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Title: Politicisation, Engagement, Depoliticisation – The Neoliberal Politics of Care

Abstract:

Many European nations share a political challenge: the ageing population and recessionary economics lead to dwindling resources for welfare services, while scandals and reports of unacceptable deficits in particular in care services for older people arise. In Finland this situation was responded to with a novel Care Act for Older People that was passed in 2013. This paper tracks the legislative process of the law and demonstrates how this issue of fundamental values and resources was turned into a question of apolitical governance and expert management, resulting in a dubious, status-quo supporting law. It presents a case of how the subsumption of *homo politicus* in the neoliberal era in practice can happen, and how depoliticisation can function in a context with which neoliberalism is not often associated; namely care policy of a traditionally social-democratic Nordic welfare state.

Keywords: austerity, democracy, governance, social policy, welfare state

Introduction

In *Undoing the Demos*, Wendy Brown (2015) argues that as neoliberalism subsumes all spheres of life to economization, and the figure of *homo oeconomicus* increasingly trumps *homo politicus*, the effect is that the exercise of freedom in the social and political spheres is radically attenuated (Brown, 2015: 108). Citizenship loses its orientation toward the public, and participation in rule by the demos as fundamental to political legitimacy and popular and individual sovereignty, is reduced to an impoverished, technical tool of governance (Brown, 2015: 109). Brown argues that in the neoliberal era, politics is reduced to a field of management, problem solving and program implementation, bracketing conflict, deliberation and decision-making about common purposes, goods and values. Democracy too is reconceived, as political struggles over national purposes and resources are transformed into administrative practices where aims and resource constraints are received as given. The democratic indices of inclusion and participation into those practices of problem solving are utilized more than ever, but they have been separated from any power to set parameters and constraints, or to decide fundamental values and directions (Brown, 2015: 126-128).

This bleak fate for democratic politics is no abstract dystopia. This article explores a case where an issue of fundamental values and resources of the welfare state arose to the political agenda and to the parliament by a somewhat traditional politics of repeated demands for social rights. Namely, the question of care of older people was politicised in Finland. The claims for better care and stronger rights for services was dealt with a participatory process that was to respond to those claims by a new Care Act for Older People which came into force in 2013. But finally the result was a weak law that brought little new to the field of care. Instead the process turned the issue into a question of apolitical governance and expert management. In effect, any chances for transformative political change were obliterated, but this happened cunningly and returning to the status quo occurred under the pretense of 'something is being done'. This paper tracks how this process evolved and presents a case of how the subsumption of homo

politicus in the neoliberal order in practice can happen.

The article contributes to the understanding of welfare state politics in a context of an ageing population, austerity and neoliberal trends of depoliticisation. The recent discussions on depoliticisation resonate strongly with Brown's characterisation of democracy under neoliberalism. For example, depoliticisation has been said to refer to the "transfer of functions away from elected politicians", and characterised as "the dominant model of statecraft in the twentyfirst century (Flinders and Wood, 2014: 135). Likewise, Foster, Kerr and Byrne (2014: 225) propose that "depoliticisation is best understood as a technique of governing which works to legitimise neo-liberalism as the dominant political rationality". The article at hand empirically demonstrates how in practice such depoliticisation can function in a context with which neoliberal governmentality is not often associated; namely care policy of a traditionally social-democratic Nordic welfare state (but see Dahl, 2012). I suggest that the question is not simply about political parties moving to the right, but that a more insidious form of neoliberalisation of the state is ongoing: Beyond and in the shadows of seemingly important legislative processes, it re-structures the parameters within which any policy is shaped, so that the neoliberal models emerge as the only possible options.

I understand the current late neoliberalism as a regime and a governing rationality through which all activities are seen, governed, and to be remodelled according to (quasi-)market principles (Brown, 2015; McGimpsey, 2017). The data of the article is from a larger research project (Hoppania, 2015). It includes policy documents connected to the drafting and passing of the Care Act for Older People, such as preparatory materials, the draft versions of the bill, the comments and statements for the drafts, and the final act itself including its detailed justification. It also contains the parliamentary proceedings, such as the minutes and transcripts of the treatment of the bill in the parliament, and semi-structured expert interviews of civil servants, experts and representatives in the field of care for older people. The analysis is a discourse theoretical exercise and a critical analysis of a policy process (Glynos and Howarth, 2007;

