earlier established companies can feel as if it is difficult to enter a new municipality since it can differ so much from earlier ones where they have already established (Swedish Competition Authority 2011:59-60).

None of the service providers should be treated differently, but all providers should compete under the same conditions. Competitive neutrality is a complex concept since authorities are responsible to assure that users receive information, but that they are also possible providers of services (Swedish Competition Authority 2011:9).

2.6 Compensation levels

The compensation levels at present look very different between municipalities and can lay between 258 SEK and 428 SEK per hour. It is not possible to generalize or make comparisons between municipalities that do not have the same replacement levels. Research when it comes to the actual effects of the law on freedom of choice and how the choice situation functions, is poor. The system requires municipalities to look at their economy and costs of services. Some providers have stated that they would not establish their service in municipalities with too low compensational levels as being too low (Swedish Competition Authority 2013:54-56). It is of importance that the right compensational levels are set. A compensation level that is too low causes providers unwilling to establish in that municipality and a compensational level that is too high leads to an inefficient system since there might be a too great extent of providers.

2.7 Terms and concepts

Following terms will be used in the thesis and hereby they are of importance to clarify;

User – the elderly that receive or desire to receive services. The group will primarily be referred to as users, thus in cases literature refers to the same population as **consumers or costumers**, which therefore will be applied concepts

Home care services – services provided in the home of elderly people still living in their own housing

Service homes – Housing for elderly

Providers – The ones performing services, in this case private or public within service homes and home care services

Case manager – Municipality employee and the elderly contact in case of services decisions

Freedom of choice system-

LOV- The law on freedom of choice

LOU-The law on procurement

SKL – Swedish Municipalities and Counties

Socialstyrelsen – The National Board of Health and Welfare

Konkurrensverket - Swedish Competition Authority

Vårdföretagarna -Private care companies interest organization and counterpart to the union

2.8 The choice situation and information provided

SKL1 (2010:6) questions the possibility for users to make a choice and what kind of support users need and if they benefit from such a system. Research shows that elderly have difficulties in making active choices and to make a second choice. The possibility to change provider is desirable in order to reach a feeling of own responsibility. The discussion about importance of good and sufficient information to users is actualized. User influence is seen to be even more strengthened trough “*voice- and exit-channels*” (SKL 2010:7).

It is difficult for users to reach an understanding of service qualities and there seems to be a lack of information delivered to users. In order for a choice system to function, municipalities should provide users with information necessary to make a choice. The confederation of Swedish Enterprise argues that municipality websites are the “*display windows*” for users and that it these that are the best way to reach out to with information (The confederations of Swedish enterprise 2006:6).

2.9 A continuous debate regarding a choice system

Greatly differing arguments have been stated whether the choice is a way to help or to restrain users that are in need of services. There is a widespread debate with lots of different opinions about what the choice model actually means and what it does or does not contribute to.

Proponents to the law on freedom of choice argue that the system and the freedom of choice increase the possibility among users to make an own choice. There are also arguments that the law opens up for diversity among providers and that this in turn encourages business development and greater quality. SKL2 (2010:7) states that there are other motives than the directly ideological ones. One motive is that users, through the choice model are able to make his or her own choice of service provider and that this it has a great value. Users are hereby justified to take action over their own lives, based on individual preferences. Users can through the system decide to deselect services and replace them with hopefully more desired ones (SKL2 2010:7).

The present Swedish right wing government has strongly advocated the importance of an increased citizen influence and strengthens citizen influence. Hereby, the law on freedom of choice was introduced on the 1st of January 2009. The municipalities and counties of Sweden remained the primary responsible authority, even though the system welcomed new providers on the welfare market (SKL2 2010:7).

“Social resources, educational level and physical conditions are factors that impact how well a person is capable of making an active choice, inform oneself, and make oneself heard”
(SKL4 2010:74).

There are concerns regarding how the support should and could develop for those less likely to make an active choice. Except finding beneficial ways to strengthen the individual in a choice situation, actual choice making is essential to support and strive for, in order for the market to be further stimulated and developed (SKL4 2010:75).

The Swedish social democrats (2013:5) state that free establishment should not be possible, but should be regulated. The diversity of providers is central and the freedom to choose has got a high value itself (Social democrats 2013:6). It is of great importance to further analyze the effects of deregulation and privatization and this is first and foremost a question for research. In order to reach complete freedom of choice for users, the influence on service

contents should increase. In several welfare services, it is not the amount of providers that is valuable; it is to be able to influence service contents. The feeling of freedom to choose goes beyond the actual choice of provider. It is user needs that should decide on welfare development. To limit profits and increase quality are the two main goals of politicians representing the opposition in Sweden in 2013 (Social democrats 2013:7). Speaking of the system of choice, The Confederation of Swedish Enterprise state the following;

“...this gives citizens greater power over how their tax money is used, at the same time as the quality is hopefully increased” (The confederation of Swedish Enterprise 2006:6).

2.10 Increased individual influence

The choice model intends to increase individual influence, but there has been discussions regarding whether this is the case. Since the law on freedom of choice was introduced the debate has been continuous. It needs to be clarified what is actually required for a choice model to fill its function and reach intentions in form of user influence. Further SKL2 (2010:13) actualize the debate that follows and state that in order to be able to act as users, there are basic principles that must function. The basic functions that need to be in place are the following;

1. Users are provided with relevant information,
2. That there are a sufficient number of actors to choose between and
3. That there is a structure of how resources are divided and delivered
4. That an active choice is made by users (SKL 2010:13).

Within elderly care, especially among the oldest and sickest elderly, the active choice is not as much a frequent trend. *Weaker*⁶ groups tend to be less active in making choices. There is a need to provide users with relevant information, in order for them to act in a choice situation (SKL2 2010:14). Without information a market situation is unlikely to succeed and lead to desired effects. SKL2 (2012:21) states that the grounds on which a municipality decides to introduce a free-choice model vary. One main repetitive argument seems to be the desire to increase users influence. Further there are arguments stated regarding the importance of an open political debate about pros and cons in the case of a free choice system.

⁶ Weaker groups –Concept used to express that elderly are seen as vulnerable (SKL 2010).

2.11 A market situation arises

A selection of providers is a basic condition in order for a market situation to arise and information about alternative producers is central. A functioning choice system requires that users are able to make an active choice. For the user to make an active choice he or she needs to be provided with relevant information about the choice alternatives, ie the providers that users choose between. Relevant, easily understood and easily accessible information is for the municipalities to choose between. There are different ways for users to receive information that is connected to the choice situation. Information can be received through the websites of each municipality, or through brochures and catalogues. Further information can be provided through friends and relatives (Swedish Competition Authority 2013:96-97).

Case managers are the closest contact person to users, and also the ones main responsible in providing users with relevant information that they need in order to make an active choice. Case managers should be relatively objective, in order to keep the competitive neutrality between providers in their informative role. A choice system puts extended pressure on Case managers, since they in a choice model, get the role as informatory, and therefore need to get a picture of the providers, provide users with this information in an informative way. This puts time as well as ethical pressure on the service managers (Swedish Competition Authority 2013:96-97). Further it means more time for case managers to spend on the informative situation as the information extends in a system of choice.

There is a difference in how municipalities inform users about their rights and the different services. Case managers have expressed the increased need of time as it takes to inform users. The time provided has increased with between 20 and 45 minutes per user (Swedish Competition Authority 2013:98). Case managers have also expressed that they feel as if there are difficulties in giving right and relevant information and how to inform users, thus this has become easier as the system has been in place for a while (Swedish Competition Authority 2013:99). Users experience the information inadequate and difficult to take part of. There seem to be a lack of relevant information in the case of what and how users are informed. Further, there seem to be a desire to get increased information about quality of services. Choice models are often connected to economist Milton Friedman and the history of choice-models goes back to the 1950's, as being an alternative way to organize public services. While the basic purpose of model, public or public-private, remains the same. It is the active choice that is supposed to function as a way of organizing services – through citizen

participation. SKL4 (2010:10) refers to Norén (2000:7) stating that there are three central principals that political steering with help from a choice system is built upon.

1. Citizen interests
2. Introduction of independent actors that compete on a market
3. Creation of an autonomic administration (SKL4 2010:10).

According to SKL4 (2010:27) there is a difference between users depending on which choice situation they are in. It is not possible to compare the role of users of personal assistance, users of schools, or users of elderly services. There are areas where users are more or less likely to take the role of being active costumers (SKL4 2010:27). Elderly are considered being a less active group than for instance parents making a choice of school for their children. Also, within elderly care, there are differences among users. Educational level and social status are factors that SKL4 (2010:27) states as factors influencing the likelihood of active user choice. SKL4 (2010) refers to Edebalk & Svensson (2005) stating;

“...geographical closeness, feeling of security and providers reputation are factors that influence the active choice” (SKL4 2010:29).

There have been widespread debates on how to solve the situation of users unlikely or incapable to choose. Alternatives have hereby been highlighted and suggested for further development of active user choice. Reasons to users feeling that it is difficult to choose has been that the *“choice-support”* is poor and that lack of time and knowledge on behalf of service managers have been the case. SKL (2010:30) states that the user role is not to be taken for granted. Different social groups will choose differently, there will not always be an active choice and even if choices are made – there is a risk of them being not made in a desirable way that is - not made with the relevant and expected way. A none-expected way to choose is if the choice is not based on the facts that are supposed to function as guidance in the choice situation, a choice based on misunderstandings or a choice made since it *“has to be done”*. (SKL4 2010:30).

“Choice-model principals are organizational principals that cover three themes. It is about making services more perceptive against users of services produced, the producers are

expected to show management like structures and these business like structures shall compete with each other when it comes to satisfaction of user needs” (SKL4 2010:8).

2.12 The informative situation

Users have argued that there is lack of information from service managers to users and there seems to be an uncertainty from the case managers in how to inform users and with what kind of information and remain neutral and objective at the same time (Swedish Competition Authority 2013:99-100). Additional information is up for the users to look up themselves to look closer into. Users thus experience the information hard to find and difficult to take part of. There is also a difficulty in reading out why to choose one provider or the other. There is a difficulty in reading out differences between the possible providers and thereby make the choice. Cause what decides the choice? There is one source or channel of information that is not provided by the municipalities and that is the information that is given by family and friends. This information, which might contain statements of satisfaction and quality of services, is not to the same extent outlined in the information that is professionally distributed. Thus, the information is highly valuable in the choice situation, since it might be comparable and therefore easier for users to close out some providers from the offer. Lots of municipalities have argued that the amount of providers should be limited since they state that too big an offer of providers causes a more difficult choice situation. There are some tools sets up to help users in the choice situation. For example there is *The Open Comparisons*⁷ and *The Elderly Guide*⁸. In *Open Comparisons*, user-surveys work as the base in the information and through presenting results of these surveys, users is supposed to be able to read out the satisfaction levels of users. Since the surveys are followed through on a municipality level, it is thus not possible to compare providers in that sense. *Elderly Guide* on the other hand is more supposed to function as a comparative tools, the issue is just that it only presents the bigger providers and not the smaller ones (Swedish Competition Authority 2013:101).

2.13 Making a second choice

A majority of all users know about their right to make a choice, but fewer elderly actually make an active choice. Users not making an active choice have, through research by The competitive authority (2013:102) stated that there are difficulties in making an active choice, since the elderly are feeling that they are in what they mention as a “*weak position*”, due to sickness or likewise situations where they are incapable of taking part of the information

⁷ The open comparisons –technical tool developed to compare providers (SKL 2010)

⁸ The elderly guide – technical tool developed to present and compare providers (SKL 2010)

provided and/or make deeper research in finding information necessary to make the active choice (Swedish Competition Authority 2013:102). According to Swedish Competition Authority (2013:102), regardless of the mentioned factors above, the actual possibility to choose, seem to be of great importance and great value for users. One reason to not make a choice, even if not completely satisfied, was the concern about hurting providers or being a burden. Another factor that seems to affect the choice situation and elderly concern to make a second choice is the time that it takes to get a new provider. This time for change varies between 5 and 90 days between municipalities. The average time for change is 17 days. Another difficulty when it comes to make a second choice is that the information about alternative providers is considered poor and that the elderly experience difficulties in taking part of the information provided, and thereby make a second choice (Swedish authorities 2013:103).

3. Methodology

Methods are tools used in order to generate useful material to further use in research and when trying to answer research questions (Rasmusen, Ostergaard and C. Beckman 2006:36). The following section will provide a description of methods used and through the thesis process. A method is by Rasmusen, Ostergaard and C. Beckman (2006:11) described as being the systematic process we use to validate a given body of knowledge. The qualitative method used for this research will be further presented.

“We have to be able to provide a basis for our claim that something is correct because we ourselves believe it to be so” (Rasmusen, Ostergaard and C. Beckman 2006:11).

A scientific base is of great importance in all research. It is not the main goal to find a final solution to a problem or concern addressed, but it is the purpose to look for more knowledge and to be *“healthily skeptical”* towards the knowledge generated (Rasmusen, Ostergaard and C. Beckman 2006:11-13). This thesis aims to provide research with some new and possibly applicable knowledge to the debate and the research area.

3.1 Process

In order to study social institutions, it is necessary to take part of different perspectives. Research like this specific one within social science benefits from the utilization of qualitative

interviews since they are considered to be highly informative, and in order to answer the research questions- more into depth answers were desired to achieve-rather than more answers of less essence, such as with quantitative methods. In the case of any research method, not at least in case of interviews it is important to have ethical awareness (Levin 2008:35). All interviewees have been unidentified; research questions have been closely looked at and carefully developed so that they would not be adventure the integrity of individuals participating. The informative sources that have functioned as the base for this study has have been closely chosen by making sure that all interviewees can answer according to the questions towards each interest group respectively. The assurance has been made that the different parties respectively-users in the focus groups have been facing a choice situation, relatives interviewed have had close ones standing in front of a choice situation, the case managers interviewed are in a working position meaning that they face the situation of choice in their everyday job. Literature connected to the subject has been researched and carefully chosen by looking at reference lists of previous reports and documents as well as requests have been made to the interest groups to inform about sources that could benefit such research.

3.2 Timeframe

There are always limitations when it comes to time and resources in research. The limited timeframe of this thesis therefore sets the range of the study and had to be adapted to the amount of time provided. Also, the actual scope of the thesis has been limited to a total amount of pages; therefore the thesis has been structured into containing only the most relevant aspects of the subject as well as only presenting the most essential parts to a greater extent a brief description of the background and the area of investigation. A greater scope would be possible to capture, and more areas related to the research with a longer time provided. The study has been limited to the actual situation of users receiving services within Swedish elderly care and the changes made causing a market situation on welfare services. In this case this specifically services within Swedish elderly care.

3.3 Qualitative methods

Qualitative methods have been chosen since they were considered mostly efficient when it comes to creating ways and improve possibilities of making comparisons. Using qualitative interviews makes it is possible to create a closer picture of how different interest groups look upon the situation investigated, which is the primarily goal of this research. Receiving direct

statements from respondents and also being able to follow up on the answers generates in the highest possible validity and reliability causes greater assurance that statements are correctly understood. By using a qualitative research method, it is more likely, than with a quantitative method, to reach the possibility of comparing opinions and experiences of a given situation, in this case the choice situation. The method allows for comparisons in a way that can further benefit this kind of analysis since they generate in the possibility of exploring actions, norms and values from the perspective of interviewees (Bryman 2008:77). The aim of this research is to try in understanding the subject-the choice situation and the experiences of the involved parties. Since it is the deeper understanding that is desired to be reached, hereby this thesis is of rather qualitative than quantitative kind (Bryman 2008:93).

