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Master's Thesis

**Family Care-givers' Difficulties and
Patterns of Elderly Care Policy in Finland
and South Korea**

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Abstract

As the population of the elderly is growing rapidly worldwide, elderly care policy has been transformed with the changing policy environment. Public supports are necessary for family care-givers to alleviate their difficulties in family care-giving. There are country-specific differences in the way that the states have rearranged to support family care-givers and to invest in public or formal arrangements according to their cultural differences. This master's thesis explores the differences in the way that Finland and South Korea relieve family care-givers' difficulties and in their tendencies of changes in elderly care policy, influenced by varying cultural background. Policy documents and some acts are analyzed in order to study the differences between the countries.

It was found that in Finland, informal care by family care-givers has been developed along with policies formalizing informal care and 'public-private partnership' is pursued to provide elderly care, emphasizing the elderly's participation in social activities and independent living. The traditional meaning of universalism which stressed common access to public care services regardless of individuals' income and capabilities has been changed in the area of elderly care in Finland. The elderly care system in South Korea has been transformed from familism originated from Confucianism to the system which emphasizes public responsibility, replacing informal care with formal care by public insurance. However, formalization of informal care by family care-givers is not well developed and building partnerships with other actors is weak in the elderly care under the influence of Confucianism. The culture-specific features in the two countries have been changed over time and they continue to have impact on the elderly care system.

KEYWORDS: family care-giver, elderly care, culture, universalism, Confucianism, Finland, South Korea

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1. Introduction

Family care-givers caring for the elderly experience social and economic difficulties. They have to do a variety of work for care-receivers from daily activities such as bathing, and dressing, to medical tasks such as medication. If the elderly are sick with chronic diseases such as dementia, strokes, the burden of care-givers is aggravated, and they commonly experience work restriction: they may have difficulty in concentrating on their work and need reduction of working hours (Principi 2012). In addition, family care-givers who care for the elderly with chronic disease may experience physical, emotional, and mental difficulties due to the exhaustive character of care for the elderly (Takai et al. 2008). These difficulties can cause family care-givers mental depression and reduced chances to participate in social activity (Ansah et al. 2013). These difficulties which family care-givers have to experience are directly associated with the quality of their lives. Furthermore, there are limitations which family care-givers cannot overcome alone, because needs of care-receivers are versatile.

The population of the elderly is growing worldwide along with the increase of life expectancy owing to the development of medical technology. Colombo et al (2011) predicted that the population of those 80years and over would increase from 4% in 2010 to nearly 10% across OECD countries by 2050. Yet chronic diseases such as dementia continue to be prevalent. That is to say, although people can live longer than before, they have to live with some chronic diseases. Therefore, effective elderly care system in order to support family care-givers through public interventions are necessary to prepare for population ageing. Well-developed elderly care system can meet various needs of the elderly comprehensively. It relieves family care-givers' burden of responsibilities as well as helps to keep their physical and mental health as long as possible in the communities where their families and friends live together (Murakami et al. 2013).

When an elderly care system in a country is well developed to the extent that it satisfies care-receivers' various needs comprehensively, the difficulties which family care-givers have to experience become diminished. Thus, family care-givers can reconcile work and family and reduce physical, emotional, mental difficulties. In contrast, when elder care system in a

country is less developed, the difficulties family care-givers have to experience increase; family care-givers experience a conflict between work and family and do not know how to take care of the care care-receivers.

The difficulties which family care-givers experience and perceive are closely connected with and reflect the drawbacks of the elder care system in a country. Thus, they reflect the drawbacks of care system for the elderly in a country. For example, if there are not enough social services for the elderly, a family care-giver who cares for a care-receiver has to take care of him/her for longer time, and he/she may have difficulty in participating in society and work. Accordingly, the difficulties which family care-givers experience are worthwhile studying, because the analysis shows what is deficient in an elder care system.

In this study, my chief questions are how two countries - Finland and South Korea - relieve family care-givers' difficulties and what their tendencies in terms of elderly care policy associated with the role of the family and the state are. I am also interested in how these tendencies have changed in the two countries. I aim to study the relationship between the family and the state in the field of elderly care, focusing on how the cultural factors of the two countries have affected the relation of the two different elderly care patterns: I argue that the elderly care policy in Finland, which has been based on universalism, tends to pursue an elderly care system with recent emphasis on informal care. On the other hand, the elderly care policy in South Korea, which in the past has been based on familism originating from Confucianism, is now seeking the institutionalization of elderly care services, emphasizing the public responsibility for taking care of the elderly.

I will provide an overview of theoretical background associated with elderly care (chapters 2-3) as well as present methods used (chapter 4). After the policy documents on the elderly care in the two countries are analyzed (chapters 5-6), the differences in elderly care policies between Finland and South Korea are discussed (chapters 7-8). Chapter 9 presents transformation of elderly care and cultural influence in the two countries. In the conclusion, the main findings are summarized.

2. Role of the family and the state on elderly care

2.1 Role of the family associated with care for the elderly

Historically the family continues to play an important role; whereas traditional families had to take responsibility of elderly care without social support for family care-givers in the past, nowadays most countries aim to maintain independent living as long as possible to deinstitutionalize the elderly. This approach emphasizes informal care within families (Stewart, 2011). That is to say, although the extent to which the family takes responsibility for elderly care varies across times, the family continues to take on the caregiving role continuously and family care-givers are still considered as an important source providing care for the elderly.

However, socio-economic changes such as the change of household structure and increased participation of women in working life would change the role of family care-givers. Colombo et al. (2011) argue for adequate support for family care-givers, because high-intensity care to family care-givers may be necessary due to the reduction of working aged people, the decline of family size and increasing participation of women in the job market. That is to say, it is difficult to expect that a family care-giver takes care of his or her care-receiver for 24hours. In particular, if the family member has chronic diseases, such as dementia, and stroke, the difficulties of family care-givers are severe. For example, compared with non-caregivers, family care-givers of people with dementia tend to be at greater risk of chronic disease and mortality (Alzheimer's Association 2014). Accordingly, the role of family care-givers should be appropriately associated with public interventions by other actors such as state, and municipalities in order to relieve the difficulties of family care-givers as well as to provide what the elderly want effectively.

Municipalities in welfare states also play an important role in elderly care. Municipalities not only produce care services but also organize elderly care services. They make care plans and connect care resources in order to satisfy elderly's needs. Through the processes, municipalities can be connected with other sectors which can provide care services such as

voluntary organizations, NGOs and private companies. Nowadays, elderly care services are provided by various providers. Informal care by family care-givers and formal care are mixed. Municipalities play a major function in coordinating the relation of actors for elderly care.

2.2 Difficulties that family care-givers experience

Difficulties that family care-givers can experience are various according to care-receivers' conditions: when their impairment is chronic and severe, care-givers' role supporting the elderly increases. Heavy burden that care-givers can feel has bad impact on the relationship between care-givers and care-receivers. It is a major factor for family care-givers to decide to give up home-caregiving and to institutionalize (Gold et al 1995). That is, family care-giver's heavy burden that is originated from care work may hinder effective care of elderly.

Taking care of the elderly, especially the elderly with chronic diseases makes it difficult for family care-givers to live a normal life: long hours of care provision may cause care-givers physical fatigue and continuous stress and apprehension resulting from caring for the elderly, which may also cause them depression. If they do not know about the illness and the way how they ought to care for the care-receivers, the pressure increases by far. In addition, care-givers have difficulty in participating into society and labor market, which can have negative impact on their social and economic conditions. They may experience economic difficulty due to care costs and give up working due to their responsibilities. Michon et al. (2005, p. 49) suggest that caring for the elderly may cause difficulties in the following five spheres: 'social and leisure activity, professional activities, income, quality of interpersonal relationships, and mental and physical health'. Taking care of the elderly with chronic disease requires care-givers to spend more time with their care-receivers, which can be associated with their physical, psychological and social stress.

2.3 Public interventions for alleviating family care-giver's burden

Public support for family care-givers is necessary to alleviate their difficulties due to family care-giving, because various forms of support enable family care-givers to continue to care for their family and to have a good relationship with care-receivers. Ultimately, the elderly can live with their families in communities and escape institutionalization (Heller, Caldwell, and Factor 2007).

Heller et al. (2015) classify the types of interventions for the elderly with intellectual disabilities in a following manner: 1) care coordination by government programs, such as telephone-based intervention, and providing medical care at home; 2) home and financial support by programs such as respite programs and day-care centers; 3) psychological education and training by government programs that educate caregivers about caregiving topics such as communication, and medication management; 4) support and counseling to improve care-givers' quality of lives and mental well-being that focus on assisting care-givers to cope with the challenges and stress and to increase life satisfaction.

Theses public interventions help family care-givers access to other services and information through which they can take rest, increase knowledge and skills associated with care-work and improve physical and mental health. Thus, these interventions alleviate the family care-givers' difficulties and keep them healthy. A characteristic of these interventions is that they are provided for the family care-givers in partnership with other actors, such as government and municipalities. That is, family care-giving for the elderly should be provided not in isolation from other actors, but together with supports from other actors so that the burden caused from caring for them can be divided.

2.4 Provision of elderly care by family care-givers and the state

A family care-giver is a major resource of care for the elderly for the purpose of realizing deinstitutionalization (Bettio and Plantenga 2004). The importance of informal care by family care-givers has increased in that public costs for elderly care are expected to rise due to population ageing: Colombo et al (2011) predicted that the population of those 80years of age and over would increase from 4% in 2010 to nearly 10% across OECD countries by 2050 and long-term care expenditure would increase to 2-3times in 2050 as much as now, as people live longer (Colombo et al. 2011). Yet as families become increasingly overburdened, there are possibilities that families are exposed to social risks. Thus, public authorities should intervene to support family care-givers: policies will have to be further developed, carried out and strengthened to alleviate informal caregivers' difficulty of combining care with work, improve their happiness of life and prevent their deterioration of health (Glendinning et al. 2009).

However, there are large, country-specific differences in the way that governments have rearranged to support family care-givers and to invest in public or formal arrangements according to their varying socio-economic causes and consequences (Bettio and Plantenga 2004). Since Esping-Andersen (1990) introduced the welfare typology according to three criteria; the extent of de-commodification; the structures of social stratification; and the relation between the state, market and family - the role of the family in caring for family members and the support for them has been one of issues that has attracted attention: Esping-Andersen's typology has been criticized for not taking into consideration the role of the family and it is argued that there are many differences between countries with regard to care arrangements. In some countries, public authorities take major responsibility for social care function, whereas in other countries, family members put up with the hardship caused from caring for the elderly. Anttonen and Sipilä (1996) found that there is diversity in the distribution of informal and formal provisions in European countries. They introduced a typology according to the extent in the distribution of informal and formal care. For example, Italy is classified as a family-care model, where informal care by family care-givers is

important for the elderly. In this typology, Nordic countries are classified as countries, where a lot of formal care is provided through universal public services. Nevertheless, Anttonen and Häikiö (2011) argue that the general trajectory associated with social care functions for the elderly tends to pursue more public responsibility and the participation of the voluntary and charitable sector rather than private responsibility.