Howarth, 2010). In this methodology political situations are those in which the contingency of seemingly fixed social practices is revealed and challenged (i.e. politicised), through, for instance, public contestations and articulations of grievances as demands (Glynos and Howarth, 2007: 122-123). Such dislocatory political moments might lead to new identifications and even transformative changes of policy, or they might simply produce defenses of existing practices and norms, and reproduce the status quo (Glynos and Howarth 2007: 122-123), depoliticising the issue. Thus, when analysing policy processes such as the Care Act for Older People, what is under scrutiny is the way possibly opposing forces struggle over the issue at hand, or how complex political techniques and tactics, including various forms of consultation, play a role to disarm challenges to the status quo (Howarth, 2010: 310, 321). In what follows I demonstrate how in the case of the Care Act for Older People this happened.

I first discuss the historical context of law and care politics in Finland. I then move on to demonstrating the mechanisms through which the potential of the policy process of the Care Act for Older People was limited and the issue effectively depoliticised, and how the law turned out dubious and empty. I argue that rather than exemplifying democratic politics, the case shows how democracy is disabled through a neoliberal process of depoliticisation: The scope and possibilities of the law were narrowed down, and challenging views were channeled out of the process and out of sight. First, the path-dependencies of earlier policy decisions and the way the plans of various governance reforms have been fixed were presented and accepted as depoliticised facts that cannot be changed. Second, the seemingly thorough participation and engagement of interested parties in the preparation process of the law was rendered meaningless and in fact served as a smokescreen for neoliberal reforms that were going on in the background.

The Politics of Care for Older People

In 2009 the then Minister of Health and Social Services in Finland described the situation of care services for older people the biggest challenge facing Finnish society (PTK 84/2009). The worsening dependency ratio caused by the ageing population was producing an economic sustainability deficit for the welfare state, and the global financial crisis aggravated this worrying scenario. At the same time, media scandals had erupted when the Parliamentary Ombudsman had received official reports, which revealed that deficiencies in care homes for older people were rife. The general sentiment was that this was unacceptable, and that it was the responsibility of the public sector to secure adequate care. The seemingly smooth operation of the welfare state service provision had been disrupted and claimed to be in need of reform. In other words, the question of care for older people had been politicised. After the opposition filed an interpellation (basically a vote of confidence) on securing the rights and care for older people, the government promised to start preparing a bill for care services concerning older people to rectify the situation by means of new legislation. While the question of care for older people had been a recurrent theme in the parliament for many years, and various social and health care reforms were ongoing, the reports to the Ombudsman, the media debate and the interpellation that followed were the final straw that pushed the government to take further action. The law was not in the government programme of the time. During the three years the bill was being prepared, a new parliament was elected and the Minister in charge of the drafting of the bill changed. Nevertheless, a commitment to the bill remained strong throughout the process and across the political field. The new government elected in 2011 promised in its programme to introduce legislation on services for older people. It specifically stated that a new law will be drafted to guarantee aged persons the right to quality care, based on needs (Programme of the Finnish Government, 2011, 105).

At the end of 2012 the bill was finally passed in the parliament and the Care Act for Older People entered into force in July 2013. The preparation process had been thorough and an extensive range of

interest groups and experts were consulted over the different preparatory stages in the Ministry of Social Affairs and Health, and in the final phase in the parliament. Emphasizing the historical importance of the law, the then Minister of Finance saw it as equivalent to the historic law on public health and to the comprehensive school reform (Sutinen, 2012). These latter laws can be considered as pivotal accomplishments of the universalistic welfare state era. The comparison of the minister thus signaled that something significant had finally been done to fix the dire situation of care for older people: the reality of inadequate services, and demands for better care had been acknowledged and responded to. ii

However, as several scholars have argued, finally the Care Act for Older People amounted to very little in terms of improved or strengthened rights for care (for example Hoppania et al., 2017; Kotkas, 2013). Neither did the law introduce any sanctions for municipalities, whose remit the provision of services is, to oblige them to guarantee adequate care. The most crucial issues concerning service provision were left out of the law, specifically issues concerning resources (Hoppania, 2015), leading to ‘a dubious law which does not (really) set up new rights or responsibilities’ (Kotkas, 2013). Not surprisingly thus, the kind of media scandals of substandard care that animated the demands for the law, have not disappeared, and care deficits persist. Instead, care services for older people are being reformed according to a rather neoliberal agenda.