3.4 Document analysis

For this study, document analysis has been used, together with qualitative interviews, in order to answer the research questions.. Primary and secondary documents have been looked at, ie; Swedish laws and national as well as international articles have been used. Primary documents are the kind of documents that have been directly looked at by researchers, while secondary sources are the ones where a happening is put in a social context (May 2001:216-217). The literature that has been used in the research have been chosen either since they have been suggested from interviewees or found in reference list of previous research. Articles have been found through the database of Lund University and the article data base by using words as; user, empowerment, quasi markets etc in order to find relevant articles.

3.5 Interviews as research method

Using interviews when gathering empirical information –preparing follow them through, transcribing, coding and analyzing is all a process that takes time. Knowing this in advance and being aware of the time that this work takes, makes it also possible to plan time thereafter. Levin (2008:38) states that qualitative interviews are time demanding, thus bare the advantage of contributing to a great amount of data. Further, Levin (2008:38) states that even if what the definition of qualitative methods should be, one main argument has thus been that they allow research to be observed, analyzed and further valued (Levin 2008:38). Due to the time provided, it has been of importance for the study to closely plan the steps of research, when and where for the interviews to take place. This thesis would be considered a qualitative one, according to most researchers. The purpose of research remains the same as with

quantitative ones- to actualize and further analyze scientific questions stated (Levin 2008:38).

It is more the way to or rather the process to which solutions are pulled that differs.

”To investigate structures, processes and mechanisms that are active within and between these institutions is the argument for social researchers” (Levin 2008:39). Hereby the background to the freedom of choice system has been important and highly relevant to look closer at.

Questions regarding societal responsibility when it comes to poverty, care for old and sick people, disabled and others are regulated through social institutions in relation to each other and it is the task of social research to look deeper into these questions (Levin 2008:39-40).

The importance with research of this kind is that the target group is looked at and research is adapted thereafter. The target group of this research is looked at as vulnerable and caution is therefore taken so that questions do not adventure the integrity of individuals participating.

3.6 Semi-structured interviews

For this qualitative study, semi-structured interviews on one to one basis and focus group interviews have been followed through and used as main sources of information. The qualitative methods provide research with several advantages, in comparison to structured interviews, since they allow for preparation. The interviews are not limited to the prepared questions but make it possible to give follow-ups questions. Follow-up questions are highly valuable since they can provide research with additional information that was not planned to investigate, thus could still be valuable for the analysis and contribute to new findings. Semi-structured interviews make it possible to prepare and also makes it possible to keep a certain order along the way, so that the discussion does not end up outside the interest area. When preparing for interviews, one makes sure that the most important aspects are brought up, but at the same time remains the possibility of asking further about an aspect mentioned or follow up on possible new angles (May 2001:150). Semi-structured interviews can provide the study with explanations to statements made and clarifications of information that is given. The interview, from beginning to end can be somewhat structured along the way, and hereby adapt to the situation and hereby reduce the risks of misunderstandings and defaults. Further semi-structured interviews give the possibility to make clarifications of statements made, in case of confusion regarding certain aspects. It is essential to have unidentified interviewees in order to receive more reliable statements, since unidentified interviewees are more likely to give

clear and more valid answers. Interviewees have stated that in order to participate, they need to be assured of complete anonymity since they are in a vulnerable situation. For example, case managers have got duty of silence.

Since the selection of theories was made in connection to the selection of theories, before the data collection was completed, analysis of the gathered material became easier, than it would have been to choose them after the data was collected. By choosing theories in advance, and during the data collection it has been further clearer where the thesis is going towards (Aspers 2007:156).

3.7 Transcribing, coding and analysis of gathered material

First of all, all the interviews were recorded in order to really capture the statements and be able to return to them by listening to them repeated times. After the interviews were followed through they were all transcribed so that the empirical data would be easier to take part of. Having the interviews in a written version enabled the possibility of creating a coding system in order to reach the possibility of capturing the most essential parts of the material becomes easier. After performing the interviews, some adjustments were made when it comes to coding of the transcribed interviews. Some new aspects showed and these became of importance to capture and include in the analysis (Aspers 2007:157). This thesis is of narrative kind, since its key aspects have been captured through the interviews made. The statements made by the interviewees have been highlighted and used in order to analyze and discuss the research questions. With support from previous research and with the analytical tools in form of theories, the possibility of problematizing around the research questions became accurate (Aspers 2007:192).

Following key words have been used when coding the material; *empowerment, choice, information, individuality, markets, quasi markets*. Having some key words when going through the material makes it easier to sort out the most essential parts of the data that is valuable in further analysis. The coding of material has been trying to capture both negative and positive aspects and weight them against one another, as well as bringing out the most essential parts considering feeling connected to the system of choice.

3.8 Selection of municipalities and interviewees

Mapping out groups that are directly connected to the choice situation has done the selection of interviewees. Two interviews have been followed through with Swedish Municipalities,

two focus groups with elderly, two interviews with relatives to elderly, and one interview with Swedish Municipalities and Counties/Special investigator on the law in freedom of choice. In order to capture positive as well as negative aspects of the research topic, it was considered important to capture opinions and experiences from different angles. There were difficulties connected to the task of finding interviewees, therefore the selection made was primarily a question of resources. There were initially some restrictions when it comes to the selection. All interviewees are located in the Stockholm area due to increased likelihood of performing the interviews in person and not on telephone (2007:433). Like Bryman (2007:433) states it is a main reason for a specific selection is often a question of what resources you have and what contacts you get (2007:433). There is of course though a selection made by targeting interest groups of the specific topic of the research. The number of interviewees is difficult to decide in advance, since you do not know what answers you might get or how extended they might be. Interviews are along the way taking a certain direction that you cannot predict (Bryman 2007:436).

Open-day facilities, service-homes and case managers have been contacted through e-mail or telephone calls in advance in order to receive approval to interview participation. There were some difficulties in finding case-managers to interview, since them in most municipalities' lack of time as it is when it comes to handling their cases. Hereby it was difficult for them to have time to spend on an interview, which would be a task outside of their actual work assignments. The lack of time that case managers suffer from will be further presented in the thesis and further used in the analysis of collected data. In the case of finding focus groups, elderly seem to be most willing to participate, thus finding groups that have services but are still healthy and have the energy enough, and not suffering from for example dementia, to participate demanded some time and research. Finding focus groups and case managers in the same municipalities caused greater difficulties to the research. It should be stated that all participants, once found, showed great interest and engagement in the interviews and provided the research with highly valuable information. A consequence of the difficulties in finding interviewees resulted in that a decision was made to choose interviewees all in different municipalities. Due to these decisions, research was also provided with a greater amount of experiences which turned out to be valuable.

Two interviews have been followed through with case managers in two different municipalities, two focus group interviews have been followed through with users in 2

additional municipalities and then two interviews have been followed through with relatives to elderly users. The selection of interviewees have provided the research with a diversity of angles and hereby contributed to a great amount of selected data. It has not been the intention to do any kind of generalization. It has been the intention to capture a diversity of people connected to the choice situation and also through this selection; different municipalities become included in the research. The municipalities are all differ in the sense of number of providers and the amount of years that the law on freedom of choice has been in place. Further, in these two municipalities, users have been interviewed in order to capture the most reliable picture of user experiences, through users own statements. Focus group interviews have been the case of the user interviews. Two groups of about six users in each have been interviewed and the base for this specific method is due to that elderly themselves expressed a desire to have interviews performed in groups. In both cases of interviews with elderly, the intention was initially to follow through one-to- one with them, but since they expressed a certain desire to be questioned all together, it felt of great importance to answer to their requests. The reason to performing focus groups instead of one-to-one interviews hereby became a question of meeting the elderly's feeling of security. Having the elderly feel comfortable in the interview situation felt very important. Further, interviewees, whose requests are met, seem more likely to provide research with valid and reliable statements. All the municipalities' chosen are located in the Stockholm area, in order to more easily is able to be present in the interview as supposed to performing them on the telephone. Further, focus group interviews are not easily performed unless the interviewer is present. The municipalities have been chosen first of all since they have decided to let private providers take place in both home care services and care homes. They thus differ in how long time has been since the system of choice was introduced. The differences in time of implementation can hopefully also contribute to information that could be used in a concluding aspect. All municipalities are located in the Stockholm area. More specifically, the following interviews have been performed;

Focus group 1 was followed through in a municipality where LOV has been implemented within home services since 2010 and within care homes since 2013. The municipality has got 12 providers of home care services and 8 care home providers.

Focus group 2 was followed through in a municipality where LOV has been implemented within home services since 2009 and within care homes since 2011. In the municipality there are ten providers of home services and eleven different service homes.

Interview with Case Manager 1 was followed through where LOV has been implemented within home services since 2010. The municipality has got 12 providers of home services. Case manager 1 has worked at her present job for two years and hereby has the same amount of years in practical experience from the LOV-system.

Interview with Case Manager 2 was followed through where LOV has been implemented within home services since 2009 and within care homes since 2009. Case manager 2 has been working within the municipality services for several years and has got an experience of the LOV system all the way back to when it was initially implemented. The district government has got 236 providers of home care services, 89 care homes and 116 housings for elderly with dementia.

Interview with Relative 1 was made where LOV has been implemented within home care services since 2009 and within care homes since 2011. There are 10 providers of home care services and 11 care homes.

Interview with Relative 2 was made where LOV has been implemented within home care services since 2009 and within care homes since 2011.

The interview with SKL made it possible to capture greater part of the Macro and meso level of the research topic. The representant has also researched the topic of elderly care more specifically, and is most knowledgeable about the choice situation and the changes that have been done on a more structural level.

With the interviewees chosen, the attempt will be to try in receiving some information from different angles and make an attempt to read out if there are any common views. Alternately learn from different experiences of the choice system and hereby in a more easy way find some suggestions on what could be done in order to reach a more functioning system.

3.9 Interview guide

In order to be prepared in the strive of finding ways to question and by mapping out relevant questions and thereby also be able to make estimation about the time frame for interviews, an interview guide was created. The interview guides function as guidelines, but do not steer the interviews completely. Before making the interview guide, data was collected in order to increase knowledge, decide on the more exact study and research questions. After some background research, it was easier to formulate relevant questions (Bryman 2007:35).

3.10 Focus group interviews

"A focus group is a kind of group interview where;

- 1. there are several participants*
- 2. the questions treat a relatively limited research area*
- 3. the focus lies within the interaction in the group"* (Bryman 2007:46).

The focus group interviews were performed with all the participants present at once due to their own preferences, but also then turned out to be beneficial, since the interaction between the elderly showed leading to a greater amount of statements. Either a statement from one user led to the clarification or further support of a statement from another. In other cases a statement from one user led to someone else expressing an opposite opinion. Hereby, the group interview provided research with lots of information that might not have been as either clear or questioned, as in the case of performing the interview with all participants at once (Bryman 2007:467). Focus groups research is a method where a number of people are targets for questions at the same time. In this case all of the participants are asked about the theme of the law on freedom of choice and the choice situation within elderly care. The goal has been to look deeper into what elderly feel about the choice situation and how the choice is functioning in practice. By doing this, the aim was to find what does and what does not function and maybe there is a way to lift the troublesome aspects and try to find ways to solve these concerns. The prepared questions were asked to the entire group and aimed to cause discussions. By having a moderator to steer the discussion, it becomes easier to keep a structure and to stick to the subject. This method is according to Bryman (2007:468) a good way to reach a deeper understanding in why people experience a situation the way they do. One of the main advantages with the chosen model is that the answers can become even more

interesting than answers in one-one interviews, since having more people discussing the subject of the question might further develop them.

One of the difficulties with the chosen kind of interviews is that they can be more difficult to transcribe, and to point out the statements of interviewees since people can speak around each other and interrupt each other during the interview process.

3.11 Validity and reliability

For this study to reach the greatest level of reliability, qualitative studies, with support of document analysis were done. The method chosen was based upon the assumptions that it would make it most possible to create a picture of the existing situation and further compare pros and cons in the continuous debate of freedom of choice. The reliability of the data increases since it is connected to time and place, hereby reliability becomes high since the gathered material both through interviews and by previous research relates to the last years. This, since the law on freedom of choice was introduced as late as 2009. In order to analyze the research questions of the thesis and to be able to reason about the questions initially stated, the thesis will be strengthening with facts from document analysis. All of the interviews were followed through between April and July of 2013. All interviews have been followed through in Swedish, since Swedish is the mother tongue of all interviewees. This in turn gives a greater level of reliability to the answers used in the analysis, since it is more likely to keep out misunderstanding. In order to generate greatest possible reliability to the statements made, this was considered the most relevant way.

3.12 Ethical considerations

The Science Council has set up four ethical guidelines that should be followed by researchers. The four requirements are as follows;

1. The Informative requirement
2. The consent requirement
3. The confidentiality requirement
4. The requirement of use (Daneback, Månsson 2008:165-166).

Participants were informed about the study in advance and the purpose of the research and participation in interviews was clearly stated. Further, an interview guide was sent for the

interviewees to be prepared. The preparation benefits them, since it allows them to look deeper into questions that might be complex- which further benefits the research since the answers to the questions might be more comprehensive.

The consent requirement was met through that the interviewees agreed on participation. All of the interviewees were given immunity through complete un-identification, since they have been unidentified and it is hereby not possible to trace them through their statements. Hereby the requirement on confidentiality was met. The fourth and last requirement was met since the information that was given through the interviews will not be used more than to this specific study, unless the interviewees are asked and give the permission for it (Daneback, Månsson 2008:165-166).

3.13 Limitations

The scope of this study limits for a broader study, which would be of great importance to make in order to deepen the understanding of the situation discussed. Due to space and time restrictions, it is not possible to make a more into depth analysis of each of the areas that are included in the system of choice and covered by the law; for example the school-situation, personal assistance, primary care etc. There are several areas that are cases of the law on freedom of choice, but although, there are different conditions on which these different services act. The law is further applied to different extent among the different services and the law has been in use on various lengths of time. Also, the law has had different effects on the services. It is not the purpose of the study to look deeper into the differences among effects, but to take a closer look in primarily the laws effects on elderly care in Sweden. More specifically the study is limited to the situation of users in the system of choice. Another important factor when deciding what limitations to make is that even within elderly-care, the situation varies between municipalities. First, there is a difference between compensation levels and second there is a difference in time of presence when speaking of the time of implementing the law. It is not the aim to either look upon municipality similarities and/ or differences between municipalities. Neither is it the aim of the research to generalize in user experiences and find out a single answer to whether the system should or should not exist in the future.

There are many factors that could, and further should be more closely looked at when it comes to the freedom of choice. For this specific study, due to time limitations and range

restrictions, the choice situation of users has been the main focus. One could look at the situation and changes for staff within services, or consequences on restructuring of services and resources. Thus, this would require additional resources, time and further deepen research. It would also be interesting to look deeper into the discussion about quasi markets and the effects of these from different aspects. Quasi-markets will be included in the thesis, but more used as a theory for analysis, rather than looking deeper into them as such in form of consequences caused by these. The thesis does not aim to be a political discussion, even though arguments through previous research often are of political art.