Blome et al. (2009) suggest that care arrangements can be various, because they involve a combination of welfare services and private care services. They classify the relation between family care-giving and public support for family care-givers as four steps according to formalized levels of family care-giving as follows:’ 1. No public support; 2. symbolic payments; 3. quasi-wage; 4. Completely formalized’. They are presented in Table 1.

Table1. Formalized levels of family-provided care (Blome et al. 2009, p.138)

level		situation
1	No public support	The family must bear the costs and the effort involved in care
2	Symbolic payments	Either directly, by paying a small amount to those persons who provide care, or indirectly, by providing resources to the person in need for the added costs and efforts engendered by the care, most of which are passed on to the family members providing the care
3	Quasi-wage	The provision of care is acknowledged and paid for, though at a level distinctively below typical open market wages in the care-giving sector. Those providing care are partly integrated into the social security system.
4	Completely formalized	Family members who provide care receive a formal labour contract, typically from the local community, and are completely integrated into the social security system.

They also argue that public-private partnerships are the most promising way to resolve problems in providing care services and recommend that suitable ways to encourage cooperation in the form of a public-private partnerships in care-giving should be pursued, because they help to avoid overburden on either side (Blome et al. 2009).

2.5 Cultural influence

Countries have various patterns of elderly care policy according to their culture which is embedded in society. Welfare arrangements in relation to elderly care can be formed and changed by the ideas and interests of welfare actors. The role of the family for the supply of elderly care and the extent to which the public sector intervenes in care service for the elderly would be different dependent on the cultural value and model of each country (Pfa-Effinger 2005). According to Pfa-Effinger (2005, p.4), welfare culture includes various meanings: 'doctrines, values, and ideals in relation to the welfare states'. It is closely associated with the political background, on which welfare institutions are formed, and welfare actors react to changed environments. Thus, culture can explain the heterogeneity of welfare state policies and the classification of welfare states. In addition, Pfa-Effinger (2005) argues that culture can explain change and path trajectory of welfare arrangements. According to her, cultural foundation is firmly established in the institution of welfare arrangements and the behavior of actors affects a particular path trajectory, a transformation in welfare state policies.

Changed in the policy environment can require elderly care policy to be changed. Institution and role of actors can be changed to adjust to changed environment. For example, whereas Finland puts emphasis on informal care and supports for family care-givers, South Korea strengthens the public responsibility for the elderly care. Instead of one actor taking overall responsibility for elderly care, the responsibility for care can be shared with other actors. Whereas in Finland, the responsibility of the state for elderly care now tends to be shared with the family, in South Korea, the responsibility of the family tends to be shared with the state. Along with the change in the function of the family and the state in care for the elderly,

the value associated with elderly care is changed.

In the process of this transformation, the impact which culture have on elderly care system also changed, as Pau-Effinger (2005, p.10) argues that ‘contradictions and conflicts with regard to the cultural values and models are resolved and the values and models on which welfare state policies are based are either reproduced or modified’.

2.6 Summary

Traditionally, the family has played a role as an important source of care for the elderly. However, difficulties that family care-givers commonly have to experience are too burdensome: they may lose the opportunities to participate in society and may have to endure considerable physical and emotional difficulties. In addition, social and economic changes, such as increasing participation of women in the job markets, population ageing and fluctuations in the household structure ask for public intervention to relieve family care-givers’ difficulties and share responsibility for taking care of the elderly.

Accordingly, welfare states intervene in elderly care to alleviate family care-givers’ burden. However, there are country-specific differences in the way that welfare states have rearranged to support family care-givers and to invest in public or formal arrangements according to their varying cultural causes and consequences.

3. Policy supporting family care-givers in the two countries

3.1 Policy supporting family care-givers in Finland: change from public provider to a supporter for family care-givers

Arrangements for eldercare in Finland are shaped on the base of Nordic welfare states in which public social care services are extensively accessible for the elderly by the state and municipalities (Anttonen, Baldock and Sipilä, 2003). Thus, public sector takes major responsibility for social care provision. Care arrangements depend not on social insurance but on social services. Finland's public care services, which are largely provided by municipalities, are used regardless of individuals' income and capabilities on the principle of universalism, and voluntary associations are closely connected with municipalities (Anttonen, Baldock and Sipilä, 2003). Voluntary action and voluntary associations in Finland have played an important role in elderly care traditionally together with public care services (Yeandle and Kröger et al. 2013).

Historically, the principle of universalism has been formed among the Finnish people in the course of developing the Finnish welfare state. The idea that the state represents common interests regardless of individuals' income and capabilities and all members of the society have the citizenship, which should be equally treated, have promoted solidarity (Anttonen, Baldock and Sipilä, 2003). The value formed in Finland enabled the state to provide public care services for the elderly with close ties with local authorities, and voluntary sector, and play a role as main source of elderly care services for all citizens under public regulation (Anttonen, Baldock and Sipilä, 2003).

Relatively wide range of responsibility for social care has been rested with the state and local authorities under the influence of universalism. Citizen's social right to be cared for a decent life is secured by the constitution (Section 15 of the Finnish constitution) and local authorities have to 'organize social services, provide social assistance, and pay social

allowances for their citizens' according to the social welfare act (Karsio and Anttonen 2013, p. 86).

In Finland, according to Karsio and Anttonen (2013, p. 88), public eldercare consists of three parts: '1) home care services and support services, 2) residential care services, and 3) informal care allowances'. In order to support the elderly, social services are variously provided: meals-on-wheels, washing and bathing, help with shopping and informal care allowances are provided for the elderly in order to support the elderly at home (Karsio and Anttonen 2013).

However, informal care provided by family care-givers and support for them have attracted interest in the field of elderly care policy since the early 1990s. Despite the developed public system in Finland, since developing rehabilitation and prevention in communities became an important goal for elderly care along with the economic recession in the early 1990s, informal care by family care-givers has played an important part in caring for the elderly (Anttonen and Häikiö 2011). The growth of informal care services has changed the role of the public authorities: from public provision to support for family care-givers. According to Anttonen and Häikiö (2011), the feature of family care-givers who are simultaneously both service users and service producers for elderly care, makes responsibilities for caring for older people between family members and public authorities reorganized. They argue that universalism in Finland has been modified and the role of the public authorities for caring for the elderly, which are widely responsible for service provision, has been changed. Public authorities coordinate services providers and establish partnership with other actors based on trust and support rather than provide care services for the elderly directly. Accordingly, it is important to improve partnerships between different service providers along with governance structure transmission providing care for the care-receivers.

Informal care is formalized by informal care allowance in Finland. As Agnes Blome et al. (2009) suggest the formalized level of family-provided care, informal care allowances enables informal care by family care givers to be integrated into the public care system: informal care allowances is valued dependent on the needs of informal care-receivers and rewarded to family care-givers and then the local government and the family care-givers

agree on a contract (Anttonen and Häikiö 2011). In addition, vouchers (Act on Voucher System in Social and Health Care System 569/2009) enable the elderly and family care-givers to select various care services in private sector, which the local government admits (Karsio and Anttonen 2013).

These policy changes that diversify care service providers for the eldercare and sharing responsibilities of care imply a reformation of the role of public authorities. In the past, the support of public authorities for family care-givers entailed various care services for the elderly enable them to live at home, but nowadays the public authorities have established various partnerships with other providers in the municipalities, and encourage the elderly to choose what they want (Anttonen and Häikiö 2011). Consequently, how well partnerships are established in the municipalities has an impact on family care-givers and care-receivers.

Furthermore, the policy changes also reform the role of family care-givers. Previously, the role of family care-givers was passive, because public authorities provided care services for the elderly directly on the principle of universalism. However, now they have to do multi-tasks as service providers and service users. Therefore, the quality of eldercare is influenced by their capabilities. There are possibilities that the lives of care-receivers would be different dependent on care-givers' capabilities. If care-givers have capabilities, they can contact with more resources for care-receivers. On the contrary, if care-givers are poor and do not have capabilities, their care-receivers have difficulty to access good quality of care services. Thus, the new policy trends would be a kind of challenge to in universal care system in Finland, because there are possibilities that variations in individuals' accessibility to care resources break out according to the elderly and their family care-care givers' income and capabilities, different from the traditional concept of universalism which emphasizes equality between individuals

3.2 Policy supporting family care-givers in South Korea

Filial piety for the elderly based on the Confucian tradition was one of the important moral values that people have in South Korea (Park 2015). The elderly were respected by younger generations in the communities according to the value of filial piety. Confucian values are closely associated with the importance of family and community based mutual support, and non-dependence on the state (Peng 2008). Thus, family care-givers have been major sources of support to the elderly and social care systems for elderly care services were not well developed and institutionalized until the early 2000s (Chon 2013).

However, rapid industrialization and urbanization have weakened the Confucian tradition and population ageing asks for a new social care system that is able to adapt to the changed social and economic environments. Therefore, the Korean government introduced a compulsory long-term care insurance to care for the elderly and to alleviate the burden of family care-givers in 2008. This change means strengthening public intervention so that society can share responsibilities for caring for the elderly with families and public intervention. It contributes to socializing the burden of elder care from families (Seok 2008).

Two types of formal services are provided according to the elderly's needs regardless of income level: institutional services (i.e. licensed nursing homes, retirement homes and other residential establishments) and in-home and community based care services (i.e. home-visit care, home-visit bathing, home-visit nursing, day and night care). Cash benefit is allowed only in the limited region in which there are few facilities due to the concern that the payment would be easily squandered and would increase family care (Baek et al. 2011). In-home and community based care services, which require family care-giving in conjunction with formal services should be taken into consideration before institutional services by the elderly long-term care act (Kim et al., 2013).

This change has contributed to people's access to elder care services and has reduced the traditional care burden placed on the family. However, despite this change in the institutionalization of eldercare system, there are critics that the burden from caring for the elderly continues to exist and families also remain the primary care-givers of the elderly (S.-H. Baek et al. 2011). In addition, there are arguments that the role and responsibility of the family for caring for older people are still significant (Kim et al. 2013).

Although the insurance was introduced for the elderly, it covers 5.8% of older people (2013). This coverage is below the OECD average (11%, 2011). When the institution was introduced, the requirement for services was narrow: even though there was no limit associated with income level, only the elderly with severe diseases could access the services. It was difficult for the elderly with a mild cognitive impairment to be service recipients. It means that since the institution was introduced, there are still many older people cared by family care-givers. Thus, the South Korean government tries nowadays to drive policies which mitigate the requirements for receiving long-term care services, especially for the elderly with dementia (Chon 2014).

Insurer in the Korean elderly long-term care system is the national health insurance corporation (NHIC) that manages long-term care insurance: setting and levying contributions, managing finances, overseeing services. Local governments play limited role: authentication of care facilities (Chon 2013). Problem is that there is no public care management system within the elderly long-term care insurance system which can coordinate services and tailor the needs of service users (Chon 2013; Seok 2008). Care management system enables service users to connect with insurance organization, service providers. The elderly or family care-givers have to find and contact a service provider in the communities by themselves. Yet the elderly or family care-givers have difficulty in finding care-resources to satisfy their needs in the communities due to information asymmetry (Chon 2013). Therefore, it is difficult for service users or family-care givers to make use of care resources dispersed in the communities according to their needs due to the lack of comprehensive care management services. This phenomenon would bring about inefficient use of resources (Seok 2008).