To understand what happened in the process of drafting and passing the Care Act for Older People, it is necessary to contextualize the case and take a brief look at the history of social (care) policies in Finland. For a long time social policy in the country followed the ideals of the Nordic welfare state model. Extensive public services were built in the decades after the Second World War and they were provided on a largely universal basis, i.e. irrespective of employment status, and with minimal dependency of individuals on their families. The model also supports gender equality by reducing women's domestic and care work burden (Borchorst and Siim, 2002). In care services for older people this meant for example that the legal obligation of grown-up children to provide for their ageing parents

was annulled in the 1970s in Finland. Home care services as well as institutional care was provided for those in need. However, the care services for older people were never made 'subjective rights', which in the Finnish context means a strong entitlement to a service, independent of municipal resources. These types of rights are granted for example in the children's day care act and the disability act (Tuori and Kotkas, 2008: 242–246).

Now the heyday of the welfare state is over. At least for the last two decades different trends have increasingly characterised social policy. Several researchers have noted the turn away from the ideals of the Nordic welfare state. Kiander (2001: 86-87) has pointed out that while the 1980s have been a turning point for the welfare state in most industrialized countries, in Finland the constraints and limitations on social expenditure and the structural reforms from universality toward means testing and individual responsibility started in conjunction with the depression of the 1990s.

Marketisation and contractualism (key ingredients of neoliberalism) have been major drivers in the recent policy developments concerning care for older people (Karsio and Anttonen, 2013).

Reviewing Finnish care policy concerning older people, Anttonen and Häikiö (2011) have argued that today Finland actually seems to be approaching the form of a liberal welfare state. The seeds of neoliberalism, however, had been sown already in the 1980s, argues Patomäki (2007: 62-79), who points out that in Finland the financial markets were deregulated in the 1980s, and the incorporation of state public utilities happened during the late 1980s and early 1990s. Nevertheless, the institutions of the social-democratic-dominated welfare state era and persisting support for broad public services have made a full-scale realisation of the neoliberal vision difficult (Patomäki, 2007: 96; see also Dahl, 2012). The system is changing rather through incremental neoliberal restructuring (Bergholm and Bieler, 2013).

The resistance of the Nordic welfare-state model to neoliberal ideals seems to suggest an explanation for why the Care Act for Older People in a somewhat contradictory manner ended up bolstering the

neoliberalisation of services while at the same time social-democratic politicians lauded it as a significant law, comparable to some of the key laws of the welfare state era: Namely, that politicians and political parties simply misrepresent their policies, that they in fact have accepted the neoliberalisation of the state and the service structure, and to appease the public which still overwhelmingly supports the welfare state, they only rhetorically appeal to 'saving the welfare state' while dismantling public services. It would mean that also the Social Democratic Party (who was in government and whose minister was in charge of the ministry of Social Affairs and Health when the law was passed, and whose ministers made those claims of the importance of the law) has simply moved to the right, and despite their declarations to the contrary, they in fact support neoliberalisation. Research shows that SDP has since the 1980s made an ideological transformation, and for example abandoned the goal of full employment and democratic socialism and accepted the basic principles of market economy (Marttila, 2016). They have emphasized the virtues of budgetary discipline and accepted neoliberal principles to achieve these objectives, but, they also have not abandoned traditional social-democratic objectives of universal welfare provisions (Bergholm and Bieler, 2013: 63).

In what follows I offer a different kind of analysis of the situation, one that does not focus on the strategies of politicians and parties. I claim that almost regardless of the will of politicians and political parties, a more insidious form of depoliticisation is happening through a piecemeal neoliberalisation of the state. Here the key insight is not that all parties have simply moved to the right in their policies, and the traditionally leftist parties just have to pretend to hold on to some key features of the Nordic welfare state to appease their supporters. Rather the neoliberalisation happens covertly, and mostly outside the traditional democratic arenas and the remit of elected politicians. It takes the form of re-structuring the parameters within which any and all social policy is shaped, so that the neoliberal models emerge as the only possible and feasible ways to respond to the situation of care for older people, and other issues. Acceptance of these particular structures and parameters as givens, as a-political facts within which any policy must be shaped, is in the core of neoliberal governance (Brown, 2015: 122-131). Engagement and

participation of the population and interested parties in the preparation process of the law functions as a tool of depoliticizing the topic. It serves to both legitimize the chosen policy direction and ongoing reforms of care, and to obscure what those reforms actually are. These policies are shaped outside of the democratic procedures and processes such as the drafting of the Care Act for Older People, which turns into symbolic pseudo-participation (Pateman, 1999/1970).

