The Story of the Relative

A Systems-Theoretical Analysis of the Role of the Relative in Danish Eldercare Policy from 1930 to 2020

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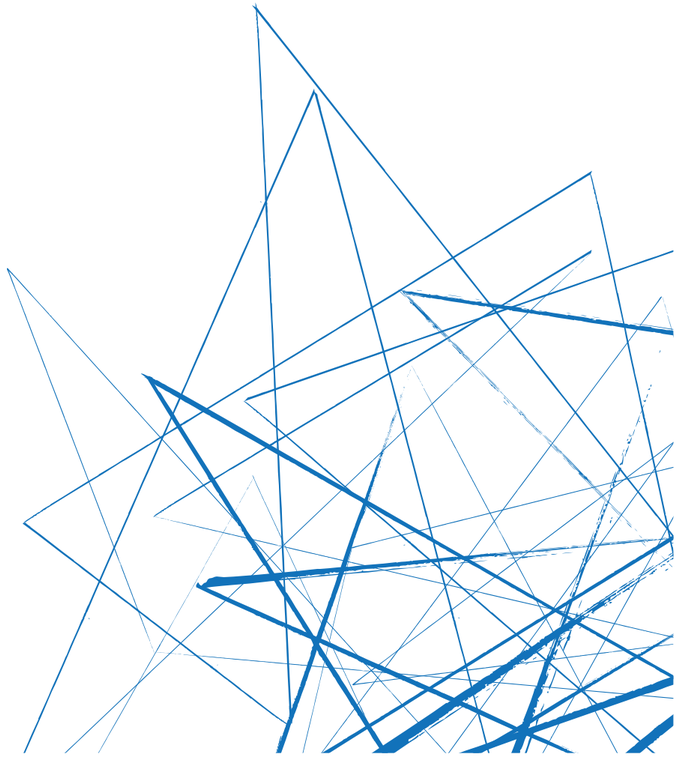

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PhD Series 30.2020

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The CBS PhD School is an active and international research environment at Copenhagen Business School for PhD students working on theoretical and empirical research projects, including interdisciplinary ones, related to economics and the organisation and management of private businesses, as well as public and voluntary institutions, at business, industry and country level.

English Abstract

This thesis is about the family members of elderly citizens in Denmark. More specifically, it concerns the role these relatives are expected to play in the caregiving of the elderly – a subject of great interest and dispute in current public and scholarly debates.

While eldercare in Denmark is a public concern entailing a universal, tax-financed eldercare system in which the family holds no formal obligation to care for its elderly family members, many relatives do participate in their care. Moreover, both eldercare practitioners and scholars have concluded that the relative currently faces mounting and unclear expectations regarding participation in such care, and that this uncertainty causes great frustration and conflict amongst relatives and professional public care workers.

This uncertainty about what to expect of the relative in eldercare is the matter the thesis pursues. Practitioners and scholars alike conclude that the relative role in eldercare is uncertain and growing, and that the solution is to commonly agree on and clearly define a role for the relative – preferably that of being a partner in public eldercare. This thesis, however, takes another approach. It asks how the role of the relative has been constructed in Danish eldercare policy since the 1930s, and how such roles over time have both reduced and produced uncertainty about what to expect of the relative.

To investigate this question, a study of more than 400 policy documents dating back to the 1930s and extending to early 2020 was conducted on the basis of an analytical strategy built on the systems theory of German sociologist Niklas Luhmann. Notably, the concepts of decision communication, role, function and uncertainty form the theoretical foundation on which the study examines relative roles in Danish eldercare policy.

Through this theoretical lens, the study sheds light on how in the course of the last 90 years of Danish eldercare policy, the relative has been expected to enact various roles, including those of a waning caregiver, a care worker employer, a burdened caregiver, an unqualified caregiver, a co-receiver of eldercare, a proxy to elderly family members, a social caregiver, a source of information, a source of continuity, a co-responsible other and a partner. Changes in the roles of the relative are shown to appear over time with changing functions of public eldercare, thus demonstrating the story of the relative to also be a story of Danish eldercare policy. The argument is made that alongside such role construction, uncertainty about what to expect of the

relative has been reduced, but not only reduced. Indeed, the main conclusion is that the partner role, idealized in both research and practice, already exists in the Danish eldercare policy established in the 2010s and still in place today, but this role has not reduced uncertainty. On the contrary, it has proven to be a role producing unlimited uncertainty about what to expect of the relative.

Dansk resumé

Den pårørendes historie - En systemteoretisk analyse af den pårørendes rolle i dansk ældrepolitik mellem 1930 og 2020.

Denne afhandling handler om pårørende til ældre I Danmark. Konkret undersøger afhandlingen, hvilken rolle pårørende forventes at spille i ældreplejen – hvilket for tiden er et omdiskuteret tema i både den offentlige debat og inden for ældreforskning.

Selvom Danmark er kendetegnet ved en omfattende universel offentlig skattefinansieret ældrepleje uden formelle forpligtigelser for familien, tager mange pårørende alligevel stor del i plejen af deres ældre plejekrævende familiemedlemmer. Både blandt feltets praktikere og inden for ældreforskningen fremstår det som en central konklusion, at pårørende i dag mødes med stigende og uklare forventninger til deres deltagelse i ældrepleje. Samtidig peges der på, hvordan denne udvikling medfører en usikkerhed om pårørenderollen, der igen afføder både frustrationer og konflikter i samspillet mellem pårørende og professionelle offentlige medarbejdere.

Netop usikkerhed om den pårørendes rolle i ældreplejen er temaet for denne afhandling. Mens både praktikere og forskere har påpeget de øgede og uklare forventninger til den pårørende samt behovet for at få skabt en klar definition af rollen – og på hvordan især en partnerrolle forventes at kunne løse de nuværende udfordringer i samspillet mellem pårørende og professionelle, tager denne afhandling en anden tilgang. Den spørger i stedet til, hvordan der i dansk ældrepolitik siden 1930erne er blevet skabt skiftende roller til den pårørende og til om rollerne bidrager til klarhed i ældrepolitikken.

For at besvare disse spørgsmål er mere end 400 ældrepolitiske dokumenter helt tilbage fra 1930erne og frem til i dag blevet analyseret med afsæt i en analysestrategi, der bygger på den tyske sociolog Niklas Luhmanns arbejde. Specifikt er det de teoretiske begreber; beslutningskommunikation, rolle, funktion og usikkerhed, der udgør det teoretiske fundament for undersøgelsen af den pårørendes rolle i Dansk ældrepolitik.

Med dette teoretiske afsæt viser afhandlingen, hvordan den pårørende i løbet af de sidste 90 års ældrepolitik har fået tildelt skiftende roller som; forsvindende omsorgsgiver, arbejdsgiver, bebyrdet omsorgsgiver, ukvalificeret omsorgsgiver, med-modtager af ældrepleje,

stedfortræder, mental omsorgsgiver, informationsbærer, kontinuitets-garant, medansvarlig omsorgsgiver og partner. Afhandlingen påviser, hvordan skift i rollen sker samstemmende med ændringer i ældrepolitikkens forventninger til den offentlige ældreplejes funktion i samfundet. Afhandlingen argumenterer for, at de skiftende pårørenderoller gennem tiden har skabt klarhed om, hvad der kan forventes af den pårørende, men samtidig også en øget usikkerhed om forventningerne. Konklusionen på afhandlingen er, at en partnerrolle som efterspurgt af både praktikere og forskere allerede findes i danske ældrepolitik, men at det ikke er en rolle, der har mindsket usikkerheden om, hvad der kan forventes af den pårørende i ældreplejen. Tværtimod påvises partnerrollen at afføde ubegrænsede forventninger til den pårørende.

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While I am incredible grateful to all of these people, only I am to blame for any weaknesses of the thesis.

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Chapter 1) Introducing the Story of the Relative

It is September 2015 and a Sunday evening in Denmark. On the 9 o'clock evening news the Danish national broadcasting corporation, DR, presents the week's biggest stories. The news anchor introduces the theme of the evening: 'The role of relatives in Danish eldercare'. The text on the screen reads 'Relatives must give more help', as the anchor tells viewers how the public sector budget can no longer keep up with the increasing number of citizens aged over 65 in Denmark, a number that is rising by 25,000 people annually. To keep pace with the needs of this growing demographic, the public sector will have to allocate another DKK 1 billion per annum to the eldercare budget. The anchor announces that 'still more family members have to step in and help' as she proceeds to tell viewers that 83 per cent of relatives to elderly citizens receiving homecare in Denmark already help with personal and practical matters, with about one fourth helping on a daily basis.[1] The anchor introduces the Danish Minister for Health and the Aged at the time, Sophie Løhde, who states that 'to a large extent we need relatives to take a responsibility', but in the same sentence also says that 'one's help and care must never depend on relatives' taking on definite tasks'.[2]

Two days later a Danish national radio debate programme called 'P1 Debat' takes up the same theme under the heading 'Must we take care of our parents ourselves when they get old?' During the programme a senior relative consultant, Lilja Jensen, from the DanAge Association, an interest organization for the elderly in Denmark, brings up the theme of 'obligation', promoting the view that relatives 'must help out of love and because the relation of the family is good' and emphasizing that care 'must be something done voluntarily and if the family bond can sustain it. It is not something someone can be obligated to do'.[3] On the show she is joined by Karen Stæhr, chairman of the social and health sector in the trade union FOA, which organizes Danish eldercare

[1] DR, 21 Søndag, 27.9.2015.
[2] DR, 21 Søndag, 27.9.2015.
[3] Marie Lilja Jensen, senior relative-consultant, Ældre Sagen, DR P1 29.9.2015.

workers. She agrees that relatives 'must be there out of joy and because they like the togetherness, and not because the municipality wants to make a contract with them'.[4] *A third participant in the show is Annemarie Zacho-Broe, the health director of Denmark's second-largest municipality, Aarhus. She talks about 'relative-duty' as a new concept developed in the council's health and care strategy. 'It's an obligation concerning how we're all part of creating the good and dignified elder life … Just as we as municipality have an obligation, we also believe that families have an obligation to the extent they're able to contribute.' She mentions that this can take various forms, such as running errands like grocery shopping, simply being present and facilitating experiences. She goes on to explain that this does not mean that 'we're now placing the entire responsibility for the care in families … we would like to stand much stronger together with families in getting the tasks that need to be done, done'.*[5]

This thesis is about the family members of elderly citizens in Denmark, referred to here as '*the relative'*. More specifically, the thesis concerns the role these relatives are expected to play in the caregiving of their elderly family members. Accordingly, I present the role of the relative as it has been constructed in Danish eldercare policy from the 1930s to early 2020, demonstrating how the role has changed over time as the function of public eldercare has changed, and how over time the role has both reduced and produced uncertainty about what to expect of the relative in eldercare.

In Denmark the family holds no formal obligation to care for its elderly family members and is generally considered to play a minor and complementary caregiving role to the public eldercare.[6] Although not formally obligated to participate in eldercare, many relatives do so. In 2017, 750,000 relatives living with an elderly citizen receiving public eldercare services cared for one or more of these citizens,[7] providing both practical and personal support.[8] Of these relatives, one in four did so for six or more hours a day,[9] and 41 per cent had done so for more

[4] Karen Stæhr, Sector Chairman FOA, DR P1 29.9.2015.
[5] Annemarie Zacho-Broe, Healt director, Municipality of Aarhus, in DR P1 29.9.2015.
[6] Esping-Andersen 1999; Esping-Andersen & Korpi 1986; Kangas & Kvist 2012: 148-149; Motel-Klingebiel et al. 2005: 863.
[7] Voxmeter for Ældre Sagen 2017.
[8] Rambøll for Ældre Sagen 2017.
[9] Voxmeter for Ældre Sagen 2017.

than 5 years.[10] When one takes non-cohabitants into account, 78 per cent of Danes either are or have been a relative to a weakened family member, and 25 per cent provide help three or four times a week, while 45 per cent do so once or twice a week.[11]

In recent decades a public debate on what to expect of relatives to elderly citizens has simmered in Denmark. As the vignette above suggests, the debate concerns expectations – specifically the uncertainty about what to expect of relatives – but it also concerns disappointments and failed expectations.[12] For example, in 2017 FOA presented the results of a survey of 2,122 of the union's members, calling attention to how 69 per cent of respondents were disappointed with relatives and found that they were failing their elderly family members.[13] FOA also showed how 17 per cent of respondents experienced unsatisfied relatives at least once a week, and how the percentage reached as high as 40 per cent on a monthly basis, whereas only 7 per cent had never encountered any expressions of disappointment from relatives.[14] Accordingly, the DanAge Association, also in 2017, presented the results of a survey based on interviews with 330 citizens caring for one or more elderly citizens, showing that 44 per cent of respondents were disappointed with public eldercare and that this disappointment was a factor in their own participation in the caregiving.[15]

Interest organizations for care workers, elderly citizens and relatives, respectively, have all participated in this debate, and all describe an uncertainty about what the role of the relative is expected to be in eldercare.[16] As the DanAge Association puts it, 'the relative' is a term used '*interchangeably*', and as such is either '*unclear or misleading*'.[17] One can gather from the public debate that, in the experience of these organizations, in the last decade the public sector has posed new and greater expectations to the relative in eldercare, and that this has occurred

[10] Sundheds- og Ældreministeriet 2018b:12.
[11] Voxmeter for Ældre Sagen 2017; Ældre Sagen 2016: 4-5.
[12] See i.e. Defactum 2016; FOA 2017; Navne & Wiuff 2011: 5-6; ViBIS 2015: 10; Ældre Sagen 2016: 4.
https://www.dr.dk/nyheder/indland/plejehjemspersonale-aeldre-svigtes-af-familien
https://www.aeldresagen.dk/presse/maerkesager/paaroerende/fakta/paaroerende-foeler-sig-noedsaget-til-at-hjaelpe,
https://danskepatienter.dk/politik/temaer/paaroerende/paaroerendeinddragelse
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https://www.berlingske.dk/samfund/paaroerende-foeler-sig-tvunget-til-at-hjaelpe-aeldre
[13] FOA 2017: 2; https://www.dr.dk/nyheder/indland/plejehjemspersonale-aeldre-svigtes-af-familien
[14] FOA 2017: 1.
[15] https://www.aeldresagen.dk/presse/maerkesager/paaroerende/fakta/paaroerende-foeler-sig-noedsaget-til-at-hjaelpe
[16] Danske patienter 2017: 9; FOA 2017; Navne & Wiuff 2011: 5-6; Ældre Sagen 2016: 4; ViBIS 2015;
https://danskepatienter.dk/politik/temaer/paaroerende/paaroerendeinddragelse
[17] My translation: 'I flæng','uklart eller misvisende' (Ældre Sagen 2016: 4).

without any common agreement on or definition of the role, a situation that has had the adverse effect of causing uncertainty and conflicts between care workers and relatives. The interest organizations describe how collaboration between care workers and relatives is important for the quality and efficiency of public eldercare, but how the collaboration, though often good, can also be hampered by conflicts and frustrations arising precisely because of the uncertainty surrounding what can be expected of the relative and around what allocation of responsibility to expect in the relationship between families and the public eldercare. The organizations all appear to want the role of the relative to be clearly defined in regard to what relationship to expect between the relative and the public eldercare, presenting this as the solution to the frustrations and conflicts resulting from the above uncertainty.[18] In 2017 a large number of interest organizations and unions in the health and eldercare sector sent an open letter to the minister for health, encouraging her to collaborate with the minister for social affairs and the minister for the aged to develop a national action plan to ensure '*a clear allocation of responsibility*' between relatives and care workers across local institutions and councils.[19]

Thus, the role of the relative is a subject of dispute and uncertainty in the public debate, and a common call has been made for a clearly defined relative role, including a clear definition of what relationship to expect between relatives and public eldercare. Establishing such a definition is expected to generate the certainty necessary to solve the conflicts and frustrations experienced by both care workers and relatives in their collaboration. This public debate sparked my interest in the role of the relative in the eldercare setting, and in the uncertainty characterizing the role. However, factors other than this debate have also spurred my research interest.

In the early 2010s I spent many hours over the course of a two-year period interviewing and observing care workers and local managers from more than 15 nursing homes and homecare units in the municipalities of Skanderborg and Hedensted and politicians and local council directors in the same two municipalities. This amounted to more than 40 interviews and over

[18] Danske patienter 2017: 9; Defactum 2016; FOA 2017; Navne & Wiuff 2011: 5-6; ViBIS 2015: 4-5, 14-16; Ældre Sagen 2016: 3-4; https://danskepatienter.dk/politik/temaer/paaroerende/danske-patienters-politiske-indspil https://danskepatienter.dk/politik/temaer/paaroerende/paaroerendeinddragelse https://www.dr.dk/nyheder/indland/plejehjemspersonale-aeldre-svigtes-af-familien, https://www.fagbladetfoa.dk/Artikler/2017/06/13/Klare-rammer-mindsker-konflikter https://dsr.dk/sygeplejersken/arkiv/sy-nr-2003-23/naar-paaroerende-saboterer https://www.aeldresagen.dk/presse/maerkesager/paaroerende,

[19] https://danskepatienter.dk/files/media/Publikationer%20%20Egne/A_Danske%20Patienter/C_Breve/anbefaling_ellen_trane_noerby.pdf

70 hours of observation studies, all of which were taped and transcribed. Including this material in the thesis proved too ambitious, but it was from these encounters that my research interest in the construction of a relative role sprang. During my time in Hedensted and Skanderborg, I noticed how local practitioners described a broad range of different and often internally inconsistent expectations about relatives, assigning them different roles in different situations, including as a resource, a visitor, a spokesperson, a financial advisor, a guardian and an a critic. I also noticed how the local practitioners displayed a broad range of disappointments and conflicts stemming from these many roles. They described, for example, how relatives often misunderstood their role as a spokesperson and took it to mean that they could demand whatever standard of care they deemed reasonable regardless of municipal service levels and quality standards. Or how some relatives misunderstood the visitor role, considering themselves as visitors not of their family members but of the institution and the care workers, thus expecting the care workers to treat both them and their elderly family members.

What is more, when the care workers, managers and politicians discussed their desires, visions and ambitions for the future of eldercare, one theme stood out: co-creation. They described the way forward as one of an eldercare collaboration between care workers, elderly citizens and their relatives, the local communities and voluntary organizations – in other words, a collaboration where everyone was a partner in the common task of providing eldercare. This was also the solution managers and care workers presented to me when asked directly about their suggestions for resolving the role confusion they had described and the conflicts and disappointments they experienced with this role confusion. In their eyes they needed to partner up with relatives and make them see that eldercare was no longer a matter of allocating tasks between care workers and relatives, but rather one of bringing relatives and care workers together to create bigger and better eldercare. The managers and care workers also described their experience as being that relatives had yet to grasp, they had become a collaborative partner, and how this misunderstanding on relatives' part was the primary cause of the frustrations, confusion and conflicts in the relationship with relatives.

I was fortunate enough to be welcomed into these reflections of the care workers and managers. The introduction they gave me to this role confusion and role uncertainty and their idealization of a partner role, which I also came to recognize in the public debate, spurred my research

interest in the role of the relative in the eldercare setting. A research interest I have framed in the following question:

How has the role of the relative been constructed in Danish eldercare policy since the 1930s, and how has the role both reduced and produced uncertainty about what to expect from the relative?

In the thesis I answer this research question by using a systems-theoretical historical study of Danish eldercare policy going back to the 1930s and focusing on the changing roles constructed for the relative over time as the function of public eldercare changes, as well as on how the role over time has both reduced and produced uncertainty as to what to expect of the relative.

The eldercare literature has already provided some important insights into such a research interest. Below I roughly sketch out my inspiration from eldercare literature and introduce my engagements with debates connected with the field. I cover these aspects of the thesis more thoroughly in Chapter 2.

Notably, the eldercare literature characterizes the role of the relative as burdensome, invisible, uncertain, complex and poorly described, and as lacking formal recognition and definition. As in the public debate, these features are addressed in the literature as causing conflicts and confusion between care workers and relatives.[20] As such, one part of the literature calls for further research into what constitutes the role of the relative in Scandinavia, while another branch quite clearly demonstrates how the relationship between public eldercare and relatives in Scandinavia is characterized by a complementarity whereby the relative is only expected to play a marginal role that only complements public eldercare.[21] Moreover, yet another branch of literature has presented a large number of case studies conducted in recent decades in Scandinavia, and these show how relatives and care workers experience the relative as performing roles as wide-ranging as a resource, an obstructer, a hidden patient, a visitor, a guardian and advocate, a source of information and source of continuity, and a relationship

[20] Baumbusch & Phinney 2014; Blindheim et al. 2012; Davies & Nolan 2004; Sandberg et al. 2002; Twigg 1989; Wallerstedt et al. 2018; Whitaker 2009.
[21] Bosang 2009; Daatland 1994, 2001; Jegermalm & Sundström 2015: 185-186; Kröger 2005: 247-250, 251-252, 145-255; Motel-Klingebiel et al. 2005; Rostgaard & Szebehely 2012; Sand 2005: 213, 229-230; Szebehely 2005: 15; Lewinter 2005.

builder.[22] These studies combined provide a comprehensive and detailed picture of what appears to be more than merely a marginal, complementary role.

Although the last branch of literature in particular provides important insights into perceptions of the role of the relative and also into the changing expectations about this role as changes occur in the individual situations and conditions of elderly citizens and their relatives, the literature leaves some central questions unanswered. Specifically, the studies published do not establish whether the roles have always been the same, what roles preceded them or whether the identified roles prevail – that is, whether the roles have developed over time in terms of not only the individual elderly citizen's and relative's changing situations and conditions, but also changes in eldercare policy. In essence the literature provides no answer concerning the connection between the role of the relative and progressive changes in the very definition of what societal problems public eldercare is expected to solve and by use of what means. As I elucidate in Chapter 3, I refer to such changes in the understanding of the problems and solutions around which public eldercare is centred as changes in the function of public eldercare. As such, I frame my research interest as an interest in the unanswered question concerning how the role of the relative is constructed with the changing functions of public eldercare. In other words, I am interested in how the story of the relative in particular is also a story of eldercare policy in general.

I consider such questions about the context of the role construction to be relevant, as a pervasive conclusion found in another branch of eldercare literature concerned with care worker and care user roles is that such roles are not static, but indeed change with changes in eldercare policy, and that changes in the roles are observable as changes in the relationship between these two roles.[23] Such demonstrations of non-static, contingent roles, changing as the functions and relationships of public eldercare change leads one to wonder whether the picture of the role of the relative provided in the existing literature has not also similarly changed over time. A hunch that a historical branch of eldercare literature also supports, its diagnosing the history of Danish eldercare as developing from being family-centred, then state-centred and ultimately re-

[22] Baumbusch & Phinney 2014; Blindheim et al. 2012; Davies & Nolan 2004, 2006; Ekstedt et al. 2014; Ekström et al. 2019; Emmett et al. 2014; Hertzberg et al. 2003; Holmgren et al. 2013; Lindhardt et al. 2006; Ramvi & Ueland 2019; Rognstad et al. 2015; Ryan & Scullion 2000; Sanberg et al. 2001, 2002; Söderberg et al. 2012; Wallerstedt et al. 2018; Whitaker 2009.
[23] Højlund 2004: 190, 193-196; Højlund 2005: 124-125; Højlund 2006, 2009, 2012, 2014; la Cour & Højlund 2001; Højlund & Knudsen 2008: 263-264, 269; Lewinter 2003; Rostgaard 2006, 2011, 2015; Vabø 2006; Wamstad 2016.

familiarized, with the relative being re-assigned a larger role in eldercare.[24] With such developments and changing relationships between public eldercare and the relative, I consider how the relative must have been expected to play quite different roles in the different periods.

Finally, a central conclusion of the eldercare literature on the role of the relative is that the conflicts and frustrations arising from the uncertainty and complexity surrounding what to expect of the relative can be solved if one particular role of the relative is defined: that of a partner.[25] Like the politicians and practitioners from Hedensted and Skanderborg, the literature considers the future of eldercare and the solution to uncertainty and conflicts to be tied to the construction of the relative as a partner.

As such, I identify central debates and findings in the eldercare literature in which I situate my thesis, but I am equally left with unanswered and even new questions. I am still curious as to whether the relative today has roles in Danish eldercare policy across settings and specific conditions and situations. How have such roles changed over time with the changing functions of public eldercare? And, not least, how have such roles in general – and a partner role in particular – reduced and produced uncertainty as to what to expect of the relative?

I will thus pursue the role of the relative as it has been constructed in Danish eldercare policy. I provide a historical analysis that comprehensively demonstrates over a 90-year period how changes in Danish eldercare policy's construction of the role of the relative is connected to changing expectations about public eldercare, and argue that the role of the relative over time has variously both reduced and produced uncertainty about expectations for the relative.

1. Conditioning the Thesis

The following pages introduces the basis on which I answer the questions raised in the thesis. I establish the overall framework in which to read the thesis, and roughly present what can and cannot be expected of the thesis and the answers it offers, leaving though the closer details to Chapter 3 on my analytical strategy.

[24] Daatland 1994; Ervik 2019; Jensen and Møberg 2015; Ringmose and Hansen 2005; Stoltenborg 2002.
[25] Almberg et al. 1997: 109, 115; Almberg et al. 1997b; Andershed & Tennestedt 2001; Davies & Nolan 2004, 2006; Eika et al. 2013; Ekstedt et al. 2014: 464; Erlingsson et al. 2012: 640, 650-651; Hansen & Sommerseth 2014; Häggström & Kihlgren 2007: 691, 694; Haggstrom et al. 2007; Herzberg & Ekman 2001; Hertzberg et al. 2003; Janlöv et al. 2006; Jacobsen m.fl. 2017: 1, 2, 9; Jansson et al. 2001: 805, 811; Lethin et al. 2015; Lindhardt et al. 2006; Munck et al. 2008: 579; Rognstad et al. 2015; Sand 2005: 218-219; Sanberg et al. 2001; Wallerstedt et al. 2018.

First of all, it should be noted that *I study the relative as a role* constructed in eldercare policy. This makes the object of my study the expectations for the relative, as such expectations are presented in policy documents. More specifically, my object of study is eldercare communication, not relatives in the sense of the physical human beings related to elderly citizens aged over 65. Theoretically, I approach the role of the relative on the basis of the German sociologist Niklas Luhmann's systems theory, which is also why I focus on communication rather than human beings. I elucidate this decision in Chapter 3, but for now I will simply state that what I claim to know something about are the expectations for the relative that eldercare policy has generalized and stabilized into roles thereby made available to future eldercare communication.

Also, I will draw attention to how *I study the relative in Danish eldercare policy*. My focus is on how the role of the relative has been constructed in Danish eldercare policy, as such policy has been constructed in written documents from the national government bodies concerned with eldercare and from Local Government Denmark (LGDK), a national association of local councils central to the development of eldercare policy in Denmark. These are the organizations from which stem eldercare-related decisions that are politically, administratively and legally binding to all other Danish eldercare institutions and organizations. Using Luhmann's systems theory, I refer to such decisions as programs intended to set the premises of all further decision communication on public eldercare. I thus approach eldercare communication as a web of eldercare-related decisions that cover the spectrum from local eldercare interactions between an elderly citizen and a care worker, to local eldercare organizations such as homecare units, to the programmatic level on which I focus. This focus means that I do not pursue whether the roles I identify function as premises for further eldercare communication as this emerges in local eldercare organizations and institutions and care interactions, as such a pursuit is outside the scope of the thesis. I delve further into this focus, especially how using this approach limits the conclusion, in Chapter 3.

Another main focus in the thesis concerns *how the role of the relative both reduces and produces uncertainty* about what to expect of the relative. As described, both the public debate and the eldercare literature operate on an assumption that the conflicts and frustrations experienced by both care workers and relatives in their relationship and collaboration can be solved through a clear definition of a relative role. The role as a partner is particularly expected

to hold this promise. Rather than merely confirming such expectations, however, I ask whether the roles I identify over time have reduced or produced uncertainty about what to expect of the relative, a quest I also approach by using Luhmann's systems theory, which defines a role as condensed generalized expectations held available for further communication.[26] Such expectations establish the premises of further communication on the role, which is to say that roles reduce uncertainty about what to expect by limiting what can be expected – when a person enters a role as a relative, less can be expected of that person.[27] According to systems theory, however, roles reduce uncertainty, but with this reduction, uncertainty is also produced in various ways.[28] Recent systems-theoretical analytics have even shown the theory useful in studying how organizations today may even strive for uncertainty instead of certainty.[29] In Chapter 3 I elucidate how I have used systems theory to pursue my research interest in both the potential certainty and uncertainty generated with roles of the relative. Here, however, I would like to emphasize that because my point of observation is the level of decision programs, what I can show is how contingency as to what to expect of the relative is both closed and opened with eldercare policy's role construction. The policy both decides on decision premises – thus closing contingency of what to expect of the relative – and the policy leaves open such contingency as well as generates new forms of open contingency. In the latter case I point out how uncertainty about what to expect of the relative is being postponed to be decided in the local eldercare communication. However, whether the local eldercare communication is constituted by such uncertainty when connecting to the roles is outside the scope of the thesis.

My focus on *the role of the relative as constructed in the context of specific functions and relations of public eldercare* also needs some explaining. I go into how and why I have chosen this approach at length in Chapter 3. Most notably, however, when I refer to the function of public eldercare, I use Luhmann's concept of function, which is defined as the unity of the distinction between problem and solution.[30] In brief, this means that I study the problems of public eldercare constructed in eldercare policy, and the solutions that this policy constructs to these problems as well as how the role of the relative is constructed as a function of this distinction. As already mentioned, the eldercare literature has in many ways demonstrated how,

[26] Højlund 2014: 156; Luhmann 2000: 151; Luhmann 2002: 124; Luhmann 2013: 142-143.
[27] Andersen & Pors 2017: 88; Højlund 2014: 156; Luhmann 2000: 151; Luhmann 2002: 124; Luhmann 2013: 142-143; Nassehi 2005: 185.
[28] Baecker 2003; Knudsen 2004: 97-98; Knudsen 2005, 2014: 27; Luhmann 2005b; 2013: 146-148.
[29] Andersen 2006, 2012; Andersen & Pors 2014: 166; Pors and Andersen 2015: 338.
[30] Knudsen 2010, 2014: 21.

to fully capture the complexity of roles in care and be sensitive to their changing character, one must pay attention to the changes that roles of care undergo with the changing functions and relationships of public eldercare, and must study the roles not as decoupled from such overall eldercare developments, but precisely as co-constructed. This is what I aim to do with this longitudinal study of the role of the relative, as it, to the best of my knowledge, has not been done so far.

With this aim in mind, I have constructed an analytical strategy that will allow me to study the role of the relative as indeed a function of public eldercare – as serving a specific function in public eldercare that changes with changing constructions of this function. This also entails a study of how the expectations for the role of the relative are set as expectations for what role the relative is expected to play in relation to public eldercare – that is, a study of the expectations for the role as constructed with specific expectations also concerning the relationship between the relative and public eldercare.

Importantly, this additionally means that when I talk about the relationship of public eldercare, I am only referring to the relationship between the relative and public eldercare not to any relationships between, say, the relative and its elderly family members or between those family members and care workers. Moreover, I am not studying any relationships, per se, as they are 'out there'. I study the expectations for how the relationship is to be, as such expectations can be observed in eldercare policy's construction of changing roles for the relative. Equally important, I expect no causality between function, role and relationship. I make no assumptions about how one is constructed first and then affects the others. Rather, I explicitly focus on how the role is constructed in eldercare policy as changing functions and relationships of eldercare are constructed. Since my focus is on the role of the relative, I cannot do justice to the full complexity of the changing relationships or functions of eldercare, but only include these to the extent that they serve to tell the story of the role of the relative, a matter I also discuss in further detail in Chapter 3.

Also, it is important to note, that *I focus on the period from 1930 to 2020*. Therefore, I can provide an answer to how the role of the relative has been constructed over the last 90 years but cannot speak to how the role was before 1930. There are several reasons why I start my study in the 1930s, all of which I discuss in great detail in Chapter 3. Most importantly, however, I have not made the 1930s a starting point because the relative first appeared as a figure in

eldercare at that time, for the relative has always been a figure in eldercare, and according to the historical studies of eldercare was even a much more central figure in eldercare before the 1930s. As the thesis will show, though, I have found that from the 1930s onwards one can identify the relative as a role in eldercare policy that condenses stabilized generalized expectations for the relative.

Finally, *I focus on the relative in the setting of Danish eldercare*. This setting involves a rising number of elderly citizens in a universal, tax-financed eldercare system. In 2016 the Danish population of people over 65 was 1,075,000, and is expected to have increased to more than 1,250,000 in 2025.[31] Accordingly, the Danish population is projected to increase by 279,000 people, or 4.8 per cent, from 2018 to 2028, with the largest growing demographic being elderly people – that is, the population aged 80+ alone is expected to increase by 150,000, or 58 per cent.[32]

Denmark provides a universal, tax-financed old-age pension, *Folkepension*, to all elderly citizens aged over 65.5 years and who have lived in Denmark for at least 40 years since the age of 15.[33] The pension consists of a universal basic amount with personal supplements, and personal individual extra payments are optional.[34] The public sector assesses, organizes and finances eldercare, as well as provides most care services. These include homecare, home nursing, care at nursing homes and nursing home facilities and food services, as well as training and rehabilitation. The services are universal, tax-financed and free of charge, except for the food service and some user financing of temporary services. Additional services can also be purchased from private for-profit eldercare providers. Homecare consists of practical and personal care. Care at nursing homes consists of accommodation, personal care, practical assistance as well as recreational activities and physical training. The latter is also often open to non-residents.[35] In 2017, 74,209 people lived in nursing homes and assisted living facilities,[36] of whom 41,000, equivalent to 3.5 per cent of the 65+ population, were living at traditional nursing homes.[37] In 2018, 122,500, or 10.3 per cent of the elderly population, were provided

[31] Sundheds- og Ældreministeriet 2018b: 5.
[32] Danmarks Statistik: 2018.
[33] These factors increase depending on date of birth. I.e. the age is currently 66 for citizens born later than july 1954.
[34] Hansen & Verdung 2005: 24, 80.
[35] Bertelsen & Rostgaard 2013, Hansen & Verdung 2005, Jensen & Møberg 2015; Rostgaard 2002, 2012; Rostgaard & Szebehely 2012.
[36] Danmarks Statistik 2018b.
[37] Sundheds- og Ældreministeriet 2016b.

with homecare.[38] This figure remained close to stable between 2015 and 2018, but the total hours of homecare provided decreased from 542,500 in 2015 to 498,600 in 2018, corresponding to an average decrease in the allocated weekly hours of homecare per person from 3.7 in 2015 to 3.4 in 2018.[39] The services are organized locally in the nation's 98 local councils, which assess, organize and finance the care. The local councils also determine the service level, adhering to certain uniform minimum standards set by the national government but also with significant latitude to account for local differences. A range of local public institutions and organizations under the local councils provide the greater part of the care, but private for-profit providers can also provide eldercare services in agreement with the councils.[40]

This particular eldercare setting is the context of the thesis. My findings with regard to the role of the relative in this setting may have relevance in other areas of the welfare state as well, but any such conclusions are beyond the scope of this thesis. Likewise, my findings could have a bearing on how to understand developments in eldercare outside Denmark as well. The insights gained from Scandinavian studies have proved highly relevant in informing my study, and the various Scandinavian eldercare systems are often described as being alike.[41] I therefore ponder whether my findings might have some relevance across Scandinavia, but, again, this is a question also beyond the scope of this thesis to address.

I have chosen to focus on the relative in the Danish eldercare setting, as this is highly problematized in both research and practice, with several important questions still left unanswered. Importantly, I have not chosen eldercare because it is the only area where the role of the relative is a current subject of public or scientific debate or because I know it to be the area experiencing the most problems with the relative, or even because I expect the area offers an exemplary learning ground. Indeed, I have chosen the area of eldercare precisely because Danish eldercare differs from other welfare areas when it comes to the role of the relative. Elderly citizens and relatives do not have the same legal obligations binding them as those seen for instance in childcare and psychiatry in Denmark. What is more, as the heaviest and most rapidly expanding area of public welfare services in Denmark, eldercare impacts the Danish

[38] Danmarks Statistik 2019.
[39] Danmarks Statistik 2019.
[40] Bertelsen & Rostgaard 2013; Rostgaard 2012: 247-248; Stoltenborg 2002; Hansen & Verdung 2005: 24, 76, 80, 95-102.
[41] Anttonen & Sipilä 1996; Esping-Andersen 1999, 2015; Esping- Andersen & Korpi 1986; Daly & Lewis 2000: 289; Daatland 2005; Jensen 2008; Kröger 2011; Martens 2018; Ringmose & Hansen 2005: 6; Rostgaard 2002, 2012; Rostgaard & Szebehely 2012: 101-102; Sand 2005: 197; Suanet et al. 2012: 492; Szebehely 2005: 13, 21; Trydegård 2005: 143.

public economy in general. For these reasons, I find it to be a significant area in which to understand current developments.

2. Chapter Overview

This thesis thus tells the story of how from the 1930s onwards the role of the relative in Danish eldercare policy has been constructed in changing ways as the functions and relationships of public eldercare have changed, both reducing and producing uncertainty about what to expect of the relative. It is a story of multiplicity and uncertainty culminating with unlimited uncertainty, and a story of how the number of roles constructed for the relative has expanded from two to seven over the course of 90 years and then ultimately contracted into a single role, that of a partner. It is also a story of how this partner role generates an unlimited uncertainty about who can be expected to act as a relative, how and when, and even uncertainty as to when such expectations are decided. Such a story has not been told before and when I tell it I deliberately touch on several debates in eldercare research, thus offering supplementary insights, proposing new questions to be raised in the debates and even problematizing some of the diagnoses and suggesting new ways to move the debates forward. In the remaining pages of this introduction, I present the chapters of the thesis.

This chapter 1, *'Introducing the Story of the Relative'* has served to describe and motivate the research interest I pursue in the thesis and to attune the reader to its ambitions and the answers it seeks to provide. In this introduction I have touched on many questions not fully answered until the next two chapters, but have nevertheless presented my reasons for engaging in a systems-theoretically inspired longitudinal study of the role of the relative in Danish eldercare policy as one that changes with the changing functions of public eldercare. For the remainder of this introduction I present the role each chapter plays in the overall thesis, that is, how each chapter contributes to answering the research question.

Chapter 2, *'Situating the Story of the Relative in the Eldercare Literature'* serves to situate my research interest in the academic field of eldercare research. The chapter seeks to demonstrate how, although my research interest departs from a public debate and from my early encounters with eldercare practitioners, many of my choices regarding my approach to this interest are based on findings in the existing literature. I present how I situate the thesis in five themes and debates found in the eldercare literature.

First, I situate the thesis in a historical branch of eldercare literature that has diagnosed the development in Scandinavian eldercare as going from family-centred eldercare, to state-centred eldercare and then on to a re-familiarization. I end my encounter with this branch of literature by proposing that the development story be reframed as ending not with re-familiarization but with a partnership. *Second,* I present my inspiration from how the eldercare literature has demonstrated other roles in care to be non-static, complex, hybrid and changing with changes in eldercare policy. While proposing the thesis as a third and so far missing piece in the picture of roles in eldercare, I also propose that my findings concerning an uncertainty-producing partner role for the relative in recent eldercare policy constitutes a call for further research into current changes in the roles of the care worker and care user as well. *Third,* I present how the existing studies of the roles of the relative in eldercare inspired me to look for the co-existence of more than one role, as manifold roles of the relative are already identified in the existing literature. However, I also cover how the questions left unanswered in this literature especially induced me to focus on Denmark, on the level of overall eldercare policy and on the historical developments in the role. *Fourth,* I problematize the conclusion in the field that a partner role promises to both ease the burdens experienced by the relative and solve the frustration, confusion and conflicts that arise between the relative and care workers, thus offering the insight that the partner role as constructed in Danish public eldercare policy today produces unlimited uncertainty. *Finally,* I address the literature's conceptualization of the relationship between informal family caregiving and public eldercare in terms of substitution and complementarity. Notably, I propose that the current partner role of Danish eldercare policy challenges the current explanatory power of such a conceptualization.

Chapter 3, *'Turning the Relative into an Object of Study'* serves to present the analytical strategy I have constructed to study the relative as a role in Danish eldercare policy and as such as a role that changes with the changing functions and relationships of public eldercare, and to study how such a role reduces and produces uncertainty about what to expect of the relative. In other words, I explain what theory and empirical data I have used to turn the relative into an object of study. I further explain and motivate how and why I use Luhmann's systems theory to answer my research question. As such, the chapter provides insights into the many assumptions and choices on which the study rests, and in so doing the chapter also presents what my approach allows me to observe and what implications my analytical strategy has for the conclusions I am able to make. I also present the empirical material of the thesis and the methods used to source

the material and thus explain how I have constructed the eldercare policy as a point of observation from which I can observe the role of the relative and, again, present the implications of these choices for my conclusions. The chapter concludes with my introduction of the analysis that follows.

Chapter 4, *'The Double Waning of the Relative'* is the first analytical chapter of the thesis covering the period from 1930 to 1969. The chapter demonstrates how the relative emerges as a role in the eldercare policy of the 1930s, and how throughout the period only two roles are constructed for the relative: the waning caregiver and a care worker employer, both of which are constructed with the function of public eldercare as being a substitute for the waning relative. The chapter shows the period to be one where open contingency is maintained, as only the two roles are constructed, and importantly as most decisions on what to expect of the relative in these two roles are postponed to the local eldercare communication. Notably, the decision on whether public eldercare is to substitute for the relative is left to the relative. A salient characteristic is also shown to be how uncertainty about what to expect of the relative is less reduced with expectations condensed into the roles of the relative than with expectations generated for the role of public eldercare in substituting for the waning relative.

Chapter 5, *'The Third Waning of the Relative'* is the second analytical chapter covering the 1970s. The analysis demonstrates how the role as a care worker employer only lasted for that first 40-year period but the role of the waning caregiver continues into the 1970s, where it is accompanied by three new roles: a burdened caregiver, an unqualified caregiver and a co-receiver of services. All four roles are constructed with the construction of the public eldercare function as providing public total eldercare to substitute for the waning, burdened and unqualified relative. This also shows how the role as a waning caregiver changes even though it continues into this period, as it now condenses expectations of how the waning is good. As such, the analysis here demonstrates how the four roles reduce uncertainty, most saliently how uncertainty is still mainly reduced by the generation of expectations of how public eldercare is to substitute for the relative, rather than by the construction of expectations for the relative. Accordingly, I show how the relative's roles carry expectations for how the relationship between public eldercare and the relative remains one of substitution, but how a relationship of care also emerges between the two. Notably, I demonstrate a change in the substitution

relationship, as whether public eldercare is to substitute for the relative is now a decision expected to be made by local eldercare institutions and organizations, not the relative.

As the third analytical chapter, chapter 6, *'The Multiple Relative'* covers the period from 1980 to 1994. The analysis in this chapter demonstrates how the roles constructed for the relative in this period multiply. Seven distinct roles are constructed for the relative. Besides the roles as waning caregiver and co-receiver of services familiar from the previous period, the additional roles constructed include those of opponent, proxy, social caregiver, source of information and source of continuity. Notably the latter four roles are demonstrated to be what I frame as ideal roles – roles the eldercare policy of the period desires to be enacted so the function of public eldercare can be fulfilled. All these roles are constructed with a new function of public eldercare, where public eldercare is now expected to solve the problems of public total eldercare – which was the solution to the problems of the previous period – by enacting three new principles of public eldercare: the use of ones' own resources and competencies, continuity and self-determination. The chapter demonstrates how the roles of the period reduce uncertainty by condensing a range of stabilized generalized expectations into the who, what and when of the relative and by constructing the relationship between the public sector and the relative as one of complementarity, but also still of care and, now, for the first time, also of conflict. The analysis further demonstrates how the opponent role and conflict relationship function as a way of stabilizing expectations of failed expectations for the ideal roles, thus reducing uncertainty about how to continue communication in the case of failed expectations. However, the seven roles are also shown to generate uncertainty because an open contingency emerges as to which of the roles to connect to with further eldercare communication. As such, uncertainty is postponed to the local eldercare communication with regard to which role to address the relative in and which relationships to expect, as well as to which expectations to connect to with some of the roles that have now condensed different expectations over time.

Chapter 7, *'The Standardized Relative'* presents the fourth analysis, covering the period from 1995 to 2009. This analysis shows how five roles are constructed for the relative in this period. The roles as a source of information and source of continuity, waning caregiver and social caregiver vanish from the eldercare policy of this period, the role as a proxy continues, and alongside the proxy role, a role as a co-responsible other is constructed. This role drags along the role as a co-receiver, familiar from the previous period, and the role of a burdened caregiver,

familiar from the 1970s. The fifth role is that of an opponent, also familiar from the previous periods. The analysis demonstrates how new expectations are stabilized in all of these roles familiar from previous periods, as the roles are now constructed as part of a relationship between public eldercare and the relative where for the first time the relative is now the one expected to substitute for public eldercare. With the five roles, four relationships are constructed between public eldercare and the relative: a substitution relationship, care relationship and conflict relationship familiar from the previous period, and now also a relationship characterized by complementarity. Notably, the proxy role and the role as a co-responsible other are proven to be ideal roles. They are roles constructed as imperative to the function of public eldercare. The opponent role is shown to be constructed as the opposite of the two ideal roles, serving to reduce uncertainty about how to continue communication in the case of failed expectations. The five roles are shown to reduce uncertainty as they stabilize expectations for the relative, but simultaneously generate uncertainty about which role to connect to in further eldercare communication, but also about which expectations to connect to with roles that once carried different expectations in other periods. Notably, as a characteristic feature of the 1995-2009 period is that this uncertainty as to which role to connect to with further eldercare communication is shown to be absorbed through management tools. The tools thus function as role-uncertainty-absorbing-machines. As such, the chapter also demonstrates how the eldercare policy of the time closes contingency by use of management tools that do not postpone any decisions about what to expect of the proxy or co-responsible other and when to be decided in the local eldercare communication.

Chapter 8, *'The Partner'* provides the fifth and final analysis of the thesis, covering the period from 2010 to 2020. The analysis shows how one role is constructed for the relative in this period: that of a partner. The partner role is constructed with a new function of public eldercare in which the problems of bureaucracy and inefficiency stemming from the standardized public eldercare of the previous period are to be solved through the introduction of the principle of dignity. The partner role is shown to generate unlimited uncertainty, as it upholds the uncertainty about who can be expected to act as a relative, how and when, and even upholds uncertainty about when the decision about these expectations has been made. Moreover, the partner role is shown to connect to expectations familiar from the roles of social caregiver, source of information and source of continuity, proxy, burdened caregiver and co-receiver, all familiar from previous periods, but these roles are demonstrably no longer expectations limiting

what can be expected of the relative but are merely suggestions about what to expect. As such, the relationship between the relative and the public eldercare becomes one of partnership and as such, expectations for the relationship are also kept open.

Chapter 9, *'A Story About Certainty of Uncertainty'* is the final and concluding chapter of the thesis. It serves to extract the main findings from the five analytical chapters and tell the collected story of the relative in Danish eldercare policy of the last 90 years. The chapter summarizes how Danish eldercare policy has constructed roles for the relative with the changing functions and relations of public eldercare from the 1930s onwards. It further summarizes how in the course of this time roles have been added to roles, thus amounting to a multiplicity of roles and relationships, especially from the 1980s to the 2010s. This development generated both more certainty about what to expect of the relative, but also more uncertainty. I draw the conclusion that the one relative role constructed in the last decade – that of a partner – generates unlimited uncertainty. In this chapter I also engage in a debate with the five findings and diagnoses of eldercare research set out in Chapter 2. Besides demonstrating the relatives' roles in eldercare to be less uniform and stable than one reviewing the literature might come to assume, I use my findings on the last decade's partner role to make four proposals for moving eldercare research forward. For one, scholars can reframe the diagnosis of the historical studies of eldercare in Denmark as being a development going from a family-centred to state-centred eldercare and then to partnership-based eldercare. Such a reframing allows for a sensitivity to what is new in the role and the relationship. Second, research on the care user and care worker role can again be performed with a focus on whether these roles are also constructed anew in the gaze of the partnership of dignified eldercare. Third, instead of idealizing the partner role as the solution to the problems and conflicts arising from uncertainty and frustrations about what to expect of the relative, scholars can look at what the partner role does, including what the implications of the unlimited uncertainty it generates are for care workers, elderly citizens and relatives. Finally, scholars can further investigate what the partnership does to their conceptualization of the relationship between public eldercare and the relative as being one of substitution and complementarity, and look into how this conceptualization can be developed in light of the partner role and the partnership relationship. Finally, I conclude the chapter by roughly sketching out some implications of the uncertainty produced with the partner role for both the public sector and the relative, also pointing to new relevant questions to be asked in eldercare research in future.

Chapter 2) Situating the Story of the Relative in Eldercare Literature

1. Introduction

As presented in the previous chapter, the eldercare literature, often termed caring science or care research, offers relevant findings and debates on the role of the relative. This literature has already covered much ground: it has 1) demonstrated the role of the relative as being a complex multifaceted role; 2) indicated the role to be non-stable and contingent, its changing with the changing functions and relationships of eldercare; 3) described the role as currently being marginal and complementary to that of public eldercare but moving nevertheless towards becoming a larger role in a re-familiarized public eldercare; 3) comprehensively described the uncertainty and confusion characterizing the role and the conflicts and frustrations these states cause in the relationship between relatives and care workers; and 4) presented a partner role as the solution to such uncertainty and conflicts. This briefly sums up the findings and debates in which I situate the thesis and on which I hope to make a mark.

While eldercare is a diverse research field applying multifarious approaches rooted in disciplines spanning from gerontology to social science, my research is far more narrowly focused on the role of the relative in eldercare. As such, I will not be providing an exhaustive review of eldercare research in its entirety, but only examining the parts offering insights into the role of the relative. I therefore start the chapter with a presentation of how I construct a focused and relevant academic context for the thesis by delimiting the literature I choose to engage with. This presentation includes a motivation for why I refrain from addressing large areas of the eldercare literature as well as two bordering academic fields of relevance to the thesis.

Afterwards, the chapter is structured around five points of engagement, which I construct with five central branches of eldercare literature.

My first point of engagement is with the literature on historical developments in Danish eldercare. I present this literature as a relevant context in which to situate my historical study of the role of the relative and motivate my engagement with the literature's diagnosis of the

history of Danish eldercare as being characterized by a development from family-centred eldercare to state-centred eldercare and then on to a re-familiarization of eldercare, where the relative is re-assigned a larger care role.

Second, I present how the thesis is informed by the literature concerning the roles of the care worker and the care user, especially by the findings of how such other roles in care are non-stable, complex and changing with changes in the functions and relationships of public eldercare. I situate the thesis as a – so far – missing third piece in the picture of roles in eldercare, a piece that poses new questions to the care worker and care user literature.

Third, I engage with the literature identifying roles of the relative. Specifically, the literature finds a multitude of at times opposing roles and no consensus amongst care workers and relatives as to the precise nature of these roles, a situation that indeed causes uncertainty, confusion and conflicts amongst relatives and care workers. Against this background, I present how the insights provided by this field of literature, but especially the answers not provided, have informed the thesis.

Fourth, I engage with another central conclusion of the literature on the role of the relative, one related to the third point, namely that the solution to the uncertainty, confusion and conflict surrounding the role of the relative is the construction of the relative as a partner to the care worker. This conclusion resembles the understandings I have also found in the public debate and in my preliminary observation studies and interviews and has therefore been a main motivator for my study. However, I also come to question such idealization of a partner role.

My fifth and final point of engagement also stems from the literature on the role of the relative in eldercare, but in this case the branch of literature concerned with the theme of how responsibility and tasks are allocated between formal public eldercare and informal family caregiving. I present how my interest in the role of the relative in the context of changing relationships between the relative and the public eldercare was spurred by the literature's findings that in Scandinavian countries the relative can be expected to play only a marginal, complementary role, but that a development is underway that may leave the relative with a larger role. I also present my engagement with the conceptualization used in the literature, proposing that the explanatory power of conceptualizing substitution and complementarity be reviewed.

2. Marking the Field of Engagement

Research in eldercare is diverse in character, theme and methodology. Eldercare is the object of several subdisciplines, such as nursing, gerontology, palliative care, ethics of care, welfare regime studies, healthcare and dementia, to name a few, and all of these comprise interests in the medical, historical, economic and social aspects of caring for elderly citizens. Reviewing this literature, I have focused on caregiving roles in eldercare in a Scandinavian context, and especially on the role of the relative.

This focus has two implications. First, I cannot start to do justice to huge parts of the many research fields participating in the eldercare literature, but only open up those areas specifically concerned with caregiving roles. The other implication is that I only include studies focused exclusively on Denmark or other Scandinavian countries or cross-continental comparative studies if these include Scandinavian countries. I have chosen the Scandinavian context because it is a central conclusion of care research that the welfare state systems and eldercare policies of Scandinavian countries are comparable and have more similarities with those of each other than of other countries.[42] The Scandinavian countries are referred to in terms of 'public service states', 'universal welfare regimes' and 'Nordic welfare models'. They are characterized by de-familiarized welfare services with a well-developed and publicly financed universal eldercare of good quality, one available to all according to needs more than personal finances; and by a low responsibility on the part of families and the market and a high responsibility on that of the state.[43]

A current debate in the field of eldercare concerns whether a Nordic welfare model still exists across Scandinavia, or whether in recent times the countries' social policies have developed in such disparate directions that they now set different conditions for eldercare.[44] Regardless of this debate, I use the Scandinavian context without further addressing the matter, as studies of

[42] Anttonen & Sipilä 1996, Daly & Lewis 2000: 289; Daatland 2005; Esping-Andersen 1999, 2015; Kröger 2011; Martens 2018; Ringmose & Hansen 2005: 6; Rostgaard 2012; Rostgaard & Szebehely 2012: 101-102; Sand 2005: 197; Suanet et al. 2012: 492; Szebehely 2005: 13, 21; Trydegård 2005: 143.
[43] Antonnen & Sipilä 1996; Esping-Andersen 1999, 2015; Esping- Andersen & Korpi 1986; Jensen 2008.
[44] Andersen 2017; Häggström & Kihlgren 2007: 691; Hegli & Foss 2009: 23, 25; Kautto 1999; Kröger 2005: 253, 2011; Martens 2018; Moberg 2017; Rauch 2007; Rostgaard 2012; Rostgaard & Szebehely 2012: 101; Sand 2005: 230; Suanet et al. 2012: 501-502; Szebehely 2005: 22, 47-48; Szebehely & Meager 2018; Szebehely & Trydegård 2012; Trydegård 2012; Ullmanen & Szebehely 2015.

eldercare in Scandinavia continue to use Scandinavia as a context and source of comparison[45] – with one exception, however. As scholars recognize, only a few studies identify and theorize relative roles in the eldercare setting.[46] To compensate for this shortage of Scandinavian studies, I have included studies from outside Scandinavia as well. As eldercare outside Scandinavia often differs significantly from Danish eldercare, most such studies though ultimately proved irrelevant to the thesis, for which reason I only include a few non-Scandinavian studies.

Although fields other than eldercare research also provide relevant insights into the relative in the eldercare setting, I have chosen to engage with only the field of eldercare. Still, two other fields – kinship studies and co-creation studies – deserve some mention as to why I have omitted them.

Kinship studies develop and debate the concept of kinship and how the understanding of what constitutes kinship varies between countries, cultures and times. Recent studies have shown that the notion of kinship is currently changing with sexual emancipation and the ensuing new rainbow family patterns. Likewise, the studies have pointed out how societal developments like globalization as well as financial, social and environmental crises have led to migration and large-scale refugee flows identifiable as families living apart, separated by national borders and even continents.[47] All in all, these developments open up the question of who the relative is to both theoretical debate and empirical inquiry in a way also relevant to the endeavour to understand the full-scale problematics and potentials of the concept of the relative in recent eldercare. However, in this thesis I have not examined this academic debate. This decision may represent a missed opportunity to fully comprehend the expectations posed to who can enter the role as a relative, such expectations being of significant relevance in the increasing number of cases where no blood relative lives nearby. The interest of this thesis is, however, broader in scope than the social dimension of who can be expected to play the role of the relative, as the thesis is equally concerned with what can be expected of the relative and when and with the uncertainty generated with such roles as to what to expect of the relative. Hence, whereas kinship studies make for a relevant discussion partner in regard to the social dimension of the

[45] Daatland 1994, 2005: 53-54; Dahl 2000; Esping-Andersen 2015; Højlund 2009; Kröger 2005, 2011; Kuhnle 2019; la Cour & Højlund 2019; Rostgaard 2002, 2012; Rostgaard & Bertelsen 2015; Rostgaard & Szebehely 2012: 102-105; Sand 2005; Szebehely 2005: 30-49; Vabø 2012.
[46] As pointed out by i.e. Davies & Nolan 2004; Herzberg &Ekman 2001: 615; Lindhardt et al. 2006; Sand 2005; Sandberg et al. 2002; Whitaker 2009.
[47] See e.g. Franklin & Mackinnon 2002; Jallinoja & widmer; 2011; Pelets 1995; Riggs & Peel 2016.

role of the relative, they do not offer a field within which to situate the entirety of my research interest, for which reason I have chosen the five points of engagement with eldercare research instead.

I also leave unexplored the possibility of situating the thesis in the research on co-production, co-creation and co-management in public service provision that emerged in the 1980s[48] and today constitutes a growing field of academic debate,[49] here referred to as co-creation literature. This literature has shown co-creation to gain ground as a specific approach to service delivery, democracy and empowerment in various public service areas,[50] including studies of co-creation in the eldercare and healthcare settings.[51] A central theme running through this literature is the attempt to define the co-producers and the ensuing debate about who they are. In the early days of the field, co-creators were defined as the clients or users of the co-created public service.[52] Such definitions still prevail in recent academic literature, with the co-producers sometimes still identified as the clients, users and consumers,[53] but in recent debates the co-creator can also be seen as more broadly referred to as voluntary organizations, third-sector actors, stakeholders, and non-governmental partners.[54] Some scholars such as Pestoff (2012) have also pointed to how in enduring social services, such as eldercare, it is also relevant to consider family members and friends to the immediate beneficiaries of the services as co-creators of these services as well.[55] As I do not engage in a discussion with the co-creation literature, I have abstained from exploring the relative as such a distinct type of co-creator.

I have done so because I have found co-creation to be only a marginal theme in the empirical material of the thesis. In the initial interviews and observation studies performed at the outset of the PhD process, co-creation appeared as a central theme in the local councils and local eldercare institutions and organizations. However, in public eldercare policy in the form I have

[48] Brudney & England 1983; Ostrom et al. 1978; Parks et al. 1981; Whitaker 1980.
[49] Alford 2009; 2014; 2016; Alford & Freijser 2018; Bovaird 2007; Brandsen et al. 2012, 2018; Brandsen & Honningh 2018; Brandsen & Pestoff 2006; Ostrom 1996; Pestof 2018; Pestoff et al. 2006; Verschuere et al. 2012; Waller 2017.
[50] Alford 1998, 2009, 2014, 2016; Ansell & Gash 2007; Bovaird 2007; Brandsen et al. 2012; Brandsen & Pestoff 2006; Bryson et al. 2017; Eijk & Steen 2016; Loeffler & Bovaird 2018; Pestoff 2009, 2018; Wamstad 2012.
[51] For a review of scientific literature on co-production in healthcare see Palumbo 2016. See also Eijk & Steen 2016; Femke et. al. 2016; Freeman et al. 2016; Gábor 2018; Hawkins et al. 2017; Hemberg & Bergdahl 2020; Jaspers 2018; Kaehne et al. 2018; MacMullin & Needham 2018; Miles et al. 2018; Nederhand & van Meekerk 2018; Vennik et al. 2016; Vrangbæk et al. 2018; Væggemose et al. 2018; Willumsen et al. 2019.
[52] Ostrom et al. 1978; Parks et al. 1981.
[53] See i.e. Alford 1998; Alford 2014; Pestoff 2012; Wamstad 2012.
[54] See i.e. Alford 1998; Alford 2014; Ansell & Gash 2007; Bovaird 2007; Brandsen & Pestoff 2006; Brandsen et al. 2012; Pestoff et al. 2006; Van Eijk & Cascó 2018; Vrangbæk et al. 2018.
[55] Hemberg & Bergdahl 2020; Mac Mullin & Needham 2018; Miles et al. 2018; Nederhand & van Meerkerk; Pestoff 2012: 21-22.

constructed it as my point of observation based on documents from LGDK and the national government bodies of eldercare, co-creation has proved to be only scarcely addressed. Thus, the co-creation literature is a less well-suited academic field of engagement when one is studying eldercare policy in this way, as could be expected in view of my preliminary engagement with the eldercare communication of the two local councils of Hedensted and Skanderborg.

After having elaborated on and motivated my choice of overall areas of research in which I hope to situate the thesis, and especially of what debates I have refrained from probing, the next sections address the specific findings of and debates in eldercare research on which I hope to make a mark.

3. From Family-Centred Care to State-Centred Care and Back?

The first point of engagement I have constructed with the eldercare literature is with the longitudinal historical studies of how the organization, administration and content of the Danish eldercare system have developed and of how responsibility has been allocated between public eldercare and families over time,[56] on the one hand, and with the critical studies on how Danish eldercare has developed in light of New Public Management (NPM) from the 1980s onwards,[57] on the other. In particular, I engage with the diagnosis in this literature that the history of Danish eldercare develops from family-centred eldercare into state-centred eldercare and then becomes marketized and re-familiarized such that the relative is re-assigned a larger role. Below I elaborate on how this literature in general and the diagnosis specifically have both inspired my historical approach and provided a thorough development story in which I can situate my thesis and thereby contribute to the existing literature with additional nuances and complexity. In this light, I ultimately also propose that the current period be reframed as one not of re-familiarization but of partnership.

The longitudinal historical studies of the Danish eldercare system reveal that eldercare in Denmark until the 1950s was primarily the family's responsibility, with public eldercare limited to providing modest financial benefits and accommodation at homes for the elderly. In contrast,

[56] Hansen & Verdung 2005; Jensen and Møberg 2015; Jonasen 1998; Larsen & Møller 2004: 6.
[57] Bergschöld 2018; Bertelsen & Rostgaard 2013; Højlund 2001; 2004; 2005; 2006; 2009; 2012; 2014; Højlund & Højlund 2000; Højlund & Knudsen 2008: 263-264, 269; Højlund & la Cour: 2001, 2014; la Cour & Højlund 2001; 2019; Rostgaard 2006; 2015; Rostgaard and Bertelsen 2015; Trydegård 2012; Vabø 2005, 2009.

in the period from 1950 to 1980, especially the 1970s, eldercare was primarily the responsibility of the state, as seen in a growth in public eldercare whereby public eldercare transformed from modest need-based services aimed merely at ensuring survival into more comprehensive, universal services aimed at securing a dignified old age for all.[58] The literature demonstrates that demographic shifts drove this development, as the number of elderly citizens increased while birth rates declined. To this should be added that industrialization and urbanization caused traditional family and living patterns to dissolve, with generations settling far apart from one another and women entering the workforce. This is altogether presented as rendering the family a less obvious centre of eldercare and leaving more and more of the responsibility in the hands of the public sector.[59] The historical studies have also elucidated how public eldercare has been retrenched since the 1980s, a fact confirmed by critical studies delving into the entrance of NPM in the eldercare of the 1980s. Both branches of literature call for attention to how Danish eldercare since then has been characterized by cost-cutting and reduction in the name of modernization, marketization, individualization, de-institutionalization, formalization and user influence – all encompassed in the notion of NPM. This retrenchment is arguably connected to both a marketization of eldercare as well as a re-familiarization of it, where the family and market are expected to fill the void of a retrenching public eldercare.[60]

These findings serve as a point of reference for and engagement of the thesis in several ways. First, by highlighting how the relationship between families and the public sector over time has been characterized by very different allocations of responsibilities, this literature has indicated that the relative has been expected to play very different roles over time and that these expectations have been set with both specific expectations for the public sector and, as such, also with different relationships expected between the two. In large part the roles identified in the literature on the role of the relative, to be presented later in this chapter, are depicted as rather uniform and stable roles. By sketching out the shifting nature of the family's place in eldercare over time, the historical literature spurred me to look more closely at the role of the relative as perhaps changing over time in step with the changing functions and relationships of

[58] Hansen & Henriksen 1980; Hansen et al. 1991; Hansen & Verdung 2005: 44-48; Jensen et al. 2004; Jensen & Møberg 2015; Jonasen 1998; Møller 2004; Ringmose & Hansen 2005: 9-11; Stoltenborg 2002.
[59] Daatland 1994; Hansen & Verdung 2005: 51-54; Ringmose & Hansen 2005: 12-15, 27; Rostgaard 2012.
[60] Bertelsen & Rostgaard 2013; Daatland 1994; Ervik 2019; Hansen et al. 1991: 30, 31; Hansen & Verdung 2005: 57-61; Højlund & Højlund 2000; Højlund 2001; 2004; 2005; 2006; 2009; 2012; 2014; Højlund & Knudsen 2008: 263-264 269; Højlund & la Cour 2001, 2014; Jensen et al. 2004; Jensen & Møberg 2015; Jonason 1998; Kautto 1999; la Cour & Højlund 2001, Ringmose & Hansen 2005: 20-23; Rostgaard 2006; 2012; 2015; Rostgaard & Bertelsen 2015; Stoltenborg 2002: 12-13, Trydegård 2012; Vabø 2005, 2009.

public eldercare and thus as being less static than might be assumed when one reviews the literature identifying relative roles. In other words, it spurred me to do a historical study of the role, and in doing so, to approach the expectations for the role the relative over time as being set with such changing expectations to the relationship between the relative and public eldercare.