3.14 Boundaries and obstacles along the way

Finding interviewees that had time to spend on an interview was more difficult than predicted. The lack of time that case managers have will be further analyzed in the thesis since this has got further impact on the situation of users. Finding groups of elderly in order to perform focus group interviews was further a challenge since it is a vulnerable group and many elderly do not have the possibility or the energy to participate. It could be argued that this thesis includes both inductive and deductive processes. Since the collecting of new knowledge speaks of an inductive process, the knowledge is applied on the chosen theories. Meanwhile, the deductive process is actualized since it through the chosen theories have caused assumptions that are further used as hypothesis (May 2001:51). The thesis is primarily of deductive kind, since theories are chosen before the gathered data was collected and the analysis rest upon theories of New Public Management, Quasi markets and Empowerment. Using theories as a starting point for discussion, with a basic assumption that there is somehow a way to explain the situation by relying on the chosen theories (May 2001:48). The way the thesis is built it aims to test the possibility of theories explaining the accurate situation of choice system and the way it is functioning. In this sense the aim of research is to make a test of whether the theories can explain the accurate situation and the science about society the way that the system of choice is about. A theoretical framework is developed where methods of empowerment and quasi-market solutions are used to investigate and look more into depth of the specific topic.

The main obstacles during the process have been to find interviewees and create a structure due to the difficulties in receiving focus group interviewees and case managers in the same municipalities, which was the initial goal. It turned out that in order to create a picture of the situation of users, even though a user perspective is of high relevance to capture and maintain

when trying to find the ultimate solution. The fact thus remains, which will be described in the thesis, that there will always be a structural debate parallel with the user focused one. Structural and user perspectives will be presented in the analysis.

4. Previous research

Different scholars have looked deeper into questions regarding the law on freedom of choice in order to achieve and strengthen knowledge on what possibilities such a system generates and also defaults with the reform. There have been few reports and analysis of what affects the reform has actually had and if the advantages or the disadvantages that weight higher. Various researches have been used in order to answer the research question of this thesis. It was necessary to include national, as well as international research so that all questions could be analyzed. International research as gotten further when it comes to analyzing structural arrangements and can capture the macro level of the discussion, while as the national Swedish research goes more into depth on the Swedish case and can hereby contribute to a closer look at the Swedish version of a choice system on a micro level.

4.1 The emergence of a choice system

During the last years, the share of welfare services provided by other actors than the public sector has widely increased. Changes have caused reasons to analyze who should be delivering welfare services. Political reasoning about efficiency and economy play part in the widespread debate. There are two main ways to put competitiveness on the state provided services and that is either through *competitive tendering* or through *user choice*. Both ways are regulated through Swedish state policies (Bergman 2013:10).

Tine Rostgaard (2006) states the following:

"It seems that consumerism has become part of the logic of governance, and new forms of responsibility have been created which not only empower but also condition the individual citizen. The consumerist approach implies a new social construction of social policy; a second- generation do-it-yourself social policy in which the imperative is to secure the right to choose, more than equality of opportunity to choose or equality of outcome". (Rostgaard 2006:443).

Rostgaard (2006:443) states that concepts like choice, user involvement, participation, empowerment, has become widely used in times of change. Politicians have increasingly strived for what Rostgaard (2006:443) defines as a more “*active citizenship*”. An extended demand for choice has turned out to be what Rostgaard (2006:444) refers to as;

“...a natural consequence of the criticism of the workings of the traditional welfare state. Individual appears to be are less inclined to accept the traditional top-down imposition of welfare”(Rostgaard 2006:444).

Rothstein and Blomqvist (2008:35) bring up some of the critique that has been pointed towards the old Swedish welfare system with a state monopoly on welfare services. The critique mostly lifts out economic inefficiency as being troublesome and problematic consequences. There has been critique towards too bureaucratic actions, which critics mean exist in a state monopoly. Critique includes opinions about that a monopoly puts limitations in citizens right to self-determination in case of own interest and individual needs (Rothstein, Blomqvist 2008:35). Rothstein and Blomqvist (2008:40) point to two main streams of critique towards a state monopoly system; economic inefficiency and the lack of room for self-determination and limitations on individual responsibility. Inefficiency of economic resources has led to the emergence of private services and the emergence of a welfare market. In a state monopoly, citizens are not able to make a choice; it is the public services that automatically become the provider of services once interventions are granted. Self-determination is not actualized and according to Rothstein, Blomqvist 2008:46, this restricts the individual’s integrity. In case of choice systems, users bare the ability to affect their situation (Rothstein, Blomqvist 2008:46).

“The right to choose service provider means enhanced consumer-power to citizens, regardless of the shift in the system” (Rothstein, Blomqvist 2008:55).

In the Swedish case of a choice system, users still pay for welfare services through public state taxes (Rothstein, Blomqvist 2008:55).

Dissatisfaction in welfare organization has led to people looking for alternative solutions of welfare and last year’s changes are among politicians desired to meet individual demands. Rostgaard (2006:445) discuss whether we can talk about consumerism of welfare in the way

choice systems are implemented and expected to function. Rostgaard (2006:445) presents three generally applicable arguments about what she refers to as consumerism in social policy:

“...the introduction of consumerism in relation to social policy leads to more individualized responsibility for a person’s own welfare; designing one’s own social policy means a willingness to take risks; autonomy also means the freedom to make bad choices; a consumerist approach implies a new social construction of social policy; a second-generation do-it-yourself social policy where the imperative is to secure the right to choose, rather than equality of opportunity to choose or equality of outcome” (Rostgaard 2006:445).

“The strategy of free choice through semi-marketization becomes the omnipotent answer to the problems of the traditional welfare state inefficiency, low quality, inflexibility, and disempowerment” (Rostgaard 2006:446).

The intention when implementing a choice system and competition between a public and private provider of welfare is that it will ensure the best quality since market forces tend to eliminate poor performers. The assumption is that competition leads to greater efficiency. A new system puts pressure on new technologies to be developed. The choice system intendeds to empower individuals but requires users to take responsibility over once life and expect users to be liable for once outcome of that choice. Welfare has become *“a lifestyle of choices”* (Rostgaard 2006:446). Systems of the freedom to choose-kind include a risk of bad choices which requires policy decisions and steering in order for them to function. A consumerist points to that there are changes in the sense of constructions within social policy. Lack of right to choose is according to Rostgaard (2006:447) leading to welfare dependency. Providing users with possibility that a choice system does, demands competent agents that can stand up for their situations and make proper choices (Rostgaard 2006:447).

4.2 Changes in structure

Blomberg (2004:15) mean that NPM-ideas causes change pressure on the development of technical tools for follow-ups and control. A choice system also leads to the need of an analysis of the new role of case-managers, due to these changes caused by the new system.

The role of case managers has changed but still involves a first visit in order to make the care

planning and Case Managers play a central role. Blomberg (2004:15) thus state that the presence of close ones and assistance in a choice situation, thus it is in the end the elderly his or herself that is the one whom needs should be met (Blomberg 2004:140). Case Managers have stated that they experience great satisfaction when users are feeling that *“a right decision has been made”* (2004:143).

Elderly seem to show greater level of concern when it comes to who it is that come in to their homes rather than which provider. According to Meinow, Parker and Thorslund (2011:1291) individual needs and requests are caused by the system of choice. The change in the system causes pressure in organization and the way the system is continuously developed.

“...a care system that builds on market mechanisms, and increase the individual’s responsibility for his or her own care, may need to offer some kind of care coordinator. Such a person would be knowledgeable about the care services that are available and can act in the interest of the elderly person and their relatives to help them to find appropriate, good quality providers” (2011:1292).

The changes may need to be met with alternative or additional ways on how Case Managers should handle their new role and resources might be needed.

“Many have doubted that it is really possible to create market dynamic effects in case of efficiency, quality and user influence when it comes to publicly financed and controlled services” (Rothstein & Blomqvist 2008:62).

Rothstein and Blomqvist (2008:62) mean that there are a number of conditions that need to be met in order for the system of choice to function and for a market like situations to be effective and contribute to increased quality as desired. Among the arguments for a functional market is the need of a particular amount of providers and also that there are users making a choice. Lots of critique has been pointed towards the possibility of market effects being a solution in reaching efficiency, increased quality and empowerment of publicly funded services welfare services. Reaching political incentives and goals through market-solutions in the striving for social justice, solidarity and distribution has also been questioned and criticized (Rothstein, Blomqvist 2008:62).

"Letting users choose provider of welfare services is a way to create incitements for good quality among all providers, private as well as those within the public sectors own services"
(Bergman 2013:8).

Bergman (2013:10) means that user choice can be effective in the way providers are chosen and state that in order for users to make choices, there are some aspects that need to be covered and goals to be met. Bergman divides them in to the following ones;

- A well-structured information that is adapted to the target group.
- The information should not be too complex but should highlight providers' diverse characteristics and present subjective quality-measures
- The market dynamic should be formed in order to create incentives for good and serious providers to establish and expand.
- There should be a certain over-capacity of providers so that user choice becomes possible
- A pressure should be put on un-serious providers so that they can either improve to the better, or be forced to leave the market.
- Choice systems should be constructed so that providers "suffer" in case of users leaving (Bergman 2013:10).

"Quality in welfare is determined ultimately to a great extent from how individual professionals act" (Bergman 2013:26).

Bergman (2013:61) means that users are provided with power over their situation through the "voice-channel". The voice channel is seen as a way for users to possibly complain or express un-satisfaction of services provided, so that either providers get the possibility to get better so that users stay with them, or – the case of exit-channel might become accurate, where users leave on provider in advantage for another one. Through an active choice, users

themselves can affect their situation and hopefully reach services of good quality (Bergman 2013:63).

4.3 The choice situation

“...*Social welfare can be pushed through the provision and exercise of choice*” (Botti & Iyengar 2006:24).

The concept of choice is fundamental to people’s sense of themselves and of their community and;

“... *cherish the values of autonomy, individuality, and self-determination*” (Botti and Iyengar 2006:24).

Users standing in front of a choice situation often belong to what Bergman (2013:66) refers to as *weaker* groups in society and hereby have difficulties in making active choices. Choices that are rational and based on informative grounds, due to the conditions they might be situated. In cases of weaker groups, there are sometimes relatives or other close ones to support users in a choice situation, but not everyone has got someone to turn to for support. Secondly, the support in case of choices might not be the single solution to the concerns elderly feel upon the choice situation and complications connected to it. A choice system must be well structured and properly organized for it to be well functioning and for users to feel safe and sure in their situation (Bergman 2013:67-68).

“*The freedom to choose is for many people a basic piece in a democratic society*” (Hartman 2011:10).

A main motive for introducing a choice model has from politicians been to enhance the freedom among users to choose (Edebalk 2008:7). Edebalk (2008:7) also actualizes the discussion about quasi-markets, as the emergence of these is a consequence caused by choice models. Competition in the case of quasi-markets aims to generate productivity as well as cost efficiency of the public sector. Further (Edebalk 2008:8) argues that quality and productivity can be increased as a consequence of the choice model. Since providers are paid by hour of produced services, it is most likely that they do produce the total amount of hours paid for (Edebalk 2008:8). Edebalk (2008:9) brings out difficulties that users feel connected to taking

part of information provided to them in a choice situation. Differences between providers are hard to read out and the general information tends to be complex and difficult for elderly to take part of. A relatively low number of users make an active choice and even fewer decide to change provider. The change seems to cause insecurity and worries among elderly users. Care managers feel as if there is a lack of time when it comes to follow-up on the feelings and experiences of users regarding their services. This might also be a reason to why few users decide to actually change providers (Edebalk 2008:9).

Having the possibility to choose is among a great part of Swedish citizens, a highly valued factor. The freedom to choose has among politicians been one of the strongest and most used arguments for competition (Hartman 2011:10). According to Hartman (2011:10), competition causes pressure on providers to find “...*new and innovative methods to produce more and better services to lower costs*” (Hartman 2011:10).

This is a way for new providers that are specialized towards specific groups, to enter the market of welfare producers and hereby contribute to a greater amount of producers, and reach higher quality. The idea of markets, like the ones created in the welfare sector, is that they generate variety both in the sense of demand and the sense of user needs. This in turn, could be argued as being “*a less bureaucratic public sector*” (Hartman 2011:13), in difference to a full state monopoly of welfare services. The debate thus has two sides, and Hartman (2011:13) discuss the arguments that are stated against a competitive market. Since most new providers of services strive to make a profit, there are arguments saying that cost risk to increase and that user might get fewer hours of services, and that services provided might be of lower quality. There further seems to be a concern regarding “*ineffective order capacity*” (Hartman 2011:13) and increased costs on bureaucracy due to changes in the organizational structure. There are also arguments that point to that it is the collective choice that should be strived for and not the individual choice that should be strived for. Hartman (2011:13-14) mentions a concern regarding increased differences between social groups in the sense that the system would only profit what are referred to as stronger groups, meaning people with higher education and social status.

Bergman (2013:69) argues for the importance of creating a well-organized choice situation for users to experience it manageable. Users should be provided with a suitable amount of information but it needs to be extensive enough to base a choice upon, but short enough for

users to be able to take part of it and not find it overwhelming. Information provided to users should be differentiating, present results from user-surveys, and also contain summaries on quality measurements. Besides the informative aspects of user choice, there is the market aspect and concerns connected to this. Market mechanisms should, in a competitive situation cause providers to leave the market, if they are not experiencing the providers to live up to their expectations and demands. Also, there needs to be a certain overcapacity in the competitive situation so that those providers not performing what is expected from them are forced to leave the system. There should thus be enough providers on the “market” so that a choice situation can arise and so that a choice becomes possible to make (Bergman 2013:73). Due to changes in structure on the welfare arena, methods are required to steer the functioning of these systems.

“Letting users decide provider – user-choice- is a way to create incitements for good quality among providers, private ones as well with the public sectors own service” (Bergman 2013:74).

Botti and Iyengar (2006:24) argue that citizens, as well as politicians have arguments speaking in advantage of the choice, due to its self-value. Research has shown that there are advantages in case of choosing, thus the advantages are more to be looked upon as applicable to easier cases. It is questioned whether the same advantages could be discussed to the same extent in more complex choice situations with possibly higher level of consequences, made among a greater number of alternative providers, and “may entail the consideration of aversive options” (Botti & Iyengar 2006:26). Botti and Iyengar (2006:26) argue that there is a thought in limiting the amount of choices by stating the following;

“...Subsequent studies conducted across a variety of contexts reveal further pernicious consequences of offering choosers more rather than fewer options” (Botti and Iyengar 2006:26). “First, the presence of more than fewer options makes decision makers more likely to decide against choosing, even when choice of opting out has negative consequences for their future well-being” (Botti and Iyengar 2006:26).

Secondly, the extended amount of choice was connected to lower confidence among users and choice among extended choices seemed to yield less satisfaction (2006:26).

“The observation that the provision of choice need not always to be beneficial and may, at times be determined, is not limited solely to contexts of choice overload” (Botti & Iyengar 2006:27).