Shaping the ‘facts’, limiting the scope

Whilst the numerous participants in the preparation of the Care Act for Older People were of a variety of opinions and presented various contradictory demands for the law, the scope of possibility they had to actually effect changes in policy was very limited. The wider framework and accepted parameters within which the law was drafted, significantly limited the legislative process.

A particular kind of governmentality characterized the process, one that discursively produces certain social constellations as inevitable ‘facts’. These constellations include path-dependencies in institutional arrangements which appear as sedimented to the extent that any political challenges of them or demands to undo their effects, are easily dismissed as impossible or subsumed within the dominant expert discourse (Howarth, 2010: 309-310). The path dependencies here are connected to the economic and institutional governing relations of care service provision, and to the persistent lack of resources that seems to be in no one's hands to change.

First, the relationship of national and local levels of governance, and the reforms of these relations in recent decades, are crucial. The provision of social services is the remit of municipalities, who must secure services that various laws require. But also, they must keep their expenditure on a sustainable level. In the context of ageing populations and economic downturn, this often translates into a need to cut social expenditure. Care Act for Older People threatened to shift even more of the responsibility to solve the dilemma of insufficient services and decreasing resources to the municipal level, by setting

new obligations to the municipalities but not offering resources to implement them. No wonder then that the role of municipalities was a repeated topic of debate during the preparation of the law. The municipalities and in particular the Association of Finnish Local and Regional Authorities (Kuntaliitto) as their representative, argued against any new such obligations in the new law, *unless* resources are secured for their realization (C38). Significantly, the question of resources escaped open political scrutinizing, and this conditional clause articulated by Kuntaliitto was ignored when the municipalities' viewpoints were considered during the participatory procedures. The municipalities in effect seemed to have only the possibility to resist new obligations, not demand new resources. Why was this so? How come the economically tight situation of the municipalities was accepted as a fact which could not be changed?

Here it is not only the European-wide trends of austerity politics of the post 2008 financial crisis that explain the resource deficits of the municipalities. Also the earlier New Public Management (NPM) inspired reforms in the structures of public administration explain the situation. These reforms readjusted and even transformed the relationship of the national and local level governance, aiming to decentralize power. Despite the calls to increase democracy, which accompanied the reform ideas, Yliaska (2010) argues that the doctrines of NPM in fact effectively centralized power in Finland from local to central government level, and especially to the treasury, in the 1980s and 1990s. A doctrine called 'management by results' and the reform of the system of central governmental subsidies were the key mechanisms: Management by results gave ministries the powers to dictate objectives for local government performance, whilst the municipalities were left with the power to decide how they would set about achieving those targets (Yliaska, 2010: 369).

The reform of the state subsidies meant that the amount of subsidies to the municipalities was not anymore based on actual municipal expenditure, a percentage of which had traditionally been for paid by the state. Instead the system became computational, and the municipalities were given a lump sum based on their population and its age structure. The main argument and aim for the new system was to

encourage municipalities to become more conscious about their expenses and increase efficiency and profitability (Yliaska, 2010; Julkunen, 2001: 110-122, 175-177).

In essence, the strategic and operative levels of governance were separated (Yliaska 2010: 369). Control over public resources was reallocated to the state, at the same time as ‘operational’ power was given to municipalities. ‘This meant that central government could lower the amount of central government subsidies without having to make politically difficult and unpopular cuts in public services – those cuts were now made by municipalities instead’ (Yliaska, 2010: 376). Effectively the power of the ministries was strengthened (Yliaska, 2010: 369; Matikainen, 2014). This is typical of neoliberal governance, which, as Brown explains, stresses the devolution of authority as part of its formal antipathy to centralized state power (Brown, 2015: 131). In practice however devolved power frequently means that large-scale problems, such as recessions or fiscal crises of the state, are ‘sent down the pipeline to small and weak units unable to cope with them technically, politically, or financially’ (Brown, 2015:132).

The path-dependencies of these earlier reforms make the municipalities responsible for realizing the promises of the welfare state, even if their economic situation effectively makes this very difficult. A seeming misunderstanding of the position of the municipalities (as autonomous) in relation to state governance, or, in rather, the acceptance and in a sense depoliticisation of the form of this relation, contributed to the narrowing down of the democratic process of legislation. It led to a widely shared notion of dwindling resources, a state of affairs that was accepted as inevitable.