Second, by painting the big picture of public eldercare developments in Denmark, the literature has enabled me to zero in on the role of the relative – which is really only a small detail in this big picture – and thus, hopefully, to offer some nuance and complexity to the development already established in the literature. As I will demonstrate throughout the analyses, my approach enables me to identify significant variations in the role of the relative over time, notably also during the periods specifically designated as periods of family-centred eldercare, state-centred eldercare and re-familiarized eldercare. Moreover, I will show how my analytical approach and focus on the role of the relative offers complexity to our understanding of what comes after the 1980s, thus allowing for nuances that, put together, question whether what is being seen is a 're-familiarization' with a return to old familiar roles of the relative and relationships between family caregiving and public eldercare, or whether new roles different to those of the family-centred period are emerging. Ultimately, I suggest that by framing the current period of public eldercare as a 're', one risks missing important nuances regarding how expectations and relationships after the 1980s differ from any previous roles and relationships. Notably, I instead propose that the last decade of eldercare be framed as one of a partnership instead of a marketization or re-familiarization, as this will enable a sensitivity to how the partnership of current eldercare differs from any other previous relationship and allocation.

4. Hybrid, Changing Care Roles

As my second point of engagement with the eldercare literature, I look into the vast body of studies on the role of the care worker and care user. Accordingly, in the following pages, I present the main findings of relevance to my study of the relative as a less well-studied role in care, for while the relative, as mentioned in the beginning of the chapter, is not a central theme of Scandinavian eldercare research, the roles of the care worker and the care user pervade it. Fortunately, as I will show below, this literature offers the important insight that roles in care are non-stable and contingent, thus changing with the changing functions and relationships of eldercare. As such, this literature was also part of what spurred me to study the role of the

relative in this light of non-stability and contingency. Before continuing, however, I will first highlight that I use the terms care worker and care user consistently. I do this in full awareness of the fact that the studies referred to use varying concepts for the care worker – such as employee, professional and caregiver – as well as various concepts for the care user – such as care receiver, consumer or client – and that great significance is often attached to the particular term used. However, it is beyond the scope of the thesis to delve into these differences and meanings in any detail.

4.1 The Care Worker Role

The role of the care worker is a pertinent theme running through the eldercare literature.[61] One branch of descriptive quantitative studies describes who care workers are with regard to gender, age, education, etc., and what types of tasks they perform.[62] Another phenomenological and hermeneutical branch focuses on care workers' experiences of their working conditions and their work satisfaction and is also influential. Both branches saliently find that care work entails high physical and mental demands, that care workers often experience violence at work, and that they have a high rate of sick-related absence and work-related accidents.[63] In a review of eldercare literature on care workers' experiences, Trydegård (2005) concludes that care workers experience their work as varied and meaningful, but also as entailing high physical and social demands.[64] These negative aspects also emerge in later studies, also showing that care workers perceive their work to be emotionally loaded and conflict-ridden and that they feel unappreciated and unacknowledged for their efforts, not least because of challenging relationships to relatives.[65]

The negative effects of NPM and consumerism experienced by care workers is a dominant theme amongst researchers such as Dahl (2009, 2012), Vabø (2006) and Rostgaard (2006, 2012). Their studies elucidate how care workers experience the introduction of NPM and consumerism and the related management tools, such as freedom of choice, flexible homecare, quality standards, competitive tendering, voucher arrangements and purchaser-provider splits,

[61] For a review of Nordic eldercare research focusing on the care worker see Trydegård 2005.
[62] Ervik 2019; Häggström & Bruhn 2009; Häggström & Kihlgren 2007: 693, 695; Kröger 2011; Ramvi & Davies 2010: 445-446; Ramvi & Ueland 2019; Szebehely 2005: 17; Trydegård 2005: 145, 155.
[63] Häggström & Bruhn 2009; Häggström & Kihlgren 2007; Kröger 2011; Ramvi & Davies 2010; Szebehely2005: 17; Trydegaard 2005; 2012.
[64] Trydegård 2005.
[65] Häggström & Kihlgren 2007: 694; Ramvi & Ueland 2019: 5-6.

as fundamentally changing the nature of public eldercare and adversely impacting their work and relationship to care users.[66] The literature carries the main conclusion that NPM has fundamentally changed the relationship between care user and care worker, forcing care workers to focus on schedules and registration rather than on face-to-face interaction with the care user, shortening the time available for interaction and shifting attention away from the individual needs of the care user and onto only the needs that can be formalized, standardized and measured. All of this impedes the formation of a trusting and ongoing relationship between the care worker and care user, considered essential to the act of caregiving.[67] These changes are moreover shown to cause feelings of guilt and frustration amongst care workers, which become manifested in physical reactions such as stress, headaches and exhaustion.[68]

Thus, as this literature brings to light, the content and relations of care work change with changes in eldercare policy, as such changes are brought about with the introduction of NPM and its related management tools. In addition to these insights, the literature offers relevant findings specifically concerned with changes in the role of the care worker. Apart from Dahl's (2000) influential historical discourse analyses of the homecare profession and developments in the ideal of professionalism, there is also another branch of studies concerned with the ways in which NPM, consumerism and marketization affect the role of care workers and their relationship to care users.[69] This includes a range of studies by Højlund, la Cour and Knudsen, who use Luhmann's systems theory to display the role of the care worker as contingent and hybrid, changing with the many NPM tools.[70] For example, Højlund and la Cour (2001) show how care workers are met with different expectations depending on the NPM tool at hand, their being expected both to follow standards and written agreements and to stray from these and adhere to the premises of the individual care interaction, a situation that causes what Højlund and la Cour term '*role stress*'.[71] Overall, these studies conclude that the care worker role is not a single role but a hybrid of co-existing and sometimes conflicting expectations, and that the care worker role and care user role are co-constructed – or, put differently, they have

[66] Dahl 2009; Dahl et al. 2015; Ericson-Lidman et al. 2015: 162; Häggström & Kihlgren 2007; Kröger 2011; Rostgaard 2006: 457; 2012; Szebehely 2005: 17; Trydegård 2005, 2012; Vabø 2005: 79-80, 97, 100, 103; 2006.
[67] Bergschöld 2018; Dahl 2000; Dahl et al. 2015; Ericson-Lidman et al. 2015: 162; Häggström & Kihlgren 2007; Højlund 2001; 2005: 117-118,122; 2009; 2012; Højlund & Knudsen 2008: 263-264, 269; Højlund & la Cour 2001, 2014; Kröger 2011; la Cour 2003; la Cour & Højlund 2001; 2019; Lewinter 2003; Rostgaard 2002, 2006, 2011, 2012, 2015; Szebehely 2005: 16, 17, 18, 21; Trydegård 2005, 2012; Vabø 2005, 2006, 2009, 2012.
[68] For reviews of Nordic studies of care workers' work-related health issues see Trydegård 2005 and Vabø 2005.
[69] Blaakilde & Swane 1998, Dahl 2000; Højlund 2012; Højlund & Knudsen 2008: 263-264, 269, la Cour & Højlund 2001; 2014; Thorsen 2003; Vabø 2003, 2005, 2006.
[70] Højlund 2012; 2014; Højlund and Knudsen 2008: 263-264, 269; la Cour og Højlund 2001.
[71] Højlund & la Cour 2001; la Cour & Højlund 2001.

constitutive effects on each other such that changes in one are also observable as changes in the other.[72] What this literature highlights is thus how the roles of care are hybrid, contingent roles in the sense that the roles change with changes in eldercare policy. Furthermore, as roles change, so does the relationship between the roles.

4.2 The Care User Role

The care user is also the subject of significant attention in eldercare research. There are three branches of this research: a descriptive branch concerned with quantitative aspects of care users, such as their age and the types and levels of services they receive; a branch of qualitative studies concerning how care users perceive the care they receive; and a branch of critical research focusing on how care users experience recent reforms in eldercare.[73]

What comes to light in the care user literature is that the care user role is also hybrid and changing, same as the care worker role.[74] This is shown both by interpretative and constructivist analyses examining the expectations and demands that care users encounter and how these inform their care user identities,[75] and by systems-theoretical analyses examining how various reforms and tools hold specific expectations for the care user as a general addressee in eldercare communication.[76] A predominant theme in this literature pertains to how from the 1980s and 1990s onwards consumerism, marketization and the NPM tools have constructed new roles for care users, expecting them to act as service consumers, empowered partners of dialogue and free-choosing, self-optimizing agents. [77] For instance, Vabø (2006) argues that consumerism presents elderly citizens like kings taking over the command from rigid bureaucrats and career-driven professionals, but also argues that this image of elderly citizens bears little resemblance to the frail, confused elderly citizens in contact with the homecare system.[78] Likewise, Rostgaard (2005, 2006, 2011) shows how NPM technologies in the Danish eldercare of the 1990s and 2000s have cast care users in new roles where they are expected to leave their role

[72] Højlund 2012; 2014, Højlund & Knudsen 2008: 263-264, 269; la Cour & Højlund 2001; Lewinter 2003; Rostgaard 2006; Vabø 2006.
[73] For a review of Scandinavian studies of the care user see Højlund 2005. See also Rasmussen et. al. 2015
[74] Højlund 2006; 2009; 2012; 2014; Højlund & Knudsen 2008: 263-264, 269; Højlund & la Cour 2014; Rostgaard 2006, 2011; Vabø 2006.
[75] For a review of this tradition in Nordic studies from 1995-2004 see Højlund 2005: 123-126. See also Vabø 2006
[76] Højlund 2004; 2006; 2009; 2012; 2014; Højlund & Knudsen 2008: 263-264, 269; Højlund & la Cour 2001, 2014; Rostgaard 2006; Wamstad 2016.
[77] Dahl 2000; Højlund 2005, 2006, 2009, 2012, 2014; Højlund & Knudsen 2008: 263-264, 269; Højlund & la Cour 2001, 2014; Rostgaard 2006; 2011; 2015; Vabø 2006; Vamstad 2016.
[78] Vabø 2006. For similar conclusions see also Wamsted 2016.

as welfare client and re-materialize as active welfare consumers, autonomous users, critical free-choosing consumers, experts on their own needs and quality and self-responsible welfare agents.[79] These scholars draw the relevant conclusion that the care user role contains multiple co-existing and sometimes conflicting expectations for the care user.[80] As such, Højlund describes the role as '*a hybrid*', demonstrating the care user role as at once a unifying role as a service consumer and a series of simultaneous roles depending on the management tools through which the care user is observed.[81] For example, he demonstrates how when elderly citizens are observed through assessment tools, their role is '*more or less to remain passive, to be observed and to be decided upon'*.[82] When observed through the tool of freedom of choice, they are expected to act as active decision-makers, albeit in a rather restricted way. Finally, when observed through the tool of preventive home visits, they are expected to act as empowered dialogue partners.[83] Højlund further shows how old care user roles exist even as new care user roles emerge, which is how the elderly citizen also continues to be expected at times to act as a passive receiver of care instead of as a service consumer.[84] He concludes that the care user is expected to switch between different roles, and must thus show themselves capable of role pluralism.[85]

All in all, the literature on the role of the care worker and care user provides a relevant backdrop to the thesis, serving to qualify both my research interest and the historical systems-theoretical approach I have chosen. Notably, the literature highlights how the two roles are non-stable ones that change when the imperative of NPM and its many tools are introduced in eldercare; how the roles are hybrid roles containing many co-existing role expectations; and how the roles are contingent in the sense that changes in the one are established with changes in the other and with changing relationships between the two. As such, also this literature spurred me to take a longitudinal historical approach to the role of the relative as a similarly non-stable, hybrid and contingent role that changes with changing functions and relationships of public eldercare. The complexity of the two roles elucidated in the systems-theoretical studies referred to above has further spurred my systems-theoretical approach to my own study of the role of the relative, as

[79] Rostgaard 2006: 455-456, 458-459; Rostgaard 2011, 2015.
[80] Højlund & Knudsen 2008: 263-264, 269; Højlund 2004: 190, 193-196; 2005: 124-125; 2006; 2009; Højlund 2012: 101; 2014, Højlund & la Cour 2001; Rostgaard 2006; Vabø 2006.
[81] Højlund 2005: 124-125; 2009; 2012: 101, 2014.
[82] Højlund 2012: 95.
[83] Højlund 2006; Højlund 2012: 95-101.
[84] Højlund 2005; 2006.
[85] Højlund 2004; 2005; 2006; 2009; 2012; Højlund & la Cour 2001.

the systems theory has already proven to be a productive approach demonstrating a sensitivity to change, uncertainty and complexity. With the other two roles in care already an established theme of eldercare research, providing a study of the relative's role becomes a relevant contribution to the literature. However, besides offering such a third and thus far missing piece of the picture, my contribution to this literature will also be that of a modest call for further research. With my final analysis of the years from 2010–2020, I demonstrate how the changes in the eldercare policy of this period contain changes in the role of the relative that are sufficiently significant to warrant further research on the role of the care worker and care user in current eldercare policy.

5. Literature on The Relative

I now turn to the literature on the role of the relative, to which I have constructed three points of engagement. Before presenting these, I briefly introduce the field of research on the relative, as the relative's role appears to be a marginal theme compared to the research interest demonstrated in other themes regarding the relative. However, as I will demonstrate in the chapters to come, the findings from this literature also offer a relevant backdrop to the thesis.

First, what emerges as striking when reviewing the Scandinavian literature is how much of the literature on the relative takes a descriptive approach, with its describing quantitative factors and answering questions regarding who the relative is in regard to age, gender and family relations.[86] The main conclusion of this literature is that women, especially wives and daughters, provide care to elderly care-demanding family members more often than men do.[87] A related theme, approached from both quantitative and qualitative perspectives, is the question of what types of tasks relatives perform and how much time they spend doing so.[88] What comes to light is that relatives provide both practical services, referred to as '*hands-on',* '*visible'* and *'instrumental*' tasks, such as keeping house, assisting with personal care, providing transportation, doing gardening and minor repairs, providing financial support and performing nursing tasks such as administering medication, as well as services of an emotional character,

[86] For a review of such Nordic literature published from 1995 to 2004 see Sand 2005: 202-214. See also Almberg et al. 2008; Ekwall & Hallberg 2007; Hegli & Foss 2009: 23; Jegermalm & Sundström 2015; Szebehely 2005: 15.
[87] Almberg et al. 1997: 109-110; Almberg et al.1997b: 683; Andershed 2006: 1161; Ekwall et al. 2005, 2007, Ekwall & Hallberg 2007: 832, 836, 840; Sand 2005: 202-203, 214; Szebehely 2005: 15; Ullmanen & Szebehely 2015.
[88] Ekwall et al. 2004; Ekwall & Hallberg 2007; Jansson et al. 2001; Jegermalm & Sundström 2015: 188; Rostgaard & Szebehely 2012; Sand 2005: 202-203; ullmanen & Szebehely 2015, Whitaker 2009.

referred to as *'hands-off',* '*invisible'* and *'silent*' tasks, such as keeping someone company, keeping an eye on them, supervising them and providing emotional care.[89]

Furthermore, in the literature on the relative phenomenological and hermeneutical approaches predominates answering questions of how relatives experience the caregiving their family members receive,[90] what motivates relatives to participate in caregiving,[91] and how they experience that participation and their relationship to care workers.[92] The burdens of caregiving and how caregiving impacts relatives' quality of life and self-assessed health are especially central themes of this literature.[93] Although some studies conclude that the task of caregiving does not influence the mental health of relatives caring for elderly family members as greatly in Scandinavia as in other European countries,[94] most studies conclude that caregiving is burdensome.[95] Relatives are shown to experience the task of caring as intensive, stressful and exhausting, and to characterize the work as related to feelings of grief, frustration, loneliness, bitterness, distress, isolation, disappointment, self-accusation, guilt, fear, anxiety, uncertainty, depression, fatigue, helplessness, and so on. Moreover, the burdens are demonstrated to have such negative effects as sleep deprivation; a lack of personal time and freedom of movement; conflicts with family; financial burdens; and disrupted lives and lifestyles.[96] However, relatives have also been shown to associate positive feelings and experiences with the act of caregiving, including feelings of joy and gratitude as well as experiences of inner strength and satisfaction. [97] This is for example the conclusion come to in a review article by Erlingsson et al., which

[89] Ekwall et al. 2004: 239-240, 245; Jansson m.fl. 2001; Jegermalm & Sundström 2015: 191; Sand 2005: 200; Whitaker 2009.
[90] Berglund 2007; Eika et al. 2013; Ericson-Lidman et al. 2015; Haggstrom et al. 2007; Holmberg et al. 2020; Jacobsen et al. 2017; Lethin et al. 2015; Nåden et al. 2013; Rognstad et al. 2015; Rosén et al. 2019; Sand 2005; Timm 2000.
[91] Sand 2005: 201; Söderberg et al. 2020; Whitaker 2009.
[92] Almberg et al. 1997; Almberg et al. 1997b; Annerstedt et al. 2000; Andershed 2006; Ekwall et al. 2005, 2007; Emmett et al. 2014, Gustafsson et al. 2012; Hansen & Sommerseth 2014; Häggström &Kihlgren 2007: 691; Hegli & Foss 2009; Hertzberg & Ekman 2000; Jacobsen et al. 2017; Janlöv et al. 2006; Jegermalm & Sundström 2015; Lethin et al. 2015; Lewinter 2003; Lundh et al. 2000; Milberg et al. 2004; Munck et al. 2008; Öhlén et al. 2007; Rognstad et al. 2015; Sand 2005; Sandberg et al. 2001; Westergren et al. 2020.
[93] Almberg et al. 1997; Almberg et al. 1997b, Annerstedt et al. 2000; Andershed 2006; Berthinussen & Frederiksen 2014; Bolin et al. 2008; Brena & Novi 2016; Dahlrup et al. 2015; Di Novio et al. 2015; Eika et al. 2013; Ekwall et al. 2005, 2007; Ekwall & Hallberg 2007; Erlingsson et al. 2012; Gustafsson et al. 2012; Häggström & Kihlgren 2007; Hegli & Foss 2009; Jacobsen et al. 2017; Jegermalm and Sundström 2015; Johansson et al. 2011; Lewinter 2005; Lundh et al. 2000; Milberg et al. 2004; Munck et al. 2008; Öhlén et al. 2007; Rosén et al. 2019; Sand 2005: 201; Szebehely/TemaNord 2005: 15.
[94] Brena and Novi 2016; Di Novio et al. 2015.
[95] Almberg et al. 1997: 109, 115; Almberg et al. 1997b: 684, 687; Annerstedt et al. 2000:23; Dahlrup et al. 2015; Di Novio et al. 2015; Ekstedt et al. 2014: 464; Ekwall et al. 2005; Erlingsson et al. 2012: 648-149; Häggström & Kihlgren 2007: 691, 694; Hegli & Foss 2009: 24; Jacobsen et al. 2017: 1,2, 9; Jansson et al. 2001: 805; Lundh et al. 2000: 1178, 1181-1183; Milberg et al. 2004: 120; Munck et al. 2008: 579, 583; Sand 2005: 201.
[96] Almberg et al. 1997b 684, 687; Andershed 2006: 1160-1161; Annerstedt et al. 2000:23; Ekwall et al. 2005; Erlingsson et al. 2012: 648-149; Häggström & Kihlgren 2007: 691, 694; Hegli & Foss 2009: 24; Jacobsen et al. 2017: 9; Jansson et al. 2001: 805; Lundh et al. 2000: 1178, 1181-1183: Milberg et al. 2004: 120, Munck et al. 2008: 579, 583; Rosén et al.2019, Sand 2005: 201, 215.
[97] Andershed 2006: 1162; Ekwall & Hallberg 2007: 832; Sand 2005: 201, 214-215.

finds that informal caregivers experience negative feelings of stress, exhaustion, anxiety and uncertainty, but also experience caregiving as rewarding and satisfactory.[98]

Another related and equally pervasive theme emerging from reviewing the literature is the physical and mental health effects of caring for elderly family members.[99] Although some studies conclude that the burdens of caregiving and the health of relatives are uncorrelated,[100] a main conclusion of the literature is that the strain of caregiving deteriorates both the mental and physical health of relatives, for example, provoking muscle tension, headache, loss of appetite, high blood pressure, anxiety and depression.[101] Such findings lead Janson et al. (2001) to conclude that the burdens of caregiving make relatives '*hidden patients*' in immediate danger of becoming '*real patients*' themselves.[102] Review articles from 2006 and 2012 draw the same conclusion, finding that the mental and physical health of informal caregivers is at higher risk than that of non-caregivers and that such caregivers often display symptoms of depression and coronary conditions.[103]

Thus, much like the public debate, the literature on the role of the relative calls attention to the complex and burdensome character of the role of the relative.

Besides these branches of literature, there is also a branch concerned specifically with the role of the relative. In the following I present the first of the three points of engagement I construct with this literature, which concerns the self-perceived role of the relative and the role as it is perceived by care workers.

6. A Multitude of Relative Roles

When reviewing the literature on the role of the relative in eldercare research, I am struck by the dominance of hermeneutical and phenomenological studies on how the relative experiences the role of being a relative in eldercare.[104] As the role is also approached through the care

[98] Erlingsson et al. 2012: 641.
[99] Almberg et al. 1997; Andershed 2006: 1160-1161; Dahlrup et al. 2015; Ekwall et al. 2005: 24; Erlingsson et al. 2012: 648-149; Jansson et al. 2001; Milberg et al. 2004: 120, 121, 124; Munck et al. 2008: 579; TemaNord 2005: 15.
[100] Almberg et al. 2008; Schultz et al. 1995; Jegermalm & Sundström 2015: 191.
[101] Andershed 2006: 1160-1161; Ekwall et al. 2005: 24; Erlingsson et al. 2012: 648-149; Jansson et al. 2001: 5; Milberg et al. 2004: 120, 121, 124; Munck et al. 2008: 579.
[102] Jansson et al. 2001: 811.
[103] Andershed 2006: 1160-1161; Erlingsson et al. 2012: 648-149.
[104] Andershed & Tennestedt 2001; Baumbusch & Phinney 2014; Blindheim et al. 2012; Davies & Nolan 2004, 2006, Ekström et al. 2019; Lindhardt et al. 2006; Rognstad et al. 2015; Sandberg et al. 2001; Sandberg et al. 2002; Söderberg et al. 2012; Wallerstedt et al. 2018, Whitaker 2009.

worker's perceptions of the role,[105] and as a few studies approach the role through the conceptualization of the relative in policy documents from care agencies,[106] studies of the self-perceived roles of the relative predominate. This literature characteristically takes the form of case studies,[107] which specifically focus, for example, on the role of the relative in end-of-life palliative care at a nursing home,[108] or on the role the relative plays when elderly citizens with dementia transition from hospital to institutional care.[109] Another characteristic feature is the way that the studies are here-and-now pictures of the role of the relative.[110] With this statement I mean that, apart from a recognized study by Twigg from 1989, most studies are performed in the 2000s and early 2010s, and that while some studies demonstrate that the role of the relative changes with changes in the elderly citizen's settings,[111] the studies do not longitudinally follow the changes in the role of the relative as connected to changes in the overall eldercare policy over an extended period. Finally, it is also striking how such studies are seldom done in a Scandinavian, much less a Danish context, rendering only few relevant studies available to this part of my engagement with the literature.

When starting with studies on the role of the relative as experienced by care workers, one sees that care workers cast the relative in a multitude of at times opposing roles – namely, roles as caregiver, obstructer, hidden patient and visitor. As such, the literature has demonstrated that care workers define the relative as a caregiver and as such perceive the relative as a resource in eldercare, expecting the relative to participate in the caregiving.[112] For example, Ramvi and Ueland (2019) demonstrate how in care workers' experience relatives often participate in the caregiving, and care workers appreciate when relatives continue to act in the role of caregiver, as this contributes positively to the caregiving and provides some relief from the strain of their own work.[113] Twigg (1989) has similar findings in her study of how care agencies conceptualize the role. She identified three ideal types of informal caregivers. I return to the third ideal type

[105]Baumbusch & Phinney 2014; Ekstedt et al. 2014; Emmett et al. 2014; Hertzberg et al. 2003; Holmgren et al. 2013; Ramvi & Ueland 2019; Ryan & Scullion 2000; Whitaker 2009.
[106] Emmett et al. 2014; Twigg 1989.
[107] Baumbusch & Phinney 2014; Blindheim et al. 2012; Emmett et al. 2014; Lindhardt et al. 2006; Rognstad et al. 2015; Ramvi & Ueland 2019; Sandberg et al. 2002; Söderberg et al. 2012.
[108] Andershed & Tennestedt 2001; Ramvi & Ueland 2019.
[109] Emmett et al. 2014.
[110] Baumbusch & Phinney 2014; Emmett et al. 2014; Holmgren et al. 2013; Lindhardt et al. 2006; Ramvi & Ueland 2019; Wallerstedt et al. 2018.
[111] Blindheim et al. 2012; Davies & Nolan 2004, 2006; Rognstad et al. 2015; Sand 2005: 210-211; Sandberg et al. 2001, Sandberg et al. 2002; Whitaker 2009.
[112] Baumbusch & Phinney 2014, Ekstedt m.fl. 2014; Hertzberg et al. 2003; Holmgren et al. 2013, Ramvi & Ueland 2019; Ryan & Scullion 2000.
[113] Ramvi & Ueland 2019.

later, but the first two cast the relative in a role as a resource and a co-worker. Twigg shows how, when a relative is cast in the role as a resource, it is rendered a '*resource to be exploited*', and how this induces care workers to treat the relative as the primary caregiver and thus to take care not to crowd out the informal caregiving and substitute it with public services. However, when the relative is cast as a co-worker, it is to be treated as a *'worker to be co-opted*', with the imperative being to enable, encourage and support the relative, to facilitate a professionalization of the relationship between the two and to bring the relative into the orbit of the formal system.[114] Amongst the studies identifying the relative in the role as a resource are studies like the one done by Ryan & Scullion (2000), which shows the relative as not always a welcome caregiver, and care workers as observing the caregiving role of the relative to be limited by what they consider their professional responsibility. Such studies demonstrate, for example, how this limit is drawn in regard to decision-making, as care workers perceive this to be a strictly professional matter, whereas they can accept and at times even welcome the relative in the practical caregiving.[115] Hertzberg et al. (2003) have similar findings, showing that even though care workers might refer to the relative as a resource, their appreciation of the value of that resource varies considerably, and often they only accept and welcome the relative as a caregiver in regard to the psychological wellbeing of the elderly citizen and not to the hands-on care. Herzberg et al. thus demonstrate how care workers appreciate and welcome the relative when the relative acts as a visitor attending to the psychological wellbeing of the elderly citizen, keeping them company and helping them with little things, but not when the relative wants to take part in hands-on caregiving, such as feeding and personal care.[116]

What is more, the literature also demonstrates that one will equally normally see care workers conversely cast the relative in the role of obstructer[117] and of care receiver – also referred to as a co-client or a hidden patient and see the relative as oscillating between the two poles.[118] Ekstedt et al. (2014), for example, describe this oscillation thus:

> *A dilemma is that FCs [Family Caregivers] are simultaneously viewed as an asset and a burden, with specific needs of their own; their position is neither*

[114] Twigg 1989.
[115] Ryan & Scullion 2000.
[116] Hertzberg et al. 2003
[117] Holmgren et al. 2013; Ramvi & Ueland 2019.
[118] Baumbusch & Phinney 2014; Ekstedtet al. 2014; Hertzberg et al. 2003; Twigg 1989.

> *that of a "co-worker" nor that of a "client" within the system … the FCs have no given place in care, and they are often either ignored or taken for granted.*[119]

Likewise, other studies have shown how care workers cast the relative in the role of obstructer, as the workers experience relatives to question their professional judgements and efforts and sometimes even experience that relatives prevent them from adhering to their professional ideals, thereby obstructing their caregiving, devaluating their work and decreasing their work satisfaction.[120] Similarly, care workers are shown to experience the relative as part of their work, as being hidden patients in as much need for care and attention as the elderly citizen and thus as constituting an additional workload and burden that takes care workers' time.[121] For example, Hertzberg et al. (2003) show how care workers describe the relative as a low-priority, yet time-consuming part of their work for which they receive no recognition.[122] This is also the third ideal type identified by Twigg (1989), who in this instance refers to the relative as a co-client and calls for a recognition that care workers also have an obligation to relieve relatives of the strain of caregiving.[123]

Finally, the studies demonstrate that care workers cast the relative in the role of a visitor and that this poses limits to what can be expected and allowed of the relative.[124] For example, the study by Ryan and Scullion (2000) conclude that care workers consider the main role of the relative to be that of a visitor, someone they expect and welcome to keep the elderly citizen company, read to them and take them out. The study also shows that care workers are disappointed and perceive relatives as failing to fulfil the visitor role satisfyingly.[125] Likewise, Holmgren et al. (2013) demonstrate that when care workers at eldercare institutions cast the relative in the role of a visitor, the parameters for the relative's inclusion become very narrow.[126] The study further shows that the care workers' routines and subcultures condition the involvement of the relative, and that the involvement is established according to three distinctions between formal/informal, worker/visitor and normal/abnormal, respectively. Thus, care workers' observations of the relative as a visitor in their work domain define what they

[119] Ekstedt m.fl. 2014: 475.
[120] Holmgren et al. 2013; Ramvi & Ueland 2019.
[121] Baumbusch & Phinney 2014; Ekstedt m.fl. 2014; Hertzberg et al. 2003; Ramvi & Ueland 2019.
[122] Hertzberg et al. 2003.
[123] Twigg 1989.
[124] Ryan & Scullion 2000; Holmgren et al. 2013; Hertzberg et al. 2003.
[125] Ryan & Scullion 2000.
[126] Holmgren et al. 2013.

allow the relative to be involved in. Care workers' definition of what belongs to formal and to informal caregiving and of what constitutes normal behavior and relationships between elderly citizens and their relatives also determine the limits of the relative's involvement. For example, care workers observe decision-making on care as part of the formal caregiving, for which reason they do not allow relatives to partake in decision-making, but only in practical caregiving.[127] Moreover, these perceptions are gendered, such that female and not male relatives are accepted as participants in tasks otherwise deemed part of the formal caregiving.[128]

I now turn to the studies on the self-perceived roles of the relative, which demonstrate such roles to be similarly numerous. In this literature it emerges that relatives themselves identify some of the same roles described above, although not the role as a co-receiver or an obstructer; and that relatives identify even more roles than those already presented.

I begin with the similarities. The literature shows relatives to also perceive themselves as a caregiver, including after their elderly family members have been assigned homecare or placed at a nursing home, and consider themselves a resource for care workers.[129] For example, Baumbusch and Phinney (2014) show that relatives take on a role in institutional care as a resource to care workers in regard not only to their own family members but also to other residents. However, when one looks at the role as a resource from the perspective of the relative, it comes to light that relatives experiences the need to fight for their role as caregivers, that they often do not feel welcome to participate in the caregiving and sometimes even experience a denial of the opportunity to do so.[130] For example, Sandberg et al. (2001) highlight that relatives feel like '*an outsider*' when their elderly family members move to a home for the elderly and that they wish to continue participating in the caregiving, but that care workers do not always welcome and at times even prohibit this participation.[131] In accordance with such findings, Ryan and Scullion (2000) have demonstrated how care workers and relatives observe the caregiving role of the relative differently, with care workers observing the relative as playing a minor part in caregiving and relatives observing themselves as playing a larger part.[132]

[127] This is also the findings of Baumbusch & Phinney 2014.
[128] Holmgren et al. 2013.
[129] Baumbusch & Phinney 2014; Blindheim et al. 2012; Davies & Nolan 2004; Ekström et al. 2019; Emmett et al. 2014; Lindhardt et al. 2006; Ryan & Scullion 2000; Sandberg et al. 2001; Wallerstedt et al. 2018.
[130] Davies & Nolan 2004; Ryan & Scullion 2000; Sandberg et al. 2001.
[131] Sandberg et al. 2001.
[132] Ryan & Scullion 2000.

The role as a visitor also appears as a self-perceived role of the relative,[133] which also confirms that the visitor role prevents relatives from participating in caregiving and especially in decision-making regarding care, their being expected to behave only as visitors, that is only socializing.[134] Ryan and Scullion (2000) demonstrate how care workers cast the visitor role as the primary role of the relative, whereas relatives recognize the visitor role as important, but cast it alongside other roles, such as that of personal care provider, and express a desire to participate in a greater caregiving capacity than that of a mere visitor.[135]

Although the relative does not perceive itself as in a role of an obstructer, the studies identify another role that can be seen as carrying the same types of expectations – the role of a guardian to elderly family members.[136] Different studies variously refer to this role as that of an advocate, a proxy, a safeguard or a watchdog. However, despite these variations, the experience of filling an indispensable role as an elderly family member's keeper is demonstrated to be central to the relative, which takes on the task of safeguarding the interests of elderly family members, protecting them, advocating for them to receive necessary services, keeping an eye on care workers and monitoring and ensuring the quality of the care received.[137] Garcia-Ptacek et al. (2019) arrive at the same finding in their review of studies on the role of the relative in the care of elderly citizens with dementia in Sweden. They conclude that the relative across the studies reviewed appears in a proxy role and is expected to express the interests of elderly citizens when they themselves are too weak or senile to do so.[138] Moreover, Whitaker's study from 2009 shows that the content of the guardian role changes with the situation of the elderly citizen. For example, the guardian role remains generally one particularly concerned with ensuring that the elderly family member receives proper care, but this guardianship changes during end-of-life care, when the relative starts to perceive the guardian role as one of guarding the elderly family member's dignity at the end of their life.[139] A final central finding in this regard comes from

[133] Davies & Nolan 2004; Ryan & Scullion 2000; Wallerstedt et al. 2018.
[134] Davies & Nolan 2004; Wallerstedt et al. 2018.
[135] Ryan & Scullion 2000.
[136] Baumbusch & Phinney 2014, Blindheim et al. 2012, Davies & Nolan 2006, Ekström et al. 2019, Emmett et al. 2014, Lindhardt et al. 2006, Ryan & Scullion 2000, Sandberg et al. 2001, Sandberg et al. 2002, Söderberg et al. 2012, Whitaker 2009
[137] Baumbusch & Phinney 2014; Davies & Nolan 2006; Emmett et al. 2014; Lindhardt et al. 2006; Sandberg et al. 2001; Sandberg et al. 2002; Söderberg et al. 2012; Whitaker 2009.
[138] Garcia-Ptacek et al. 2019.
[139] Whitaker 2009.

Emmett et al. (2014), who conclude that the relative is often '*ill-equipped or unsuitable to carry out this safeguarding role*'.[140]

Three additional self-perceived roles are identified in the literature. First, there is the information-gatherer and conveyer, sometimes referred to as a case manager. This is a role described as one of being responsible for ensuring that information regarding the elderly citizen, such as their health and medical history, personal history and preferences follow them around the system.[141] The above review by Garcia-Ptacek et al. draws the same conclusion. Across Swedish studies is found a relative often cast in the role as a source of critical information on the elderly citizen and someone who can thus help care workers by providing such information.[142] A central finding here, though, is that relatives experience care workers as seldom asking for their knowledge of the personality, life story and needs of an elderly family member.[143] The second role is to be a source of continuity, understood as taking on the task of linking the elderly citizens to their previous life, and in the case of institutional care also to the life outside the institution. The relative achieves this, for example, by continuing to be present in the life of the elderly family member; by keeping in touch and continuing the relationship while also adjusting it to new conditions, circumstances and contexts; and by maintaining old routines and habits and facilitating contact to old friends and the rest of the family.[144] Finally, there is also the self-perceived role as a relationship builder,[145] which like the role as a source of continuity, is taken on by virtue of the relative's continuing its relationship with the elderly citizen and transforming it in accordance with the elderly family member's condition and the caregiving received. However, this role is also considered to involve more than the relationship to one's own family members and thus to include building and maintaining relationships to care workers and, in the case of institutional care, also to other residents and their families. As such, this role carries an expectation that contributions will be made to the entire institutional community.[146]

[140] Emmett et al. 2014: 302.
[141] Davies & Nolan 2004; Emmett et al. 2014; Ekström et al. 2019; Rognstad et al. 2015; Ryan & Scullion 2000; Sandberg et al. 2001; Wallerstedt et al. 2018.
[142] Garcia-Ptacek et al. 2019.
[143] Davies & Nolan 2004; Rognstad et al. 2015.
[144] Davies & Nolan 2004; Davies & Nolan 2006; Ryan & Scullion 2000; Sandberg et al. 2002.
[145] Sandberg et al. 2001; Wallerstedt et al. 2018.
[146] Davies & Nolan 2006; Sandberg et al. 2001; Wallerstedt et al. 2018.

Thus, the eldercare literature has already covered important ground as concerns the role of the relative. Many scholars have already identified a multitude of co-existing and even opposing roles for the relative by asking care workers and relatives about the role as they perceive it, and have also demonstrated the roles to condition the relationship between the relative and the care workers. Moreover, it has become evident from this literature that care workers and relatives do not always agree about what the role is. This indicates that, although many roles are identified, the uncertainty around what to expect of the relative does not necessarily diminish, as conflicting expectations are situated in the roles. Finally, the literature reveals that the role is perceived as changing in step with the changing settings and conditions of the individual elderly citizen and relative.

Still, many questions as to the role of the relative remain unanswered. Most importantly, the literature provides no answer to how the role of the relative has appeared over time, or to how it is coupled not only to changes in individual situations and conditions but also to changes in the functions and relationships of public eldercare. I will pursue these important questions as my contribution to the field. Such questions appear important. Both because, as described, the historical studies have elucidated the changing allocation of responsibility between the public eldercare system and families over time, which as such has also indicated significant changes in the role of the relative over time. They are also important because the care worker and care user studies, as described, have demonstrated such other roles in care to change with the changing functions of eldercare, which makes the hypothesis that the same is the case with the role of the relative appear likely to be true. However, as of now no studies provide the answer to such questions when it comes to the role of the relative.

In this thesis I apply a historical approach to the role of the relative over a 90-year period, studying the role as it changes with the changing functions and relations of public eldercare. In so doing, I am, to the best of my knowledge, carrying out the first such Danish and Scandinavian longitudinal historical study, demonstrating the longitudinal movements in how relative roles coupled to changes in eldercare policy have emerged, changed, disappeared or prevailed over time. As such, my study constitutes a relevant contribution to the eldercare literature in and of itself. However, in posing such questions of the longitudinal developments in the role and the connection to changes in eldercare policy, I also aim to contribute to the existing literature by offering additional insights into the conflicts, disagreements and uncertainty already pointed

out in the literature. I will demonstrate how the complexity of the relative role does not stop with the eight roles identified in the existing literature. I will show these roles to rather be a picture of the complexity and uncertainty about the 2000s and early 2010s, when most of the studies were conducted. Moreover, I will demonstrate how an uncertainty is situated within the roles and how most of the roles identified in the literature are far more complex than what it brings to light. I will do so by showing how changing expectations have been condensed into the roles over time, all of which adds up to a complexity of expectations connected to the roles.

7. The Partner Role

The fourth point of engagement I construct is also with the branch of eldercare literature concerned with the role of the relative. Specifically, I engage with the conclusion that a partner role for the relative and a partnership between relatives and care workers are the solution to the uncertainty and conflicts demonstrated to characterize the role and relationship. I wish to engage with this conclusion, because the partner role I demonstrate to characterize the last decade of Danish eldercare does not absorb uncertainty about what to expect of the relative's role – quite the contrary.

A main conclusion of the literature presented above is that the relative plays a difficult, challenging, even impossible, complex and multifaceted role. The literature emphasizes that because the role is poorly described and lacks formal mechanisms of recognition, it is uncertain and often invisible, which gives rise to conflicts and confusion in the relationship between care workers and relatives. The literature indicates that certainty regarding what to expect of the relative is needed and that, to gain such certainty, care workers must improve their support for and guidance of relatives, helping them to find their role and perhaps adapt it to changes in settings and conditions.[147] For example, Baumbusch and Phinney (2014) conclude that relatives are often left to navigate their role in the eldercare setting alone, their having only limited guidance and assistance, and often have to carve out the content of their role as relatives themselves if they wish to participate in the caregiving.[148]

Accordingly, the literature shows that relatives experience their relationship with care workers as ridden with conflict, misunderstandings and a lack of communication and information, which

[147] Baumbusch & Phinney 2014; Blindheim et al. 2012; Davies & Nolan 2004; Sandberg et al. 2002; Twigg 1989; Wallerstedt et al. 2018; Whitaker 2009.
[148] Baumbusch & Phinney 2014.

makes relatives feel unappreciated, unwelcome and excluded by care workers.[149] For example, a recent study by Westergren et al. (2020) has likewise shown that the participation of relatives in caregiving at nursing homes depends on such elements as information coming from care workers, a good relationship and communication with care workers, a sense of being invited in and respected by care workers and an acknowledgement on the part of care workers that the relative is a member of the care team.[150] This diagnosis of the relationship as conflict-ridden and difficult has been supported by the studies of care workers' experiences.[151]

In this vein, a pervasive conclusion of the literature appears to be that a partner role and a relationship based specifically on partnership is the ideal.[152] The literature generally proposes that care workers should start acknowledging the relative and stop treating it as a resource, an obstructer or any of the other roles mentioned, instead treating it as an equal caregiving partner. For example, Rongsted et al. (2015) examine whether relatives experience nursing home staff as treating them as a partner and conclude that this is far from the case, therefore calling for efforts to be made that will help establish such a partner role.[153] What is more, the literature highlights this partner role and a partnership as being a way to ease the caregiving burdens of the relative and the conflicts between care workers and relatives.[154] The literature stresses how care workers can and must limit relatives' experience of stress and difficulties, pointing out a long list of actions to take. These include providing information; acknowledging relatives' concerns and questions; affirming their ways of caring, making them feel welcome, recognized and appreciated; showing sensitivity to their needs and opinions; communicating without judgement or dismissal, taking time to listen and overall displaying an open-minded, open-hearted, positive, caring, respectful, supportive attitude that signals trust, sympathy, love, sincerity, compassion, competence, confidence, conscience, presence and engagement in the

[149] Berglund 2007; Eika et al. 2013; Emmett et al. 2014; Hansen & Sommerseth: 2014; Hertzberg & Ekman 2000; Lundh et al. 2000: 1178, 1181-1183; Kröger 2005: 266; Ramvi & Ueland 2019; Rognstad et al. 2015; Sand 2005: 210-211; Sandberg et al. 2001.
[150] Westergrenet al. 2020.
[151] Ramvi & Ueland 2019; Kröger 2005: 265-267.
[152] Davies & Nolan 2004; Davies & Nolan 2006; Hertzberg et al. 2003; Lindhardt et al. 2006; Rognstad et al. 2015; Sandberg et al. 2001; Wallerstedt et al. 2018.
[153] Rognstad et al. 2015.
[154] Almberg et al. 1997: 109, 115; Almberg et al. 1997b; Andershed 2006: 1165; Andershed & Tennestedt 2001; Dahl et al. 2015; Eika et al. 2013; Ekstedt et al. 2014: 463-464; Ekwall et al. 2004: 246-247; Erlingsson et al. 2012: 640, 650-651; Ericson-Lidman et al. 2015: 161, 167; Hansen & Sommerseth 2014; Jacobsen et al. 2017: 9; Jansson et al. 2001: 805; Jegermalm and Sundström 2015: 187; Haggstrom et al. 2007; Häggström and Kihlgren 2007: 691, 694; Hertzberg & Ekman 2000; Janlöv et al. 2006; Jacobsen m.fl. 2017: 1, 2, 9; Lethin m.fl. 2015; Munck m.fl. 2008: 579; Sand 2005: 218-219; Sandberg et al. 2001.

individual care user and family; involving them in decision-making and caregiving; and treating them as equal collaborative partners of caregiving.[155]

These studies have thus elucidated how the role of the relative is often invisible, uncertain and undefined, and how this uncertainty puts a strain on relatives and causes friction between care workers and relatives. Moreover, these studies propose the solution to this uncertainty to be a clear definition and recognition of the role of the relative, specifically that the role as a partner in caregiving hold the merits of reducing uncertainty and thus also conflicts. I have chosen to engage with this conclusion of the field on the basis of my findings that a partner role in the last decade of Danish eldercare policy has generated unlimited uncertainty as to what to expect of the relative. Thus, my contribution to this part of the field will be to question the idealization of the partner role as a solution to uncertainty, which is an expectation resembling those raised in the public debate in Denmark I presented in the previous chapter. I aim to show that by idealizing the partner role, scholars and practitioners risk missing important effects of that role. I by no means claim to know whether the partner role is the solution to the conflicts that the literature asserts, but I suggest on the basis of my findings that more research is needed as to the constitutive effects of the partner role, and that in further research scholars be sensitive to how the partner role might do something more or something other than expected by current literature.

8. Complementarity, Substitution or Something Else?

My final point of engagement is also with eldercare literature on the relative, but this time with a pervasive debate in the field concerning the relationship between public eldercare and the informal care given by families. I pursue this on the following pages.

A predominant theme in eldercare research is thus the interplay between formal public eldercare and informal family care and how this distinction has changed over time.[156] Concurring with the historical studies presented in the beginning of the chapter, these studies find that, since the

[155] Almberg et al. 1997: 109, 115; Andershed 2006: 1158, 1162-1165; Andershed & Tennestedt 2001; Eika et al. 2013; Ekstedt et al. 2014; Ekwall et al. 2005: 23, 31;Ekwall et al. 2007: 584-585, 594; Ericson-Lidman et al. 2015: 161, 162; Gustafsson et al. 2012; Häggström & Kihlgren 2007: 692; Haggstrom et al. 2007; Hertzberg & Ekman 2000; Jacobsen et al. 2017:1-2, 5, 8, 9, 6; Jansson et al. 2001: 805, 694; Lundh et al. 2000: 1178; Munck et al. 2008: 582, 585; Öhlén et al. 2007: 383, 386-387; Ramvi &Ueland 2017: 2; Sandberg et al. 2001.

[156] Daatland 1994; 2001; Ervik 2019; Jegermalm & Sundström 2015: 187; Kröger 2005; Lewinter 2005; Rauch 2007; Rostgaard & Szebehely 2012; Sand 2005; Szebehely & Meager 2018, Szebehely 2005: 15; Szebehely &Trydegård 2012; Ullmanen & Szebehely 2015.

end of World War II, eldercare in Scandinavia has been a public concern handled by formal, public, professional care workers, thus leaving only marginal responsibilities to families, but the studies also find that changes are now taking place, and that the ensuing retrenchment of public eldercare is leaving a gap to be filled by families or the market.[157] Central to these studies is a debate concerning what is termed '*the substitution thesis*' and '*the complementary thesis*', also referred to as the '*crowding in*' or '*crowding out*' hypothesis. The research interest of this debate is whether the availability of extensive public eldercare substitutes for or complements informal caregiving. According to the substitution thesis, formal and informal caregiving substitute each other. An inverse relationship is expected between the two, such that an increase in formal caregiving is expected to lead to a decrease in informal caregiving. According to the complementary thesis, the two types of caregiving complement and supplement each other, with an increase in the one not leading to a decrease in the other.[158] While some studies have argued that no clear conclusions regarding substitution or complementarity in Scandinavian countries can be drawn,[159] a review by Kröger (2005) of Scandinavian studies concerned with the relationship between formal and informal caregiving has found that most studies lean towards the complementary thesis, thus showing how in Scandinavia, especially in Denmark, formal and informal caregiving supplement each other.[160] What comes to light is that, despite extensive public eldercare, relatives give a considerable amount of care to elderly family members requiring it, and that informal caregiving is rather robust and independent of changes in the formal public caregiving system.[161] Rostgaard (2002), however, has pointed out that studying formal and informal caregiving as two clearly separate and distinct types of caregiving is unproductive, arguing that no such clear distinction can be made and calling for an understanding that the distinction between the two is often blurred and never pre-given or stable, and that it is more accurate to talk about '*increased plurality of welfare provision*' than to debate a one-dimensional movement away from public eldercare to informal caregiving.[162]

[157] Erlingsson et al. 2012: 640; Häggström & Kihlgren 2007: 691; Hegli & Foss 2009: 23; Jansson et al. 2001: 805; Kröger 2005: 251-253, 255; Rostgaard & Szebehely 2012; Sand 2005: 213, 229-230; Szebehely 2005; Szebehely & Meager 2018; Szebehely/TemaNord 2005: 14-15, 18, 22; Szebehely & Trydegård 2012; Trydegård 2005: 143; Ullmanen & Szebehely 2015.
[158] Bosang 2009; Daatland: 1994, 2001; Jegermalm & Sundström 2015: 185-186; Kröger 2005: 245-155; Motel-Klingebiel et al. 2005; Rostgaard & Szebehely 2012; Sand 2005; Szebehely 2005: 15.
[159] Daatland 1994; Daatland 2001.
[160] Kröger 2005: 247-250, 251-252, 255; Lewinter 2005; Sand 2005: 213, 229-230; See also Szebehely 2005: 15.
[161] Kröger 2005: 246; Szebehely 2005: 15.
[162] Rostgaard 2002: 57. See also Kröger 2005: 271 for a presentation of studies holding similar notions

Before moving on, I would like to underline that I recognize that the substitution versus complementarity debate is commonly addressed as a quantitative matter of the content, scale and number of tasks performed by public eldercare and families as well as of the time spent on such. My longitudinal historical study, on the other hand, offers some additional nuances to this debate by focusing on the expectations condensed into the role of the relative over time in eldercare policy. Thus I by no means question the utility of conceptualizing substitution and complementarity when one approaches the relationship as a quantitative matter of more or fewer public services and more or less family involvement, I merely offer my findings as supplementary insights coming about exactly because of my different approach. I will demonstrate how even within the stronghold and in the prime of the Scandinavian welfare state, with my approach one can observe the role of the relative and the relationship between the relative and public eldercare to have been cast in many variations of both complementarity and substitution. Such nuances and complexity are revealed when one approach eldercare and the roles and relationships of eldercare as contingent and changing and build a story on such changes and by paying attention to how changes come about not only with relation to the welfare state model but also with every change in the function of public eldercare over time.

Moreover, I will argue that the conceptualizations of complementarity and substitution do not easily capture all the relationships of eldercare that I find over time. I will do so with a demonstration of how the relative over time has been constructed in eldercare policy as a care user itself and as an opponent, that is, as someone that neither complements or substitutes for public eldercare nor is complemented or substituted by it, but that simply receives public eldercare or hampers its function. As such, I aim to demonstrate that an approach based on the expectations constructed for the relative and the relationship between the relative and public eldercare in eldercare policy over time produces a picture that more closely resembles a welfare mix, as suggested by Rostgaard. In particular, I propose that the partner role and partnership relationship I identify in the last decade challenges the explanatory power of such conceptualization. With the partner role, the conceptualization falls short: there is no stable ground on which to judge complementarity or substitution, for what care is, what the relative is and what relationship to expect between the relative and public eldercare are constantly up for renegotiation. Importantly, I cannot make any conclusions here about whether the partnership also challenges the conceptualization when approached quantitatively. It is beyond the scope of this thesis to determine whether the partnership can also be counted and measured as a

complex allocation of efforts and responsibility differing on the basis of each care interaction. I merely suggest that this could be a relevant theme for further research.

9. Summary

In essence, I have done two things in reviewing the eldercare literature.

First, I have presented how my research interest in the role of the relative and my particular approach to the role – that is, the questions I pursue, are strongly informed by the existing eldercare literature. Specifically, I have covered the ground in three areas: 1) How my longitudinal historical study and my focus on changes in the role of the relative as constructed with the changing functions and relationships of public eldercare are inspired by the findings of – as well as the questions left unanswered by – the longitudinal historical studies of overall developments in eldercare, the critical studies of the constitutive effects of NPM and the studies of the role of the care worker, care user and relative. 2) How my interest in the relationship between the relative and public eldercare is informed by how the literature on the role of the relative has shown expectations for the role to be constructed with expectations for the relationship. However, this interest is also inspired by how, on the one hand, the substitution versus complementarity debate concludes that the role of the relative in Scandinavia is marginal and complementary to that of public eldercare, while, on the other, the literature on the roles of the relative identify eight distinct roles the relative is expected to play, thus leaving an impression of a role that is not so marginal and complementary. 3) And finally, how my interest in whether the role of the relative reduces or produces uncertainty is especially inspired by the literature on relative roles, which calls attention to such uncertainty but seeks no answers to such uncertainty in overall eldercare policy developments.

Second, I have presented how my focus on the role of the relative as constructed in eldercare policy and as it changes over the last 90 years in step with the changing functions and relationships of eldercare – changes that both reduce and produce uncertainty – offers additional nuances and complexity to existing findings and debates as well as poses new questions for further investigation. In this light, I have presented my wish to engage with the literature on five fronts.

The first form of engagement I have presented was my wish to engage with the historical literature and the critical literature on developments in the Danish eldercare system. To this end, I offer nuances and complexity to the overall periods identified in the existing literature by showing how in the years established as constituting periods of family-centred eldercare, state-centred eldercare and retrenchment, a multitude of changing expectations concerning the relative can be observed. In particular, I point out how the first period of family-centred eldercare and the period from the 1980s onwards, termed a re-familiarization, differ so significantly that, when seen from the perspective of the expectations for the role of the relative, the term re-familiarization becomes less appropriate. For this reason, I propose that the last period be reframed as one of partnership.

Second, I have presented my wish to engage with the literature on the role of the care worker and care user – a wish based on my findings that a partner role has emerged during the last decade and especially that this has generated uncertainty. An uncertainty I use as base for a call for further inquiry into what is currently happening with the care worker and care user roles, suggesting that radical new developments in these roles have so far gone unnoticed by research.

Third, I have presented my wish to engage with the literature identifying the self-perceived roles of the relative and the roles care workers perceive it to play. As a contribution to the field, I offer my findings on the way the roles and uncertainty identified in the existing literature are not exhaustive, and how a growing number of roles and ever-greater uncertainty have formed the relative role over time, with the uncertainty having now become unlimited.

Fourth, I have presented my wish to engage with the literature's conclusion that a partner role and a partnership between care workers and the relative are the solution to the uncertainty and conflicts identified by the literature. Particularly in regard to this conclusion, my findings of a partner role in Danish eldercare during the last decade urge me to propose that further research be done on what the partner role does, specifically whether it reduces or produces uncertainty in local eldercare communication.

Finally, I have presented my wish to engage with the debate on whether public eldercare and the informal caregiving of relatives substitute for or complement each other in Denmark. I undertake this engagement in order to offer some additional nuance and complexity to the literature's firm conclusion that in Denmark relatives complement public eldercare. I do this by

showing a variety of relationships of substitution and complementarity over time and especially by demonstrating relationships not easily captured in the conceptualizations of substitution or complementarity. Ultimately, I propose further research into the relationship between public eldercare and the relative as a welfare mix to be approached as a partnership.

Having situated the thesis in the academic field of eldercare research, specifying what additional answers I will provide to five specific findings and debates of the field, I now move on to the next chapter, which concerns the analytical strategy of the thesis and describes the theory and empirical material I use to provide such additional answers. As should be clear from this chapter, to fulfil all my ambitions of contributing to the existing literature, I need an analytical strategy that will enable me to study the role of the relative with a sensitivity towards 1) the role as a non-stable, contingent, complex role that changes with 2) changes in the functions and relationships of eldercare and entails 3) both a reduction and production of uncertainty.

How I construct such an analytical strategy is the theme of the next chapter.

Chapter 3) Turning the Relative into an Object of Study

1. Introduction

In this third chapter of the thesis I describe and motivate my analytical strategy – that is, how I turn the relative into an object of study and what theory and empirical material I use to do so.

As stated, I am interested in studying the relative in the setting of Danish eldercare, specifically the role of the relative constructed in Danish eldercare policy from the 1930s till today. I am also interested in how the role changes over time with changes in public eldercare and how the role over time has both reduced and produced uncertainty as to what to expect of the relative. To frame this interest, I ask: *How has the role of the relative been constructed in Danish eldercare policy since the 1930s, and how has this role both reduced and produced uncertainty about what to expect from the relative?* In the following I present the analytical strategy I have constructed to answer this question, as well as motivate and elaborate on the theory and empirical material I use and address some implications of my choices on the thesis conclusion.

As mentioned in the introduction, the thesis is grounded in the systems theory of German sociologist Niklas Luhmann. As pointed out by systems theory analysts such as Kneer and Nassehi (1997), Andersen (1999), Seidl and Becker (2005) and Harste and Knudsen (2014) Luhmann's work is extensive. It offers a multitude of avenues into any research interest,[163] for which reason this chapter is not aimed to provide a thorough presentation or discussion of Luhmann's systems theory, but only to present and motivate my specific use of the theory and elucidate the particular gaze on the relative that this allows me to construct.

The chapter is divided into four sections, each concerning a specific way in which Luhmann's systems theory informs the thesis.

The first section concerns the scientific ideal underpinning my analytical strategy. It explains how the thesis is theoretically underpinned in Luhmann's concept of second-order observations. I therefore also introduce the constructivist epistemology of the theory, motivating how and

[163] Andersen 1999: 108; Harste & Knudsen 2014: 9-10; Kneer & Nassehi 1997: 37; Seidl & Becker 2005.

why I use the eldercare policy's observations of the relative to study the relative, and describing how this epistemological approach informs my conclusions.

The second section situates the thesis in Luhmann's theory of autopoietic systems. It presents two of the three main pillars of my analytical strategy – how I perform an analysis of the role and an analysis of uncertainty. The section concerns how I use the concepts of communication, decision, role and uncertainty to do three things: 1) turn the eldercare policy into a point of observation of the role of the relative, 2) turn the relative into an object of study and 3) make my study sensitive to how uncertainty is reduced and produced with the role. The section serves to elaborate on how and why I use an anti-humanistic theory to study the relative as a role constructed by public eldercare policy, and to identify both what this allows me to see and what the thesis must refrain from addressing given this theoretical approach.

The third section concerns how I use Luhmann's concept of function and find inspiration in his functional method to perform a historical analysis approaching the role of the relative as a changing role contingent with changes in the eldercare policy of a given period. It presents the third pillar of my analytical strategy, that is, how I perform an analysis of the relative role as cast in the changing function of public eldercare.

Finally, the fourth section concerns the empirical part of my analytical strategy. It presents the material I use to construct public eldercare policy as a point of observation and stipulates what I must refrain from addressing given my choice of empirical material. The section also presents and motivates the methods I used to identify and gather empirical material and ends with a presentation of the questions I put to my empirical material.

Before continuing, I should note that the chapter is written retrospectively. My intention here is to present the analytical strategy of the thesis in the simplest and most logical manner possible, but such a presentation should not belie the fact that none of the selections in the analytical strategy have been simple, easy or pre-given. They are but selections that could have been made differently. As such, the main purpose of this chapter is to argue that these selections constitute an analytical strategy productive in approaching the research interest of the thesis, thus enabling new and relevant insights into the role of the relative in public eldercare as being a complex, changing role both reducing and generating uncertainty.

2. Observing Observations

The following pages explain how and why I use the observations of another observer – Danish eldercare policy – to turn the relative into an object of study. This is a fundamentally epistemological approach based on Luhmann's theory of second-order observations, which is the scientific ideal I situate my analytical strategy in.

According to Luhmann, no ontological knowledge of the world is possible. A researcher can never gain direct access to any real world 'out there'. This is not an ontological claim that there is no reality out there, but rather an epistemological claim that no direct contact to it is possible. Luhmann argues that research must therefore be performed as second-order observations of first-order observations, defining first-order observations as being ontological, that is, claims about how the world is, and second-order observations as being observations of the first-order observations as being exactly that – observations. Instead of making claims about the ontological constitution of the world, a second-order observer is exclusively concerned with epistemological aspects, in other words with how the observed observer believes the world is constituted. Second-order observation is thus both a radical constructivist epistemology and an analytical strategy for performing research on the foundation of such a radical constructivist epistemology.[164]

Essentially, Luhmann's systems theory is based on an understanding that the only way the world can be observed is through a distinction, which is to say that the only way to observe something is to draw a distinction between the indicated something and that from which it becomes distinguished.[165] Put differently, one could not observe a relative unless it was distinguished from everything else, or from something particular else. The same goes for second-order observations. The researcher also observes the observed observer through a distinction. This is why no correlation can be assumed between the scientific research and a world out there. What the second-order observer observes is something contingent, that could have been different if the observed observer had drawn another distinction and if the second-order observer itself had drawn another distinction.[166]

[164] Andersen 1999: 109, 111; 2001: 57; Borch 2011: 12, 59-61; Götke 1997: 113-114; Kneer & Nassehi 1997: 152; Knudsen 2014: 33; Luhmann 1993: 769-770, 773; 2007: 130-131, 143-144; 2012: 11-13.
[165] Andersen 1999: 110; 2006: 24; 2012: 119; Knudsen 2014: 33; Knudsen & Vogd 2015: 5; Luhmann 1993: 169-170; 1995: 3; 2002: 123; 2012: 35.
[166] Andersen 2006: 24-26; Borch 2011: 59-61; Luhmann 1994: 136-137; 2007: 145; 2012: 12-13; 2013: 330.

The thesis rests on this epistemological foundation, and I use second-order observations as my analytical approach to study the relative. Two implications of this approach must be addressed here.

For one, when I perform second-order observations of how Danish eldercare policy observes the relative, I renounce any claim to know anything about any 'real relative out there' and instead assert that I know something about how the relative is observed by that policy. I make no claim of any ontology, of any correlation between the conclusions of the thesis and a world as it is – or more precisely, any relative as it is. I only make claims about an observed observer's observations of the world – or, again more precisely, about how public eldercare policy observes the relative to be. I will elaborate on how I construct the public eldercare policy as an observer to be observed later in the chapter, but what should be clear by now is that the object of study is not the relative 'as it is out there', but how Danish eldercare policy observes the relative to be.

Second, this approach makes the aim of this chapter not to present and argue for an analytical strategy that allows me to see the relative 'as it is', but rather to present how an analytical strategy is constructed in a way that allows the world to appear to me as the Danish eldercare policy's observations of the relative.

My second-order approach enables me to observe something different than the public eldercare policy itself. The strength of second-order observations is such ability they afford to observe what the observed observer cannot.[167] It allows me to observe how expectations are constructed for the relative in the policy's construction of changing functions of public eldercare, and how the role constructed both reduces and generates uncertainty of what to expect of the relative. As such, I hope to provide new and unfamiliar insights into public eldercare policy in Denmark, thus inducing both eldercare scholars, politicians and practitioners to see the role of the relative precisely as a construction – a construction that tells the story of development story of Danish public eldercare in general and a construction which today generates unlimited uncertainty about what to expect of the relative.

[167] Harste & Knudsen 2014: 9; Luhmann 1994: 136; 2007: 145; 2012: 13.

3. Observing Roles and Uncertainty in Eldercare Policy

The following pages address my research interest in the relative as a role that is constructed in Danish eldercare policy and that both reduces and produces uncertainty. This is the two first of the three main pillars of my analytical strategy: how I use Luhmann's systems theory to analyse roles as constructed in Danish eldercare policy, and how I use the theory to analyse uncertainty as both reduced and generated with such role construction. As I explore these interest through the lens of Luhmann's theory of autopoietic social systems, I will now introduce the parts of the theory I use and elaborate on the ways in which this theoretical approach informs my analytical approach as well as sets some limits to the thesis conclusions. I start by presenting the parts of the theory I need to explain how and why I study the eldercare policy as a web of decision communication intended to set premises for all future eldercare communication. I move on to the parts of the theory I further need to study the relative as a role constituted by condensed, stabilized and generalized expectations constructed in such decision communication. I end by presenting the final parts of the theory I need to explain how I use the theory to address such roles constructed in decision communication as both reducing and producing uncertainty of what to expect of the relative.

According to Luhmann, the world must be studied as consisting of autopoietic systems.[168] He distinguishes between different types of systems and offers the concept of social systems as a way of studying society. He defines social systems as consisting of nothing but communication.[169] This does not mean that social systems such as organizations can have no physical expressions, such as office buildings, inventory and computers. But it means that these are not to be the object of study. Communication is that object.[170] Luhmann defines decision communication as a distinct form of communication, which I will return to. First, however, I will introduce Luhmann's use of the concept of autopoiesis.

3.1 Autopoiesis

Autopoiesis is a central concept of Luhmann's systems theory, which he uses to describe how all elements belonging to a social system are created by the system itself as it emerges and

[168] Andersen 1999: 127; Borch 2011: 8, 19; Luhmann 2000: 37.
[169] Andersen & Born 2001: 14; Borch 2011: 31; Kneer & Nassehi 1997: 69; Luhmann 1994: 137; 1996: 343; 2000: 37; 178-180; 2005b; 2007: 76; 2012: 32; 2013: 3; 2018: 440; Nassehi 2005: 23, 26, 185.
[170] Luhmann 2000: 240; 2018: cap. 2 VI; Seidl 2005: 38.

reconstructs itself through a self-referential process.[171] As Luhmann (1995) puts it: '*A system consists of self-produced elements – and nothing else.'*[172] Luhmann argues that all autopoietic systems are in this way operationally closed to their environment. They cannot import operations from their environment into their own operations, and they cannot cross their own boundaries and interfere in the operations of other autopoietic systems.[173] However, this does not mean that social systems are completely closed, as they can allow themselves to be perturbed by information and irritations from their environments. This is framed as a system's being cognitively open, but the system's observation of an environment is always internal to the system.[174] As Luhmann says: '*No representation of the environment (such as it is) exists in the system. Only the system's own construction exists.*'[175] The distinction between system and environment is central to the autopoiesis of social systems. Social systems create and maintain themselves by producing and preserving difference to an environment. A social system cannot observe itself without observing its environment or observe its environment without observing itself. A system is hence neither a unity nor an object but the difference it establishes between itself and its environment.[176]

In Luhmann's systems theory humans are treated as part of the system's environment. Humans cannot be part of the system when this is defined as nothing but communication. Humans exist outside social systems as clusters of other types of autopoietic systems, which are produced and reproduced by organic and psychic operations, not by communication.[177] Translated to the object of study, only the eldercare policy's communicated expectations of the relative in public eldercare are part of the system I study, whereas family members of elderly citizens are part of the environment.