Increased amount of choices seem to increase risks of causing chooser-satisfaction. Thus, decisions can be difficult and complex even in cases of fewer possible choices. Difficulties with choices seem to be connected to three main factors- information overload, unclear preferences, and negative emotions (Botti, Iyengar 2006:27). Botti and Iyengar (2006:28) brings up complexities in choices and points to that they can be connected with anxiety due to that they are conflicted with emotions. Botti and Iyengar (2006:28) pull the conclusion that in case of policy makers providing citizens with the ability to choose, they need to be aware of;

“...peoples cognitive limitations, have knowledge about their own preferences, and negative emotional responses that may complicate choices and thwart individual welfare” (Botti, Iyengar 2006:30).

Botti and Iyengar (2006:30) also argue for the importance of not letting providers being a choice alternative, unless assured of their content and quality. Another way to reduce feeling of information being overwhelming would be to introduce support- or recommendation systems. More choice alternatives should not be presented, unless the extended choice is likely to increase user-satisfaction. Service providers that are more or less the same should not further enter the system of choice, since this would most likely not lead to more satisfied users-but instead probably more confusion and anxiety in the choice situation. Finding ways to categorize alternatives and assist those who choose in how to do so is relevant to further create and develop systems for ways to do so (Botti, Iyengar 2006:28). By judging from the article by Botti and Iyengar (2006:30), there seem to be a dual side of the choice situation and the way people look upon the case of being “in control”. People want to be self-determined; while at the same time, own responsibility may be experienced as somehow troublesome (Botti and Iyengar 2006:35).

Botti and Iyengar (2006:36) state that it is important that policy makers closely look at when and how much choice that should be given to the public. Especially this is of importance when it comes to social security questions and health- and care treatment.

“...the presumption that people are never worse off, and are usually better off, as a result of making their own choice must not necessarily be true” (Botti, Iyengar 2006:36).

Botti and Iyengar (2006:26) mean that people have through times shown to be ambivalent when it comes to making choices. Individuals want to be self-determines, but sometimes instead seem to try in escaping from freedom and instead want control.

Edebalk (2008:7) states that;

“...in order to gain new users and retain already existing ones, the care providing companies must meet care recipients with kind treatment and have a competent and involved staff. The care providers have to respect agreed time schedules and produce well-performed work-efforts, thereby establishing a good reputation” (Edebalk 2008:7).

There is a relatively small amount of research on consequences and effects of the reform, on users and staff, as well as on municipality costs. Freedom of choice in elderly care is somehow different from freedom of choice within personal assistance for instance. It is the choice of who to be the provider of services, not what services to get or by whom exactly, but by which service provider (Szebehely 2011:222-223).

According to Szebehely (2011:233) there is a difference in the amount of providers in the different municipalities in Stockholm County. There are nearly 200 providers in some municipalities while in others there might just be around 50. Small municipalities in other parts of the country though, lack enough providers in order for a market situation to arise. Municipalities controlling organs are according to Szebehely (2011:251) not as well functioning as desired to be. She means that municipalities seem to rely on users to de-select “*bad choices*” or leave providers that they are unsatisfied with if they are experiencing providers not to live up to required services. Research has shown that not all users were informed about the choice, neither were they informed about the possibility to change.

“...competition in general and choice system reforms specifically have been introduced with the argument that competition leads to lower costs and increased quality. More specifically that user’s possibility to exit leads to the achievement of greater quality” (Szebehely 2011:255).

According to Szebehely (2011:255) it is the possibility for individuals to choose that is the core ingredient in the system and the one factor that aims to contribute to that quality is maintained and developed. The primary argument against the system is that elderly services cannot be compared with other service, since sick elderly have got limited abilities to act as “consumers on a market” (Szebehely 2011:255).

4.4 The informative situation

In order for elderly to choose service provider it is of great importance that the information provided is short, informative and comparable. The need of sufficient information is further of importance, since the choice can be a case of quick decision-making (Socialstyrelsen 2012:7).

According to Meinow, Parker, Thorslund (2011:1285) elderly people have started to increasingly be looked at as *consumers* or *costumers*. Further Meinow, Parker, Thorslund (2011:1285) mean that elderly belongs to a vulnerable group and that it should be questioned if they have the ability to find information and take part of it in order to base a decision on that information. New Public Management solutions have been the way to reach greater quality, efficiency and responsiveness within health and care. Individual choice has among politicians been the way to reach a feeling of control over one’s life. Meinow, Parker and Thorslund (2011:1285) mean that not all elderly have got the

“...cognitive, physical and mental resources to make own informed choices when selecting care providers” (Meinow, Parker, Thorslund 2011:1285).

There is a question about users’ ability to act in a *consumer way* that a market requires them to do.

“Physiological research supports the idea that increased choice improves individual welfare and suggests an increase in the intrinsic motivation and perceived control, and that the decision maker tends to bolster the value of personally chosen outcomes” (Meinow, Parker and Thorslund 2011:1285).

Some studies point to that there are limitations in a choice situation in the sense that elderly lack “a sufficient insight” and as a cause of to many choices elderly tend to feel less motivated in making a choice, and less satisfied with the once they then choose. An active

involvement in decision making of care providers in market driven systems requires that individual are aware of his or her needs and is further able to find and process relevant information to base a decision on. According to Meinow, Parker and Thorslund (2011:1287) the opportunity to exit unsatisfactory services is essential in market economics. Persons with cognitive problems or individuals that are weak or sick are seen less capable of gathering and compare information about different care alternatives. The step for older and sicker people to making an active choice is hereby more difficult to take, and even so to take the initiative to change provider. Users are also considered having difficulties when it comes to taking part of information to base decisions on. Meinow, Parker and Thorslund (2011:1290) state that;

”users finds it difficult to understand information about the system itself and about providers”. ”Few elderly people with home help services ever changed providers” (Meinow, Parker, Thorslund 2011.1290).

In order for the elderly to make an active choice of service providers, it is of great importance for the information to be relatively short but informative. The users should also be provided with comparable information. The need of sufficient information is information is further of importance, since the choice can need to be done with short notice (Socialstyrelsen 2011:7). Many users decide not to make an active choice. Thus, the elderly seem to have a positive view on the possibility, regardless of if they use the possibility or not. It seems to be more common that people with higher education and higher income are more active users (Socialstyrelsen 2011:11). Results from the same study shows that the possibility of making an active choice strengthens the power of users in relation to providers. There has been critique towards the difficulties in taking part of the information that is given through service managers and social services. Thus, there are expectations on users to make an active choice in a market-oriented situation. There are elderly that speaks for the idea of being provided assistance in the choice situation. Socialstyrelsen (2011:11) further states that elderly have asked for care managers to assist in the active choice. Recommendations and assistance in the choice process is thus not possible, since care managers are supposed to act objective. Recommendations from friends and relatives as well as geographical closeness seem to be the factors that decide what provider the elderly choice, if making an active choice rather than through the information that is given by service managers. Security in form of providers being easily reachable at short notice seem to be of importance for many elderly, in the case of home assistance. Even how the service providers approach the elderly seem to be highly

valued. As well as the social contact, this also weights higher. One main reason to that the elderly are unsatisfied with the services they are given, and might want to change provider is that there is lack of continuity.

Providers that know what users want and prefer and allow getting to know them provides older users with a feeling of security. Providers that are stresses and are decided to just give the services that are contracted, make elderly feel stressed and uncomfortable. Increased knowledge in services related to care is another desirable factor from users (Socialstyrelsen 2011:13-15). To strive for provisions of systematic and structured information that is valid and reliable and at the same time provides users with the ability to compare is highly accurate. According to Socialstyrelsen (2012:6) a majority of users are positive towards the possibility to choose. Lack of information, time and lack of space was how the respondents experienced the choice-situation. Information in form of brochures was experienced as advertisement rather than information useful to base a decision on. Further, the information accessible seems to be experienced as poorly well updated. The trustworthiest information seemed to be the one that is given through friends or relatives familiar with service providers. Choices of care-homes are seen as more easily to make, since one can visit different facilities before making a choice. Home-services on the other hand are more likely to be evaluated after being in use for some time (Socialstyrelsen 2012:6). Time provided to make a choice further seems to be an obstacle in the choice system. A report from the confederation of Swedish enterprise (2009:3) show that Swedish municipalities lack in the capability of providing citizens with the information about the freedom to choose. The confederation of Swedish enterprise later states that open and more easily accessible information, which is comparable, lead to increased quality of services (Confederation of Swedish enterprise 2009:3).

“The openness strengthens the freedom to choose and stimulates qualitative competition between providers so that effective producers can further develop” (Confederation of Swedish enterprises 2009:3).

5. Theoretical framework

The following section presents theories that will be further used in the thesis and in the analysis of new and through interviews collected statements. This part of the thesis and the theory selected aims to actualize a closer analysis of the choice model and its pros and cons, its benefits and limitations. The framework of this thesis is of normative kind, where

empowerment methods and quasi-market functioning's are applied on the choice system in order to analyze the research problems in a policy analytical way.

5.1 Selection of theories

Aspers (2007) present the following definition of theories;

"A theory in the field of social sciences usually consists of an ordered set of general claims about relations that apply within a larger or smaller portion of reality, often expressed as causal relations" (Aspers 2007:10).

The theories selected for this thesis have previously been used in research related to the topic. By combining them, a more into depth analysis of the choice model and its functioning is intended to be reached.

"A theory can, for example, say something universal about how consumers make a purchase or about how organizations develop" (Aspers 2007:10).

After making some brief previous research, it showed that user influence is central for the subject of choice. Since user influence is one of the main arguments for introducing a choice model, the theory of empowerment seems highly relevant to use when trying to combine the structural view with the user focused view of the research problem. When deepening knowledge about the choice model and the situation of changes, theories or rather functioning's of *Quasi-markets* seem relevant to use for the purpose what of this thesis aims to analyze. New Public Management influences have led to the introduction of quasi-markets and their effects in the welfare sector. *Empowerment* widely used in social work, but has influence the way politicians argue about welfare. Importance of enhanced user influence has been strongly argued is a desired effect of the implemented changes and new welfare reform. Increased empowerment through user influence has been the main argument for a market introduction. The regulation of market through the law on procurement, and even more in case of the law on freedom of choice means to regulate the new structure, where the public "gave away" parts of the responsibility of welfare services. Using Empowerment theory and having it as a departure of discussion the intention is to deepen the knowledge and understanding of user influence and the role, which users have in a choice system. Hopefully, application of empowerment theory, together with theories about NPM and quasi markets can lead to an extended discussion about the role of uses in the freedom of choice system (Aspers

2007:82). And also generate to some conclusions regarding what the system requires to function, so that the desired effects are actually achieved, and if there is the possibility to do so.

The way users act as consumers of services through requesting and receiving services, will be discussed from an empowerment and a more structural way through the theory of New Public Management and its consequences of Quasi-market functioning. NPM theory has been widely used in the literature, this while the theory of empowerment seems to constantly lie in the background of the debates held. A feeling of Empowerment is the most desirable situation – reaching a situation where elderly can feel as if they have got the responsibility of their own lives. Combining these theories will be the attempt in this research. In the striving for a greater understanding and in order to work solution focused, such a combined analysis will hopefully pull the discussion forward.

5.2 Quasi-markets

As a result of the New Public Management emergence, there has been an introduction of market solutions on the welfare arena.

“Quasi-markets are created when public sector opens its own service production to other producers by abandoning its monopoly and hierarchical way of producing services”

(Kähkönen 2004:31).

Kähkönen (2004:31) argues competition as being a central concept in the debate and says that the purpose of the quasi-markets is that they raise competition between providers. Politicians put the market in competition in order to reach greater efficiency. The idea of quasi-markets is that they are supposed to;

“...promote efficiency and freedom of choice for consumers. In a broader sense, quasi-markets are described as functioning pretty much in the same way as conventional markets”

(Kähkönen 2004:31).

Kähkönen (2004:31) states that, as in the case of any market-solution, there can be failures. Further she states that in the case of quasi-market solutions, imperfect competition and lack of actual markets are the two main failing possibilities. All over Europe, including Sweden, there

has been an introduction of market ideas in the public sector. Common arguments for the introduction has been that market-mechanisms would be applicable within welfare and that it would further be a way to reach greater efficiency and that it would also be the way to better adapt to the user needs.

Norén (2000:7) states that, in order for market mechanisms to be applicable, they;

“...need to be adapted to the established institutional conditions within the public sector”
(Norén 2000:7).

A market situation in a welfare state is according to Hirschman the way for users to apply the so-called *exit-channel* when they are unsatisfied. By using the exit-channel, users can leave one producer for another one. Norén (2000:9) thus mean that researchers deepening the research about the exit model have found out that few users decide to leave providers (Norén 2000:9).

Structural changes have actualized an introduction of quasi-markets. The market aspect was hereby presented in the welfare debate, and *“market”* is actualized since the state monopoly has taken a step back and left room for independent providers to take part in welfare provision. The markets in the welfare sector are referred to as *“quasi”* since they in some aspects differ from conventional markets (Le Grand 1991:1260). Reasons for introducing quasi markets have among politicians and proponents been that that it is aimed to function as a answer towards dissatisfaction of the previous system. On one hand, there was critique towards a too bureaucratic system with a weak supply for users. The critique was supported through arguments about that the system did not provide users with a sufficient amount of providers in order to respond to needs and preferences, but was instead limited to a one-way solution. The quasi-markets were further aimed to meet this critique and be providing users with alternatives, solve the issue that seemed to stigmatize user satisfaction capability (Le Grand 1991:1261-1262).

“This not only extends the choice of users, it gives them real power; in the battle for resources, the uncooperative, the insensitive and the recalcitrant will lose out, while the helpful, the considerate and the flexible will flourish” (Le Grand 1991:1263).

Kähkönen (2004:31) states that, as in the case of any market-situation, there can be failures. Further she states that in the case of quasi markets, imperfect competition and lack of actual markets; ie supply of alternative providers, are the two main possible failures.

5.3 Empowerment

”Empowerment is a social action process that promotes participation of people, organizations and communities towards the goals of increase individual and community control, political efficacy, improved quality of community life and social justice” (Wallerstein 1992:200).

According to Swedish Peoples health guide (2013), a definition of empowerment could be presented as follows;

“Empowerment stands for own power, power increasing and inclusion. It is built on the thought that all people are capable in defining their own problems and develop methods in order to solve these” (People’s health guide2013).

“Give someone the authority or power to do something” and “Make someone stronger and more confident, especially in controlling their life and claiming their rights” (Oxford dictionaries 2013).

”Empowerment is the process of enhancing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes” (Moula 2008:8).

Central to this process are actions, which both build individual and collective assets, and improve the efficiency and fairness of the organizational and institutional context which govern the use of these assets (Moula 2008:9).

The World Bank (2013) has developed a definition of Empowerment, that has been widely used among countries and that has been used in the academic world as well as applied in professional work with people in different situations.

”Empowerment is the process of increasing the assets and capabilities of individuals or groups to make purposive choices and to transform those choices into desired actions and

outcomes. Empowered people have freedom of choice and action. This in turn enables them to better influence the course of their lives and the decisions which affect them” (The World Bank 2013).

In essence empowerment speaks to self-determined change. Empowerment within Governance and economic policy, activities, which seek to empower people, are expected to increase development opportunities, enhance development outcomes and also to improve people's quality of life (The World Bank 2013).