Although public responsibility for the elder care costs has been realized through the introduction of the insurance (Seok 2010), the provision of the elder care services is dependent on service providers not on public providers. Family care-giving is inevitable for the elderly. In addition, the various services should be provided in the communities so that the various needs of the elderly can be met. It is difficult for a family care-giver only to play multi-tasks to meet the various need of the elderly. Therefore, it is necessary for public authorities to establish the various partnerships.

Yet, care management system is weak to establish the various partnerships in the communities in the South Korea's long-term care system: local authorities play a limited role of authentication of care facilities (Chon 2013) and NHIC determines eligibility and merely makes a standard care plan. There is the absence of a clear care management in the Korean long-term care system (Chon 2013). Thus, the elderly or family care-givers themselves have to find resources in the communities to meet their needs. However, it is not easy for them to find suitable services in communities.

3.3 Summary

In Finland, elderly care policy has stressed public care services for older people, similarly to other Nordic welfare states. However, the function of the state in the recent elderly care policy in Finland has been changed from that of a public provider to that of a supporter for family care-givers, as Jolanki et al. (2013) argue that reduced public services in Finland have increased the pressure on family care-givers to provide care. That is, the role of the state has changed from a service provider for elderly care to a supporter providing various services that meet older people's needs. Thus, family care-givers have to do multi-tasks for care-receivers and their role and burden has increased than before.

In contrast, elderly care policy in South Korea has recently stressed public care services for the elderly and their family care-givers, overcoming the Confucian tradition in the past. Strong familism, which entails that care services for the elderly had to be solved in the family, has been weakened and the idea that the state has to take responsibility for the elderly care

has been strengthened. The long-term care insurance that was institutionalized in 2008 in South Korea realized universal public care services and formalized elderly care. That is, the tendency of elderly care policy in South Korea is that the government takes more responsibility for the elderly care to alleviate family care-givers. However, in spite of the institutionalization of the long-term care insurance, the coverage of the insurance needed to be enlarged for the elderly to use the public insurance. Thus, many family care-givers' difficulties still remain. Accordingly, the focus of elderly care policy in South Korea is to enlarge public responsibility so that a greater number of older people can access the insurance service.

The two countries Finland and South Korea, try to reform their elderly policy to adjust to the changed policy environment, including population ageing, increasing participation of women in the job markets and the change of household structure. However, their patterns of elderly care policy are different dependent on their cultural background. Whereas Finland has developed its public elderly care system based on universalism of Nordic welfare states, South Korea has been dependent on Eastern Asian value, familism based on Confucianism, which has delayed the development of public elderly care services. Nevertheless, recently whereas policy in Finland puts emphasis on informal care and support for family care-givers and the state seeks to share responsibility with other welfare actors, elderly care policy of South Korea pursues more public responsibility.

4. Methodology

4.1 Introduction

The objective of this research is to find the differences in the way supporting family care giver and in patterns of elderly care policy in the two countries, in which cultural backgrounds are different. The differences are closely associated with the different cultures in the two countries. Cultural influences on elderly care policy and institutes are reflected in the differences. The mainstream cultures of these countries are universalism and Confucianism

respectively in elderly care services. The influence of culture on policy can change flexibly and the main concept of the cultural value also can be shifting over times. Institutes and policies reflect cultural features according to social context. Accordingly, the modification and reproduction of culture were found by analyzing institutes and policies which reflect them. In this study, elderly care policies and institutes were analyzed for the purpose of finding the modification and reproduction of the cultures

4.2 Cultural perspective in elderly care policy

According to Pfau-Effinger (2005), culture is a factor which can explain change and path dependences of welfare arrangements. According to her, cultural background is firmly established in the institution of welfare arrangements and behavior of actors affect a particular path trajectory, transformation in welfare state policies. From this point of view, cultural perspective would be helpful to analyze the differences in the way which the two countries, Finland and South Korea alleviate family care-givers' difficulties in their elderly care systems and have changed their elderly care policy according to changed policy environment. There are many cultural differences between Finland and South Korea. Traditionally, Finland is one of the social-democratic welfare states in which universalism and public responsibility for social services are stressed. Instead, South Korea is one of the Eastern Asian countries in which Confucian values have been developed. Confucianism affected people's attitude so that they easily accepted authority and institutes that families have more responsibility for their welfare. In the past, the two different cultures in the two countries have had impact on the elderly care policy.

However, changed policy environment asks the culture in the two countries to be changed as Pfau-Effinger (2005, p.10) argues that 'contradictions and conflicts with regard to the cultural values and models are resolved and the values and models on which welfare state policies are based are either reproduced or modified'. Whereas some cultural characteristics of each country would remain and continue to affect the institutes and policies for elderly care, other cultural factors would be extinct as a result of 'contradictions and conflicts'. Thus, there are possibilities that the meaning and values of universalism are changing in the Finnish context,

and the familism originated from the Confucian culture has been weak in the South Korean context. Since culture is a factor which can explain changes and path of welfare arrangements (Pfau-Effinger 2005), the analysis of institutes and policies associated with elderly care can show whether there are changes in the cultural value and influence in the two countries.

The institutes and policies in the two countries have been changed rapidly in the field of elderly care. The role of actors has also been changed in the two countries along with the change. Whereas Finland puts emphasis on informal care and support for family care-givers, South Korea strengthens the public responsibility for the elderly care. Instead of one actor's taking overall responsibility for elderly care, the responsibility for care for the elderly is shared with other actors. Whereas in Finland, the responsibility of the state for elderly care tends to be shared with the family recently, in South Korea, the responsibility of the family tends to be shared with the state. Along with the change in the function of the family and the state for care for the elderly, the value associated with elderly care would be changed.

The meaning of the traditional universalism is a principle associated with fair distribution of benefits regardless of individual's income and capabilities. Individuals could access public social care services without differences. However, in the process of this transformation of the policies and institutes, the meaning and values of universalism in the Finnish context can be translated differently, because the meaning of universalism is changing over time and can be translated differently according to combination with other ideologies (Stefánsson 2012).

In South Korea, the institutionalization of the elderly long-term care insurance showed that the traditional familism originated from Confucianism has been weakened. Public responsibility has been pursued in South Korea recently to alleviate family care-givers' difficulties. It is evident that the tendency of familism originated from Confucianism has been overcome rapidly. That is, cultural factors of Confucianism have been waning as a result of 'contradictions and conflicts'. However, the cultural characteristic would remain and continue to affect the institutes and policies for elderly care.

In this research, in the process of transformation of institutes and policies in the two countries, it would be confirmed that the cultural values-universalism and familism originated from Confucianism- are 'resolved and the values and models on which elderly care policies

are based are either reproduced or' as a result of the transformation modified (Pfau-Effinger 2005, p. 10).

4.3 Data and Method

My data consists of policy documents from ministries in Finland and South Korea and City of Tampere to analyze the tendencies of elderly care tendency and some acts to analyze the way that the two countries alleviate the family care-givers' difficulties. I obtained the policy documents and acts translated in English on elderly care policy in Finland, but those considering policy in South Korea were in Korean, because I could not find them in English in South Korea. Table 2. presents all of the different policy documents and acts, which consist the data.

Various recommendations were included to improve the elderly care in the he policy document of the ministry of social affairs and health and it provides national mainstream policies for improvement of care services for the elderly. The material was useful to analyze the tendency and transformation of elderly care in Finland, because the contents of the policy document were closely associated with overall reforms and restructuring in the Finnish context. The policy document from Tampere city was chosen to analyze the role and in the level of municipalities in Finland. New approaches was introduced in the document for older people's care. The approaches were to empower the elder to participate in social activities. Accordingly, the policy documents were able to suggest how the meaning of universalism are changing in the Finnish context.

The two documents from the ministry in South Korea are associated with reforms in the elderly care insurance. The policies included in the documents are to renovate the elderly long-term care insurance institutionalized in 2008. The insurance was criticized for low coverage. Thus, the main contents of the documents were composed of policies which stress the responsibility of the public authorities so that the elderly could universally access the insurances. As a result, the documents are able to show the tendency of elderly care in South

Korea. In addition, the contents of the documents are able to suggest how familism originated from Confucianism has been overcome and the feature continues to have impact on the elderly care in South Korea.

Table 2. Policy documents and acts analyzed in this research

Country	Finland		South Korea	
Document	Quality recommendation to guarantee a good quality of life and improved services for older persons	TampereSenior programme- Ageing society as a possibility	The mid and long term plan to reform long-term care	The action plan to reform long-term care
Year	2013	2014	2012	2013
Language	English	English	Korean	Korean
Publisher	Ministry of social affairs and health	City of Tampere	Ministry of health and welfare	Ministry of health and welfare
Act	-Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons -Social welfare Act and Family carer Act		The elderly long-term care insurance act	

The main contents that I analyzed were institutes and policies associated with elderly care. There were a lot of policies and institutes in the policy papers and laws. Qualitative research was used in the exploration of understanding them. Creating categories were necessary for my understanding and the analysis of the texts. According to Elo and Kyngäs (2007), material can be analyzed by words into fewer categories, combining categories, which share the meaning (Elo and Kyngäs, 2007). In addition, researchers are able to make valid inferences from the categorization of data to their context (Elo and Kyngäs, 2007). I started to develop open labeling to analyze the documents. I hoped that the process of categorization was able to improve understating the role and relation between the family and the state associated with elderly care, focusing on whether the goal of the policies in texts are for strengthening responsibility of the state for elderly care or for dividing responsibility of the state for the elderly by supporting family care givers. I categorized policies and institutes in line with my research question: ‘how do the two countries-Finland and South Korea-alleviate the family care-givers’ difficulties?’, ‘what are their tendencies of elderly care policy?’. I needed to decide the principles to sort out policies and institutes associated with my questions.

Firstly, I focused on which kinds of supports in order to alleviate family care-givers’ difficulties are provided according to institutes. Based on the material, the institutes for family care-givers can be classified into two categories. One is the way that public authorities provide services directly for family care-givers: access to income support; information. The other is the way in which public authorities provide social care services for the elderly such as day-care services, and respite care services. I thought that this categorization would illustrate the differences in patterns relieving family care-givers’ difficulties. The former is closely associated with informal care by family care-givers. This way compensates family care-givers’ time and costs, utilizing family care-givers as a resources for elderly care. The latter is associated with formal care. This categorization could give me valid influences on the elderly care policy in the two different countries. As Blome et al. suggest, I expected that this categorization could explain the level of the formalization of informal care provided by family care-givers.

Secondly, I categorized the policies in the policy documents into three categories, focusing on the characteristics of policies mentioned. One is the way which utilizes informal care for the purpose of elderly care, another is to strengthen the public care by providing social care services for the elderly, and the last is for public authorities to build partnerships with other sectors to provide care services. I expected that this categorization gave me clues by which I can explain the role of the family and the state and their relation in the field of elderly care. I thought that this categorization showed me how the responsibility for care for the elderly is shared between actors in different cultural background of the two countries. In addition, I could analyze the pattern of elderly care in the two countries. I could confirm that public responsibility for elderly care in Finland is shared with the family care-givers and other sectors such as non-profit organizations. In South Korea, main policy of the policy documents is to strengthen the responsibility of public sector. In South Korea, utilizing informal care is restricted and policy building partnerships with other sectors is weak.