[171] Borch 2011: 26-27; Hernes & Bakken 2003:13; Kneer & Nassehi 1997: 53, 61-62; Luhmann 1993: 771-772; 1995: 33; 1996: 343, 345; 1997: 95; 2000: 72-80; 2005; 2007: 96, 103; 2012: 32; Moeller 2012: 7; Seidl 2005: 19-20; Seidl & Becker 2005: 9.
[172] Luhmann 1995: 5.
[173] Borch 2011: 23; Luhmann 1995: 5; 1996: 343, 345; 1997: 45, 48; 2000: 48-49; 2005; Moeller 2012: 7-8.
[174] Borch 2011: 23, 24; Højlund 2014: 158, 168; Kneer & Nassehi 1997:55; Luhmann 1994: 136; 1995: 6; 1997: 91; 2000: 72-75; 2002: 123; 2007: 89; 2012: 49; Moeller 2012: 7; Seidl 2005: 20-21; Thyssen 1995: 20.
[175] Luhmann 1995: 7.
[176] Luhmann 1993: 771-772; 1994: 136; 1995: 5, 36; 1997: 88; 2000: 49, 52-53, 75, 219-220; 2005; 2007: 58, 64-65, 75, 88; 2012: 19, 32,39, 46, 49; 2013: 2, 40, 169-183; Seidl 2005: 48-49; Thyssen 1995: 13, 20.
[177] Luhmann 1996: 343; 1997: 47, 61; 2000: 72-80, 221-222; 2002: 134; 2007: 235; 2012: 9, 22; 2018, 89; Seidl 2005: 29-30.

3.2 Decision Communication

With society to be studied as autopoietic social systems, and with all social systems to be studied as consisting of nothing but communication, Luhmann defines decision communication as a distinct form of communication of organization systems, where the system emerges and reproduces itself by connecting decisions to decisions in a network of past, present and future decisions.[178] It is this type of communication in which I am interested in this thesis.

To communicate in decisions is a particular form of autopoietic operation that Luhmann also refers to as meaning.[179] Luhmann operates with three dimensions of meaning: a factual, a temporal and a social dimension.[180] The temporal dimension concerns the distinction between future/past or before/after. That is decisions regarding, for example, when something is decided and the length of time something is expected to last.[181] The factual dimension concerns what the case is. This dimension is the distinction between inside/outside, and comprises decisions regarding the expected themes of communication in the system.[182] Finally, the social dimension concerns the distinction between included/excluded, and comprises decisions regarding who is included in the system, that is, who is expected to partake in its decision communication.[183]

By connecting decisions to decisions, a self-created structure of expectations emerges in the system, guiding the selection of new communications and thus reducing and stabilizing what can be expected in the system.[184] Structure is thus simply defined as expectations that limit the relations allowed in the system. Structure is nothing but expectations about future decisions, and expectations are nothing but the limitations of what is possible. Hence, structure structures the ongoing reproduction of the system by limiting the possibilities for new connections, as every meaning makes certain further connections likely and others unlikely, difficult or even temporarily impossible, although never completely excluded, thus reducing the possible expectations in the organization. By connecting decisions to decisions, the system thus constructs more and more stable structures of expectations to guide further communication of

[178] Andersen & Born 2001: 14; Andersen & Pors 2017: 84, 88; Baecker 2003: 28; Borch 2011: 31, 68; Kneer & Nassehi 1997: 47, 115; Knudsen & Vogd 2015: 8; Luhmann 1994: 137; 1996: 345; 2000: 141; 2005c, 2013: 141-153; 2018: cap 2, VI; Nassehi 2005*:* 185; Pors & Andersen 2015: 340; Seidl 2005: 37.
[179] Luhmann 2000: 238-239; 2005; 2005b; 2007; 2012: 21-22, 39.
[180] Luhmann 2007: 219-220.
[181] Andersen 1999: 144; Luhmann 2000: 117-118; 2007: 219.
[182] Andersen 1999: 144; Luhmann 2000: 116; 2007: 219-220.
[183] Andersen 1999: 144; Luhmann 2000: 120; 2007: 220.
[184] Andersen 2014: 54; Andersen &Pors 2017: 89; Borch 2011: 24, 26, 83, 97-98; Knudsen 2004: 45; Luhmann 2000: 98-106, 114-122, 240-241.

the system.[185] A side effect of forming expectations is that deviations also become visible as disturbances of the expectations.[186] Without decisions, there would be no forecastable future and therefore no disappointment and no planning of behaviour to deal with possible disappointments.[187]

If one steps back to look at what constitutes a decision in Luhmann's systems theory, one finds that a decision is not defined as the choice of an individual, but as a particular form of communication – one regarding expectations that draws a distinction between alternatives and indicates the side it prefers. Such communication communicates that this expectation, and not any other, is selected.[188] By deciding on one expectation out of the full set of possibilities, a decision absorbs uncertainty about expectations;[189] stating that this was selected and as such limiting the room for manoeuvre of future decisions by setting premises for them.[190] As Luhmann (2013) says: '*The production of decisions from decisions absorbs uncertainty.*'[191] With decisions connecting to previous decisions, every decision increasingly reduces uncertainty and stabilizes expectations of further decisions by making some further decisions likely, and others unlikely.[192]

Luhmann speaks of decisions as fixations of contingency. Before a decision is made, many expectations are possible, whereas after it is made, one expectation has been fixed by the decision, although the expectation could have been different. This is framed as the transformation of open contingency into closed contingency. The contingency does not disappear with the decisions; it is just changed.[193] As Luhmann puts it:

> *A decision is neither necessary nor impossible and is thus contingent thus otherwise there would be nothing to decide. But the point of time, when the decision is made changes the form of contingency. Before the decision, contingency is open, the choice of every possibility is still conceivable. After the decision contingency is closed, a different decision is no longer possible*

[185] Borch 2011: 82-83, 97-98; Knudsen 2004: 45; Luhmann 2000: 332; 2007: 97; Seidl 2005.
[186] Luhmann 2000: 343.
[187] Luhmann 2018: 178.
[188] Andersen & Pors 2017: 85; Knudsen 2014: 27; Luhmann 2000: 347; 2005c, 2018: 143, 150; Pors & Andersen 2015: 342.
[189] Andersen & Pors 2017: 85; Knudsen 2005; 2014: 26-27; Luhmann 1996: 345; 2005c; 2018: 198.
[190] Knudsen 2006: 82.
[191] Luhmann 2013: 143.
[192] Andersen & Pors 2017: 85; Kneer & Nassehi 1997: 47-48; Luhmann 2013: 141-153; 2018: 177, 198, 222; Nassehi 2005: 185.
[193] Andersen & Pors 2017: 85; Knudsen 2005; Luhmann 2000: 347; 2005c; Pors & Andersen 2015: 340.

and at best one can correct course by a new decision. But alternativity and with it contingency remain.[194]

Importantly, in systems theory a decision does not decide anything.[195] A decision is not a decision until it is accepted as a premise of further decisions.[196] A decision is the unity of the utterance of the decision and the connection to the decision by a subsequent decision.[197] The likeliness that subsequent decisions connect to previous decisions and thus turn the previous decision into a decision is considered low, as the decision always informs about not only what has been selected but also that it could have been different.[198] Organizations attempt to deal with the unlikeliness that subsequent decisions connect to previous decisions by deciding on decision premises, which are decisions that have been decided to influence decisions to come. Put differently, a decision premise is a decision made in order to limit the latitude for more than one ensuing decision.[199] Luhmann operates with different types of decision premises, one of which he terms programs. Programs are '*premises that define conditions for correct decision-making'.*[200] Luhmann differentiates between conditioning programs and goal programs.[201] Conditional programs have an if/then form. They define correct decision-making on the basis that certain conditions are given – stating that if this happens, then do that. Goal programs define correct decision-making by defining specific goals to be achieved.[202] In the case of public eldercare policy, conditional programs are known, for example, as laws conditioning what support is to be provided to relatives if they take care of an elderly family member at home, whereas goal programs are, for example, policies stipulating specific imperatives of eldercare to be achieved through further decisions, such as self-determination or dignity.

Importantly, decision premises such as programs are not considered as determining. There is no logical or causal relation between premise and decision. As Luhmann puts it: '*The decision cannot be deduced from the premise and the premise is not the cause of the decision.*'[203] Luhmann describes how

[194] Luhmann 2018: 180.
[195] Andersen & Pors 2017: 84.
[196] Knudsen 2005, 2006: 82; Luhmann 2018: cap. 2, V.
[197] Knudsen 2005, 2006: 82.
[198] Knudsen 2006: 82; 2014: 27.
[199] Andersen & Pors 2017: 88; Knudsen 2005; 2006; Luhmann 2005c; 2018: 354, 240; Seidl 2005: 40.
[200] Seidl 2005: 40-41.
[201] Luhmann 2000: 372-373; 2005c, 2018: 247, 355, 358.
[202] Seidl 2005: 41.
[203] Luhmann 2018: 240.

> *decision premises serve the system only as oscillators. They do not yet determine future decisions, but they focus communication on the differences set in the premises and this makes it likely that future decisions will be observed with reference to the given premises from the point of view of compliance or noncompliance of conformity or deviation instead of once again going into the full complexity of the situation involved*.[204]

What a premise does is thus to limit the horizon within which further decisions can be made.[205] Decisions, decision premises and decision programs thus serve to absorb uncertainty of what to expect by reducing what can likely be expected of further communication.

3.3 Studying Eldercare Policy as Decision Communication

As introduced, Danish eldercare policy is my point of observation from which I observe how the relative is constructed in that policy. Above, I have presented the elements of Luhmann's systems theory that I need in order to below elaborate on my construction of an eldercare policy to observe and to present what limits the use of these elements puts on the thesis conclusion.

I approach the Danish eldercare policy as communication, specifically decision communication. I study the policy as a complex web of decision communication regarding eldercare, where decisions on eldercare connect backwards to previous decisions and point the direction of future decisions. In other words, I study the policy as an emergent structure of expectations guiding future decisions and limiting the possibility of future connections by making certain further connections likely and others unlikely. Decision communication on Danish eldercare takes place in a web spanning from the communication of local care interactions between an elderly and a care worker; to the communication of local public eldercare organizations and institutions – such as public nursing homes and municipal homecare units; and to the national bodies of eldercare government. In this web of decisions, I focus on the decision communication from the sum of organizations that decide on decision premises intended to set the premises of all further public eldercare communication. I take this to be the sum of organizations with the political, administrative, organizational and legal competence to decide on binding decisions concerning public eldercare in Denmark. Later in the chapter I

[204] Ibid.: 241.
[205] Ibid.: 240.

describe how I empirically set the eldercare policy as such. Here, however, I should clarify that when I refer to Danish eldercare policy, I am referring to decision communication on eldercare and, moreover, not referring to all eldercare communication in Denmark, but only to what can be termed the program level, where decisions intended to guide all further communication are made.

By focusing on this part of the decision-communication web I can demonstrate the structured expectations constructed for the relatives' role in eldercare that set the premises of all subsequent eldercare communication in Denmark, regardless of the local council or eldercare institution in which it takes place. Still, I must also refrain from making any conclusions about whether the decision premises I study function as premises of further communication. Whether the eldercare communication in the local eldercare institutions and organizations connects to the premises is beyond the scope of the thesis. I consider this to be a relevant point of observation because while I expect no determination between the decision premises I study and the subsequent eldercare communication, the premises are though expected to establish the horizon for subsequent decisions, as they reduce the possible alternatives for future decisions. Furthermore, the legal, financial and political decisions of the public eldercare policy communicated in, say, laws and departmental orders are binding decisions regarding eldercare, thus also increasing the likeliness that subsequent decisions connect to them. The eldercare policy I study thus bears relevance to all eldercare communication in Denmark.

Having delimited and reasoned the part of the decision web of Danish eldercare policy I focus on in the thesis, I below present a few more elements of Luhmann's systems theory that I need to explain in order to elaborate on how I study the relative as a role constructed in this decision web of Danish eldercare policy.

3.4 Roles in Decision Communication

According to Luhmann, roles are amongst the things that decision communication can be about. Roles are defined as exclusively made up of condensed, stabilized, generalized expectations that come about as decisions connected to decisions. Roles are generalized structures of expectations reducing what it is possible to expect of the psychic systems addressed in the roles.[206] A role is a speaker and an addressee in the communication, constructed by the

[206] Andersen & Pors 2017: 88; Højlund 2014: 156; Luhmann 2000: 151; 2002: 124; 2013: 142-143; Nassehi 2005: 185.

communication.[207] In systems theory roles are the means by which organizations include humans.[208] Roles function as what Luhmann terms *'structural couplings'* between operationally closed social systems and the psychic systems in their environment.[209] The psychic systems remain part of the environment even though the system couples itself to them by constructing roles for them.[210] As Luhmann (2013) puts it: '*The general requirements of our theory of operationally closed systems have in any case to be respected. Inclusion therefore cannot mean that parts or processes or single operations of a system take place in another.* '[211] The system couples itself to the psychic systems through its decisions regarding expectations about roles, thereby making the psychic systems relevant and visible to the social system.[212] By deciding on roles, social systems can thus reach out to psychic systems in their surroundings and address expectations about them through the role.[213] Inclusion means being addressed with expectations, but it does not necessarily mean fulfilling them. An important side effect of the formation of expectations in roles is that deviations become visible as disturbances of the expectations. When expectations are formed, the possibility of disappointment also arises.[214]

Luhmann differentiates between the concepts of person, role and membership, using them instead of the more common term 'human'.[215] Human is not a theoretical concept in systems theory, as a human in the theory is not a unity, but a collection of autopoietic systems, such as an immune system, a nervous system and a consciousness system, all of which are structurally connected to each other.[216]. Luhmann uses the term 'person' to address the complex of expectations put on a single human,[217] whereas he uses the term 'role' as a unity of expectations that can be met by many and changing humans.[218] Luhmann uses the term 'membership' as the inclusion of a role in an organization.[219] A role is thus a group of enduring structures of expectations kept more or less stable towards whoever is performing the role for the time

[207] Luhmann 1996: 343-344; 2000: 149; 2012: 59-60.
[208] Højlund 2009: 423; Luhmann 2002: 124, 135; 2013: 17, 142-143, Teubner & Hutter 2000: 575.
[209] Kneer & Nassehi 1997: 76; Højlund 2014: 158, 168, 175; Luhmann 2002: 134; 2007: 110; Teubner & Hutter 2000: 570-575; Thyssen 1995: 17.
[210] Luhmann 2002: 135; 2013: 17.
[211] Luhmann 2013: 18.
[212] Højlund 2014: 175; Kneer & Nassehi 1997: 8; Luhmann 2000: 371; 2002: 135; 2013:17, 142-143; Nassehi 2005: 185; Seidl 2005:22; Teubner & Hutter 2000: 570-575.
[213] Kneer & Nassehi 1997: 8; Luhmann 2000: 371; 2013: 18, 142-143; Nassehi 2005: 185.
[214] Luhmann 2000: 343; 2013: 142-143.
[215] Højlund 2009:422; Luhmann 1996: 343; 2012: 59; Moeller 2012: 5, 19; Thyssen 1995: 13, 15.
[216] Andersen & Born 2001: 13; Luhmann 1997: 47, 61; 2000: 25; 2012: 22; Seidl 2005: 29.
[217] Luhmann 1996:343-344; 2000: 254, 369; Seidl 2005: 30.
[218] Højlund 2009:422; 2014: 156; Luhmann 2000: 370-372; 2013: 142-143.
[219] Andersen & Pors 2017: 8; Højlund 2009:422; Luhmann 2000: 254, 370; 2013: 142-143; 2018: 443.

being.[220] There is no correlation between a role and any 'corresponding human being'.[221] A role is the expectations that can be addressed to formal positions regardless of the individual person that inhabits the position, and regardless of whether anyone fills the position at the moment.[222] However, the roles are only partly stable, because the number of roles in the different systems are not frozen, and because developments in and reinterpretations of the distinct roles can take place.[223]

3.5 Studying the Relative as Structured Expectations

I study the relative as a role constructed in the decision web of Danish eldercare policy and above, I have presented the parts of Luhmann's systems theory I need to below describe how and why I do so. Afterwards I address how I make my study sensitive to the way the role both reduces and produces uncertainty.

It should now be clear that what I am studying is condensed expectations observable in the web of decision communication of public eldercare policy over time. I study how the relative is constructed as a general addressee of the eldercare communication to whom specific stable and enduring expectations are posed regardless of which individual person that inhabits the position. What I study is thus the expectations posed to the role of the relative, not the expectations posed to any individual person related to an elderly citizen receiving public eldercare.

To identify the role of the relative, I look for expectations posed to the relative as a role in eldercare policy, that is, for what can be expected not of an individual person but of everyone addressed in the role as relative. As expectations always carry visibility of deviances, I identify the role by looking for expressions of not only expectations, but also of disappointment and anticipation of disappointment, as well as for descriptions of how to handle such possible disappointments.

To identify the role, I also use Luhmann's three meaning dimensions. As such, I look for decision premises regarding who the relative can be expected to be, what the relative can be expected to do, and when. In other words, I examine how decision premises concerning the three dimensions limit uncertainty regarding who can be expected in the role of the relative and

[220] Luhmann 1996: 343-344; 2000: 370.
[221] Luhmann 1996:343-344.
[222] Luhmann 2000: 371.
[223] Ibid.: 370.

when and what can be expected of persons addressed in the role of the relative. Also, I specifically look for what role the relative is expected to play in the function of public eldercare, including the expected relationship between public eldercare and the relative. I elaborate on this later, when I present my inspiration in the functional method of Luhmann's systems theory.

Importantly, I am able to use this approach to say something about the generalized relative role constructed in Danish eldercare policy, but I make no claims about what a relative is or has been, only about how the policy has observed the relative to be in the last 90 years as this can be observed in relative roles in the policy. I argue that such a study of the generalized roles is relevant and important. Although systems theory assigns no determining power to roles, roles are described as carrying structural effects on both the social systems constructing them and the psychic systems being addressed with the roles. As Teubner and Hutter (2000) and Højlund (2006, 2014) have pointed out, roles are 'real fictions' with structural effects, even though they do not determine behaviour.[224] Teubner and Hutter (2000) use the concept of the real fiction to address how roles, although fictitious in the sense that they never merge with the persons adopting them and only embody parts of these persons, are still real in the sense that they constitute a social and communicative reality for both the system constructing the roles and the psychic systems addressed in them. In other words, roles structure social processes because they function as a point of reference for both the social and the psychic system.[225] As Højlund (2006, 2009, 2014) points out, people react to the roles they are approached in and have to admit to organizationally mediated roles in order to be included in society and avoid exclusion.[226] As he puts it:

> *No one can avoid engaging with own roles. One can misinterpret or in other ways misunderstand the expectations of the environment, but a total dismissal is not possible. Or more precise: this is off cause possible, but in that case a refusion will just enact new expectations. As with one's own shadow it is not possible to run away from one's role, that is in any case not without running in to new ones.*[227]

[224] Højlund 2014: 160; Teubner & Hutter 2000: 574, 596.
[225] Højlund 2014: 158, Teubner & Hutter 2000: 571, 574-575, 596.
[226] Højlund 2009:422.
[227] My translation: 'ingen kan undslå sig fra et engagement med egne roller. Den enkelte kan misfortolke eller på anden måde misforstå omgivelsernes forventninger, men helt at afvise dem kan han ikke. Eller rettere: Det kan han naturligvis godt, men i

Thus, the roles I study establish the horizon within which the behaviour of both public eldercare and the relative can take place. To study roles is to study the meaningful ways in which family members and public eldercare can act and interact and has real consequences on both.

Below, I present a few more of the elements of Luhmann's systems theory that will enable me to approach the role of the relative as both reducing and producing uncertainty. These elements constitute the second pillar of my analytical strategy.

3.6 Uncertainty

As mentioned, decisions reduce – or absorb – uncertainty. They do so by reducing what can be expected of subsequent communications.[228] As Luhmann puts it:

> *Uncertainty absorption mainly takes place in social relations when a decision orients itself on another, when decisions observe other decisions. Uncertainty absorption describes the succession of decisions, the decision process. The absorption of uncertainty is built into the decision-process itself.*[229]

What I study is thus roles as generalized, stabilized expectations reducing what can be expected of subsequent communications and thus reducing uncertainty about what to expect of the who, what and when of the relative.

According to Luhmann, however, decisions never only absorb uncertainty; they also produce it.[230] This is due to the fact that '*every decision contains its opposite'.*[231] A decision entails choosing one alternative over others, but also drawing attention to the many other possibilities that could have been chosen.[232] Every time a decision is made, the decision points out not only what has been decided, but also that it could have been different.[233] As Luhmann says: '*Every decision communicates that it could have been different.*'[234] This means that '*with every*

så fald vil en sådan afvisning blot føre til nye forventninger. Som med sin egen skygge kan man ikke løbe fra sine roller, i hvert fald ikke uden at løbe ind i nye' (Højlund 2014: 176).
[228] Andersen & Pors 2017: 85; Kneer & Nassehi 1997: 47-48; Luhmann 2013: 141-153; 2018: 198, 222; Nassehi 2005: 185.
[229] Luhmann 2018: 198.
[230] Knudsen 2014: 27; Pors & Andersen 2015: 342.
[231] Luhmann 2018: 142.
[232] Knudsen 2006, 2014: 27; Luhmann 2005b; Pors & Andersen 2015: 342; Seidl 2005: 37-38.
[233] Baecker 2003; Knudsen 2004: 97-98; 2005; 2014: 27; Luhmann 2005b; 2013: 146-148.
[234] Luhmann 2018: 150.

decision uncertainty is more and more reduced but is also built up at the same time and thus renewed'.[235]

As Knudsen (2004, 2005, 2006) has demonstrated in his studies of the decision-communication of a Danish county, this also means that every time an organization starts to decide on something it has not done before, it opens the area not only to certainty but also uncertainty. The organization turns something that used to be observed as pre-given or causal – as not resulting from decisions – into something that does result from them, and thus also something that could have been different and can therefore be questioned. The opening of an area to decision-making thus also opens it to uncertainty.[236] To this should be added that when something has been subjected to decisions, it is not possible to go back. Uncertainty cannot be regenerated, and the system cannot return to the time before the decision.[237] What is more, as also demonstrated by Knudsen (2004, 2005, 2006), new uncertainty is produced when decisions absorb uncertainty. With attempts to absorb uncertainty through decisions on decision premises, the availability of decision premises increase, giving rise to another type of open contingency, as uncertainty then arises as to what decision premise to connect to. Thus, the more uncertainty absorption by decisions on decision premises, the greater the uncertainty as to what decision premise to connect to in subsequent decisions, and the greater the risk that some premises will point in different and even opposite directions.[238] Such a co-presence of contradicting ideals in different premises generates uncertainty as to what ideal to connect to.[239]

Moreover, uncertainty is not always only such a by-product of decision-making. Since the 1980s the Danish public sector has been characterized by tireless, continuous reorganizations, change and reformation and a desire for flexibility as well as an ongoing push for innovation. As public sector researchers say, change now appears to be the only thing stable.[240] This is also a theme amongst systems theory analysts such as Andersen and Pors who have pointed out that, besides the inherent uncertainty dragged along with every decision, organizations today can be

[235] Ibid.: 177.
[236] Knudsen 2004: 98; 2005: 114; 2006.
[237] Luhmann 2000: 173.
[238] Knudsen 2004; 2005: 115; 2006: 91.
[239] Knudsen 2004: 103-104; 2005: 115-116.
[240] Ejersbo & Greve 2005; Greve 2003; Greve & Pedersen 2017.

observed to desire uncertainty, as it allows for flexibility, complexity and innovation.[241] As Pors and Andersen (2015) explain, they have found that in some organizations

> *the ghost of undecidability … is not repressed but advocated and utilized to create organizations capable of continuous change. In other words, undecidability is not just a necessary by-product of decisions, but is also celebrated as that which ensures the moment of decision is not reached too quickly so that the number of possibilities is increased, rather than reduced.*[242]

Pors and Andersen demonstrate how organizations today can be observed to try to postpone the moment of decision in order to extend the uncertainty for as long as possible[243] and to develop ways of deciding for undecidability[244] – or as they put it: ways to '*simultaneously decide and also avoid making decisions, thus keeping flexibility and possibilities intact*'.[245] They have studied (2015) how the Danish school system can be observed to use play to develop decision-making programs '*where each decision holds the function of producing possibilities and, thus, increasing undecidability*', such that '*the "before" of a decision is maintained so that possibilities (open contingency) are not reduced by the decision'.*[246] As an example, they describe how schools use a game called Seven Cs to produce uncertainty. Seven Cs is a role-play where staff are invited to play with the school's identities and futures. The game introduces a world of play as well as a real world, thus making the participants aware of how they observe the world and themselves in one way and how they could observe them differently. Andersen and Pors argue that games like Seven Cs enable organizations to put themselves in a condition of oscillation between normal and possible other ways of seeing themselves, thus helping organizations to accelerate the production of uncertainty and instability.[247]

Similarly, Andersen (2006, 2012) has studied the recent public-sector interest in partnerships as an alternative to contracts, showing how the virtue that makes the partnership desirable is that a partnership postpones the moment and the decision. As Andersen frames it, the partnership '*stabilizes expectations under the expectation of changing expectations'.*[248] The

[241] Andersen 2006; 2012; Andersen & Pors 2014: 166; Pors & Andersen 2015: 338.
[242] Pors & Andersen 2015: 349.
[243] Andersen 2012; Andersen & Pors 2014; Pors and Andersen 2015: 338.
[244] Andersen 2012; Pors and Andersen 2015: 349.
[245] Pors & Andersen 2015: 338.
[246] Ibid.: 349.
[247] Pors & Andersen 2015.
[248] My translation: "stabiliserer forventninger under forventningen om skiftende forventninger" (Andersen 2006: 131).

partnership is a contract of contract development – or '*the promise of a promise',*[249] as Andersen terms it.[250] The virtue of the partnership is thus that it can handle a great deal of complexity,[251] as it is designed to handle '*the fact that every circumstance of a promise is continually changing'.*[252] A partnership keeps everything open. Partnerships are thus desirable because they function as decisions that are capable of maintaining openness and avoid fixing expectations.[253]

Above, I have presented the parts of Luhmann's systems theory I use to make my study sensitive to uncertainty absorption and production, below I describe how I put it to use in my analysis.

3.7 Studying Uncertainty Reduction and Production

Because I approach eldercare policy as decision communication and approach the relative as a role consisting of decided expectations in this communication, I can use the systems theory's take on decisions and decision premises as something that both generate and reduce uncertainty to study the relative role as doing exactly this.

I approach the role of the relative as condensed, stabilized, enduring expectations constructed in eldercare policy by the connection of decisions to decisions that increasingly reduce what can be expected of further eldercare communication on the role and thus reduce uncertainty about what to expect of the relative. This means that when I observe the relative in Danish eldercare policy, I look for the policy's observations of what to expect of whom and when as regards relatives to elderly citizens receiving public eldercare. In other words, I look for the limits set in the policy which reduce what to likely expect of whom and when – that is, reduced uncertainty about what to expect of the relative.

Importantly, as my point of observation is the level of decision programs, what I can observe is whether contingency is closed with the policy or left open. When the policy can be observed to contain decision premises regarding what to expect of whom and when as a relative, I take it as a closing of contingency – as decisions made about what to expect and not to expect. When the policy does not decide on the relative, I take it as contingency left open. If contingency is closed,

[249] Andersen 2012: 206.
[250] Ibid.: 207.
[251] Andersen 2012: 207, 215-226
[252] Andersen 2012: 208.
[253] Andersen 2006: 15-17, 128-146.

I can also observe how with such closings new forms of open contingency are produced – how the decisions generate new questions about what to expect of the relative and whether such questions are addressed with yet new decisions. In other words, I look for contingency – open and closed. When I identify the policy to close contingency, I maintain that uncertainty about what to expect of the relative is reduced. When I identify contingency left open in the policy or identify new forms of open contingency produced with the policy's attempts to close contingency, I maintain that uncertainty about what to expect of the relative is produced and postponed to subsequent eldercare communication.

Thus, as presented, when it comes to expectations expressed in the eldercare policy towards the relative as a general addressee, I take these to mean that uncertainty about what to expect from the relative is reduced with the policy's role construction. However, as also presented, I do not expect to find only uncertainty reduction but also uncertainty production. When looking for uncertainty production – that is, contingency left open or new forms of contingency produced with the policy's decisions on the relative role – I take particular inspiration from the work of Knudsen, Andersen and Pors as I seek the following: 1) the co-existence of several roles available for further communication, because I take such co-existence as generating a new type of open contingency in the form of an uncertainty as to which role further eldercare communication is to connect to; 2) the co-existing of opposing roles, which I take to generate a new form of open contingency in the form of an uncertainty as to which of the opposing ideals to connect to in further eldercare communication; 3) decision premises intended to guide further decisions on which role or ideal to connect to, as such further attempts to close open contingency produced as a by-product of previous decisions are also expected to produce yet new forms of open contingency; and 4) finally, open contingency savoured and prolonged, as I take such to be uncertainty postponed to subsequent eldercare communication.

However, as I will demonstrate throughout my analysis, uncertainty reduction and production also come about in the policy in forms other than those above. I claim that altogether this proves the thesis to be a case also relevant in the current debate in public sector research and amongst systems theory analysts regarding public sector desire for undecidability. The thesis provides findings similar to what Knudsen, Andersen and Pors have already demonstrated in the healthcare and school sector, thus demonstrating such characteristics to also be present in the area of Danish eldercare. Meanwhile, the thesis also provides insights into yet other forms of

uncertainty reduction and production revealed in my case of relative role construction in Danish eldercare – a matter to which I will return in the concluding chapter of the thesis.

Before moving on, however, I would like to underscore that whether the eldercare policy studied reduces or produces uncertainty in the local eldercare communications is beyond the scope of the thesis. I can demonstrate how over time contingency is closed with the construction of roles and how new forms of open contingency are co-constructed. Nevertheless, addressing what happens in the local eldercare communication is a matter for further research. Neither can I know anything about whether such uncertainty reduced or produced is productive, although I will venture to provide some assumptions in the concluding chapter of the thesis.

Thus far, I have described how my analytical strategy is rooted in the radical epistemology of Luhmann's theory of second-order observations, and how I use that theory to construct an analytical strategy allowing me to observe the relative as a role that is constructed in eldercare policy and that both reduces and produces uncertainty. On the following pages, I address how I am inspired by Luhmann's functional method and his concept of function when addressing my historical research interest in how the role of the relative is constructed and changes over time as eldercare policy changes. That is the third main pillar in my analytical strategy.

4. Studying the Relative in the Function of Public Eldercare

As described, my research interest concerns how the role of the relative can be understood in light of overall changes in Danish eldercare policy. To study this, I use Luhmann's concept of function and find inspiration in his functional method. I have already in the previous chapters motivated my interest in the role as part of a larger history of Danish eldercare policy, and below I present how I pursue this interest.

I take the term function from Luhmann's systems theory, and I base my use of the concept on the work of Knudsen (2006, 2010, 2014). A function is defined as the unity of the distinction between problem and solution.[254] Problem/solution distinctions are contingent, meaning that they are neither necessary nor impossible.[255] There is no causality between problems and solutions. The problem is not the cause, and the solution is not the effect.[256] Social systems

[254] Knudsen 2010, 2014: 21.
[255] Knudsen 2014: 31.
[256] Knudsen 2010, 2014: 23.

produce their own functions in the sense that they themselves produce the relation between the problems with which they must cope and the solutions to these problems. They produce both their problems and the compatible functional solutions.[257] As Knudsen puts it: '*Social systems create the problems which they emerged as a solution to.'*[258] As such, I use the term 'the function of public eldercare' interchangeably with the term 'the problem/solution distinction of public eldercare'. The two are the same.

To observe through the problem/solution distinction is referred to as the functional method of Luhmann's systems theory.[259] According to Knudsen, this method has played a significant role in Luhmann's development of systems theory, and in recent system theoretically informed empirical studies, the method has also proven to be a productive way of combining systems theory with empirical research and, not least, of serving as a constructive means of showing and explaining dynamics in observed developments. [260] By asking what a development is a solution to or what problems it creates, the functional method is able to move the analysis forward, so to speak.[261] This approach is not only known from systems theory. An interest in how problems and solutions are constructed and connected to each other is also a well-established theoretical and empirical theme in other theoretical observations,[262] and has on occasion also been used to show and explain eldercare policy developments in non-systems-theoretical studies.[263]

I use the problem/solution-distinction to address changes in the role of the relative in connection to changes in the overall eldercare policy. Whereas Luhmann used the functional method to generate theoretically informed problems and search for their empirical solutions,[264] I use the method to localize both the problems and the solutions at the empirical level.[265] I study how Danish eldercare policy constructs changing problems that public eldercare is expected to solve with changing solutions, and how in these changing functions, the policy constructs specific roles for the relative. I define a change in public eldercare when I can demonstrate a change in the problem/solution distinction of public eldercare, and I define a new period in my story of the relative when I can demonstrate expectations for the relatives different from the previous

[257] Nassehi 2005:181.
[258] Knudsen 2006: 93.
[259] Knudsen 2010, 2014: 19-20, 23-24; Luhmann 2005b.
[260] Knudsen 2006: 79-80; 2010; 2014: 19-20, 27-28
[261] Knudsen 2010.
[262] See Greve & Pedersen 2017 for a presentation of theories of change related to developments in the Danish public sector.
[263]Hansen & Verdung 2005: 44, 45-57.
[264] Knudsen 2014: 22; 2010.
[265] This has according to Knudsen also been used as a productive approach to empirical studies (Knudsen 2014: 28-29).

years connected to such changes in the function of public eldercare. When I state that I observe the function of public eldercare, what I mean is thus that I observe how public eldercare policy constructs changing problems of public eldercare and changing solutions to these problems. When I state that I observe the role of the relative as a function of public eldercare, this accordingly means that I study how the role of the relative is constructed as part of the problems and/or solutions of public eldercare. As such, I also study how specific relationships between the relative and public eldercare are expected with the distinct roles. In other words; I study the role of the relative as constructed from expectations of a specific role in regard to a specific public eldercare. The functional method is thus the method I have chosen to demonstrate changes in eldercare policy and how changes in the role of the relative are connected to such changes in the overall eldercare policy studied.

The functional method thereby serves several purposes in the thesis. For one, as explained above, it enables me to study the role of the relative as a function of the problem/solution distinction of public eldercare. As such, the method provides an analytical approach to studying the role construction not as decoupled from changes in eldercare policy, but as contingent with such changes, where I by 'contingent' mean that the connection is neither determined nor impossible. In other words, the method allows me to show that what is expected of the relative is not decoupled from what is expected of public eldercare but is indeed a function of this. As such, the functional method is what allows me to tell the story of the relative in the story of eldercare policy and the story of eldercare policy in the story of the relative. To tell the story of the case and what underlies it.

The method also serves a second purpose of studying how the expectations constructed for the role of the relative are also expectations about distinct and changing relationships between the relative and public eldercare. I use the method to demonstrate that what is expected of the role of the relative is indeed expectations of the roles' role in public eldercare. This further allows me to show how the relationship expected between the relative and public eldercare changes over time and thus to offer nuances and complexity to the substitution versus complementarity debate in the eldercare literature. Most importantly, however, it allows me to demonstrate the emergence of a new type of open contingency generated in eldercare policy with the construction of relative roles, as over time the policy with the role-construction co-constructs a multitude of co-existing relationships for the local eldercare communications to possibly

connect to – that is a new form of open contingency concerning what relationship to expect between the relative and the public eldercare with the changing roles. Importantly: When I talk about the relationship of public eldercare, I only aim at the relationship between the relative and public eldercare. I cannot claim anything about the relationship between the care user and relative or between care worker and care user. Any reference in the thesis to the function and relationship of public eldercare exclusively means the changing problem/solution distinction of public eldercare and the specific relationship between the relative and public eldercare expected with such changing functions. To all this should be added that I define the relationship as a relationship between the relative and public eldercare because my interest lies in the generalized expectations concerning the relatives' role in public eldercare and the allocation of expectations and responsibility between public eldercare and the relative, and not in the specific individual relationships between a care worker and a relative.

Finally, the method serves the purpose of moving my longitudinal historical analysis forward, allowing for a sensitivity towards continuity and change. As described, I define breaks in my story of the relative and the beginning of a new period in the story when I can demonstrate a new role for the relative emerging with a new function of public eldercare. As such, the forward progression of my analysis connects to developments in eldercare assumable recognizable to eldercare practitioners and scholars. The method provides a way to tell the story of the relative connected to already recognized significant changes in public eldercare over time, thus allowing me to tell the story in a way that resonates with the field. My hope is that this makes my findings recognizable and meaningful to the field, while also allowing me to offer my story as a series of details, nuances and complexity that can be added to well-established conclusions and development stories in the field.

Such sensitivity, however, naturally comes at a price. By observing how Danish eldercare policy constructs the role of the relative as a function of the unity of the problem/solution distinction of public eldercare and the continuities and discontinuities this entails, I simultaneously lose a sensitivity to other signs of continuity and discontinuity and contingencies. The approach I take is simply a means of making some changes and contingencies appear, and not others. It will be the task of the analyses to show the productiveness of this choice.

Moreover, it should be noted that the empirical material available also motivated the choice to study the relative as constructed with the construction of the function of public eldercare. As will become evident in the analytical chapters, no relative policies or other documents devoted specifically to the theme of the relative exist for most of the historical period studied. Accordingly, to study public eldercare policy's observation of the relative, I had to study the documents in which the policy describes the function of public eldercare, and to examine how the relative appears when constructed as part of either the problems or the solutions of public eldercare. To approach the study of the relative through the policy's observation of the function of public eldercare is thus also a practical choice allowing the analysis to begin before the policy starts to communicate expectations directly and exclusively to the relative.

Before moving on to the empirical material of the thesis, I would like to emphasize that I am not suggesting any causality or temporal process between the construction of the function of public eldercare and of the role of the relative. In the analytical chapters I present the problem/solution distinction first and then the role of the relative, but not on the basis of any claim of causality. The succession in the presentation is just a communicative take used to present the story of the relative in a straightforward manner. As such, the structure of the analytical chapters is only intended to help the reader join a complex analytical adventure.

Equally important is the need to emphasize that the research interest of the thesis concerns the role of the relative in public eldercare. Inspired by how Andersen and Born (2001) (2008) analyse developments in the semantic of the public professional by co-telling the story of other developments, albeit only marginally so as not to burden their main story, [266] I also only co-tell the story of the changing functions of public eldercare. By this I mean that doing them full justice is beyond the scope of the thesis and has for the most part been done elsewhere. I thus only include the developments in the function of public eldercare to the degree that these help me tell my story of the relative in public eldercare as a story of contingency, continuity and discontinuity that may resonate with existing knowledge amongst scholars and practitioners of public eldercare in Scandinavia.

So far, I have thus presented the epistemological base of my analytical strategy and the three main elements of the analytical strategy I have constructed: role, uncertainty and function. I

[266] Andersen & Born 2001, 2008.

have presented how I use Luhmann's systems theory to perform a role analysis focusing on uncertainty as reduced and produced with the role, and shown how I use the functional method of systems theory to perform a historical analysis sensitive to continuity and change in the role and to the connection between changes in the role and changes in the function and relationships of public eldercare. My analytical strategy is thus a combination of elements from Luhmann's systems theory, gathered with the specific purpose of addressing my interest in how changing roles over time have been constructed for the relative in eldercare with changing functions of public eldercare, and how such roles have both reduced and generated uncertainty of what to expect of the relative.

It should be noted that the relative in the eldercare setting could also reasonably have been approached through a semantic analysis of the concept of the relative in eldercare communication over time. In systems theory, semantics are defined as the reservoir of generalized, condensed expectations and meaning established in three semantic dimensions and available to communication. [267] This resembles my approach to the role analysis, with roles analysed as condensed expectation also set with the three meaning dimensions. With a systems theoretical semantic analysis one questions how meaning and expectations over time are condensed into concepts as cast in a distinction between concept/meaning, where a concept is defined as condensed meaning bound in the distinction between concept/counter-concept.[268] As such, also a semantic analysis could have been a productive approach to my historical analysis and could have moved the analysis forward enabling claims of continuity and discontinuity with changes in the concept of the relative and its counter-concept. The semantic analysis is a central analytical strategy in systems theory often applied in empirical analyses, for example, by Luhmann himself in his analysis of the semantic of care.[269] Also, it is commonly applied by current, recognized systems theory analysts such as Andersen and Born, for example, in their study of the semantic of love and of a semantic turn to passion in the semantic of the employee, among others.[270] Andersen and Pors (2014) also apply a historical semantic analysis of organizational play and organizational temporality in their study on how employees and membership are currently constructed in the Danish school system.[271] Such recognition does not surround the analytical strategy I have constructed. My analytical strategy, resembling more

[267] Andersen 1999: 142; 2003: 318; 2006: 38; 2014: 47, 49, 54; Andersen & Pors 2014: 169; Stäheli 1997: 129, 131.
[268] Andersen 1999: 143; 2003: 317-318; 2006: 38; 2014: 44.
[269] Andersen, 2014: 66; Højlund 2004: 74-76.
[270] For an introduction to semantic analyses performed by Andersen, see Andersen 2014: 41-42, 52-54.
[271] Andersen & Pors 2014.

of a patchwork of theoretical elements, does not have the strength of being such a well-established, recognized systems theoretical approach to empirical analysis, but it does have the strength of being tailored to my specific research interest.

I have not constructed an analytical strategy based on various systems-theoretical concepts because the relative could not reasonably be approached through, for example, a semantic analysis. My choice is based on my research interest. My interest is in how different roles are constructed for the relative with different functions and relations of public eldercare, and in how such roles over time have both reduced and generated uncertainty about what to expect of the relative. For this purpose, I have constructed an analytical strategy based on several parts of Luhmann's systems theory. As I will return to in the concluding chapter of the thesis, the semantic analysis could have helped answer questions that are raised during the thesis but that I am unable to address with my constructed analytical strategy. However, as I will demonstrate in the following analytical chapters, my analytical strategy allows me to answer in great detail and complexity my research question.

On the following pages I turn to the empirical material I use to construct Danish eldercare policy as a point of observation to study relative roles. This is the empirical part of my analytical strategy.

5. Empirical Material

The following pages concern the empirical material I use to construct a public eldercare policy whose observations on the relative I can observe. The thesis is based on an archive of more than 400 electronic and physical documents dating back to the beginning of the 1930s and spanning to the beginning of 2020. I first describe and motivate my choice of empirical material and methods of data collection and then address some implications of these choices on the thesis conclusions.

5.1 Studying Documents

Before explaining how I use documents as the empirical material for studying the role of the relative, I will first elaborate on why I do so.

First, it is broadly recognized in organization and management studies that documents often make for relevant empirical material in the study of organizations, as organizations today rely heavily on documents when making and communicating decisions, among other things.[272] Also in systems theoretical studies of developments in eldercare and care roles, documents are commonly used as empirical material.[273] Moreover documents are specifically relevant empirical material in this thesis, for one because I am interested in decision premises of public eldercare, especially in the form of decision-programs regarding the relative and such policies, strategies, laws and the like come in the form of published documents. In other words; documents are the way in which the decision premises I am interested in are commonly expressed. They are what can be referred to as data that existed as text prior to the thesis. Such data is also sometimes termed 'naturally occurring data', meaning data that are not made as part of the research process.[274] However, this does not mean that I believe the documents to provide a truer knowledge than any other empirical material. In accordance with both systems theory as well as constructivist and interactionist studies in general,[275] I do not read the documents as a divine source of knowledge about how the world – in this case the relative – is. I read the documents to observe what observations of the role of the relative they show.

Furthermore, the historical interest of the thesis also makes documents a relevant empirical material, as documents allow me to also study the decision communication of the public eldercare policy retrospectively. Texts are the memory of social systems, so to speak.[276] Document studies are recognized in qualitative research as an approach better suited than other qualitative methods to study historical developments, stability and change over a longer period.[277] In comparison, other qualitative methods such as the interview and observation studies would provide only the chance to study 'here and now' expectations for the relative.

As described, I take public eldercare policy to be a network of decision communication regarding public eldercare. As also stated, the ambition of the thesis is limited to observing decisions regarding decision premises at the level where legally, politically and administrative decision programmes are decided, and not local eldercare communication. Thus, when I

[272] Justesen & Mik-Meyer 2010: 122; Mik-Meyer 2005: 194.
[273] Højlund 2004; 2006; 2009; Højlund & la Cour 2001; la Cour & Højlund 2001.
[274] Justesen & Mik-Meyer 2010: 123; Lynggaard 2015; Silverman 2011.
[275] Mik-Meyer 2005; Lynggaard 2015.
[276] Knudsen 2006: 86; Luhmann 2018: 476; Lynggaard 2015.
[277] Lynggaard 2015: 137, 140.

selected documents for my archive, my main criterion – besides that the documents were to concern eldercare - was that the documents had to belong to the decision communication of the organizations and institutions holding the formal, juridical, organizational and administrative competence to make public eldercare-related decisions aimed to function as premises for all subsequent eldercare communication.

In Denmark, local governments are responsible for conducting eldercare within an overall national legislative framework. There are 98 municipalities, which have the authority to govern the local institutions that carry out eldercare in the form of nursing homes and public homecare institutions, among other things. This authority is vested in the municipalities, who must adhere to national laws and central strategies and policies.[278] Moreover, since the 1970s the municipalities have been joined together in an association of local governments, called Local Government Denmark (LGDK). LGDK partakes in the operationalization of national laws, strategies and policies regarding eldercare and welfare management in general, developing and initiating specific approaches, technologies and strategies for the administration and provision of local eldercare across municipalities.[279] While the national government points the direction of eldercare, LGDK can be seen as engaging in the related details, means and practical approaches, and LGDK is recognized as influential in both the content of social policy, including on eldercare, and especially in the administration of such policy.[280] Accordingly, in Denmark decisions regarding eldercare and the role of the relative in these decisions are found in a web of decisions spanning from local care interactions at local eldercare institutions and organizations, to local governments' central political and administrative organs, to national entities as manifested in both LGDK and the national government bodies. However, in this thesis I have only included documents from LGDK and the national government bodies comprising eldercare. This choice allows me to observe decision-communication at the level premising all subsequent eldercare communication in Denmark. However, the empirical material chosen also somewhat limits what I am able to observe. I discuss three important limitations here.

[278] Hansen & Verdung 2005: 35; Højlund 2009: 423.
[279] KL 2006c.
[280] Hansen & Verdung 2005: 35; Møller 2004.

5.2 Observing the Relative Based on Blindness

First, by choosing to source documents only from LGDK and the national government bodies dealing with eldercare, the thesis observes the role of the relative in eldercare through a blindness to the broader public debate regarding public eldercare and the role of the relative emerging there. Besides the interest organizations mentioned in the introduction of the thesis as partaking in the public debate on the role of the relative, a range of semi-public knowledge institutions such as the Danish Center for Social Science Research, now termed Knowledge of Welfare (VIVE), the Management Hothouse (Væksthus for Ledelse), and the Danish Evaluation Institute (EVA), which have financial, organizational and/or physical ties to LGDK and national government bodies also take great part in the public debate regarding public eldercare. Over time these institutions have produced a wide range of analyses, reports and publications on eldercare, thus providing detailed insights into the changing themes of interest when it comes to public eldercare and to some degree the role of the relative in it. My readings of these publications showed that they often offer more detailed descriptions than what can be found in the LGDK and national government publications. However, such publications are only included in the historical document archive if they are ordered and/or financed by LGDK or the relevant national government bodies.

Including these broader sourced documents could have provided a more detailed picture of the role of the relative in public eldercare. The thesis can thus reasonably be met with the critique that it is blind to the nuances of the public eldercare debate that informs or explains the developments in the relative role that I have been able to observe in LGKD and national government documents. I accept this. With this thesis I have chosen to make my contribution a picture of how Danish eldercare policy constructs the relative role and not of how the relative is constructed in the broader public debate on eldercare.

Second, the exclusive use of documents sourced from LGDK and the relevant national government bodies means that my observation of the role comes at the basis of a blindness towards local connections to the role. The material does not allow for observations of local structural imprints or local adaptations of or connections to the relative roles. Such data might have been gleaned from other methods, for example, a case study with interviews or observation studies performed at one or a few local eldercare institutions. But I accept the inherent blindness to local adaptations that comes of exclusively using the empirical material I do, seeing this as a

premise for claiming something about the relative role available to all subsequent communication. I would argue that analyses at the local level can now gain an illuminating strength by showing variations or coherence between local adaptations and the generalized role, I provide with this thesis.

Finally, I should note that the public eldercare policy being observed as observing the relative in the thesis is a public eldercare policy constructed across the national government bodies dealing with eldercare and LGDK – that is, a form of meta-organization of eldercare communication emerging across more than one organization. For this reason, the thesis observes the relative role through a blindness to differences in the decision communication from those bodies. For the purpose of this thesis I take the relevant national government bodies and LGDK as one. In the public debate and in their own self-descriptions, LGDK and the national government bodies are considered just as often opposites as one voice, but the thesis does not address such potentially conflicting interests between these national bodies, for which reason nothing can be claimed about the internal differences in the public eldercare policy I have created. These differences therefore become a blind spot in the thesis.

This is not a risk I undertook heedlessly. I did a preliminary reading of documents from LGDK and the national government bodies, focusing on identifying differences in how they observe the relative in public eldercare, and found no such major differences. Apart from this lack of major difference, I have several other reasons to treat LGDK and national government bodies as one. First, all of these bodies decide on the decision premises of public eldercare and of the relative. Although the legislative power sits with the national government, LGDK produces a wide range of strategies, visions and technologies, all aimed at setting premises for local decisions regarding public eldercare and the role of the relative. What is more, LGDK and the relevant national government bodies complement each other. On the one hand, the national government bodies are relevant because they make legally binding decisions on eldercare through laws and policies, but when it comes to welfare management in general and the role of the relative in eldercare, these bodies seldom provide detailed descriptions. LGDK, on the other hand, lacks that level of legislative competence, but provides detailed descriptions of how over time national legislation, strategies and policies variously establish the conditions of public eldercare, and does so in ways that include more detailed observations on the role of the relative. The eldercare policy and the relative, I am interested in, thus emerge and stabilize in the

interplay between the documents of the national government entities and LGDK. As such, there are several reasons to include both LGDK and national government bodies, and the decision to ignore possible differences between their observations is simply made to minimize the noise in the main story.

5.3 Methods of Data Collection

In any document study of organizations, an abundance of potentially relevant documents exists, and one must consider which and how many documents to include.[281] In the following I present the criteria I used to select the documents from LGDK and the relevant national government bodies to include in the historical document archive, and how I identified them.

My interest in decision communication made acts, white papers, policy papers and the like a relevant type of material. Accordingly, I have chosen to use only official documents, as opposed to more unofficial and informal documents like internal memos and drafts. This choice was practical, as such internal documents are difficult to obtain, but it also resonated with the theoretical approach of the thesis, as empirical material comprised of formally published documents was well suited for studying an organization's decided decision premises. Another criterion of inclusion was that the theme of the documents should be eldercare. I therefore included documents in the archive if they directly concerned either the area of eldercare or the overall area of social or welfare policy and included references to or paragraphs directly regarding eldercare. This also means that documents were included in the archive even when published by ministries other than the Ministry of Health and the Aged[282], if such ministries have launched programmes, reforms, legislation or projects involving or concerning eldercare.

As for the number of documents included, I have chosen to include all the documents I was able to find regarding the function of public eldercare and the role of the relative in that care. For this reason, I did not apply the classic selection criteria of representation, credibility or neutrality known from the realistic scientific approach to document studies.[283] Instead, I used a selection criterion commonly used in constructivist-inspired document studies, whereby a document is deemed relevant simply if it can shed light on the research interest by generating

[281] Justesen & Mik-Meyer 2010: 128.
[282] The ministry of Health and the Aged (Sundheds- og Ældreministeriet) is the current name of the ministry encompassing public eldercare. The name of the ministry encompassing eldercare have though changed several times during the 90 years of eldercare policy covered in the thesis.
[283] Justesen & Mik-Meyer 2010:131; Lynggaard 2015: 147-149.

convincing and interesting new knowledge.[284] As such, I included documents if they matched the criterion of being published by LGDK or the relevant national government bodies – and as such could be said to be part of the eldercare communication, I am interested in - and if they could elucidate how public eldercare policy observes the role of the relative in public eldercare – and as such concerned my research interest in the relative in public eldercare.

In regard to the types of documents selected, the documents sourced from the national government bodies are documents on national legislation, departmental orders, white papers and books as well as documents regarding pre-legislative work. The documents cover political programmes such as social and eldercare policies, financial agreements and annual statements from the prime minister, as well as reports and analyses such as committee reports, inspiration catalogues and surveys. These documents date back to the 1930s. I explain why I begin the analysis in the 1930s later. The eldercare documents sourced from LGDK include strategy, policy and vision papers; guidelines; management tools; discussion papers; explanations of rules and legislation; inspiration catalogues; and annual reports describing the political and administrative activities in effect and stating LGDK's interests and positions. These documents date back to 1970, when LGDK was founded.

In my search process I found documents by a method of following references. First, I conducted a search on bibliotek.dk for every document published by LGDK, the government, the prime minister, the Ministry of Health and the Aged and the related agencies from 1930 to 2020. I then read all the documents appearing in this process and identified the documents concerned with eldercare. This was combined with a search on the websites of LGDK and all the relevant national government bodies concerned with eldercare, during which I searched for all documents concerning eldercare and all documents concerning the relative. A librarian from the Prime Minister's Office helped me to identify state documents concerning eldercare. Finally, I also consulted with practitioners from the municipalities in which I conducted preliminary interviews and observation studies and with experts in the field of eldercare from LGDK and other knowledge institutions and interest organizations. At this point I simply followed the references, locating all the references in the documents from the first round of searches, reading them to identify documents concerned with eldercare and the relative. Some of these documents, especially the national legislation from the earliest periods, were difficult

[284] Justesen & Mik-Meyer 2010: 133.

to identify and obtain. To this end, a research librarian from the CBS library helped find the reports and legislation from the library archive. This was additionally combined with a review of the references in existing historical studies on Danish eldercare.

I have, of course, been unable to obtain some documents because they were inaccessible to the public or have been lost over time. Undoubtedly, I also overlooked some documents because of the way I constructed the archive. Still, given the more than 400 documents in the archive, and the equally large number of documents I read but deemed irrelevant to the role of the relative and hence did not include in the archive, I would argue that although some documents may have been missed, the number of documents pinpointed provided an ample basis for observing the construction of a role of the relative in Danish eldercare policy.

5.4 Constructing a Beginning of the Story of the Relative

A final methodological consideration to be addressed is how I determined the time period to be analysed and its sub-periods. Essentially these are grounded in my research interest.

I begin the story in 1930, which might lead to the question 'why not earlier?' This is indeed a relevant question, since in historical analyses of eldercare, the 1930s is often referred to, not as the beginning, but as the second or even third phase of modern Danish social policy and eldercare.[285] Someone siding with this argument for an earlier starting point might identify 1891 with Estrup's social welfare reform as a more apt point to commence the overall period analysed. This reform is often considered to be the first instance of social reform in modern history, and as such as the birth of the welfare state. The act on old-age pension in the reform is often seen as the birth of eldercare as an independent policy area, as in this act age first became constructed as a criterion for receiving public support.[286] However, the research interest of this thesis is the story neither of eldercare nor of social welfare policy – those stories have already been told. No, my research interest lies in how Danish eldercare policy has constructed the role of the relative in eldercare over time. For this reason, I embark on the story at the time when the eldercare policy can be observed to start observing the relative as a role in public eldercare. I am not seeking to claim that the policy constructed no roles for the relative in the eldercare setting before the 1930s, but rather stating that eldercare policy documents from

[285] Jonasen 1998; Larsen & Møller 2004; Møller 1992, 2004.
[286] Hansen & Verdung 2005: 47-48; Jonasen 1998; Larsen & Møller 2004; Møller 1992, 2004; Socialministeriet 1933: 9, 13, 14; Socialkommissionen 1993d: 43; Wingender 1994.

before the 1930s are almost non-existent, and I found no references to such role-constructions in the scattered documents that I did find.

As regards my choice of period, one might similarly ask 'why not start later in, say, the 1950s or 1970s?' The 1950s could have been appropriate because most studies place eldercare as a family concern until the 1950s and agree that a welfare state responsible for social welfare policy like eldercare was not established until then.[287] The 1970s could have been a fitting starting point, since one prong of my construction of public eldercare policy, LGDK, was not established until then. As such, starting the analysis before the 1970s essentially left me with only a partial set of public eldercare policy documents for the first 40 years of the analysis. Again, however, the research interest of this thesis is the role of the relative in eldercare, and neither the 1950s nor the 1970s proved to be the beginning of that story. With this in mind, I accept that starting the analysis before the founding of LGDK might be criticized as a weak point of the thesis, but I have done so because the construction of a relative role in eldercare can be observed before the 1970s.

Although I have established why the period I have chosen to analyse does not begin earlier or later than the 1930s, I have yet to explain why it actually begins in that decade. I have already presented my main argument: it is from this point onwards that constructions of expectations for a relative role in eldercare can be observed in public eldercare policy documents. I did not begin my search for the relative in eldercare with the year 1930 but I found the first references to the relative as a role in eldercare in the social reform of 1933. Other arguments also underpin my choice of starting point. For example, the social reform of 1933 is commonly recognized in eldercare research as an important milestone in the history of Danish eldercare. Specifically, it is considered to be the first consolidation of the scattered laws on eldercare into a single, systematic act and to constitute a change in social welfare policy principles. Indeed, the reform introduces modern entitlement principles, thus showing the incipient signs of a public sector taking responsibility for the life and wellbeing of its citizens and thereby laying the foundation of the welfare state.[288] Hence, were I telling the story of social welfare policy or the welfare state, the choice of 1930 might appear odd, but because I am studying the construction of a relative role in the eldercare setting against the above backdrop, 1930 proved a relevant point

[287] Hansen & Henriksen 1980; Hansen & Verdung 2005: 45-52; Møller 2004.
[288] Esping- and Korpi 1986, Jonasen 1998; Socialministeriet 1933: 8, 9, 13, 14; Møller 1992, 2004.

to begin my presentation, as this is, as I will show in the analysis to come, where public eldercare policy begins to construct a role for the relative in eldercare.

The thesis contains five analytical chapters each of which covers a distinct period in the construction of the relative role. I should stress that there are no true or right periods in the history of the relative out there waiting to be observed. The periods are only periods in the story of the relative because I define them as such. Again, with inspiration from Andersen and Born (2001), I use a historical period solely as a rhetorical device with which to break down the empirical material into units that make the story more reader-friendly. In the thesis I achieve this through the distinction between continuity/discontinuity in the relative role. When a new function of public eldercare appears to construct a new role or roles of the relative, I begin a new period. For the purposes of the thesis, a period extends for as long as the dominant relative role remains the same and is interrupted when breaks in that role or roles appear. This is why some periods only span 10 years while others last for 40. The periods I identify runs as follows; 1930-1969; 1970-1979; 1980-1994; 1995-2009; 2010-2020. An analytical chapter is devoted to each of these periods.

5.5 Analysing the Documents

On the final pages of the chapter, I present how the documents of my archive are analysed and present the structure of the following five analytical chapters.

As should be clear by now, making Luhmann's systems theory the theoretical foundation of the thesis has enabled me to study the documents as written expressions of the expectations that Danish eldercare policy places on the role of the relative in public eldercare. My aim was not to seek any 'hidden truth', nor did I expect the documents to give me knowledge about any 'real relative' out there. I simply looked for what expectations for the relative can be observed in the documents. Accordingly, this approach is not based on the classic document study approaches, where documents are read with a focus on their production or consumption process.[289] In other words, the thesis focuses no attention on the relation between the documents or the manner of their production – that is, what negotiations, intentions or conflicts resulted in the document, what genres form the documents or what signal the documents intend to send.[290] Nor does it

[289] Justesen & Mik-Meyer 2010: 125-126; Lynggaard 2015, Mik-Meyer 2005.
[290] Justesen & Mik-Meyer 2010: 125-126; Lynggaard 2015.

examine the 'consumption process' of the documents – that is, what happens when the documents are read or used in other contexts decoupled from their production process.[291]I only observe what reservoirs of condensed expectations the documents make available to eldercare communication on the relative in the form of roles and how such roles reduce or produce uncertainty about what to expect of the relative. As such, to analyse the documents, I use the theoretical and epistemological viewpoint outlined in the chapter to ask the documents the following questions:

What is the function of public eldercare observed to be?

What relationship is expected between the relative and public eldercare in this problem/solution distinction?

What role is the relative expected to play in the problem/solution distinction?

What are the social, temporal and thematic limits to what to likely expect of the relative in this role?

What disappointments and deviances from the role are expected?

How is contingency closed with the role, what contingency is left open with the role and how are new forms of open contingency produced with it?

The following five analytical chapters each concern a period in my story of the relative and are structured with the aim of answering the above questions. First, I demonstrate the function of public eldercare of the given period, and afterwards the specific relative roles constructed in that specific function of public eldercare with specific relationships expected between the relative and public eldercare, elaborating on how the roles reduce and produce uncertainty. Throughout the chapters, I also engage in a dialogue with the eldercare literature presented in the previous chapter, proposing additional nuances and complexity to the conclusions and debates of that literature. Each chapter ends with a schematic presentation of the role of the particular period and a schematic picture of the period in the longitudinal story of the role of the relative in Danish public eldercare policy.

[291] Justesen & Mik-Meyer 2010: 126.

Chapter 4) Analysis of the Years 1930–1969: The Double Waning of the Relative

1. Introduction

This analytical chapter concerns the first of five periods in my story of the relative. The period covers the years from 1930 to 1969 and is characterized by what I term *the double waning of the relative*.

Notably, a salient feature of this period is the search for something not explicitly there. Few policy documents about public eldercare were published from 1930 to 1969, and none specifically concerning the relative, to which only scattered reference is made in the slim body of documents. However, this chapter shows how this period nonetheless marks the beginning of the story of the relative, arguing that the absence of the relative is a construction of the eldercare policy of the period. Accordingly, a characteristic feature of the period is how only a few decision premises of what to expect of the relative can be found in eldercare policy. Moreover, most such decision premises concern not the relative but how public eldercare can be expected to substitute for it.

The chapter is divided into two main sections. The first establishes how Danish eldercare policy constructs the chief problem in eldercare to be a growing number of elderly citizens in need of public financial support and public assistance when they can no longer manage on their own and makes public old-age-pension[292] and public nursing homes the solution. I further demonstrate how in this function of public eldercare, the relative is constructed as a *waning caregiver*. With this waning caregiver role, I show uncertainty about what to expect of the relative to be reduced mostly by expectations constructed for how public eldercare is to substitute for the waning caregiver. Also, the relationship between the relative and public eldercare is established as one exactly of substitution, where public eldercare is to substitute for the relative.

[292] The Danish term changes during the period from ’Aldersrente’ to ’Folkepension’. Throughout the chapter the english term old-age-pension is used.

In the second section I demonstrate how Danish eldercare policy from 1930 to 1969 starts to construct a new problem, one that emerges from its solution to the initial problem. In seeking to place elderly citizens in public nursing, the policy begins to observe the growing financial burden that this constitutes. To ease this burden, the policy comes up with a public homecare solution that fosters ageing in place. Next, I argue that, preoccupied with resolving public eldercare's inability to fill the caregiving gap left by the waning relative in a financially sensible way, the policy stops expressing any expectations for the relative. I address this in terms of a double waning of the relative, arguing that it is the policy's observation of the relative as a waning caregiver and its solution to this that erase the relative from Danish eldercare policy. With the relative shown to no longer be part of either the problem or the solution of public eldercare, I argue that once again uncertainty about what to expect of the relative is reduced with further expectations expressed towards public eldercare. I conclude the chapter by demonstrating how the relative re-appears in the eldercare policy in the period, but now as a *care worker employer*.

2. The Waning Relative

This section concerns the role of the relative as a waning caregiver and how this role is connected to a particular problem/solution distinction that goes: problem = a growing number of elderly citizens who cannot manage alone/solution = public homes for the elderly and public old-age-pension.

2.1 The Problem of an Expanding Caregiving Gap

Throughout the 40-year period covered in this chapter, eldercare is mainly a theme in the acts on public assistance and on national social insurance[293], in which two themes stand out. For one, elderly citizens are to be provided with old-age pension when they stop working and can

[293] My translation: 'Offentlig forsorg', 'Folkeforsikring.'

no longer provide for themselves.[294] Second, public nursing homes are to be available for elderly citizens too weak to care for themselves in their own homes.[295]

As can be seen in these acts, the eldercare policy of the period is preoccupied with a problem of a growing number of elderly citizens in need of accommodation at a public nursing home.[296] A 1962 white paper on homes for the elderly notes, for example, that *'a continuously growing group of persons exist who, although they have no actual diseases, are weakened to an extent that they struggle to manage on their own and are in need of care'.*[297] Importantly, the policy establishes the principal problem to be not the growing need for such homes, but public eldercare's inability to meet this need. For example, the above paper notes that '*it rests upon the municipalities to ensure that they are able to institutionalize old-age pensioners and chronically ill citizens',*[298] and that as of now '*the need for social institutions, such as homes for elderly citizens and people so weakened that they need constant care has changed considerably in the last few years, and that this need must currently be considered far from adequately met'.*[299]

Likewise, when describing the elderly citizen's need for old-age-pension, the policy also constructs this as a problem concerning the current inability of public eldercare to provide such insurance in a uniform and universal manner. For example, in the social reform of 1933, the Ministry of Social Affairs (Socialministeriet) describes how the reform *'reforms the entire breadth of national insurance and public assistance legislation'*, and how this is called for because legislation in this area has thus far been '*divided*', '*dispersed*' and '*inconsistent*' [300].

[294] Socialministeriet 1933: Introduction, 31-32, 51; L181 1933; L182 1933: § 1; L122 1937: §§ 1, 36, 38, 65, 70; L399 1940: §§ 1, 36, 38, 39, 65, 66, 70; B337 1942; B218 1953: §§ 1,36, 38, 39, 65, 66, 70; Lov om offentlig forsorg 1954; L258 1955; B228 1957: §§ 1, 36, 38, 65, 66, 70; Lov om ændring i lov om folkeforsikring 1959; L238 1960: §§1-5; B156 1962: § 1; L114 1964: § 1; Lov om invalide- og folkepension 1965: §§ 1, 2, 10, 15, 18, 26-27; Lov om folkepension 1966: §§ 1, 2, 3, 4, 5, 28, 31; L229 1968: §§ 2, 10-13, 17.