Moula (2009:18) means that empowerment refers to intentions that aim to develop resources so that individuals or groups can be strengthened. Moula (2009:18) states that the thought of empowerment is built on two main principals; helping people to gather strength to make decisions and actions in their live to develop capacities and confidence (Moula 2009:19).

6. Presentation and Analysis

This section presents an analysis of the gathered material and looks deeper into the situation that Swedish elderly and the Swedish state and society stand in front of. Obstacles as well as advantages have been brought up during the thesis process and many opinions have been raised from involved parties. Empirical data collected from interviews will be integrated with previous research and own reasoning in order to analyze and discuss the research questions. The thesis is built upon a combination of macro-, meso, micro levels. Since the thesis touches different levels of data, the research questions will be presented separately, and then each question is divided in sections. Each question initially starts with a structural discussion to then further continue with meso- and micro level discussions. A top-down perspective is used and the base for structural discussions will primarily be previous research and then include statements from SKL and case managers, as well as statements made by users and relatives to users, in order to reach the micro level of the debate. Each of the research questions will finally be concluded with reasoning from this specific research.

6.1 The choice situation in a freedom of choice model

Users standing in front of a choice situation often belong to what Bergman (2013:66) refers to as *weaker* groups in society and hereby have difficulties in making active choices. Choices based on informative grounds, due to elderly users' conditions might be difficult to make. There are at times relatives or other close ones to support the elderly in a choice situation, but

not everyone has got someone to turn to for support. Having support in a choice situation might not be the entire solution to the concerns that elderly feel, but might contribute to increased likelihood of own responsibility. A choice system must be well structured and properly organized in order to be well-functioning and for users to feel safe and sure in their situation (Bergman 2013:67-68).

“The freedom to choose is for many people a basic piece in a democratic society” (Hartman 2011:10).

In order for elderly to make a choice they need to be strengthened in their situation. If not strong and comfortable in making choices a feeling of empowerment seems more difficult to reach. Providing users with the right tools and empower them to make a choice will also make them feel as if they do have the power over their own lives. Asking interviewees whether it is of importance to make a choice, the following statement was made in Focus group 2;

“That is kind of a political question. I am of the political standing that there should be as much choice as possible. Having someone telling you that this is the way it is can me a good thing, but I guess that there are obstacles as well as advantages in every situation”

(Focus group 2).

In one sense, the question is considered a political one, while on the other not could be argued that it is more a question about whether services are meeting the needs of users or not, the debate among users seem to be that it does not really matter who it is that provide the services, but that services are delivered and live up to user expectations. If it is a public or a private provider that deliver service does not seem to be of greater importance in the end.

For users to be capable of making a choice, they must know that they have a choice, receive information to base a decision on and feel comfortable and healthy enough to do so. The choice as such will lead to enhanced feeling of empowerment among users and their relatives, regardless of how the system is functioning (Rothstein, Blomqvist 2006:62).

Botti and Iyengar (2006:36) mean that there is an ambivalence among people when it comes to making choices, since they can be considered desirable, but that people sometimes also want to escape from the responsibility that a choice means. The sense of ambivalence becomes accurate in the discussion about choice within elderly care; since it is highly valued

to have choice, while it also leads to a feeling of insecurity and self-questioning of ones abilities.

Listening to statements of users, case managers and Swedish Municipalities and Councils, there is a need for a more well-developed system even though one of the most lifted statements through the interviews was that the insight of that a choice situation really existed, was seen as valuable.

“...that feels positive. Next time, if assisting someone in a choice or making a choice on one’s own, there might be more focus on the choice as such, not as much will one be blinded by the ability to choose” (Relative 2).

A reform like the choice model might take time to adjust to, for users as well as for relatives and case managers. The choice model intends to increase individual influence, but there has been discussions regarding whether this is the case. Since the law on freedom of choice was introduced debates have been continuous. It needs to be clarified what is actually required for a choice model to function and order to reach intentions such as user influence. Applying the definition of empowerment on the choice situation, increased quality of life could be reach through the choice system but once again it is a question of users being able to make a choice. If users make a choice it is intended to lead to individuals being able to influence their lives and affect their situation. According to one of the interviews in the second focus group, the freedom to choose means competition and that all providers must make an effort to live up existing to expectations. Users will not be satisfied with *“this is what you get”*. As long as there is someone to compare with a competitive situation arises. If there are providers to choose between, then there is competition. Competition requires users to make a choice (Focus group 2).

Markets and the increased selection of providers intends to lead to a competitive situation but it seems as if market functioning’s will not be reached unless the choice situation becomes possible and the choice of users is made.

The choice situation is among lots of users seen as difficult but it is thus more common than not that user making a choice. The ways choice becomes possible seem to vary. In most cases, the easier way to a choice is when elderly have been recommended a service provider or if

family and friends of users make the choice for them. Following three statements make the feeling of uncertainty even more clear;

“I do not know what I would have done without my daughter. I relay couldn't have handled anything” (Focus group 2).

“I definitely couldn't have handled anything without my children, my grandchildren and my husband” (Focus group 2).

“My sister does not have any kids by her own. Her husband is not really capable of gathering information and strong enough to take care of that either, so they are in a kind of tricky situation” (Focus group 2).

Asking the interviewees whether they could have made the choice on their own, they respond that they did not have the energy and the ability to take part of the information in order to make a choice based on that information when it was time for them to make a choice.

“Without my contacts and recommendations from the pensioners' organization, I do not know how I would have been able to choose” (Focus group 1).

“The ones that have close ones to assist them manage the situation better. It is the ones that are alone that really have got a tuff situation to face” (Focus group 2).

Elderly without assistance in the choice situation are less likely to make choices to judge by the statements made by interviewees.

“It's like a lot of people within care state, that it is a lot about being clear with what you want and what you expect” (Focus group 2).

Users feel as if there is an importance of being strong enough to stand up for your opinions and your requests for providers and professionals to really listen. Hereby the discussion about assistance in the choice situation is actualized. A lot of elderly among the interviewees have been assisted by family, children and relatives or friends. Even in these cases, elderly can experience the situations as stressful since they feel as if they are dependent on their close

ones, which they in cases experience as troublesome. One interviewee in focus group stated that;

“My daughter has got her family, her job, and her life” (Focus group 2).

The interviewee in the second focus group who made the statement expressed concern regarding that her dependency on her daughter would cause them to end up in a situation where they challenged their relationship. The concerns of being a burden for family and close ones is hereby stated as being an obstacle in the existing system, since a lot of elderly need assistance from their friends and family. Reaching a way for elderly to be assisted in the choice situation seems rather urgent in order not to challenge their feeling of empowerment and self-determination.

Asking relatives how they experience the situation around the choice and assisting their close ones in that situation, Relative 1 stated that;

“Helping my father was obvious to me, and I did not consider it troublesome at all” (Relative 1).

Relative 1 stated that for those who do not have anyone to assist them in the choice situation, it might be good to have someone representing them, and that could help them in order to enable all to make a choice. Some kind of “personal coach” so that all elderly can take part of the information provided and hopefully make a choice that matches ones preferences (Relative 1).

“I was a member of a pensioners organization and when the time came for me to make a choice because my husband had a stroke, I received a bunch of brochures and then I thought – “Oh, lord how am I going to know how to choose? But then I was a member of this pensioners organization and I met people that were very satisfied with their services and so they recommended the service that I then decided to choose myself” (Focus group 1).

Elderly can feel dependent and stolen on their freedom as it is, due to hospital stays and contacts with doctors, case managers and reliance on people in general, which leads to even greater importance in making them as safe and secure as possible.

"You see, when one comes home from the hospital and is sick, there is enough to handle around oneself in order to even stand on your legs and take care of the basic things. Or at least I had a hard time with that. To then take part of all that information was very difficult. It was even difficult to understand how the home services were functioning. It might be that I had specific problems with all of that but that is how I experienced the situation"

(Focus group 1).

Most elderly standing in front of a choice situation have been assisted by relatives; sons, daughters, and grandchildren. Elderly express that they could not have made a choice on their own due to the situation they were in when the choice became accurate. It seems as choices are considered more difficult in case of users becoming older and also more difficult in case of making a decision about service homes, than making a decision about home care services. Since only two relatives have been introduced, no generalizations can be made. But there seems to be a trend towards more anxiety and stress in case of making a decision about care homes. A reason for this could be that users making decisions about care homes are in an even "weaker" position than the users making decisions about home care services.

"Empowerment is a process of increasing the assets and capabilities of individuals or groups to make purposive choices and to transform those choices into desired actions and outcomes. Empowered people have freedom of choice and action. This in turn enables them to better influence the course of their lives and the decisions which affect them" (The world bank 2013).

Connecting the above stated definition to the actual selection of care provider in a choice system generates in a further discussion. If the feeling of empowerment lies within the choice-then it is of importance to make it possible for users to make a choice. Providing elderly with the right tools and a structured system after their abilities is essential. If elderly are incapable of making choices, the feeling of empowerment will not be reached. The system should always after reaching a situation where it is developed on a continuous basis, so that users could be even strengthened in their situation. A well-developed system becomes essential for the possibility of a choice system to continue to function.

There seems to be request to limit the amount of providers due to administrative work for case managers and puts elderly in a complex situation difficult to handle a to great amount of

providers. Case manager 1 stated that most of the time, users feel confused due to the amount of providers.

The choice situation was according to Relative 2 difficult to handle, mostly because of the amount of providers to choose between and the difficulties in making comparisons so that one can differentiate providers from each other. A choice is according to relative 2 considered important since;

“...in a market economic society we are used to being able to choose in all kinds of situations. Having someone taking that away from you would be wrong. It feels logical to choose, even when it comes to the choice of service provide” (Relative 2).

A choice, once initiated is among users experienced as being a civil right. There are questions on how to reach a more functioning system, what tools to use in order for elderly to take part of the system. It seems as the possibility to choose has got a self-value since it makes people feel responsible for their lives, as supposed to being provided with a single solution. It is stated from users that they feel as if it is more likely to be willing to choose if they are provided with the right information and support to do so. There is need of a more developed way for users to be able to differ providers between each other, some kind of comparable tool and in order to figure out such a system, a development of key perform indicators might become useful. KPI (Key Perform Indicators) are measurement used to measure quality of services, and could be developed further.

Experiences about the choice situation differ, but in most cases, elderly experience the choice situation unclear and case managers' experience their role in the choice situation somehow troublesome. Case managers feel that they lack the tools to provide users with the right information. The elderly that were interviewed in the focus groups expressed that even though a choice is valuable it is also connected to stress and users can experience a decision difficult to make. Most part of the users asked state that once a choice situation is implemented, it is difficult to remove but that there is thus a desire to develop the system. Finding ways to categorize alternatives and assist those who choose in how to do so is relevant investigate. There seems to be a dual side of the choice situation and the way people look upon the case of being “in control”. People want to be self-determined; while at the same time, own responsibility may be experienced as somehow troublesome.

6.2 Requirements on the system and involved parties applied on quasi-markets

”Active involvement in decision making of care providers in market driven systems requires that an individual is aware of his or her needs and is able to find and process relevant information” (Meinow, Parker and Thorslund 2011:1288).

”Apart from individual capabilities another important element for a system to work according to market economics is the availability of information about services” (Meinow, Parker and Thorslund 2011:1288).

”...a care system that builds on market mechanisms, and increase the individual’s responsibility for his or her own care, may need to offer some kind of care coordinator. Such a person would be knowledgeable about the care services that are available and can act in the interest of the elderly person and their relatives to help them to find appropriate, good quality providers” (Meinow, Parker and Thorslund (2011:1288).

Botti and Iyengar (2006:28) brings up complexities in choices and points to that they can be connected with anxiety due to that they are conflicted with emotions. Botti and Iyengar (2006:28) pull the conclusion that in case of policy makers providing citizens with the ability to choose, they need to be aware of;

“...peoples cognitive limitations, have knowledge about their own preferences, and negative emotional responses that may complicate choices and thwart individual welfare” (Botti and Iyengar 2006:28).

Edebalk (2008:9) brings out the difficulties that users feel when it comes to taking part of the information that is given in the case of choice. Differences are hard to find and the general information tends to be complex and difficult for elderly to take part of. As long as the choice model fails to function, people will not choose and vice versa.

A choice model puts new demands on all involved; users, relatives, case managers and the system as such. An active participation from users, with information provided by case managers, possibly increased assistance of close ones, users are expected to be able to choose- but there are obstacles. The situation of users and case managers have been investigated before, thus this research intends to capture some of different interests groups combined.

It is clear that there is a need for adjustment and of role functioning's. The issue today is according to SKL (2013) the pressure that is put on case managers since they are expected to provide users with good information that includes essential facts good enough to base a decision on. Information should be based on relevant, evidence based knowledge. There is a need for increased quality based information that is continuously updated. Facts that could be valuable is; where services are located, if the provider is a smaller one or a bigger one and what differs/ characterizes different providers (SKL 2013). Improvement of the system thus calls for increased resources and more administrative work is necessary.

A discussion regarding the possibility of making choices in advance was raised in the second focus group, but comments on that there are difficulties in making pre-choices, since one can never know what happens. Interviewees seem to be of the opinion that unfortunately, the choice needs to be done when you are already in a vulnerable situation. No matter what condition you are in, the choice is to be done when you need the help.

Many people have close ones to assist them in gathering information but the overall experience is that relevant and informative facts are difficult to find. How an ultimate presentation of information would look like is still left to figure out. Users need to be provided with relevant information, there should be a sufficient amount of providers, there should be a structure on how resources are divided and delivered and an active choice need to be made by users (SKL 2010:13).

*"Everybody wants to tell their story about the situation and all of a sudden
"...here are ten providers", while users do not have any idea how to proceed with making the
choice. Then, it is our responsibility to explain where they can receive more information, but I
can feel as if some users are overwhelmed with the amount of information"*

(Case manager 1).

The above statement explains the feeling case managers have regarding the informative situation and that it is time demanding for them to engage and deliver information in the way users should be provided with that information. It becomes a lot of work for case managers to take part of the information themselves and keep updated in case of changes, then there is more time required to pass that information further to users.

“I think it is a good thing that the information to users is given by the municipalities.

Municipalities are responsible to assure that good quality services are delivered, regardless of whether users have made a choice or not” (SKL 2013).

Regardless if there is a choice system implemented or not, municipalities should still have the responsibility and that is according to SKL (2013) a good thing, since it generates in a feeling of security. The feeling of empowerment does not seem to be reached through the provision of information, but increased feeling of security and self-determination if the information provided is sufficient. If information is difficult to take part of, it is more likely that users experience a feeling of insecurity.

”users finds it difficult to understand information about the system itself and about providers” (Case manager 1).

Judging by statements of users and case managers, the informative situation is troublesome and is in need of further development. Of the interviewees asked, several of them have not been provided with the information about a choice at all. Some found the situation troublesome and most elderly were assisted by their close ones. The information was primarily provided through the case manager. But the information provided could have been better structured and comparable in order to more easily make an active choice. Some kind of comparable factors should be identified. The importance does not seem to primarily be who provides users with the information, but how the information is provided in order for elderly to take part of it and then base a decision on it. And what the information actually contains the access to information and the competence in guidance. Then the question is how case-managers or corresponding will increase the ability to meet these needs of good and relevant, well provided information. There is further a request on ways to identify a couple of factors that can help to distinguish differences between providers.