Lastly, I tried to find the goal of policy document. The goal of policy documents of Finland is to improve 'independent living of the elderly'. Keywords such as 'participation, cooperation, age-friendly environment and attitude' are mentioned. These keywords are closely associated with the meaning of universalism in the Finnish context. I used the keywords to translate the meaning of universalism. The goal of policy documents of South Korea is to increase public responsibility for the elderly care and decrease the family care-givers' difficulties. The main keywords is to emphasize the public responsibility to realize the goal. The keywords also gave clues to translate the impact of Confucianism on the elderly care policy in South Korea. I analyzed the influence of universalism and Confucianism in the two countries, introducing the arguments discussed on the modification and reproduction on care policy of the two cultures.

5. Analysis of elderly care policy in Finland

5.1 Introduction

In the two policy documents on elderly care in Finland, the elderly are not just a group that is dependent on support passively but a group that actively participates in social activities as a member of society. That is, the elderly is not just a group that asks the state and municipalities care services but a group that can make voices for them and exert their influence on the process of decision-making as a citizen:

The perspective should never be as narrow as only seeing older people as a group that needs and uses services (Ministry for Social Affairs and Health 2013, p. 37).

(...) seek new approaches which empower older people to be an active member of society and participants in policy-making processes (TampereSenior programme European Social Network 2014, p.1)

Thus, the key role of local authorities is improving age-friendly environment and attitude so that the elderly can play their role as active citizens, living independently. Local authorities give the elderly various chances so that they can participate in social activities, and the elderly choose services to meet their needs. However, the chances are provided for the elderly not by local authorities alone but by partnerships with other actors. The responsibility of local authorities for caring for the elderly can be shared with family care-givers that can promote home-based care system and with NGO, private companies, and so on.

5.2 Care policy mixing informal and formal care

What I obtained through my analysis is that elderly care policies in Finland are various: policies supporting informal care-givers and formal care services for the elderly are mixed. Accordingly, the elderly can get chances to select services suitable for them. Formal care services mean that care services for the elderly are provided by experts in care centers such as home care services, but informal care services are provided by family care-givers. Informal care services means care allowance and supports that are intended that care services for the elderly are provided at home and informal care is specified in the service plan of the service user cared for. The local authority and the family care-giver make a contact on the informal care support. There are policies to promote informal care services such as care allowance, right to a leave, and training for family care-givers as Table3. presents

Table3. Policies for family care-givers in the policy papers and the laws

	Policies	Type of support
policies promoting informal care for family care-givers	care allowance	financial support
	training or education	information, knowledge and skill for caring for the elderly
	right to a leave	the right in employment
policies providing formal care services for the elderly	home care	social services for the elderly and their family
	nursing home	social services for the elderly and their family
	sheltered house	social services for the elderly and their family

It is mentioned in the foreword in the policy documents from the ministry that policies promoting informal care in the area of elderly care have been proactively implemented. Informal care is regarded as an important factor restructuring elderly care system in Finland. ‘Supporting those caring for a family members’ is mentioned as a key strategy which enables older people to continue to live at home and meet their needs. In addition, it is one of tasks that the home care personnel have to do in their working time. The policy papers emphasize the importance of policy supporting for informal family care-givers as follows:

Family members are an important resource when looking after older people in need of care and attention (Ministry for Social Affairs and Health 2013, p.42)

Informal care and home care are recommended in order to promote living at home, because the kinds of services are able to endow older people with care services in older people’s home or home-like places. As a result, they can continue to live in accustomed circumstances and maintain the relationships with their families and friends, which is able to promote older peoples’ independent living. Yet institutional services are acknowledged on the limited principles, because there are possibilities that the servicers make the elderly leave their homes, which means that they have to live apart from their families and friends. The policy papers recommend that institutional services should be narrowly acknowledged:

(...) in the form of institutional care only if there are medical grounds for doing so, or if it is otherwise justified to ensure a dignified life and safe care for the older person (Ministry for Social Affairs and Health 2013, p. 37)

The importance of informal care by family care-givers is recognized, because it is able to give older people an opportunity for family-like care and to keep human relationship. It enables older people to get a better quality of elderly care services. Thus, the policy which

can promote the capability of family care-givers is emphasized:

It is the duty of the strategic management to develop the service structure in the municipality so that services that support the wellbeing of the older population and that are provided in the home of older persons are a priority. In terms of prioritizing home care, it is important to support the capacities of family members and friends to assume responsibility for the care and attention given to older persons. (Ministry for Social Affairs and Health 2013, p. 52)

In the Finnish elderly care system, informal care by family care-givers is regarded as an important source for care for the elderly. There is a tendency in Finnish elderly care system that increases older people's reliance on family care-givers along with institutes supporting for family care-givers. Yeandle and Kröger (2013) refer to this phenomenon as 'shift' towards family care-giver support in Finland where more older people under 85 are increasingly dependent on family care care-givers. The tendency that family care givers take the responsibility for elderly care increasingly is necessarily connected with policies supporting the family care-givers. Without the policies alleviating family care-givers' difficulties, the family care-givers have to endure the various difficulties. Thus, policy decreasing family care-givers' burden is institutionalized as well as formal care policy.

According to institutionalized support in family care act for family care-givers, family care-giver can be entitled to remuneration for the care that they provide and be paid a compensation for the expense incurred through the care (section 2 and section 3 in family care act). In addition, family care givers can be provided a right to leave for care for a care-receiver (section 6 in family care act) and the municipality is in charge of providing, job supervision and education to the family care-givers (section 7 in family care act).

These institutes are able to mitigate five difficulties which Michon et al (2005, p. 49) suggest: 'social and leisure activity, professional activities, income, quality of interpersonal relationships, and mental and physical health'. The feature of the policies in this law is that

financial support, services or rights are provided accorded to family care-givers rather than they are provided for the elderly. For example, the remuneration and compensation can relieve the economic burden of family care-givers and a right to leave is beneficial for family care-givers to reconcile between work and family responsibility. Education and training from the municipalities endow family care-givers with information how to care for the elderly exactly. Financial support for family care-givers, policies that endow the delivery of services, and support to family care-givers are institutionalize to promote informal care.

As can be seen above, family care-givers have played a significant function in Finnish elderly care system for the elderly to meet their needs and policies supporting family care-giver havd been institutionalized. According to Yeandle and Kröger (2013), the tendency has been focused in the field of the Finnish elderly care policy since the early of 1990s, whereas the use of formal care such as residential, and home-based care has been decreased. Before the time, the main focus of elderly care in Finland was developing public elderly care services. They also argue that policymakers tend to regard policy supporting for family care-givers as a way of reducing demand for formal care services (Yeandle and Kröger, 2013).

5.3 Role of the state for care for the elderly

In Finland, local authorities are responsible for caring for the elderly: local authorities have to investigate older person's service needs and provide care services for them (section 2 of the Act on the Care Services for older Persons). Thus, local authorities must make out a plan to meet care needs of the elderly (section 5 of the Act on the Care Services for older Persons). However, local authorities take other actors into consideration and cooperate with them: other public bodies, companies, and non-governmental organizations (section 4 of the Act on the Care Services for older Persons). The policy document by the ministry also stresses the need building partnerships with other actors so that the elderly can participate and act as a member in the municipalities:

Guaranteeing genuine inclusion means doing things together within a municipality-between the cultural, sports, education and technical services-and in partnership with NGOs, companies and parishes. We must continuously develop new area where various actors and generations can meet and learn from each other (Ministry for Social Affairs and Health 2013, p. 17).

In the policy papers, cooperation with other actors is an important factor to meet the elderly's various needs and promote the sustainability of public finance. It is recommended that local authorities promote the cooperation between various actors:

Wellbeing can also be improved via enhanced cooperation between various actors (Ministry for Social Affairs and Health 2013, p. 24).

Care management by local authorities enables them to share the responsibility for care for other actors and build partnership with other actors. That is, although local authorities take

responsibility for caring for older persons, they alone do not take the responsibility for providing services for the elderly and the responsibility are shared with other actors.

The municipality must support the health and functional capacity of the older population by measures that reinforce a) independent activities by older people, b) cooperation between various actors, including NGOs, parishes and companies c) cooperation between the various spheres of responsibility within the municipality in promoting the wellbeing of the older population (Ministry for Social Affairs and Health 2013, p.27)

Table 4. Role and actors in the policy papers

Main policies			Associated actors
care management (local authorities)	policies improving informal care	supporting the capacities of family members to assume responsibility for the care and attention given to older persons	Family
		reinforcing the inclusion of older people and their family giving them an opportunity to take part in decision making	
	utilizing formal social care services	improving the quality of home care,24 care and so on	public or private providers
		less institutional care and providing more services in the home and housing services	
	building partnership with other organization	promoting cooperation between various actors.	public body, company, NGO and so on.
		promoting partnership with NGOs, companies and parish. we must continuously develop new arenas where various actors and generation can meet and learn from each other	

Care management is composed of assessing service needs, service plan, service provision, and monitoring. Local authorities make a framework for effective services that support the elderly and adequate resources are assigned to implement the services plan through care management (Ministry for Social Affairs and Health 2013, p.24). That is, Local authorities can identify the needs of older people, and mobilize available resources, cooperating with other actors

Older people's service needs are assessed in cooperation with them. At this stage, Local authorities take cooperation with other actors. The needs and resources of family care-givers are taken into consideration:

The service needs must be assessed in a versatile manner, using reliable evaluation methods, and in cooperation with various actors (Ministry for Social Affairs and Health 2013, p. 31)

At the stage of service plan, local authorities have to make service plan which includes all of services needed for the older persons, along with a way to cooperate with other actors:

(...) a clear division of responsibilities between various actors, including the older persons' own actions and those of his or her family and friends. (Ministry for Social Affairs and Health 2013, p. 24)

The need for cooperation with other actors for elderly care is well presented in the plan, 'TampereSenior programme-Ageing Society as a possibility' which city of Tampere made. The programme emphasizes the cooperation with other actors to improve elderly care policy.

The programme brings together local authorities, NGOs, third sector, companies, senior citizens and universities to start innovative collaboration in order to make the city a

good place to live at all ages. The steering committee of the programme called the Future Group is chaired by the Deputy Mayor for Senior Citizens' service (TampereSenior programme from European Social Network 2014, p.1)

In this programme, the role of the local authority is to empower the older people to live well and improve their participation in the society:

(...) Seek new approaches which empower older people to be active members of society and participants in policy-making process (TampereSenior programme from European Social Network 2014, p.1).

(...)changing external perceptions on older people, involving them in the society and supporting more positive approaches (TampereSenior programme from European Social Network, 2014. p.2).

Care management of local authorities enables them to play a role as an influential actor in the area of elderly care from the stage of assessing needs of care to the stage of monitoring services. Local authorities are able to be connected with the elderly and their family care-givers, and build partnerships with other sector to utilize resources to meet older people's various needs cost-effectively thorough care management. Furthermore, they are able to organize older people who need care service and other sectors who can provide care services for the elderly. Even though local authorities are a key player for the elderly care and take responsibility for supplying care services for the elderly in Finland, the key role of them is recently not to provide care services for the elderly directly but to coordinate the needs of the elderly and care resources from other sector such as family care-givers and voluntary organizations.