[295]L181 1933: §§ 34, 277; L121 1937: I § 34; B337 1942: §§ 34, 277; B234 1952: § 1; Lov om offentlig Forsorg 1954: §§ 34, 277; B115 1954: 7; L169 1961: §§ 2, 6; B318 1962: 7, 9, 19, 21-22; L114 1964: § 1; L229 1968: § 2. During the period the Danish term for the homes changes from 'alderdomshjem' to 'plejehjem' containing a change in the public care offered. While the English term 'nursing home' is used throughout the period, the changes in the conceptualization of public eldercare offered are addressed in the chapter.

[296] B115 1954; B318 1962: 11; L114 1964.

[297] My translation: 'findes en stadig voksende gruppe personer, der, uanset at de ikke har egentlige sygdomme, dog er så svækkede, at de har vanskeligt ved at klare sig selv, således at de har behov for pleje' (B318 1962: 11).

[298]My translation: 'Det *påhviler kommunerne* at drage omsorg for, at de har muligheder for at anbringe pensionister og kronisk syge' (Ibid.: 9).

[299] My translation: '*behovet* for sociale institutioner som hjem for gamle og for personer, der er så svækkede, at de til stadighed har brug for pleje, *har ændret sig* betydeligt i de seneste år, og at behovet nu langt fra kan siges at være tilfredsstillende' (Ibid.: 11).

[300] My translation: 'reformerer hele den omfattende Forsikrings- og Forsørgelseslovgivning' 'opdelt', 'spredt' usammenhængende' (Socialministeriet 1933: 7).

The ministry also states how ongoing amendments to the laws have '*created not only an unmanageable jumble',*[301] but have also led to a randomness and obscureness as to whether help was to be provided or not and with what financial and juridical consequences to the recipient.[302] This situation is described as '*irrational*', '*unfortunate*' and '*unjust*'[303], and as a principal problem of eldercare that the public sector needs to tackle.

Thus, the function of public eldercare has been shown to be constructed in public eldercare policy as providing, on the one hand, universal and uniform old-age-pension and, on the other, accommodation at public nursing homes for a growing number of elderly citizens not capable of managing without public support. I will argue that this also shows how the policy installs public eldercare on both sides of the problem/solution distinction. The problem is posed as being, not the growing need for public care, but the public eldercare's failure to so far meet that need, while the solution is determined to be uniform and universal public old-age-pension and public homes for the elderly. Next, I show how the policy in this particular function of public eldercare constructs the relative as a waning caregiver.

2.2 The Waning Caregiver

In the following I argue that with the above described function of public eldercare, the relative emerges in eldercare policy as a waning caregiver whose absence is expected to increase thus leaving a caregiving gap to be filled by public eldercare. I also demonstrate how the role as a waning caregiver is presented in the policy as a given, inevitable role that can be neither questioned nor problematized, and which stabilizes more expectations for the public eldercare than for the relative. In doing so, I argue that this construction of a waning caregiver lays the ground for the double waning of the relative I present later in the chapter, and show how with the waning caregiver role the relationship between the public eldercare and the relative is constructed as one of substitution, where the public eldercare is to substitute for the relative.

I identify a waning caregiver role based on how the policy describes the relative's presence in elderly care as waning and presents this waning as calling for an enhanced public effort in eldercare. One notices how the policy ascribes the growing number of elderly citizens unable

[301] My translation: 'skabtes der ikke alene et uoverskueligt Virvar' (Ibid.: 9).
[302] Ibid.: 9-10.
[303]My translation: 'irrational', 'uheldig', 'uretfærdigt' (Ibid.: 12).

to age in place and thus requiring institutionalization to a waning presence of the relative in eldercare. For instance, a 1946 white paper states that

> *It is a matter of course that relatives, friends and neighbours provide a helping hand if a family is hit by illness … however, recent developments, both regarding women's greater employment in trade and industry and the prevailing lack of female domestic house help, limit the possibility of helping a sick relative or neighbour.*

The paper concludes that *'the women who previously offered a helping hand … are now often either themselves in occupational employment or busily occupied in their own homes.*'[304]

As the quote shows, because of societal developments, the relative is expected to be occupied elsewhere and, as such, to wane from elderly care, leaving a gap to be filled by public eldercare. This is presented as an either-or matter in the policy. Either the family is present in the care of an elderly citizen and the public sector is not involved, or the family is not present in the caregiving, and the public eldercare must therefore assume the responsibility and substitute for the waning relative. I propose that this shows an eldercare policy that constructs the function of public eldercare on the premise that the relative is a waning caregiver. Notably, nowhere in the documents can the policy be seen to problematize the waning of the relative. No disappointment is expressed as to the waning of the relative from eldercare. On the contrary, the policy describes this waning as an objective, inevitable development caused by societal developments. The only disappointment expressed in the policy is a disappointment of how the public eldercare has not yet fully met the resulting caregiving gap of the waning relative.

The policy constructs the waning caregiver role as primarily relevant in further eldercare communication at the point in time when it is to be determined whether an elderly citizen is entitled to public eldercare.[305] For example, a white paper from 1954 concerning homes for the

[304] My translation: 'Rammes en Familie af Sygdom, er det naturligt, at Slægt, venner og Naboer giver en Haandsrækning', 'De senere Tiders Udvikling saavel med Hensyn til Kvinders forøgede Beskæftigese inden for Erhvervslivet som den herskende Mangel paa kvindelig huslig arbejdskraft begrænser imidlertid Muligheden for at hjælpe en syg Slægtning eller Nabo', 'De Kvinder, der tidligere gav en Haandsrækning … er nu ofte enten selv i Erhvervsarbejde eller er travlt beskæftiget i deres eget hjem' (Arbejds- og Socialministeriet 1947: 7).
[305] L182 1933: §§ 39, 41; L122 1937: §§ 39, 55; L399 1940: §§ 39, 40; B218 1953: §§ 39, 40; B228 1957: §§ 39, 40; L238 1960: §§ 4, 17, 19; B156 1962: §§ 2-5, 19; L100 1963: §§ 1-2; Lov om invalide- og folkepension 1965 §§ 3, 4; Lov om folkepension 1966: §§ 3, 5, 6, 11, 12, 25.

elderly stipulates that they are exclusively for elderly citizens '*who cannot get the necessary support from their relatives*'[306] and that

> *in the assessment of whether or not a person belongs to this group [entitled to institutionalization], it is important to consider how it is often not the medical conditions alone that must determine whether a chronically ill person ought to be placed at a nursing home, as social conditions – living facilities, the availability of help from relatives or others – will also be of significance.*[307]

The presence or non-presence of the relative in the life and care of the elderly citizen is thus set as determining the public eldercare's obligations to assume the responsibility for a particular elderly citizen's caregiving. However, the policy only concerns itself with the relative in this part of the eldercare process. When it concerns itself with the public eldercare solutions for the waning relative, it does not describe any expectations for the relative.

What comes to light is thus a substitution relationship expected between public eldercare and the relative. Either the relatives take care of the elderly citizen, and the public eldercare is not expected to play any part, in which case the policy contains no expectations for who the relative giving care can be or what care it is expected to give or when, as these are not expected to be relevant themes of further public eldercare communication but to be family matters. Or the relatives do not care for the elderly, and the public eldercare is expected to substitute for the waning caregiver by providing accommodation at a home for the elderly. In that case, the policy holds no expectations for the relative either, except from its being waning from elderly care. I term this an either/or relationship of public sector substitution, where notably the decision of whether it is to be the 'either' or the 'or' is postponed to the relative, who is expected to decide on this simply by being present or absent in the caregiving.

I thus argue that even though one witnesses the emergence of a relative role as a waning caregiver in Danish eldercare policy in the1930–1969 period, it is a role holding few expectations for the relative. Only few decisions are made and, as such, contingency as to who the relative can be expected to be and what it can be expected to do and when as both a caregiver

[306] My translation: 'Som ikke kan få den fornødne bistand fra pårørende' (B115 1954: 27).
[307] My translation: 'Ved bedømmelse af, om en person hører til denne gruppe, må der tages i betragtning, at det ofte ikke alene vil være de lægelige forhold, der vil være afgørende for, om en kronisk syg bør anbringes på et plejehjem, men at de sociale forhold – boligforhold, mulighed for at få hjælp af pårørende eller andre – vil være af betydning' (B115 1954: 9).

and a waning caregiver is kept open in the policy. What is more, the decision as to whether the relative is to be addressed as a waning caregiver in further eldercare communication is postponed to the relative. Notably also, if the relative is present in the caregiving, further eldercare communication is not expected to address the relative or the caregiving provided by it. The who, what and when of the relative and its caregiving is simply not expected as a relevant theme of subsequent public eldercare communication. The only theme constructed in the policy as to be expected of further eldercare communication is the societal reasons for the waning and how public eldercare can fill the ensuing gap. This also means that the waning relative cannot disappoint, as it is expected to do nothing but wane, whereas the public eldercare can disappoint if it does not substitute for the waning relative. Most importantly, however, it means that the waning caregiver role is a role that generates more expectations for public eldercare as a substitution than for what can be expected of the relative.

The way the policy has been demonstrated to construct the relationship between the relative and the public eldercare as one of public substitution with the role as a waning caregiver is what I term the first waning of the relative, a term I thus use to capture the eldercare policy's construction of the waning caregiver as an inevitable premise of public eldercare. The next section concerns how this sparks what I have termed the double waning of the relative.

3. The Double Waning of the Relative

On the following pages I address how the eldercare policy in the 1950s and 1960s constructs a new function of public eldercare and in doing so also sets new premises of the eldercare communication on the role of the relative. Over the course of the 40 years covered in this chapter, the policy can be noted to start to observe the cost of placing elderly citizens in public nursing homes as a new, emerging problem of public eldercare. A problem arising from the policy's nursing home solution to the initial eldercare problem in the period. To solve this cost problem, the policy presents public homecare to enable elderly citizens to age in place.[308] In the following, I show that with this new problem/solution distinction, the relative disappears from the policy. I term this the double waning of the relative and show this waning to be a construction of the eldercare policy. I further show this to be a construction that reduces

[308] I use the term 'age in place' to describe the eldercare policy's interest in maintaining the elderly citizens in their own homes for as long as possible to avoid the expensive institutional care, even though this particular term did not appear until late in the period and did not grow common until the 1970s.

uncertainty about what to expect of the relative, less by raising expectations for the relative, more by raising expectations for a public eldercare substitution for the relative. Moreover, I demonstrate how, as the relative vanishes as a caregiver, it comes to acquire a role as a care worker employer.

3.1 The Public Homecare – Solution

From the 1940s and especially in the late 1950s and 1960s, the policy begins to describe the cost of public eldercare as increasing and unsustainable and to address the mounting expenses of public eldercare, especially those related to public homes for the elderly as the main problem of public eldercare.[309] For example, the policy raises concerns that the already-high costs of eldercare will continue to rise, as elderly citizens in the future will need greater care and treatment when admitted to homes for the elderly.[310] The policy also points to the heavy financial burden tied to placing elderly citizens in such homes as soon as the need for care arises, particularly in view of the fact that fewer and fewer elderly citizens have illnesses severe enough to require the medical care or attention provided at such institutions. Instead, a great many elderly citizens are expected to be able to age in place if they receive a certain degree of help and care in their own homes.[311] Accordingly, the problem in eldercare shifts from being a matter of the public eldercare's failure to provide a suitable amount of accommodation at public homes for the elderly to being one of the increasing and unsustainable public expenditures related to such institutions.

The solution to this new problem becomes public care in one's own home. The turn to this solution can be observed in the way the eldercare policy comes to define such care as '*desirable*' in helping '*elderly citizens to keep their own homes for as long as possible*'[312] and comes to stress that '*no one who wishes to stay in their own home and who, with reasonable assistance, is able to do so will have to accept giving up their own home and being placed at a retirement home*'.[313] Moreover, the policy presents various models of public eldercare services aimed at helping elderly citizens in their own homes and thus enabling them to age in place. These

[309] L181 1933: § 44 stk. 1, stk. 2; L182 1933: §§ 46, 49, 51; L122 1937: § 46; B337 1942: § 44 stk. 1; Lov om offentlig forsorg 1954: § 44 stk. 1, 2; L169 1961; B318 1962:17; B156 1962: §§ 10, 15; L229 1968: § 15.
[310] B318 1962: 11, 15-17, 19-20, 89.
[311]B318 1962: 11-12, 16, 17, 19.
[312] My translation: 'ønskeligt' , 'hjælpe de ældre til længst muligt at bevare deres egne hjem' (B318 1962: 17).
[313] My translation: ' 'Ingen der ønsker at blive I deres eget hjem og som med en vis assistance kan det, skal acceptere at opgive deres eget hjem og blive optaget på et plejehjem' (Ibid.: 18). See also: L238 1960: 13; L229 1968: § 3.

services include domestic house help[314] and homecare[315]. Although such arrangements are described as uncommon and not primarily targeted at the elderly, from the middle of the period they are described as arrangements – actually as the only prevailing arrangements – with the potential to save the costs of hospitalizations and nursing home placements.[316] For instance, a white paper from 1962 describes how '*the value of homecare*' is substantial, stating that:

> *Homecare arrangements must be considered of great social and societal value, partly for humanitarian reasons, as a considerable number of ill people are helped to stay in their own homes, and partly for financial reasons, as the need for far more expensive admissions at institutions can be avoided or minimized in many cases.*[317]

The white paper also states that when planning to establish nursing homes, municipalities are to consider whether a '*more extensive use of home-nursing arrangements and especially homecare*' can meet the need, as this '*will be financially advantageous compared to the use of institutions*'.[318]

The policy's focus on solving the financial problem of public eldercare by means of public homecare arrangements can also be observed in the significant attention the policy devotes to describing and problematizing the public eldercare's failure to provide such services. The policy can be seen to describe the often privately arranged homecare arrangements then in effect as random, scarce, inadequate and insufficient, and as varying considerably amongst the more than thousand local councils of the time. The policy also begins to problematize the temporary character of these arrangements and the fact that elderly citizens are not a specific target group of them.[319] The policy stipulates that the next necessary step towards ensuring proper care for elderly citizens in their own homes nationwide is to offer a publicly financed and administered

[314] My translation: 'husmoderafløsere'. (L181 1933: § 277; L121 1937: § 277; Arbejds- og Socialministeriet 1947: 29, 42; B234 1952: § 1; L153 1963: §§ 1, 4, 5, 8).
[315] My translation: 'Hjemmehjælp' (Husassistenskommissionen 1943; 13, 94; Arbejds- og Socialministeriet 1947: 5, 13, 20-21, 24, 28, 29, 30, 42; L238 1960: 13; B318 1962: 9, 11, 12, 17, 18; L114 1964: §19; L229 1968: § 3; L230 1968.
[316] L238 1960: 13; B318 1962: 11, 12, 18, 89; L229 1968: § 3.
[317] My translation: 'værdien af hjemmehjælpen', 'hjemmehjælpsordningen måtte anses for at være af stor social og samfundsmæssig betydning, dels af humanitære grunde derved at et stort antal syge sættes i stand til at blive i deres hjem, dels af økonomiske grunde ved at den langt dyrere institutionsmæssige anbringelse i mange tilfælde vil kunne undgås eller i hvert fald gøres mere kortvarig' (B318 1962: 12).
[318] My translation: 'mere udstrakt anvendelse af hjemmesygepleje og navnlig hjemmehjælp', 'vil være økonomisk fordelagtigt i forhold til anvendelse af institutioner' (Ibid.: 89).
[319] Betænkning vedrørende det huslige erhverv 1936: 5; Husassistenskommissionen 1943: 5, 24-25, 58, 94-95; B234 1952: § 1; Arbejds- og socialministeriet 1947: 5, 7-8, 20, 21, 24, 27, 28, 30, 42-43; L100 1958; L238 1960: § 4; B318 1962: 9, 11, 12, 17, 18, 89, appendix 21 p 87; B156 1962: § 4; L153 1963: §§ 1, 8; L114 1964: §§ 7, 19; L229 1968: §§ 1, 5; L230 1968.

mandatory municipal homecare service. In this connection, one white paper notes how homecare is '*a relatively important care provision*' that is '*not satisfactory to leave in the hands of the private initiative*' but that ought to be put in '*stable and homogenous structures*', for which reason it should '*be appropriately placed in the municipalities*'.[320]

Another concern raised by the eldercare policy of this time is public eldercare's inability to ensure enough qualified care workers for the homecare arrangements.[321] For example, a commission is set to find '*ways to remedy the house-help shortage'.*[322] Likewise, in 1946 it is noted how public eldercare is '*at the moment incapable of providing nationwide house-help arrangements with trained personnel, as the necessary personnel are not available*'.[323] The policy addresses this challenge by enforcing proper training and education and regulating care workers' working conditions, thus making care work employment more formal and less family-like and asymmetrical, thereby protecting care workers from the selfish interests and dispositions of their employers.[324] In other words, care work is professionalized. For example, a white paper from 1942 states how a key to solving the shortage problem is a public effort aimed at ensuring '*improved education and regulation of the house helpers' working conditions and housing facilities*'.[325] The policy thus constructs the public eldercare's failure to provide public homecare arrangements as related to the sector's inability to secure enough qualified care workers, also in this case constructing public solutions to this problem – such as public regulation and public education.

Above, I have thus shown the policy to construct the function of public eldercare as a matter not only of meeting elderly citizens' care needs but also of doing so in a financially responsible manner through public homecare arrangements. In the 40 years covered in this chapter, the function of public eldercare is thus a range of connected problems and solutions all regarding how to substitute the waning relative through changing solutions of substituting public

[320] My translation:' en saa forholdsvis betydningsfuld Hjælpevirksomhed',' ikke er rimeligt at overlade det til det private initiativ', 'faste og ensartede rammer', 'henlægges til *kommunerne'* (Husassistentkommissionen 1943: 94).
[321] Betænkning vedrørende det huslige erhverv 1936: 5-6; Husholdningskommissionen 1939: 3-4; Husassistenskommissionen 1943: 5-6, 8, 24-25, 29, 30, 42, 46-48, 58, 97-98, 99-100; Arbejds- og socialministeriet 1947: 5, 7, 21-22, 27, 29, 34 42; L153 1963: §§ 4, 5.
[322] My translation: 'Veje til Afhjælpning af den almindelige Husassistentmangel' (Husassistenskommissionen 1943: 42).
[323] My translation: 'er ude af Stand til for Tiden at gennemføre Husmoderafløsning med uddannede Hjælpere over hele Landet, idet der ikke findes det fornødne Personale til Raadighed' (Arbejds- og Socialministeriet 1947: 27).
[324]Betænkning vedrørende det huslige erhverv 1936:2, 4-6, 11-12, 17, 19; Husholdningskommissionen 1939: 3-4; Husassistentskommissionen 1943: 5-6, 8, 29, 30, 46-48, 83-84, 97-98, 99-101; Arbejds- og socialministeriet 1947: 5, 21-22, 27, 29, 34 42; L156 1961: § 1, 34; L153 1963: §§ 4, 5.
[325] My translation: 'forbedring af Uddannelsesforholdene samt Regulering af Arbejdsforholdene og Boligforholdene for Husassistenter' (Husassistenskommissionen 1943: 58).

eldercare services. The next section concerns how, by observing the relative as a waning caregiver in these changing functions of public eldercare, the policy ends up erasing the relative from caregiving.

3.2 The Double Waning of the Relative

I claim that in the aforementioned problem/solution distinction lies a double waning of the relative. With this term I mean that by the end of the 1930–1969 period, Danish eldercare policy is devoted to solving public eldercare problems with public eldercare solutions that take no interest in the relative, thus erasing the relative from Danish eldercare policy.

As shown above, when the policy starts to observe the relative as a waning caregiver – a role observed as arising not as a result of any policy decision regarding such a role but simply because of inevitable developments in society – the policy constructs solutions to the ensuing caregiving gap in which the relative vanishes. What is striking is that the policy shows no interest in the relative when concerned with the increasing and unsustainable expenses related to public homes for the elderly, the merits of homecare, the problems of ensuring a stable, nationwide homecare arrangement, and the public homecare and regulation solutions to these problems. I claim that what one witnesses is an eldercare policy that grows so preoccupied with solving what it perceives to be the self-inflicted problems of public eldercare by finding public eldercare solutions, that the policy ceases to mention the relative, which therefore vanishes from the policy. The policy installs public eldercare on both sides of the problem/solution distinction, exhibiting no observation of the relative as part of either. Although the waning caregiver is what caused the problem of a mounting number of elderly citizens in need of public eldercare, this was not defined as the initial problem of eldercare. Rather, the main problem was constructed to be the inability of the public eldercare to fill this ensuing gap. Likewise, the problem of higher, unsustainable expenses is not constructed as being related to the waning of the relative, but rather as stemming from the public eldercare's own inability to provide less expensive public alternatives to homes for the elderly. What started as a public eldercare policy observation of a waning caregiver thus becomes a waning relative over the course of the period. It becomes a self-fulfilling prophecy so to speak. Consequently, in this period the relative does not disappoint. It is not possible to problematize the role as a waning caregiver. The role is given by way of inevitable societal developments, not by eldercare policy solutions or the relative. Only the public eldercare's failure to fill the ensuing gap by substituting for the waning

relative is disappointing. This can be problematized. The policy thus installs public eldercare on both the problem and the solution sides of a series of interlinking problem/solution distinctions, and in this process of describing increasing expectations for public eldercare the policy stops expressing any expectations for the relative. What can be expected from the relative as a waning caregiver is nothing, which is established with expectations raised instead for public eldercare, where uncertainty now arises to how to substitute for the relative. This is the uncertainty the policy is preoccupied with reducing in the 1930–1969 period.

This finding of how the policy erases the relative can also be observed in how, towards the end of the 1960s, the policy starts to describe the elderly citizen in a radically new way, but without posing any new expectations for the relative at all. Hence, in the 1960s the policy shows a more rounded perception of elderly citizens and their care needs, presenting detailed descriptions of such needs. The policy no longer describes only the need for financial support and for accommodation at a home for the elderly or care in one's own home, but also discusses what exact needs must be filled at such homes and what homecare arrangements are required for elderly citizens to be able to age in place.[326] This can, for instance, be seen in 1964 when the laws on public assistance and national social insurance merge their acts on the elderly citizen into a single act on '*care for the disabled and old-age pensioners'*. In the new act the term for care is changed from the Danish '*forsorg*' to '*omsorg*'.[327] Both words translate into the English term 'care', but '*omsorg'* is used to indicate that the function of eldercare has changed from that of merely financial assistance to a more holistic kind of care. When the act used the term '*forsorg'*, the public sector defined the elderly's needs as having two prongs, financial support and homes, but now, using the term '*omsorg'*, § 1 of the act covers '*types of care'*, stating that eldercare has been extended to also include '*guidance concerning the rights of old-age pensioners*', '*help in equipping the home of the old-age pensioner*', '*support for necessary assistive technologies for the old-age pensioner*' and '*homecare to the necessary degree',* among other things.[328] The policy also starts describing the elderly citizen as someone with activity needs, mental needs and social needs.[329] A white paper from 1962 mentions, for example, the '*common experience*' that elderly citizens' need to '*live under good and modern*

[326] L169 1961; L114 1964: § 8; Lov om folkepension 1966; L229 1968: §§ 1, 4.
[327] Lov om folkepension 1966: 13.
[328] My translations: 'Former for omsorg', 'vejlede pensionisten om en pensionists rettigheder', 'yde nødvendig hjælp til indretning af en pensionists hjem', 'yde støtte til nødvendige hjælpemidler til pensionisten' , 'Yde hjemmehjælp I nødvendigt omfang' (L229 1968: § 1). See also L169 1961; L114 1964: § 8; L229 1968: §§ 1, 4, 18.
[329] B318 1962: 18, 22, appendix 4 p. 44-45, appendix 3 p. 43-45, appendix 5; L114 1964: § 8; L229 1968: § 18.

conditions', but the paper puts equal importance on elderly citizens' need to have '*their physical condition and … also their mental health to be tended to and maintained in the best possible way*',[330] and states the importance of occupation and activities in achieving these aspects of health and well-being.[331] The paper also shows the public sector's burgeoning interest in how homes for the elderly can give elderly citizens physical care as well as occupational therapy and activities.[332] For example, the paper emphasizes the importance of fitting out homes for the elderly in a way that accommodates '*club activities*' and offers '*occupations for both the home's residents and elderly citizens living outside the home*'.[333]

Around this time, the policy also begins to see the elderly citizen as someone with a potential to progress and starts communicating about themes such as training and rehabilitation, describing how '*rehabilitating elderly patients*' enables even the fairly disabled to be self-reliant.[334] For example, one white paper refers to rehabilitation at homes for the elderly when it notes that '*with an increased effort in this area, residents become healthier and more mobile and sometimes are even able to return to their own homes.* '[335] Thus, the eldercare policy in the end of the period describes a whole new range of elderly citizens' needs that have to be filled in order for them to age in place and thus keep the costs of eldercare under control. Importantly, in describing this new set of discerned needs, the policy poses no expectations for the relative. I assert that precisely because of the double waning, this new perception of the elderly citizen does not constitute a break in the policy's observation of the relative. The policy's preoccupation with constructing public eldercare problems and solutions can be said to blind it to the relative. Every 'new' need of eldercare that crops up in the period is constructed as a need to be met by public eldercare. As such, the policy's observation of the elderly citizen develops, but because this development takes place in documents addressing the public efforts designed to handle the waning relative, the policy does not consider the relative with the development of the elderly citizen.

[330] My translation: 'almindelig erfaring' 'bo under gode og tidssvarende forhold' 'drages omsorg for, at deres fysiske og også deres psykiske sundhedstilstand plejes og vedligeholdes bedst muligt' (B318 1962: 22).
[331] Ibid.: 22.
[332] B318 1962: 7, 15-16, 22, 26-29; L114 1964: § 6.
[333] My translation: 'klubvirksomhed' 'beskæftigelse både af hjemmets beboere og gamle uden for hjemmet' (B318 1962: 20).
[334] My translation: 'lykkes at gøre selv ret invaliderede ældre selvhjulpne' (Ibid.: 22, appendix 3 p. 44).
[335] My translation: 'man med en øget indsats på dette område kan opnå, at beboerne bliver raskere og mere mobile og endog undertiden kan udskrives til eget hjem'. (Ibid.: 22).

Danish eldercare policy thus begins the period by constructing the relative as a waning caregiver and ends the period with no relative present in the policy. The double waning of the relative thus refers to how the policy first observes a waning of the relative as a caregiver in eldercare and solves this waning by constructing public eldercare solutions that substitute for the waning relative and therefore enable and facilitate the waning, thus ultimately completely excluding the relative from the policy's gaze on eldercare. Uncertainty about what to expect of the relative is thus reduced with the waning relative role, as nothing can be expected of the waning relative, except that it is busily occupied elsewhere. However, this reduced uncertainty about what to expect of the relative comes with greater expectations for public eldercare as regards how to substitute for the waning relative. Although the waning relative stops the policy communication on the relative, it sparks the policy communication on how public eldercare can substitute for the relative, and this uncertainty about how to substitute for the relative increases with the emerging holistic view of the needs of the elderly, thus generating new decisions as to how to substitute for the relative in meeting such holistic needs. The reduced uncertainty about what to expect of the relative thus appears to come at the cost of increased uncertainty about what to expect of public eldercare in its substituting for the waning relative.

3.3 The Relative as a Care Worker Employer

Another characteristic feature of the 1930–1969 period is that as the relative vanishes as a caregiver, it emerges as an employer. This also imposes distinct conditions with regard to the relationship between the relative and the public sector. As described above, Danish eldercare policy of the 1930–1969 period also concerns the difficulty of obtaining enough qualified care workers for the homecare and domestic house help arrangements. On the following pages, I show how this can also be observed in the role construction of the relative in the period.

In some homecare arrangements of the time, the household employs the helper, who stays with the family and participates in its everyday activities, including caring for elderly family members. When concerned with these types of arrangements, the policy can be seen to construct the relative as a selfish and demanding employer to the care workers – as someone whose behaviour makes attracting care workers difficult. In the policy the families who employ helpers are described as creating a tough working environment that is unpleasant for women to enter. The employee-family relationship is described as close and personal, and as characterized by a

patriarchal approach that often puts the employee in a family-like position.[336] This close and intimate contact is seen as causing friction between the parties and as creating an asymmetric relationship where helpers must '*succumb to the dispositions of the employer'*[337] and where helpers' work, leisure and holiday time can be '*cancelled due to the private preferences of the employer'*.[338] For example, a white paper from 1943 states that care work is characterized by '*uncertainty regarding the duration of the work hours and the assignment of leisure time'*.[339] The paper also states that

> *the working conditions of the house helpers have a personal character quite different from those of other wage earners, partly because the housewife and the house helper work together all day, and partly because the house helper often lives with the employer*.

The paper further describes how '*in many cases this creates a patriarchal attitude on the part of the employer that is not customary in other employment relations*'.[340] As such, when the policy concerns this particular area of eldercare, it constructs the relative as a demanding employer who contributes to the problem of public eldercare by making ageing in place more difficult to achieve.

The policy can be observed to aim to solve this behavioural problem of the care worker employer by creating public regulations that ensure care workers decent working conditions, protection from the families' selfish interests and dispositions and a right to proper room and board – that is, by a professionalization of the care work.[341] For example, a white paper from 1942 states that regulation

> *reducing the daily work hours and regulating and normalizing the leisure time of the house helper profession in order to achieve parity with other professions*

[336]Betænkning vedrørende det huslige erhverv 1936: 6, 14, 17; Husassistentskommission 1943: 28.
[337] My translation: 'føje sig efter Arbejdsgiverens Disposiotioner' (Husassistentskommissionen 1943: 28-29).
[338] My translation: 'omstødt paa Grund af arbejdsgiverens private Ønsker' (Ibid.: 28-29).
[339] My translation: 'Den *ubestemthed* med hensyn til arbejdstidens længde og Fritidens placering' (Ibid.: 28).
[340] My translation: 'Husassistenternes Arbejdsforhold har i en ganske anden Grad, end hvad der er Tilfældet for andre Lønarbejdere, en personlig karakter, dels fordi Husmoder og Husassistent samarbejder Dagen igennem, dels fordi Husassistenten i Almindelighed har sin Bolig hos Arbejdsgiveren', 'skaber i Mange Tilfælde en vis patriarkalsk Indstilling fra Arbejdsgiverens side, som man normalt ikke er vant til i andre Arbejdsforhold' (Ibid.: 28).
[341] Betænkning vedrørende det huslige erhverv 1936: 2, 5, 6, 12, 14, 17; Husassistentskommissionen 1943: 29, 83-84, 100-101; Arbejds- og Socialministeriet 1947: 39; L156 1961: §§ 1, 6, 34.

> *must be considered a necessary means of mobilizing an increased voluntary influx of workers to the profession*.[342]

The policy presents the solution to the problems of the employee-family relationship to be an obligatory, written standard employment contract to be signed between the parties, thus regulating the relationship between them. The contract must cover such issues as the type of service provided, the duration of the service, the amount to be charged, the working conditions, the terms of room and board and the termination of the relationship.[343] The policy thus ascribes a publicly mediated regulatory relationship that restricts the behaviour of the care worker employer as one means of ensuring elderly citizens the care they require.

Below I argue that the relative's role of employing care workers can be seen to set the expectations for the relative and its relationship with the public sector in distinct ways. Socially, the role as employer is available to the one who enters a contract with a hired helper, with no limits being set in the policy for this dimension. As regards the themes expected in further eldercare communication on the care worker employer, the behaviour of the relative now comes up. What constitutes proper employer behaviour on behalf of the relative and whether this has been met are now a relevant theme of further eldercare communication. Notably, communication regarding the relationship between the relative and its hired help can be expected, but communication regarding its relationship to the elderly family member cannot. The care the elderly citizen is expected to receive from the relative or the hired help is not a theme expected in further public eldercare communication. Moreover, the relative in the employer role is notably constructed as part of the problem of public eldercare, as the selfishness expected from this role makes it more difficult for public eldercare to use home-helper arrangements to fill the caregiving gap ensuing from the waning relative. Also notably, public eldercare is expected to solve the problem through regulation. What is disappointing to the policy is not so much the behaviour of the relative, as the failure of public eldercare to solve this by contractual and educational means before it becomes a problem. Thus, in this instance the relative appears on the problem side of the problem/solution distinction of eldercare but shares the position with public eldercare, which is cast as the main cause of the problem by its

[342] My translation: '*nedsætte den daglige Arbejdstid og at regulere og normalisere Fritiden for Husassistentfaget for at opnaa Ligestilling med andre Fag maa derfor anses for nødvendige for at tilvejebringe en forøget Frivillig Tilgang til Faget*' (Husassistenskommissionen 1943: 74).
[343] Betænkning vedrørende det huslige erhverv 1936: 2, 4-6, 12, 14, 17, 19; Husassistentskommission 1943: 5-6, 26, 58, 80, 83-84, 97-100-101; Arbejds- og socialministeriet 1947: 7-8, 21-22, 27, 39-40; L156 1961: §§ 1, 3-8, 26, 34.

not having prevented the relative's appearance on the problem side. On the solution side, only the public eldercare can solve the problem of the relative's behaviour by regulating what used to be a private relationship between employers and their hired house help. Hence, with the policy a limit is set as to what is considered proper behaviour on behalf of the care worker employer, but within this contractual relationship the who, what and when of the role of the relative is maintained as an open question to be decided by the relative. Again, open contingency is maintained.

4. Summary and Discussion

In my story of the role of the relative in Danish eldercare, this chapter has covered the period running from 1930–1969, arguing that a double waning of the relative characterizes this first of five periods studied in this thesis.

A salient feature of this period is the way that the eldercare policy of the time observes the relative through a series of connected problem/solution distinctions, in which public eldercare is installed on both sides. This chain of distinctions begins with *the first problem* – the growing number of elderly citizens in need of financial support and suitable accommodation when they are no longer self-reliant – with *the first solution* being the provision of public old-age-pension and public homes for the elderly. This initial problem/solution distinction develops into *the second problem* – the rising costs of public eldercare due to the expensive nature of public homes for the elderly – with *the second solution* being care in one's own home. Finally comes *the third problem* – insufficient organization and availability of public help for elderly citizens living in their own homes – with *the third solution* being universal public homecare arrangements. The function of public eldercare is thus constructed as a series of connected problems and solutions as to how to substitute for the relative as a waning caregiver.

I have further demonstrated that, when the policy observes the function of public eldercare through these interlinking problem/solution distinctions, the relative is constructed as a waning caregiver, and that the policy constructs various means of public eldercare as the solution to this perceived inevitable waning of the relative, which in turn erases the relative from the policy. This is what I term the double waning of the relative.

The first waning of the relative occurring in this period has been shown to emerge as the policy constructs the relative as someone who, because of developments in society, inevitably vanishes from the caregiving of elderly family members, thus leaving a caregiving gap to be filled by public eldercare. Or put differently, the policy notices the relative simply because the relative wanes and communicates only about how to substitute for the waning relative and fill the caregiving gap this waning causes. The first waning is hence the eldercare policy's description of what it constructs as an inevitable waning of the relative from caregiving due to societal developments and not to any decision of the policy or the relative.

The double waning of the relative, I have suggested, can be discerned from the policy's solution to the first waning, because a loss of interest in communicating about the relative gets dragged into the solution; that is, the policy simply chooses to handle the problem arising from the first waning of the relative with solutions that lead the policy to stop considering the relative altogether. As such, the relative becomes irrelevant to Danish eldercare policy and therefore vanishes from it.

It is characteristic of the period that the policy does not observe the relative as part of any public eldercare problem or solution. As such, the policy does not problematize the waning role of the relative in caregiving, but only the inability of public eldercare to fill the gap left by the waning relative. The policy notices how the waning relative helps engender elderly citizens' growing need for financial support and help in their own homes but constructs the problem not as this waning of the relative, but as public eldercare's insufficient and ineffective substitution of the waning relative. The policy's solution to this problem of public eldercare's insufficiency and ineffectiveness is to construct public eldercare solutions that expand what can be expected of public eldercare.

It is also characteristic of the period that the policy constructs the relative as a relevant theme of further eldercare communication only when the theme of communication is the societal reasons for the widening caregiving gap, whereas as soon as the theme of communication is how to solve the problem, the relative becomes of no relevance at all.

Accordingly, I have shown that the waning of the relative is not constructed as disappointing. Nothing in regard to the waning of the relative can be problematized, for it is a force of nature – or more correctly, a force of industrialization and urbanization. Hence, nothing can be

expected of the relative when it is cast in the role of the waning caregiver, except that its other occupations prevent it from caring for elderly family members. As a result, the primary theme considered relevant and possible to raise in relation to the relative becomes the underlying reasons for the first waning of the relative and how the public eldercare can fill the ensuing gap. Notably, this theme of how to substitute for the waning relative can also be noticed as an increased complexity of public eldercare. With nothing to possibly expect of the relative, what to expect of public eldercare increases, thus generating decision communication on how to substitute for the waning relative in order to absorb the uncertainty about the who, what and when of eldercare when the relative can no longer be expected to participate.

I maintain that this establishes the relationship between public eldercare and the relative as an either/or relationship of public substitution. Either families care for their elderly members and public eldercare is not expected to be involved, or they do not, and public eldercare is expected to substitute for the relatives by means of institutional care or homecare arrangements.

What is more, the chapter has shown that from 1930–1969, other than being a waning caregiver, the relative had one other role available to it: that of a care worker employer. In this role the relative is expected to be demanding and selfish but also to obey the regulations imposed on it as an employer. Although the behaviour of the employer is problematized as disappointing, the problematization is mainly directed at the insufficient way in which the public eldercare deals with this potential behaviour on the part of the employer, its only solution being public regulation and intervention in the employment relationship between the care worker employer and the workers hired. Against this background, the only themes relevant to discuss in further eldercare communication become what constitutes proper employer behaviour and whether this standard has been met. Socially, the role as care worker employer is available to the one that has a contractual agreement with a domestic house helper. As such, open contingency is maintained in the policy, which contains few decisions regarding the relative as a care worker employer, thus postponing such decisions to subsequent eldercare communication.

The sum of the chapter is thus that in the period from 1930–1969 two roles are constructed to the relative; a waning caregiver and a care worker employer. Both roles are constructed with the function of public eldercare to solve the problem of the waning relative by means of old-age-pension, public nursing homes and public homecare arrangements. Both roles are constructed as part of the problem of public eldercare, but not as the main problem – this being

the insufficiency of public eldercare – and none of the roles are observed as part of the solution to the problems of eldercare, as only the public eldercare is constructed as such. Which one of the two roles further eldercare communication is to connect to when is premised in the policy to be a decision of the relative. If the relative hires a helper, the relative is to be approached in the role as a care worker employer. If the relative is absent from the caregiving, the relative is to be approached in the role as a waning caregiver, and a substitution relationship can then be expected. If the relative do care for its elderly family members, this is not expected to be a theme of any further public eldercare communication. In sum, the policy maintains open contingency as to what to expect of the relative by only deciding on a few decision premises for the roles. Moreover, although the roles reduce uncertainty about which role to expect the relative in, they do so by postponing the moment of this decision to the relative. Moreover, uncertainty of what to expect of the relative is notably produced with increasing uncertainty about what to expect of public eldercare. This gives rise to an explosion of eldercare communication regarding how public eldercare can substitute for the waning relative.

On the basis of this chapter's findings, I support the existing historical eldercare literatures' framing of the period from 1930 to 1969 as one of a transition from family-centred eldercare to a state-centred one. I have also established such development with my focus on relative roles in eldercare policy. Still, I claim that the chapter has added to this history by detailing how the waning of the relative identified in the literature can be observed to start as the eldercare policy's observation of a waning relative and to end with no observation of the relative – in other words, it goes from being a waning caregiver to being a waning relative. The chapter has also shown how the waning of the relative does not mean that eldercare policy constructs no roles for the relative, but actually constructs the role of the waning relative, observing this waning in a manner leading to solutions in which the relative is also constructed as a role as a care worker employer.

Moreover, I have demonstrated the relative roles identified in the eldercare literature to be temporal. I have shown how Danish eldercare policy has constructed roles for the relative in eldercare since the 1930s, and how such roles differed back then from those presented in the existing literature. Having shown two roles other than those identified in the current academic literature as available to the relative in the 1930–1969 period, I have also demonstrated the role of the relative to be non-stable and changing. Of relevance is also my demonstration of how the

role as a caregiver, which is a role also identified in the existing literature, is a role that emerged for the first time in eldercare policy in the 1930s. Furthermore, in the first 40 years the caregiver role condensed expectations of a waning caregiver and especially of how public eldercare is to substitute for such waning relative.

In the next chapter, I establish a break in the role of the relative in the 1970s, with new roles being constructed for the relative with a new function of public eldercare. Before leaving the 1930–1969 period, though, I present a schematic summary of the two roles of a waning caregiver and a care worker employer constructed to the relative in the 1930-1969 period.

The function of public eldercare	**Problem = A growing number of elderly citizens not capable of managing without public support and increasing public expenses for such support/** **Solution = Old-age-pension, public nursing homes and public homecare arrangements.**	
The role of the relative	**A waning caregiver**	**A care worker employer**
The relationship between public eldercare and the relative	**Substitution**	**Regulatory**

Table 1) The role of the relative from 1930–1969

Chapter 5) Analysis of the Years 1970 –1979: The Third Waning of the Relative

1. Introduction

This analytical chapter concerns the second period in my story of the relative. The period runs from 1970 to 1979 and is characterized by what I have termed the third waning of the relative.

It is a period where four roles are constructed for the relative and where, notably, the uncertainty about what to expect of the relative is no longer postponed to the local eldercare communication but is rather reduced in the eldercare policy mainly by the construction of expectations not for the relative but for the public eldercare.

Notably, this period, like the one before, largely represents a search for something not explicitly there, as documents concerning eldercare, much less the relative, are few and far between. Even so, this chapter endeavours to show that, despite this dearth, the 1970s also constitute a unique period in the story of the relative, as the role constructed for the relative in this period demonstrably deviates from the roles of the previous one, with the policy also constructing new relationships to be expected between the relative and the public eldercare. In essence, the eldercare policy of this period constructs the waning relative as part of the solution to the problems of public eldercare, but this paradoxically leads to the relative's reappearance in the policy in ways which, as I will show, distinguish the 1970s from the rest of the story. I use the term *the third waning of the relative* to capture this reappearance of the relative in eldercare policy that appears with the policy's desire of a waning relative.

The chapter demonstrates how the role of the relative in this period is constructed with the policy's construction of the main problem of eldercare as being how to meet expanding, individual, holistic and unlimited needs of eldercare while simultaneously facing increasing financial pressure and strain, and how the policy constructs the solution as being public total eldercare.

The chapter is divided into two sections. First, I demonstrate the above-mentioned problem/solution distinction to be characteristic of the 1970s. As will be evident in the chapter, the way uncertainty is reduced regarding what to expect of the relative is predominantly through a condensation of expectations into public eldercare - expectations that are identified in this section. The second concerns how this new function of public eldercare impacts the story of the relative, as the distinction gives rise to new roles for the relative and connects new expectations to the role as a waning caregiver. I demonstrate how the relative is constructed as *an unqualified* and *burdened caregiver* whose waning from eldercare is desirable, but also how this nonetheless leads the relative to reappear in the eldercare policy, notably in a role as *co-receiver* of public eldercare. Thus, the desire for a waning relative engenders a new presence of the relative in eldercare policy, thus also establishing a new relationship between the public sector and the relative.

2. Unlimited Needs and Public Total Eldercare

This section concerns how the Danish eldercare policy of the 1970s constructs the function of public eldercare as a task entailing meeting a growing need for holistic eldercare by means of total public eldercare – all while simultaneously facing excessive financial pressure and strain.

2.1 Expanding Needs and Expenses

What is striking about the eldercare policy in the 1970s is its concern with the demographic and financial pressure on public eldercare. This is a concern vivid in the policy's continued focus on how to transform public eldercare from being mainly a matter of public nursing homes, to one of public homecare.[344] The policy presents what it describes as a troubling increase in public eldercare expenses due to demographic and cultural developments in society whereby more and more elderly citizens are seen to have no recourse but to accept public eldercare and where such

[344] B571 1970: 10, 11-12, 13, 21, 22, 24, 26, 27-28, 29-30, 31-32, 42-44, appendix 1, 2, 3, 4; B583 1970: 22-23; B618 1971: 73-76, 78; KL 1971: 14; B630 1972: introduction, 5, 7, 9-10, 12, 13, 19, 28, 31-32, 37, appendix 3 p. 55, appendix 9; KL 1972: 15; Socialministeriet 1972: 4-5; B664 1972: 14-16, 165, appendix 15 p. 330, 247; Socialstyrelsen 1972: 3; KL 1973: 93; B670 1973: 34-35, 48-49; Socialministeriet 1973: 26-27; L333 1974: chap. 3 §§ 9-14, 17-18, 21, 25, sect. IV, §§ 50, 53, 54-55, 58-59, 79; Socialministeriet 1974: 12-15, 18; KL 1975: 116; Socialministeriet 1975: item. 11, appendix 1, 2; Boligministeriet 1976: 9; Socialministeriet 1976b; KL 1977: 146; Socialstyrelsen 1977: 11; Socialstyrelsen 1977b; KL 1978: 122-123, 127; KL 1979: 157, 158; Socialstyrelsen 1979: 12.

care has also grown more common and less stigmatizing.[345] For example, a 1970 white paper explains how

> *there are a number of tendencies in the development towards increased needs for public support. First of all, the population trends must be noticed. The number of people aged 65 or over increases from approximately 550,000 in 1965 to probably 720,000 in 1985 or by approximately 30 per cent. It is difficult to say whether the need for support is increasing concurrently with this population trend, but it is more realistic to count on this being the case.* [346]

The white paper goes on to describe how the demand for public eldercare is expected to increase, for one because '*more young women working outside the home will tend to mean relatively less support from the family*' and, secondly, because public support is becoming '*attractive and more common*', predicting that '*this will increase elderly people's interest in using the support options',* and how

> *it will increasingly be perceived as a matter of course that the public sector takes over still more of the tasks that previously ... were performed by the family, by paid, private house-help or by elderly citizens themselves. The more citizens receive support, the more citizens will demand support.*[347]

Thus, as demonstrated, the policy presents the expanding demand of public eldercare as a mounting problem of public eldercare.

Moreover, one can note, how the policy continuously describes the main problem to be the expenses related to public nursing homes and calls for less expensive alternatives like public homecare. For example, in 1971 LGDK states that '*even a very heavy expansion of society's care work in its broadest understanding will be far less expensive to society and far more*

[345] B571 1970: 11-13, 21,22, 24,25, 26, 29-30, 32, 42-44, appendix 1, 2, 3, 4; B583 1970; B618 1971: 74-76; B630 1972: 19, 31-32; B664 1972: 14-16; B664 1972: 165, appendix 15 p. 330, 247; B670 1973: 34-35, 37, 48-49, 80; KL 1973: 93; Socialministeriet 1974: 12-15, 18; KL 1977: 146; KL 1978: 127; KL 1979: 158.
[346] My translation: 'der er en række tendenser i udviklingen i retning af yderligere forøgelse af behovet for offentlig bistand. For det første må nævnes befolkningsudviklingen. Antallet af personer i alderen 65 år og derover forøges fra ca. 550.000 i 1965 til formentlig ca. 720.000 i 1985 eller med ca. 30 pct. Det er vanskeligt at sige, om bistandsbehovet stiger i takt med denne befolkningsudvikling, men det er mest realistisk at regne med, at det vil være tilfældet' (B571 1970: 24).
[347] My translation: 'attraktiv og mere almindelig', 'øge de ældres interesse i at udnytte bistandsmulighederne'. 'mere og mere vil blive opfattet som en selvfølge, at det offentlige overtager stadig flere af de opgaver, som tidligere … blev udført af familie, af betalt, privat hushjælp eller af de ældre selv. Jo flere, der får bistand, desto flere vil derfor efterspørge bistand' (Ibid.: 25).

satisfying to the elderly citizen than the establishment and running of nursing homes',[348] and in 1979 it declares that public nursing homes are still '*the most resource-intensive arrangement'*[349] and the '*most personnel-demanding sector'*.[350] Likewise, a 1972 white paper emphasizes that '*when one decides whether an admission at a nursing home is needed, all other types of support must already have been considered.'*[351] Furthermore, '*placement at a home ought not to happen unless the necessary support cannot be satisfactorily provided in the home of the old-age pensioner.'*[352] The policy even declares its main ambition to be to keep the elderly in their own homes and out of expensive public institutions.[353]

Besides such descriptions of a mounting group of elderly in need for public eldercare and descriptions of the ensuing financial pressure on public eldercare budgets, the policy can now also be observed to describes the elderly's need for eldercare as changing. Although the policy continues to describe the elderly citizens' as being in need for financial support and accommodation when they can no longer manage on their own,[354] the policy also starts describing elderly citizens as a heterogeneous group of unique individuals with individual and holistic needs for care that exceed the two overarching needs. According to the policy of the period, public eldercare must, in order to enable elderly citizens to age in place, meet elderly citizens' practical, financial, physical, social and mental needs – and must do so in light of each citizen's unique, specific and holistic life situation.[355] This new construction of what the need of eldercare is can notably be seen as new terms appear in the policy, such as '*integrated holistic*

[348] My translation: 'at en endog meget stærk udbygning af samfundets omsorgsarbejde i videste forstand vil være langt billigere for samfundet og langt mere tilfredsstillende for de ældre end etablering og drift af plejehjem' (KL 1971: 14).
[349] My translation: 'den mest ressourcekrævende foranstaltning' (Ibid.: 158).
[350] My translation: 'stadig er den mest personalekrævende sektor' (KL 1979: 158).
[351] My translation: 'Når der skal tages stilling til, om en indlæggelse på plejehjem er nødvendig, er det derfor en forudsætning, at andre muligheder for at hjælpe pensionisten har været overvejet' (B630 1972: 37).
[352] My translation: 'Optagelse på et hjem bør ikke ske, med mindre der ikke er mulighed for på lige så betryggende måde at yde den fornødne bistand til pensionisten i dennes eget hjem' (Ibid.: 40).
[353] KL 1971: 14; B630 1972: introduction 5 ,7, 9-10, 28; socialministeriet 1972; Socialstyrelsen 1972: 3; KL 1973: 93; Socialministeriet 1973: 26-27; Socialstyrelsen 1977: 11; Socialstyrelsen 1979: 12.
[354]B571 1970: 10, 27-29; L227 1970; B618 1971: 78, 79, 80; KL 1971: 14; B630 1972: 2, 5,7, 9, 11, 14, 30-32. 33-36, appendix 9 p. 71; B664 1972: 3, 5, 9, 78, 80; B664 1972: 163-164, 170-171, 197, appendix 15; KL 1973: 92-93, 99, 100,101; Socialministeriet 1973: 6-10, 24; L333 1974: § 12, chap.16 §§ 74-86; Socialministeriet 1974b; B755 1975: 21-24, 25, 116, 117, 66-68, 112-117, KL 1975: 104, 116, 117; B772 1976: 13-18, 27; Boligministeriet 1976; KL 1976: 159; Socialministeriet 1976: 16, appendix 1 p 25; Socialministeriet 1976b; B799 1977; KL 1978: 126, KL 1979: 155, 157, 161-162; Pensionsreformarbejdsgruppen 1979; Socialstyrelsen 1979: introduction.
[355] B571 1970: 12-13, 23, 45, 46, 55, 71, 74, 77, appendix 6; B583 1970: 33; B618 1971: 80-81; KL 1971: 14; B630 1972: introduction, 5, 7, 8, 9-10, 11, 12-13, 15, 25, 26-27, 28, 39-40, appendix 3 p. 55, appendix 9 p. 72; B664 1972: 3; B670 1973: 34, 37, 78, 80; KL 1973: 93; Socialministeriet 1973: 26-29; L333 1974: chap. 13 §§ 60, 74, KL 1975: 116; Socialministeriet 1975: appendix 2; B772 1976: 19; Boligministeriet 1976: 29; KL 1976: 159; B802 1977: 12, 13, 19, appendix 3 s. 43-44, 52-53; Socialstyrelsen 1977: 11, 21, 22, Socialstyrelsen 1977b: 8, 10; KL 1979: 157; Socialstyrelsen 1979: 12.

care', '*holistic approach*', '*joint assessment*', '*individual*', '*heterogeneous*' and '*personal*'.[356] For example, a 1970 white paper states that:

> *The group of old-age pensioners is characterized by their receiving of old-age pension … other than this, they are actually a very heterogeneous population group with greatly differing life conditions when it comes to health, financial circumstances, housing conditions, labour market attachment, contact with family, relatives and others and regarding attitude towards life.*[357]

Similarly, a 1972 white paper notes that when decisions regarding the public support to be provided are made, '*it will be reasonable to consider the situation of the individual old-age pensioner in its totality',*[358] and that '*a joint assessment of the situation of the old-age pensioner is deemed desirable'.*[359]

Thus far, I have shown how the eldercare policy of the 1970s constructs the main problem of eldercare as a mounting financial pressure on eldercare due to expanding needs for individual and holistic eldercare. Next, I show how public total eldercare is constructed as the solution to this problem.

2.2 The Public Total Eldercare – Solution

In the 1970s what I term public total eldercare emerges in Danish eldercare policy as the solution to the aforementioned problem of public eldercare. I claim such emergence to be observable in the policy in several ways. For one, the policy's expectations of a public total eldercare to meet an unlimited and undefinable need of eldercare can be seen in the policy's descriptions of public homecare. Because even though public homecare is still presented as the main solution to enable the elderly to age in place,[360] the expectations raised to this homecare

[356] B571 1970: 23, 45, 55, 71, 77, appendix 6; B583 1970: 33; KL 1971: 14; B630 1972: 8, 11, 13, 26-27, appendix 9 s 72; B664 1972: 3; Socialministeriet 1972: 5; B670 1973: 34, 78; KL 1976: 159; B802 1977: 12, 19, appendix 3 p. 44; Socialstyrelsen 1977: 21; Socialstyrelsen 1977b: 8.
[357] My translation: 'Gruppen af folkepensionister er karakteriseret ved, at de modtager folkepension … Bortset herfra er der i virkeligheden tale om en meget uensartet befolkningsgruppe med meget varierende livsforhold, f.eks. med hensyn til helbred, økonomiske kår, boligforhold, tilknytning til arbejdslivet, kontakter med familie, pårørende og andre og med hensyn til indstilling til tilværelsen' (B571 1970: 21).
[358] My translation: 'vil det være rimeligt at betragte den enkelte pensionists forhold under ét' (B630 1972: 11).
[359] My translation: 'en samlet vurdering af pensionistens forhold skønnes ønskeligt' (Ibid.: 11).
[360] Socialstyrelsen n.d., B547 1970; B583 1970; B618 1971: 71, 73; B630 1972: 9, 13, appendix 3 p. 55; B664 1972: 165; B670 1973; KL 1973: 93; Socialministeriet 1973: 26; L333 1974: chap. 12 §§ 50, 53; KL 1975: 116; Socialministeriet 1975: item. 11, appendix 1, 2; B802 1977; Socialstyrelsen 1977; Socialstyrelsen 1977b; KL 1978: 15, 122; KL 1979: 157; Socialstyrelsen 1979.

differs significantly from the expectations of the previous period in two ways, I will call attention to.

For one, the policy now constructs the matter of homecare as a detailed list of tasks to be performed. Simultaneously, however, the policy also constructs the task of homecare as indefinable and unlimited. One can, on the one hand, observe how the policy describes the particular services public homecare must offer elderly citizens to meet their needs and thereby enable them to age in place.[361] This is in contrast to the previous period, where the policy not until the final years of the1960s contained any descriptions of what possible needs the elderly could be expected to hold or how public homecare in practice could be expected to meet such needs. But in the 1970s the policy contains detailed descriptions of how public homecare is expected to substitute for the waning relative. For example, a white paper from 1977 lists how homecare professionals are to provide services such as

> *hair grooming, shaving, eye care, dressing and undressing, bedding, selection of appropriate clothing, help with the maintenance of normal respiration, pulse counting, temperature measurements, nutrition guidance, control of fluid balances, food consumption, toilet assistance, urine testing, stool samples, rest and sleep, protection against infections, guidance in family matters, application completion, arrangement of medical appointments, sending and receiving of mail, concern for a person's religious needs, walks, groceries, sports arrangements, instruction in and purchase of accessories for hobbies*.[362]

At the same time, however, the policy can be seen to construct the task of public homecare as unlimited and indefinable, concerning simply all matters regarding the elderly. For example, in the act on social assistance, homecare is defined as measures to provide '*support with domestic chores and personal requirements, which a person, due to their ongoing illness or infirmity,*

[361] B571 1970: 26, 31-32; B583 1970: 24-25; B630 1972: 9, 13, appendix 3 p. 55; L333 1974: chap. 12 § 53; Socialministeriet 1975: appendix 1 p. 6, appendix 2 p. 8; B802 1977: 10, appendix 3 p. 47-54; Socialstyrelsen 1977: 10-11; Socialstyrelsen 1977b: 7, 9; KL 1978: 15; Socialstyrelsen 1979.

[362] My translation: 'hårpleje, barbering, øjenpleje, af- og påklædning, lejring, valg af hensigtsmæssig påklædning, hjælp til opretholdelse af normal vejrtrækning, pulstælling, temperaturmåling, vejledning om ernæring, kontrol med væskebalancer, indtagelse af kost, hjælp ved toiletbesøg, urinprøver, prøver af afføring, hvile og søvn, beskyttelse mod infektion, vejledning om familiemæsssige forhold, udformning af ansøgninger, arrangere lægebesøg, sende og modtage post, omsorg for personens religiøse behov, spadsereture, indkøb, sportsarrangementer, instruktion i og indkøb af rekvisitter til hobby' (B802 1977: appendix 3).

cannot handle alone'.[363] This general definition is repeated throughout the period. For example, a white paper from 1975 states:

> *The homecare employee assists the ill and the elderly with all forms of domestic chores, shopping, etc., which they are unable to take on themselves in order that they can stay in their own homes under satisfactory conditions and thereby avoid being placed at an institution.*[364]

Also, the policy contains descriptions of new types of eldercare services, which the public eldercare is expected to provide. [365] For example, a 1972 white paper declares it '*desirable*' to extend the concept of '*care work'*[366] '*to include all activities aimed at helping old-age pensioners who live in their own homes, and aimed at helping them stay there for as long as possible'.*[367] The order goes on to say how '*care work thus is to be understood as a unity, and the concept is to include the totality of the activities aimed at providing support to old-age pensioners in their own homes'.*[368] Amongst such activities, are listed home visits, club activities, entertainment, hobby activities, study groups, education, talks and lectures, folk high school, vacation travels, excursions, visitation services, library services, manual activation and occupational therapy.[369]

The construction of such public total eldercare as the solution to how to meet the holistic, individual, unique needs of the elderly can also be observed as the policy now holds expectations about hidden, unmet needs for care amongst elderly citizens. The policy voices expectations that public eldercare is to undertake a pre-emptive, proactive, investigative effort to uncover and meet hidden needs, as when gone unmet, they can be expected to develop into

[363] My translation: 'bistand til husligt arbejde og personlige fornødenheder, som en person på grund af en vedvarende lidelse eller svækkelse ikke kan udføre på egen hånd' (L333 1974: chap. 12 § 53).
[364] My translation: 'Hjemmehjælperen bistår de syge og ældre med alle former for husligt arbejde, indkøb m.v. som de pågældende ikke selv er i stand til at påtage sig, således at de kan forblive i eget hjem under betryggende forhold og derved kan undgå indlæggelse på en institution' (Socialministeriet 1975: appendix 1 p. 6).
[365] KL 1971: 14; B630 1972: introduction, 5, 7, 9-10, 28; Socialstyrelsen 1972: 3; Socialministeriet 1973: 26-27; L333 1974: chap. 13 §§ 58, 59, 60; Socialstyrelsen 1977: 11; Socialstyrelsen 1979: 12.
[366] My translations: 'ønskeligt', 'omsorgsarbejde' (B630 1972 :13).
[367] My translation: 'udvides til at omfatte al den virksomhed, der går ud på at hjælpe pensionister, som bor i eget hjem, og som har til formål at hjælpe dem til at blive der længst muligt' (Ibid. :13).
[368] My translation: Altså at man skal betragte omsorgsarbejdet som en helhed og lade begrebet omfatte hele den virksomhed, der går ud på at yde bistand til pensionister i eget hjem' (Ibid.: 14).
[369] My translations: 'Hjemmebesøg', 'klubvirksomhed', 'underholdning', 'hobbyvirksomhed', 'studiekredse','undervisning', 'foredrag', 'højskoleophold', 'ferierejser', 'fælles udflugter', 'besøgstjenester' and 'beskæftigelsesterapi' See i.e. B583 1970: 33; B630 1972: 10, appendix 3 p. 55; Socialministeriet 1973: 27-29; B802 1977: appendix 3 p. 52-53.

care needs so heavy as to prompt nursing home admission.[370] For example, a 1973 white paper states that '*a shift has formed in the objective [of the support effort] towards a coordinated and outreaching effort and council and guidance'.*[371] A 1970 white paper notes how this proactive and investigative effort '*undoubtedly will reveal a need for support – including a need for stays at institutions – which until now has been unknown'.*[372] Hence, the policy now constructs public eldercare as even encompassing the obligation to meet needs that elderly citizens have yet to formulate themselves.

Care workers' work is similarly described as all aspects of the unique life situation of each individual, holistic, elderly citizen.[373] As such, the task is to '*care for every aspect of the client's life with a view to their large and small needs and must thus consider all matters concerning the well-being of the individual'.*[374] Care workers are also expected to possess '*the ability to see the totality of the client's situation',*[375] to understand that '*there are no fixed answers to be looked up when a difficult situation is to be handled, but that every client has their own answers'*[376] and '*to organize a procedure for each individual client to work by, taking into consideration the particular needs of the client'.*[377]

Thus, in each unique care interaction with an elderly citizen, the care worker is left to determine which care services will enable the given elderly citizen to live a satisfactory, independent, meaningful life outside of public institutions. Homecare is thus tangible but also indefinable and unlimited.

Interestingly, the policy shows reflexivity in how the expectations it has condensed into public eldercare are indefinable and unlimited, as evinced in education documents instructing students taking the basic homecare training course that they must learn about the '*responsibility of the*

[370] B571 1970: 13, 16, 22, 24, 25, 29, 32, 33, 34, 37, 71, 74, 105; B618 1971: 26, 27; B630 1972: 8, 20, 23-25; B664 1972: 23, 165; B670 1973: 34, 37, 97-98, 105; L333 1974: § 19; KL 1976: 150.
[371] My translation: 'Der er sket en forskydning i målsætningen i retningen af en koordinerende og opsøgende indsats og rådgivning og vejledning' (B670 1973: 34).
[372] My translation: 'utvivlsomt vil afsløre et bistandsbehov – herunder behov for institutionsophold – som hidtil ikke har været kendt' (B571 1970: 29).
[373] B571 1970: 23, 45, 55, 71, 77, appendix 6; B583 1970: 33; KL 1971: 14; B630 1972: 8, 11, 13, 26-27, appendix 9 p. 72; B664 1972: 3; B670 1973: 34, 78; KL 1976: 159; B802 1977: 12, 19, appendix 3 p. 44; Socialstyrelsen 1977: 21; Socialstyrelsen 1977b: 8.
[374] My translation: 'beskæftige sig med enhver side af klientens tilværelse under hensyn til dennes større eller mindre behov og må således have samtlige forhold vedrørende den enkeltes trivsel for øje' (B571 1970: 55).
[375] My translation: 'forudsætninger for at se helheden i klientens situation' (Socialstyrelsen 1977: 21).
[376] My translation: 'at give hjemmehjælperen en forståelse af, at der ikke findes et facit at slå op i, når man skal løse en vanskelig situation, men at hver klient har sit eget facit' (Socialstyrelsen n.d.: 7).
[377] My translation: 'kunne tilrettelægge en arbejdsgang hos den enkelte klient under hensyntagen til klientens særlige behov' (Ibid.: 40).

homecare employee towards the client and the limits of this responsibility',[378] and must '*discuss the boundaries of the responsibility of the homecare employee to the client'.*[379] As one can see, the policy recognizes that care workers' responsibility has limits, but fails to set the premises of these limits, instead constructing the problem as an issue to be resolved through in-class dialogue during the homecare education programme.

So far, the chapter has shown how, in the course of keeping heterogeneous, individual, unique and holistic elderly citizens in their own homes in order to solve the financial problem of public eldercare, the policy constructs expectations of a public total eldercare aimed at meeting the apparent unlimited, indefinable and sometimes even unexpressed care needs amongst the elderly. This probe how the policy constructs the problem of public eldercare as being caused by the public eldercare's failure to meet the holistic, individual needs of elderly citizens in their own homes, a failure that leads unattended and even unnoticed care needs to grow into needs that can only be met at expensive institutions. As also shown, the solution – public total eldercare – proves to be a public eldercare concern as well. As such, the eldercare policy of the 1970s installs public eldercare on both sides of the problem/solution distinction. The next section addresses how the policy constructs the role of the relative when it observes the relative through this function of eldercare.