The focus group interviews showed that the feelings about what is important in the services is individual, which further strengthens the arguments about well-structured and informative facts about providers is essential in order to find a match between users and providers.

”Those beautiful brochures do not say anything. It does not matter how many languages they speak for example, if one does not know how they work” (Focus group 1).

The brochures that users are provided are seen as mostly troublesome to take part of since they are heavy and hard to read.

”To meet around five different companies and let them explain how they work and so forth would make it easier to make a choice. A limited amount of providers would most likely make the choice easier to make” (Focus group 1).

Users in both Focus groups stated that it would have been valuable to meet provider sin advance, since personal chemistry is an important factor in order to feel happy and satisfied with one’s choice. Some limitation in the amount of providers is a recurring statement. All interviewees express concerns about how and by whom information should be delivered in the most ultimate solution.

SKL (2013) mean is that the law regulations has been more about competition that how to make it possible for users to make a choice. Then there is a need of guidance in how to inform users, which today is the task of case managers to do. There are obstacles in the existing model of services and the way information is delivered. The freedom of choice system will, no matter what direction need to be continuously adapted to the Swedish society and user requests and preferences. Obstacles like dementia is in the process of being met with a new law suggestion, to assure safety among the target group mentioned. Where obstacles are discovered, this is where structural adoptions should be made and where professionals and politicians should intervene.

The importance of relevant and sufficient information is strongly argued. The question remains to answer what a definition of “good” information would be. Many of the interviewees in both focus groups express the desire of being close to where services are located, regardless if it comes to being close to the service office in case of home care services, or if it comes to moving to a service home from the previous home. As read by the interviews and statements by interviewees, there are some factors that could be generally stated as important factors even though it is also to a great extent a question of individual adaption and preferences. First and foremost important factors expressed was among other things; personal chemistry, which a brochures could not provide information about. Thus, this might be where the voice-and exit channels can be become accurate and important.

"I had seen the girls before and recognized their faces and then spoken to people that had home services and thought this was a good choice. I had a private provider before and I was not satisfied, but that was because of the people that worked there and individual matching"

(Focus group 1).

Good and reliable staff seems to be the most important satisfactory points. In this sense, it is a lot about the question of personal chemistry, which is a repeated definition among users to what good quality services are.

Identification of factors that are important for individuals would according to interviews possibly be; well educated people and the feeling of personal chemistry. In the end it shows that it is strictly individual what is important for users and it is important to clarify how the individual requests look like in order for providers to make a "right choice" or for providers to be able to meet the respectively needs of users individual requests. Also it is of importance to clarify the voice- and exit possibilities and to explain that leaving or making complaints is a part of the system. Individual adjustments through the ability of providers to meet individual needs are expressed to be an important factor. Two statements made in the second focus group were the following;

"That is something that I would like to highlight, each and everyone wants to have things done their way and that is how it is. When it comes to services, everything is so pre-decided and strict in how it should be done" (Focus group 1).

These statements show that the individual requests and diversity in preferences. One user might want to be outside a lot, while another might not. For users to feel satisfied, the individual preferences play an important role. The individual preferences are to a great extent depending on what kind of live the elderly have previously lived.

It appears to be more of individual adjustments and adaptations that decide which provider to choose. A greater amount of provider also leads to a greater diversity in services, which in turn should meet the demands of users' individual needs. Even if there is a great emphasis put in increased individualization, the way information is delivered could be argued to have some basic principal; such as location, continuity and good and reliable staff.

“...geographical closeness, feeling of security and providers reputation is factors that influence the active choice” (Relative 1).

“My daughter lives ten minutes away from me and having her close by are very important. That was actually the most important factor” (Focus group 2).

“Well, the most important thing for me is that there is freedom, personal freedom is desirable no matter what services you get” (Focus group 2).

Continuity and knowing that there is not an endless amount of staff in the services provided.

Further, closeness to old neighborhood or closeness to relatives so that elderly feel safe and in case of home services, the feeling of security is increased since having service offices close by makes staff people get to their homes fast in case of emergency situations.

According to users and case managers, the information does not contain what it would need to in order to base a decision on. Information that is easy to take part of and increased amount of information in order to clear out differences between the alternative providers. A more developed way to distinguish between providers would also lead to a situation where a greater amount of elderly made a choice.

Relative 2 clarifies that in order to relay know how services are functioning and how satisfied one is, it would be a thought to have knowledge about other providers so that one could compare.

“You see, when one comes home from the hospital and is sick, there is enough to handle around oneself in order to even stand on your legs and take care of the basic things. Or at least I had a hard time with that. To then take part of all that information was very difficult. It was even difficult to understand how the home services were functioning. It might be that I had specific problems with all of that but that is how I experienced the situation”
(Focus group 1).

“There is so much information to take part of that I wonder if it really matters how the information is provided” (Focus group 1).

Another interviewee stated the following about what could be considered valuable information;

”If I would get to know how many people that will come to my home, that would have been good information” (Focus group 1).

Asking elderly what kind of information that is valuable to receive and according to one of the users in focus group 2, the following statement was made;

”That depends very much on what ability you have to receive that kind of information. That is very individual. Relevant but short information that captures the most essential facts so that one has the possibility to make a relatively rational choice based on that information”
(Focus group 2).

Case manager 2 states that municipalities should have someone to control the system and assure service providers’ ability to perform services so that they reach user requests and desired outcomes with good quality services.

”If I would get to know how many people that will come to my home, that would have been good information” (Focus group 1).

Individual abilities to gather and take part of information is a question of what facilities you have and what amount of information you are capable of taking in, due to health circumstances and the mental situation you are in as well as what assistance one is given from relatives (Focus group 2).

It has got a lot to do with the individual and individual ability. Relevant and concise information which still covers the most essential parts of information so that one has got the possibility to base a fairly choice on that information. The choice could in this sense be looked at as empowering people to take action of their lives, in the case of relevant information and information valuable and possible to take part of. For elderly to be empowered by the choice situation it seems as if they should be given the information that they need in order to make a decision. In many cases the most important thing seems to be information that is comparative, i.e. information that tells the individual what providers differ

in and in what way they do so. Finding ways to distinguish between providers and making it more clear why one provider should be more likely to live up to ones expectations. The empowerment situation hereby seems to be a question of how information is delivered and presented to users.

“Information might in the most desirable situation be individually adapted in order to reach complete satisfaction. “There cannot be thousands of brochures though, since resources are limited” (Focus group 2).

“I think that has got a lot to do with how much time case managers have got to spend on the informative situation. “They are already busy with making care-plans and all of that other administrative work” (Focus group 2).

One suggestion on solutions is to introduce a new role in the system, a role of an informant to provide users with more information, someone to only strive for users being well informed and updated about services and alternative providers. Thus, there lie difficulties within these suggestions. One interviewee in the second focus group stated;

“Maybe there could be some kind of informants. There is so much that could be done, but I guess that in the end it is mostly a question of money and resources” (Focus group 2).

In case of competition and rationality, some things unfortunately suffer. The whole responsibility should thus not be put on the municipalities, since it is also up to us as users to inform ourselves” (Focus group 2).

In Focus group 2, one of the interviewees stated the best situation is the one you choose yourself how you want things. Thus, this seems to be looked differently upon. Some users feel as if they are tied up while some feel as if they value the time that providers spend to act outside the exact services they are assigned to provide.

“I think that there could be guides. Some municipalities are already on their way to introduce that kind of guidance. But I think that would be done mostly in the bigger municipalities. Smaller municipalities will not have the resources that would require” (SKL 2013).

All of the interviewees in the first and the second focus group made a choice, thus in cases several cases, it was their close ones that made a choice and the users themselves did not receive the information through case managers, but through their close ones. In many cases, there is a need for a quick decision when it comes to making a decision about services. One of the interviewees stated that she had the municipality home service, but that by the time for decision – she was not provided with information about different providers. It would not have been of any help, since she stated that she was not in the condition to make such a decision.

What later became the main reason for the choice made was that the care home was close to the existing home (Focus group 2).

”The choice needed to be done quite quickly. Home care services turned out not to be enough” (Focus group 2).

In the present system, there are gaps to fill in users, relatives, and case manager roles- as well as a need for finding good ways of gathering information and provide users with sufficient and well structured, easily-accessible and possible to base decisions on.

”Of course there are obstacles. Some obstacles lay with users themselves and their abilities in different ways. If one is very dement, that brings great difficulties to the choice situation and one needs support in the choice. Another thing is the access to information. Right information about the alternatives and what the alternatives stand for” (SKL 2013).

SKL (2013) divide the difficulties around information into two parts; there is a limited amount of information about quality on unit –or company level. If one wants to base decisions on quality, then that information does not exist. The information has gotten better and it will get better but there is a lack of information. The second aspect is that the information can be difficult to take part of. Today, most of the information is accessible on company websites which not all users have the technical skills or tools to take part of.

Interviewees have stated that personal files might be valuable and that there should be some kind of documentation on individuals’ interests etc. what else could be done in order to follow user personality and following patterns. Another question raised through the case of interviews is how the exit-possibility should be applicable in cases of individuals with

dementia. A concern is how a people that is dement can express satisfaction or dissatisfaction. One interviewee in the second focus group stated that it would have been an advantage for users to know in advance who will enter one's home and know, since one wants things to be done in a certain way and having people that have knowledge about individual preferences and routines. It is so individual how one want things to function, is what all interviewees in both focus groups clearly state. All of the users interviewed state have experienced that they feels as if there is a "fixed way" in how to provide services. Most users express that they feel as if services are stigmatized and that there seems to be one right way to provide services. Instead of meeting individual needs, there is a fixed one-way action. The most frequent opinion seems to be not un-satisfaction with the system but instead the stigmatized way of provider's way of giving services. The individual requests seem to highly value and desired to further meet the personal needs of users. In many ways, the increased individual freedom and possibility to meet individual needs seem to be the case from almost all users and also case managers and relatives. An increased emphasis on an individual society is argued from different directions. Hereby there seems to be a question of providers' ability to meet individual needs.

There are positive, as well as negative aspects expressed when it comes to experiences from a choice system. There are thus some clear experiences stated by users and case managers that express feelings from both angles. Providing users with tools and finding solutions where a market itself is not solving the situation becomes a task of politicians and professionals to find. Relevant and well-structured information provided in the best way possible will lead to greater likelihood of satisfied users, even if they make a first perfect choice or if they can feel safe and respected even if leaving a provider for another one. Since the change is supposed to be a part of the system, this is important for users to know- as long as they feel safe in doing so. Users are always the central piece in the system, no matter how it is structured.

6.3 Quasi market solutions as a possible way to reach empowerment

In order for market situations to arise, there needs to be a sufficient amount of providers to choose from. A quasi market arises when a state monopoly is replaced by competition through the introduction of external providers (Le grand 1991:1260). There is also a need for users to be able to leave providers that they are un-satisfied with. In order to make it possible for users to leave a provider if they are unsatisfied it is important to give users the security in leaving providers that do not live up to desired service quality. By informing users that the

system is applied in order for them to be able to actually do leave a provider if they do not feel as if they live up to user expectations. Many users, as well as case managers expressed that users feel uncomfortable in making complaints or taking the step into leaving providers that they are unsatisfied with.

If implementing ideas from New Public Management, it should be done “*all the way*”. As Blomberg (2004:15) states;

“The NPM puts pressure on technical tools for follow-ups and control. The new law-suggestions could be considered to be such a tool in order to meet those requests. It seems to be desired on a continuous basis to look for tools like this as structural adjustments are necessary for systems to be functioning” (Blomberg 2004:15).

“Empowerment is a social action process that promotes participation of people, organizations and communities towards the goals of increase individual and community control, political efficacy, improved quality of community life and social justice” (Wallerstein 1992:200).

According to Oxford dictionaries, the definition of empowerment is expressed as follows;

“Give someone the authority or power to do something”. Further the theory is explained to *“...make someone stronger and more confident, especially in controlling their life and claiming their rights”* (Oxford dictionaries 2013).

The intention of the law on freedom of choice is that it should contribute to the feeling of empowerment, though the introduction of markets and possibilities to themselves make a choice of a suitable provider. Actions of politicians through the implementation of the law and today, municipality responsibility and case managers information –users are expected to achieve the feeling of own responsibility and empowerment.

New Public Management solutions have been the way to reach greater quality, efficiency and responsiveness within health and care. Individual choice has among politicians been the way to reach a feeling of control over one’s life. Meinow, Parker and Thorslund (2011:1285) mean

that not all elderly have got the;”...*cognitive, physical and mental resources to make own informed choices when selecting care providers*” (Meinow, Parker, Thorsund 2011:1285).

The task when it comes to reaching empowerment through quasi-market solutions is that such a system requires ways for elderly to make choice and provide users with tools that can fill in for those missing resources. In the municipalities where the second interview with a case manager was done, it showed that there were about 110 providers of home care services and the interviewed case manager stated that it was difficult for her to keep track of them, to keep updated on new providers and also, it was heavy to carry around the compendium with the information. Even more, case manager 1 experience it difficult for users to even hold the compendium since it is heavy and does provide elderly with information that makes providers comparable. When the situation of users making active choices is reached, then market situations can arise. A limited selection of providers seems to be desirable but there is a need for clarification in providers’ diversities. A more informative manner is requested so that it can become clear for individuals why to choose one provider instead of another. The reason to choose should in this sense be more clearly stated in the informative situation. Botti and Iyengar (2006:26) state the following;

“... the extended amount of choice was connected to lower confidence among users and choice among extended choices seemed to yield less satisfaction” (Botti and Iyengar 2006:26).

The system of choice demands users making a choice, but also users making second and perhaps third choices- at least they should be provided with the possibility to do so.

“The opportunity to exit unsatisfactory services is essential according to market economics. It is unlikely that persons who have cognitive problems, or are too weak or sick to be interviewed, would be able to gather and compare information about different care alternatives or to take the initiative to change providers” (Meinow, Parker and Thorslund 2011:1289).

There are risks with the freedom of choice model, freedom as such seem to be experienced as a good thing unless the situation becomes overwhelming, as has been the case according to

some user statements. Further the way to reach a perfect well-functioning system is more difficult.

“There is a need to find balance between control and freedom. The key is in how we handle the freedom as such and how this should be handled needs further research” (SKL 2013).

Bergman (2013:61) means that users are provided with power over their situation through the “voice-channel”. The voice channel is seen as a way for users to possibly complain or express un-satisfaction of services provided, so that either providers get the possibility to get better so that users stay with them, or – the case of exit-channel might become accurate, where users leave on provider in advantage for another one. Through an active choice, users themselves can affect their situation and hopefully reach services of good quality (Bergman 2013:63). Increasing the capability of users to re-choose provider or make complaints seem highly accurate and desirable from users’ point of view. Lots of critique has been pointed towards the possibility of market effects being a solution in reaching efficiency, increased quality and empowerment of publicly funded services welfare services. Reaching political incentives and goals through market-solutions in the striving for social justice, solidarity and distribution has also been questioned and criticized (Rothstein, Blomqvist 2008:62).