Anttonen and Häikiö (2011) argue that the role of local authorities has been changed from a producer who provides care services to a promoter who supports actors. That is, the major role of local authorities has been changed from an actor who makes elderly services for the elderly to an actor who coordinates care services together with other actors. Thus, although local authorities continue to play a key role for elderly care in the Finnish elderly care system, they transform their role and relationships with other actors

5.4 Summary

The Finnish elderly care policy proactively utilizes informal care by family care-givers, and care resources through partnerships with other sectors as well as formal care. This enables the elderly to have more chances selecting the way that they can receive care services. The responsibility for care for the elderly is shared with other actors through the policies that empower family care-givers and other actors to participate in providing care services. Local authorities organize care resources and connect the needs of the elderly with the care resources through care management in order to satisfy the wants of older people effectively. Accordingly, the role of actors and the relationships between them have been transformed.

6. Analysis of elderly care policy in South Korea

6.1 Introduction

In the policy documents on the elderly care in South Korea, it is recognized that the elderly long-term care insurance that was institutionalized in 2008 contributes to reducing family care-givers' difficulties and taking care of the elderly efficiently (Ministry of health and welfare 2012). By the benefit of the institutionalization of the insurance, family care-givers can get more chances to participate in economic activities and relieve their physical and emotional difficulties originated from care for their care-receivers as well as the elderly's health receiving the care services is improved. However, the policy documents also admitted that the requirements using the services were tight, since it was designed for the elderly with a severe disease, although the elderly can access to the care service universally according to their physical and mental health regardless of their income and property. Thus, the elderly with a mild chronic disease cannot use the care services. For example, it was difficult that the elderly with a mild cognitive impairment can access to the services.

The institute is designed for the elderly with severe impairments. Thus, the range that can utilize the services is not wide and limited (Ministry of health and welfare 2012, p. 6).

Furthermore, it is expected that the more number of older people would ask elderly care services due to the rapid population ageing. According to the plans, although the population of older people (65+) was 11.8% of the total population, it will be 24.3% of that in 2030. Thus, the plans recommend that the long-term care insurance should have to mitigate the requirements so that the elderly can access universally to the care services.

In addition, the policy papers suggested that various in-home or community-based care services are improved to satisfy the versatile care needs of the elderly in the communities,

because the elderly can continue to live in their home and communities as long as possible. The ultimate goal of the plans is to strengthen the public responsibility for elderly care by renovating the institute so that the elderly can universally access the public based long-term care insurance to meet their care needs.

6.2 Elderly care from family to public- based care system in South Korea

What I obtained through my analysis of the documents is that elderly care policies in South Korea tend to pursue more dependence on care services which are supplied by public-based long-term care insurance rather than policy that provides family care-givers benefits directly such as cash allowance. In other words, policies that the elderly can access to formal elderly care services are preferred to relieve family care-givers' difficulties in South Korea.

Table5. Policies for family care-givers in the elderly long-term care act

	Policies	Type of support
policies promoting informal care for family care-givers	care benefit (restricted)	financial support
policies providing formal care services for the elderly	institutional services	social services for the elderly and their family
	in-home and community-based services	social services for the elderly and their family home(visiting service, day-care services, respite care services, visiting nurse service and welfare equipment service)

In the elderly long-term care act, different kinds of services are provided according to the needs of the elderly as Table 5. presents. There are three kinds of services: institutional services, in-home and community-based services and cash benefit. In-home and community-based services are classified into five types of services: home visiting service, day-care services, respite care services, visiting nurse service and welfare equipment service. The acts puts emphasis on in-home and community-based services. Thus, the law prescribes that in-home and community-based service of the services should be preferentially considered, because the services enable the elderly to live with their families as long as possible (the elderly long-term care act article 3).

Cash benefit of the services is an unique service in the elderly long-term care act in South Korea, because it compensates for the care services which family care-givers provide instead of using care services which the public insurance supplies. However, suppling cash benefit to beneficiaries is not obligatory but optional to the government (The elderly long-term care act article 24). In addition, cash benefit is recognized as limited: just in case there are few providers in an island or a remote area; in case there is almost impossible to use elderly care services due to natural disasters; in case family care-givers only can care for the older person due to his character and it is impossible for him to use the public care services (The elderly long-term care act article 24). That is, cash benefit is recognized only exceptionally, when the elder are almost impossible to use the public long-term care insurance services.

Policies that give family care-givers direct financial support or any other benefits are not developed and restrained. Family care-givers can receive benefits indirectly: as their care-receivers can use the public long-term care insurance, family care-givers can relieve financial, mental and physical difficulties. The tendency of elderly care policy in South Korea is that the public insurance absorbs care needs so that it can relieve family care-giver's difficulties rather than promotes informal care by supporting family care-givers. Although the plans from the ministry also emphasize community-based care, their policies are to focus on the usage of care services provided by public insurance not by compensating for the care services provided by family care-givers. Thus, the plan mentions that cash benefit will be examined for the long term, taken into consideration family care givers' burden caused by caring for the

elderly and the elderly’s various needs (The ministry of health and welfare 2013). In those plans, the policies which properly utilize informal care provided by family care-givers are not well considered for realizing community-based care of older people. Instead, the plans focus on the relieving family care-givers’ difficulties by the services provided through public-based insurance.

In the policy papers, the policies that strengthen the function of the public long-term care insurance are suggested so that the public sector can take more responsibility for elderly care from family care-givers. For example, by mitigating the requirements to use the insurance services or lowering co-payment of users, more number of older people can take advantage of getting chances to access to the long-term care insurance services. Table 6. presents policies strengthening public formal care in the policy documents.

Table6. Policies strengthening public formal care in the policy documents

Main policies			Associated actors
no clear Care management (local authorities)	policies improving informal care	cash benefit restricted	family
	utilizing formal social care services	mitigating requirements to use long-term care insurance services	service users and service providers
		lowering co-payment of users	
		Improving in-home or community based care services	
building partnership with other organization	sharing cooperation between local authorities and NHIC	local authorities and NHIC	

Firstly, the policy papers suggested that requirements to be able to use long-term care insurance need to be mitigated for the elderly with a mild cognitive impairment to access to the elderly care services. The government plans to escalate beneficiaries from 5.8% (330,000) of older persons in 2012 to 7.0% (500,000) in 2017 by relaxing the eligibility standard (Ministry of health and welfare 2012): as the requirements to be a beneficiary of the service are focused on the limits of physical function, there are many cases that the elderly with a mild mental impairments such as dementia cannot utilize the services. Thus, it was suggested that the requirements to be able to use the care services need to be mitigated so that the elderly who are hard to do outdoor activities or need care services consistently, and the elderly with a mild cognitive impairment can use the care services (Ministry of health and welfare, 2013). According to the plan, the elderly, especially the elderly with a mild cognitive impairment, can use the care services by strengthening cognitive factors of evaluation-items and lowering the eligibility standard (Ministry of health and welfare 2013).

Secondly, the policy that reduces the co-payment of services users is also presented to promote use of the care services. The elderly using in-home and community-based care services have to pay 15% of the total costs, and the elderly using institutional care service do 20% of the total costs in the elderly care system (The elderly long-term care act article 40). The reason why the co-payment rate of in-home and community-based services is lower than it of institutional care service is for promoting in-home and community-based care service. The co-payment of service users is for preventing users' moral hazards and alleviating fiscal burden of the insurance. However, there are concerns about the elderly who cannot have enough money to pay their co-payment. Thus, the elderly using public medical aid service or the poor elderly, who are less than a certain level of income, and wealth can receive an additional exemption (The elderly long-term care act article 40). The plans expect that since the elderly who will retire from jobs would increase in the future, the low-income elderly will increase. Therefore, the report suggests that the level of income and wealth that enables the elderly to receive the additional exemption should be lowered so that users can get more chances to use the public care services by relieving the burden paying co-payment (Ministry of health and welfare 2013). In Finland, a client who uses municipal home care services is

also subject to a fee. When home care services are regularly used, income of the elderly and their spouse affects the cost of the home care. Temporary home care costs the same for service users. The municipalities also provide the elderly with a service voucher which they can use to purchase services from a service provider approved by the municipalities (Helsinki city 2002).

Thirdly, in South Korea, in-home and community based-care services are provided preferentially so that older people's needs can be met in the communities (The elderly long-term care act article 3). Thus, the policy papers recommend that in-home and community-based services should be adequately provided regardless of regions and services kinds (Ministry of health and welfare 2012). However, according to the plans, most service users tend to use home visiting service only, which helps them support housework rather than use various services, because there are too many small care centers providing home visiting service which is not helpful to improve older people's physical and mental services. Thus, it suggests that more elderly care centers, which can provide various kinds of care services in a service-center need to be built. That is, various kinds of services which can improve the elderly's health such as day-care service, and visiting nursing service can be provided to be able to satisfy the elderly's needs. In addition, the plans suggest that the elderly who use multi-services can receive additional benefits by expanding the limited quantity of service per month that long-term care insurance is able to pay per month for a user.

The policy documents also suggest that public provision should be promoted to meet the elderly's needs in regions where services provision is not developed. The plans make comments on that in the regions except metropolitan area, care centers which are able to provide in-home or community-based services are not sufficient except for home visiting services. Thus, it is recommended that local authorities ensure sufficient care centers that are able to provide in-home and community-based services and in the regions lacking the services, public provision by local authorities is taken into consideration preferentially, because local authorities have to take responsibility for providing care services and supporting the establishment of care centers in South Korea (The elderly long-term care act article 4).

As can be seen above, the aim of the plans from the ministry is increasing the public responsibility through expanding the number of beneficiaries and strengthening public-based provision to realize community-based elderly care in the regions such as rural areas in which private providers have difficulty in providing the services. There were criticisms that although the long-term care insurance was institutionalized in 2008 to provide elderly care services regardless of the elderly's income and property, the coverage of the insurance was too narrow to meet the elderly's and their family care-givers' needs (Chon 2014). In response to the criticisms, the government plans pursue strengthening the function of public insurance so that it can take up more responsibility of care for the elderly, instead of family care-givers' difficulties.

6.3 Limited role of local authorities in the field of the elderly long-term care insurance

In the South Korean long-term care insurance system, the role of local authorities is restrained. The role of local authorities is associated with service providers, whereas the role of NHIC is associated with service users. The central government decides policies associated with long-term care insurance and NHIC (National Health Insurance Corporation) is responsible for management and operation of the long-term care insurance (The elderly long-term care act article 7). The role of local authorities is limited to authentication and securing providers supplying care services for the elderly (The elderly long-term care act article 5). Furthermore, requirements establishing care centers are deregulated to secure sufficient providers, and many for-profit and non-profit organizations are qualified to provide care services for the elderly, because the government expected that securing sufficient providers would be difficult, when the insurance was institutionalized in 2008 (Chon 2013). Thus, the elderly long-term care act grants a limited role rather than a strong administrative and regulatory role to local authorities (Chon 2013). There are concerns about inadequate infrastructure that cannot satisfy user's various needs in South Korea (Chon 2013). In the plan (Ministry of health and welfare 2013), it suggests that the role of local authorities reviewing the requirements to install and operate elderly care centers needs to be strengthened so that they can play a substantial function: the requirements installing care centers needs to be more strict; care centers having installed that cannot meet the requirements are reviewed, and qualification providing care services is gradually cancelled, if they cannot meet the requirements continuously so that good quality of care service can be supplied (Ministry of health and welfare 2013).