3. The Third Waning of the Relative

On the following pages, I demonstrate how when Danish eldercare policy in the 1970s observes the relative through this problem/solution distinction, the relative emerges as an unqualified and burdened caregiver. In this construction, the role as a waning caregiver continuing from the previous period is shown to be applauded in the policy, which desires no participation of a burdened and unqualified caregiver in eldercare. I argue however, that this desire paradoxically leads to the reappearance of the relative in the eldercare communication, in a role both as an unqualified and burdened caregiver but also in a role as a co-receiver. This reappearance in the policy with the policy's desire for a waning is what I have termed 'the third waning of the relative' – its being in fact a re-appearing not a waning. With the new roles, new relationships are also constructed between the relative and the public sector, with new expectations connected to the public substitution relationship and an emergence of a care relationship. I argue that with

[378] My translation: 'hjemmehjælperens ansvar for klienten og grænserne for dette ansvar' (Socialstyrelsen 1977b: 12).
[379] My translation: 'diskutere grænserne for hjemmehjælperens ansvar for klienten' (Ibid.: 12).

the two relationships and four roles constructed for the relative, uncertainty about what to expect of the relative is reduced, but especially so by the generation of expectations for public eldercare. Moreover, I argue that with this multiplicity of roles and relationships a new open contingency is produced – postponing an uncertainty to succeeding eldercare communication - as to which of the roles and relationships to connect to.

3.1 The Roles of an Unqualified and Burdened Caregiver

As described earlier in the chapter, in the 1970s public eldercare policy continuously expects the relative to wane from eldercare due to societal, demographic and cultural developments. But I will call attention to the fact that in the 1970s this is not constructed as a problem. Quite the contrary. The documents from the 1970s reveal how, when regarding the relative through the lens of the above problem/solution distinction, the policy constructs the relative as an unqualified and burdened caregiver best eliminated from elderly care. I make this argument based on how the policy can be observed to raise concerns about the relative's caregiving burdens and the quality of that caregiving.[380] For example, a white paper from 1970 notices that when relatives provide help to elderly citizens, '*it entails a great burden for them',*[381] describing how '*it must be assumed that support provided by private individuals in a significant number of instances is unsatisfactory or is so burdensome to relatives that it will be replaced in whole or in part by public support when this option is available'.*[382] In the policy the waning of the relative from elderly care is no longer only described as inevitable due to societal developments. It is also described as desirable and a goal to be achieved by means of public eldercare, precisely because such caregiving burdens the relative, which is actually unqualified to perform this task and is also more needed elsewhere in the workforce.[383] For example, the aforementioned white paper from 1970 notes:

> *Not least there is a tendency towards an increased need for public support entangled in the fact that the most important support is not provided by the public, but by the family and other relatives. In theory it is possible to imagine that the family takes over a larger part of the support than is currently the case.*

[380] B571 1970: 24, 32; B630 1972:13; socialministeriet 1972.
[381] My translation: 'betyder en stor byrde for dem' (B571 1970: 24).
[382] My translation: 'Det må antages, at bistand ydet af private i en del tilfælde ikke er tilfredsstillende eller er så belastende for de pårørende, at den vil blive afløst af offentlig bistand helt eller delvist, når muligheden herfor foreligger' (Ibid.: 32).
[383] B571 1970: 22, 24, 25, 32; B630 1972: 9, 13, 25, appendix 3 p. 54-55; B670 1973: 37; KL 1978: 15.

> *However, it is more likely, that, for instance, the relatively small number of "children" compared to the number of elderly people and the circumstance that more young women are working outside the home will tend to mean relatively less support from the family. It is also possible that the closer examination entailed in the proactive and investigative effort will reveal that some of the support provided by relatives causes too large a burden for the relatives and that the support in some cases is inadequate. It is hence a possibility that some of the help provided by the family will have to be provided by the public in future.*[384]

The order further describes how

> *it appears likely, in the light of the development in other social areas … that it will increasingly be seen as a matter of course that the public sector takes over still more of the tasks which previously – often with great difficulties – were performed by the family, by paid, private house help or by elderly citizens themselves.*[385]

Another example can be taken from a 1972 white paper stating that even though '*help in the homes can also be provided as … financial compensation to the relatives of the old-age pensioner',* such arrangements should preferably be exceptional '*partly out of consideration for the relatives, partly because it can reduce the social authorities' understanding of the pensioner's conditions'.*[386]

[384] My translation: 'Ikke mindst ligger der en tendens til forøget behov for offentlig bistand i den kendsgerning, at den væsentligste bistand hidtil ikke er ydet af det offentlige, men af familien og andre pårørende. Teoretisk kan man tænke sig, at familien overtager en større del af bistanden end hidtil. Mere sandsynligt forekommer det dog, at bl.a. det forholdsvis mindre antal 'børn' i forhold til ældre og den omstændighed, at kvinderne i den yngre generation i højere grad er blevet udearbejdende, vil trække i retning af forholdsvis mindre bistand fra familien. Det er også muligt, at den nærmere undersøgelse, som vejledende og opsøgende arbejde indebærer, vil afsløre, at en del af den bistand, der ydes af pårørende, betyder en stor byrde for dem, og at den bistand i nogle tilfælde er utilstrækkelig. Der er derfor mulighed for, at en del af den bistand, der hidtil er ydet af familien, i fremtiden må ydes af det offentlige. (B571 1970: 24).

[385] My translation: 'Det forekommer sandsynligt efter udviklingen på andre sociale områder … at det mere og mere vil blive opfattet som en selvfølge, at det offentlige overtager stadig flere af de opgaver, som tidligere – ofte med store vanskeligheder – blev udført af familie, af betalt, privat hushjælp eller af de ældre selv'. (Ibid.: 25).

[386] My translation: 'Hjælp i hjemmet kan også gives som en økonomisk bistand til betaling for hjælp … Sådan hjælp har været anvendt til at yde vederlag til pensionistens pårørende', men man ønsker 'at sådanne ordninger kun bør gennemføres undtagelsesvis dels af hensyn til de pårørende, dels fordi det kan medføre, at de sociale myndigheder får mindre føling med pensionistens forhold'. (B630 1972: 13).

Altogether, I take the above to show that putting caregiving in the hands of the burdened and unqualified relative is conceived as jeopardizing the imperative of keeping unique, holistic elderly citizens in their own homes for the maximum time possible, and public eldercare is thus to substitute for the relative – ideally crowding out the burdened and unqualified relative from eldercare – that is, ideally enacting the waning caregiver. The role as a waning caregiver from the previous period and the public substitution relationship thus prevails in this period. It is still considered as a given, inevitable role due to societal developments conditioning the need for public eldercare, but the role and relationship are now also considered as goals of the eldercare policy. This also demonstrates how the eldercare policy does not describe the waning of the relative from eldercare as part of the problem of eldercare but rather presents the relative as causing problems by its very presence in elderly care, as the relative is considered to deliver less than total care. The waning of the relative and the substitution with public total care is thus actually seen as part of the solution to the problems of eldercare. Accordingly, the casting of the relative in the role of an unqualified and burdened caregiver reduces the likeliness of any problematization of the waning of the relative from elderly care in subsequent eldercare communication, thus simultaneously increasing the likeliness of communication instead problematizing the quality of the caregiving provided by the relative and the personal costs this entails. Notable also, it is no longer the relative who by its presence or absence as a caregiver conditions whether public eldercare is to substitute for the relative. As shown above, the policy sets the premise that the relative is to be substituted by means of public total eldercare, and even that proactive, investigative efforts are to be made in order to ensure that all unqualified and burdened caregivers are substituted. The waning of the unqualified and burdened caregiver is the goal to be achieved in further local eldercare decision communication.

3.2 The Role of a Co-Receiver

Moreover, I argue that the relative can be seen to emerge as a co-receiver of public eldercare when the policy regards the relative through the aforementioned problem/solution distinction. With this I mean that the period's eldercare policy in its preoccupation with public total eldercare constructs the relative itself as a potential receiver of public eldercare alongside the elderly citizen. Also my identification of a co-receiver role is based on several observations of the policy.

First of all, the relative as a co-receiver of care emerges in the social assistance act of the 1970s, when '*support*' for relatives appears in the act as a public service to be offered in eldercare.[387] This is also the case when a white paper from 1970 describes how providing support and relief for relatives caring for older family members is considered an important task of care workers.[388] A range of texts delineating the objectives of the homecare education programme similarly describe the relative as a receiver of eldercare.[389] For example, '*Guidance of relatives*'[390] and '*Care towards relatives*'[391] are listed as care worker tasks. Likewise, a white paper from 1970 states as important that

> *the social administration, to a much larger extent than previously, pay attention to how the individual old-age pensioner in general is a member of a family group, and that the support, which is provided to ease the pensioner's problems, therefore has to take the entire family situation into consideration.*[392]

Considering the needs and resources of the relative are now described as imperative in meeting the needs of elderly citizens.[393] Altogether, I take the above as a demonstration of how the shift to public total eldercare in the 1970s leads the eldercare policy to observe the relative as too burdened and unqualified to be able to provide the necessary total care, but the relative also manifestly becomes a co-receiver of public care. In other words, in the function of public total eldercare, the relative emerges as part of the needs that public eldercare is expected to attend to instead of as someone who can be participate in meeting those needs.

I argue that with the policy's idealization of the waning of the burdened and unqualified caregiver from eldercare, the policy re-installs the relative in the policy by condensing expectations of care needs into a co-receiver role. I suggest that this development can be encapsulated in the term 'the third waning'. If one considers how the double waning of the

[387] L333 1974
[388] B571 1970.
[389] B670 1973: appendix 1 p. 181; Socialstyrelsen n.d.: 36; B802 1977: appendix 3 p. 50-51; Socialstyrelsen 1977: 22; Socialstyrelsen 1977b: 39.
[390] My translation: 'Vejledning af pårørende' (B802 1977: appendix 3 p. 51).
[391] My translation: 'Omsorg for de pårørende' (Ibid.: appendix 3 p. 50-51).
[392] My translation: 'socialforvaltningen i højere grad end hidtil er opmærksom på, at den enkelte pensionist som regel er medlem af en familiegruppe, og at den bistand, der ydes til at modvirke pensionistens problemer, derfor må have hele familiesituationen for øje' (B571 1970: 24).
[393] B571 1970: 24, 28; B630 1972: 23, appendix 9 p. 72; B664 1972: appendix 15 p. 334, 345; KL 1973: 100; Socialministeriet 1973: 10, 11, 23, 30; L333 1974: § 85 subsection 2, 3; B755 1975: 37-38, 58; Socialministeriet 1975: item. 5, 14; B772 1976: 14-15, 18, 26, 28, 32; B799 1977: 158-159, 355-372, 375-378; KL 1978: 126; KL 1979: 161; Socialstyrelsen n.d.: 10-11.

relative discussed in the last chapter concluded with a waning of the relative from Danish eldercare policy, then in the 1970s the relative re-appears in the policy – but notably it is another relative re-emerging than the one we left in the previous period. Where the relative in the previous period was only to be expected to wane from elderly care, the relative appearing in the policy in the1970s cannot only be expected to be waning, but also to be burdened, unqualified and as much in need of public eldercare itself as the elderly it is related to. Notably also, the relative in the role as a co-receiver is not constructed as part of the problem of public eldercare. What is problematized, though, is that public eldercare to this point has not provided the relative with enough services and is therefore leaving eldercare in the hands of unsupported, unqualified and burdened family members. What is constructed with the co-receiver role is a care relationship. It is not a relationship of allocation of responsibility between the relative and public eldercare, but a relationship of public caregiving. The relative is simply included in eldercare not by virtue of providing eldercare but by virtue of its receiving eldercare.

4. Summary and Discussion

In this chapter I have argued that, in my story of the relative, the 1970s constitute a distinct period that can be characterized by a desired waning of the relative that manifests as a re-appearance. I have shown the 1930–1969 period and that of the 1970s to be clearly differentiated by the fact that the role of care worker employer from the former period disappears in the latter, with three new relative roles emerging alongside that of a waning caregiver, which also condense new expectations in the 1970s – all differences that can be understood in the light of the different functions of public eldercare in the two periods.

I have demonstrated that the Danish eldercare policy in the 1970s constructs the role of the relative through the problem/solution distinction that goes: problem = how to meet the expanding, holistic and unlimited needs of eldercare while facing increasing financial strain and pressure/solution = public total eldercare. Further I have demonstrated how in this function the relative is constructed as a burdened and unqualified caregiver and, as such, as incapable of providing the same level of care as the total eldercare the public sector provides and considers necessary for elderly citizens to age in place; and how the waning caregiver therefore becomes a goal to be achieved by means of public eldercare, which also manifests the relative as a co-receiver of eldercare more than a caregiver. Thus, the 1970s are characterized by a desire for a

waning caregiver, which materializes in a reappearance of the relative in the period's eldercare policy.

I have demonstrated how the policy installs public eldercare as both the problem and solution of the function of public eldercare. The problem is defined as a public eldercare not yet meeting the standards of public total eldercare. The solution defined to this self-inflicted problem of public eldercare is constructed to be a strictly public matter of providing public total eldercare. Interestingly, however, the relative in this period appears on both the problem and the solution side. The burdened and unqualified caregiver contributes to the problem by providing a care inferior to the public total care and it can be part of the solution by waning and leaving eldercare in the hands of total public eldercare. The waning relative is simply considered part of the solution. Although the waning of the relative is hence a theme, what is problematized is the public eldercare's failure to see and meet the needs of elderly citizens and their relatives. This has put a burden on relatives and resulted in the poor-quality care from which elderly citizens without public eldercare are expected to suffer. Accordingly, the relative cannot be expected to participate in elderly care, as the relative is expected to be burdened and unqualified and itself in need for care. This also puts the relative on the receiver side of elderly care, its not being considered qualified to participate in the caregiving but instead qualified for services itself.

There are thus four roles in this period in comparison with the two roles of the previous period. The four roles reduce uncertainty by stabilizing expectations for the relative, thus setting the premises of further eldercare communication connecting to the roles. Thematically, the burdens experienced by relatives when caring for elderly family members is now established as a relevant theme of further eldercare communication. So are the capabilities of the relative to provide proper care as well as the relatives' need for care. These themes and the continual theme of the societal and cultural reasons for the waning of the relative from caregiving are established as relevant and expected themes of further eldercare communication regarding the relative. Socially, the spouse is primarily cast as the relative and the one to be considered a co-receiver, but when describing the unqualified and burdensome caregiving offered elderly citizens by relatives, the relative is described in broader terms that include children and more distant relatives. Notably, in regard to the social dimension, the relative is now constructed as a co-receiver of services. That is, as included in eldercare not by means of providing eldercare but by means of receiving eldercare. Regarding the temporal dimension, notably the role of the

relative is premised to be defined in the assessment process where the care needs of the elderly citizen is assessed. Against the backdrop of total eldercare, the needs that must be met to keep the elderly citizen home for as long as possible must, as shown, be determined on an individual basis that holistically considers each elderly citizen, also with regard to their family relationships. Thus, both the needs of the elderly and the role of the relative is to be assessed in the assessment-process. By that statement I mean that whether the relative is to be addressed as a burdened and unqualified caregiver to be substituted by public eldercare and maybe even to be addressed as a co-receiver itself, is premised by the policy to be a theme of the decision communication of the assessment process. Characteristically of the period, expectations for the relative are, however, not only stabilized as expectations for the role of the relative but also stabilized by detailed expectations for public eldercare. In this period, a way of uncertainty reduction as to what to expect of the relative can thus arguably be said to take place through the stabilization of expectations posed to public eldercare as regards how it is to substitute the relative.

With the roles of the 1970s, expectations for the relationship between the relative and public eldercare has also been demonstrated to stabilize new expectations to the allocation of responsibility between public eldercare and the relative. The relationship is considered one of public substitution, where, in contrast to the previous period, it is no longer left for the relative to decide whether or not a substitution relationship is enacted merely by its presence or absence in the caregiving. Now the decision is premised to be made in the local eldercare organizations and institutions, which are to assess in each individual case of each unique elderly citizen whether there is a need to substitute for relatives or if the elderly citizen or relative is considered capable of caregiving. In this, the local eldercare organizations and institutions are also expected to decide whether a care relationship between the public eldercare and the relative is also to be enacted. As such, an open contingency as to which role and relationship to expect between the relative and the public eldercare is generated in the policy.

Moreover, I will argue that another type of uncertainty is also produced with the roles constructed for the relative in the 1970s. As presented, the waning relative is no longer presented merely as an inevitable development of societal, demographic and cultural developments but is now also presented as a role decided in the eldercare policy. In other words, the waning relative is presented as a goal to be achieved by means of public eldercare. If one

recalls how, according to the systems theory, when something is turned into a matter of a decision it cannot avoid to constantly drag with it the awareness that it is merely a decision that could have been another. I will argue that the waning relative, exactly when presented in the 1970s as a role decided in eldercare policy, generates an uncertainty as to whether the role is connected to or questioned in the further eldercare communication. Finally, I will claim that an open contingency is also produced, postponing uncertainty to the local eldercare communication concerning which expectations to connect to with the role of a waning caregiver, as the waning caregiver role now has condensed different expectations into different periods with different functions of public eldercare. In the previous period the waning caregiver was expected to be merely a matter of societal and demographical developments to which the public eldercare needed to adjust. In the 1970s, however, it is a goal to be achieved by means of public eldercare. A complexity in the role of the waning relative has thus been generated in the eldercare policy of this period, for, although the policy stabilizes new expectations in the role, there is no certainty as to whether further eldercare communication connects to the new or the old expectations, thus generating an uncertainty about what expectations are connected to in succeeding eldercare communication when references are made to the waning caregiver.

Before moving on to the analysis of the third period of my story of the relative, I briefly below relate the findings of the chapter to the existing eldercare literature.

I have during the chapter demonstrated how the Danish eldercare policy of the 1970s places new expectations on public eldercare while simultaneously expecting the relative to not be part of elderly care, a move that de-familiarizes eldercare – a development that is precisely presented in the historical studies of eldercare in Denmark. However, I have also supplemented the diagnosis reached in this literature by demonstrating how the period of defamiliarization holds nuances observable when addressed from the perspective of the role of the relative. Such nuances include how the relative during the period from 1950 – 1980 defined in the literature as a state-centred period hold not one uniform, enduring role but five different ones and how notably the relative's role goes from being waning in eldercare to be receiving eldercare.

These findings are accordingly of relevance to the eldercare literature on the relative's roles. Like the existing literature pointing out a caregiver role, I have also identified such a role. Having demonstrated the role as a caregiver as condensing changing expectations over time when constructed with changing functions and relationships of public eldercare, I have though also shown the role to be unstable and contingent. In the previous period, the role, as described, condensed the expectations that the relative was waning as a caregiver due to societal and demographic developments. This continues to be the case in the 1970s, but what is more, in this decade the role of a caregiver is also connected to expectations of burdens and poor competencies. Now in the role of caregiver, the relative can be addressed both with expectations of being absent but also with expectations of being burdened and unqualified. Thus, overall, I have demonstrated the caregiver role identified in current case studies to be a role that has been part of Danish eldercare policy all the way back to the 1930s, but also to be a non-stable role coupling itself to other changing roles. Having also argued that the role, when traveling through changing functions of public eldercare, can also be expected to uphold a range of possible expectations from previous periods. As such, the role also carries with it an uncertainty about which expectations to connect to with the role in further eldercare communication.

Likewise, I have demonstrated the role as a co-receiver, also identified in the current case studies – where it is also sometimes referred to as a hidden patient or a co-client – to also be a role that can be identified all the way back to the 1970s and as a role emerging with the eldercare policy's desire of a public total eldercare. Bringing to the fore how the role as a co-receiver of eldercare is a role first emerging in Danish eldercare policy from this policy's desire of an all-encompassing public total eldercare attending to all possible needs of the elderly including the needs of the relative. Finally, as presented, the burdens of caregiving are a pervasive theme of the current eldercare literature and a theme that I have now demonstrated to be present in the Danish eldercare policy since the 1970s, when eldercare was considered to be unlimited, holistic and individual. The expectations of a burdened caregiver are thus not new but emerge with a particular function of public eldercare where care was to be total – where care was to be professionalized.

The role of the relative in the 1970s and the role of the relative in the collected story from 1930-1979 are summarized in two tables below. How the relative is constructed in the period from 1980 to 1994 will afterwards be the theme of the third analytical chapter of the thesis.

The function of public eldercare	**Problem = how to maintain holistic, unique individual elderly citizens in their own home for as long as possible/** **Solution = public total eldercare**			
The Role of the Relative	**A waning caregiver**	**A burdened caregiver**	**An unqualified caregiver**	**A co-receiver**
The relationship between public eldercare and the relative	**Substitution**			**A care relationship**

Table 2) The role of the relative in the 1970-1979 period

1930–1969	**1970–1979**
A waning caregiver	
The care worker employer	
	A burdened caregiver
	An unqualified caregiver
	A co-receiver

Table 3) The role of the relative from 1930-1979

Chapter 6) Analyses of the Years 1980–1994: The Multiple Relative

1. Introduction

This third analytical chapter concerns the third of the five periods in my story of the relative. The period, which runs from 1980 to 1994, is characterized by a multiplicity of seven roles constructed for the relative and, with these, three distinct relationships between the relative and public eldercare.

In the chapter, I argue that the 1980–1994 period constitutes a distinct period in the story of the relative. In support of this argument, I demonstrate a break in the role of the relative that comes when Danish eldercare policy constructs total eldercare – the solution constructed for the problem of the previous period – as the main problem of public eldercare. Responding to this problem, the policy constructs three principles as the solution: self-determination, continuity and the use of one's own resources and competencies. I demonstrate how with this specific function of public eldercare, the policy constructs a multiplicity of seven roles for the relative, and how these contain conflicting expectations both for the relative and for its relationship with the public eldercare. I argue that the eldercare policy of this period discovers public eldercare to be insufficient and destructive and the relative to be both a valuable part of and an obstacle to the solution to the failure and insufficiency of public eldercare.

The chapter is structured with two main sections. The first concerns how Danish eldercare policy discovers public total eldercare to be insufficient in filling the needs of elderly citizens and even counterproductive. I demonstrate how the policy comes to prefer a sufficient eldercare over total eldercare, and to define self-determination, continuity and the use of one's own resources and competencies as guiding principles for the transition from total to sufficient care.

The second section concerns how a break in the role of the relative can be observed with this new function of public eldercare. This occurs because the roles of a burdened and unqualified caregiver from the previous period now wane from the policy, as new expectations are condensed into the role of waning caregiver and co-receiver also familiar from the previous period, and as five new roles are constructed: those as *a social caregiver*, *a proxy*, *a source of*

information, a source of continuity and an opponent. I first argue that the policy constructs the relative as a resource in eldercare, casting it in the roles of social caregiver, proxy and source of information and source of continuity, thus establishing the relative as a valuable support in achieving the three principles. As such, the policy casts the relative as holding complementary competencies to public eldercare in the quest for solving public eldercare problems. I also show how, to support these roles, the policy continuously constructs the relative as a co-receiver of public eldercare services, and argue that, as such, the policy aims to support the relative in being a valuable support of public eldercare. However, I go on to demonstrate how the policy simultaneously constructs the relative as an opponent in eldercare, thus casting the relative as an antagonizing adversary to the guiding principles – that is, as contributing to the problems of public eldercare, both by being a critic and by being a waning caregiver. I then argue that this multitude of roles and the associated relationships between the relative and public eldercare both reduce uncertainty about what to expect of the relative and generate a new form of open contingency. This open contingency entails several matters, the first being the matter of what relative role to connect to and with this also which of two opposing ideals as a resource or an opponent to connect to with the multiplicity of available roles. Finally, there is the matter of which expectations to connect to with some of the roles that so far involve condensed expectations stemming from two and sometimes even three different functions of public eldercare.

2. Solving the Problems of Total Eldercare

This section concerns the new function of public eldercare constructed in Danish eldercare policy from 1980 to 1894. I demonstrate how the eldercare policy of this period observes the provision of public total eldercare as failing, insufficient and even counterproductive in meeting the needs of elderly citizens, and how the three principles of self-determination, continuity and the use of one's own resources and competencies are constructed with the policy as the solution to the problems arising from total eldercare.

It can be observed how from the outset of the 1980s a range of reports from the Commission on the Elderly (Ældrekommissionen)[394] spurs an attention in the period's public eldercare policy to how public eldercare is excessive and how in spite of – or even because of – this

[394] Ældrekommissionen 1980; 1981; 1982.

excess it has failed to meet the totality of elderly citizens' needs. It further describes the solution to this failure to be the implementation of three guiding principles of public eldercare: self-determination, continuity and the use of one's own resources and competencies.[395] In 1981, for example, the Commission on the Elderly states that its

> *main criticism of the eldercare policy concerns … how the efforts implemented are precisely what limit the possibilities of self-determination, continuity and the use of one's own resources, thereby in and of itself contributing to further dependency and the development of heavy and care-demanding needs'.*[396]

Likewise, the National Board of Social Services (Socialstyrelsen) writes in 1986 that:

> *It is commonly agreed that future policy for the elderly … must rest on three founding principles: – Continuity – which entails avoiding severe breaks in the life of the individuals. – Self-determination – which entails that elderly citizens shall also have a genuine possibility to assert a determining influence on their own life. – Exploitation of one's own resources – which entails taking the individual elderly citizen's wishes, experience, resources and possibilities as the point of departure, rather than focusing on the lacks and problems that also persist.*[397]

[395] Socialstyrelsen 1980: 20, 34, appendix 2; Socialstyrelsen 1980b: 22-23, 46, 54; Socialstyrelsen 1980c: 12; Socialstyrelsen 1980d: 9, 24; Ældrekommissionen 1980: 13, 73, 74, 94; KL 1981: 135; Socialstyrelsen 1981: 35; Ældrekommissionen 1981: 14, 26, 30, 205-206, 234-235, 282, 298, 309, 315; Socialstyrelsen 1982b 23, Socialstyrelsen 1982c: 7, 8, Socialstyrelsen 1982: 8, 9, 10, 13, 15, 16, Socialstyrelsen 1982e: 7, 9; Ældrekommissionen 1982: 12, 17, 20, 25-26, 30, 33, 36, 39; Ældrepolitisk redegørelse 1982: 3233, 3235, 3237; KL 1983: 126; Socialministeriet 1983: forword; Socialministeriet 1983b: 3; Socialstyrelsen 1983: forword, 8, 11, 30, 60; KL 1984: 88-89, 98; Socialstyrelsen 1984: 9, 60; Socialstyrelsen 1985: forword; Socialstyrelsen 1986b: 20, 28, 31, 58; Socialstyrelsen 1986c: 24, 33; Socialstyrelsen 1986e: 7; Socialstyrelsen 1986f: 10, 21; Socialstyrelsen 1986g:4; Socialstyrelsen 1986h:16, 23, 24, 26; Socialstyrelsen 1986j: 26, 27, 46, 65; Socialministeriet 1987: 1, 2, 4, 10, 12, 13, 16; KL 1988: 14-15; KL 1988b: 58, 59; Socialstyrelsen 1988: 5, 8, 21; Socialstyrelsen 1988c: 7-8, 21, 43; Socialstyrelsen et al. 1988: 5, 7, 8, 11, 13, 15, 45; Socialstyrelsen et al. 1988b: 7, 8; Socialstyrelsen et al. 1988d: 5, 7, 10, 11, 12-13, 15, 17, 33-34, 36, 39, 43; Socialstyrelsen et al. 1988e: 4, 7, 8, 11, 15, 17-18, 22, 27-28; Socialstyrelsen et al. 1988f: 23; Socialstyrelsen et al. 1988g: 13, 41; KL 1990b: 21-22; Socialstyrelsen 1990: 5, 8; Socialministeriet 1991: 3, 14; KL et al. 1992: 4, 5, 12; KL 1993c; KL 1993: 14; KL 1994: 3, 22; KL 1994c: 15; Socialministeriet 1994b: 17.

[396] My translation: 'Hovedkritikken af den førte ældrepolitik går på … at de tilbud, der sættes i værk, netop kan begrænse mulighederne for selvbestemmelse, kontinuitet og udnyttelse af egne ressourcer og dermed i sig selv være med til at befordre en yderligere afhængighed og udvikling af tunge og omsorgskrævende behov' (Ældrekommissionen 1981: 309).

[397] My translation: 'Der er således enighed om, at fremtidig ældrepolitik … skal bygge på tre grundprincipper: - Kontinuitet – hvilket indebærer at voldsomme brud i den enkeltes tilværelse skal undgås. – Selvbestemmelse – hvilket indebærer, at også ældre skal have reel mulighed for at udøve afgørende indflydelse på egen tilværelse. – Udnyttelse af egne ressourcer – hvilket indebærer, at man skal tage udgangspunkt i den enkeltes ældres ønsker, erfaringer, kræfter og muligheder, frem for at fokusere på de fejl og mangler, som også findes' (Socialstyrelsen 1986f: 10).

In the policy the terms '*user*' and '*service*' appear, and the necessity of abandoning the term '*care*' is declared, all as a means of signalling the importance of fulfilling the three principles.[398] For example, in 1988 the National Board of Social Services writes:

> *However, the term elder-service rests on a good idea. It emphasizes the self-determination of the individual. The right to choose themselves which services they want. Previously we said eldercare. There is not much self-determination in that term … Currently a restructuring takes place in services for the elderly, from nursing home to own home. From total care to own care. From maintenance to prevention. This development has led to an emphasis on the wishes and demands of the elderly themselves for their life. For their life situation, quality of life and lifestyle.*[399]

Furthermore, one can also note how the policy starts to refer to the three principles when describing the holistic needs of the elderly. The elderly citizen's holistic needs for care thus still preoccupy the policy, which continues to emphasize the needs for suitable accommodation, financial support, practical and personal assistance, and social and physical activities. Notably, however, these holistic needs are now presented as needs to be met in a way that simultaneously fulfils the three new principles.[400] Take nursing homes, for example, the policy continuously describes the homes as less preferable than other types of public eldercare because they are

[398] Socialstyrelsen 1981: 33, 36; Ældrekommissionen 1981; KL 1983: 114, 127; KL 1984: 87; KL 1985: 12; Socialstyrelsen 1986h: 8; KL 1988; Socialstyrelsen1988b; Socialstyrelsen et al. 1988: 7, 45.

[399] My translation: 'Der ligger imidlertid en god tanke bag udtrykket ældreservice. Det understreger den enkelte gamles selvbestemmelse. Ret til selv at vælge, hvilke ydelser hun eller han vil have. Tidligere sagde man ældreforsorg eller ældreomsorg. De ord er der ikke megen selvbestemmelse i. … I disse år sker der en omlægning af ældreservice fra plejehjem til egen bolig. Fra *totalomsorg* til *egenomsorg*. Fra *reparation* til *forebyggelse*. Denne udvikling har betydet, at der lægges større vægt på gamles egne ønsker og krav til tilværelsen. På deres livssituation, livskvalitet og livsstil' (Socialstyrelsen et al. 1988: 7).

[400] Socialstyrelsen 1980: 20, 34; Socialstyrelsen 1980b: 16, 22-23; Socialstyrelsen 1980c: 11, 37; Socialstyrelsen 1980d: 9, 24;
Socialstyrelsen 1980e: 44; Ældrekommissionen 1980: 98; KL 1981: 135, 137; Socialstyrelsen 1981: 16, 35; Ældrekommissionen 1981: 22, 25, 135, 205-206, 229, 234-235, 241,243, 248, 265, 276, 282, 298, 315; Socialstyrelsen 1982b: 17; Socialstyrelsen 1982e: 7, 9; Ældrekommissionen 1982: 8, 15, 16-17, 20, 21, 26, 28-29, 33, 39, 88; Ældrepolitisk redegørelse 1982: 3241; KL 1983: 126, 127; Socialministeriet 1983: forword, 16, 17, 63, 113-120; Socialministeriet 1983b: 4; Socialstyrelsen 1983: forword, 6, 11, 16, 17, 30, 32, 60, 65-67; KL 1984: 98-99; Socialministeriet 1984: 9; Socialstyrelsen 1984: 9, 10; KL 1985: 12; Socialstyrelsen 1985: forword, 1, 38; Socialstyrelsen 1986b: 4, 8, 9, 20, 22, 25, 28, 30-31, 42-43, 44, 48, 52, 58, 59, 62, 68, 73; Socialstyrelsen 1986c: 10, 28, 29,33, 39-40, 45-46, 48-52; Socialstyrelsen 1986d: forword, 3, 5, 9, 16, 20-21, 22-25, 30, 31; Socialstyrelsen 1986e: 7, 22; Socialstyrelsen 1986f: 11, 12, 13; Socialstyrelsen 1986g: 3, 4, 8, 9; Socialstyrelsen 1986h: 16, 23, 24, 32, 46; Socialstyrelsen 1986i: 51, 52; Socialstyrelsen 1986j: 16, 17, 19, 33; L870 1987: § 1 item 6; Socialministeriet 1987: 1, 2, 4, 9, 10, 12, 13; Socialstyrelsen 1988: 5, 8, 20; Socialstyrelsen 1988c: 7-8, 17, 20-21, 43, 50; Socialstyrelsen et al. 1988: 5, 7, 8, 10, 11, 15, 16, 20, 32, 37, 45, 114; Socialstyrelsen et al. 1988b: 7, 8, 11, 13, 18, 54-55; Socialstyrelsen et al.1988e: 15,19, 22, 24, 27-28, 42; Socialstyrelsen 1990: 5, 8; Socialministeriet 1991: 3; KL 1992c: 26; KL 1993e: 27-28, 30; Socialkommissionen 1993b: 22-23; Socialministeriet 1994c: 47.

costly,[401] but now also because they are considered less suited to fulfilling the three new principles than other types of public care.[402] This is evinced, for example, in a statement made by the Commission for the Elderly in 1981: '*the nursing home is fitted to, and supplies, a total-service.*'[403] Likewise, in 1986 the National Board of Social Services describes how '*nursing homes build on total care. The residents don't need to participate in the daily tasks, if they don't want to. Their effort is not necessary. In many places neither is it welcome.*'[404] In another 1986 publication the board also states that '*in the future we are to rely even more strongly on alternatives to nursing homes, as a move to a nursing home almost inevitably entails a break with the three principles'*.[405]

Above I have shown how this period's eldercare policy has come to observe public eldercare as having failed to meet the totality of the needs of the elderly – exactly because it has been providing total eldercare, which it now considers too excessive to meet elderly citizens' needs. In the following pages I show how this policy also describes total care as even having created more severe needs for care and thereby as having increased the financial pressure on public eldercare.

The policy in the 1980–1994 period indict total eldercare of being counterproductive in meeting elderly citizens needs of care and even of creating increasingly severe needs for care amongst elderly citizens because it violates the three principles.[406] For example, the policy describes

[401] KL 1980: 142; Socialstyrelsen 1980c: 26, 29, 39; Socialstyrelsen 1980d: 17; KL 1981: 19, 136; Ældrekommissionen 1981: 30, 35, 38, 40-41, 135, 275; KL 1982: 9, 94; KL 1983: 114; Socialstyrelsen 1983: 8, 9, 11; KL 1984: 23, 24, 87, 89; Socialstyrelsen 1985: forword; Socialstyrelsen 1986c: 31, 33; KL 1990b: 21; Socialministeriet & Boligministeriet 1991: 1, 4, 26; Socialkommissionen 1993b: 22-23.
[402] Socialministeriet 1980: appendix 2; Socialstyrelsen 1980: 9, 34; Socialstyrelsen 1980b: 16, 18, 23, 49; Socialstyrelsen 1980c: 11, 37; Socialstyrelsen 1980d: 9; Socialstyrelsen 1980e: 44; Ældrekommissionen 1980: 73, 74, 94, 98; KL 1981: 19, 135; Socialstyrelsen 1981: 16; Ældrekommissionen 1981: 14, 25, 26, 30, 135, 234-235, 251-252, 265, 282, 283, 291, 294, 298, 309-310; Socialstyrelsen 1982b: 16, 17; Socialstyrelsen 1982c: 7; Socialstyrelsen 1982d: 8; Socialstyrelsen 1982: 13; Socialstyrelsen 1982e: 7; Ældrekommissionen 1982: 12, 16-17, 20, 21, 25-26, 33, 39, 28, 88, 206; Ældrepolitisk redegørelse 1982: 3233, 3237, 3241; KL 1983: 126, 127; Socialstyrelsen 1983: 11, 30, 32, 65-67; KL 1984: 98-99; Socialministeriet 1984: 9; Socialstyrelsen 1985: forword, 1; Socialstyrelsen 1986; Socialstyrelsen 1986b: 4, 20, 30-31, 38, 55-56; Socialstyrelsen 1986c: 9, 24, 28, 29, 31, 33, 40-41, 44, 45-46; Socialstyrelsen 1986d: 22-25; Socialstyrelsen 1986e: 7; Socialstyrelsen 1986f: 10, 11; Socialstyrelsen 1986g: 3, 4, 6; Socialstyrelsen 1986h: 15, 16, 24, 46; Socialstyrelsen 1986j: 19, 27, 33, 47; L870 1987: § 1 item 6; Socialministeriet 1987: 1, 2, 9, 10, 13; Socialstyrelsen 1988c: 7-8, 17, 21, 33, 43, 44, 50; Socialstyrelsen et al. 1988: 5, 7, 15, 16, 19, 24, 31, 32, 38,40, 52-56; Socialstyrelsen et al. 1988b: 8, 13, 15, 18, 54-55; Socialstyrelsen et al. 1988d: 3,5, 7, 12-13,15, 33-34, 36, 39, 43; Socialstyrelsen et al.1988e: 17, 27, 42, 46; Socialstyrelsen et al. 1988f: 25; Socialstyrelsen 1990: 8, 11, 31; Socialministeriet & Boligministeriet 1991:26; Socialministeriet og Boligministeriet 1991: 1, 4, 26; Socialkommissionen 1993: 166; Socialministeriet 1994: 17, 38.
[403] My translation: 'Plejehjemmene er indrettet til og yder en totalservice' (Ældrekommissionen 1981: 206).
[404] My translation: 'Plejehjem er baseret på totalomsorg. Beboerne behøver ikke deltage i de daglige gøremål, hvis de ikke vil. Deres indsats er ikke nødvendig. Mange steder er den heller ikke ønsker' (Socialstyrelsen 1986g:4).
[405] My translation: 'fremover skal satses endnu stærkere på alternativer til plejehjem, fordi flytning til plejehjem næsten uvægerligt vil indebære, at de tre principper brydes' (Socialstyrelsen 1986f: 10).
[406] Socialministeriet 1980: appendix 2; Socialstyrelsen 1980: 9, 20, 34; Socialstyrelsen 1980b: 16, 18, 22-23, 49; Socialstyrelsen 1980c: 5, 11; Socialstyrelsen 1980d: 9; Socialstyrelsen 1980e 44; Ældrekommissionen 1980: 73, 74, 94, 98;

how the needs assessment process has thus far automatically provided every elderly citizen with pre-existing and excessive public total-care package solutions – solutions that often exceed the services required and are more than sufficient to meet the particular needs, resources and competencies of the individual elderly citizen.[407] As the National Board of Social Services puts it in 1980, a change is needed in eldercare and how

> *the needs assessment must ensure that the individual is offered the services and arrangements that are necessary and sufficient to meet that person's particular needs. This means that we offer no more or less – and this includes not offering arrangements to anyone just because those arrangements are available.*[408]

In 1986 the board also notices how public eldercare is often provided in a manner '*that increases passivity, helplessness and isolation',*[409] and that public eldercare '*has come to "care" many elderly citizens into passivity'.*[410] Similarly, in 1981 the Commission on the Elderly concludes that '*there are some basic mechanisms in the existing help system that cause an inevitable attention to the weaknesses instead of the resources of the individual citizen',*[411] and that this is '*crucial in regard to whether the elderly citizen to a greater or lesser extent*

Socialstyrelsen 1981: 16, 19, 34, 35, 36; Ældrekommissionen 1981: 25, 265, 30, 132, 136, 158-159, 205-206, 234-235, 251-252, 265, 276, 281-283, 291, 294, 206, 283, 294, 298, 309-310, 315; KL 1981: 19, 35, 135; Ældrekommissionen 1982: 12, 16-17, 20, 21, 25, 26, 28, 21, 30-31, 33, 39, 88; Ældrepolitisk redegørelse 1982: 3233, 3237, 3241; Socialstyrelsen 1982b 16, 17; Socialstyrelsen 1982c: 7; Socialstyrelsen 1982d: 8; Socialstyrelsen 1982: 13; Socialstyrelsen 1982e: 7; KL 1983: 126, 127; Socialstyrelsen 1983: forword, 8, 11, 16, 17, 30, 32, 60; Socialministeriet 1983b: 1-2; KL 1984: 98; Socialstyrelsen 1984: 60, 98; Socialstyrelsen 1986; Socialstyrelsen 1986b: 4, 11-12, 28, 20, 29 30-31, 38, 51, 52, 55-56, 58, 62-68, 72; Socialstyrelsen 1986c: 9, 24,25, 28, 29, 31, 33, 40-41; Socialstyrelsen 1986d: 31; Socialstyrelsen 1986e: 7; Socialstyrelsen 1986f: 10, 11; Socialstyrelsen 1986g: 3, 4, 6, 8, 24; Socialstyrelsen 1986h: 15, 16, 23, 48; Socialstyrelsen 1986j: 27, 19, 33,47; Socialministeriet 1987: 1, 2, 4, 9, 10, 12, 13, 16,10; Socialstyrelsen 1988: 5, 8, 21; Socialstyrelsen 1988c: 7-8, 17, 21, 33, 43, 44, 50; Socialstyrelsen et al. 1988: 7, 8, 11, 14, 15, 16, 19, 24, 31, 32, 38, 40, 52-56, 114; Socialstyrelsen et al. 1988b: 7, 8, 11, 13, 15, 18, 29, 30-31, 32, 54-55, 62-68, 72; Socialstyrelsen et al. 1988d: 5, 7, 10, 11, 15, 17, 36, 39-40, 43; Socialstyrelsen et al.1988e: 4, 15, 22, 46; Socialstyrelsen et al. 1988f: 8, 24; Socialstyrelsen et al. 1988g; KL 1990b: 23; Socialstyrelsen 1990: 5, 8, 31; KL 1992b: 5; KL 1993c: 6-7; Socialministeriet 1994: 17, 38; Socialministeriet 1994c: 47.

[407] Socialstyrelsen 1980: 11; Socialstyrelsen 1980c: 5, 11; Socialstyrelsen 1981: 34-35; Ældrekommissionen 1981: 25, 276, 136, 158-159, 205- 206, 234-235, 254, 265, 281-283, 289, 290, 294, 298, 309, 315; Socialstyrelsen 1982d: 7; Ældrekommissionen 1982:33;
KL 1983: 127; Socialstyrelsen 1983: 11, 60; Socialstyrelsen 1985: introduction; Socialstyrelsen 1986b: 51, 52, 58; Socialstyrelsen 1986c: 9; Socialstyrelsen 1986d: 27; Socialstyrelsen 1986f: 8; Socialstyrelsen 1986g: 4, 5-6; Socialstyrelsen 1986h: 15, 16, 48; Socialministeriet 1987: 4; Socialstyrelsen 1988: 5; Socialstyrelsen 1988c: 7-8, 20, 44-45; Socialstyrelsen et al. 1988: 7-8, 11, 14; Socialstyrelsen et al. 1988d: 36; Socialministeriet 1991: 3; KL 1993e: 9-10; Regeringen 1993: 15; Socialministeriet 1994: 7, 34.

[408] My translation: 'visitationen skal sikre, at den enkelte får tilbudt de foranstaltninger, som er nødvendige og tilstrækkelige til at imødekomme pågældendes behov. Det betyder, at man hverken skal tilbyde mere eller mindre – herunder, at man ikke skal tilbyde foranstaltninger til nogen, blot fordi disse foranstaltninger er til rådighed' (Socialstyrelsen 1980c: 11).

[409] My translation: 'der fremmer passivitet, hjælpeløshed og isolation og derigennem øger behovet for plejehjemspladsen' (Socialstyrelsen 1986c: 33).

[410] My translation: 'kommet til at 'omsorge' mange ældre ind i passivitet' (Ibid.: 9).

[411] My translation: 'der er i det eksisterende hjælpesystem indbygget nogle mekanismer som bevirker, at man uundgåeligt kommer til at rette opmærksomheden mod den enkeltes svagheder from for på ressourcerne' (Ældrekommissionen 1981: 265).

becomes dependent on public efforts and services',[412] as *'services that are too extensive can cause passivity and thus harm health in the long run*'.[413]

Moreover, the policy describes how care workers' behaviour is shaped by the tradition of total care, and how this needs to change in order to stop caring elderly citizens into care dependency and public eldercare into a financial crisis.[414] For example, in 1988 the National Board of Social Services notices how traditionally amongst care workers '*the helper role dominates the support role (>>I'm only good when the elderly citizen is helpless<<)',*[415] and how care workers must abandon the '*maiden syndrome*'[416] and '*the traditional way of providing services',*[417] which is characterized by doing '*more than necessary'.*[418] Similarly, in 1988 the board states that '*the home helpers are the frontline employees in the development work of eldercare … The quality of their work determines whether the elderlies are able to care for themselves, experience a quality of life and recover from sickness or remain in a role as a sick person*'.[419]

What is more, however, the period's eldercare policy even starts to describe public eldercare as inherently incapable of meeting the social needs of the elderly, a development I pursue in the following pages.

First, one can observe how the eldercare policy of the period describes how public eldercare does not possess the resources to meet the social needs of the elderly.[420] For example, the National Board of Social Services asks on behalf of the care workers at nursing homes: '*How can we better take psychological care into account when there is hardly time for the care*

[412] My translation: 'afgørende for, om den ældre i større eller mindre udstrækning bliver afhængig af det offentliges tilbud og foranstaltninger' (Ibid.: 309-310).
[413] My translation: 'For store ydelser kan virke passiviserende og dermed skade helbredet på længere sigt' (Ibid: 265).
[414] Socialministeriet 1980: item 11, appendix 2; Socialstyrelsen 1980: 9, 20, 34; Socialstyrelsen 1980b: 15, 16, 22, 53; Socialstyrelsen 1980e 44; Ældrekommissionen 1981: 315, 205-206, 276, 282-283, 298, 309, 315; Socialstyrelsen 1982b: 16, 17, 23; Socialstyrelsen 1982c: 7, 8; Socialstyrelsen 1982d: 7, 8; Socialstyrelsen 1982: 8, 9, 10, 13, 15, 16; Socialstyrelsen 1982e: 7, 9; Ældrekommissionen 1982: 20, 21, 33; KL 1983: 221; Socialstyrelsen 1983: 11, 30; Socialstyrelsen 1986; Socialstyrelsen 1986b: 4, 9, 30, 31, 40-43, 52, 58; Socialstyrelsen 1986c: 33, 40; Socialstyrelsen 1986d: 27; Socialstyrelsen 1986e: 7; Socialstyrelsen 1986f: 7, 12; Socialstyrelsen 1986g: 8; Socialstyrelsen 1986h: 16, 18, 23, 32,46; Socialstyrelsen 1986j: 16, 19, 33; Socialministeriet 1987: 4, 10; Socialstyrelsen 1988c: 7-8,17, 20, 43, 50; Socialstyrelsen et al. 1988: 7, 8, 10, 22, 31-32, 37, 38, 48, 49, 52-56; Socialstyrelsen et al. 1988: 39, 48; Socialstyrelsen et al.1988e: 8, 22, 49; Socialstyrelsen et al. 1988f: 23; KL 1990b: 23; Socialministeriet 1994: 17, 38.
[415] My translation: 'hjælperrollen dominerer frem for støtterollen (>>Jeg er kun god, når den gamle er hjælpeløs<<)' (Socialstyrelsen et al. 1988: 8).
[416] My translation: 'tjenestepigesyndromet' (Ibid.: 32).
[417] My translation: '*den traditionelle måde* at give service på' (Ibid.: 8).
[418] My translation: 'Gøre flere ting end nødvendigt' (Ibid.: 32).
[419] My translation: 'Hjemmehjælperne er frontmedarbejderne i omstillingsarbejdet på ældreområdet … Kvaliteten af deres arbejde er afgørende for, om gamle mennesker kan udføre egenomsorg, oplever livskvalitet, kommer sig efter sygdom eller bliver i en sygerolle' (Ibid.: 31).
[420] Socialstyrelsen 1986b: 31-33, 56; Socialstyrelsen 1986g:8; Socialstyrelsen 1986h: 52; Socialstyrelsen et al. 1988b: 13.

tasks?'[421] What is more, however, the policy also describes public eldercare as inherently incapable of meeting the social needs of elderly citizens, precisely because it is public and professional. It even describes the efforts made in public eldercare as at times creating isolation and loneliness.[422] For example, in 1981 the Commission on the Elderly states that '*it is not possible to solve the problem of loneliness through practical assistance in the home*'.[423] The commission further states that '*the system is very poorly suited to help enable the elderly citizen to solve their problems of loneliness, anxiety or isolation, as these cannot be solved solely through professional care and nursing'.*[424] The policy also describes how publicly facilitated social and physical activities inherently fail to meet the social needs of elderly, because the activities are run by '*professional >>therapists<< and are characterized by a "therapist-attitude*"', and how in order to meet elderly citizens' social needs efforts must be changed to encompass activities that can run '*without the interference of professional therapists'.*[425]

Moreover, the policy blames public total eldercare for the problems of meeting elderly citizens' social needs now being experienced in eldercare. The policy describes total eldercare as having crowded out all other social caregiving sources, including relatives, thus creating social needs instead of meeting them.[426] The Commission on the Elderly, for example, describes how most public services

> *do not to any greater extent contribute to supporting the relatives or others that the elderly citizen has contact with – on the contrary, one is often tied to a*

[421] My translation: 'Hvordan kan man tilgodese den psykiske omsorg bedre, når der dårlig nok er tid til plejeopgaverne?' (Socialstyrelsen 1986b: 31).
[422] Ældrekommissionen 1980: 98; KL 1981: 137; Ældrekommissionen 1981: 205- 206, 227, 234-235, 241, 244-248, 265, 276, 283; Socialstyrelsen 1982b 24; Ældrekommissionen 1982:17, 39; Ældrepolitisk redegørelse 1982: 3241; Socialministeriet 1983: forword, 16, 17, 63, 113-120; Socialstyrelsen 1983: 8, 11, 16, 17, 60; Socialstyrelsen 1984: 10; Socialstyrelsen 1986b: 28, 30-31,32, 38, 54, 62-68, 72; Socialstyrelsen 1986c: 10, 33, 44; Socialstyrelsen 1986d: 27; Socialstyrelsen 1986f: 13; Socialstyrelsen 1986g:9; Socialstyrelsen 1986h: 16; Socialministeriet 1987: 12,13; Socialstyrelsen et al. 1988: 5, 16, 32; Socialstyrelsen et al. 1988b: 13; Socialstyrelsen et al. 1988d: 5, 7, 17, 36, 39; Socialstyrelsen 1988c: 20.21; Socialstyrelsen et al.1988e: 15, 18, 19, 22, 27-33;
Socialstyrelsen et al. 1988f: 6; Socialstyrelsen et al. 1988g: 16, 22; Socialministeriet 1994b: 17.
[423] My translation 'man kan ikke løse ensomhedsproblemet med praktisk bistand i hjemmet' (Ældrekommissionen 1981: 265).
[424] My translation: 'systemet er meget lidt egnet til at bidrage til, at den ældre bliver i stand til at løse sine ensomheds-, angst- eller isolationsproblemer, da de ikke alene løses ved professionel omsorg og pleje' (Ibid.: 283).
[425] My translation: 'professionelle >> behandlere >> og er karakterisede af 'behandler attitude' 'uden indblanding fra professionelle behandlere' (Socialstyrelsen et al.1988e: 49).
[426] Socialministeriet 1980: appendix 2; Socialstyrelsen 1980b: 18, 23; Socialstyrelsen 1980c: 11; Socialstyrelsen 1980e: 50; Ældrekommissionen 1980: 98; Socialstyrelsen 1981: 16; Ældrekommissionen 1981: 205- 206, 234-235, 251-252, 265, 276, 283, 291; Socialstyrelsen 1982b: 16, 24; Ældrekommissionen 1982: 22, 39; Ældrepolitisk redegørelse 1982: 3241; Socialstyrelsen 1983: 8, 22, 32, 60; Socialministeriet 1983b: 1-2; Socialstyrelsen 1986b: 4, 13, 29, 30-31,32, 38, 54, 55-56, 62-68, 72; Socialstyrelsen 1986c: 33, 40-41, 44; Socialstyrelsen 1986g:9; Socialstyrelsen 1986h: 16; Socialministeriet 1987: 12,13; Socialstyrelsen 1988c: 21; Socialstyrelsen et al. 1988: 16, 19, 32; Socialstyrelsen et al. 1988b: 13; Socialstyrelsen et al. 1988d: 5, 7, 17, 36, 39; Socialstyrelsen et al.1988e: 15, 17, 22; KL 1992b: 5.

> *solution exclusively aimed at elderly citizens themselves, and this can cause persons who used to lend a hand to the elderly citizen to stay away, because others have taken over the tasks. There is very little there that can strengthen the sustainability of the networks of which the elderly citizen is part.*[427]

The board also describes how homecare efforts often lead to the '*destruction of the social networks and thus easily lead the elderly citizen in the direction of greater isolation and dependency',* and how *'the public effort can never substitute for family, friends and neighbours … the homecare employees must be made aware of their "pedagogical task" of strengthening existing relations'.*[428]

The policy describes this isolation and loneliness caused by public eldercare's inability to meet the social needs of elderly citizens as leading to even greater needs for both social care and public eldercare in general, as lonely and isolated elderly citizens with few social contacts are observed to be more vulnerable and at greater risk of developing further and more expensive needs for public eldercare.[429] For example, the Commission on the Elderly states that '*there is a very close correlation between the lack of or loss of contacts and the use of the social and health care system*'.[430] Terms like '*social admissions*'[431] also emerge in the policy, and are used to describe how elderly citizens are seen to be admitted at nursing homes or hospitals due to social factors.[432] The National Board of Social Services notices, for example, how '*studies have shown that elderly citizens who feel lonely … have a tendency to seek placement at a nursing*

[427] My translation: 'bidrager ikke i større udstrækning til at støtte den ældres pårørende eller andre, som den ældre har kontakt med – tværtimod vil man ofte være bundet til en løsning, der alene rettes mod den ældre selv, og det kan bevirke, at personer, som ellers har givet den ældre en hånd med, holder sig væk, fordi opgaverne overtages af andre. Der er meget lidt, der kan styrke bæredygtigheden i de netværk, som den ældre indgår i' (Ældrekommissionen 1981: 283).
[428] My translation: 'splittelse af det sociale netværk og dermed nemt virker i retning af større isolation og afhængighed hos den ældre. Da den offentlige indsats aldrig kan erstatte familie, venner og naboer må hjemmehjælperne gøres bevidste om deres 'pædagogiske opgaver' i at styrke de bestående relationer' (Socialstyrelsen 1986h: 16).
[429]Socialministeriet 1980:34, appendix 2; Socialstyrelsen 1980b: 18, 23; Socialstyrelsen 1980c: 11; Socialstyrelsen 1981: 16; Ældrekommissionen 1981: 26, 27, 60-61, 205-206, 236, 250-253, 265, 276, 283, 291, 309; Socialstyrelsen 1982b 16; Ældrekommissionen 1982: 22; Socialministeriet 1983b: 1-2; Socialstyrelsen 1983: 8, 32, 47; Socialstyrelsen 1986b: 4, 13, 28, 32, 33, 38, 55-56; Socialstyrelsen 1986c: 33, 40-41, 44; Socialstyrelsen 1986g: 9; Socialstyrelsen 1986h: 16; KL 1988: 14; KL 1988b: 58, 59; Socialstyrelsen 1988c: 21, 44, 50; Socialstyrelsen et al. 1988: 5, 7, 14, 19, 37, 48, 49, 114; Socialstyrelsen et al. 1988b: 13; Socialstyrelsen et al. 1988d: 15; Socialstyrelsen et al.1988e: 12, 17; Socialstyrelsen et al. 1988f: 23; KL 1992b: 5; KL 1993b: 8.
[430] My translation: 'der er en meget tæt sammenhæng mellem mangel på eller tab af kontakter og forbrug af det sociale og sundhedsmæssige hjælpeapparat' (Ældrekommissionen 1981: 27).
[431] My translation: 'Sociale indlæggelser' (Ældrekommissionen 1981: 284, 288-289; KL 1988: 14; KL 1988b: 58, 59).
[432] Ældrekommissionen 1981: 284, 288-289.

home',[433] and how '*the triggering factor in regard to nursing home placement is often the social isolation of the individual elderly citizen'.*[434]

By now, I have demonstrated how the function of public eldercare in the 1980–1994 period is constructed as the unity of the problem/solution distinction of public total eldercare/self-determination, continuity and the use of one's own resources and competencies. Moreover, I have demonstrated it to be characteristic of the period that the policy constructs the adherence to the value of public total eldercare as having substituted for the relative to a degree that has almost completely crowded the relative out from eldercare. What is more, this is considered to have both created the foundation for increasingly severe care needs in the long run and transformed needs previously met by content relatives into needs to be met by public eldercare, which has neither the resources nor the competencies to meet the social needs of the elderly. Thus, for the first time in my story of the relative, one can see an eldercare policy that observes the waning relative as a problem – one that is even self-inflicted through the way that public total eldercare erases the relative from eldercare. One thus sees an eldercare policy prescribing the solution to unmet needs to be a retrenchment from public total eldercare. In other words, I have identified an eldercare policy that discovers that the manner in which it observed eldercare in the previous period is simplistic and professional, and that even though it communicated about total eldercare then, it was un-total as it failed to meet the totality of the needs of the elderly. I claim that this brings about a care that desires to become less total in order to better meet the totality of the needs of the elderly. In the following pages I address the roles constructed for the relative in the policy when constructed through this particular function of public eldercare.

3. The Valuable Relative and the Antagonizing Relative

In this section I argue that no less than seven roles are constructed to the relative in the above presented function of public eldercare. I show how the relative appears on both the problem and the solution side of the distinction, and further show how uncertainty about what to expect of

[433] My translation: 'Undersøgelser har vist, at ældre, der føler sig ensomme … har en tendens til at søge om plejehjemsplads' (Socialstyrelsen et al. 1988b: 13).
[434] My translation: 'den udløsende faktor for plejehjemsanbringelse bliver den enkelte ældres sociale isolation' (Socialstyrelsen 1983: 47).

the relative indeed diminishes with the presence of these roles, but how new forms of open contingency are simultaneously constructed.

3.1 The Relative as a Valuable Support

I claim that in this period, one can observe Danish eldercare policy to construct the relative as a valuable support in achieving the three guiding principles of public eldercare. As a valuable support, the relative is cast in the roles of a social caregiver, a proxy, a source of information and source of continuity. As such, the relative is considered to hold competencies that complement public eldercare, for which reason public eldercare must be careful only to complement and not substitute for the relative in eldercare.

For instance, one can see how the relative is described in the policy as someone whose acceptance and preferably support is needed for public eldercare to succeed in implementing the three new principles of eldercare[435]. I will elaborate on this later in the chapter, because the policy also presents the relative as someone who can oppose the three principles and can hence appear as an antagonizing adversary rather than as a valuable support in the implementation of the principles.

First, however, I present the relative as a valuable supporter. The relative is such when constructed in the role of a proxy to elderly family members, someone whose support for elderly citizens crucially underpins their ability to practice self-determination and use their own resources and competencies.[436] For example, a pension-payout reform is enacted in the period, which allows elderly citizens living at nursing homes to now personally receive the pension pay-out once automatically assigned to a pension-financed total care package at the home, which thus enables them to decide which nursing home services they wish to buy for themselves[437]. This is presented as a means of giving back elderly citizens the incentive to use their own resources and competencies, and of giving them back the right to self-determination in regard to what services they find necessary and sufficient. However, this is also presented as a task too difficult for most elderly citizens to manage, so the reform is expected to '*re-enter*'

[435] Socialstyrelsen 1985: 39; Socialstyrelsen 1986b: 9, 11-12, 47; Socialstyrelsen 1986c: 40; Socialstyrelsen 1986g: 6; Socialstyrelsen et al. 1988d: 8, 10, 12, 26; Socialstyrelsen et al.1988f: 25; Socialstyrelsen 1990: 5, 22; KL 1992b: 13.
[436] Ældrekommissionen 1980: 102; Socialstyrelsen et al. 1988: 48; Socialstyrelsen et al. 1988d: 20, 22, 23, 25, 26, 27.
[437] L391 1987: § 1 item7; Socialministeriet 1987: 13; Socialstyrelsen 1988: 5; Socialstyrelsen et al. 1988: 16; Socialstyrelsen et al. 1988c; Socialstyrelsen et al. 1988d: 5, 7,36; L1132 1993; Socialministeriet 1994c: 47.

the relative into the caregiving.[438] For example, the National Board of Social Services explains how the reform allows '*relatives the possibility to re-enter the role of being the one responsible, which they relinquished when their elderly family members moved into nursing homes',*[439] and also explains how '*the pay-out of the pension often will mean that the relatives again become financial counsellors to their elderly family members',*[440] and how this might also transfer tasks such as shopping and laundry from public eldercare back to relatives.[441] It can also be noted how in 1988 the board describes how for relatives to be able to support elderly family members in their new roles as self-determining, public eldercare needs to supply them with relevant information. For example, there is '*a need for information for the elderly – and for relatives – otherwise they have no stable ground to stand on when they wish to exercise influence'.*[442] Likewise, the policy describes the importance of involving relatives through user- and resident councils and relative councils that can keep them properly informed about the change in eldercare principles and thus changes in the routines and work methods. This is expected to establish relatives as supporters of the new principles and of their elderly family members' transition into new roles as self-determining, active citizens independently carrying out as many tasks as possible.[443] The policy thus expects elderly citizens to be incapable of doing their part in fulfilling the three new principles, so the relative is constructed as a proxy who can be expected to aid its elderly family members in fulfilling them and, as such, can also be expected to again take over some practical tasks of eldercare. In other words, the policy realizes that it has assigned elderly citizens a role they will often be unable to fulfil, thereby recognizing its dependence on the relative as a proxy. Notably, the policy presents the proxy role as a '*re-entry'* of the '*responsible*' relative but, as demonstrated throughout the analysis so far, the relative is not expected to re-enter an already familiar eldercare role but to enable its elderly family members to fulfil their new role in eldercare as self-determining and active – or to act as a proxy in this role for them. This is therefore more accurately understood not as a re-entry of an old familiar role, but as a new role.

[438] Socialstyrelsen et al. 1988d: 20, 22, 23, 25, 26, 27; Socialstyrelsen 1990: 6, 39.
[439] My translation: 'de pårørende mulighed for at genindtræde i den ansvarlige rolle, som de lagde ved indgangen til plejehjemmet, da deres gamle slægtninge flyttede ind' (Socialstyrelsen et al. 1988d: 26).
[440] My translation: 'Information til de pårørende er også vigtig, da udbetaling af pensionen ofte vil medføre, at de pårørende igen bliver økonomiske rådgivere for deres gamle slægtninge' (Ibid.: 25).
[441] Socialstyrelsen et al. 1988d: 23, 25, 26, 27; Socialstyrelsen 1990: 39.
[442] My translation: 'behov for *information* til gamle – og til pårørende – ellers har de ikke fast grund under fødderne, når de vil øve indflydelse' (Socialstyrelsen et al. 1988: 48).
[443] Socialstyrelsen 1985: 39; Socialstyrelsen 1986b: 4, 63; Socialstyrelsen 1986d: 4, 5, 14; Socialstyrelsen 1986g: 6; Socialministeriet 1987: 13; Socialstyrelsen 1988: 14; KL 1993c: 5.

Moreover, the relative is constructed as a source of information and a source of continuity also imperative for the achievement of the three new principles. I identify these two roles on the basis of how the policy can be seen to expect the relative to possess information regarding its elderly family members that is crucial in ensuring the principle of continuity. Particularly in the case of elderly citizens with dementia, the relative is presented as holding valuable information about the life of the elderly, which the public eldercare necessitates in order to provide services best aligned with the elderly's previous life and habits as possible, and which the elderly are too weak, ill or senile to provide themselves.[444] Also, the relative is presented as someone whose continued caregiving is a significant source of continuity in the life of the elderly citizen. For example, it can be noted how public eldercare is now expected to also entail relative courses, education, support and self-help groups for relatives, all to support the relative as a caregiver, as otherwise the relative is expected to eventually drop all responsibility in the lap of public eldercare, thus causing discontinuity in the elderly citizen's life and further pressuring public budgets.[445] The policy thus realizes that to achieve the imperative of continuity, it needs the relative to act in a role as a source of information and continuity, and that to act as such, the relative requires services and support from public eldercare. As such, the relative also in this period appears in eldercare policy as a co-receiver of services. However, in this period the role as a co-receiver is not connected to the relative's being too burdened and unqualified to be a caregiver and instead qualifying as a receiver of care. Rather, in this period the co-receiver role is connected to the relative's being too important a part of the solution to public eldercare problems to go unsupported. Accordingly, the previous period's care relationship continues into this period, but I claim a difference to be situated in how the relationship is now concerned with how public eldercare can provide services enabling the relative to remain part of public eldercare.

Similarly, the period's eldercare policy describes the relative as someone who, precisely because it knows about the habits, needs and resources of the elderly, can help public eldercare make the move from total eldercare to necessary and sufficient eldercare – and hence also solve the financial problem of public eldercare. For example, the policy describes how public eldercare lacks the information required to determine the right amount of services to offer in each particular case, and how it therefore often ends up providing elderly citizens with

[444] Ældrekommissionen 1980: 87-90; Socialstyrelsen 1986c: 19-22; Socialstyrelsen 1988b: 53-54, 111; Socialministeriet 1991b; KL 1993b: 32, 33; KL 1994c: 13; Socialministeriet 1994c.
[445] Socialministeriet 1994c: 8, 14-15, 21-25.

excessive services.[446] As already described, this is constructed as a problem both because it takes up unnecessary resources in the short term, but especially because total eldercare provided without the three guiding principles is observed to lead to further needs for care and thus to greater pressure on public budgets in the long run. The relative appears in the policy as the solution to this, as it is expected to have information and knowledge about the needs and abilities of the individual elderly citizen, and public eldercare needs these to qualify its decision regarding the sufficient and necessary services in each particular instance and, importantly, ultimately to ensure that the elderly are only admitted to nursing homes when absolutely necessary.[447] This can, for example, be observed because the policy describes a need to include the relative in a needs assessment process to determine the eldercare services required, the inclusion of which will enable public eldercare to benefit from the relative's knowledge about a given elderly citizen and their resources and competencies.[448] For instance, the National Board of Social Services notices how '*the pension receiver and possibly the relative must be involved in the determination of suitable arrangements, for example, in order to shed light on the tasks the elderly citizen can perform themselves with the aid of relatives'.*[449] I claim that this shows a policy realizing that for public eldercare to achieve the imperative of elderly citizens' using their own resources and competencies, the relative must act in the role as a source of information, and that the policy sets the needs assessment process as an arena in which to enact the relative as such a bearer of information.