The increased development of services and improvement over people’s lives is the intention from politicians; the question is if the feeling of empowerment rhymes with what people feel.

“It seems that consumerism has become part of the logic of governance, and new forms of responsibility have been created which not only empower but also condition the individual citizen. The consumerist approach implies a new social construction of social policy; a second- generation do-it-yourself social policy in which the imperative is to secure the right to choose, more than equality of opportunity to choose or equality of outcome”.
(Rostgaard 2006:443).

“Empowerment is a social action process that promotes participation of people, organizations and communities towards the goals of increase individual and community control, political efficacy, improved quality of community life and social justice” (Wallerstein 1992:200).

The Swedish people's health guide (2013) express empowerment as standing for "*own power, power increasing and inclusion*". The theory is hereby seen as being built on the thought that all people are capable in defining their own problems and develop methods in order to solve them (People's health guide 2013).

"...Subsequent studies conducted across a variety of contexts reveal further pernicious consequences of offering choosers more rather than fewer options" (Botti and Iyengar 2006:26). *"First, the presence of more than fewer options makes decision makers more likely to decide against choosing, even when choice of opting out has negative consequences for their future well-being"* (Botti and Iyengar 2006:26).

The Swedish people's health guide (2013) expresses empowerment as standing for "*own power, power increasing and inclusion*". The theory of empowerment is hereby seen as being built on the thought that all people are capable in defining their own problems and develop methods in order to solve them (People's health guide 2013).

There is as Kähkönen (2004:31) states, a risk of market failures for example if there is a lack of market situations or rather, if there is not a selection of providers enough for a market situation to arise. SKL (2013) state that when the freedom to choose has once been introduced, it is difficult to take a step back and remove that possibility. The way from here is to find how to steer and structure the system in order for it to adapt to user needs and structural and societal changes. Changes and development are necessary in order to keep striving for user involvement and participation in decision-making.

Municipalities controlling organs are according to Szebehely (2011:251) not as well functioning as desired to be. She means that municipalities seem to rely on users to de-select "*bad choices*" or leave providers that they are unsatisfied with if they are experiencing providers not to live up to required services. Research has shown that not all users were informed about the choice, neither were they informed about the possibility to change.

Relative 2 stated that he did make the choice for his father. The reason for the choice was more of a feeling that it was the right choice as supposed to a structured decision process.

According to Case manager 1, few elderly people with home help services ever changed providers. The primary reason to not make a second choice, regardless level of dissatisfaction, seems to lie within the fear of being a burden – to case managers or a fear of providers feeling turned down in case of a complaint or if users decide to leave. *Voice- and exit channels* are aimed give users alternatives in case of dissatisfaction. Thus, there seems to be a need of finding ways to make users feel comfortable using the channels. The informative situation must include the fact that users can and should make a complaint or possibly leave a provider that they are un-satisfied with. There needs to be a clarification in that it is fine to change provider, since users seem to feel scared of being badly treated due to complains maid, or in case of change of provider takes some time. If the voice- and exit channels are not used, they fail to function as one step in the market solution.

It became clear through interviews made that the information about voice- and exit channels could be further clarified. Asking interviewees what would make them do an actual change of provider, one of the interviewees in the second focus group stated the following:

”I think that, if I were to make a change, I would consult with my daughter to start with. Then, she would do the continuous work to do so; I do not think that I would take care of it myself” (Focus group 2).

On the question regarding if one would be willing to express dissatisfaction with services or making complaints if not feeling as if expectations are met, interviewees state that, The willingness and comfort in making a complaint or expressing dissatisfaction seem to vary amount users. One of the interviewees in the second focus group stated that;

”There are things to remark on, but I do that” (Focus group 2).

On the other hand there are some users who argue that either they do not express their feelings of dissatisfaction or they would first of give their opinions to their close ones and that they would further be the ones to announce these opinions. Hereby, not only the choice but even complains or statements about dissatisfaction seem to go through close ones and not from users themselves. Thus, one of the interviewee’s meant that, if critique is expressed, depends on how willing the individual is to express this. (Focus group 2)

One interviewee stated that there could be two reasons to present dissatisfaction, that is on the one hand the price and on the other hand the quality. It depends on how willing you are to express dissatisfaction and critique.

"I think that it would require a great dissatisfaction before a change would be at all actualized. There is a lot of work connected to the change of provider" (Focus group 2).

Freedom includes risks, which puts society in the role as responsible of structuring and adapting the system to be functioning for citizens. Individuals are increasingly seen as users capable of making choices. When it comes to elderly in the way society speaks of users, there is a need of tools to help elderly act after those expectations. In order for market mechanisms to be functioning, there should be users making a choice of provider, but also a change of provider in case of dissatisfaction. In order to feel empowered in their situation, elderly need to be provided with the right tools to make a first choice, but also provided with the security to re-choose in order to feel satisfied- or else the thought of 1.quasi-markets 2.striving for a feeling of empowerment will fail to function.

The ability among users to make a choice is according to case manager 2 put too much belief in. Elderly do not have the technical resources and knowledge to take part of information provided on the internet for example. Providing elderly with information in a way so that they can take part of it, would further increase their feeling of self-determination and empowerment.

"Memory impairment is an obstacle. When you are not capable of making an active choice, and you do not have anyone to support you in the choice situation, the possibility to choose loses its purpose. Users can further feel as if the choice itself is stressful. During a care planning, there are usually physiotherapists, service managers, and nurses, that all of them are making statements and asking questions. It can be perceived stressful that there are so many people and so much going on at the same time (Case manager 1).

The debates regarding quasi-markets also include questions about the "natural" loss of providers as being abandoned due to user exits and if these are enough for them being forced to leave the market due to "bad" performance. Further there is a concern from users regarding their own possibility and energy to express dissatisfaction and hereby make clear that they are

so and so that either bad providers progress in delivering good quality services, or that they actually get forced into leaving the market.

”The responsibility leys on the municipalities and that are not going to change. If the municipalities are small, it does not pay enough for companies to establish. That is probably one of the reasons to that quite many municipalities have not introduced the law on freedom of choice. But I think that, the fact that there is the freedom to choose in some municipalities leads to that even the ones not introducing the law on freedom of choice needs to shape up since there will still be other municipalities where services develop as a consequence of the law. Hereby this causes a difference even in the municipalities where the public is the only provider” (Focus group 2).

Letting a market run totally free seems rather dangerous, especially in case of people’s lives. Lots of critique points to the questioned ability of elderly users to through active choices contribute to a well-functioning market. Assisting them to do so might thus be a way to reach a functioning market, at the same time as the user participation increases.

”You can look at any kind of organization. Competition increases the level of performance and competition is also the main contributing factor to development. There is not one situation where that is not the case” (Focus group 2).

Research has shown that user-actions might not be enough to sort out bad providers. There might be need for some structural arrangements as well. For example, case manager 2 suggests a one year chance for providers to show that they live up to expected level of services and are able to meet goals and deliver desired outcomes. Actualizing a more active choice situation in order for the market to function seems necessary, but it will still need structural steering. Case manager 2 suggests higher demands on providers and more developed systems on how to follow-up services. Providing people with the right tools and organizing a well-functioning system become strictly important in order for users to feel empowered. The question to be answered will thus be; how does a well-functioning system look like. It seems as if there will always be a question of structural issues and discussions about what could be done to reach a more efficient system. People choosing services will generate in market situations and hereby also market defaults as well as solutions. Elderly

seem to show more concern when it comes to who it is that come in to their homes rather than which provider.

Freedom includes risks, which puts society in the role as responsible of structuring and adapting the system to be functioning for citizens. Individuals are increasingly seen as consumers capable of making choices. When it comes to elderly in the way society speaks of users, there is a need of tools to help elderly act after those expectations.

An empowerment situation would not arise if users do not feel safe in making choices. It is important for users to feel comfortable for them to be able to make a choice and in order to provide elderly with a feeling of empowerment and self-determination. It does seem though that the overall opinion is that a well-functioning choice system is desirable. Relatively many users do make an active choice, regardless of their situation. When it comes to elderly, dementia is the main obstacle. If having dementia and being alone, an active choice is not a possible way to empowerment and participation and own responsibility. Reading out from the interviews, all users did make a choice, regardless of feeling of the experienced uncertainty and difficulties in taking part of the information provided. According to Case manager 1, not all providers do make an active choice but that do inform users that they have got the possibility to choose.

The ability among users to make a choice is according to Case manager 2 put too much belief in. Elderly do not have the technical resources and knowledge to take part of information provided on the internet for example.

Providing elderly with information that they can take part of, presenting it in a way for elderly to be able to distinguish between providers, having someone to support them, in a non-stigmatized way and then continue to support them all through the services by following up on providers and users experiences of qualitative services and satisfaction would further increase the intention of causing empowerment and feeling of power and responsibility over their lives through market solutions in efficiency and high quality hunting.

7. Conclusion and final discussion

This section of the thesis aims to present a summary of research findings and the conclusions made, the most essential parts of the data that has been useful in the attempt to answer research questions. Results as well as lack of information will be summed up. Finally the conclusion will generate in suggestions on continuous research, since the process of the thesis have lifted new questions within the subject.

7.1 Limitations

As in the case of any research, this thesis is not an exception - there has been limitations in this research and the analysis made. With more time and resources, the research could have gone more into depth. One could have included political incentives and made an attempt to look closer into the task of politicians, but that would require a thesis of its own in order to grasp that perspective. Further, municipality differences or similarities could have been looked at and learn from those in the attempt to find the ultimate solution on a choice system. Even in this case, it would require a more extended research in order to pull that kind of conclusions and striving to make generalizations. Overall quality measurements are not mapped out in the thesis, which could also have been valuable. Neither are effects of the choice reform as such identified or how the services are delivered, whether they are of better or worse quality than they were before the system of choice was implemented. It would be of interest to see whether a municipality that has had the law implemented for a longer period of time is more “adjusted” and have more developed tools to keep the system running even if this was not an initial intention of this research. It could have been beneficial to use a theory not as directly connected to the research in order to discover new angles of the issue addressed.

7.2 Results

In case of reaching empowerment among elderly in a choice system through New Public Management theory and quasi-market solutions, research has shown that society could not completely rely on the system to function through user selecting their services. It could thus be an increased empowerment situation if elderly are capable of making that choice or feeling safe to know that there is the possibility to choose. The hypothesis of that theory of market solutions leading to empowerment will fail to function in case of lack of support and a well-functioning choice system. It will hereby be of importance to continuously strive for good solutions and a well-functioning system in a cross-cutting interest group manner. No matter

what direction development may go, follow ups and research of system functioning are necessary.

A choice situation is desired to lead to users feeling of own responsibility and self-determination, but it is experienced from all interviewees that it is troublesome to take part of information and make a decision thereafter. The ability to choose is experienced to some extent be limited according to previous researchers and through statements by interviewees in this research. The willingness to choose becomes an obstacle since users in cases feel as if a choice is too hard to make and case managers lack in time and resources in order to provide users with sufficient information. The possibility to change provider is further limited because users do not feel safe in making complaints or leave providers in case of un-satisfaction. In an overall conclusion it should be stated that, in order for a quasi-market solution in times of New public Management to be functioning, users need to be strengthened in their situation, case managers need to either adjust to a new role or be assisted in an informative manner as well as there is a need for structural changes in the system – in order to in the end reach the feeling of empowerment among users in a choice situation and hereby increased quality of life and greater level of delivered welfare services. Ways should be found when it comes to empowering elderly to make a choice and to be capable and safe in making a complaint or change provider. The way to reach goals of functioning markets and empowerment among users requires improvement of the informative situation, a developed way to inform users about the choice and alternative providers. The right tools are required and structural changes are necessary. Structural adjustments could for example be the following;

1. Develop stricter demands on providers like measurable KPI:s (Key Performance Indicators), developed indicators to measure results.
2. Introducing a “testing period” in order to prove that providers deliver what they are expected to
3. Finding ways to empower people in the choice situation since the market as such does not as it looks like today.
4. If users make active choices, there is a greater possibility for the system itself to sort out bad providers, even though steering is necessary – then the ways on how to close out providers must be functioning in a way so that it does not hurt users.
5. Development of voice-and exit channels.

In case of reaching empowerment among elderly in a choice system, it seems as New Public Management theory and quasi-market solutions, research has shown that society could not completely rely on the system to function through user selecting their services. It will thus be an empowerment situation if elderly are capable of making that choice or feeling safe to know that there is the possibility to choose if the services they get are not as good as they expect them to be or if there is a lack of adaption to individual needs and requests.

Increasing the possibility for elderly to make a choice could possibly be done by;

- Reaching a situation where a rational choice is made by providing users with the right tools and the possibility to make comparisons.
- Making sure that the right information is delivered and that it is well- structured
- Clarification in roles of case managers or respectively.
- Making sure structural adjustments are made on a continuous basis – law, rules on how to follow-up on services.
- That there is a limitation of providers, so that there are not too many choices, but that a good selection is assured thus it is left undecided what such an amount would be.
- Providing users with the feeling of that it is ok, and that it is a part of the system for them to be able to change or make a complaint on a provider if they are unsatisfied.

What the information provided to case managers or respectively should look like and what information should contain when being provided to users is of importance to further look at. Information is desired to be simple and informative, not to extensive and complex. Even though increased individuality is a fact there are factors that all elderly value. Important factors to think of when developing the present choice system, what factors elderly value the most;

- In case of care homes there is a desire of closeness to family, friends and relatives
- Closeness to the old neighborhood and surroundings-geographical aspects
- In case of home services there is a desire of closeness to old neighborhood, have knowledge about the nearby facilities.
- Having the office of provider close by, in case of emergency situations.
- To possibly have seen staff of home care already before services are initiated, so that there is a likelihood of recognizable faces that enter the homes of elderly.
- Staff adapting to the individual, individual adaption

There should be emphasis put in trying to increase knowledge among users that one can change provider, if the situation of dissatisfaction arises, ie; using the *voice-* and *exit channels*. Today, most of the information that users are provided with – comes through their friends and relatives. So does the information about possibilities to change or make complaints. If the voice-and exit models do not function enough in order for the market situation to “handle itself”, then there might be a need of structural arrangements such as rules and guidelines. One year as a test in order to see if services are good enough so that the “*bad providers*” automatically leave the system. First of all, it seems as there should be even more clarified guidelines and rules presented to providers in order for them to be able to enter the market of services.

To make a short summary of the results; it will be a task of politicians and professionals to develop the choice situation and its format, rules on what information should contain and how it should be gathered and further presented to users- the possibility for users to distinguish between providers is an essential task to solve. There seems to be a need of clarifications of roles, a well-functioning system requires people knowing their role and what is required from them.