In contrast, NHIC plays various tasks as an institution which manages and operates the insurance: the corporation assesses older people's needs, screens qualifications, and evaluates service quality provided. In addition, it levies and collects premium. It pays for care services which care centers provide after it confirms them (long-term care acts article 48). The elderly with physical or psychological detriments can apply for the care services for NHIC and then staff members of NHIC with backgrounds in social work and nursing assess their needs. Judges' Committee that is composed of experts decides applicants' eligibility to access to the

services (The elderly long-term care acts article 13, 14 and 52). A beneficiary will select care centers according to his or her needs, contract with them, and receive care services at home or a facility. Suppliers that provide care services bill NHIC for the benefit and then the corporation pays for care services which care centers provide after it confirms them.

The policy document criticized that there is a problem in the divided operating system of long-term care insurance (Ministry of health and welfare 2012):

When the insurance was introduced, the role of local authorities was to secure infrastructure for care services and the role of NHIC was to manage and operate the insurance. However, lack of expertise of local authorities and different control system according to local authorities made it difficult to manage the infrastructure for care services systematically (Ministry of health and welfare, 2012, p. 18).

The policy document suggests that information between local authorities and NHIC should be shared and a cooperative model which can provide various kinds of services by one-stop in the communities needs to be developed (Ministry of health and welfare 2013). This means that scattered public or private care resources for elderly care in the communities have to be found for elderly care by themselves and the sources found are used to meet older people's various needs.

However, there is no provision for the care management in the elderly long-term care act in South Korea, although the function of the care management is central to coordinate and tailor the delivery of elderly care services in South Korea (Chon 2014; Seok 2010). Care management is composed of assessing service needs, service plan, service provision, and service monitoring by professional care managers. Effective services that are able to support the elderly are created and adequate resources are able to be assigned to implement the services plan through care management. Although NHIC assesses the needs of applicants for

the long-term care services, and make the standard long-term care plan in South Korea (the elderly long-term care act article 48), the care management system which can react to user's needs, and connect with resources in the communities is absent.

Therefore, the absence of a clear care management system can bring about family care services users' difficulties, because users have to find and contact with service providers without sufficient information as well as the absence of an care management system, which makes it difficult to monitor provision of care services, and use resources efficiently in the communities for elderly care (Chon 2014). Ultimately, the absence of a clear care management is associated with low level of satisfaction due to inadequate use of care resources scattered (Seok 2010).

6.4 Summary

The ultimate goal of the two plans is developing public-based elderly care services that were introduced in 2008. Although the insurance was introduced, there were some criticisms about the coverage and quality of the care service. Thus, more public responsibility for elderly care is pursued in order to renovate blind points presented in the elderly long-term care insurance.

In the policy documents, community-based care for the elderly is also reinforced for elderly care. Thus, the focus of the plans is that the elderly can universally access in-home and community-based services provided by public based elderly care insurance. In addition, the plans is to focus on relieving family care-givers' difficulties through the public based elderly care insurance. That is, the core of the plans is to reinforce the public responsibility for elderly care. However, in those plans, the way that the public can build partnerships with other sectors such as a family, and non-profit organizations is not considered proactively in order to meet the various needs of the elderly in the communities, even though the plans mention the close relation between local authorities and developing a cooperative model which can provide various kinds of services by one-stop in the communities. There is no effective care management system in the elderly care insurance which can be helpful to build

partnership with other sectors and utilize resources for the elderly care in the communities.

7. Differences in elderly care policies between Finland and South Korea

7.1 Introduction

It is common that the elderly care policies of the two countries pursue relieving family care givers' difficulties in the policy documents. The focus of the elderly care policy is promoting care services, by which the elderly can meet their versatile needs.

However, the approaches and trajectories of the two countries are different to deliver care services for the elderly. The feature of the Finnish elderly care system in these plans is building partnerships with other actors. Family care-givers are regarded as a good resource for elderly care in Finland. Thus, the policies which support family care-givers have been developed to utilize informal care provided by family care-givers. A Family care-giver is regarded as an important producer as well as other resources such as voluntary and non-governmental organizations (Anttonen and Häkiö 2011). The role of municipalities is coordinating producers and connecting the needs of the elderly with the resources (Anttonen and Häkiö 2011).

In the plans of South Korea, family care-givers are people who need to be protected from difficulties caused by care for the elderly. The feature of the South Korean elderly care system in these plans is strengthening public role to relieve the family care-givers' difficulties and taking care of the elderly in the communities. The plans tried to promote the use of in-home and community-based social care services provided by the public-based elderly care insurance. Measures in the plans are expanding the function of the public sector through interventions in the long-term care service provision (Chon 2014).

7.2 Differences in the way supporting family care-givers between the two countries

In Finland, informal care provided by family care-givers in the documents is an important and efficient source for the elderly's independent living by looking after the elderly in need of care services. Family care-givers are presented as providers for elderly care and family care-giving is recommended for the elderly, because they can supply the elderly an opportunity for family-like care and to keep human relationship. Informal care by family care-givers is one of sources that the elderly can select for their care. Yet family care givers are also people who also need public support at the same time. Care arrangements supporting family care-givers have been developed by compensating for financial costs and time consumed of family care-givers in Finland. The elderly care policy in Finland empowers family care-givers to support the elderly directly by giving family care-givers financial benefits, leave for care for care-receivers and information. In addition, it organizes informal care provided by family care-givers. Family care-givers can choose how to care for the elderly, based on the supports which public authorities provide for them. Thus, the role of family care-givers and the relationship between the family and the public authorities have become more complex than before. As Anttonen and Häikiö (2011, p. 188) argue that family care-givers' position is 'dual' in the Finnish elderly care system, family care-givers are both suppliers who share responsibility for caring for the elderly and demanders who ask local authorities public support for their family care-giving.

Informal care by family care-givers is institutionalized and formalized by care arrangements such as cash allowance for family care-givers. Blome et al (2009) suggest that informal care can be classified into four steps according to formalized levels of family-provided care. In Finland, informal care by family care-givers is integrated into the social security system. Informal care is positively utilized for community-based care and family care-givers can receive support from the state and local authorities. Therefore, the level of formalization of informal care provided by family care-givers in Finland is very high, because cash allowance and various rights is granted to family care-givers. Economic costs, time spent, and emotional and physical burden of family care-givers are compensated by formalization of informal care.

Thereby, informal care can be utilized for elderly care in Finland. In addition, care coordination by government programs supports family care-giver variously: telephone-based intervention, providing medical care at home; home and financial supports other by programs such as respite programs and community-based adult day centers; psychological education and training by government programs that educate caregivers about caregiving topics such as communication, medication management; support and counseling to improve care-givers' quality of lives and mental well-being that focus on assisting care-givers with coping with the challenges and stress they faced and increasing life satisfaction

In South Korea, family care-givers are regarded as people, whose difficulties need to be relieved rather than their care-giving is utilized as a source for elderly care in the communities. In-home and community-based care services by the public based long-term care insurance are renovated for the purpose of relieving family care-givers' difficulties and realizing community-based elderly care. The core of South Korea's elderly care policy is that the elderly can universally access the elderly long-term care insurance and they can use more various in-home and community-based care services that can keep their health good as long as possible. That is, the public based long-term care insurance assumes more responsibility which family care-givers had to bear in the past. Therefore, utilizing informal care by family care-givers is refrained and the policies that promote informal care proactively by family care-givers are not developed in South Korea.

Different from Finland, the policies that support family care-givers directly in order to utilize informal care proactively are restrained. Instead, the policy that alleviates family care-givers' economic, physical, and emotional difficulties by giving the elderly chances using care services provided by public-based long-term care insurance is the mainstream of elderly care policy. Thus, the policy that provides family care-givers cash benefits is not well developed. Although the long-term care act acknowledges cash benefits, they are very restrictively allowed, in case the elderly cannot access care services due to regional or climatic reason. Seok (2010) suggests that the reason why cash benefits are not improved in South Korea as follows: the reason the Korean government was against cash benefits is originated from some concerns that cash benefits can bring about moral hazards, and

increased difficulties of family care-givers; they can also hinder the development of the formal services on the condition that the infrastructure for elderly care services are insufficient. The focus in South Korea' elderly care is not utilizing informal care but developing formal care provided by the elderly long-term care insurance to minimize informal care and family care-givers' difficulties.

Blome et al (2009) argue that financial aids granted to family care-givers make the differentiation between informal care provided by family care-givers and formal care by social services was obscure. That is, informal care by family care-givers is formalized and institutionalized by financial aids. However, the differentiation between informal care and formal care in the long-term care insurance system in South Korea still exists and the mainstream of elderly care policy is depending on formal care provided by the elderly long-term care insurance. Therefore, it is difficult that informal care by family care-givers is integrated into the social security system and informal care is proactively utilized for community-based care in South Korea.

Thus, South Korea's formalized levels of informal care provided by family care-givers would be low according to Blome et al.'s criterion, since cash benefits are not developed. Although cash benefits are institutionalized by the elderly long-term care insurance act, they are very restrictively allowed. The benefits in the elderly long-term care act have a symbolic meaning. Seok (2010) criticizes the tendency as follows: family care-givers are in danger of enduring expenses and pains caused due to care-giving that are not secured by the elderly long-term insurance in South Korea.

7.3 Differences in the patterns of elderly care between the two countries

In Finland, the main role of local authorities in the plans is realizing the elderly's independent living by supporting family care-givers, and building partnerships with other resources such as professionals, and voluntary organizations in municipalities as well as by providing care services directly such as home care, and sheltered housing for the elderly. Public authorities are not the only actor which has to increase older people's quality of lives and satisfy their social care needs. Instead, they have to share the role of suppling elderly care services with other sectors in the municipalities. From the point of view, the role of local authorities is playing as a promoter to improve network with other sectors as Anttonen & Häikiö argue (2011).

The role as a 'promotor' of public authorities can be implemented by care management. Public authorities can assess the elderly's needs, and connect resources such as voluntary organizations, and family care-givers in municipality to meet their needs according to care plans. Then, local authorities monitor services provided and fund care services supplied by providers. This process coordinated by local authorities enables them to be related with other actors in the field of elderly care. Local authorities in Finland are key players who empower other actors in the field of elderly care to play a role as a provider and organize their functions, although the state sets the main frames on elderly care policy (Anttonen and Häikiö 2011). Local authorities have to be closely related with the elderly and family care-givers-care - service demanders. They also have to be related with family care-givers and other sectors such voluntary organizations - care service providers. In the relation, family care-givers' position is dual both as providers and demanders for elderly care services, as can be seen above, and local authorities function as a coordinator which builds the relation between demanders and providers.