As hinted at in the above quote, the relative is not only expected to be a source of information regarding the habits, needs, and resources of elderly citizens, and not only to be imperative in activating elderly citizens to use their own resources and competencies, but also to be amongst their resources.[450] For example, in 1981 the National Board of Social Services notices how

[446] Socialstyrelsen 1980c: 14; Socialstyrelsen 1980e: 50; Ældrekommissionen 1980:102; Socialstyrelsen 1981: 19, 21; Socialstyrelsen 1986c: 61; Socialstyrelsen 1988b: 11.
[447] Socialstyrelsen 1980c: 14; Socialstyrelsen 1980e: 50; Ældrekommissionen 1980:102; Socialstyrelsen 1981: 19, 21; Socialstyrelsen 1986c: 61; Socialstyrelsen 1988b: 11.
[448] Ældrekommissionen 1980: 102; Socialstyrelsen 1981: 21; Socialministeriet 1994: 17.
[449] My translation: 'pensionisten selv og eventuelle pårørende skal inddrages i drøftelserne vedrørende egnet foranstaltning for bl.a. at få belyst, hvilke ting pensionisten selv kan klare, evt. ved støtte fra pårørende' (Socialstyrelsen 1981: 21).
[450] B333 1980: Afsnit VII, kap. 16 § 85 stk. 2 og 3; Socialministeriet 1980: item 5; Socialstyrelsen 1980b: 21, 23, 27, 28; Socialstyrelsen 1980c: 8, 13; Socialstyrelsen 1980e: 50; Ældrekommissionen 1980: 9, 101-102; L240 1981: § 3, § 5, § 10, § 11; Socialstyrelsen 1981: 34; Ældrekommissionen 1981: 20, 23, 26, 27, 51, 52, 54-55, 57, 59, 60-61, 159, 181, 250-253, 267-268, 277, 231-234,254, 265, 291, 309; Socialstyrelsen 1982b 16; Socialstyrelsen 1982c: 7; Ældrekommissionen 1982:19, 32, 35; Socialministeriet 1983b: 1; Socialstyrelsen 1983: 8, 22, 32, 48; Socialstyrelsen 1986b: 34, 8, 22, 55-56; Socialstyrelsen 1986c: 9, 12; Socialstyrelsen 1986h: 16, 32, 45, 47; Socialministeriet 1987: 2, 5-6, 16, 18; Socialstyrelsen 1988: 11; Socialstyrelsen et al. 1988: 10, 19; Socialstyrelsen et al. 1988b: 13; Socialstyrelsen 1990b: 17,76,78, 84-85; Socialministeriet 1991: 5, 14, 16; KL 1992: 41; KL 1993c: 6; KL 1993d: 15; Regeringen 1993: 15; Socialkommissionen 1993: 7-8, 22, 171, 173, 162; Socialkommissionen 1993c: 27, 43-45; Socialkommissionen 1993d: 22; KL 1994c: 38. There were also in the

needs assessments must be based on '*the resources of the individual and their surroundings (relatives, social network)'.*[451] In another publication from 1983 the board states that the competencies and resources of relatives must be included in any assessment of whether an elderly citizen is considered to require admission to a nursing home or is able to age in place with the help of relatives.[452]

One also notes that the policy starts paying attention to the need for nursing homes to be physically structured in a manner that activates elderly citizens' and their relatives' resources and not in a manner that instead crowds relative out. For example, in 1981 the Commission on the Elderly states that a need exists to start allowing relatives to perform tasks that '*can support and cooperate with the public service*'[453] and that, regrettably, nursing homes are often constructed in a way that ignores the fact

> *that both residents and their relatives have resources, which many of them probably would appreciate the chance to use given the right circumstances … how might it be possible for us to design nursing homes in ways that consider how the resources of residents and possibly their relatives could be included?*[454]

The Commission suggests that '*staff facilities [such as kitchens and laundry rooms] could perhaps be fitted out in a way that takes ways that some residents and their relatives could participate in everyday routines into account'.*[455]

I hence claim that, with public eldercare constructed as a matter of providing necessary and sufficient services that thus enable elderly citizens to manage on their own and continue to live as normal as possible including to actively use their own resources and competencies, the relative appears as part of what elderly citizens are able to manage on their own.

1970s some notions to be found of the relative as someone to consider when determining the needs and resources of the elderly citizens. See i.e. Socialministeriet 1975: item 5.

[451] My translation: 'den enkeltes og omgivelsernes ressourcer (pårørende, sociale netværk)' (Socialstyrelsen 1981: 34).

[452] Socialstyrelsen 1983: 22.

[453] My translation: 'kan aflaste eller samvirke med den offentlige service' (Ældrekommissionen 1981: 291).

[454] My translation: 'at både beboerne og deres pårørende har ressourcer, som sikkert en del ville sætte pris på at udnytte, hvis de rigtige muligheder foreligger … hvordan kunne man forestille sig, at man i forbindelse med indretningen af plejehjemmene bygningsmæssigt tog hensyn til, at beboerne og eventuelt pårørendes ressourcer kunne inddrages?' (Ibid.: 158).

[455] My translation: 'personalefaciliteterne måske kunne indrettes således, at man tog hensyn til, at nogle beboere eller måske pårørende, kunne medvirke i daglige gøremål' (Ibid.: 159).

Finally, the eldercare policy of this period can also be observed to construct the relative as more qualified to meet the social needs of the elderly than the professional public eldercare is, [456] and I have termed this construction as a social caregiver role. As already demonstrated, the policy describes public eldercare as inherently incapable of meeting elderly's social needs and problematizes how public total eldercare has crowded the relative out of eldercare. On top of this, one can observe how the policy points towards public eldercare's being a poor substitute for the relative when it comes to meeting the social needs of the elderly.[457] For example, in 1986 the National Board of Social Services states that '*the public effort can never substitute for family, friends and neighbours*', and that care workers must understand that

> *many residents have lost their spouses. The children are sometimes far away or the relationship to them is bad … If the compassion of the personnel leads them to expect of themselves that they are to substitute for these lost relations, then they are expecting the impossible of themselves.*[458]

One can similarly observe how the policy describes the importance of providing public eldercare in a manner that carefully avoids crowding out the efforts of relatives or destroying the social relations between elderly citizens and their relatives, and instead supports relatives' participation. For example, in 1986 the National Board on Social Services describes how relatives are amongst '*the many different groups of people who can make an effort at nursing homes alongside the permanent staff',*[459] and how relatives can supplement personnel by '*creating life and diversity at the nursing homes in the evenings and weekends and on holidays, where they fortunately have better time while the staffing is traditionally kept to a minimum'.*[460]

The policy describe how care workers are expected to enact the relative as such a social caregiver.[461] For example, in 1986 the board describes how

[456] *Æ*ldrekommissionen 1981: 231, 247, 277, 283; Socialstyrelsen 1986b: 38; Socialstyrelsen 1986c: 33, 40-41; Socialstyrelsen 1986h: 16; Socialstyrelsen et al. 1988b: 13, 31; Regeringen 1993: 15.
[457] Socialstyrelsen 1986b: 38; Socialstyrelsen 1986c: 40-41; Socialstyrelsen 1986h: 16; Socialstyrelsen 1988b: 13; Socialstyrelsen et al.1988e: 17.
[458] My translation: 'Mange beboere har mistet deres ægtefælle. Børnene er nogle gange langt væk, eller forholdet til dem dårligt … Hvis personalets medfølelse med beboerne fører til, at de forventer af sig selv at erstatte disse tabte relationer, så forlanger de det umulige af sig selv' (Socialstyrelsen 1986b: 38).
[459] My translation: 'mange forskellige grupper af mennesker, der kan gøre en indsats på plejehjemmene ved siden af det faste personale' (Socialstyrelsen 1986b: 55-56).
[460] 'skabe liv og afveksling på plejehjemmet om aftenen og i weekendens og på helligdage, hvor de heldigvis har bedst tid, mens bemandingen traditionelt er holdt nede på et minimum' (Ibid.: 90).
[461]Socialstyrelsen 1980: 9; Socialstyrelsen 1980b: 23, 29, 49; Socialstyrelsen 1980c: 13; Ældrekommissionen 1980: 67, 102;

> *the personnel can also enable residents to stay in contact with old acquaintances, friends and family. They can make it practically doable and attractive for them to come visit the nursing home. They can also make it practically doable for residents to look up old acquaintances, friends and family.*[462]

Likewise, in 1988 the board states that '*the personnel must make relatives feel welcome and appreciated',*[463] and must

> *make conversation with relatives every time they come, especially if they cannot communicate with the residents themselves. The visit can thus gain more meaning and purpose, and they will come by more often and can feel that they have a better chance of fulfilling their responsibility.*[464]

Also in 1986, the board describes how homecare employees during their education and training are to '*gain insight into the social network and the responsibility we all carry for ensuring that users' relations to their surroundings are not broken',*[465] and how they are to be taught about "*how the quality of life, which lies in the social network, must not be weakened but rather strengthened'.*[466] A final example can be found in 1980, when the public sector describes how homecare employees must '*participate in maintaining/creating a good relationship between the receiver of the help and the persons' relatives'.*[467]

Thus far, I have demonstrated how the relative is constructed as part of public eldercare solutions in this period, its being expected to be a source of information, a source of continuity, a proxy and a social caregiver, all of which are presented in eldercare policy as imperative in

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Socialstyrelsen 1981: 21; Ældrekommissionen 1981: 23, 60-61, 158-159, 181, 232, 251-252, 158-159, 265, 283, 291, 298, 309, 310; Socialstyrelsen 1982b: 24; Ældrekommissionen 1982: 35; Socialministeriet 1983b: 1-2; Socialstyrelsen 1983: 32, 48; Socialstyrelsen 1986b: 4, 22, 38, 55-56; Socialstyrelsen 1986c: 40-41; Socialstyrelsen 1986h:16, 24; Socialstyrelsen 1988: 11; Socialstyrelsen 1988c: 25, 50, 73, 86, 88; Socialstyrelsen et al. 1988: 19; Socialstyrelsen et al.1988e: 17; KL 1990b: 23; KL 1994c: 13.

[462] My translation: 'Personalet kan også bidrage til, at beboerne kan opretholde kontakten med gamle bekendte, venner og familie. Man kan gøre det praktisk muligt og tillokkende for dem at komme på besøg på plejehjemmet. Man kan også gøre det praktisk muligt for beboerne at opsøge gamle bekendte, venner og familie' (Socialstyrelsen 1986b: 38).

[463] My translation: 'Personalet må få de pårørende til at føle sig velkomne og værdsat' (Socialstyrelsen 1988b: 111).

[464] My translation: 'tage en samtale med de pårørende hver gang de kommer, især hvis de ikke kan tale med beboeren selv. Derved kan besøget få mere mening og formål, så de kommer oftere, og føler, at de bedre kan leve op til deres ansvar' (Ibid.: 89).

[465] My translation: 'får indsigt i det sociale netværk og det ansvar, vi alle har overfor, at brugernes relationer til omgivelserne ikke går i stykker' (Socialstyrelsen 1986h:24).

[466] My translation: 'den *livskvalitet*, der ligger i det sociale netværk ikke må svækkes, men tværtimod styrkes' (Ibid.:24).

[467] My translation: 'medvirke til at opretholde/skabe et godt forhold mellem modtageren af hjælpen og dennes pårørende' (Socialstyrelsen 1980b: 49).

fulfilling the three new principles of public eldercare. As such, the relative can now be expected to have important information and competencies, and the policy constructs these resources and competencies, as well as how public eldercare must activate them, as relevant themes of further eldercare communication – themes that are especially to be expected in elderly citizens' needs assessment process and in relative and user councils. Notably, while the spouse is still the one expected to play the multiple roles as relative, these four relative roles are no longer exclusively for the spouse. While, the communication on the proxy role and the role as a source of information refers mainly to the spouse, when it comes to the role as a social caregiver as well as a source of continuity, the policy further also refers to friends, neighbours and distant relatives. Noteworthy, the policy for the first time in my story of the relative has constructed the relative as critical to the achievement of public eldercare imperatives. I refer to this as the policy's construction of ideal roles for the relative – in the sense that these roles emerge not with the policy's descriptions of how it perceives the relative to be, but with the policy's descriptions of what roles it desires the relative to enact. What potentials it expects the relative to hold. With the roles, a relationship of complementarity is constructed in eldercare policy in more than one sense. The relative, as a non-professional, is now expected to have competencies and resources that complement the public, professional eldercare. In other words, the relative is no longer expected to be too burdened and unqualified to be a caregiver but rather to be more qualified and to have more resources than public eldercare does – though only in terms of the social needs of the elderly. It is also a relationship of complementarity in the sense that public eldercare is now expected to provide public services in a manner that carefully avoids substituting for the relative and only complement what the relative does, thus preventing the relative from being crowded out of the caregiving and the life of elderly citizens. In other words, public eldercare is expected to offer not total eldercare but only sufficient and necessary service that carefully attends to both what elderly citizens themselves can manage and what their relatives can. Public eldercare is even expected to facilitate and enable the relative in returning to a role in the social and more practical caregiving. As such, I would argue that this is not just a public eldercare retrenchment one sees, but also a public eldercare that is extended in new ways, its now being expected to offer services aimed at enabling elderly citizens to play their new roles as active, self-sufficient, self-determining citizens and the relative to play its part as a proxy, a source of continuity, a source of information and a social caregiver. I would argue that it is more accurate to term this not as a retrenching public eldercare but as a budding one, with new expectations for elderly citizens and their relatives being matched with new

expectations whereby public eldercare is to activate elderly citizens and their relatives in these new roles.

3.2 The Relative as an Antagonizing Adversary

However, I will demonstrate that the eldercare policy of this period constructs the relative not only as a valuable part of the solution to the problems of public eldercare, but also as an antagonizing adversary and, as such, as being part of the problem of public eldercare. In this section I pursue the construction of the relative as a critical opponent that antagonizes the implementation of the three new principles.

I build this claim of an opponent role on several observations. First of all, one can observe how the policy presents the relative as someone that can disagree with the three new principles and that can oppose and criticize the public sector's initiatives aimed at fulfilling the principles.[468] For example, in 1988 the National Board of Social Services describes how relatives are known to meet new initiatives '*with a good deal of scepticism',*[469] and in 1986 it describes how the implementation of the three principles at nursing homes '*demands that residents and employees are granted freedom to experiment without the risk of being accused by relatives or others of neglecting the residents'.*[470] The board quotes a care worker saying that relatives make it difficult for care workers to adhere to the principles:

> *Sometimes I get the feeling that the routines are there because we need something to show the relatives when they visit: Look, we're working! Because if you try to minimize the cleaning a bit and instead do something together with the residents, then there is always a relative who arrives and criticizes us because we're just sitting there, and dad's room has not been tidied.*[471]

A final example is also from a 1986 publication from the board, in which it notes that

[468] Ældrekommissionen 1980: 87; Socialstyrelsen 1985: 39; Socialstyrelsen 1986b: 11-12, 30-32, 40, 47, 56; Socialstyrelsen 1986c: 21, 40; Socialstyrelsen 1986g: 6, 9; Socialstyrelsen 1986i: 51, 52; Socialstyrelsen 1988b: 88-90, 109-111; Socialstyrelsen et al. 1988d: 8, 10, 12, 25-26; Socialstyrelsen et al. 1988f: 25; Socialstyrelsen 1990: 5, 22; Socialministeriet 1991b: 34; KL 1992b: 13; KL 1993b: 9, 11, 18, 28, 29, 30, 33; KL 1994c: 13; Socialministeriet 1994c: 8, 21-25.
[469] My translation: 'med en del skepsis' (Socialstyrelsen et al. 1988d: 8.)
[470] My translation: 'Det er nødvendigt at beboerne og medarbejderne får den nødvendige frihed til at eksperimentere uden at risikere at blive anklaget af pårørende eller andre for at overse beboerne' (Socialstyrelsen 1986g: 6).
[471] My translation: 'Nogle gange får jeg på fornemmelsen, at rutinerne er der, fordi vi skal have noget at holde op for de pårørende, når de kommer: Se, vi arbejder! For hvis man prøver at indskrænke rengøringen lidt og i stedet for lave noget sammen med beboerne, så kommer der altid en pårørende og kritiserer os, fordi vi bare sidder der, eller fordi der ikke er ryddet op inde ved far' (Ibid.:6).

> *here we touch upon a break with traditional attitudes and standards. For example, relatives do not always understand that it is in the best interest of residents to be left to perform the tasks themselves that they are capable of, while the personnel remain passive.*[472]

Similarly, I will point to an opponent role to be seen when the policy describes the importance of informing and involving relatives in order to prevent critique and resistance from them.[473] Returning to the example of the pension-payout reform, one sees how the policy describes the importance of including relatives in '*the in-depth debate*'[474] before it is decided whether the pension can be paid out to residents. The policy states that '*relatives are at least to be informed when the arrangement is settled'* in order to *'deal with misunderstandings … and thereby prevent rejections based on misunderstandings of the arrangement between the involved parties'.*[475] As shown earlier, the resident and relative councils emerge as such fora of information-sharing and involvement of relatives.

Altogether, I would argue that this eldercare policy is reflexive about the possibility of the relative's failing to meet the expectations of being a valuable support in achieving the three principles of eldercare and of instead appearing as part of the problem by countering the principles. I would further argue that this is a policy holding a decision-premises of how such failed expectations are to be addressed in the user and relative councils. Finally, I further claim that with the construction of the opponent role as available for further eldercare communication in case the relative does not fulfil the expectations of being a proxy, social caregiver, source of information or source of continuity as desired by the policy, the policy has premised how further eldercare communication can then instead continue on the other side of the problem/solution distinction of public eldercare by addressing the relative as an opponent.

There is also one more part to my argument claiming that the relative is constructed as part of the problem of public eldercare I will present: one can observe how the relative is described as someone that can make it difficult for the public sector to fulfil the principle of continuity,

[472] My translation: 'her er der tale om opgør med traditionelle holdninger og normer. Fx forstår pårørende ikke altid, at det er til beboernes bedste, når det overlades til dem at udføre de ting, de selv kan, imens personalet forholder sig passivt' (Socialstyrelsen 1986i: 52).
[473] Socialstyrelsen 1986b: 4; Socialstyrelsen et al. 1988d: 8, 12, 26; Socialstyrelsen 1990: 5, 22; KL 1992b: 13; KL 1993c: 5.
[474] My translation: 'de indgående drøftelser' (Socialstyrelsen et al. 1988d: 12).
[475] My translation: 'De pårørende bør informeres senest, når ordningen er endelig fastlagt, 'imødegå misforståelse' og dermed forebygge afvisninger, som skyldes, at de involverede ikke har forstået ordningen' (Ibid.: 25-26).

because it causes discontinuity in the life of elderly citizens when it withdraws from the caregiving of and social contact with the elderly citizen – most definitively when it dies.[476] The waning relative thus remains a role in the eldercare policy of this period but is no longer idealized. Quite the contrary. The waning is to be avoided because the relative has resources and competencies that complement public eldercare. Also notably, the waning caregiver in this period is not described as pre-given due to societal, demographic and cultural developments in society but as being a product of public total eldercare. The waning caregiver is thus disappointing, but what is problematized is not the waning relative, but the public eldercare deemed responsible for crowding the relative out of eldercare by substituting the relative with public total eldercare.

All in all, I have shown how the waning caregiver is observed to counter the principle of continuity and to fail to meet the expectations of being a social caregiver, a proxy and a source of information, while the critical opponent is observed to counter all three of the new principles. The relative thus appears not only on the solution side, but in the role as opponent and waning caregiver also appears on the problem side of the problem/solution distinction of the period, becoming someone who contributes to sustaining the public sector in the provision of total eldercare. Importantly, the policy describes public eldercare's information and involvement efforts as a determinant of whether the relative appears as a valuable support or as an antagonizing adversary.

With the relative cast in the role as a critical opponent, a relationship of conflict is also constructed. Thus, the relationship of complementarity constructed with the role as a social caregiver, a source of information and source of continuity and a proxy, as well as the care relationship constructed with the co-receiver role, exist alongside a conflict relationship constructed with the relative in the role of critical opponent. There are no social limits to who can be expected to play the role of critic as well as no temporal or thematic limits to the role, but there are expectations regarding how to use information and involvement to avoid the role. As such, the themes laid out as relevant for further eldercare communication regarding the critical opponent concern how public eldercare has failed to prevent encounters of the critical opponent, and how public eldercare can enact the relative as a support instead by means of information and involvement. With the relative constructed in the policy as being too important

[476] Ældrekommissionen 1980: 42-43, 52, 54; Socialstyrelsen 1986c: 25.

a part of the solution to the problems of public eldercare to be accepted as a critic and not a support, the themes expected of further eldercare communication are therefore; how to move the relative from the problem to the solution side of the function of public eldercare.

4. Conclusion and Discussion

In this chapter I have demonstrated that the third period in my story of the relative runs from 1980–1994 and that a salient feature of this period is the dual construction of the relative as both an antagonizing adversary and a valuable support. As such, the current case literature's notion of a simultaneous perception of the relative as both a resource and an opponent is not new to eldercare. As this chapter has shown, this duality dates back to the eldercare policy of the 1980s and 1990s.

I have further demonstrated that in this period the roles of the relative are characteristically constructed as a part of the function of public eldercare being to solve the problem of public total eldercare by means of the three guiding ideals of self-determination, continuity and the use of one's own resources and competencies in eldercare.

I have demonstrated how, when constructed in this particular function of public eldercare, the relative appears as a valuable part of the public eldercare solution in its roles as a proxy to the elderly in enacting their new role as self-determining and competent users of their own resources; as a source of information for public eldercare, a source key in ensuring all the new principles of eldercare are fulfilled; as a source of continuity important in achieving the exact continuity beneficial to the lives of the elderly; and as a more qualified social caregiver, who, besides more closely meeting the social needs of the elderly, can in this way also support the principle of continuity and prevent more severe needs for public eldercare from evolving . In this connection, I have further demonstrated how the relative is also in this period constructed in the role as a co-receiver of public eldercare, as the relative is itself expected to be in need of public services in order to meet all the new expectations.

However, I have shown how the relative is also observed to be part of the problems of public eldercare in the period, as in the role as a waning caregiver and a critical opponent the relative thwarts the transformation from total eldercare to necessary and sufficient eldercare, overall

becoming an antagonizing adversary to the effort of achieving the three new principles and easing the financial pressure on public eldercare.

I have demonstrated how with the seven roles, three relationships are also constructed: a care relationship, a relationship of complementarity and a conflict relationship. I have also shown how the conflict relationship and the role of critic are described as being a role and a relationship preferably avoided by means of information and involvement.

Consequently, in this period the relative appears as a potential part of both the problem and the solution of eldercare. I maintain that what is seen here is an eldercare policy that for the first time in my story constructs ideal roles for the relative: the roles as a social caregiver, a proxy, a source of information and a source of continuity, are all observed to be part of the solution on which public eldercare depends. The policy expects the relative to enact these roles, but also to be in need of support to enact them – an expectation observable in the additional construction of a role as a co-receiver of eldercare. Without doubt, the role of the relative is now no longer presented in the policy as a matter of inevitable, pre-given developments in society, but is rather presented as a set of roles decided in the period's eldercare policy as a means of achieving the imperatives of public eldercare. Accordingly, I contend that what is here seen for the first time in my story of the relative is also an eldercare policy reflexive about the possibility of failed expectations. The policy expects that in further eldercare communications the relative will not connect to the roles the policy desires, so the policy constructs a role as an opposing critic to stabilize such generalized expectations of disappointment. As such, the policy has premised how further eldercare communication is to address such failed expectations.

Notably, with this expectation of disappointment the policy constructs public eldercare as responsible for whether the relative is enacted as a valuable support or an antagonizing adversary. I have demonstrated how the resident and relative councils and the needs assessment process are constructed as tools and temporal encounters for enacting and enabling the relative as valuable support and discouraging the antagonizing adversary. I assert that such expectations posed to public eldercare show a public eldercare that can more accurately be described as budding than retrenching.

Like the existing historical literature and the critical studies of recent public eldercare developments, I find that the eldercare policy of this period expects public eldercare to stop

crowding the relative out of eldercare and to provide not total eldercare but only necessary and sufficient eldercare, thus leaving room for the inclusion of the resources and competencies of elderly citizens and relatives – which is to say, I identify expectations of public eldercare retrenchment. However, I also find that these expectations are accompanied by expectations for how public eldercare is to enable both elderly citizens and their relatives to play their new roles – that is, expectations for new types of public services. Thus, I offer an additional nuance to the existing literature on the developments in eldercare in the 1980s and 1990s: eldercare policy describes a desire for a public eldercare less total than total eldercare, which leads to a care more appropriately termed different than less. New expectations are constructed for public eldercare while the policy prescribes a withdrawal from eldercare. In sum, the policy has constructed a solution to the problem of eldercare, a solution that it does not observe public eldercare as being in complete control of, as the relative is expected to play important roles in the solution, which the policy expects the relative to disappoint, and the policy addresses this expectation of disappointment by assigning public eldercare responsibility for enacting the relative (and the elderly citizen) in its new roles. This is a budding rather than retrenchment.

Finally, I assert that the seven roles and three relationships of the eldercare policy of the 1980–1994 period indeed reduce uncertainty about what to expect of the relative. First of all, I have demonstrated the complementarity relationship and the four roles of social caregiver, source of information, source of continuity and proxy to stabilize expectations as to what complementary competencies and resources the relative – in the figure of a spouse but also of more distant relatives – can be expected to hold for public eldercare. The policy has decided what complementary resources and competencies the relative can be expected to possess, as well as when such competencies and resources are relevant and who is expected to possess them – thus, closing contingency. I have also argued that the conflict relationship and the opponent role reduce uncertainty because the role and the relationship premise how further eldercare communication is to address failed expectations of the ideal roles.

However, I assert that, in doing so, new forms of open contingency are constructed with the policy. For one, the availability of seven roles and three relationships constructs an open contingency as to which of the roles and relationships further eldercare communication is to connect to. Notably, with the role as an opponent and with the conflict relationship, this is no longer just an open contingency as to which role and relationship to connect to, but also as to

which ideal to connect to – that is, whether to connect to the relative as a resource or an opponent, and, as such, whether to expect the relative to be part of the problem or the solution of public eldercare. In addition, an open contingency is also constructed as concerning what expectations to connect to with the roles as a waning caregiver and a co-receiver. The former role has been constructed thus far with three different functions of public eldercare and the latter with two. I contend that an open contingency is constructed with regard to which of the expectations over time have been condensed into the roles to which subsequent eldercare communication is to connect. As concerns the role as a co-receiver, the role has thus far both condensed expectations that the relative is a burdened and unqualified caregiver and therefore more likely to be a receiver of eldercare than a caregiver itself. This is followed by expectations of how the relative possesses competencies and resources that are complementary and superior to the public eldercare that the public eldercare is expected to enact by approaching the relative as someone who might need services. The roles simply appear different depending on the different roles with which they are co-constructed. I claim this to be an uncertainty postponed to subsequent eldercare communication regarding what to expect of a co-receiver. As concerns the role as a waning caregiver, this role has gone from condensing expectations of its being a pre-given role not subjected to policy decisions, but simply one of societal, demographical and cultural developments; to condensing expectations of its being an ideal role, because the relative was expected to be too burdened and unqualified to provide proper care; to now containing expectations of the waning exacerbating the problems of eldercare and thus being something to be avoided. Thus, in the 1980–1994 the caregiver role has become heavier with expectations that can be connected to the role and carries with it into further eldercare communication an open contingency as to which expectations to connect to with the role. In other words, the two roles carry with them an open contingency expanding in complexity with every new function and every new expectation the roles have held available over time.

Approaching these findings of the chapter with a gaze towards the eldercare literature, I would like to draw attention to three relevant points of engagement.

As far as the literature on the role of the relative goes, in this chapter I have demonstrated how the role as a co-receiver, referred to in the literature as a hidden patient or a co-client, as described above is not a uniform role but a role having thus far condensed different expectations from two different functions of public eldercare. Moreover, I have demonstrated how the roles

of an opponent, a proxy, a source of information and a source of continuity, also all known from the existing literature, are not new roles assigned to the relative in eldercare, but stem from the 1980s and 1990s, when they emerged as part of the policy's solution to the problems of public total eldercare and as part of the policy's reflections regarding the possibility of failed expectations. Notably, the opponent role emerges for the first time in the Danish eldercare policy of this period, where one also for the first time witnesses an eldercare policy constructing ideal roles for the relative as imperative for solving the problems of public eldercare. Put differently, when the policy starts conceiving of public eldercare as dependent on the relative's enactment as various roles, it simultaneously conceives the possibility of failed expectations, which it addresses by condensing such expectations in an opponent role.

As concerns the role as a social caregiver identified in this period, this role resembles the visitor role identified in the existing literature. I term the role 'social caregiver', as the role of a visitor in the existing literature is connected to public nursing homes, whereas the social caregiver role is also expected in regard to elderly citizens' aging in place. Regardless of the differences between the social caregiver identified in this chapter and the visitor role of the literature, the social caregiver role demonstrates how the relative has been expected to meet the social needs of the elderly since the 1980s and 1990s. It also serves to show how such expectations, when first emerging in the eldercare policy, was no small matter. To be assigned the task of meeting the social needs of the elderly was not a role given to the relative as a way of keeping it out of eldercare, as the visitor role is perceived to be. Instead meeting the social needs of the elderly was considered imperative in solving the problems of public total eldercare and was considered a task only relatives held the competencies and resources to fulfil.

Based on my findings in this chapter, my second point of engagement with the eldercare literature is with the historical studies of eldercare and the critical studies of recent developments in eldercare. As already presented, my findings in this chapter support the findings in the literature as regards a public eldercare retrenchment from the 1980s and onwards. However, beyond this diagnosis of withdrawal, I have added what might be more precisely termed a budding. By this I mean that the policy does not withdraw from forming expectations for public eldercare. Whereas public eldercare is expected to withdraw and make space for the elderly and their relatives, it is nevertheless still expected to enter a new arena in which its services are aimed at enabling elderly citizens and their relatives to perform their new

roles. In other words, public eldercare is to withdraw from eldercare by entering a new role as an enabler and facilitator. As such, this withdrawal does not entail posing fewer expectations to public eldercare and more to elderly citizens and their relatives, but rather poses new expectations to everyone.

Accordingly, I have demonstrated how at this point in my story, what is seen is not a re-familiarization or a re-assignment of a relative role in the sense of a return to old familiar expectations for the role of the relative and the relationship between public eldercare and the relative. Although I concur that the relative is now desired in eldercare, I maintain that the 're' in re-familiarization and re-assignment must not cover up the fact that this is not a return to old familiar roles and relationships. The relative is assigned a role in eldercare, but this role is now strictly defined in the eldercare policy. We are not back in the 1930s where the relative defined what it meant for the relative to be a caregiver without the policy's deciding on the who, what and when of such caregiving by the families, and where public eldercare was simply expected to substitute for the relative if the relative withdrew from eldercare. The policy has now defined the relative in eldercare to be; the one attending to the social needs of family members; the one ensuring continuity in family members' lives; and the one supporting family members in their new roles. The relationship is now also quite different, as it is not one of substitution in which the relative by its presence or absence decides on whether public eldercare is to substitute for the relative. Indeed, the relationship is now about complementarity, with public eldercare expected to decide on how best to complement the relative in eldercare, and with eldercare policy also defining precisely which complementary resources and competencies the relative is to offer the public eldercare, how and when. This is not a re-emergence of something ever seen before in Danish eldercare policy, this is new and connected to the particular function of public eldercare of the period.

Against this backdrop, I come to my third point of engagement with the eldercare literature. Thus far, I have shown how when one sees the relationship between public eldercare and the relative from the perspective of the relative roles of Danish eldercare policy, the relationship developed first from a matter of substitution if the relative waned from eldercare; then into a matter of total substitution, if the eldercare policy found the relative burdened and unqualified; and now the relationship has ultimately become a matter of complementarity, with the relative now expected to complement public eldercare, and public eldercare expected to not crowd out

the relative but to only complement it, leaving enough room for it to offer its complementary resources and competencies. This all shows the question of complementarity and substitution to be complex and to include important details that stem from the particular function of public eldercare and the roles of the relative in this function with which the relationship is constructed.

The role of the relative in the 1980-1994 period is summarized in the table below.

The function of public eldercare	**Problem = public total eldercare/ Solution = implementing the three principles of self-determination, continuity and the use of one's own resources and competencies as guiding ideals in eldercare.**						
The role of the relative	**A waning caregiver**	**A source of continuity**	**A social caregiver**	**A proxy**	**A source of information**	**A co-receiver**	**An opponent**
The relationship between public eldercare and the relative	**Complementarity**					**Care**	**Conflict**

Table 4) The Role of the Relative in the 1980-1994 period

In the collected story of the relative, its role has thus far been shown to change as summarized in the table below. How the role is constructed in the period from 1995-2009 is the theme of the next chapter.

1930–1969	**1970–1979**	**1980–1994**
A waning caregiver		
The care worker employer		
	A burdened caregiver	
	An unqualified caregiver	
	A co-receiver	
		A proxy
		A source of information
		A source of continuity
		A social caregiver
		An opponent

Table 5) The roles of the relative from 1930–1994

Chapter 7) Analyses of the years 1995-2009: The Standardized Relative

1. Introduction

This analytical chapter concerns the fourth of the five periods in my story of the relative. The period covers the years from 1995 to 2009, a period characterized notably by how uncertainty regarding the relatives' roles is reduced with standardization and management tools.

In the chapter, I demonstrate the years between 1995-2009 to constitute a distinct period in my story of the relative as the roles as waning caregiver and a source of information and source of continuity wanes from the eldercare policy; new expectations are condensed in the roles as opponent, proxy and co-receiver; the role of a burdened caregiver familiar from the 1970s re-emerges; and a new role as a *co-responsible other* is constructed. I argue that all five roles are constructed with a new function of public eldercare, now being to solve an efficiency and quality problem by means of three distinct solutions: 1) Limit public eldercare 2) Put the user in the center 3) Enforce uniformity in the service provision and coherence in the chain of government.

The chapter is structured with three main sections. I first demonstrate how Danish eldercare policy in the 1995-2009 period constructs the main problem of public eldercare to be one of low efficiency and quality. Next, how this problem is expected to be solved by public eldercare retrenchment. In doing so, I argue that the relative in this problem/solution-distinction is constructed in a new role as a co-responsible for eldercare and as a burdened caregiver and a co-receiver, both of the latter being familiar roles from previous periods' eldercare policy. The third section is my demonstration of how a user centered public eldercare is constructed as another main solution to the efficiency and quality problem. Containing also my arguments for claiming that the relative in this particular problem/solution distinction is constructed as a proxy. Throughout all sections, I argue that the role of an opponent runs alongside the roles as proxy and co-responsible other as their opposite, condensing expectations of failed expectations to these two ideal roles. I also ongoingly argue that a salient feature of the period is the eldercare policy's construction of uniformity and coherence as a third solution to the efficiency and

quality problem and that it is especially with this particular problem/solution distinction that uncertainty about what to expect from the relative is reduced.

2. The Efficiency and Quality Problem

Below I start the chapter by presenting the years from 1995-2009 as a distinct period of Danish eldercare policy, defined by one main problem of public eldercare: Low quality and efficiency.

Defining for the 15 years covered in the chapter, a commission on public welfare in 1995 declares lack of efficiency and quality to be the main problem facing public eldercare, calling attention to '*the pension burden of the future*'.[477] Throughout the period then the terms '*efficiency*' and '*quality'* dominates the policy.[478] To give but a few examples, LGDK in 1997 declares that '*It is fair to say that the area of eldercare in total has been characterized by a culture where focus has been more on "nursing and care" than on "efficiency and economy*"',[479] and in 2008 the organization describes how '*in these years the municipalities experience an extensive and all-encompassing pressure, being met from all sides with expectations for more services of better quality on the dime and with fewer available hands*'.[480]

Notably terms such as '*supplier-burden',* '*the pension-bomb*', and '*the elder boom*'[481] emerge as picturesque descriptions of how public eldercare face a combination of increasing expenses and decreasing tax revenues, calling for efforts such as resource management and resource

[477] My translation: Fremtidens pensionsbyrde (Kommissionen om fremtidens beskæftigelses- og erhvervsmuligheder 1995: 37).
[478] Erhvervsministeriet et al. 1995: 18, 20, 21, 96, 97, 117; KL 1995: 5, 9; FOKUS 1996: preface, 8; FOKUS 1996b: 5; KL 1996c: 40, 47; Socialministeriet 1996: 14; KL 1997: 2, 3, 6, 7, 8, 16; KL 1997b: 19, 21; KL 1997c: 2-3, 6-7, 16; KL 1998; KL 1998b: 7; Regeringen 1998: 7, 21-22; Socialministeriet 1998c: 9, 47, 58; KL 1999: preface, 5, 6, 9, 15; KL 1999b: 22; KL 1999c: 3, 12, 19, 41-49; KL 1999d: 9; KL 1999f: 6; KL 1999e: 4, 10; Regeringen 1999: 13; Socialministeriet 1999b: 3, 14; KL 2000: 4; Regeringen 2000: 3, 4, 7, 9; Regeringen 2000b: 3, 4, 5; Socialministeriet 2000: 20-21, 25-26; Socialministeriet 2000d: 1, 5; Socialministeriet 2000e: 29; Socialministeriet 2000c: 9; KL 2001, 2001b: 4, 18-19; KL et al. 2001: 3, 6; Regeringen 2001: 4, 6; KL 2002: 4; FOKUS 2002: 3; Regeringen 2002d: 1; KL 2003b: 5, 60; Regeringen 2003e: 5, 6; Regeringen 2003f: 2, 9; Regeringen 2004d: preface; Regeringen 2004b: 3, 4, 38; Socialministeriet 2004c: 2,3,4; Socialministeriet 2004d: 2, 3, 4, 7; Finansministeriet & KL 2005: preface, 9; KL 2005: 9, 42; Regeringen 2005; Socialministeriet 2005: 2; Socialministeriet 2005d; Styrelsen for Social Service 2005b; KL 2006: 11; KL et al. 2006: 6; KL et al. 2006b; KL & Indenrigs- og Sundhedsministeriet 2006; Regeringen 2006: 10-11; Socialministeriet 2006b, 2006f: 14, 15, 17; KL 2007; KL & KTO 2007: 6; Regeringen 2007: 8, 17, 19; Regeringen 2007b; Regeringen et al. 2007; Socialforskningsinstituttet 2007; Socialministeriet 2007b: 18, 38; Socialministeriet 2007e: 14; KL 2008: 8, 34; KL 2008e: 62; Regeringen 2008b: 9-10; Regeringen et al. 2008; KL 2009: 2; KL 2009c, 2009d: 32, 47; KL 2009d: 126-132; KL, Danske Regioner & Sundhedsministeriet 2009: 13, 33;Regeringen 2009, 2009b: 1.
[479] My translation: 'Man kan vel godt tillade sig at sige, at ældreområdet generelt har været kendetegnet af en kultur, hvor 'pleje og omsorg' har været mere i fokus end 'effektivitet og økonomi'' (KL 1997b: 27).
[480] My translation: 'Kommunerne oplever I disse år et udbredt og altomfattende forventningspres fra alle sider om mere og bedre kvalitet I den kommunale service for de samme penge med færre hænder til rådighed' (KL 2008: preface).
[481] My translations: 'forsørgerbyrden', 'Pensionsbombe' and 'ældreboom' (See for example Erhvervsministeriet et al. 1995: 53-54, 56; finansministeriet et al. 1995: 5-8, 23, 37-53; Kommissionen om fremtidens beskæftigelses- og erhvervsmuligheder 1995: 37; Socialministeriet 1999b: 9, 26, 68).

control aimed at increasing or sustaining the quality of eldercare while simultaneously minimizing the resources used to do so.[482]

Management tools such as service informations, quality standards, Common Language, home-care schemas including written rulings and time-registration technologies are introduced, expected to ensure an efficient eldercare of high quality.[483] For example, LGDK in 1999 writes that '*the use of new forms of management i.e. contract-management, contracting out and freedom of choice are important tools to improve the quality and achieve a more efficient management of the service provision'.*[484]

3. The relative as a co-responsible other

On the following pages I turn to argue that the relative is constructed as a co-responsible other when the eldercare policy construct public eldercare retrenchment as one of three main solutions to the above presented efficiency and quality problem of public eldercare. First, I present a retrenchment solution observable in the policy. Notably also how this solution contains drawing a distinction between a majority of strong elderly citizens and a minority of weak ones and a distinction between what can be expected of public eldercare and of others. Then I argue that the relative in this problem/solution distinction is constructed as a co-

[482] Erhvervsministeriet et al. 1995: 9, 15, 18, 20, 21, 24, 29-33, 39-50, 57, 96-97, 117; Finansministeriet et al. 1995: 12-16, 24-33; KL 1995: 5, 9, 18, 20, 21, 96, 97, 117, 119; KL 1995b: 5; FOKUS 1995: 6; Kommissionen om fremtidens beskæftigelses- og erhvervsmuligheder 1995: 37; L1114 1995: § 51; FOKUS 1996: preface, 8, 9; FOKUS 1996b: 5, 42; KL 1996: 5, 12, 47; KL 1996b: 5, 6; KL 1996c: 35, 40, 42, 47; Socialministeriet 1996b: 37, 38; Socialministeriet 1996: 14; Boligministeriet & Socialministeriet 1997: 11; KL 1997: 2- 3, 6, 7, 8, 16; KL 1997b: 19, 21, 24-25; KL 1997c: 2-3,4-5, 6-7, 16, 2; KL & FOA1997: 5; Socialministeriet 1997b: 5, 6-7; KL 1998: 7; KL 1998b: 6, 7; KL 1998c: 3, 30, 38; Regeringen 1998: 21-22; Socialministeriet 1998: preface, 17; Socialministeriet 1998c: 47, 58; KL 1999: preface, 5, 6, 9, 15, 16, 27-28, 29; KL 1999b: 22; KL 1999c: 3, 11, 12, 19, 25, 27, 28-29, 41-49; KL 1999d: 9; KL et al. 1999:20-28; Regeringen 1999: 11, 19; Socialministeriet 1999: 3, 5, 7-9, 18-19; KL 2000: 4; Regeringen 2000b: 4; Socialministeriet 2000: 5, 9, 10, 20-21, 25-26; Socialministeriet 2000b: 6-7; Socialministeriet 2000d: 2, 5; KL et al. 2001: 3, 5, 19; Socialministeriet 2001b: 4, 7; FOKUS 2002: 3, 5, 9; KL 2002: 5, 18; KL 2002c : 5, 15, 17, 20; Regeringen 2002c; Regeringen 2002d: 18; Socialministeriet 2002b: 56; Socialministeriet & Erhvervs- og Boligstyrelsen 2002: 1; KL 2003: 3, 27-32; KL 2003b: 60; KL 2003d: 3, 7, 15, 17; KL 2003f: 7; KL et al. 2003; 29, Regeringen 2003b: 3; Regeringen 2003c: 7; Regeringen 2003d: preface; Regeringen 2003c: 3, 5, 7; Regeringen 2003d: preface; Socialministeriet 2003f: 8; Socialministeriet 2003e: preface; Socialministeriet 2003b: 7; KL 2004: 4, 12, 35, 42; Regeringen 2004b: 3; Regeringen 2004c; KL 2005: 3, 4, 9; Styrelsen for social service 2005: 6; Regeringen 2006: 7; Regeringen 2006b: preface; Socialministeriet 2006f: 14; KL 2007: 21, 24; Socialministeriet 2007b: 34; Regeringen 2007b: 10; 36; KL 2008b: 26-27; KL 2008e: preface, 8; Regeringen 2008: 1-2; Arbejdsmarkedskommissionen 2009: 3; Indenrigs- og Socialministeriet & Finansministeriet 2009: 5; KL 2009: 2, 38; KL 2009b: 51; Regeringen 2007: 17, 76; Servicestyrelsen 2009, 2009b, 2009c.

[483] L1114 1995: § 51; Socialministeriet 1996b: 37, 38; KL 1996: 5, 12, 47; Socialministeriet 1997b; KL 1998; 1998b: 6, 7, 38; 1998d: 10, 12; Socialministeriet 1998: forord, 8, 10, 17; 1998h; KL 1999: 15, 16, 27-28; 1999b: 22; 1999c: 12, 14-15, 17, 23, 40-41; 1999f: 3, 6, 7; Socialministeriet 1999: 7, 9; KL 2000: 4, 22; Socialministeriet 2000: 9-10; 2000d; 2000e: 5, 37, 40; KL et al. 2001: 3, 5, 19; 20; KL 2002: 61; Socialministeriet 2002b: 56; FOKUS 2002: 5; KL 2003b: 23; KL 2004: 4, 12; Socialministeriet 2005; Regeringen 2007b; KL2008c; 2008d; KL 2008c; Regeringen 2008; 2008b; Indenrigs- og Socialministeriet & Finansministeriet 2009; KL 2009: 41.

[484] My translation: 'anvendelsen af nye styringsformer, f.eks. kontraktstyring, udbud og licitation, og frit valg er vigtige redskaber til forbedring af kvaliteten og opnåelse af en mere effektiv tilrettelæggelse af driften' (KL et al. 1999: 9).

responsible other expected to be part of the solution to the efficiency and quality problem enabling the retrenchment of public eldercare. Finally, I argue that notably uncertainty about what to expect of the relative in the role of a co-responsible other is reduced with the eldercare policy's construction of another main solution to the efficiency and quality problem, a solution I refer to as 'the coherence and uniformity solution'.

3.1 The Retrenchment-Solution

The eldercare policy's construction of public eldercare retrenchment as the solution to the efficiency and quality problem of eldercare can for one be observed as the policy draws a distinction between a majority group of strong, resourceful elderly citizens not entitled to public eldercare and a minority group of weak entitled ones. For instance, the policy contains vivid descriptions of how most elderly citizens are both financially, physically, and mentally too resourceful to be considered in need of public eldercare.[485] LGDK, For example, in 1997 notes that '*The elderly citizens are thus not a homogenic, weak, care-demanding group. Most elderlies have both personal and financial resources to take care of themselves and each other and play an active social role*'.[486] Meanwhile, the policy recognizes the existence of especially a mounting group of elderly citizens with dementia who do not possess many financial, physical or mental resources, describing how in order to continuously meet the needs of such truly needy elderly, public eldercare must prioritize this group.[487] For example the Ministry of Social Affairs in 1995 states that '*the core focus'* of public eldercare is '*weak elderly',*[488] and the

[485] Finansministeriet et al. 1995: 23, 29, 99; FOKUS 1996b: 30, 31, 33; Socialministeriet 1996b: 17-20, 78; Socialministeriet 1996: 3, 6, 8, 67-68, 70; Bygge- og Boligstyrelsen et al. 1997: 8; KL 1997: 5, 16; KL 1997b: 8-9, 10, 12; KL 1997c: 5,16; KL 1998d: 10; Socialministeriet 1998c: 23, 107; KL 1999: 10; KL 1999c: 4; Regeringen 1999b: 1, 3; Socialministeriet 1999: 3, 25-26, 28, 67, 73, 74; Regeringen 2000: 4, 7, 11;Regeringen 2000b; Socialministeriet 2000c: 37; Socialministeriet 2000d: 2, 27; Socialministeriet 2000f: 103-104; KL 2001: 18; Socialministeriet 2001d: 8, 44; Socialministeriet 2001c: 3, 7-9; KL 2002: 22; Regeringen 2002: 55; Regeringen 2002c: 17, 44; Regeringen 2002e; Socialministeriet 2002; Socialministeriet & Erhvervs- og Boligstyrelsen 2002: 1; KL 2003b: 17; KL 2003d: 11, 42-45; Socialministeriet 2003: 6, 10; Socialministeriet 2003b: 6, 18, 19; Socialministeriet et al. 2003: 7; KL 2004: 12; KL 2004b: 8; KL 2006b: 4; Regeringen 2006: 5; Regeringen 2006b: preface, 5-6,8-9,30-31,36-46; Socialministeriet 2006b: 9; Statsministeriet 2006: 27; KL 2007: 21; KL 2007b: 21; Regeringen 2007: 8, 27, 54; Regeringen 2007b: 10, 15, 16, 34, 36, 42; Socialministeriet 2007; Socialministeriet 2007b: 34-35; Socialministeriet 2007d: 8-9; Regeringen 2008: 1; Arbejdsmarkedskommissionen 2009: 3, 7; Ministeriet for Sundhed og Forebyggelse & Indenrigs- og Socialministeriet 2009: 18.

[486] My translation: 'De ældre er således ikke en ensartet, svag og hjælpekrævende gruppe. De fleste ældre har både personlige og økonomiske ressourcer til at hjælpe sig selv og hinanden og spille en aktiv social rolle' (KL 1997: 16).

[487] Erhvervsministeriet et al. 1995: 23; Finansministeriet et al. 1995: 23, 29, 99; FOKUS 1996b: 30, 31, 33; Socialministeriet 1996b: 78; Socialministeriet 1996: 3, 6, 8, 67-68, 70; Bygge- og Boligstyrelsen et al. 1997: 8; KL 1997: 5; KL 1997b: 8-9, 10, 12; KL 1997c: 5; KL 1998d: 10; Socialministeriet 1998c: 107, KL 1999: 10, KL 1999c: 4, Regeringen 1999b: 1, Socialministeriet 1999: 3, 25-26, 28, Regeringen 2000: 7, 9, Regeringen 2000b: 12; Socialministeriet 2000: 23; Socialministeriet 2000d: 2, 27; KL 2001: 18; KL 2001b: 22; Socialministeriet 2001d: 8; KL 2002: 22; KL 2002c: 20; Regeringen 2002e; KL 2003: 7; KL 2003b: 17; KL 2003d: 8; KL 2003f: 11; Regeringen 2003c: 1, 3; Regeringen 2003f; Socialministeriet 2003b: 6; Socialministeriet et al. 2003: 7; Regeringen 2005: 6; KL 2007: 21, 22; Regeringen 2007b: 15, 16, 34, 42; Indenrigs- og Socialministeriet & Finansministeriet 2009: 8.

[488] My translation: 'kerneområdet', 'svage ældre' (Socialministeriet 1996: 68).

government likewise in 2000 notes that '*we want to strengthen the quality. This means that we need to deem someone in and someone out. Otherwise we risk that the people who are truly needy, do not get the help they need*'.[489]

Furthermore, one can note how the policy, especially from the late 1990ies and onwards, constructs a limit to public eldercare with the policy's definition of eldercare as a responsibility the public sector shares with others. Notably there are now references to '*the open welfare society'* and welfare, efficiency and quality are described as only achievable through '*community, co-responsibility and partnerships*'.[490] Note, for example, how the Ministry of Social Affairs in 2000 declares that '*the potentials to co-ownership lies within us all: within the users and the relatives, the volunteers, the professionals and with the politicians*'.[491] Now the policy revolves around the notion that public eldercare has taken on too much responsibility and how in order to solve the efficiency and quality problem the responsibility must be shared with other actors.[492] For example, LGDK in 2003 notes how

> *for several years a tendency to move the limit of public sector responsibility has pertained. Matters usually considered part of the private sphere have become a societal matter and responsibility … Such development might in the long run threaten the welfare society, as it cannot be financed. Hence there is a need to reconsider how the civil society in relevant matters to a higher degree can be involved in certain tasks not suited to be solved by the public sector. To give an example, visitor friends to lonely and elderly citizens can be mentioned. Off course the care workers must take time to make conversation with the elderly citizen while cleaning and polishing silverware. But it has never been the idea that the care worker should act as a publicly paid visitor-friend. To this end the family and civil society must step up.*[493]

[489] My translation: 'Vi vil højne kvaliteten. Det betyder, at der skal vælges fra og vælges til. Ellers risikerer vi, at de mennesker, der virkelig har behov, ikke får det, de har brug for' (Regeringen 2000: 9).
[490] My translation: 'Fællesskab, medansvar og partnerskaber' (Regeringen 2000: 4). See also Socialministeriet 1998f: preface; Regeringen 1999b: 3; Socialministeriet 1999b:15; Regeringen 2000:6, 7, 8, 11; Regeringen 2000b: 12; Socialministeriet 2000c: 10, 37; Socialministeriet 2000d: 6; Socialministeriet 2001b: 5; KL 2003d: 42; KL 2003f: 10; Regeringen 2003f: 4; Socialministeriet 2003b: 7; KL 2004: 12; Regeringen 2007b: 15, 36.
[491] 'Potentialerne til medejerskab og medansvar ligger hos os alle sammen: hos brugerne og de pårørende, de frivillige, de professionelle og hos politikerne' (Socialministeriet 2000c: 37).
[492] Erhvervsministeriet et al. 1995: 22; Socialministeriet 1999b; Regeringen 2000; Socialministeriet 2000c, 2000d: 6, 4; Socialministeriet 2000g: 10-11; KL 2003d: 42.
[493] My translation: 'nu i adskillige år været en tendens til, at grænsen for, hvad det offentlige skal tage sig af, har flyttet sig. Ting, som tidligere er blevet opfattet som tilhørende privatsfæren, er nu blevet et samfundsmæssigt anliggende og ansvar …

Having above demonstrated two ways the policy prescribes to limit public eldercare in order to solve the efficiency and quality problem, I in the following present my argument, that the relative in this particular problem/solution- distinction is constructed as one such co-responsible other, who is expected to share the public sectors responsibility of eldercare and as such is considered to be a part of the efficiency and quality problem of public eldercare.

3.2 The Relative as a Co-Responsible Other

Characteristically of eldercare policy in the years between 1995 and 2009, public eldercare is now described as only a service available in the exceptional cases where the elderly with help from relatives for some reasons are not able to manage alone.[494] This is central to my argument, that the relative role constructed, is one of a co-responsible other. The social service act explicitly defines that *'help from the public sector is not available until the citizen is not able to manage alone or by the help of others'.*[495] Accordingly the relative is described as carrying a co-ownership and co-responsibility for the care of their elder family members in the open welfare society.[496] For example, the Ministry of Social Affairs in 1999 proclaims that

> *the public sector can and shall of course not attend to all needs of elderly citizens. Family and friends and the elderly citizens themselves also carry a huge responsibility … There is a chance that the family in many cases can take more care of the elderly citizens.*[497]

Det er en udvikling, der på sigt kan true velfærdssamfundet, fordi en sådan udvikling ikke kan finansieres. Der er derfor behov for at overveje, hvordan civilsamfundet i relevante sammenhænge i højere grad kan inddrages til at løse visse opgaver, der ikke er egnet til at blive løst i offentligt regi. Som eksempel herpå kan nævnes besøgsvenner for ensomme og ældre mennesker. Hjemmehjælperen skal naturligvis have tid til at tale med den ældre, mens der bliver gjort rent og pudset sølvtøj. Men det har aldrig været tanken, at hjemmehjælperen skal fungere som offentligt betalt besøgsven. Her må familien og civilsamfundet træde til' (KL 2003d: 42).

[494]Erhvervsministeriet et al. 1995: 74, 99; FOKUS 1995: 23-28; FOKUS 1996b: 42; Socialministeriet 1996b: 31; KL 1997: 17; KL & FOA1997: 9; Socialministeriet 1998b: 29; Socialministeriet 1998c: 43-44; Socialministeriet 1998e: 113; KL 1999b: 20; Socialministeriet 1999: 26; KL 2000: 21; Socialministeriet 2000c: 9; Socialministeriet 2000d: 6; KL 2002b: 26, 49, 74, 99; KL 2003d: 42; Socialministeriet 2003b: 6, 18, 21, 22; L573 2005 § 1; Socialministeriet 2006b: 6; Socialministeriet 2006e: 8; Socialministeriet 2006c: 39; Socialministeriet 2007e: 28; Regeringen 2007b: 15, 34, 42.

[495] My translation: 'Hjælpen fra det offentlige træder først til, når borgeren ikke kan klare sig ved egen eller andres hjælp' (L454 1997: Common notes).

[496] Socialministeriet 1999b: 7; Regeringen 2000: 4, 8, 11; Regeringen 2000b: 12; Socialministeriet 2000c: 3, 9, 10, 19, 37, 76; Socialministeriet 2001d: 44; Regeringen 2003f: 4; Socialministeriet 2003b: 7, 20.

[497] My translation: 'selvfølgelig hverken kan eller skal det offentlige tage sig af alle de ældres behov. Familie og venner og de ældre selv har stadig et stort ansvar … Det kan godt være, at familien i mange tilfælde kan tage sig mere af de ældre. Det er trist med ældre mennesker' (Socialministeriet 1999b: 25-26).

Notably, '*visits'*, '*network and care tasks*' and '*visiting-friend*' are presented in the policy as services belonging to the realm of the relative.[498] These are expectations familiar from the social caregiver role of the previous period. But I claim that the co-responsible other role is cast in broader terms than the social caregiver.

For example, the relative is also described, especially in cases of elderly citizens with dementia, as the primary and most qualified caregiver towards the elderly.[499] For instance, the relative is referred to as an '*enormous resource'* [500] in eldercare, a '*given caregiver'*[501], and '*an important piece in the caregiving*',[502] and when the government in 2007 launches a quality reform it declares '*we must have a better framework for taking a co-responsibility for one's beloved*'.[503] Also, one can observe how the policy describes the necessity of relatives assuming greater responsibility in elderly care as the efficiency and quality of the welfare production depends on it.[504] LGDK, for example, in 1996 calls attention to how '*in contrast to previously, family, friends and neighbors perform far fewer practical tasks such as shopping, cleaning, laundry etc.*' problematizing how such '*degradation of the family-network and the social network alongside the decomposition of the local communities, have … increased the pressure on the municipalities to strengthen the eldercare.*'[505]

[498] Socialministeriet 1999: 25-26; Socialministeriet 2000c: 10; KL 2003d: 42.
[499] Erhvervsministeriet et al. 1995: 74, 99; FOKUS 1995: 23-28; FOKUS 1996b: 33, 42; Socialministeriet 1996b: 66, 67, 130; Socialministeriet 1996c: 3,14, 45, 41, 23-24, 29-30; Boligministeriet & Socialministeriet 1997b: 21; KL & FOA1997: 9; Socialministeriet 1997: 3, 8, 9, 10, 12, 21; Socialministeriet 1998b: 29; Socialministeriet 1998c: 12, 40, 43-44; Socialministeriet 1998e: 113, 154; KL 1999b: 20; KL 2000: 21; Socialministeriet 2000c: 10; Socialministeriet 2001b: 4, 8, 20, 42; KL 2002b: 26, 49; Socialministeriet 2002b: 37; Socialministeriet 2003b: 6, 18, 20, 21,24; Socialministeriet 2007e: 28; Socialministeriet 2007f: 3, 6, 10.
[500] My translation: 'kæmpe ressource' (Socialministeriet 2000c: 76).
[501] My translation: 'Selvskreven omsorgsgiver' (Socialministeriet 1996c: 14).
[502] My translation: 'en vigtig brik i omsorgen' (Socialministeriet 1997: 12).
[503] My translation: 'Der skal være bedre rammer for at tage et medansvar for sine nære' (Regeringen 2007b: 42).
[504] Erhvervsministeriet et al- 1995: 17; Socialministeriet 1999b: 7, 25-26; Regeringen 2000: 4, 8, 11; Regeringen 2000b: 12; Socialministeriet 2000c: 3, 9, 10, 19, 37, 76; Socialministeriet 2001d: 44; KL 2003d: 42.
[505] My translation: 'familie, venner og naboer i modsætning til tidligere udfører langt færre praktiske gøremål såsom indkøb, rengøring, vask m.m', 'Nedbrydningen af familienetværket og de sociale netværk samt opbrydningen i lokalsamfundene har ligeledes betydet et øget pres på kommunerne for at styrke ældreplejen' (KL 1996c: 36-37).

What is more, it can be noted how the policy describes how relatives must now expect to be involved in caring for their elderly family members.[506] This can be seen with declarations such as:

> *A co-habiting spouse or other relatives must expect to be met with demands when help is assessed. Help is assessed based on a holistic view and this is why it is important to look at the resources available in the close surroundings*.[507]

Likewise, the Ministry of Social Affairs in 2003 states that it is a '*commonly recognized position that the municipality shall not step in until the spouse, family or other network cannot manage the practical tasks anymore*',[508] that '*as husband and wife one has a responsibility and a clear obligation towards each other',*[509] and that

> *in the assessment of the particular need of help, the municipality is obligated to consider the entire situation of the applicant. For instance, the network of the applicant must be taken into consideration and other members of the household is presumed to participate in the execution of the tasks in the home*.[510]

Altogether, I have above demonstrated that the eldercare policy in these years constructs the relative as a co-responsible other to the public eldercare and as such, a part of the retrenchment solution to the efficiency and quality problem of eldercare. As presented, it is primarily spouses who are expected to enact the role as a co-responsible other, and this is mostly expected as a relevant theme of further communication at the point of time of the needs-assessment. But also grown up children are mentioned as potential co-responsible others and when the talk is about the open welfare society the co-responsible other is cast even broader as the community.

[506] Erhvervsministeriet et al. 1995: 74, 99; FOKUS 1995: 23-28; FOKUS 1996b: 42; Socialministeriet 1996b: 31; KL 1997: 17; KL & FOA1997: 9; Socialministeriet 1998b: 29; Socialministeriet 1998c: 43-44; Socialministeriet 1998e: 113; KL 1999b: 20; Socialministeriet 1999b: 26; KL 2000: 21; Socialministeriet 2000c: 9; Socialministeriet 2000d: 6; KL 2002b: 26, 49, 74, 99; KL 2003d: 42; Socialministeriet 2003b: 6, 18, 21, 22; L573 2005 § 1; Socialministeriet 2006b: 6; Socialministeriet 2006e: 8; Socialministeriet 2006c: 39; Regeringen 2007b: 15, 34, 42;Socialministeriet 2007e: 28.

[507] My translation: 'en hjemmeboende ægtefælle eller andre pårørende må regne med, at det bliver stillet krav til dem ved vurdering af behov for hjælp. Hjælpen vurderes ud fra en helhedsbetragtning, og derfor er det vigtigt at se på de ressourcer, der er til stede i de nære omgivelser' (FOKUS 1996b: 42).

[508] My translation: 'udbredt holdning, at kommunen først bør træde til, hvis ægtefællen, familien eller andet netværk ikke kan klare de praktiske opgaver længere' (Socialministeriet 2003b: 22).

[509] My translation: 'man som ægtepar har et ansvar og en klar forpligtelse over for hinanden' (Ibid.: 22).

[510] My translation: 'ved vurderingen af det konkrete behov for hjælp skal kommunen bedømme ansøgerens samlede situation. Der skal bl.a. tages hensyn til ansøgerens netværk, og det forudsættes at eventuelle øvrige medlemmer af husstanden deltager i opgaveudførelsen i hjemmet.' (Socialministeriet 1998c: 43-44).

Notably this period in my story of the relative is, just as the previous one, a period, where eldercare policy constructs solutions to the problems of public eldercare, which it does not expect public eldercare to manage without the relative enacting particular roles. As with the proxy role of the previous period, the co-responsible other role is not a role emerging with the policy's descriptions of how it currently observes the relative to be. The co-responsible other role emerges in descriptions of how the relative it desired to be in order for the relative to back the retrenchment solution to the efficiency and quality problem. Therefore, I term the role as a co-responsible other an ideal role.

On top of this, I will argue that the eldercare policy can be observed to tolerates no uncertainty as to whether, how and when the relative enacts this ideal role imperative to the function of public eldercare. I return to make this argument later in the chapter. But first I will take a little detour to describe what I term 'the coherence and uniformity solution' to the efficiency and quality problem of eldercare. I do so in order to afterwards be able to demonstrate how the management tools connected to this problem/solution distinction function as uncertainty-absorbing-machines to the relative role.

3.3 The Uniformity and Coherence – Solution

In the years from 1995 – 2009 Danish eldercare policy can be observed to describe another solution to the efficiency and quality problem of public eldercare. One of coherence and uniformity in public eldercare enforced by use of management tools. The idea presented in the policy is that public eldercare thus far has been too randomly assigned and that this has resulted in uncontrolled public expenses and a random quality of care. The solution to this being public eldercare provided on the base of objective criteria and in accordance with the politically prioritized level of service, quality and resources. All in order to ensure that uniform needs are met with uniform services and that no elderly citizen is provided with more or less than the politically defined service- and quality level.