Indeed, there was little debate as to the level of resources that could and should be allocated for care of older people. The parameters for the budget appropriations were laid by the overall process of deciding on the budget frame, a process dominated by the civil servants of the Ministry of Finance. The larger questions about the costs, resources and redistribution were hardly debated in the discussions and preparations concerning the bill (see Hoppania, 2015); rather, these decisions were throughout the process out of scope, and seen as falling under the remit of other quarters. There was a sense of inevitability that austerity is

necessary. This idea was furthermore strengthened by invoking the dramatically worsening dependency ratio, a state of affairs which too was accepted as a factor that simply must be accepted as legitimation for the reductions in service provision. Some challenges to these 'facts' were presented during the course of legislation, but they were not successful in changing the framework in which the law was shaped, as I discuss below.

Second, in addition to these seemingly sedimented and accepted facts about resources, also the timing of the Care Act for Older People in relation to other reforms, affected the scope of possibility of the law. There were numerous other national reform projects going on. There was the general reform of the social welfare legislation, which was to focus on the content and coverage of social services in general. Then there was another working group dealing with financing, procurement, personnel policy and monitoring which was to prepare a reform of social and health care legislation concerning organization, development, and supervision. Connected to this, a municipal reform was also being prepared. These, and other, ongoing reforms formed a bureaucratic division of labour in state administration, which served to legitimize the leaving out of various issues from the Care Act for Older People. The viewpoint that came to dominate the drafting of the law exhibited a rationality of governance that frames the process of drafting the new law as an issue of apolitical management. Instead of democratically debating and deciding on societal (resource) commitments to services, the law process became part of the expert governance of social affairs, divided into a number of reform processes which might be open to participation, but whose terms of reference and scope for action are strictly limited. The (somewhere, previously, already decided on) timing and bureaucratic division of labour functioned as a seemingly legitimate reason to leave the larger questions of resources, production, financing and organization out of the agenda.

Pseudo-participation par excellence

What lend credibility to the view that the Care Act for Older People was a significant new law was that it 'had been prepared with an extensive group of people' as the minister who introduced the government bill in the parliament emphasized in her speech (PTK 110/2012, 1). Indeed, numerous experts, interest groups, stakeholders and NGOs had been summoned to engage with this important task and take part in the preparation of the bill. The hearing procedures were very inclusive and various concerned parties were heard and consulted through two rounds of gathering comments for two drafts versions of the bill, and through the meeting of a large, informal working group at the Ministry of Social Affairs and Health. In addition to those invited to participate, anyone interested could send their comments to the draft versions of the bill, and all comments were 'taken into account' as the Minister put it (PTK 110/2012, 1).

Somewhat paradoxically however, also these inclusive hearing processes actually served to channel various grievances and claims concerning care out of the political agenda. When any interested actor or citizen was invited to participate in the process, no effective alliances which could have challenged the hegemonic discourse emerged, as they were subsumed in the law process itself (cf. Howarth, 2010: 310, 321). The way that the ministry dealt with the written comments to the two draft versions of the bill demonstrates how the consulting of different parties served to actually take attention away from claims that challenged the established, dominant neoliberal discourse: How the comments were processed was not explained in any detail publicly. Instead the public summaries made at the ministry stated that 'the feedback of the comments has been utilized in a versatile way in the continuation of the preparatory work' (STM 2012b, 9). What does this mean? In effect, based on the resulting law, it can be interpreted that the feedback was measured against what was considered necessary or inevitable in any case, and it was simply noted that some opinions were contradictory. The different opinions (and perhaps conflicting interests) and their reasoning was not analyzed or judged in the summaries. Nor was it

spelled out in any public documents or communications, why certain propositions made by the commenters were rejected.

Instead, any conflicting arguments and disagreements were played down. For example, whilst many contributors argued for the importance of including in the law mandatory minimum staffing ratios for round-the-clock care facilities, others were clearly against this. The ministry summaries of the comments do mention these contradictory viewpoints, describe the feedback and give examples (STM 2012b; STM 2012a: see also Hoppania, 2015: 116-119). However, they do not discuss or analyze the strengths or weaknesses of the opposed arguments, or explain the reasons why particular critiques were dismissed and others taken into account in the development of the draft into a government bill. Neither were the parameters within which the law was to be drafted spelled out. Nowhere was it stated that certain comments would be dismissed, or that particular demands were off limits, or that there would have been a political decision by the government that limits what is considered possible.