The main mission of local authorities is building partnerships with other sectors in the plans in order to make elderly-friendly environment. The Finnish elderly care system pursues the partnerships with other sectors in order to realize older people's independent living based on other actors' participation and cooperation. The responsibility for supporting in the

municipalities is shared with other actors in the complex networks with other actors. Local authorities provide services for care resources in the municipalities and support them to utilize the care resources. Care resources in the municipalities provide various kinds of services for the elderly. Thereby, the elderly who can select care services suitable for themselves can meet their needs in the complex networks. In the process of building the networks, local authorities manage to coordinate and organize the relation with other actors as a main actor for elderly care, which contributes to meeting the elderly's wants comprehensively.

The two plans of South Korea is meaningful in that those shows that the government play an more active role associated with elderly care: the government clarifies its position taking more public responsibility for elderly care through improving service coverage and quality of the elderly long-term care insurance in the plans. They would contribute to correcting the shortcomings such as low coverage, and that appeared in the implementation of the insurance.

However, there are some limitations in the plans in order to reform the insurance. Although the plans of South Korea pursue various kinds of in-home and community-based care, the approach in the plans of South Korea is too dependent on social care services provided by the long-term care insurance in order to meet versatile needs of the elderly, which makes the role of the family, the government, and the relationships between them simple. Family care-givers are demanders who need care services provided by the elderly long-term care insurance. Yet the kinds of care services which the public insurance provides are limited, whereas their needs are versatile. Therefore, the elderly themselves find the resources or family care-givers help him find the resources. That is, there would be problems that the elderly's needs are not satisfied comprehensively by care services provided by the elderly care insurance in the communities. The responsibility is transferred to family care-givers. Family care-givers have to take care of care-receivers by sacrificing their costs, and time. Policies empowering family care-givers and the elderly to find resources in the communities are deficient in the plans.

It is difficult that the relationships between local authorities and other sectors are well established, because the role of local authorities that can grasp care, and connect them resources in the communities is weak. Their role is limited to secure providers supplying care

services and screen requirements for establishing care-centers superficially. It is difficult for local authorities to manage resources for elderly care. In addition, they are not able to grasp needs of the elderly, because the role of local authorities in the insurance is associated not with demanders but suppliers. Thus, structurally it is difficult for local authorities to connect the needs of the elderly with the care resources in the communities, because the structure of the insurance is divided. Furthermore, the rule associated with care management for the elderly care is not clear. Although NHIS makes plans roughly for care for the elderly, it is not sufficient to grasp various needs and mobilize other resources in the communities to satisfy the needs. The continuous process of care management from assessing needs to monitoring care services are fractured. Thus, local authorities are not able to grasp what each older people needs individually and which kinds of care resources exist in the communities. Accordingly, the relationships between public authorities and other sectors are not organized and fractured, which hinders the elderly from meeting their various needs comprehensively in the communities. In particular, the absence of care management has bad impact on the elderly who are vulnerable to low income and health such as single elderly individuals, because they are not good at expressing their needs, and assessing care services. The fractured care management prevents local authorities from taking a more proactive role in South Korea's elderly care system.

Therefore, Chon (2014) evaluates the plans as follows: although the measures by the plans would contribute to the improvement of elderly care in South Korea, those measures in the plans have not been adequate to fully solve the problems which appeared in the system, because the measures in the plans have not presented solutions to the matters that were brought about from the lack of a clear care management system.

The relationship between the actors associated with elderly care is simple in the policy documents. The elderly and their family care-givers ask the state care services, and the state screens their eligibility using long-term care insurance, and provides care services. The policies empowering the other actors to share responsibility for caring older people and organizing care resources in the communities are not sufficient. The elderly using the elderly care insurance just use the fixed services and have difficulty in finding other alternatives to

satisfy their various needs. That is, older people's needs which is not satisfied by the long-term care insurances are met by them or their family care-giver's burden.

8. Transformation of elderly care policy and cultural influence

8.1 Transformation of elderly care policy and cultural influence in Finland

Universalism has been one of the features of the Finnish social care policies. Wide public social care services mainly provided by local authorities are accessible regardless of people's income and property (Anttonen, Baldock & Sipilä, 2003). It has been generally acknowledged that universalism is a distributive principle which treats people equally regardless of their income and capabilities. The value of universalism is generally associated with 'citizenship, social rights, equality, equal treatment, solidarity, participation, inclusion, autonomy' (Stefánsson 2012, p. 48). The concepts of universalism are not fixed but changeable in different context. Universalism can be in combination with various ideologies such as liberalism, socialism, and conservatism. As a result, the meaning of it can be different in different time and different places. According to Stefánsson (2012), Nordic universalism is closer to liberal universalism rather than socialism. Thus, it can be associated with the values of liberalism such as individualism.

In the field of elderly care, there are some characteristics which tend to emphasize informal care by family care-givers and partnerships with other sectors for providing care services. In Finland, informal care services are recommended and supported by local authorities. Therefore, it is possible for older people to select services which they want. Different from the traditional viewpoint of universalism, which entails that the state assumes strong public responsibility for social care and plays a dominant function in providing services for people universally, the role of the family and the state has been changed. When home help services were introduced in Finland, the elderly in needs could access to it equally (Anttonen, Kröger

and Sipilä 2003, p.32). However, as can be seen in the policy documents, independent living of the elderly, supporting family care-givers, and building partnerships with other sectors for providing elderly care services have been strengthened.

Thus, there are arguments that the classic universalism in the Finnish elderly care has been transformed and informal care by family care-givers has begun to play the main role (Anttonen, Baldock and Sipilä 2003). In addition, there are also assertions that the role of family care-givers and the state has been changed. Anttonen and Häikiö (2011) argue that the role of local authorities has been changed 'from a service provider to a promoter or coordinator' and that of family care-givers is 'dual position' both as service providers and as service demanders. Along with this, it can be witnessed the position of the elderly also has been also changed from persons who just ask care services from the state to 'active citizens' in the Finnish elderly care as Anttonen and Häikiö (2011) suggest.

From the arguments, the Finnish elderly care system has pursued various relationships between the public sector and the private sector to satisfy the elderly's diverse wants (Anttonen and Häikiö 2011). In the past, the state and municipalities had to accomplish their duty of providing services directly for the elderly, but recently elderly care policy tries to share the duty with other sectors. Thus, the role of actors is not simple but complex. The main role of municipalities is to organize and coordinate care resources and needs of the elderly. The elderly is not seen as passive persons who merely ask for services from the state, but as persons who actively take part in social activities. In addition, family care-givers are regarded as a good source for elderly care. That is, the Finnish elderly care system seeks to utilize more versatile care resources to meet the elderly's various needs.

This transformation in the elderly care is also confirmed in the policy documents. In the policy documents, independent living of the elderly is emphasized and the duty of local authorities is to promote age-friendly environments and attitudes encouraging the elderly to take part in social activities. In the policy documents, informal care by family care-givers, and cooperation between various actors including non-governmental, and voluntary organizations are supported by local authorities to improve independent living of the elderly. Care management by local authorities is an important instrument assessing, and monitoring

the needs of the elderly as well as organizing care resources. Local authorities can perform their roles as an organizer or coordinator for providing elderly care services independently to a large degree by care management. Thus, informal care by family care-givers through various public arrangements such as cash allowances, services and rights for family-care givers is formalized and partnerships with other sectors are pursued. Whereas the classical sense of universalism is closely associated with more public services for the elderly in the simple relation between the family and the state, the transformed sense of universalism pursues independent living of the elderly, and the share of private and public responsibilities in complex relationships between them.

The meaning of universalism in the Finnish elderly cares has been transformed. Stjernø (2008, p.68) proposes that the general tendency of the transformation has entailed-‘less emphasis on redistribution and more emphasis on the balance between contribution and benefits’. His suggestion can be applied to the transformation of the elderly care policy in Finland. The transformation of elderly care system, which emphasizes the elderly’s independent living and informal care by family care-givers may have impact on equality among older people, this is because the capabilities of older people and family care-givers’ to obtain care resources are different and this can affect the care service that they can receive. As older people and family care-givers participate in social activities, they can get more chances from public authorities. Thus, there are some worries that the tendency emphasizing independent living would bring about inequality among older people and family care-givers (Anttonen and Häkiö 2011).

However, the transformation of elderly care in Finland means the diversification of public role. Local authorities have to play a role as a coordinator and they also empower family care-givers and other actors to build partnerships. The role of local authorities has become more complex and various. Local authorities do not provide wide public social care services for the elderly regardless of their differences like the traditional meaning of universalism in the past. Instead, they prepare for care resources as a coordinator in order to meet the elderly’s wants.

Blome et al (2009) argue that in almost all European countries, informal care by family

care-givers exists and it plays a major role in providing elderly care, even though there is variation between countries in the extent of formalization of informal care by family care-givers. They also argue that although the public service provision can alleviate the difficulties of family care-givers, it cannot replace the merits of family care-giving and it is almost impossible for the public sector to take responsibility for elderly care exclusively (Blome et al. 2009). Thus, they propose that ‘public-private partnership’ in elderly care is necessary to provide care services sustainably in the future. In this regard, the public arrangements in the policy documents are similar to the ‘public-private partnership model’ suggested by Blome et al (2009).

Each older people is a service user who can ask care services from the municipalities. Municipalities are providers who supply wide care services regardless of individuals’ differences in the traditional concept of universalism. However, social and economic causes due to population ageing are changing the meaning of universalism in the Finnish elderly care context. Recently there has been development towards emphasizing independent living of the elderly, which has been influenced by individualism derived from liberalism. In the new meaning of universalism, participation and responsibility of individual are emphasized. The distributive factor that was emphasized in the traditional concept of universalism has been weakened recently. The elderly are active citizens who participate in social activities and can choose what they want in the new meaning of universalism. Municipalities are organizers who can coordinate informal and formal care rather than public providers who supply care services for the elderly.

The Finnish culture which is based on liberalism and individualism, had influence on the transformation of elderly care system. The culture has contributed to the growth of the new social care policy. Informal care by family care-givers and formal care are mixed in the Finnish elderly care system. The elderly can choose the care services they want according to the procedure, but if the elderly and their family care givers’ income and capabilities are not sufficient, their accessibility to care resources, especially good quality of care services can fall behind, compared to capable individuals. Thus, there are possibilities that variations in individuals’ accessibility to care resources break out according to the elderly and their family

care-givers' income and capabilities, different from the traditional concept of universalism which emphasizes equality between individuals. The values and the role of the family and the state have been changed according to the transformation of the elderly care system in Finland.

As Pau-Effinger (2005) argues that 'contradictions and conflicts with regard to the cultural values and models are resolved and the values and models on which welfare state policies are based are either reproduced or modified', the concept of universalism is changing in the Finnish elderly care system and it has impact on the role of family care-givers and municipalities.

8.2 Transformation of elderly care policy and cultural influence in South Korea

Strong familism has been one of the features of South Korean social care policies based on Confucian values emphasizing filial piety, respect for authority, and the importance of the family (Peng 2009). In this context, filial piety for parents or relatives is appreciated and recommended, while filial impiety brings about personal blame (Lew, Choi and Wang 2011).