Such reasoning can be seen in the policy when the terms of uniformity and coherence and related terms such as visibility, transparency, information and documentation and increased political prioritizing and government flood the policy documents, saluted as imperatives of

public eldercare.[511] For example, the Ministry of Social Affairs in 2002 states that '*the municipality meets its obligation towards the citizens by ensuring a coherence between goals and use of resources and by delivering on the assigned services*'.[512] The Ministry continues with a description of how it is therefore necessary to ensure that '*the allocated resources are aligned with the politically determined level of service, the assigned services are aligned with the service-level, the delivery of the services are in accordance with the level set in the assessment*'.[513]

Also, one can observe how the policy contains descriptions of how a main cause of the efficiency and quality problem stems from a randomness in the assigned services and the quality of the delivered services coming about because the individual care worker and assessment officer are allowed too excessive influence on the services. An observation that the policy meets with a call for less influence to care workers and assessment officers and more focus on uniformity and coherence in assessment and provision.[514] For example, the Ministry of Social Affairs describes how it is often the case that '*care is determined by the behavior of the employees'* and how this means: *'That often care varies with the personal and professional approach and capacity of the individual employee*'[515]. And later on, how it is important '*thus,*

[511] Erhvervsministeriet et al. 1995: 16, 21, 24, 29, 49, 86-87, 96, 125; KL 1995: 9, KL 1995b: 5; FOKUS 1996: preface; KL 1996: 5, 12-14, 38; KL 1996b: 5, 6; KL 1996c: 6; FOKUS 1996b: 11, 16, 30; Socialministeriet 1996: 14; KL 1997: 2-3, 6, 16; KL 1997b: 26-27; KL 1997c: 3,4, 19; L454 1997: Common notes: item. 7, 4; Socialministeriet 1997b: 5, 6-7; KL 1998: preface, 7, 8, 9, 17; KL 1998b: 3, 6, 7; KL 1998d: 10; Regeringen 1998: 21; Socialministeriet 1998: 8; Socialministeriet 1998c: 42, 43, 47; KL 1999: preface, 5, 6, 7, 9, 10, 13, 19; KL 1999b: 22; KL 1999c: 4, 10, 11, 13, 19, 21, 25, 27, 28-29, 40-42, 44-45; KL et al. 1999: 22-26, 29, 181-204; Socialministeriet 1999: 5, 6, 7, 9, 11, 16, 17; Socialministeriet 2000: 5, 8, 9, 11, 13; Socialministeriet 2000c: 9; Socialministeriet 2000d: 1, 3, 5, 6, 11, 14-15, 16-20, appendix 4, appendix 5; Socialministeriet 2000e: 5, 21, 24, 27; KL 2001: 19, 20; KL 2002: 24, 62; KL 2002b: 17, 42; KL 2002c: 22; FOKUS 2002: 5, 8, 9; Socialministeriet 2002b: 22, 24, 26, 36, 42-43, 49,64; KL 2003b: 19, 23; Socialministeriet 2003d: 1,3, 4,5,6,12; Socialministeriet 2003b: 30, 1; KL 2004: 12; Socialministeriet & Ældre Sagen 2004: 7; Socialministeriet 2005: 2, 4, 5, 12; KL 2006: 11; Regeringen 2006: 9, 18; Regeringen 2000b: 6; Socialministeriet 2007b: 38; Socialministeriet 2007e: 4; KL 2008: 8; KL 2009: 11, 28, 32.

[512] My translation: 'kommunen lever op til sin forpligtelser over for borgerne ved at sikre sammenhæng mellem målsætninger og ressourceforbrug og ved at levere de visiterede ydelser' (Socialministeriet 2002b: 26).

[513] My translation: 'de afsatte ressourcer er afstemt med det politisk vedtagne serviceniveau, om de visiterede ydelser svarer til serviceniveauet, om leveringen af ydelserne er i overensstemmelse med, hvad der er fastlagt i visitationen' (Ibid.: 49).

[514] Erhvervsministeriet et al. 1995: 18; KL 1996: 38-41, 47; KL 1997b: 27; Socialministeriet 1997b: 6-7, 27; KL 1998d: 10, 12; Socialministeriet 1998: preface, 8; Socialministeriet 1998c: 47, 54-55, 56, 57; KL 1999: 5, 6, 11; KL 1999c: 3, 10-11, 12, 17; KL 1999f: 3, 6, 7; KL et al. 1999: 9; Regeringen 1999: 13; KL 2000: 67-70; Socialministeriet 2000: 7-10; Socialministeriet 2000d: 3,5 14-15; KL 2001: 18; Socialministeriet 2001:13; KL 2002c: 22-23; FOKUS 2002: 5; Socialministeriet 2002b: 5-6, 10-11; KL 2003: 3; KL 2003b: 62; Socialministeriet 2003d, 1,3, 4,5,6,12; Socialministeriet 2003b: 34; KL 2004: 4; KL 2004b: 12, 13, 16; Socialministeriet 2004d: 4, 8, 9, 17; Socialministeriet & Ældre Sagen 2004: 7; KL 2005: 19; Socialministeriet 2005: 4; Socialministeriet 2006e:11; Socialministeriet 2007e: 6; KL 2009: 28.

[515] My translation: 'Plejen bestemmes af medarbejdernes adfærd', 'At plejen i mange tilfælde varierer med den enkelte medarbejders personlige og faglige indstilling og kapacitet' (Socialministeriet 2000: 9).

that it is not randomness and the subjective position of the visitation officer which determine the service'.[516]

With its' interest in uniformity and coherence the eldercare policy also presents a great many management tools to achieve this end. That is tools such as quality standards, service standards, Common Language, homecare schemas, Service Tjeck, The Good Care and time registration tools. Such tools are presented in the policy as tools to measure, document, prioritize, and govern the use of resources and time spend on eldercare and, as such, expected to deliver on the imperative of coherence and uniformity hereby increasing efficiency and quality of public eldercare.[517] Notably these management tools are described as measurements to limit subjectivity and randomness in eldercare caused by the subjectivity of the individual worker assessing or providing eldercare.[518] The Ministry of Social Affairs, for example, in 1999 describes how the tools will ensure that '*assessments are not based on a random subjective estimates but on objective service levels*'.[519] Likewise, LGDK in 2002 describes how the tools will evoke '*coherence between ruling and delivery of services regardless of which employee are assigned to the household*'.[520]

[516] My translation: 'at det altså ikke er tilfældigheder og den visiterende sagsbehandlers subjektive holdninger, der afgør tildelingen af ydelser' (Socialministeriet 2003b: 34).
[517] Erhvervsministeriet et al. 1995: 16, 18, 20, 23, 24, 29, 34, 49, 86-87, 96, 118-119, 124-125; KL 1995: 9; L1114 1995: § 51; KL 1996: 5-6, 13-14, 19-31, 38-50; KL 1996c: 6; FOKUS 1996: preface, 8-9; FOKUS 1996b: 11, 16; Socialministeriet 1996b: 37, 38; KL 1997: 2-3, 6, 16, 17, 27; KL 1997b: 26-27; KL 1997c: 3,4, 6-7, 16; L454 1997: Common notes: item. 7,4, § 110; Socialministeriet 1997b: 6-7; KL 1998; KL 1998b: 6, 7, 11-12, 38; KL 1998d: 10, 12; Socialministeriet 1998: preface, 5, 7-8, 10, 17; Socialministeriet 1998c: 43, 45, 47, 54-56, 57, 58; Socialministeriet 1998f; KL 1999: preface, 6, 7, 10, 13, 15, 16-17, 19, 20-22, 26, 27-28, 32-33; KL 1999b: 22; KL 1999c: 10-11. 12, 14-15. 16-17, 20, 23, 40-41; KL 1999f: 3, 6, 7, 24; KL et al. 1999: 22-26, 181-204; Regeringen 1999: 13; Socialministeriet 1999:6, 7, 9, 10-12, 21; KL 2000: 4, 12, 16, 17, 18-19, 22, 67-70; Regeringen 2000b: 5; Socialministeriet 2000: 5, 9-10, 12-13,14-16, 29; Socialministeriet 2000d: 1, 3,14-15,16-20, appendix 2,appendix 4, appendix 6; Socialministeriet 2000e: 21, 5, 37, 40, 44-45; KL 2001: 19, 20; KL et al. 2001: 3, 5, 19, 20; KL 2002: 24, 60, 61; KL 2002b: 11, 12, 13, 17, 18-19; KL 2002c: 20; FOKUS 2002: 5, 8, 9, 11; Socialministeriet 2002b: 5-6, 10-11, 22, 24, 31-36, 42, 49; KL 2003: 3; KL 2003b:18, 19, 22-23, 60, 62; KL et al. 2003: 47; Socialministeriet 2003d, 3; KL 2004: 4, 12; KL 2005: 19, 21; Socialministeriet 2005: 2,4,5,6,12; KL et al. 2006b: 4; Socialministeriet 2006: 6; Socialministeriet 2007e; Socialministeriet 2006e:11; KL 2008: 8; Indenrigs- og Socialministeriet og Finansministeriet 2009: 14; KL 2009: 3, 28, 41.
[518] Erhvervsministeriet et al. 1995: 34; KL 1996: 38-41; L454 1997: § 110; Socialministeriet 1998c: 47, 54-55, 56, 57; Socialministeriet 1999: 7, 11; Socialministeriet 2000: 13, 14, 25; Socialministeriet 2000g: 22; KL 2002b: 17; KL 2002c: 20, 21; Socialministeriet 2002b: 35, 36; KL et al. 2003: 47; Socialministeriet 2003d: 1, 3, 4; Socialministeriet & Ældre Sagen 2004: 7.
[519] My translation: 'visitationen ikke er baseret på et tilfældigt subjektivt skøn men på et objektivt serviceniveau' (Socialministeriet 2003d: 1).
[520] My translation: 'overensstemmelse mellem afgørelsen og leveringen af ydelser, uanset hvilken medarbejder der kommer i hjemmet' (KL 2002b: 16).

Having now presented uniformity and coherence as one of the three main solutions to the efficiency and quality problem of public eldercare, I below argue that this solution is defining of the roles constructed for the relative in the 1995-2009 period and especially to how uncertainty about what to expect from the relative is reduced.

3.4 Tools of Uncertainty Reduction

I claim that the uniformity and coherence solution and the management tools it entails is important to understand the co-responsible other role of the relative. I do so because it can be noted how the relative appears as a category in the management tools.[521] An appearance the policy describes as a means to avoid randomness and subjectivity regarding relatives involvement in eldercare.[522] Decisions of whether to include the resources and competencies of the relative – that is what I assess to be decisions of whether to treat the relative as a co-responsible other - is not to be left as a decision of the individual assessment officer or care worker, as this is considered as causing too much randomness and subjectivity. Instead such decisions are to be based on the uniform criteria of the management tools.[523] I claim that this shows an eldercare policy no longer concerned as much with describing what resources and competencies the relative can be expected to hold of relevance to public eldercare, as it is with describing how to – by the aid of management tools - ensure that the resources and competencies of the relative is always considered in the assessment of public eldercare entitlement. In other words; the question raised in Danish eldercare policy is no longer whether the relative poses relevant resources and competencies, but how uniformity and coherence can also be ensured when it comes to the involvement of such resources and competencies. For example one expected achievement of a management tool termed The Good Care is to ensure that both planning and delivery of eldercare services '*takes into account and include the resources of the users in the broadest definition, including also the relatives and voluntary*

[521] FOKUS 1995: 25; KL 1996: 15, 54; KL 1997b: 10; Socialministeriet 1998c: 56, 57; Socialministeriet 2000: 16; Socialministeriet 2000d: 40-41, 57-58, appendix 2; KL 2002b: 20; Socialministeriet 2007e: 27.
[522] Erhvervsministeriet et al. 1995: 34; KL 1996: 38-41; L454 1997: § 110; Socialministeriet 1998c: 47, 54-55, 56, 57; Socialministeriet 1999: 7, 11; Socialministeriet 2000: 13, 14, 25; Socialministeriet 2000g: 22; KL 2002b: 17; KL 2002c: 20, 21; Socialministeriet 2002b: 35, 36; KL et al. 2003: 47; Socialministeriet 2003d: 1, 3, 4; Socialministeriet & Ældre Sagen 2004: 7.
[523] Erhvervsministeriet et al. 1995: 34; FOKUS 1995: 25; KL 1996: 15, 38-41, 45, 54; KL 1997b: 10; L454 1997: § 110; Socialministeriet 1998c: 47, 54-55, 56, 57; Socialministeriet 1999: 7, 11; Socialministeriet 2000: 13, 14, 25; Socialministeriet 2000d: 40-41, 57-58, appendix 2; Socialministeriet 2000g: 22; KL 2002b: 17, 20; KL 2002c: 20, 21; Socialministeriet 2002b: 35, 36; KL et al. 2003: 47; Socialministeriet 2006c: 38; Socialministeriet 2007e: 27, 29.

organizations'.[524] Likewise the relative appears in the needs assessment tools as part of the '*basic information*' in which the civil status of the elderly citizens must always be noted and where the assessment officer must fill a box dedicated to information regarding the presence of relatives and the level and frequency of contact with such.[525] The relative in the role as a co-responsible other hence becomes visible in the management tools as a formal box to always be ticked off and described.

So far, I have thus presented an eldercare policy intolerant towards randomness, subjectivity and arbitrariness in any matter, which also goes for the role of the relative. Uniformity and coherence are to solve the efficiency and quality problem and with this problem/solution-construction also the role of the relative becomes a matter of ensuring uniformity and coherence. With the management tools the decision as to whether, how and when the relative is to be addressed in the role as a co-responsible other is not postponed to local eldercare communication. Instead, the management tools carry the premise that the relative is always to be treated as a co-responsible other. The tools set the presence and resources of especially the spouse but also grown children - and any other relatives the elderly citizen might reply to have contact with, in the basic information box – as a relevant theme of subsequent eldercare communication. In other words; the management tools premise whether, how and when the relative is to be addressed as a co-responsible other in local eldercare communication.

Below I turn to present how the co-responsible role drags along the familiar role of a co-receiver persistent in the eldercare policy from the 1970s and revives the role as a burdened caregiver familiar from the 1970s.

3.5 The Relative as a Burdened Caregiver and a Co-Receiver

With the co-responsible other role, the burdens of caring that was a dominant theme in the 1970s re-emerges as a theme in the policy alongside a concern about how public eldercare can '*support, stimulate and relief*'[526] the relative in the task of being a co-responsible other.[527] Such

[524] My translation: 'sker under hensyntagen til og inddragelse af brugernes ressourcer i bredeste betydning, herunder også pårørende og frivillige organisationer' (Socialministeriet 2000d: 6).
[525] FOKUS 1995: 25; KL 1996: 45, 54; KL 1997b: 10; Socialministeriet 1998c: 56, 57; Socialministeriet 2000: 16; KL 2002b: 20; Socialministeriet 2006c: 38; Socialministeriet 2007e: 27, 29.
[526] My translation: 'støtte, stimulere og aflaste' (Socialministeriet 1997:3, 10).
[527] Erhvervsministeriet et al. 1995: 14, 96, 106; L1114 1995, chap. 12a; KL 1996: 22, 25-31, 41-42; FOKUS 1996b: 32, 33; Socialministeriet 1996b: 93-96, 115-123,130; Socialministeriet 1996: 44, 51-52; Socialministeriet 1996c: 3, 37, 41, 49; Boligministeriet & Socialministeriet 1997b: 21, 27; Bygge- og Boligstyrelsen et al. 1997: 94; L454 1997: chap. 20 §§104, 105, chap 14, § 72; Socialministeriet 1997: 3, 6, 8, 9, 10, 12, 21, 23, Socialministeriet 1998d: § 4; Socialministeriet 1998c;

burdens of caregiving are especially considered significant in the case of elderly citizens with dementia.[528] The Ministry of Social Affairs, for example, in 1998 describes how

> *relatives who cares at home for an elderly with dementia often provide an all-encompassing care-effort under great physical and mental strain … The relatives contribute substantially to the care of the elderly living at home. They hold various needs of relief … the support can both be in the form of offers of day home/center activities to the elderly with dementia, offers of participation in relative-groups or various forms of support in the home from the municipality or voluntary visitor-friends*.[529]

Likewise, the ministry describes how '*the society cannot allow the relatives to carry the heavy, heavy burden alone*'.[530]

In the policy, a range of services such as information, education, relative groups and relief, are described as public eldercare services aimed at releasing the burdened relative and enable the relative to be a co-responsible relative sharing the burdens of elderly care with public eldercare.[531] Noteworthy, the Ministry of Social Affairs in 2003 describes how the foundation of a productive collaboration between public eldercare and relative is the '*articulation of a very precise relative-policy, which is based on the relatives' needs of information, support and respect*'.[532] The term relative policy hence emerges in the eldercare policy in the 1995-2009

KL 1999: 19; Socialministeriet 1999: 28; KL 2001: 21; Socialministeriet 2001b: 6, 7, 8, 20-21; KL 2002b: 47, 49; FOKUS 2002: 5; Socialministeriet 2003c: 3-6; L573 2005; Socialministeriet 2005b: 3; Styrelsen for social service 2005: 6; Socialministeriet 2006d, 2006i: 49, 94; LBK1117 2007: § 119; Socialministeriet 2007c, 2007f: 3, 6; Socialministeriet & Socialforskningsinstituttet 2007.

[528]Socialministeriet 1996b: 129-135; Socialministeriet 1996c; 37; Boligministeriet & Socialministeriet 1997: 7, 11, 16; Boligministeriet & Socialministeriet 1997b; Bygge- og Boligstyrelsen et al. 1997:94; KL 1997b: 12; Socialministeriet 1997; Socialministeriet 1998c: 154-155, 157; FOKUS 2002: 5; Socialministeriet 2002c, 2003c, 2004f; Regeringen 2004: 36; Socialministeriet 2005b; Styrelsen for social service; Socialministeriet 2006d; Socialministeriet 2007f; Socialministeriet & Socialforskningsinstituttet 2007.

[529] My translation: 'pårørende der passer demente i hjemmet, yder ofte en meget omfattende omsorgsindsats under stor fysisk og psykisk belastning… De pårørende bidrager i væsentligt omfang til omsorgen for hjemmeboende demente. De kan have forskellige behov for aflastning … Aflastningen kan både bestå i tilbud om daghjem/centeraktiviteter til den demente, tilbud om deltagelse i pårørendegrupper eller forskellige former for afløsning i hjemmet, Fra kommunen eller frivillige besøgsvenner' (Socialministeriet 1998c: 154).

[530] My translation: 'Samfundet kan ikke lade de nærtstående trække det tunge, tunge læs alene' (Socialministeriet 1997: 6).

[531] Erhvervsministeriet et al. 1995: 96; FOKUS 1996b: 32, 33; KL 1996: 22, 25-31, 41-43; Socialministeriet 1996b: 130; Socialministeriet 1996: 44, 51-52; L454 1997: chap. 20 §§ 104, 105, chap 14, § 72; Socialministeriet 1997: 6; Socialministeriet 1998c: 40, 137-151; Socialministeriet 1998c: Item. 249-264, 265-270; Larsen & Sørensen 1999: preface, 11, 36; KL 1999: 19; KL 2001: 21; Socialministeriet 2001b: 6,7,8,9,20-21; KL 2002b: 47; Socialministeriet 2003c: 3-6; Socialministeriet & Socialforskningsinstituttet 2007: 4, 6; Socialministeriet 2007f: 10, 12.

[532] My translation: 'formuleret en meget præcis pårørendepolitik, som tager udgangspunkt i de pårørendes behov for information, støtte og respekt' (Socialministeriet 2003c: 8).

period as a term concerning how public eldercare can support the burdened relative in being a co-responsible other.

Significant; When the co-receiver role is now co-constructed with the co-responsible other role, both roles appear on the solution side of the function of public eldercare. To be a co-receiving relative is expected to be a transformation from a burdened relative into a co-responsible relative and thus be part of the retrenchment solution to the efficiency and quality problem. This coupling of roles is observable as the policy displays a concern that if the burdened relative does not receive public eldercare services, the relative will break under the pressure and the entire burden of caregiving will then land on the public eldercare.[533] The Ministry of Social Affairs, for example, states that it will not risk that relatives '*suddenly let go of the entire care effort and pushes the entire task on the public sector',*[534] how '*an increased effort in the home can also prevent an attrition of the relatives',*[535] and how public support to relatives '*can be the prerequisite that enables a person with reduced physical and mental function-ability to stay at in the individuals own home*'.[536] The roles as burdened caregiver and co-receiver of services can also be observed to be embedded in the management tools of the period, for example, as part of the service categories of the assessment tools,[537] where it is defined as a public eldercare service to '*train and guide and provide mental help and support'*[538] to relatives. Thus, uncertainty as to whether, how and when to address the relative as a burdened caregiver and a co-receiver of public eldercare in subsequent eldercare communication is also absorbed with the tools.

I have above shown how the role as a burdened caregiver re-appears in Danish eldercare policy after 15 years of oblivion and how the role as a co-receiver carries on from the previous period. The difference being that both roles are now co-constructed with the role as a co-responsible other and thus as part of the retrenchment solution to the efficiency and quality problem of eldercare. I assert that as such, the roles as co-receiver and burdened caregiver in this period

[533] Fokus 1996b: 32; Socialministeriet 1996b: 130; Socialministeriet 1996c: 29-30; Socialministeriet 1997: 3, 6, 10, 31; Boligministeriet & Socialministeriet 1997: 22; Boligministeriet & Socialministeriet 1997b: 23, 34; Socialministeriet 1998c: 40, 155; Social ministeriet 2001b: 4, 7, 8; KL 2002b: 49; Socialministeriet 2006c: 49.
[534] My translation: 'pludseligt står helt af på omsorgsopgaven og skubber det hele over på det offentlige' (Socialministeriet 1996c: 29).
[535] My translation: 'En øget indsats i hjemmet kan også hindre nedslidning af de pårørende' (Socialministeriet 1997: 6).
[536] My translation: 'kan være en forudsætning for, at en person med en nedsat fysisk eller psykisk funktionsevne kan blive boende i hjemmet' (Socialministeriet 1998c: 40).
[537] Focus 1995; KL 1996: 22, 25-31, 41-42; KL 1997b: 10; Socialministeriet 2000: 16; KL 2002b: 47
[538] My translation: 'oplære og vejlede og give psykisk hjælp og støtte' (KL 1996: 26).

are different from previous periods where these roles were considered part of the problems of public eldercare. Being burdened and co-receiving is no longer expected to be a step on the way to a waning caregiver. It is expected to be a step on the way to a co-responsible other who substitute public eldercare. There is thus at this time a care-relationship between the relative and the public eldercare, the same as the last 25 years, but now this care-relationship is expected to be part of the solution to how to enact the relative in the role of a co-responsible other substituting public eldercare.

I will argue that what I have just demonstrated is a retrenchment story same as the historical eldercare studies. It was a demonstration of a public eldercare policy prescribing a retrenchment of public eldercare and an assignment of responsibility to the relative. But I will claim to also have demonstrated that this is not a return to old familiar roles of the relative. Instead I assert that what we see is more accurately described as a budding of public eldercare than a retrenchment. Starting with this last proposition, I have throughout the chapter demonstrated how the eldercare policy of the 1995-2009 period desires a limited public eldercare sharing responsibility with relatives. But I have also demonstrated how this entails expectations raised towards public eldercare of enabling the relative to enact the role as a co-responsible other. In the quest of limiting public eldercare given to the primary receivers, the eldercare policy thus constructs new types of services to the relative as a co-receiver. This is no doubt a retrenchment from public eldercare as defined so far as a service to weak and ill elderly citizens, but it is also an extension of public eldercare to include new public eldercare services to relatives.

As concerns my proposition that what we are witnessing is not a return to old familiar roles of the relative and relationship between it and public eldercare, I have with the analyses so far demonstrated that the co-responsible relative of the 1995-2009 looks nothing like the waning caregiver and the care worker employer of the 1930-1968. Whereas I concur with the findings of the eldercare literature that the public eldercare in the 1995-2009 period is expected to share responsibility with the relative, I claim that it is another relative that emerges to share responsibility with. Vivid notably just by the fact that it makes sense to talk about shared responsibility. In the 1930s it was an either/or relationship of public substitution. Either the relative was the caregiver and public eldercare was not expected to play any role in eldercare, or the relative was not present, and the public eldercare was expected to substitute the waning caregiver. In the 1995-2009 the two are expected to share responsibility. It is no longer an

either/or but more like a both/and relationship. Also, it is at this time not the presence of the relative that determines what can be expected of public eldercare and whether a public substitution relationship is to be enacted. Instead management tools now determine both what can be expected of the relative and the public eldercare.

Importantly, another difference between the two periods can also be observed regarding how the eldercare policy in the years from 1930-1969 paid no interest in how the relative enacted the role as a caregiver. If the relative was present in the caregiving, the eldercare policy paid no interest in how this presence was. Adversely in the years from 1995 – 2009 the eldercare policy, as presented earlier in the chapter, raises detailed expectations to how the relative is to be part of eldercare and, as I will demonstrate on the following pages, also to how the relative is exactly not be part of eldercare.

On the following pages, I first show how another role as a proxy is also constructed for the relative in the eldercare policy in the years between 1995 and 2009 and how this is a role limiting in detail what can be expected from the relative when addressed in this particular role. Afterwards, I demonstrate how the role of the relative as both co-responsible other and proxy are limited in detail also by the construction of an opponent role. Altogether serving to present how the years from 1995-2009 is not a re-familiarization or a re-appearance of the relative in eldercare in the sense of a return to old familiar expectations to the relative, but is a period of new roles and relationships.

4. The Relative as a Proxy

On the following pages, I turn to the role as a proxy constructed for the relative as part of a third solutions constructed to the efficiency and quality problem of public eldercare, a solution I refer to as ‘put the user in the center’. I start by demonstrating how in this function of public eldercare the elderly is depicted as a self-determinant, free choosing, actively engaged user who defines own needs. I argue that the eldercare policy in the same move as it constructs the elderly in this manner, also expects to have its expectations disappointed. I then go on to argue that this is relevant to the construction of the role of the relative, by showing how the relative is constructed as a proxy to the self-determinant, free choosing, actively, engaged user in the center, expected to step up when the elderly citizens themselves fail to fulfill their new role. In doing so, I also demonstrate the proxy role to be an ideal role constructed as part of the solution to the efficiency

and quality problem of public eldercare. Finally, I show the proxy role to be embedded in the management tools presented with the 'uniformity and coherence – solution' to the efficiency and quality problem of public eldercare. I argue that also in regard to the proxy role the policy installs the management tools as uncertainty absorbing machines, standardizing the who, what and when of what to expect of the proxy. Hence this also serves as part of my argument that we are not witnessing a re-familiarization in the sense of a return to old familiar relative roles from the family centered period, where the relative decided the who, what and when of eldercare. Because in 1995- 2009 uncertainty about what to expect from the relative is not maintained and postponed but is absorbed by management tools.

4.1 The 'User in the Center'- Solution

In the 1995-2009 period 'Put the user in the center' appears as a common reply to the efficiency and quality problem of public eldercare. Noteworthy, '*the citizen at the wheel*' and '*a public sector on the premises of the citizen*' emerge in the policy.[539] The policy contains numerous expressions of expectations of how efficiency and quality will follow.[540] In 2003 LGDK states that the user in the center is '*the new basic term of Danish policy',*[541] and in 2004 the government states that putting the user in the center is '*a cornerstone in the government's efforts to revitalize the public sector*'.[542] Notably two ways of enacting the elderly citizen as a user in the center are presented in the policy: 1) Management tools aimed at freedom of choice. 2) Management tools aimed at standardized user-influence.

Looking first at Freedom of choice, the policy in great detail describe how elderly citizens can become the center of public eldercare by being offered the choice of how they want their individual needs met.[543] Especially three choices in eldercare are emphasized. These are; the

[539]Regeringen 1999c; Socialministeriet 2000: 5, 11; Regeringen 2002: preface; KL 2003: 5,6,10; KL 2003c: 6, 10-11; Regeringen 2003: 2; Regeringen 2003d: preface; Regeringen 2006: 5; Socialministeriet 2006f: 13-15.
[540] Erhvervsministeriet et al. 1995: 21; KL 1996b: 5, 6; FOKUS 1996b: 30-31, 41; KL 1999c: 3,4,11,25, 27, 28-29; KL et al. 1999: 20-26; Regeringen 1999c: chap. 2, chap 6; KL 2000: 67; Regeringen 2000b: 12; Socialministeriet 2000: 5,11; Socialministeriet 2000g: 10-11; Socialministeriet 2001d: 8; KL 2002c: 5, 15, 19; Regeringen 2002: preface, 6; KL 2003: 5,6,10; KL 2003b: 19; KL 2003c: 6, 10-11; KL 2003d: 46; KL 2003e: 3; KL 2003f: 4-5; KL et al. 2003: 7; Regeringen 2003: 2, 3; Regeringen 2003c: 5, 7, 8; Regeringen 2003d: preface; Regeringen 2003e: 16; Socialministeriet 2003c: 10-11; KL 2004: 12; Regeringen 2004c: preface; KL 2005: 42; Regeringen 2006: 5, 8, 11, 16; Socialministeriet 2006b: 9; Socialministeriet 2006f: 13-15, 20; KL 2007: 5, 4; Regeringen 2007: 18; Regeringen 2007b: 14, 20, 34; Servicestyrelsen 2007; Socialministeriet 2007e: 4.
[541] My translation: 'det nye grundvilkår i Dansk politik' (KL 2003c: 6).
[542] My translation: 'en hjørnesten i regeringens arbejde med at forny den offentlige sektor' (Regeringen 2004d: preface).
[543] Erhvervsministeriet et al. 1995: 18, 21; KL 1996c: 6, 40, 43; FOKUS 1996; Socialministeriet 1996: 17; KL 1997: 38-40; KL 1997b: 19-21; KL & FOA1997: 5; L454 1997: Chap 14, § 71 subsection. 3; Socialministeriet 1998c: 13, 48-51; KL 1999: 5, 6; KL 1999b: 60; KL 1999c: 3-4, 11, 13, 25, 27, 28-29, 32; KL 1999d: 10; KL 1999e: 10; KL et al. 1999: 22-26, 109-134, 159-179; Regeringen 1999c: chaps. 2, 6; Socialministeriet 1999: 17; KL 2000: 67, 70; KL 2001b: 22; Regeringen 2001: 5 6;

choice between the municipal provider of homecare and private providers; the choice between different nursing homes and protected housing across municipal borders, and; the freedom to switch assigned services with other services - termed flexible homecare.[544] The eldercare policy presents the freedom to choose as something which in and of itself will increase the elderly's experience of quality,[545] and which will furthermore create a competition in regard to efficiency and quality and hence raise both.[546] For example, LGDK in 2003 states how

> *besides strengthening the self-determination of the citizens, a greater freedom of choice can – if implemented the right way – also contribute to an increased competition on services between the different providers and hereby also result in a higher quality and more welfare by the dollar*.[547]

Likewise, the government in 2003 states that:

> *Freedom of choice is a way to increase the citizens' experience of quality and service level – not by spending more but by giving the citizens the opportunity to seek out solutions which are best aligned with their wishes and needs*.[548]

Socialministeriet 2001: 5, 6, KL 2002: 61; KL 2002c: 5, 15, 18; FOKUS 2002: 6,7; Regeringen 2002: 5, 6; Regeringen 2002d: 43, 55; KL 2003b: 4, 19, 62; KL 2003c: 6; KL 2003d: 46; KL 2003e: 3; KL 2003f: 2, 3; KL et al. 2003: 7, 8, 59; Regeringen 2003: 2, 3, 6, 16; Regeringen 2003b: 3; Regeringen 2003c: 5, 7, 8; Regeringen 2003d: preface, 43, 55; Regeringen 2003e: 16, 17; KL 2004b: 7; Regeringen 2004b: 5, 38; Regeringen 2004d: preface; Socialministeriet 2004c: 2; Socialministeriet & Ældre Sagen 2004; Strukturkommissionen 2004: 79-80; Finansministeriet & KL 2005: preface, 19, 57; Regeringen 2005: 30; Regeringen 2005b; Regeringen2006: 11, 16; Socialministeriet 2006b: 9; Socialministeriet 2006f: 20, 13-15, Socialministeriet 2006c: 41; KL 2007: 26; Regeringen 2007: 17, 29; Regeringen 2007b: 19, 34, 36, 38, 58-59; Socialministeriet 2007b: 19-21; Indenrigs- og Socialministeriet & Finansministeriet 2009: 15.

[544] L1114 1995 § 83; Socialministeriet 1996b: 93-96; L454 1997 § 75 subsection.3; Socialministeriet 1998c: 99; Socialministeriet 1998d: § 4; L109 2000: § 75 subsection. 3; KL 2001b: 22; Regeringen 2002: 6; Regeringen 2002d: 43; Socialministeriet 2002b: 23; KL 2003f: 9, 12, 19; KL et al. 2003: 22, 165, 168, 169; Regeringen 2003: 6-7; Regeringen 2003b: 8, 22; Regeringen 2003c: 8.§ 75; Regeringen 2004d: 24-26; Statsministeriet 2005: 28; L369 2006: §§ 91, 94; Socialministeriet 2006c: 41-42, 52-77; Socialministeriet 2007b: 19-21.

[545] KL 1999: 29; KL 2002c: 5, 15, 20; KL 2003b: 60; Regeringen 2003c: 3, 5, 7; Regeringen 2003d: preface; Finansministeriet & KL 2005; KL et al. 2006b: 3; KL 2007: 27; KL & KTO 2007: 34; Regeringen 2007b: 37; Socialministeriet 2007e: 51-54.

[546] Erhvervsministeriet et al. 1995: 18, 21; FOKUS 1996; KL 1996c: 43; Socialministeriet 1996: 17; KL 1997: 38-40; KL 1997b: 19-21; KL & FOA1997: 5; L454 1997: Chap 14, § 71 subsection. 3; Socialministeriet 1998c: 13; KL 1999c: 3-4, 11, 28-29, 32; KL et al. 1999: 22-26; Regeringen 1999c: chaps. 2, 6; Socialministeriet 1999: 17; KL 2000: 67; KL 2002c: 5, 15, 18; Regeringen 2002: 5, 6; KL 2003c: 6; KL 2003d: 46, 134; KL 2003e: 3; KL 2003f: 4; KL et al. 2003: 7, 8, 22, 23, 30, 36, 53; Regeringen 2003: 2, 3, 6, 16; Regeringen 2003b: 3; Regeringen 2003c: 5, 7, 8; Regeringen 2003d: preface; Regeringen 2003e: 16; Regeringen 2003f: 2; Regeringen 2004d: preface; Socialministeriet 2004: 4-5, 7; Regeringen 2007: 17, 29.

[547] My translation: 'Ud over at styrke borgernes selvbestemmelse kan større valgfrihed – hvis den indføres på den rigtige måde – også medvirke til at øge konkurrencen på kvaliteten af ydelserne mellem de forskellige leverandører og dermed give bedre kvalitet og mere velfærd for pengene' (KL et al. 2003: 7).

[548] My translation: 'Frit valg er en måde at øge borgernes oplevelse af kvalitet og serviceniveau – ikke ved at bruge flere ressourcer, men ved at give borgerne mulighed for at søge løsninger, der er i bedre overensstemmelse med deres ønsker og behov' (Regeringen 2003c: 7).

Turning then to user-influence, one can note how the policy describes various management tools, such as assessment-schemas and written rulings, aimed at ensuring the elderly's influence on the services, they are themselves individually provided with, and management tools, such as user surveys, -councils and -boards aimed at ensuring the elderly citizens influence on the general service and quality of their facilitated living facilities and municipality in general.[549] The policy present such tools as a way to put the elderly in the center expecting to achieve efficient use of public resources and higher user satisfaction.[550]

I claim that not only can the policy be observed to construct such a 'user in the center'- solution, but also to expect its expectations of elderly citizens acting as self-determinant, choosing, actively engaged users in the center to be disappointed. Also, I claim, the policy observes this threat of unfulfilled expectations as endangering the chance of solving the efficiency and quality problem through freedom of choice and user-influence. I make these claims on the grounds that the policy can be observed to describe the management tools as only capable of working their expected magic on the efficiency and quality of public eldercare, if the elderly citizen engages with the new role. While the policy also describe how it expects an increasing group of elderly citizens to be too weak or senile to perform this role.[551] As already presented, the eldercare policy at this time draws a distinction between a resourceful and a weak group of elderly and, for example, LGDK in 1999 notes that the free choice can be difficult for the weakest elderly citizens who can find it difficult to attain the information necessary to '*enact a true free*

[549] FOKUS 1995: 23-28; L1114 1995: § 51; FOKUS 1996b: 33; KL 1996b,1996d: 43; Socialministeriet 1996b: 7, 37, 38, 39, 43-47; Socialministeriet 1996: 3, 6, 14, 16, 17-18, 53-54, 56-58; KL 1997b: 21-23; L454 1997: § 121, Common notes, items. 5, 7.5, 7.6; Socialministeriet 1998c: 12, 13, 56-57, 64-67, 181-182; Socialministeriet 1998d: § 16; KL 1999: 6; Regeringen 2000b: 12; Socialministeriet 2000: 8; Socialministeriet 2000c:8; Socialministeriet 2000e: 28; Socialministeriet 2000g: 18-19, 25, 46; Socialministeriet 2000h: § 1,2,4,34,60; KL 2001: 16; Socialministeriet 2001e: 3, 4; KL 2002c: 20; Regeringen 2002b; KL 2003d: 46; Retssikkerhedsloven 2003: chap 2 § 4; Socialministeriet 2003d: 2, 3, 11, 75-78; Socialministeriet 2003b: 18-19, 42; KL 2004: 6, 11, 12; LBK72 2004: §§ 34-36, 44-86; Socialministeriet 2004b; Socialministeriet 2004e: chap 2 items 7, 8, chap 7 item 43, chap 25 item 5, chaps 26, 27; Socialministeriet & Ældre Sagen 2004: 14; KL 2005b. 46-47; L573 2005 § 3; Socialministeriet 2005: 15; Socialministeriet 2006b: 9, 15-17; Socialministeriet 2006f: 1; Socialministeriet 2006e: 25, 68; Socialministeriet 2006c: 12-21, 37-39; KL 2007: 18; Regeringen 2007b:46; Servicestyrelsen 2007; Socialministeriet 2007d: 103; Socialministeriet 2007e: 4, 8, 37, 39; LBK979 2008 §§ 88, 89; Velfærdsministeriet 2008; Indenrigs- og Socialministeriet & Finansministeriet 2009: 15; KL 2009: 32-33.

[550] FOKUS 1995: 23-28; L1114 1995: § 51; FOKUS 1996b: 41; KL 1996b: 5, 6, 33; KL 1996c: 43, 41; Socialministeriet 1996b: 7, 37, 38, 39, 43-47; Socialministeriet 1996: 3, 6, 16, 17-18, 53-54, 57-58; KL 1997b: 21-23; L454 1997: § 121, Common notes items 5, 7.5, 7.6; Socialministeriet 1998d: § 16; Socialministeriet 1998c: 12, 13, 16-22, 56-57, 64-67, 97, 181-182; KL 1999: 6; KL et al. 1999: 20-26; Regeringen 1999c: preface, chaps. 2, 6; Regeringen 2000b: 12; Socialministeriet 2000: 8; Socialministeriet 2000c:8; Socialministeriet 2000e: 28; Socialministeriet 2000g: 18-19, 25,46, 135, 163-169; Socialministeriet 2000h: §§ 1,2,4,30, 34, 45, 46,60; KL 2001: 16; KL 2001b: 19; Socialministeriet 2001e; KL 2002: 22; KL 2002c: 20; Regeringen 2002b : 5; Socialministeriet 2002b: 16-17; KL 2003d: 46; Socialministeriet 2003d: 2,3,11, 12; KL 2004: 6,12; Socialministeriet 2005: 15; Regeringen 2006: 11, 16; Socialministeriet 2006b: 8-9; Socialministeriet 2006e: 25; Socialministeriet 2006c: 15, 19, 20; 29-31; LBK979 2008: § 89; Velfærdsministeriet 2008: 2; Indenrigs- og Socialministeriet & Finansministeriet 2009: 15.

[551] Socialministeriet 1996b: 74, 75; Socialministeriet 1998c: 12, 98; Larsen & Sørensen 1999: 37; Socialministeriet 2000d: 12-13; Socialministeriet 2001b, 2001c, 2001d: 8; KL 2002c: 18; Socialministeriet 2002c; KL 2003d: 46; Socialministeriet 2003c; Socialministeriet 2004e: chap 7, item. 42; Socialministeriet 2006e: 27; KL 2007: 8.

choice',[552] and who are not as mobile and capable of using the freer choice as the more resourceful elderly citizens.[553]

Having now demonstrated how the eldercare policy both discovers 'the user in the center' as a solution to the efficiency and quality problem and discovers how this is a solution entailing another problem stemming from how not all elderly citizens are capable of enacting this new role, I on the following pages present how the policy solves this adjoining problem by constructing the relative as a proxy. In doing so, I focus on how management tools are expected to absorb uncertainty to whether, how and when the relative is expected to be addressed in the role of a proxy in further eldercare communication.

4.2 The Relative as a Proxy of the User in the Center

Starting by demonstrating the role of a proxy constructed in the eldercare policy of the 1995-2009 period, I first point to how the policy contains descriptions of how the relative might need to enable and support their elderly family members in their new role as self-determinant, free choosing, actively engaged users in the center and might even have to play the part on behalf of them.[554] For example, the relative is depicted as someone who can be involved in the assessment-process, ensuring that the services offered are aligned with the interests and preferences of the elderly, if the elderly is itself too weak or senile to enact their self-determination and influence.[555] For example, LGDK in 2002 describes how

> *to determine the consequences [of a loss of function] it is necessary to involve and listen … The citizen is the expert on own life and thereby also the sole source to determine whether a loss of function constitutes a limitation. Therefore, it is important that it is the citizens who describe the everyday and verbalize their experiences. If the citizen is not capable of accounting for how*

[552] My translation: 'gøre et friere valg reelt' (KL et al. 1999: 28).
[553] Ibid.: 28.
[554]. KL 1996: 30; Socialministeriet 1996b: 74, 75; Socialministeriet 1998c: 12, 96, 98; Larsen & Sørensen 1999: 37; KL 1999: 29-30; KL et al. 1999: 27; Socialministeriet 2000c: 3, 9-10, 76; KL 2001b: 19; Socialministeriet 2001d: 11; KL 2002: 22; FOKUS 2002: 5; Socialministeriet 2002c: 10-11; Socialministeriet 2003c: 8; Marselisborg Centret et al. 2004: 45; Socialministeriet 2004e: chap 7 item. 42; Socialministeriet 2006e: 27; Regeringen 2006: 8.
[555] KL 1996: 30; Socialministeriet 1996b: 74; Socialministeriet 1998c: 96; KL et al. 1999: 27; Socialministeriet 2001d: 11; KL 2002: 22; Socialministeriet 2004e: chap 7 item. 42; Socialministeriet 2006c: 21; Socielministeriet 2007e: 30-33.

she/he manages and account for matters of importance, the visitation-officer must include the closest relatives in the determination of potential needs.[556]

Another example can be taken from a publication describing what rehabilitation means. Here it is described how, if

the citizen cannot engage actively in the planning and implementation of the rehabilitation process, then the relatives can carry out the interests of the citizen and that way around ensure the quality of the plan in regard to achieving a result, which as far as possible is in harmony with the identity, personality and way of life of the citizen.[557]

The relative is also depicted as someone who, if the elderly is too weak or senile to enact the role as actively engaged by participating in user- councils and -surveys, can exercise the right to user-influence on behalf of their elderly family members.[558] For example, the Ministry of Social Affairs in 1996 notes how

as there in many nursing homes are a great number of residents with dementia it can in reality be difficult to gather a residence-council chosen only amongst the residents. Therefore, it can be a good idea to include interested relatives and gather a residence-/relative-council.[559]

Likewise, the Ministry of Welfare (Velfærdsministeriet) in 2008 states that:

For many relatives it is important to be a mouthpiece or a safety vent for the elderlies at the nursing home. The user- and relative council plays an important part here. In the council it is possible, as a relative – or as a resourceful

[556] My translation: 'For at belyse konsekvenserne [af et funktionstab] er det nødvendigt at inddrage og lytte til borgeren … Borgeren er ekspert på eget liv og dermed også den eneste kilde til at afklare, hvorvidt et funktionstab udgør en begrænsning. Det er derfor væsentligt, at det er borgeren selv, der beskriver sin hverdag og sætter ord på, hvad hun/han oplever. Hvis borgeren ikke selv er i stand til at redegøre for, hvordan hun/han klarer sig, og hvad der betyder noget, må visitator inddrage nærmeste pårørende i afklaringen af eventuelle behov' (KL 2002b: 21).
[557] My translation: 'borgeren selv ikke kan indgå aktivt i planlægning og gennemførelse af rehabiliteringsprocessen, kan de pårørende varetage borgerens interesser og på den måde sikre kvaliteten i forløbet med hensyn til at nå et resultat, der så vidt muligt er i harmoni med borgerens identitet, personlighed og livsførelse' (Marselisborg Centret et al. 2004: 45).
[558]Socialministeriet 1996b: 74, 75; Socialministeriet 1998c: 12, 98; Larsen & Sørensen 1999: 37; KL 1999: 29-30; Socialministeriet 2000c: 3, 76; KL 2001b: 19; Socialministeriet 2001d: 11; FOKUS 2002: 5; KL 2002: 22; Socialministeriet 2002c: 10-11; Socialministeriet 2003c: 8; Regeringen 2006: 8; Socialministeriet 2006e: 27; Socialministeriet 2006c: 15, 19; Velfærdsministeriet 2008: 7.
[559] My translation: 'da der i mange plejehjem er et stort antal demente beboere, kan det i praksis være vanskeligt at sammensætte et beboerråd valgt blandt beboerne. Det kan derfor være en god idé at inddrage interesserede pårørende og sammensætte et beboer-/pårørenderåd' (Socialministeriet 1996b: 75).

> *resident – to enter as the resourceful part and point out if something is not working as intended*.[560]

The relative is likewise emphasized as the one who can sound the bell if detecting faults or deficiencies.[561] For example, the Ministry on Social Affairs, notes how

> *relatives and local firebrands must be ensured the opportunity to keep up with the everyday in our institutions … dedicated relatives and firebrands can – if we provide them with the appropriate tools – better than countless official supervisions, make sure that critical conditions are pointed out and altered*.[562]

I find that the above demonstrations show the relative constructed as a proxy to the self-determinant, free choosing, actively engaged user in the center, and show the relative in this role to be constructed as imperative to the 'user in the center'-solution to the efficiency and quality problem of public eldercare. As such, I claim that the proxy role is an ideal role, like the co-responsible other role. A role the eldercare policy desires the relative to enact. It is a role too important to the imperatives of the eldercare policy for the policy to tolerate uncertainty about whether, how and when the relative is addressed in further eldercare communication in the role as a proxy. As already briefly demonstrated above, the proxy role is, as such an ideal role, embedded in a range of management tools such as the visitation schema and -conversation and the user- and relative-councils. I return to this later. But first I present below how the role as a proxy is a strictly limited role. Because, whereas I above have stipulated how the eldercare policy place no limits to who can be expected to enact the role as a proxy – unlike the co-responsible role, there are no descriptions of the proxy role as being mainly a role of the spouse or grown up children- there are however, as I will show below, strict limits constructed in the policy to what can be expected of the relative in the proxy role.

[560] My translation: 'For mange pårørende er det vigtigt at være talerør eller sikkerhedsventil for de ældre på plejecentret. Bruger- og pårørenderådet er her en vigtig part. I rådet kan man som pårørende – eller som ressourcestærk beboer – gå ind som den ressourcestærke part, der gør opmærksom på, hvis noget ikke fungerer efter hensigten' (Velfærdsministeriet 2008: 7).
[561] , Socialministeriet 2000c: 9-10; 76, KL 2001b: 19; KL 2002: 22.
[562] My translation: 'Pårørende og lokale ildsjæle skal have mulighed for at følge med i dagligdagen i vore institutioner … engagerede pårørende og ildsjæle kan – hvis vi giver dem instrumenterne – bedre end nok så mange formelle tilsyn sørge for, at kritisable forhold bliver påpeget og ændret' (Socialministeriet 2000c: 10).

4.3 Limits to the Proxy Role

I start by pointing out how the proxy-role is presented in the policy as relevant in two specific temporal settings. That is in the assessment process and in the meetings in the user councils. The eldercare policy emphasize these two temporal encounters of eldercare as times the relative is welcomes to and expected to act as a proxy.[563] The Ministry of Welfare, for example, in 2008 describes the function of the user- relative councils as: '*It provides reassurance to both residents and relatives to have a place to raise questions and suggestions and know that they are heard – every time!*'.[564] I argue that the eldercare policy, by describing the proxy role as a role for these two times can also be observed to restrict the proxy role to these two times. I rest this argument on how the policy present it as counterproductive to the efficiency and quality of public eldercare, if the relative engages in the proxy-role at other times. Especially it is problematized if the relative act as a proxy in the everyday care interactions between care workers and elderly citizens. Prominently, one can observe this as the policy describes the problems and conflicts arising when relatives use the care interactions to raise their voice on behalf of their elderly family members or to complain about services assigned or the quality of services provided.[565] The Ministry of Social Affairs in 1996, for example, describes how

> *the collaboration between relatives and professionals is the blind spot in the municipal effort … The ideal is to see the relative as a resource in the collaboration … But the relatives are also a group that brings trouble to homecare. There are many problems in the collaboration … and the problems takes up much of the care workers' time.*[566]

Likewise, in 2006 the ministry under a heading termed '*Problems of Collaboration*' describes how '*Situations can emerge where the collaboration between the municipalities and the relatives does not function to satisfaction*'. The ministry describes how such situations mainly occurs when '*the relatives interfere*' or '*constitutes a hindrance for the personals possibilities*

[563] KL 1996: 30; Socialministeriet 1996b: 74, 75; Socialministeriet 1998c: 12, 96, 98; KL 1999: 29-30; Larsen & Sørensen 1999: 37; Socialministeriet 2000c: 3, 9-10, 76; KL 2001b: 19; Socialministeriet 2001d: 11; FOKUS 2002: 5; KL 2002: 22; Socialministeriet 2002c: 10-11; Socialministeriet 2003c: 8; Marselisborg Centret et al. 2004: 45; Velfærdsministeriet 2008.
[564] My translation: 'det giver tryghed for både beboeren og de pårørende at have et sted at gå hen med spørgsmål og forslag. Og vide, at der bliver lyttet – hver gang!' (Velfærdsministeriet 2008: 2).
[565] Socialministeriet 1996c: 23-24, 29-31, 34, 40; KL & FOA 2004: 24; Socialministeriet 2006c: 21; KL & KTO 2007: 34.
[566] My translation: 'Samspillet mellem de pårørende og fagpersonerne er den blinde plet i kommunernes indsats…Idealet er at se de pårørende som en ressource i samarbejdet … Men de pårørende er også en gruppe, der giver hjemmeplejen problemer. Der er mange problemer i samspillet … og problemerne fylder meget i personalernes arbejde' (Socialministeriet 1996c: 49).

to perform caregiving'[567]. The time care workers spend on conflicts with relatives is described as taking up valuable time from the '*direct-user-time*' hampering the quality and efficiency of eldercare.[568]

I take such expressions as demonstrations of how a salient feature of the proxy role is that it is a role limited by an opposite role as an opponent. If the relative fails to meet the expectations of how and when to enact the proxy role, the relative appears in an opponent role on the problem side of the function of public eldercare, considered then as contributing to the efficiency and quality problem by taking up valuable time of the care workers and hampering their efforts to provide the politically defined appropriate service and quality level. A conflict relationship is thus continuously expected in this period, even though, as I will demonstrate below, the policy now pays great attention to how to avoid the enactment of such conflict relationship. The proxy role is thus an ideal role constructed with expectations of failed expectations and the opponent role is constructed of expectations of failed expectations. As such the opponent role can be considered to reduce uncertainty about how to continue subsequent local eldercare communication in case of unfulfilled expectations of a proxy.

Returning again to my demonstration of the temporal limits to the proxy role, I also support my argument that the proxy role is only welcomed in the assessment process and in the user-councils and -surveys by pointing out how the eldercare policy devotes great attention to how to prevent enactments of the proxy role in local care interactions. Notably the written rulings, now mandatory to accompany information to elderly about their allocated services, can be observed as means to discourage the proxy role in the care interactions. This can be seen as the written rulings are presented as a means to ensure, that the relative, and of course also the elderly itself, is properly informed about not only what services the elderly has been assessed entitled to, but also about where to direct any possible complaints and critique, if dissatisfied with the ruling, instead of raising it to the employees in the care interactions.[569]

[567] My translation: 'Samarbejdsproblemer', 'Der kan forekomme situationer, hvor samarbejder mellem kommunen og de pårørende ikke fungerer tilfredsstillende ', ' de pårørende blander sig', 'er til hinder for, at personalet kan udføre hjælpen' (Socialministeriet 2006c: 21).
[568] Erhvervsministeriet et al. 1995: 96, 97; Socialministeriet 1996c: 3, 23-24, 26-34, 38, 40, 48; Socialministeriet 1997: 9; Socialministeriet 2000: 25; Socialministeriet 2003c: 8; KL & KTO 2007: 34.
[569] Socialministeriet 2000: 25; Socialministeriet 2003c: 8; Socialministeriet 2003b: 32, 33, 42.

As regards the thematic limits to the proxy role, the relative is, as presented, expected to help elderly family members raise their voice, or to raise its voice on behalf of them, if they are not offered the services they are entitled to, or if the services provided do not match the quality promised. But importantly, it shall also be noted that the relative is expected to use the quality-level and service-level defined by the municipalities, as their scale.[570] The policy does not consider it to be relevant whether public eldercare meets the standards of the elderly or their relatives. It is only considered relevant whether the services meet the politically prioritized level of service and quality as this is expressed in management tools such as quality standards and service information. Relatives are only welcomed to raise their voice, if the quality and service they encounter does not meet these political priorities.[571] This can, for example, be noted as the management tools of service-information and quality standards are described as tools aimed at ensuring that the expectations of the citizens and their relatives are aligned with the actual service level to be expected in the municipality or at the institution, such that they know on what basis to evaluate the allocated and provided eldercare.[572] Accordingly it can be noted how relatives, who raise critique framed in a terminology or based on standards different from the management tools, are described as being critical and troublesome, and as lacking realistic expectations. Relatives that do raise critique by referring to their own observations of what a sufficient level of services or quality is, instead of referring to the standards and using the terminology of the management tools, are described as having misunderstood or misused their proxy role. Such misuse or misinterpretation is defined as disturbing noise, counterproductive to the quality and efficiency of public eldercare, and as something to be avoided or dismissed.[573] This is especially observable as the policy describes relatives as often misunderstanding the efforts of the care workers and as often not familiar with the standards and principles, which the efforts rests on, and how they therefore hampers the quality and efficiency of the care interaction, because they disturb it with unreasonable and unjust criticism and demands, and creates an unreasonable and unmeetable pressure on the service level. [574] Again, this demonstrates how the opponent role is constructed as an available opposite to the proxy role,

[570] KL 1997c: 16; Socialministeriet 1998: preface, 8; KL 1999c: 13, 21, 26; KL et al. 1999: 181-204; Socialministeriet 1999: 22; Socialministeriet 2000: 7-10; KL 2002c: 20; Socialministeriet 2002b: 37; Regeringen 2003: 8; Socialministeriet 2003b: 32, 33, 42; Socialministeriet 2005: 12, 15; Regeringen 2007b: 19, 34, 36, 38, 43, 44, 120.
[571]Erhvervsministeriet et al. 1995: 96, 97; Socialministeriet 2000: 25; Socialministeriet 2003d: 1; Socialministeriet 2003b: 32, 33, 42; Socialministeriet 2005b: 18; Regeringen 2007b: 19, 34, 36, 38, 43, 44, 120.
[572] KL 1997c: 16; Socialministeriet 1998: preface, 8; KL 1999c: 13, 21, 26; KL et al. 1999: 181-204; Socialministeriet 1999: 22; Socialministeriet 2000: 7-10; KL 2002c: 20; Regeringen 2003: 8; Socialministeriet 2005: 12, 15; Regeringen et al. 2007: 4,5; Ministeriet for sundhed- og forebyggelse & indenrigs- og socialministeriet 2009: 41; Regeringen 2009: 13.
[573] Erhvervsministeriet et al. 1995: 96, 97; Socialministeriet 2003d: 1; Socialministeriet 2003b: 32, 33, 42.
[574] Erhvervsministeriet et al. 1995: 96, 97; Socialministeriet 1996c: 3, 23-24, 26-34; Socialministeriet 1997: 9.

enabling and premising further eldercare communication in the case of a misinterpreted proxy role.

What I term as the eldercare policy's attempt to construct a thematic limit to the proxy role, can also be observed as the policy in the 15 years covered in the chapter, pays great attention to how to prevent relatives from misunderstanding the thematic limits of the proxy role. It is described how, if the relative is carefully informed about the level of quality and service to expect, the relatives' expectations will be realistically aligned with the political prioritization and then the relative will know on what standards to evaluate the service and quality level and will be familiar with the terminology to use when expressing critique.[575] For example, the Ministry of Commerce (Erhvervsministeriet) in 1995 states that

> *the prerequisite of an efficient resource-management is a well-functioning collaboration between the politicians of the municipality, the administration, the homecare personnel, the elderlies and their relatives. The ingrediencies in this collaboration is knowledge, understanding and solidarity as well as clear political objectives*.[576]

The ministry emphasize how it is the relatives who must exhibit '*understanding and solidarity*'[577] with the politically prioritized service level and quality and must be supplied with information regarding such '*clear political objectives*'[578] in order for them to know what to show understanding and solidarity towards.[579] Likewise, the Ministry of Social Affairs in 2005 calls upon relatives to develop realistic expectations, when stating that '*It is also important to have realistic expectations to the help the municipality is able to offer. Get familiar with the frames of the help such that your expectations can be attuned'.*[580]

The quality standards and written rulings are also to this end presented as management tools intended to inform elderly citizens and relatives alike about what level of quality and service to

[575] Erhvervsministeriet et al. 1995: 97; Socialministeriet 2000: 25; Socialministeriet 2002b: 37; Socialministeriet 2003c: 8; Socialministeriet 2003d: 1; Socialministeriet 2003b: 32, 33, 42; Socialministeriet 2006e: 28; Regeringen 2007b: 19, 34, 36, 38, 43, 44, 46, 120.
[576] My translation: 'Forudsætningerne for en effektiv ressourcestyring er et velfungerende samspil mellem kommunens politikere, administrationen. Personale i hjemmeplejen, de ældre og deres pårørende. Ingredienserne i dette samspil er viden, forståelse og solidaritet samt klare politiske målsætninger' (Erhvervsministeriet et al. 1995: 96).
[577] My translation: 'forståelse og solidaritet' (Ibid.: 96).
[578] My translation: 'klare politiske målsætninger. (Ibid.: 96).
[579] Ibid.: 96, 97.
[580] My translation: 'Det er også vigtigt at have realistiske forventninger til den hjælp, kommunen kan tilbyde. Sæt dig ind i, hvordan rammen for hjælpen er, så I kan afstemme jeres forventninger' (Socialministeriet 2005b: 18).

expect. Such that their expectations will be realistic. Likewise, the written rulings are presented as management tools to inform elderly citizens and their relatives about the services assigned and the reason of the particular assignment, such that relatives can be expected to understand that the assignment is objective and meets the politically prioritized standards, which is then expected to make both elderly citizens and relatives satisfied with the services assigned.[581]To give an example, a 2007 quality reform cites a nursing home manager of saying that:

> *In recent years the residents and relatives have started to concern themselves more with the activities we offer. This is why it is important to know their positions and attune their expectations to the possibilities we have both financially and with respect to personnel – It is thus far from all wishes and needs we have the resources to meet.*[582]

To provide elderly citizens and their relatives with information regarding the service level they are entitled to, is hence expected to lead relatives to adjust their expectations to public eldercare and hence prevent relatives from criticizing quality and service on false premises.[583] The quality standards, service informations, time registrations are hence not only constructed as internal public sector management tools but also as tools aimed at managing the expectations of the relatives and the way they engage with the proxy role.

On the above pages I have demonstrated how the relative in the 'user in the center' solution to the efficiency and quality problem is constructed as a proxy to the self-determinant, free choosing and actively engaged user in the center, thus being expected to be part of the solution to the problems of public eldercare. I have argued that the proxy role, as such, can be considered an ideal role, too important for the eldercare policy to tolerate any uncertainty about whether, and especially how and when, the relative is addressed in the role, why the role is conditioned in management tools, expected to absorb such uncertainty. I have also demonstrated the proxy role to be a role with strict limits to the themes and temporal encounters of the role, simultaneous turning all other temporal and thematic engagements with the proxy role into

[581] KL 1997c: 16; Socialministeriet 1998: preface, 8; KL 1999c: 13, 21, 26; KL et al. 1999: 181-204; Socialministeriet 1999: 22; Socialministeriet 2000: 7-10; KL 2002c: 20; Regeringen 2003: 8; Socialministeriet 2003d: 1; Socialministeriet 2003b: 32, 33, 42; Socialministeriet 2005: 12, 15.
[582] My translation: 'Beboerne og pårørende er de senere år begyndt at tage mere stilling til de aktiviteter, vi tilbyder. Derfor er det vigtigt at kende deres holdninger og afstemme deres forventninger med de muligheder, vi har både økonomisk og personalemæssigt- Det er jo langt fra alle ønsker og behov, vi har ressourcer til at imødekomme' (Regeringen 2007b: 43).
[583] Erhvervsministeriet et al. 1995: 96; Socialministeriet 2000: 25; Socialministeriet 2002b: 37; Socialministeriet 2003d: 1.

noisy disturbances, considered as taking away valuable time from the direct user time and hence as contributing to the efficiency and quality problem instead of to its solution. I have argued that as such the proxy role is made up not least of expectations of failed expectations. On a final note, the proxy role is difficult to pin in either a complementarity or substitution relationship to public eldercare – I assert the closest being the proxy as expected to in a strictly limited way and time complement public eldercare in improving efficiency and quality.

5. Conclusion and Discussion

In this chapter I have demonstrated how the fourth period in my story of the relative covers the years from 1995 to 2009 - a period saliently characterized by a proxy role and a co-responsible role entailing a substitution relationship, where the relative is expected to substitute the public eldercare. I have shown both roles to be constructed with the construction of a new function of public eldercare constituted by three distinct solutions to an efficiency and quality problem. These are; limit public eldercare; put the user in the center and; enforce uniformity and coherence.

Also, I have demonstrated both roles to be constructed on the solution side of the function of public eldercare and argued that they as such constitute ideal roles desired by the eldercare policy. Ultimately having also argued that as such the roles appear too central to the solutions to the efficiency and quality problem, for the eldercare policy to tolerate uncertainty as to whether, how and when the roles are enacted, why the eldercare policy constructs the NPM management tools of the 1990s and 2000s as machines role-uncertainty absorption.

Moreover, I have demonstrated the co-responsible other role to drag along a continuation of the co-receiver role from the previous two of my periods and thus also drag along the care-relationship between the relative and the public eldercare. Similarly I have demonstrated the co-responsible role to also give revival to the burdened caregiver role, that has been absent from eldercare policy for the last 15 years but is familiar from the 1970s. Along this I have argued that both roles as burdened caregiver and co-receiver now condense expectations of how public eldercare by addressing the relative as a co-receiver can ease its burdens and thus of how the roles, unlike in the 1970s, contains expectations of a public eldercare enabling the relative to enact the role as a co-responsible other.

Ultimately, I have also demonstrated the availability of a fifth role as an opponent and a conflict relationship between the relative and the public eldercare constructed alongside the proxy and the co-responsible other roles, entailing expectations of failed expectations of these two ideal roles. I maintain that what we witness is an eldercare policy which cast relatives, who fail to meet the expectations of the proxy and the co-responsible other, in the role of an opponent to public eldercare and as such as part of the efficiency and quality problem, not the solution. As such, the opponent role stabilizes expectations of how to continue further eldercare communication in case of such failed expectations. As such the opponent role reduces uncertainty as it did in the previous period, but as it is constructed with a new function of public eldercare it is now other expectations of other failed expectations that are condensed in the role.

With five roles available for the relative and three relationships to possible expect between the relative and public eldercare, I assert that an open contingency is constructed in the years between 1995-2009 regarding which role and relationship to connect to. With the opponent role and conflict relationship also still prevailing, I also assert that the open contingency as to whether to address the relative in further eldercare communication as a resource or an opponent also still prevails. But importantly, as I have argued, such uncertainty is not left unaddressed in the eldercare policy between 1995 and 2009.

I have argued that the years from 1995-2009 are characterized by what I term as an eldercare policy in desire of standardization and certainty of what to expect from the relative. While the social dimension of both the proxy and the co-responsible other roles is postponed to be decided in the local eldercare communication, the eldercare policy has strictly limited both their thematical and temporal engagements.

What I have brought to the fore is also how the uncertainty about whether to expect the relative in the role as a proxy or a co-responsible other and exactly how and when to expect and address the relative in the two roles is absorbed with the NPM management tools. The tools condition what role and relationship to address the relative in, how and when and as such they close the open contingency as to which of several available roles to connect to, how and when. I claim that, as such, the management tools come to function as role uncertainty reducing machines conditioning how and when the relative is to be addressed in the different roles in further eldercare communication. Moreover, I have brought to the fore also how the role as an opponent function as a means of uncertainty reduction. The role condenses expectations of failed

expectations, that is uncertainty about whether the relative enacts the proxy and co-responsible other role in accordance with the temporal and thematical limits set in the eldercare policy, and as such the opponent role is made available for the continuation of local eldercare communication in case of failed expectations. In other words, the role reduces uncertainty about how to address failed expectations in further eldercare communication. As such I claim that also contingency as to which ideal to adhere to in further eldercare communication – whether to address the relative in the role as an opponent, and as such, as part of the efficiency and quality problem, or in the role as a resource, and as such, a part of the efficiency and quality solutions - is also closed with this specific construction of the opponent role. The strict limits defined to the proxy and co-responsible other roles, the opponent role defined as the opposite of such specific enactments of the proxy and co-responsible other role, and the management tools defining the limits, altogether condition when further eldercare communication is expected to connect to the opponent role or one of the two resource roles.

Hence the only uncertainty produced in the period, which I have found no attempts to address in the eldercare policy is the open contingency as regards which expectations to connect to with the roles as co-receiver, which has now sustained through three different periods in my story of the relative, and the role of a burdened caregiver returning at this point in the eldercare policy. I ponder that the two roles carry with them an open contingency and thus postpone an uncertainty to the local eldercare communications as to which of the changing expectations which during time has been condensed in the roles, further eldercare communication is to connect to. The role as a co-receiver is a role having thus far both condensed expectations of how the relative is as burdened and unqualified a caregiver as to be more likely expected to be a receiver of eldercare itself, than a caregiver; expectations of how the relative poses competencies and resources complementary and superior to the public eldercare which the public eldercare was expected to enact by approaching the relative as a receiver of services; and expectations of how the relative in order to substitute the public eldercare and thus enable a retrenchment of public eldercare must be supported itself by public eldercare in order to carry the burdens of caregiving. The roles as a burdened caregiver and a co-receiver simply appears different with the different roles they are co-constructed with over time. Importantly this is a postponed uncertainty which I have found no reflections of in the eldercare policy between 1995 and 2009.