One of the repeated claims in the beginning of the process, and in the participatory process of drafting the law, was that decisions should to be made about redistribution. Many actors demanded measures, which would put more money on the level of praxis in care. These included demands for earmarked state subsidies, or a subjective right to services that would force the municipalities to allocate enough funding to the services (for example C2: 3, 5, 9, 13, 25, 66, 79; C2: 21, 26, 29, 80, 81, 85). Most prominently, a mandatory minimum staffing ratio was advocated quite forcefully by several actors (Hoppania, 2015: 140-147). At the beginning of the process, key politicians voiced similar goals for the Care Act for Older People. The then minister of health and social affairs for example declared that some of the recommendations in the national quality recommendations (concerning care services) would be made into binding law (STM 319/2009).

The first draft version of the law did include some stipulations reflecting these demands, but they were

removed during the process and from the final bill and law. The shift from the first draft toward less binding sections was also noted by the National Advisory Board on Social Welfare and Health Care Ethics. Assessing the second draft they wrote that '[o]verall, the binding strength of the draft now under review has in many parts loosened compared to the previous draft, as it no more for instance speaks about rights to services' (C2, 9). Another commenter wrote that "Extending the spirit of the law to practice requires significantly better resourcing than what we currently have both for institutional and home care and for management and administration. How will this be realized without an obligation from the law?" (C2, 88) These kinds of arguments were recorded in the comments, but not responded to in any direct way. Instead the focus of the law and the rationality in its justification sidelined the need for resources. The focus of the discussion during the process shifted to measures and means of governance that do not require significant new funding. Questions of quality deficits were disentangled from the question of resources and costs and reframed as questions of management and administration, procedures and preventative measures. The reasoning was that these would improve the services, and through improved efficiency, reduce costs.

Nevertheless, all comments were formally welcomed and absorbed within the long, over two year process of law preparation. In the summary the comments, it was pointed out that a general critique that came up was the lack of accuracy and binding force of the regulations; 'It was considered [in many comments] that the regulations should be specified for them to have real impact. Many contributors saw the law as remaining vague and not binding enough' (STM 2012b, 1). However, the introduction to the final bill (HE/160/2012) does not mention this critique. This is the way that the structures of democratic participation functioned to channel the many grievances and political demands concerning older people's care into (temporary) oblivion; effectively any viewpoint that contradicted the prevailing system and ongoing neoliberal reforms had little impact on the Care Act for Older People. All comments were heard and 'taken into account' as the minister who introduced the final bill to the parliament put it (PTK 110/2012, 1), but the way this happened served to simply strengthen the status

quo supporting law. There were no explanations of political decisions over values which guided the law drafting, beyond the very general and abstract ideals concerning for instance the right to live at home as long as possible, or on the abstract right to “need-based” services.

Thus what happened was that a law reform project which begun with a political momentum and opening up of an extensive debate about the care of older people, eventually led to a status quo supporting, dubious law, which set no new rights or responsibilities concerning care, made no redistributive moves for care, set no sanctions on the public authorities to arrange satisfactory care. The politics that were played in the parliament and the media, were emptied out of meaningful content, even if numerous calls to improve care services and maintain the promises of the welfare state were heard throughout the political spectrum. A question then emerges: where is the actual political decision making, where is political power exercised as regards care, if not in the heart of democracy, the parliament, and through allegedly significant legislation? I argue that behind the smokescreen of the legislative processes and parliamentary politics, very significant steering of care policy is taking place in the various sites of care governance, which are largely beyond democratic control and typically appear to be expert arenas of apolitical regulation.

Neoliberalisation in the background

In its final form the Care Act for Older People does not establish new or improved rights for older people for care services. Instead it focuses on the procedures of service provision, requires the municipalities to report and better plan their services, i.e. improve in various ways the management of care. It also focuses on promoting welfare and preventing service needs from arising by encouraging municipalities to try and improve and maintain the functional capability of their ageing populations. Whilst this may be a goal hardly anyone opposes, it also works to sideline the question of improving the position of those older people who do need care, even heavy institutional care. No amount of prevention