7.3 Conclusions

Informative situations need further development in all steps; *Who should be responsible? When and how should information be provided? How and by whom should the information be presented?*

If users are not provided with the right tools, it will be difficult to reach a feeling of empowerment and for a market situation to arise. If users are not given relevant information in order to base a choice from, there will not be a situation of quasi-markets. Gaps and defaults in the system need to be followed up frequently and there has to be a continuous strives for improvement and follow-ups on system changes are necessary. It cannot be ignored that a discussion about users and individual freedom can in this case not leave out the debate about structural functioning and the political and economic debates. The goal is to find a combination between user satisfaction and structural functioning. Since it is the elderly that make the choice or is the target of the choice made and might be in a difficult situation when it is time to make that choice, the importance of good and well-structured information that is easy to take part of is strictly important. The question about who is responsible for a well-

functioning system is one question but then, in order to reach the best possible situation with the best possible outcome seems to be cooperation between providers, politicians and users and also their close ones. Reducing the amount of users is further seen as a way to reach a greater level of empowerment, since the possibility to choose will increase. It seems as it would be difficult to leave a choice system, and the most essential ingredients in a choice system is that there is understandable, informative and valued facts about alternatives that are accurate in the choice situation there is a great importance in finding ways to reach out with this information. The remaining question is how this is done in the most effective and pedagogical way possible. Preferably a user guide could be an alternative. Then, this is a question of personal and economical resources. Qualitative measures that present results are most importantly to be followed through and user evaluations need to be done on a continuous basis. Further the information and conclusions from such surveys need to reach out to users, relatives, and alternative guides in a developed choice situation.

Regardless of political stands and opinions, economical resources, elderly seem to value the possibility to choose. The main obstacle seems to be that in the time for a choice/when the choice becomes accurate-individuals are too weak to be able to make a choice. Users are in many situations not in the condition to be able to make a choice in the way that they would desire. In many cases of the choice situation, their close ones have assisted elderly and elderly express the importance of having someone advocating for them. Someone to gather information, make research and pull conclusions and to which a decision can be based on.

7.4 Final remarks

There is a continuous need in finding ways to provide valuable and relevant information to users. Further it is of great importance to strive to empower elderly so that they can make a choice in order for a market situation to arise and for quasi-markets to be effective. The choice itself seems to be of importance to keep, since it does contribute to feeling of self-determination and power of the own life as supposed to a monopoly situation with one provider only. The feeling of having a choice is thus created through the new system that has developed through new Public Management influences and quasi-market solutions. The entire world has gone from having one-way-solutions into people having a few or several alternatives to choose between and people are getting used to that. When it come to what kind of coffee to consume or which home care services for elderly to be given. Not ever has the world been so multi-faceted. Due to increased degree of individual choice and some would

argue-freedom it also seems as the demands and expectations from users have increased?

Since there are more providers to choose between, providers are also expected to meet needs that users have set up. Due to the competitiveness the user situation seems to raise new expectations and new requests on elderly care in general demands have increased. Further questions about this would be whether increased demands also have led to increased willingness among providers to meet them. If this is not the case, how could services get better and what is the best way to users feeling of empowerment and satisfaction a continuous competitive choice system or a step back towards the state monopoly system? The intention of politicians and welfare providers is and will continue to be the highest possible user satisfaction. There is according to the research made that there is a clear connection between quasi-markets and empowerment. Without a functioning market, there is no possibility to reach empowerment. Likewise, without the feeling of empowerment among elderly, there will be no functioning market situation and hereby this would not be the way to a greater and more efficient system. What would then be the way to reach high quality services within the care of elderly remains left to figure out.

There is a great value in the possibility of making a choice but there are concerns connected with the choice situation. Concerns that have been raised include thought about the ability to take part of information, concern whether the choice made is the "right". The introduction of a choice model causes changes in the way services are delivered and hereby every step – from a case planning to delivered services to follow-ups need to be adapted to the new system. Structure of the system, the role of case managers and the role of users and their relatives and what is expected from the different parties needs to be clarified. Today, there is a lack of that clarification and definitions of roles are unclear. For a market situation to be applicable on the Swedish elderly care in a system of choice, this requires lots of work and adjustments, continuous system changes and follow-up research. If these factors are developed, a feeling of empowerment among elderly users might become possible and hereby policy intentions might be reached as planned. The system is still relatively new and people might also need to be adapted to those societal changes. Welfare changes are and will hopefully continuously be a part of society development. The influence would be connected to the choice situation and this quote captures the essence of the thesis. Can quasi market solutions lead to a feeling of empowerment among users through the way of presenting the user choice model? Could the amount of providers be limited and how could this be functioning?

Empowered users should be the goal and continuous striving to get there will likely succeed with the right tools and beliefs about good prospects.

7.5 Suggestions on continuous research

As for continuous research there is a need to make a more into depth analysis on how users experience the choice situation. Even the situation of relatives could be closer looked at in order to find out how they feel about helping their relatives and close ones. A same kind of survey would be valuable to perform even among service managers. The possibilities in introducing a new role in the system, someone that could act as informative person in the system would be required to do. Making research in how the informational data provided to users should look like more exact by making a more into-depth survey on how the data should be gathered, presented towards case managers or respectively, and how to present the information to users in the most preferable way. Research should be done to see how frequently voice and exit channels are used and in what cases elderly do respectively do not change provider. Try to figure out how a limitation of providers could function or discover whether a more developed choice system could solve that issue over time. Further what a good number of providers would be would have been valuable and important to pull conclusions about. If a new role as informatory should be introduced in the system, it remains a question how smaller municipalities would solve this task, since resources to create such a role might be limited.

8. Executive summary

Times of change in the Swedish society caused by new public management ideas has led to changes in structure on how to organize welfare in the way of creating markets on welfare services, so called quasi-markets. New solutions have been aimed to meet the increased demands on efficient and high quality service. New laws have been introduced in order to structure the new system. In Sweden, the law on procurement and later the law on freedom of choice have been introduced within elderly care. It is the aim of the law, not only to increase quality of services and reach societal efficiency, but to increase the feeling of own responsibility among citizens. This thesis raises a discussion about if and how a New Public Management theory and quasi-market solutions contribute to elderly's feeling of empowerment. The question is then raised – if it is not possible to completely rely on a market solution to be self-regulated, then what needs to be done in order to fill the gap so that users do feel empowered and for the system to be well-functioning. The solutions and the

ideas of quasi markets have been discussed-praised and criticized. There are concerns where elderly users are capable of making choices and if the right tools have been developed in order for that kind of system to function. Research has shown that a market solution and new public management ideas should contribute to an increased level of user in case of structuring and steering, continuous follow-up research and user survey as well as further development when it comes to the informative situation, and also a clarification of roles. Society could not completely rely on the system to function through user selecting their services. It will thus be an empowerment situation if elderly are capable of making that choice or feeling safe to know that there is the possibility to choose if the services they get are not as good as they expect them to be or if there is a lack of adaption to individual needs and requests. The final conclusion is that market mechanisms could be well functioning and so that elderly can feel empowered, in case of an active continuous striving for the ultimate solution and structure. There will always be a possibility of getting better and for systems to be developed. There will also continuously be, as Sweden looks like today, for the possibility of improvement of the welfare system and of the services delivered to citizens.

References

Aspers, P. (2007). *Etnografiska metoder: att förstå och förklara samtiden*. (1. uppl.)
Malmö: Liber

Bergman, M. (2013) *Upphandling och kundval av välfärdstjänster – En teoribakgrund*.
Falun: Scandbook AB

Blomberg S. (2004) Specialiserad biståndshandläggning inom den kommunala
äldreomsorgen. Lund dissertations in Social Work. Lund University

Blomqvist. P &, Rothstein, Blomqvist.B. (2000) *Välfärdsstatens nya ansikte: demokrati
och marknadsreformer inom den offentliga sektorn*. Stockholm: Agora

Botti. S & Iyengar. S. (2006) “*The Dark Side of Choice: When Choice Impairs Social
Welfare*”. Journal of Public Policy & Marketing. Vol. 25, Issue 1, p24-38, 15p.

Bryman, A. (2006) *Kvantitet och kvalitet i samhällsvetenskaplig forskning*. (1:15 uppl.)
Malmö: Studentlitteratur

Börjesson, Å. (2009) Nationella kvalitetsindikatorer. Report/Socialstyrelsen

Daneback, Månsson (2008) pp165-166 Forskningsmetodik för socialvetare. In
Meeuwisse.M, .H.Swärd,Lappalainen. R & Jacobsson.K. Stockholm: Natur och kultur

Edebalk.G. (2011) *Kundval inom äldreomsorgen-om kunskap och
forskningsbehov*.2011:7. Meddelande från Socialhögskolan. Lunds universitet

Folkhälsoguiden 30.07.2013

<http://www.folkhalsoguiden.se/Informationsmaterial.aspx?id=690>

Fölster, Morin, Renstig, Westlin (2006) *Får kommunens invånare veta det de vill veta? En
jämförande studie av hur Sveriges kommuner via hemsidan redovisar kvaliteten inom
skola, hemtjänst och äldreboende/Report*. Svenskt Näringsliv

Hansson, L. (2009) *Utvärdering av valfrihetssystem I kommuner och landsting*.
Report/Sveriges Kommuner och Landsting

Hansson.L. (2010) *Kundval i äldreomsorgen – Stärks brukarens val i ett valfrihetssystem?* /Report. Sveriges Kommuner och Landsting

Hansson.L. (2010) *Valfrihet och vårdval – slutrapport från programberedningen om valfrihet*/ Report. Sveriges Kommuner och Landsting

Hansson.L. (2010) *Egenregi I valfrihetssystem- en studie av framgångsfaktorer*/ Report. Sveriges Kommuner och Landsting

Hansson.L. (2010) *Vad är valfrihet i ett valfrihetssystem?* /Report. Sveriges Kommuner och Landsting

Hartman Laura (red.) (2011) *Konkurrensens konsekvenser-Vad händer med svensk välfärd?* Stockholm: SNS

Heurgren. M (2011) *Vad vill äldre veta? En sammanställning av äldres val inom äldreomsorgen.* Report/ Socialstyrelsen

Heyman, Norbäck, Persson (2012) Konkurrensverket (2012) Konkurrens- och effektivitetseffekter av privatiseringar teori och empiri

Holm, L-E (2012) *Vad tycker de äldre om äldreomsorgen?– En rikstäckande undersökning av äldres uppfattning om kvaliteten i hemtjänst och äldreboenden 2012.* Report/Socialstyrelsen

Jonsson.P, Frohm.E, Henricsson.M, Nordqvist,L & Sandberg.M. (2013) *Kommunernas valfrihetssystem- med focus på hemtjänst*/ Konkurrensverkets rapportserie 2013:1

Kvale, S. (1997) *Den kvalitativa forskningsintervjun.* Lund studentlitteratur: Lund

Konkurrensverket (2011) *Lagen om valfrihetssystem- en introduction*/Report
Konkurrensverket

Konkurrensverket 15.07.2013

http://www.kkv.se/t/Page_5794.aspx

Kähkönen (2004) "*Quasi-markets, competition and market failures in local government services*" Kommunal ekonomi och politik, vol 8, No3, 31-47

Lagrådsremiss (2012). God vård och omsorg om personer med demenssjukdom samt regler för skydd och rättssäkerhet 14.07.2013

<http://www.regeringen.se/sb/d/15839>

Le Grand Julian (1991) "*Quasi-markets and social policy*" The economic journal Vol 101. No 4. pp 1256-1267

Levin (2008) "*Att undersöka det sociala*". In Meuwisse, A. Swärd H. Eliasson, Lappainen. R, Jacobsson K (red). *Forskningsmetodik för socialvetare*. Natur och Kultur: Stockholm

May, T. (2001). *Samhällsvetenskaplig forskning*. Lund: Studentlitteratur.

Meinow*. B , Parker. M. G., Thorslund.M (2011) *Social Science & Medicine Consumers of eldercare in Sweden: The semblance of choice* Social Science & Medicine 73 pp. 1285-1289

Moula, A. (red.) (2009). *Empowermentorienterat socialt arbete*. (1. uppl.) Studentlitteratur: Lund

Norén (2000) "*Offentliga marknader och brukarinflytande*" Kommunal ekonomi och politik, volym 4 No1 7-29

Oxford Dictionary 30.07.2013

<http://oxforddictionaries.com/definition/english/empower>

Persson.S. (2010) "*Ett år med LOV-Vilka val har gjorts?*" /Report. Svenskt Näringsliv

Persson.S. (2006) "*Får kommunens invånare veta det de vill veta?*" /Report. Svenskt Näringsliv

Rasmusen.E.S, Ostergaard.P & Beckman.S.C (2006) *Essentials of social science Research Methodology*. University Press of Southern Denmark: Odense

Renstig. T & T. Rad (2010) ” *Så bra är kommunerna på att informera medborgarna*”/Report. Svenskt Näringsliv

Rostgaard. T. (2006) *Constructing the Care Consumer: Free Choice of Home Care for Elderly in Denmark*. Danish Institute of Social Research. European Societies pp.443-463. Taylor and Francis group: Copenhagen.

Sjöblom.D. (2009) ”*Nationella kvalitetsindikatorer-Vården och omsorgen om äldre personer*”/Report. Socialstyrelsen

Szebehely M. (2011) ”*Insatser för äldre och funktionshindrade i privat regi*”. I Hartman, L. *Konkurrensens konsekvenser*. SNS: Stockholm

The World Bank 30.07.2013

<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTMPOWERMENT/0,,contentMDK:20272299~pagePK:210058~piPK:210062~theSitePK:486411~isCURL:Y,00.html>

The Swedish Government 15.07.2013

<http://www.regeringen.se/sb/d/15839>

Wallerstein, N. (1992) ”*Powerlessness, empowerment and health: implications for health promotion programs*”. *American Journal of Health Promotion*, Issue 6, pp.197-205.

APPENDIX

1. Interview guide elderly

Did you make an active choice?

What made you do the active choice?

How did you experience the choice situation?

How did you receive information?

Did you receive the information you wanted and needed in order to make a choice?

Did your case manager helpfully provide the assistance?

Would you make a second choice if you were un-satisfied?

What made you choose the provider that you have today?

What are the differences in making a choice and not making a choice?

What could have further helped you to make a choice?

Is the possibility to choose important to you?

Were there any boundaries in the choice situation? What boundaries were there?

What was most helpful in the choice situation?

What was your primary source of information about the choice and the alternatives?

2. Interview guide relatives

Was an active choice made?

Why was the specific choice made?

How did you experience the choice situation?

How did you receive information about alternative providers?

Did you receive enough information?

Did you experience the case manager being helpful?

Would you consider a second choice?

What would further have been helpful in the choice situation?

Is it important to be able to make a choice?

Did you find it time demanding and difficult to assist your close one in the choice situation?

2. Interview guide case managers

How do you provide users with information about the choice system?

How do you receive information about the choice situation and alternative providers?

How would you like to receive more information about providers and how the information should be provided to users?

What is your picture of how users experience the choice model?

What do you experience that users and their relatives are unsatisfied with when it comes to the information and the choice situation?

How do you experience the objectivity in providing users with information?

How often do users want to make a choice?

How common is it that users do make a second choice?

What is the most common reason to elderly feeling as if they want to make a second choice?

What make users choose the non-choice alternative?

How do you follow up whether users are satisfied with the services provided?

How do elderly choose? What factors actualize a choice? What is important?

What is to strive for/what should be strived for in the future?

What are the obstacles for elderly to make a choice?

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How would you like to increase the knowledge about providers?

How would you say that users experience the choice situation?

What is the most common reason to that users change provider?

What is desirable in the future?

What obstacles are there for users to make a choice?

How do you look upon the freedom to choose?

What is desirable in a choice situation?

What is necessary to achieve with the choice system in order for users to make a rational choice?