In addition, the state tends to focus on supporting economic growth rather than on increasing welfare budget, staffed by capable bureaucrats regarding economic developments as important (Peng 2008). As a result, family care-givers have endured physical and mental difficulties caused from unpaid care work. The family had to take responsibility for their parents and the public support were strictly restricted to care for the elderly with low income and property in the past (Chon 2014). That is, the policy for the elderly care in South Korea was residual for the poorest who were unable to contribute to economic growth in the past.

However, according to Peng (2009), the features of South Korean welfare states have significantly changed since the 1997, along with population ageing and low fertility and economic crisis. The South Korean government has begun to take on more active role in social care services: increased public interventions in welfare policy and social development,

and the proactive decentralization of social welfare and social care. She argues that the care regime in South Korea has changed since the 1990s in response to the fluctuations in the country's political and socioeconomic contexts and there have also occurred transformations in welfare policy and culture in South Korea. These transformations in South Korea contribute to alleviating the family care-givers' difficulties through the public interventions of social care and welfare (Peng 2009).

The tendency that Peng (2009) argues is applied to the field of elderly care. The introduction of the elderly care insurance in 2007 transformed elderly care system in South Korea. Any elderly person with needs is eligible to access and use the services, regardless of his or her income. In contrast to the previous system's selective provision, which was mainly for the poorest elderly, the new public long-term care insurance system was established on the principle of providing services to all those in need (Chon 2013). The state has begun to take on more responsibility for the elderly care through public insurance, although the elderly care insurances services are provided by private for-profit, and non-profit organizations. According to Peng (2009), the institutionalization of the insurance means a development from a traditional residual welfare model based on Confucianism to a more universal welfare model. In addition, the policies mentioned in the two plans by the state are made for the purpose of correcting shortcomings of the introduced public insurance, which means to strengthen the public responsibility and improve family care-givers' quality of lives. That is, the recent pattern of elderly in South Korea is that the government takes on more active role in social care services and intervenes in elderly care in order to alleviate family care-givers' pains by mitigating requirements to use care services provided by the public long-term care insurance, lowering co-payment of users and improving in-home and community-based care services.

The institutionalization of the elderly long-term care insurance and the policies to improve the insurance are meaningful in that more public interventions for the elderly care are possible, as Peng (2009) argues. The difficulties that family care-givers have to experience in the past have been relieved. However, although the South Korean state pursues the public interventions in elderly care, this may not necessarily mean the extinction of difficulties of

family care-givers and of Confucian features in the field of elderly care. Some Confucian features still remain in the elderly care system in South Korea.

Firstly, cash allowances are not acknowledged except for extraordinary cases. The reason is that cash allowances can bring about moral hazard by misuse of money provided for the elderly care and the improvement of formal care (Seok 2010). Yet although the recent social policy reforms in the area of elderly care in South Korea are promise to alleviate the family care-givers' difficulties through the more public responsibility for social care and social welfare, family care-givers have no choice but to assume a larger care work burden. Despite increased state support family care, family care-givers continue to take on a large share of informal care work which is unpaid within households. There is no compensation for the care work which family care-givers provide for the care-receiver. In this regard, the difficulties which family care-givers have to experience are taken for granted and their pains are inevitable. Family care-givers only fulfill their care obligations as guardians. In contrast, according to Blome et al (2009), the differentiation between informal care provided by family care-givers and formal care by social services is inadequate and many well-developed welfare states formalize informal care by acknowledging cash allowances for the care which family care-givers provide. This also helps to equalize family work and wage work. Yet, the Korean elderly care system still differentiates between informal care by family care-givers and formal care by social services. In this regard, Confucianism that emphasizes familism remains in the South Korean elderly care system.

Secondly, although elderly care systems in the Western developed countries were built on existing local service delivery programs and gave central administrative and regulatory roles to local authorities, elderly care system in South Korea is centralized and a very limited role is provided for local authorities (Chon 2013). Whereas local authorities in Finland play an important role in managing and planning care services (Anttonen and Häikiö 2011), the role of local governments in the field of elderly care in South Korea is limited to secure sufficient providers to supply care, and screen requirements for establishing care-centers superficially. Even though the recent policy reforms in the field of elderly care promote alleviation of the family care-givers' difficulties through the reinforcement of social care, there remain care

services which need to be provided the communities in order to meet older people's needs comprehensively. More public responsibility for elderly care may not necessarily mean increased life satisfaction of the elderly with their lives and extinction of care work by family care-givers. In this regard, local authorities can play a major part in providing comprehensive care and supplementing the lack of care services for the elderly which cannot be provided by long-term care insurance services. They can play a significant function in realizing community-based elderly care by building partnerships with family care-givers and other sectors and by connecting older people with care resources.

However, the limited role of local authorities hampers the function of local authorities providing community-based elderly care in South Korea. Local authorities are not empowered by law and have no discretionary power associated with elderly long-term care insurance. Thus, they have difficulties in figuring out the needs of the elderly and monitoring the services provided for them. Accordingly, there are possibilities that the needs of each older person cannot be connected with care resources in communities. Although strengthening the cooperation between public authorities and NHIC is mentioned in the plans by the government, it is not enough to fundamentally improve the function of public authorities as an actor providing community based-elderly care in that the plans have not suggested a solution to the absence of care management system at all (Chon 2014)

Although Peng (2009) suggests the proactive decentralization of social welfare and social care programmes since 2003, the function of local authorities in the area of the elderly long-term care services is weak. Therefore, there would be possibilities that the elderly who use elderly care services by long-term care insurance have difficulty in meeting their needs comprehensively in the communities, because their needs are not exactly assessed, managed, and monitored by local authorities. In addition, the role of local authorities which organize care resources in the communities is not well developed. As a result, public-private partnerships in care-giving are difficult to be built in the communities. Blome et al. (2009, p. 162) suggest that 'ways to encourage the cooperation in the form of a public-private partnership in care-giving' should be pursued. They argue that although the public services provision can alleviate the difficulties of family care-givers, it cannot replace the merits of

family care-giving and it is almost impossible that the public sector to take responsibility for elderly care exclusively (Blome et al. 2009). However, the weak role of local authorities is an obstacle to building a public-private partnership. Therefore, the weak role of local authorities is an example, which suggests that Confucianism survives in the South Korean elderly care policy.

9. Conclusion

The aim of this research is explaining the differences in the way supporting family care-givers and tendencies of elderly care policy in Finland and South Korea. In the process of transformation of elderly care policy, finding country-specific differences based on different cultural influence on the elderly care policy is also an important objective. I analyzed the institutes supporting family care-givers in acts and the tendencies in elderly care policies in the policy documents. There are country-specific differences between the two countries in the way of supporting family care-givers and investing in public or formal arrangements according to their varying cultural causes.

What I discovered in the research is that in Finland, family care-givers are regarded as an important source for elderly care. There are many institutes supporting family care-givers and policies supporting informal care by family care-givers are recommended. In Finland, informal care by family care-givers has been developed along with various kinds of policies supporting it. Accordingly, the formalized level of family-provided care suggested by Blome et al. (2009) is high. Through the policies promoting informal care, informal care by family care-givers is institutionally formalized and the partnership between the family and municipalities is constructed. The recent pattern of elderly care in Finland is building partnerships with the family and other actors including NGOs, parishes, and companies. The elderly care policy in Finland emphasizes the independent living of the elderly, utilizing the care resources to the utmost through the partnerships with other actors. The transformation from the strong public responsibility for providing care services to the new approach emphasizing public-private partnership has transformed the role and relation of the family

and municipalities. The main role of municipality as a provider for providing elderly care has been changed into an organizer or coordinator that empowers other actors to play a role. In the transformation, the meaning of universalism has also been changed. The older people's participation into social activities and responsibility have been stressed. Accordingly, the services which the elderly and family care-givers can receive from the state would be different accord to their activities. That is, the traditional concept of universalism which emphasized fair distribution regardless of individual differences has changed to the new individualistic concept. Redistribution is less emphasized, and contribution and participation have become important recently. The change in the meaning of universalism has an impact on elderly care policy.

In South Korea, the institutionalization of the elderly long-term care insurance has transformed the style of providing elderly care. The main motto of the elderly care in South Korea has been relieving difficulties of family care-givers. The elderly care policy in South Korea has been transformed to the system which stresses public responsibility, overcoming familism originated from Confucianism. What I found out in this research is that informal care by family care-givers is not what is promoted but what is restrained to relieve the difficulties of family care-givers in South Korea. The elderly care policy in South Korea pursues more public responsibility, replacing informal care with formal care by public insurance. Therefore, the policy improving informal care by family care-givers is restrained. In South Korea, policies promoting informal care such as cash allowances are not well developed. The mainstream of elderly care policy is that public elderly care system replaces informal care by family care-givers. That is, informal care is not formalized in the South Korean elderly care system, although informal care by family care-givers still exists. Accordingly, formalized level of family-provided care suggested by Blome et al. is low. In this regard, the elderly care policy in South Korea has rapidly overcome the familism caused by Confucianism but Confucian features still remains in the elderly care system. In addition, the role of local authorities is weak and care management system is not well developed. As a result, it is difficult to build a close public-private partnership in South Korea. There are possibilities that the elderly who use elderly care services by long-term care insurance have difficulty in meeting their needs comprehensively, because the elderly's needs are not exactly

assessed, managed, and monitored by local authorities and public-private partnership is immature. This means that the elderly and family care-givers have to solve some problems by themselves, although the public sector in South Korea is taking up more responsibility for the elderly care. The weak role of local authorities also suggests that Confucianism remains in the elderly care policy of South Korea.

The value of my research is that it allows us to confirm that culture is an important element that can explain the heterogeneity in welfare arrangements and the different path trajectories of care policies as Pfau-Effinger (2005) suggests theoretically. The disparate cultures in Finland and South Korea have impact on the relationships of the family, and the state, and on the patterns of elderly care policy. Culture is an important factor that can explain the differences in welfare arrangements among countries. In addition, cultural values and meanings can also change over time, reproducing and modifying welfare arrangements. In the Finnish context, the change in the meaning of universalism has transformed elderly care system from the pattern in which strong public provision was regarded as important to the pattern in which participation and responsibility is regarded as important, stressing the independent living of the elderly. In South Korea, public responsibilities for elderly care have alleviated family care-givers' difficulties rapidly. However, the traditional culture - Confucianism - continues to exist in the South Korean elderly care system and affects the elderly care policy, although the impact of it has become weak. This research implies that cultural values also change over time and they are modified and reproduces as policy environments change.

In this study, I focused on explaining the differences in the role of family and public authorities. I did research on how the state and municipalities intervene in providing elderly care services in order to relieve family care-givers' difficulties from the viewpoint of service users. However, cultural changes may happen among elderly care service providers. Elderly care services have been provided by a mixture of private, public, and non-profit organizations recently. This phenomenon is closely associated with privatization, and marketization in elderly care services, which may have impact on other actors' role and the relationship between them. Cultural modification and reproduction may happen in the process

of the transformation of elderly care policy. It would be meaningful to analyze the causes and effects of privatization, and marketization in elderly care provision, along with cultural modification and cultural influences on elderly care policy.

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