will stop people from altogether needing care. The focus on prevention and maintenance of functional capacity serves to, perhaps inadvertently, shift the focus away again from the most vulnerable people, making them discursively almost disappear from the policy agenda (cf. Vaittinen 2015). Furthermore, care research has demonstrated that the increased governance, regulation and management of care does not necessarily guarantee better, let alone more equal care; it can in fact even lower the quality of care (Hoppania and Vaittinen, 2015). With its focus on abstract and symbolic rights, administrative obligations and procedure (how the services are meant to be granted and received, detailed in the law) the Care Act for Older People continues the restructuring of care services according to a neoliberal agenda, which has increasingly characterized Finnish social policy since the 1990s. Or more accurately, the law is formulated in such a way that this neoliberal agenda is in no way threatened and is able to go ahead on the background, through other reform projects and through the choices made on the municipal level. At the beginning of the policy process some critiques about these ongoing restructuring reforms were articulated. For instance in the reports of the County Administrative Boards to the Ombudsman, which revealed deficiencies in services, it was argued that these reforms often entail and hide actual deterioration in service quality:

The rearrangement of service forms have been made from the premise of an aim to redistribute the costs of state and municipalities (for example by changing nursing homes into units of service housing). In these cases staff ratios have often been cut down, even though the service needs of older people have remained the same. (ISLH, 3)

To empty the beds in [hospital] wards, small one person's rooms in nursing homes and service housing have been transformed to rooms of two; the coverage objective for institutional care (3%) has made municipalities reduce the places of institutional care without increasing resources for outpatient care; the units of intensive service housing have turned into places where older people who need demanding care are located without increasing personnel... (LSLH, 5)

Similar critiques concerning the disparities of governance objectives and the realities of care were voiced in the comments to drafts of the Care Act for Older People by an NGOs who critiqued the way the transformation of institutional care into intensive service housing units, and the concomitant lack of consistent regulations concerning service fee payments (in service housing), hides the fact that costs are actually being transferred. As they explained: 'In the service housing system, the municipalities transfer their responsibility for the costs to the service user' (C1: 54).

The reform programs referred to in the above reports and comments, among other similar developments, especially to do with marketization of services, reveal a different politics of care: Governance reforms transform and shape care services and care relations in a piecemeal fashion along neoliberal trends. The structures of governance are adjusted to suit the introduction of market mechanisms, and actually shift care responsibility on the shoulders of individual care-givers and people in need (Hoppania, 2015; Karsio and Anttonen, 2013). In institutional care, it is the nurses and professional carers who have to bear the burden of reduced resources; for individuals and families this means that state-supported care services are harder to obtain, whereby those with better resources turn to market-based solutions and those without suffer the consequences of unmet care needs. In both formal and in informal care work, it is mainly women who do this work, and consequently suffer from reduced public service provisioning (see also Bakker, 2007: 546).

The neoliberal subject, that is being produced through these transformations, is a homo oeconomicus who organizes his life, and manages possible and impending risks related to his care needs efficiently and rationally (see also McGimpsey, 2017: 65-67). Formal equality, individual rights, bans of discrimination and possibilities for compensation claims along with other typical indicators of liberal political style have been strengthened. But, as Julkunen points out, in the Nordic countries this has also meant a transition away from a (social-democratic) system of citizenship, which is based on the public

sector securing the realization of positive social rights. The emphasis on individual rights has turned attention away from the actual weakening of welfare services (Julkunen, 2010: 106-107). As Brown explains these kinds of trends, when neoliberal devolution sends decision making and resource provision down the pipeline of power and authority, but the lower agencies and units have no capability to actually take the responsibility, what happens is that the individual at the end of the pipeline is burdened morally: Responsibilization tasks the (care) worker, consumer, or poor person 'with discerning and undertaking the correct strategies of self-investment and entrepreneurship for thriving and surviving. [... It] discursively denigrates dependency and practically negates collective provisioning for existence [and] solicits the individual as the only relevant and wholly accountable actor' (Brown, 2015: 132-133).

These trends show also on the statistics of care services for older people. Vaarama and Noro (2005) have noted that the service structure reforms since the mid-90s have meant a transition toward more lightly staffed care facilities and from municipal services toward supporting family care. More recently, Karsio and Anttonen (2013) have confirmed these trends. Figures indicate that 'elderly with smaller care needs are less supported with home help than they were 20 years ago' (Karsio and Anttonen, 2013: 90) Voucher systems also strengthen the marketization of social care services, as municipalities distribute publicly-funded vouchers to the service users to purchase the services from a private provider. Households can also take advantage of tax credits for domestic costs (under certain conditions) when buying services from the markets. These arrangements require a purchaser-provider split model in the municipal administration, and the turning of services into specified products or commodities, so that they can then be written into contracts (Karsio and Anttonen, 2013: 99). Social policy has thus been increasingly geared toward marketization and individual and family responsibility. Only 'very few functions, such as decisions over involuntary placements in child protection and mental health care, are left exclusively to public authorities' (Karsio and Anttonen, 2013: 99). All these developments are in line with neoliberal ideology and dogma. Here we see in fact how practices that are not compatible with the neoliberal model of market competition are being screened out through regulation that produces and

forces into existence market mechanisms and market subjectivities. Traditional public and non-profit provision, and ideals of solidarity for instance, do not fit together with these ideals, so they have to be suppressed. These current policies and other neoliberal reforms which are being advanced in the shadow of such seemingly significant projects as the Care Act for Older People, redefine the social services of elderly care as a sphere of markets, into which its subjects must enter as consumers and producers of services. It creates and allows for specific types of subjects only, those of neoliberal market relations.

The process of drafting the Care Act for Older People managed to avoid taking these issues under scrutiny. Those commenters of the law who raised these kinds of issues were formally heard when their statements were received and used in a 'versatile' way. However, nowhere was it made explicit why, and based on whose decision and political will, the neoliberal rationality that does not allow public funds to be redistributed for care services, was the guiding principle of the law process. It was simply naturalised as fact and accepted, and following this narrowing down of the possible course of action, the solution to the problems of care of older people were framed as better management, more efficient procedures, more precise regulation, supervision and expert governance.

Conclusion

The analysis of the current care policy concerning older people shows that care politics in Finland today are increasingly characterised by an unstated neoliberal agenda. The politics that were played over the Care Act for Older People in the parliament and the media, and the participatory processes which were meant to deal with the issues, are not the arenas where the most significant exercise of power over care takes place. This 'politics' and participatory governance functions as a discursive smokescreen that hides the actual policy solutions which are done elsewhere, and somewhat paradoxically, also lend credibility to them, as it seems that significant policy definitions are made via democratic participation. The final law itself, in its vagueness and focus on procedure and regulation,

is compatible with neoliberal ideals, and allows for (or does not take any stand on) creating a market ethos and systems of measurement in the traditionally non-market setting of care (compare Davies, 2013: 38).

When the exercise of power over care relations is dispersed to various governance projects which seem a-political, parliamentary decision-making and processes of participatory democracy are undermined. Power is rather exercised through the various modes and techniques by which human beings are made care/caring subjects (compare Foucault, 1982: 777), and this happens through other arenas than seemingly important legislative processes. And even these legislative processes and democratic, participatory procedures are marked by the acceptance of neoliberal discourses, which turn political problems into problems of regulation, reframe questions of values, (in)equality, resource allocation, care, work and wages into issues of apolitical expert management. Thus the dispersed (neoliberal) governance becomes the hidden locus of political power, obscuring the austerity measures that in fact cut from welfare services. Part of this camouflaging function is the exploitation of democratic participation processes, whereas in fact crucial decision making and political weight concerning care services is dispersed away from the parliament and other democratic organs to the various sites of (more or less democratic) governance.

Furthermore, the way the governance of social policy is set up, from the institutional arrangements between the state and the municipalities, to the financing of municipal expenditure, to the regulatory division of labour in the ministries, undermines democracy. The democratic channels and participatory procedures do not have power to affect the setting of these wider frameworks which largely determine the limits of possible course of action. Currently the hegemonic discourse around the governance of care frames these issues as givens, in such a way that it becomes very difficult to argue for any substantial, let alone transformative changes in the way care responsibilities and resources are distributed. This is a

discourse which invokes bureaucratic logic and ‘apolitical’ ‘musts’ to avert criticism and sideline democratic decision making on these substantive questions.

By discussing the Finnish case, this article has shown how neoliberal governance manages to depoliticise a crucial issue of welfare state policy, which in the ageing nations of the western world is increasingly politicised. The case of the Care Act for Older People shows how through various mechanisms the state, increasingly characterized by neoliberal trends, might manage to deal with such politicisation in a way that avoids making any actual changes in policy. The real policies and reforms that actually affect the service provision follow the demands of austerity and the ‘late neoliberal’ phase of policy-making (McGimpsey, 2017). These developments mean that those involved in the day to day work of care, and those who need care services, are struggling to cope.

i The full name of the law is *Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People*. For the sake of brevity, in this paper Care Act for Older People is used as shorthand.

ii For a detailed explanation of the process of drafting and passing of the Care Act for Older People, see Hoppania 2015.

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