Besides once again having demonstrated the relationship between the relative and the public eldercare to be a mix of different relationships with both a care-relationship and a conflict-relationship and a, to my story of the relative, new type of substitution relationship where it is now the relative as a co-responsible other who is expected to substitute public eldercare, there are two points of engagement I will make with the eldercare literature based on my findings in this chapter.

As far as the literature on the role of the relative goes, I have already summarized the changes, I have so far demonstrated in the role of a proxy over 30 years and the role of a co-receiver over 40 years. Notably, demonstrating how these roles, which are also identified in the existing literature, during time have been constructed with changing functions and relationships of public eldercare condensing quite different expectations. This all serves as part of my argument that these roles, that one might perceive as stable, uniform roles, when reading the existing literature, are in fact containing an open contingency in and of themselves as to which expectations local eldercare communication connects to when addressing the relative in the two roles. As concerns the role as a caregiver I have with this chapter added additional insights to the complexity of this role. By showing that the relative as waning as caregiver is no longer a theme of the policy, instead the relative is now considered to be a caregiver who can substitute public eldercare and who is both considered qualified to meet social needs but also more practical hands-on caregiving tasks. Thus, even more expectations have been added to what can possible be expected of the relative when addressed as a caregiver, and as such more uncertainty has been generated and travels along with the role, so to speak.

My second point of engagement with the eldercare literature based on my findings in this chapter is with the historical studies of eldercare. Whereas I in the eldercare policy from 1995 to 2009 have identified a desire of public eldercare retrenchment, same as identified in the historical studies, I have also demonstrated how rather than merely a retrenchment what can be observed, when one observes the eldercare policy's expectations towards the relative, is a budding of public eldercare. Public eldercare is expected to provide services to relatives aimed at not having to provide services to elderly citizens - I assert this is more like a budding than a retrenchment.

Accordingly, whereas I have identified a desire of relatives taking on a responsibility, same as identified in the historical studies, I have also demonstrated how this is not a re-familiarization in the sense of a return to the role of the relative familiar from the 1930s family-centered eldercare. For one, the relationship between the relative and the public eldercare in the 1930s was an either/or substitution relationship. Either the relative was present in eldercare and the public eldercare played no part or the relative was not present and the public eldercare substitutes the relative. In the 1995- 2009 on the other hand the relationship is one of co-responsibility. The eldercare policy does not assign the responsibility to either the relative or the public eldercare, but constructs it as a shared responsibility, where the relative is expected to substitute the public eldercare but not in the sense of a complete crowding out of public eldercare.

But especially the role of the co-responsible other and the proxy of the 1995-2009 are different from the expectations raised to the relative in the family-centered period from 1930-1950, as uncertainty about what to expect of the relative and when is no longer postponed to be decided in subsequent local eldercare communication, but is absorbed in the eldercare policy. What we witness in the 15 years covered in this chapter are strictly defined roles of the relative, where the eldercare policy has conditioned precisely what role to address the relative in how and when and how to address deviances. This is nothing like the role expressed in the first period of my story of the relative, where relatives were expected to either be present in the caregiving and in that case expected to define themselves the who, what and when of eldercare, or to be waning, in which case the what, when and who of eldercare were postponed to be decided in the local eldercare organizations and institutions. We now witness an eldercare policy no longer postponing such uncertainty to the local eldercare communications. Instead we see a policy premising exactly how and when the relative is to substitute the public eldercare. Thus I claim that what we are witnessing is not a re-familiarization or a re-assignment of a role to the relative in the sense of a return to old familiar roles and relationships but that the years from 1995-2009 carries roles of the relative distinct from previous roles.

In the next chapter I present the fifth and final analysis of the thesis concerning Danish eldercare policy from 2010 to 2020. But before that, a short summary of the role of the relative in the years from 1995 - 2009 is offered in the table below.

The function of public eldercare	**Problem = Lack of efficiency and quality/ Solution = Limit public eldercare, put the user in the center, and enforce uniformity and coherence**				
The role of the relative	**A co-responsible other**	**A burdened caregiver**	**A co-receiver**	**A proxy**	**An opponent**
The relationship between public eldercare and the relative	**Substitution**	**Care**		**Complementarity**	**Conflict**

Table 6) The role of the relative in the 1995-2009 period

In the collected story of the relative from 1930 to 2009, the role of the relative has thus far been shown to change as summarized in the table below.

1930–1969	**1970–1979**	**1980-1994**	**1995-2009**
A waning caregiver			
The care worker employer			
	A burdened caregiver		**A burdened caregiver**
	An unqualified caregiver		
	A co-receiver		
		A proxy	
		A source of information	
		A source of continuity	
		A social caregiver	
		An opponent	
			A co-responsible other

Table 7) The roles of the relative from 1930-2009

Chapter 8) Analysis of the Years 2010-2020: The Partner

1. Introduction

This fifth analytical chapter concerns the fifth and final period in my story of the relative. A period covering the years from 2010 to 2020 saliently characterized by the relative in a role as *partner* in public eldercare.

The chapter is my demonstration of how Danish eldercare policy over the last decade has constructed the relative as a partner to public eldercare and how the partner role is distinct from any of the previous relative roles because it generates unlimited uncertainty about what to expect of the relative. I demonstrate how the partner role is constructed in the eldercare policy's observation of public eldercare as hampered by a bureaucracy and inefficiency problem to be addressed with the principle of dignity. I argue that the partner role emerging in this new function of public eldercare is a role that condense expectations familiar from previous periods – that is expectations familiar from the roles as social caregiver, source of information and source of continuity, proxy, burdened caregiver and co-receiver. On top of this, I argue that a defining feature of the partner role is that, whereas, the role holds all such familiar expectations open, it simultaneously generates unlimited uncertainty about what to expect of the relative. It even upholds uncertainty as to when such decisions are decided.

The chapter is structured with two main sections. The first presents the problem/solution-distinction of the period and the second the partner role constructed with such new function of public eldercare and the uncertainty generated with the role as to what to expect from the relative and the relationship between the relative and the public eldercare.

2. Fighting Bureaucracy and Inefficiency with Dignity

On the following pages I start the chapter by demonstrating the years from 2010-2020 as a period where the eldercare policy observes the function of public eldercare through the problem/solution distinction of; bureaucracy and inefficiency/dignity.

Such problem/solution distinction comes to light, when one notices how public eldercare in the 2010s is accused of being bureaucratic and inefficient to an extend where it hampers the self-determination and quality of life of the elderly. A pervasive theme of the eldercare policy of the

period is the necessity to reform, renew and modernize public service-provision in general.[584] Notably, the policy contains harsh critique of any previous attempts to use management tools to put the user in the center and ensure uniformity and coherence in the service provision. The management tools are now presented as having caused bureaucracy and inefficiency, in turn resulting in a public eldercare that, from the perspective of the elderly, appears uncoherent, unpersonal and standardized without any room for self-determination. Altogether seen as hampering the elderly's quality of life.[585] For example, a homecare commission (Hjemmehjælpskommissionen) in 2013 notes that: '*In several years, the area of eldercare has for the front-row-employees been characterized by a detailed documentation- and registration-practice. A so-called 'tyranny of the clock''.* The recommendation is to stop the excessive use of management tools and standardization and instead give *'The employees a better chance to focus om the real point of the effort – that is quality and achievement of goals*'.[586]

Likewise, the Ministry of Health and the Aged (Sundheds- og Ældreministeriet) in 2018 stress that

> *it is crucial for the quality of life of weak elderly citizens to feel heard and seen. When elderly citizens become dependent on help, they risk losing a*

[584] KL 2010: 2, 4, 5; KL 2010b; Regeringen 2010: 10; Regeringen 2010b: 9, 35; Regeringen 2010c: 8, 34-36; Regeringen 2011: 3; Regeringen 2011b: 1, 18; Regeringen 2011c: 5, 11; Regeringen 2012b: 41; Regeringen 2013; KL 2014: 4, 8; KL et al. 2014: 9; KL & KTO 2014: Preface; Regeringen 2014b: 3, 49; Udbudsportalen 2014; Regeringen 2015: 23; Regeringen 2015b: 3, 13, 21, 29; Regeringen 2015c: 8, 9; Hjemmehjælpskommissionen 2013: 3, 15; Regeringen 2016: 57, 60; Regeringen 2016b: 10; Regeringen 2016e: 52; Regeringen 2017: 7; Regeringen 2017b: 9, 11; Regeringen 2017e: 3-4, 7, 11; KL 2018b: 3; KL 2018c: preface; KL 2018: 5; Regeringen 2018b: 18-19; Regeringen 2018c,2018d, 2018e: 35; KL 2019b: 2; KL 2019: 5. The reform enthusiasm could also be observed in some of the public documents of the previous period. See i.e. KL 2006: 11; KL 2007: 5-6, 14-15; KL og KTO 2007; Regeringen m.fl. 2007: 3; KL 2008; Regeringen 2008b: 9-10; KL 2009: 33-37; KL 2009b; Regeringen 2009b.

[585] Det Nationale Forebyggelsesråd 2010: 44, 49; KL 2010: 15, 36; KL 2010b: 5; Regeringen 2010: 10-1; Regeringen 2010b: 9, 35, 36; Regeringen 2010c: 34-36; Socialministeriet et al. 2010: 10; Regeringen 2011: 36; Regeringen 2011c: 5,11; Regeringen et al. 2011: 3; KL 2012; Regeringen 2012b: 13; Regeringen 2012c; Ældrekommissionen 2012; KL et al. 2014: 9, 21; KL & KTO 2014: Preface; Regeringen 2014: 7, 10, 17; Regeringen 2014b: 49; Udbudsportalen 2014; Hjemmehjælpskommissionen 2013: 3, 9, 12, 15; KL 2015; KL et al. 2015; Regeringen 2015b: 3, 16-18; Regeringen 2015c: 6, 9; Regeringen 2016: 57, 60, 62; Regeringen 2016b: preface, 13; Regeringen 2016c: 1, 9; Regeringen 2016d: 6; Regeringen 2016e: 52; Sundhedsstyrelsen 2016: 40; Sundheds- og Ældreministeriet 2016b: 6-7; Regeringen 2017: 29-30; Regeringen 2017b: 9, 11, 12; Regeringen 2017e: 3-4, 7, 11; Regeringen 2017c; KL 2018b: 3; KL 2018c: preface; KL 2018: 11; Regeringen 2018b: 18-19; Regeringen 2018c, 2018d: 5; Regeringen 2018e: 35; Sundhedsstyrelsen 2018b; Sundheds- og ældreministeriet 2018b: 7, 8, 9; KL 2019b: 2; KL 2019: 5; Sundhedsstyrelsen 2019c: 5,6. Such descriptions of the negative effects of the management tools and of bureaucracy on eldercare and public services in general could also be seen in the public documents in the previous period. See i.e. Socialministeriet 2000: 23; KL 2001: 18; KL 2002b: 42-43; Socialministeriet 2002b: 56; Regeringen 2005: 30; Socialministeriet 2005d; KL m.fl. 2006; KL 2007: 5-6, 14-15; Regeringen m.fl. 2007: 3, 9, 10; KL 2008: 32, 37; Regeringen 2008b: 9-10; KL 2009: 3, 33-37, 47; KL 2009b; Ministeriet for Sundhed og Forebyggelse og Indenrigs- og Socialministeriet 2009: 6, 13, 18, 33; Regeringen 2009: 9, 13; Regeringen 2009b.

[586] My translation: 'Hjemmehjælpsområdet har igennem flere år været karakteriseret ved en detaljeret dokumentations-og registreringspraksis for de udførende medarbejdere. Et såkaldt 'minuttyranni'', 'medarbejderne en bedre mulighed for at fokusere på det, som indsatsen i virkeligheden handler om – nemlig kvalitet og målopfyldelse' (Hjemmehjælpskommissionen 2013: 18).

> *considerable part of their self-determination, which risks hampering their quality of life. This is exactly why it is important for the government that elderly citizens have influence on their own lives. We want diversity in eldercare, such that the elderly can make their own choices, which will increase their self-determination … elderly citizens who move to a retirement-home might experience an institutionalization and a homogenization of their lives, and that others decide for them… and where the help they receive is structured by what serves the majority best. To the government it is important, that we respect that all elderly are different and that so are their wishes to how they want to live and what help they need.*[587]

As can be seen from the quotes above, the eldercare policy now in the 2010s observes the management tools of the previous periods eldercare solution as bringing about bureaucracy and inefficiency in public eldercare, materializing in a standardized eldercare without any respect for the self-determination and individuality of the elderly – ultimately manifesting in a poor quality of life amongst elderly. A call arises in the policy for an all-encompassing reformation of eldercare. The desired outcome of such reformation is a user-centered public eldercare focused on its care effort and notably; characterized by dignity.[588]

[587] My translation: 'ældre, der er svækkede og ikke har mange kræfter, er der afgørende for livskvaliteten at føle, at de bliver hørt og set. Når ældre bliver afhængige af hjælp, risikerer de at miste en stor del af deres selvbestemmelse, og det risikerer at gå ud over deres livskvalitet. Netop derfor er det vigtigt for regeringen, at ældre har indflydelse på eget liv. Vi vil arbejde for mangfoldighed i ældreplejen, så de ældre har mulighed for at træffe en række valg, der styrker deres selvbestemmelse … Ældre, der flytter på plejehjem, kan opleve, at der sker en institutionalisering og ensretning af deres liv, og at det er andre, der bestemmer … og hvor den hjælp, de modtager, er indrettet efter, hvad der er godt for flertallet. For regeringen er det vigtigt, at vi respekterer, at alle ældre er forskellige og at deres ønsker til, hvordan de vil bo, og hvilken hjælp de har behov for, også er det'. (Sundheds- og ældreministeriet 2018b: 7).

[588] Det Nationale Forebyggelsesråd 2010: 44, 49; KL 2010: 15, 36; KL 2010b: 5; Regeringen 2010: 10-11; Regeringen 2010b: 9, 35, 36; Regeringen 2010c: 34-36; Socialministeriet et al. 2010: 10; Regeringen 2011: 36; Regeringen 2011c: 5,11; Regeringen et al. 2011; KL 2012: 3; Regeringen 2012b: 13; Regeringen 2012c; Ældrekommissionen 2012; KL et al. 2014: 9, 21; KL & KTO 2014: Preface; Regeringen 2014: 7, 10, 17; Regeringen 2014b: 49; Udbudsportalen 2014; KL 2015; KL et al. 2015; Regeringen 2015b: 3, 16-18; Regeringen 2015c: 6, 9; Hjemmehjælpskommissionen 2016: 3, 9, 12, 15; Regeringen 2016: 57, 60, 62; Regeringen 2016b: preface, 13; Regeringen 2016c: 1, 9; Regeringen 2016d: 6; Regeringen 2016e: 52; Sundhedsstyrelsen 2016: 40; Sundheds- og Ældreministeriet 2016b: 6-7; Regeringen 2017: 29-30; Regeringen 2017b: 9, 11, 12; Regeringen 2017e: 3-4, 7, 11; Regeringen 2017c; KL 2018b: 3; KL 2018c: preface; KL 2018: 11; Regeringen 2018b: 18-19; Regeringen 2018c; Regeringen 2018d: 5; Regeringen 2018e: 35; Sundhedsstyrelsen 2018b; Sundheds- og ældreministeriet 2018b: 7, 8, 9; KL 2019b: 2; KL 2019: 5; Sundhedsstyrelsen 2019c: 5,6. Such descriptions of the negative effects of the management tools and of bureaucracy on eldercare and public services in general could also be seen in the public documents in the previous period. See i.e. Socialministeriet 2000: 23; KL 2001: 18; KL 2002b: 42-43; Socialministeriet 2002b: 56; Regeringen 2005: 30; Socialministeriet 2005d; KL m.fl. 2006; KL 2007: 5-6, 14-15; Regeringen m.fl. 2007: 3, 9, 10; KL 2008: 32, 37; Regeringen 2008b: 9-10; KL 2009: 3, 33-37, 47; KL 2009b; Ministeriet for Sundhed og Forebyggelse og Indenrigs- og Socialministeriet 2009: 6, 13, 18, 33; Regeringen 2009: 9, 13; Regeringen 2009b.

For example, the government's political program from 2016 contains a paragraph on eldercare termed '*a healthy life and a dignified old-age*',[589] in which a call is made for '*More choices in eldercare'* as

> *it is important to the government that elderly citizens do not experience a loss of dignity in their old-age. Elderly citizens are entitled to have influence on their own life. Focus must be on quality of life and self-determination. Elderly citizens shall experience that their wishes and choices carry weight and are taken seriously.*[590]

The celebration of reform and modernization in the 2010s, can be noted as the government present itself as holding a '*Reform- and Modernization-agenda*'[591]. Accordingly the government launches a range of reforms such as '*a coherence-reform*' and '*an anti-bureaucracy-plan*' with the declared imperative of reducing bureaucracy, focusing public service production on the sector's core-efforts, ensuring coherence and quality of service provision and putting the user in the center.[592] Such reforms are presented with an intent of '*Ensuring an efficient use of resources and a continued high quality in the public welfare provision through a re-thinking and modernization of the public sector, '*[593] and intended to form the framework '*to develop and improve the public sector, such that we achieve the best possible welfare on the dime'*[594]. A final example can be taken from 2018 where the government presents its *'coherence-reform'* as a reform addressing

> *three main problems: 1. The citizens are being smashed between systems which does not fit together. 2. The employees are being squeezed by rules and schedules with too little time left for their core-effort – that is the ensure quality in the welfare to the citizens. 3. A less than satisfactory focus on the results,*

[589] My translation 'et sundt liv og en værdig alderdom' (Regeringen 2016: 61)
[590] My translation: 'Flere valgmuligheder i ældreplejen' and 'Det er vigtigt for regeringen, at ældre ikke oplever at miste værdighed i deres alderdom. Ældre skal have indflydelse på eget liv. Der skal være fokus på livskvalitet og selvbestemmelse. Ældre skal opleve, at deres ønsker og valg har vægt og tages alvorligt' (Ibid.: 62).
[591] Regeringen 2014b: 3, 49; Regeringen 2015b: 15; Regeringen 2016: 58.
[592] KL2010b: 5; Regeringen 2010b: 35; Regeringen 2010c: 34-36; Regeringen 2017: 7; Regeringen 2017e; Regeringen 2018c, 2018d: 5.
[593] My translation: 'Sikre en effektiv ressourceudnyttelse og en fortsat høj kvalitet i den offentlige velfærdsorganisation gennem nytænkning og modernisering ad den offentlige sektor ' (Regeringen 2014b: 49).
[594] My translation: 'at udvikle og effektivisere den offentlige sektor, så vi får den bedst mulige velfærd for pengene '(Regeringen 2016: 58).

> *experienced by the citizens and a too unstable level of quality in the public management.*[595]

The government elaborates how

> *the bureaucracy has mutated and takes up too much space in the public sector. A wrong allocation has manifested in regard to the time the employees spend on the citizens and the time they spend on unnecessary bureaucracy … The government believes that the amount of bureaucracy hampers the efficiency of the public sector … Therefore, the government launches a reform track called less rules and bureaucracy, which aims to ensure that time is spend on core-efforts, not on unnecessary bureaucracy.*[596]

Having above demonstrated the policy's construction of inefficiency and bureaucracy as the main problem of public eldercare – a problem stemming from the standardization and management tools and considered to manifest in a poor quality of life and lack of self-determination amongst elderly, I below turn to demonstrate how the policy constructs dignity as the principle to fight such bureaucracy and inefficiency.

While dignity emerged as a concept in eldercare policy in the 2000s[597], in the 2010s it is presented as the main principle of eldercare.[598] Noteworthy; The Ministry of Health and the Aged in 2018 publishes a program called '*dignity in eldercare – a matter of the heart*' in which it reads:

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[595] My translation: 'tre hovedproblemer: 1. Borgerne bliver klemt mellem systemer, der ikke hænger sammen. 2. Medarbejderne presses af regler og skemaer og har for lidt tid til kerneopgaven – nemlig at sikre kvaliteten i velfærden til borgeren. 3. Der er utilstrækkelig fokus på resultater for borgerne, og kvaliteten af offentlig ledelse er for svingende' (Regeringen 2018d: 5).

[596] My translation: 'Bureaukratiet har grebet om sig og fylder for meget i den offentlige sektor. Der er opstået et skævt forhold mellem den tid, medarbejderne bruger på borgerne, og den tid, de bruger på unødigt bureaukrati … Det er regeringens opfattelse, at mængden af bureaukrati hæmmer effektiviteten i den offentlige sektor … Regeringen lancerer derfor reformsporet *Færre regler og mindre bureaukrati*, som skal sikre, at tiden bruges på kerneopgaver og ikke unødigt bureaukrati' (Ibid.: 21).

[597] See i.e. Regeringen 2000: 9; Socialministeriet 2001d: 8; Socialministeriet 2005d; Styrelsen for social service 2005: 6; KL 2006: 11; Socialministeriet 2006f: 13, 15; KL og KTO 2007: 17; Regeringen 2007: 36; Socialministeriet 2007b: 1, Regeringen 2009b: 34.

[598] Ældrekommissionen 2012; KL 2015: 17; Regeringen 2015: 6; Regeringen 2015d: 4,7; Regeringen 2016: 61; Regeringen 2016b: 13; Regeringen 2016c: 1; Regeringen 2016d: 6, 7; Regeringen 2017: 29; Regeringen 2017b: 9,12; Regeringen 2017d: 1; Sundheds- og ældreministeriet 2017: 5; Sundheds- og ældreministeriet 2017b; Regeringen 2018, 2018b: 4,15,18; Sundhedsstyrelsen 2018; Sundheds- og ældreministeriet 2018, Sundheds- og ældreministeriet 2018b; Bek. Nr. 70 2019; KL 2019: 5; Nationalt Videnscenter for Demens 2019c: 27; Sundhedsstyrelsen 2019c: 5, 21; Sundheds- og Ældreministeriet 2019b: 1-2.

> *To the government it is important that the eldercare policy of the future contributes to solving the challenges we face with loneliness and an unsatisfactory self-determination amongst elderly citizens with a weakened health. That is why we have defined four clear guidelines to what we want to achieve with the governmental initiatives in eldercare … Strengthening of the self-determination of the elderly citizens. More room for the relatives. Access to communities for everyone. More presence at the end of life.*[599]

In Danish eldercare policy, dignity becomes a concept incapsulating everything the policy desires eldercare to be; centered around the unique elderly citizen, unbureaucratic, coherent, individual, self-determined and enhancing quality of life.[600] For example, a Commission on the Aged (Ældrekommissionen) in a 2012 rapport termed '*Quality of life and self-determination at nursing homes'* writes that

> *maintaining dignity is the imperative fundament, if we want to ensure and improve the quality of life of the residences. It is of essence that one is allowed to continue ones previous, normal way of life in regard to food, clothes etc.*[601]

Likewise, the government in 2018 declares: '*A dignified eldercare with a high degree of self-determination to each individual is the government's top priority,'*[602] and in 2019 the government declares a wish for

> *elderly citizens to receive a dignified care and tender such that it is possible for the elderly to continue to live the life of their individual choice and desire with the maximum possible self-determination. Care and help shall be based on the*

[599] My translation:'værdighed i ældreplejen. En hjertesag', 'For regeringen er det vigtigt, at fremtidens ældrepolitik bidrager til at løse de udfordringer, vi har med ensomhed og for lidt selvbestemmelse blandt ældre med svækket helbred. Derfor har vi opsat fire klare pejlemærker for, hvad vi vil opnå med regeringens initiativer på ældreområdet … Styrkelse af de ældres selvbestemmelse. Bedre plads til de pårørende. Adgang til fællesskabet for alle. Mere nærvær ved livets afslutning' (Sundheds- og ældreministeriet 2018b: 5).
[600] Ældrekommissionen 2012: 7, 8; Regeringen 2015d:7; Regeringen 2016: 62; Regeringen 2016b: 13; Sundheds- og Ældreministeriet 2016b: 6-7; Regeringen 2017b: 9; Regeringen 2018b: 18; Sundheds- og Ældreministeriet 2018b; KL 2019: 5, Sundheds- og Ældreministeriet 2019c.
[601] My translation: 'At bevare værdigheden er det vigtigste fundament, hvis beboernes livskvalitet skal sikres og forbedres. Det er vigtigt, at man får mulighed for at fortsætte den livsførelse, man hidtil har haft med hensyn til mad, tøj mv. ' (Ældrekommissionen 2012: 12).
[602] My translation: 'For regeringen har en værdig ældrepleje med stor selvbestemmelse for den enkelte høj prioritet ' (Sundheds- og ældreministeriet 2018b: 4).

> *individual needs of the elderly such that each individual can live a dignified life.*[603]

The policy's construction of dignity as the solution to the efficiency and bureaucracy problem of public eldercare can furthermore be noted as a '*dignity-billion'*[604] is launched alongside the establishment of a national knowledge-center of dignity, all to the end of transforming public eldercare from bureaucratic and inefficient to dignified. Moreover, the act on social service obligates all local councils to decide a '*dignity-policy*' containing descriptions of how elderly citizens' quality of life and self-determination will be ensured locally, how quality and coherence will be ensured in the core-effort and the same with a dignified death. From 2019 such dignity policies must also entail descriptions of how relatives are to be involved in eldercare and what efforts will be enforced to counter loneliness.[605] Notably in this regard, efforts against loneliness emerge as a center piece in a dignified eldercare. As the Ministry on Health and the Aged states in 2018:

> W*e also experience more elderly citizens, who are dependent on help to such a degree that it risks hampering their self-determination and their experience of being part of the community … It is of the upmost essence that we treat our elderly citizens with the dignity, they deserve. This e.g. means that it must be possible to seek up communities … Loneliness amongst elderly citizens both hampers their quality of life and has a series of severe health-related consequences.*[606]

Hence, as the quote show, the eldercare policy describes public eldercare as having failed to address loneliness amongst elderly citizens and describes the devastating effects of this on the elderly citizen's quality of life. Relatedly the policy presents a range of public eldercare services

[603] My translation: 'at ældre borgere skal have en værdig pleje og omsorg, så der er mulighed for at fortsætte med at leve det liv, den ældre ønsker, med størst mulig selvbestemmelse. Plejen og omsorgen skal tage udgangspunkt i den enkelte ældres behov, så den enkelte kan leve et værdigt liv.' (Regeringen 2015d:7).
[604] My translation: 'Værdighedsmilliarden'.
[605] LBK798 2019 § 81 a; Regeringen 2015d:7; Regeringen 2016b: 14; Regeringen 2016d: 6, 7; Regeringen 2017b: 9, 12; Regeringen 2017d; Sundheds- og ældreministeriet 2017b; Regeringen 2018e: 35; Sundhedsstyrelsen 2018; Sundheds- og ældreministeriet 2018: 1-2; Sundheds- og ældreministeriet 2018b; B70 2019; Sundheds- og Ældreministeriet 2019, 2019b: 1-2.
[606] My translation: 'vi får også flere ældre, der er så afhængige af hjælp, at det risikerer at gå ud over deres selvbestemmelse og oplevelse af at være en del af fællesskabet … Det er afgørende, at vi behandler vores ældre medborgere med den værdighed, de fortjener. Det betyder bl.a., at der skal være mulighed for at opsøge fællesskabet … Ensomhed hos ældre forringer både deres livskvalitet og har en række alvorlige sundhedsmæssige konsekvenser.' (Sundheds- og ældreministeriet 2018b: 5).

aimed at addressing loneliness amongst the elderly.[607] The government, for example, announces a 2018 '*action-plan of the good senior life*' aimed at

> *ensuring that fewer elderly citizens are weakened and stroke by loneliness or loose the desire to live. The action plan is thus intended to ensure that elderly citizens receive the support they need to prevent a poor quality of life both physically and socially. Finally, it is an enforcement of ensuring the citizens a dignified death in safe environments … The action plan notably contains the following themes … Relatives, communities, activities and the importance of the surroundings in the good senior life and in the effort against loneliness.*[608]

On another note, the policy can continuously in the 2010s be observed to carry references to a '*shared responsibility'* of eldercare and to describe eldercare as a matter of '*collaboration'* between public eldercare and co-responsible others,**[609]** familiar from the previous period. But I will argue that an important difference can be observed, as such a desire to enact co-responsible others in the 2010s is not primarily presented as a means to limit public eldercare but as a means to enhance the quality of life amongst elderly citizens and of ensuring dignity in eldercare.[610] The government, for example, in 2015 writes:

> *The best help is the help that enables people to manage on their own. The government wants a welfare society founded on an effort that activates the resources each of us possess. This is a sign of a respectful approach to what it means to be a human, founded in a notion that all human beings have something valuable to contribute to the community and that no person has deserved to be dismissed by the community.*[611]

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[607] Socialstyrelsen 2014: 21, 27; Hjemmehjælpskommissionen 2013: 12; Sundhedsstyrelsen 2016; Regeringen 2017d; Regeringen 2018, 2018b: 15; Regeringen 2018e: 35; Sundheds- og ældreministeriet 2018b: 5, 18; Sundhedsstyrelsen 2019, 2019c: 33-34; Sundheds- og Ældreministeriet 2019:3-4; Sundheds- og Ældreministeriet 2019b.

[608] My translation: 'Det gode ældreliv', 'skal sikre, at færre ældre rammes af svækkelse, ensomhed og tab af livsmod. Handlingsplanen skal dermed understøtte, at de svageste ældre får den nødvendige støtte til at forebygge dårlig livskvalitet, såvel fysisk som mentalt og socialt. Endelig skal der være fokus på at sikre borgere en værdig død i trygge omgivelser … Handlingsplanen skal bl.a. have fokus på følgende temaer … Pårørende, fælleskaber, aktiviteter og omgivelsernes betydning i det gode ældreliv og mod ensomhed' (Regeringen 2018: 1).

[609] Regeringen 2010b: 13; Regeringen 2011c: 5-7; Socialministeriet 2011: 6; Regeringen et al. 2013: 4; Regeringen 2015b: 11, 18, 23, 80-81; Regeringen 2017e: 11; KL 2019: 6.

[610] Regeringen 2011c: 5-7; Regeringen 2017e: 11.

[611] My translation: 'Samtidig er det vigtigt at holde fast i, at den bedste hjælp er den, der gør folk i stand til at klare sig selv. Regeringen ønsker et velfærdssamfund med fokus på en aktiv indsats, der kan aktivere de ressourcer, vi hver især besidder. Det er udtryk for et respektfuldt menneskesyn, der tager udgangspunkt i, at alle mennesker har noget værdifuldt at bidrage med, og at intet menneske har fortjent at blive opgivet af fællesskabet' (Regeringen 2015b: 11).

The government elaborates how

> *welfare is not just a service provided to a citizen by an institution or an agency, it is something that we as a society create together. Every citizen can in some ways or others contribute to solving tasks in their own lives or the lives of others. The task of the public sector is to enable the citizen to become as independent as possible, which will carry along also a greater feeling of self-worth as well as an increased self-determination … A corner stone is this effort is also a close collaboration between the public sector and the civil society.*[612]

Hence as exemplified with the quotes above, collaboration and shared responsibility is in the 2010s observed to be part of a dignified eldercare expected to manifest as increased self-esteem, self-determination and quality-of-life amongst the elderly.

Having now demonstrated how the main problem of public eldercare in the 2010s is constructed as an inefficiency and bureaucracy problem caused mainly by the management tools introduced in the 1990s and 2000s as part of the solution to the efficiency and quality problem of those years, and having also demonstrated the policy's announcement of dignity as the principle to guide public eldercare out of the efficiency and bureaucracy problem, I on the following pages demonstrate how the relative in this particular problem/solution distinction is constructed as a partner.

3. The Partner Role

I begin the presentation of the partner role of Danish eldercare policy of the 2010s by demonstrating below how the eldercare policy in its desire to transform public eldercare from a service characterized by bureaucracy and inefficiency into a service characterized by dignity constructs the relative as a partner to this end. Afterwards I argue that the partner role is a role sustaining open contingency and postponing uncertainty to subsequent eldercare communication about both who can be expected to be a partner and when and to what it means

[612] My translation: 'Velfærd er ikke blot en ydelse, der leveres fra en institution eller myndighed til en borger, men noget vi som samfund skaber sammen. Alle borgere kan på forskellig vis bidrage til at løse opgaver i deres eget eller andres liv. Den offentlige sektor skal understøtte borgeren i at blive så selvhjulpen som muligt med større selvværd og selvbestemmelse til følge … En central del af denne tilgang er også et tæt samarbejde mellem den offentlige sektor og civilsamfundet, herunder det frivillige Danmark.' (Ibid.: 23).

to be a partner. Also, I argue that the partner role even generates an uncertainty about when such decisions are decided.

First of all, one can observe the emergence of a partner role by the fact that the eldercare policy in the 2010s use the term 'partner' when addressing the relative in the setting of eldercare. The policy contains descriptions of how it considers the relative to be a partner in achieving a dignified eldercare.[613] As such, the relative is also described as key to achieve the self-determinacy and independence, the policy holds to be central features of a dignified eldercare.[614]

For example, the National Board on Social Services in 2014 states that:

> *As part of the assessment to and process of rehabilitation it is important that the relatives of the elderly citizen, that is if the citizen concurs, is included as a central partner of collaboration. Relatives can contribute with knowledge of the lives and wishes of the citizens. They can be a considerably support in the rehabilitation process as they can help motivate the changes and maintain new routines and the improved function ability after the end of the rehabilitation process.*[615]

Likewise, the Ministry of Health and the Aged in 2016 presents a publication called 'The *relative as a collaborative partner'.*[616] In the publication it says:

> *Relatives are an important collaborative-partner to the employees at the nursing homes … relatives often also have a special relationship to the habitants, which cannot be substituted by public eldercare and to many – both*

[613] Servicestyrelsen 2010: 23; Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 46; Servicestyrelsen 2011c: 5; Ældrekommissionen 2012: 8, 12; Socialstyrelsen 2014: 21, 27; KL 2015: 30; Sundhedsstyrelsen 2016b: 16, Sundheds- og Ældreministeriet 2016b: 84; Sundheds- og ældreministeriet 2018b: 12; KL 2019: 6, 19; Sundhedsstyrelsen 2019b: 8.
[614] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 46; Ældrekommissionen 2012: 26; Regeringen 2014: 1; Socialstyrelsen 2014: 21, 27; KL 2015: 30; Regeringen 2015d: 7; Sundhedsstyrelsen 2016c: 38; Sundheds- og Ældreministeriet 2016b: 84; Sundheds- og Ældreministeriet 2016: 75; Sundheds- og ældreministeriet 2018b: 4,12; KL 2019: 6; Nationalt Videnscenter for Demens 2019b: 6, 16; Sundhedsstyrelsen 2019c: 48-49.
[615] My translation: 'Som led i udredningen og fremadrettet i rehabiliteringsforløbet er det vigtigt, at borgerens pårørende, såfremt borgeren ønsker det, udgør en væsentlig samarbejdspartner. De pårørende kan bidrage med viden om borgerens liv og ønsker. De kan være en særdeles vigtig støtte i den videre proces, fordi de kan bidrage til at skabe motivation for forandringer og kan være med til at fastholde nye rutiner og en forbedret funktionsevne efter endt rehabiliteringsforløb' (Socialstyrelsen 2014: 21).
[616] My translation: 'Pårørende som samarbejdspart' (Sundheds- og Ældreministeriet 2016b).

relatives and elderly citizens – it feels safe when relatives are involved in decisions regarding care and treatment at the facilities.[617]

Likewise, in 2018 the ministry declares that *'Relatives are the most important collaborative partner to the personnel at nursing homes, this is why the collaboration with them must be good'*.[618] A final example can be taken from LGDK. The organization in 2019 publishes a '*discussion document on the good senior life*' in which the organization under a heading termed: '*Involving relatives is key*' declares that '*most relatives like to be involved in both professional and practical tasks. They consider the involvement as natural and it is natural for them to be a part of the lives of their loved ones'*.[619]

As demonstrated with the quotes above the policy uses the term partner to describe the relative and the policy describe the relative as such a partner as key to achieve the imperative of a dignified eldercare.

Apart from this, my claim of a partner role also rests on how the eldercare policy in the 2010s can be seen to stress the importance of facilitating a good collaboration between public eldercare and relatives in order to achieve a dignified eldercare characterized by self-determination, independence and quality of life.[620] For example, LGDK in 2019 states that in order to achieve a dignified eldercare '*it is important to bring to the fore all the resources, including the elderly citizen self, the employees, the relatives and the civil society. This result in better welfare, better communities and greater quality of life for the individual'*.[621] The organization continues to describe how: '*Most often the relatives are the ones who know the elderly citizen the best and their knowledge and collaboration with the municipality is key to the care of the elderly citizen'*.[622] Likewise the Elder-Commission in 2012 writes that: *'a bad*

[617] My translation: 'De pårørende er en vigtig samarbejdspartner for medarbejderne på plejecentre … Samtidig har de pårørende ofte en særlig relation til beboerne, som det offentlige ikke kan erstatte, og for mange - både pårørende og ældre - føles det trygt, at de pårørende inddrages i beslutninger om plejen og behandlingen på plejecentrene.' (Ibid.: 84).
[618] My translation: 'De pårørende er den vigtigste samarbejdspartner for personalet på et plejehjem, og derfor skal samarbejdet med dem fungere godt' (Sundheds- og ældreministeriet 2018b: 5).
[619] My translation: 'debatoplæg om det gode ældreliv', 'Inddragelse af pårørende er afgørende' and 'Langt størstedelen af de pårørende vil gerne inddrages i både faglige og praktiske gøremål. De oplever inddragelsen som en selvfølge, da det falder dem naturligt at være en del af deres nærmestes hverdag' (KL 2019: 19).
[620] Regeringen 2010b: 13; Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 71; Regeringen 2011c: 5-7; Servicestyrelsen 2011c: 9, 21; Socialministeriet 2011: 6; Socialministeriet 2011b; Ældrekommissionen 2012: 38; Regeringen et al. 2013: 4; Regeringen 2015b: 11, 18, 23, 80-81; Sundhedsstyrelsen 2016: 46; Regeringen 2017e: 11; Sundheds- og ældreministeriet 2018b: 12; KL 2019: 6, 20; Nationalt Videnscenter for Demens 2019b: 38-40.
[621] My translation: 'det vigtigt at bringe alle ressourcer i spil, herunder den ældre selv, medarbejderne, de pårørende og civilsamfundet. Det giver bedre velfærd, bedre lokalsamfund og større livskvalitet for den enkelte.' (KL 2019: 6).
[622] My translation: 'De pårørende er ofte dem, der kender den ældre bedst, og deres viden og samarbejde med kommunen er betydningsfuldt for den ældres forløb.' (Ibid.: 20).

relationship between relatives and employees cast a shadow on the everyday of the individual resident and can ultimately negatively influence the quality of life of the resident. '[623]

Relatedly, it can also be noted how the policy describes conflicts between care workers and relatives as devastating to the ambition of a dignified eldercare and how the policy devotes attention to how to avoid conflicts, especially presenting negotiation of expectations as key to this end.[624] For instance, the National Board of Service (Servicestyrelsen) in 2011 releases a publication called *'Collaboration with relatives'* with the subtitle: *'How to prevent and handle conflicts'.*[625] The publication is presented as a support to local eldercare organizations and institutions offering knowledge and methods to prevent and handle conflicts with relatives,[626] stating how '*a systematic and clear negotiation of expectations is the center pieces of the good effort that prevents conflicts'.*[627]

Noteworthy, the eldercare policy of the 2010s directly address the relative with good advice to how to be a good collaborative partner to public eldercare, including good advice of how to avoid conflicts with care workers. For example, in a publication offering good advice to how to be a relative to an elderly citizen with dementia it says: *'Remember that the path to understanding goes through dialogue'*[628] and that '*when conflicts arise between relatives and care workers the cause is often that the parties involved have different approaches and do not talk "the same language"'.*[629] The text goes on to describe that: *'where trust is the foundation, mutual negotiation of expectations is the corner stone. Negotiation of expectations is about both parties expressing what they need. This sets the ground for a dialogue about what it is possible to do'*.[630] Another example can be taken from a 2019 publication containing a checklist to relatives regarding what to do to avoid conflicts and establish a good dialogue and collaboration

[623] My translation: 'et dårligt forhold mellem pårørende og medarbejdere kan afspejle sig i den enkelte beboers hverdag og dermed i sidste ende få en negative indflydelse på beboerens livskvalitet. ' (Ældrekommissionen 2012: 38).
[624] Servicestyrelsen 2011c; Ældrekommissionen 2012: 26, 38, 44; Sundhedsstyrelsen 2016: 46; KL 2019: 20; Nationalt Videnscenter for Demens 2019b: 38-40; Sundhedsstyrelsen 2019c: 48-49.
[625] My translation: 'samarbejde med pårørende' and 'forebyggelse og håndtering af konflikter' (Servicestyrelsen 2011c).
[626] Ibid..
[627] My translation: 'struktureret og klar forventningsafstemning ses som byggestenene til det gode arbejde, der forebygger konflikter' (Ibid.: 9).
[628] My translation: 'Husk, at dialog er vejen til forståelse'. (Nationalt Videnscenter for Demens 2019b: 38).
[629] My translation: 'Når der opstår en konflikt mellem pårørende og plejepersonalet handler det ofte om, at de involverede parter har forskelligt udgangspunkt og ikke taler 'samme sprog'' **(**Ibid.: 38-40).
[630] My translation: 'Hvor tillid er fundamentet, er en gensidig forventningsafstemning hjørnestenen. Forventningsafstemning handler om, at begge parter giver udtryk for, hvad de har behov for. Det giver mulighed for dialog om, hvad der er muligt at realisere' (Ibid.: 39-40).

with care workers. Under a heading termed '*What can you do?*'[631] it is, for example, recommended that relatives show

> *understanding towards the care workers entitlement to proper work conditions and potential need of specific aiding-equipment in order to counter work-related erosion and injuries. Remember that the personnel are not there to bother you … accommodate them and be open to dialogue … with an open and positive dialogue the chance of finding a solution satisfactory to both parties increase … Be attuned to find a mutually benefitting solution.*[632]

I will highlight two central observations important to note with the above quotes. For one, we see with the construction of the partner role also expectations familiar from the opponent role familiar from previous periods. Characteristically though the opponent role and the conflict relationship are now something the policy expects can be prevented by means of expectation negotiation. Most importantly though, the conflict relationship and the opponent role are no longer constructed as exclusively a public eldercare problem, but as a shared problem of relatives and public eldercare. Public eldercare is, as demonstrated, expected to counter the opponent role and the conflict relationship by means of negotiation of expectations, but the relative is also addressed with good advice as to how to not be an opponent in conflict with care workers. The other observation, I want to highlight, relates to this. Because with the partner role Danish eldercare policy for the first time in my story of the relative address the relative directly with expectations to how to enact its designated role. During the last 80 years the policy has addressed public eldercare with expectations of how to enact the relative in various roles, but the partner role of the 2010s is, as demonstrated above, a role, where the expectations are also directly addressed to the relative itself. With publications describing to the relative what is expected of it as a partner and giving good advice as to how to become such a partner and especially good advice to how not to become an opponent, the policy expects the relative to be responsible of becoming a partner to public eldercare. As shown above becoming a partner and

[631] My translation: 'Hvad kan du selv gøre?'(Ibid.: 40).
[632] My translation: 'Vis forståelse for, at hjemmeplejen skal have ordentlige arbejdsforhold og evt. bruge særlige hjælperedskaber, så de undgår nedslidning og arbejdsskader. Husk, at personalet ikke er ude på at genere … Vær imødekommende og åben for dialog … Med åbenhed og positiv dialog er der større chancer for at finde en løsning, der tilfredsstiller begge parter … Vær indstillet på at finde en løsning, der er til gavn for begge parter' **(**Ibid.: 40-41).

not an opponent is, expected to happen through negotiations of expectations. Later in the chapter, I will show this to be key to the uncertainty generated with the partner role.

But before demonstrating the open contingency produced with the partner role, I below present a final way the eldercare policy's construction of the relative as a partner to the public eldercare in a dignified eldercare can be observed. Because it is worth noticing how the policy in the 2010s expects public eldercare to make room for the relative as a partner. Notably how care workers are expected to welcome and invite the relative to be a partner.[633] For example the government in the program '*Dignity in eldercare. A matter of the hearth*' has a chapter termed '*More room for the relatives*',[634] in which a place to the relative in eldercare is declared as key to a dignified eldercare.[635] Likewise, the Commission on the Aged in 2012 states that at the nursing homes *'It must be attractive for relatives to come visit.'* The commission describes how often relatives find visits at nursing homes *'exhausting and sometimes a bit boring because some residents do not offer much back to the visitors.'* The commission recommends that

> *nursing homes should consider how to make visits more exciting to children, gran-children and great gran-children. Maybe with an area designated to visits where relatives can i.e. play with the homes' Nintendo Wii. Where games can be played, and the residents can sit and enjoy the life it brings to the nursing home. A welcoming and involving atmosphere at a nursing home can encourage more visits from friends and younger relatives such as gran- and great gran-children and facilitate a sense of connection with the place. Thus, the nursing homes can with great advantage involve relatives in activities at the community areas and in the meals. This contributes to life in the nursing homes to the benefit of all residents and can even to some degree be a support to the care workers.*[636]

[633] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 71; Ældrekommissionen 2012: 42-43, 44; Regeringen 2014: 10, 30; Sundhedsstyrelsen 2016: 46; Sundhedsstyrelsen 2016c: 43, 46; Sundheds- og Ældreministeriet 2016b: 84; Regeringen 2017e: 11; Sundheds- og ældreministeriet 2018b: 5, 9, 12; Sundhedsstyrelsen 2018c: 5; KL 2019: 20; Sundhedsstyrelsen 2019c 15-17, 48-49, 51-52.

[634] My translation: 'værdighed i ældreplejen. En hjertesag,' 'Bedre plads til de pårørende' (Sundheds- og ældreministeriet 2018b: 12).

[635] Sundhedsstyrelsen 2016c: 46; Sundheds- og ældreministeriet 2018b: 12.

[636] My translation: 'Det skal være attraktivt for de pårørende at komme på besøg', 'anstrengt og af og til lidt kedeligt, fordi nogle beboere ikke kan give ret meget tilbage til den besøgende,' 'Plejehjemmet bør tænke i, at gøre det spændende for børn, børnebørn og oldebørn at komme på besøg. Det kan være, at der skal være områder, der er særligt velegnede til besøg, f. eks.kan de pårørende få mulighed for at spille på plejehjemmets nintendo wii. Man kan spille sammen, eller beboerne kan sidde og nyde, at der er liv på plejehjemmet. En imødekommende og inddragende stemming på et plejehjem kan betyde, at

As the quote demonstrates, the policy expects public eldercare to make the partner role both possible and pleasant for the relative.

Likewise, it can be noted how the policy expects public eldercare to recognize and respect relatives and involve them in a way where they feel acknowledged and appreciated, describing also this as a way to make room for the relative as a partner.[637] For example, the Ministry of Health and the Aged in 2018 states that at the nursing homes *'a good relationship between personnel and relatives affects the elderly resident. This is why it is important that relatives feel welcome at the nursing home and feel that their wishes for their family members are heard and recognized'.*[638] Also the National Board of Service in 2011 states the necessity of *'establishing a trusting relationship to the resident and the relatives'*, which can be done through *'continued and acknowledging dialogue where the parties are given the chance to participate and experience to be heard and taken seriously*'.[639] A final example can be taken from the National Board of Health (Sundhedsstyrelsen). In 2016 the board recommends '*systematic involvement of relatives in the tasks and a general attention to the potentials and merits of involving and recognizing the relatives as a collaborative partner and a resource'.*[640] In the same publication, the Board describes how often

> *relatives do not feel seen and heard, and their knowledge and experiences are not included to the necessary extend. Relatives experience "to hit a wall" when they wish to collaborate with professionals both in the municipalities and at the nursing homes and wish to take active part in the collaboration.*[641]

venner og de lidt yngre slægtninge, som børne- og oldebørn, kommer oftere og føler en større tilknytning til stedet. Derfor kan plejehjemmene med fordel inddrage de pårørende I aktiviteter på fællesarealerne og til at deltage i middagen. Det er med til at skabe mere liv på plejehjemmet til glæde for de andre beboere, og det kan også i mindre omfang være med til at hjælpe medarbejderne.' (Ældrekommissionen 2012: 42-43).

[637] Socialministeriet et al. 2010: 20; Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 72; Sundhedsstyrelsen 2016c: 42, 43; Sundheds- og ældreministeriet 2017: 31-32; Sundheds- og ældreministeriet 2018b: 12; Nationalt Videnscenter for Demens 2019b: 38-40.

[638] My translation: 'En god relation mellem personalet og de pårørende smitter af på den ældre beboer. Derfor er det vigtigt, at de pårørende føler sig velkomne på plejehjemmet og er trygge ved, at deres ønsker for deres familiemedlem bliver hørt og taget alvorligt. ' (Sundheds- og ældreministeriet 2018b: 12).

[639] My translation: 'opbygge et tillidsforhold til beboeren og dennes pårørende' and 'vedvarende og anerkendende dialog, hvor parterne har mulighed for at komme til orde og oplever at blive hørt og taget alvorligt' (Servicestyrelsen 2011c: 9).

[640] My translation: '*systematisk inddragelse af pårørende i opgavevaretagelsen og generelt være opmærksomme på mulighederne for, og styrkerne ved inddragelse og anerkendelse af de pårørende som en samarbejdspartner og ressource'* (Sundhedsstyrelsen 2016c: 43).

[641] My translation: ' pårørende ikke føler sig set og hørt, og at deres viden og erfaringer ikke inddrages relevant i den udstrækning, der er behov for. Pårørende oplever, at de kan 'løbe panden mod en mur', når de gerne vil samarbejde med fagpersoner såvel i kommunen som på sygehuse og deltage aktivt i samarbejdet' (Ibid.: 42).

What I have presented above is thus how a partner role is constructed for the relative in Danish eldercare policy in the 2010s, when the policy is preoccupied with achieving dignity in eldercare as oppose to bureaucracy and inefficiency. I claim that the partner role is such a role, which I refer to as an ideal role. As presented, it is a role constructed as imperative to achieving a dignified eldercare and as such it is part of the solution to the inefficiency and bureaucracy problem of public eldercare. I have also shown how it is characteristic of the partner role, that it is a role addressed directly at the relatives. Noteworthy here is how the policy does not demand the enactment of the partner role, it simply invites the relative to enter the role, attempts to make the role pleasant, and offers good advice to how to enact it. But although the expectations are dressed as good advice and as offers of support to become a good partner to public eldercare, it does not change the fact that what we see is expectations addressed directly at relatives. I also above made a small teaser stating that the expectations addressed to the relative are expectations of negotiation of expectations and that this is significant to the partner role as a role generating unlimited uncertainty. This is what I return to on the following pages.

3.1 An unlimited Partner Role

On the following pages I argue that it is characteristic of the partner role, that it holds open contingency as to whom can be expected to enact the partner role, how and when, thus postponing uncertainty about what to expect of the relative to further eldercare communication. Also, I argue that the partner role even upholds uncertainty regarding when such decisions have been made.

I find it to be characteristic of the 2010s that the eldercare policy presents the partner role as a role, which cannot be standardized and described as a one size fits all role. Instead the role is presented as a role to be negotiated from case to case. As already presented, the eldercare policy of the 2010s observes the standardization of the last 15 years eldercare policy as having resulted in an inefficient and bureaucratic eldercare to a degree where it is the elderly's dignity that is at stake, and where much more self-determination and individualization is needed. I will show that this revolt against standardization includes also the role of the relative. Rather than being a role coming about as the eldercare policy's expressions of expectations to the who, what and when of the relative, the partner role is a role that can be observed with the policy's promotion

of a partner role to be negotiated locally.[642] In other words; what the policy expects of public eldercare and the relative is a negotiation of what can be expected of each individual partner. No standard solutions, the partner role is individual and situation specific.

To give a few examples of how the policy does not decide on what the relative can expect of public eldercare or what public eldercare can expect of the relative, but only premises the negotiation of such expectations, I start in 2010 with a description of how

> *it is often the case that the relative is unsecure of ones' own role and of what the care workers expect of one in the transition. Moreover, the relative can hold unrealistic expectations to what care the nursing home can offer. This is why it is important to negotiate expectations early in the running.*[643]

Thus, the relative is presented as someone whom might be uncertain of what it's expected to do and who might hold unrealistic expectations to public eldercare – and saliently this is accompanied not by descriptions of what is to be considered realistic expectations to neither the relative nor the public eldercare, but with a call for negotiations of expectations in the local eldercare organizations and institutions.

This is also what can be seen in the following example from the Commission on the Aged, which in 2012 states:

> *At the moment of an elderly citizens assignment of accommodation at a nursing home, the nursing home should send, or hand out, information-material to the future resident and potential relatives to offer them a realistic and clear impression of the life at the nursing home … The next step should be to arrange a conversation between a representative of the nursing home, the future resident and potential relatives … The conversation should take the form of a negotiation of expectations… this transition-conversation is also intended to inform the resident and the relatives about the nursing home … specifically the*

[642] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 71; Servicestyrelsen 2011c: 9-11; Ældrekommissionen 2012: 44; KL et al. 2014: 15; Sundhedsstyrelsen 2016b: 16; Sundheds- og Ældreministeriet 2016b: 84, 85; KL 2019: 20; Nationalt Videnscenter for Demens 2019b: 38-40; Nationalt Videnscenter for Demens 2019c: 7-8; Sundhedsstyrelsen 2019c: 48-49, 51-52.

[643] My translation: 'Det ses ofte, at den pårørende er usikker på egen rolle og medarbejdernes forventninger i forbindelse med indflytningen. derudover kan den pårørende have urealistiske forventninger til, hvad plejecenteret har mulighed for at tilbyde af hjælp. det er derfor vigtigt, at der tidligt i forløbet sker en forventningsafstemning. ' (Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 71).

> *expectations one can hold to the care and activities at the home. It is important that residents, relatives and the nursing home have a common understanding of what care and tender the nursing home offers … It is also in the transition-conversation that the nursing home can present the expectations it holds towards the relatives and establish that the relatives continuously hold a very important role and responsibility towards the elderly citizen.*[644]

This quote is interesting both because it again establish no limits to what can be expected of neither relative nor public eldercare, but establish this to be negotiated in the local eldercare organizations and institutions, but also because it establish that not only relatives can be expected to hold expectations towards public eldercare, but also that relatives must expect to be met with expectations from public eldercare. A final example of such expectations of negotiation of mutual expectations is from LGDK which in 2019 states that *'The good collaboration between the elderly citizen, the relatives and the municipality includes a continuous negotiation of expectations to both the services provided by the municipality as well as the help and support which relatives can contribute'.*[645]

Thus, what is striking when looking at what is expected of the relative in the 2010s is that the policy does not concern any limits to what a partner is expected to do, but only sets an expectation of expectation negotiations. There are no social, thematical or temporal distinction between whom can be expected to enact the partner role and whom not, between what can be expected of a partner and what not, or between when to expect it and when not to.

With the partner role the relationship between the relative and public eldercare is, as shown with the above quotes, described as a collaboration and a partnership. With no limits to when what can be expected of the partner, I have found no limits either to what can be expected of the relationship. What the relationship is to be like and with what allocation of responsibility

[644] My translation: 'Så snart der foreligger en afgørelse om, at den ældre har fået plads på plejehjemmet, bør plejehjemmet sende eller udlevere informationsmateriale til den kommende beboer og eventuelle pårørende, der giver et realistisk og godt indtryk af livet på plejehjemmet … Næste skridt for plejehjemmet bør være at arrangere en samtale mellem en repræsentant for plejehjemmet, den kommende beboer og eventuelle pårørende … Samtalen skal have karakter af en forventningsafstemning … Indflytningssamtalen skal også bruges til at fortælle beboeren og de pårørende om plejehjemmet … ikke mindst hvilke forventninger kan man have til plejen og aktiviteterne på plejehjemmet. Det er vigtigt, at den kommende beboer, de pårørende og plejehjemmet har en fælles forståelse af, hvilken pleje og omsorg, plejehjemmet kan tilbyde. Det er også i indflytningssamtalen, at plejehjemmet kan italesætte de forventninger, de har til de pårørende og fastholde, at de pårørende fortsat har en meget vigtig rolle og et ansvar over for den ældre.' (Ældrekommissionen 2012: 26).
[645] My translation: 'Det gode samarbejde mellem den ældre, de pårørende og kommunen kræver løbende afstemning af forventningerne til de indsatser kommunen leverer, samt til den støtte og hjælp, som pårørende kan bidrage med'. (KL 2019: 20).

is, just as the partner role, something up for negotiation. As I elaborate later, the policy does present a range of suggestions of what can be expected of the partner and the partnership, but I argue that these are exactly suggestions, constituting no limits to what can be expected of the relative.

On top of this preservation of open contingency as to what to expect of the partner and when, what is also striking about the partner role is that negotiations of the partner role and partnership apparently can be expected to take place anytime and anywhere. I claim that there are no descriptions in the policy as to when such expectation expectations can be considered completed. In other words; there are no way to know whether the partner role has been constructed or is still in construction. I make such claim on account of how the policy, even though it does describe some temporal encounters between the relative and the public eldercare where negotiation of expectations is to be expected, present such encounters not as an exhausting list but merely as suggestions to where expectations can be negotiated. Also, I will draw attention to how the policy in this list of suggestions include temporal encounters which must be expected to be ongoing and returning encounters – thus stipulation the negotiations to be exactly ongoing.

Some examples of temporal encounters the policy presents as suited to expectation negotiations are 'moving-in – conversations', when an elderly move to a facilitated living facility and assessment meetings, when an elderly is assigned public homecare or other public eldercare services.[646] Relatedly, the now mandatory municipal dignity policies and relative policies are presented as documents to inform relatives of what is expected of them and what they can expect of the public eldercare.[647] The relatives are to be presented to such policies during their first encounters with public eldercare, such that their expectations can be aligned with reality.[648]

[646] Servicestyrelsen 2011c: 9-12; Ældrekommissionen 2012: 26, 44; Regeringen 2015d: 7; Sundheds- og Ældreministeriet 2016b: 85; Nationalt Videnscenter for Demens 2019c: 7-8; Sundhedsstyrelsen 2019c: 49-50.
[647] Sundheds- og Ældreministeriet 2016b
[648] Socialministeriet et al. 2010: 19- 20; Servicestyrelsen 2011c: 9-12; Ældrekommissionen 2012: 26, 44; Socialstyrelsen 2014: 27; Regeringen 2015d: 7; Regeringen 2016d: 6, 7; Sundheds- og Ældreministeriet 2016b: 84, 85; Regeringen 2017b: 12; Sundheds- og ældreministeriet 2018, 2018b: 13; Nationalt Videnscenter for Demens 2019c: 7-8; Sundhedsstyrelsen 2019c: 49-50; Sundheds- og Ældreministeriet 2019b.

But notably, besides such expectations of expectation negotiations being part of the initial encounters between relatives and public eldercare, the policy also describes expectation negotiations of the partner role as something expected to take place in 'expectation-conversations' and user-relative councils, both of which are ongoing, repeated temporal encounters. I claim that the policy when it describes expectation negotiations of the partner role and the partnership relationship as expected to take place in the user-relative councils, achieve two things. The policy, for one, limits the points in time where negotiations can be expected – as such meetings take place at a scheduled mode only a couple of times each year. However importantly, the policy also constructs the negotiations as a never-ending process. Every new meeting in the councils is premised to open up contingency once again as to what can be expected of the relative and its relationship to public eldercare. Furthermore, I claim that with the policy's introduction of 'expectation-conversations' uncertainty as to when to expect expectation negotiation of the role and relationship is unlimited, as such meetings can take place at any given time the relative or the public eldercare chooses.

A final part of my argument for saying that the policy with the partner role also produces an uncertainty as to when the partner role has been constructed, concerns the policy's introduction of 'relative councilors and -consultants' and not least 'primary contact persons'. The primary contact person is introduced as part of the imperative of dignity. It is a means to ensure as few different helpers as possible in the lives of the elderly and hereby also contribute to continuity in the care. The relative consultants and counselors are means of supporting the relative in the imperative role as a partner to public eldercare. These new figures in public eldercare are presented to hold a range of task including support and guidance of relatives. But amongst their tasks are to ensure expectation negotiations with relatives.[649] Whereas formal meetings can be arranged between relatives and the counselors, consultants and primary contact persons, they are also someone that the relative can encounter at any given point of time when being around their elderly family members. As such, I claim the primary contact person, counselors and consultants to be living, walking potential encounters of negotiations of expectations.

[649] Socialministeriet et al. 2010: 19- 20; Servicestyrelsen 2011c: 12; Ældrekommissionen 2012: 26, 44; Regeringen 2015d: 7; Nationalt Videnscenter for Demens 2019c: 7-8; Sundhedsstyrelsen 2019c: 49-50.

Altogether what I say is; by defining no timely limits to when expectation negotiations can be expected to take place; by defining expectation negotiations as an ongoing process; and especially by installing expectation negotiations in central new figures in public eldercare, the eldercare policy has constructed the partner role as a role always in construction. The who, what and when to expect of the relative is never decided for good. In other words, the eldercare policy of the 2010s can be said to uphold uncertainty not only to what to expect of the partner and when, but also to when such decisions have been made.

Finally, also when looking at the social dimension of who can be expected to enact the role as a partner, I claim the partner role to be a role constructing unlimited uncertainty. Hence, when looking at who the relative can be expected to be, what stands out is that the policy defines no limits here either. Actually, the policy can even be observed to oppose any limits to who can enact the role as relative.[650] For example, the policy holds descriptions of how the term relative has up to this point in time narrowed the scope of the role as '*most people at first think about family members – father, mother, children, siblings, spouses and co-habitants*'[651] and promotes a change, stipulated with a change in conceptualization:

> *Another way to refer to 'relatives' is to use the conceptualization of 'close related'. When we use that term, the circle is often widened. Then we are both including close family members and the people we have connected us closely with during life. Hereby can also distant relatives, such as nieces and cousins be perceived as ones closely related.*[652]

Likewise, the National Board on Health (Sundhedsstyrelsen) in 2019 promotes that '*Relatives can both include spouse, children and other close family, but also an extended circle such as friends and network'* conceptualizing this as '*network-relatives'.*[653]

[650] Socialstyrelsen 2014: 21; Sundhedsstyrelsen 2016b: 16; Sundheds- og Ældreministeriet 2018: 1-2; Nationalt Videnscenter for Demens 2019f: 7, Sundhedsstyrelsen 2019c: 48-49.
[651] My translation: 'tænker de fleste nok umiddelbart på familiemedlemmer – far, mor, børn, søskende, ægtefælle eller samlever' (Nationalt Videnscenter for Demens 2019f: 7)
[652] My translation: 'En anden made at omtale 'pårørende' på er at bruge betegnelsen 'de nærtstående'. Når vi burger den benævnelsen bliver kredsen typisk større. Så taler vi om bade nære familiemedlemmer og de mennesker, som vi I løbet af livet har knyttet os tæt sammen med. Således kan også fjernere familiemedlemmer, fx niecer, fætre og kusiner, opleves som vores nærtstående. Ikke mindst kan vores tætte venner opleves som nærtstående' (Nationalt Videnscenter for Demens 2019f: 7).
[653] My translation: 'Pårørende kan bade omfatte ægtefælle, børn eller anden tæt familie, men også en udvidet kreds som fx venner eller andet netværk', 'netværkspårørende' (Sundhedsstyrelsen 2019c: 48).

Having established above how the partner role is a role preserving uncertainty as to what to expect of the whom, what and when in the role as partner and uncertainty as to when such decisions have been made, I below turn to demonstrate how the partner role is also a role upholding expectations familiar from previous roles as suggestions of what can be expected of the partner.

3.2 The Partner in Social Caregiving

For one, it can be seen how expectations are raised to the partner role, which appear familiar to the expectations raised to the social caregiver role dominating the eldercare policy in the 1980 – 1994 period. This comes to light as the eldercare policy in the 2010s describes the relative as an invaluable partner in meeting the social needs of the elderly citizens, specifically in countering loneliness,[654] which in turn, as shown earlier in the chapter, is observed to be key to a dignified eldercare. For example, LGDK in 2019 states:

> *A good social life is one of the most important elements of a good life as elderly, and good social relations are significant when life gets tough. When relatives are included, the results are improved, fewer mistakes are made and both citizens and relatives have more constructive reactions to the critical situations. This is why, the relative is an important partner to the municipality*[655].

Likewise, The National Knowledge Center for Dementia (Det nationale videnscenter for Demens) in 2019 publishes information material to relatives describing how to act when an elderly family member with dementia moves to a facilitated living accommodation. In the material it is described how

> *it is important that you as a relative maintain contact to the person also after the transition. There are no rules as to the frequency of visits from spouses/co-habitants to ones bellowed … it might be better to have frequent but short visits than to have the entire family visit at once. The days can be long. To many*

[654] Ældrekommissionen 2012: 42; Socialstyrelsen 2014: 21, 27; Hjemmehjælpskommissionen 2013: 22; Sundheds- og Ældreministeriet 2016b: 84; KL 2019: 19, 23; Nationalt Videnscenter for Demens 2019c: 7-8; Sundhedsstyrelsen 2019c: 7, 33; VIVE 2019: 8-9.

[655] My translation: ’Et velfungerende socialt liv er én af de vigtigste faktorer for et godt ældreliv, og gode sociale relationer er betydningsfulde, når vanskelige livssituationer opstår. Når pårørende inddrages, styrkes forløbene resultatmæssigt, der sker færre fejl, og både borgere og pårørende klarer kritiske situationer følelsesmæssigt bedre. Derfor er de pårørende en vigtig samarbejdspartner for kommunen’. (KL 2019: 19).

residents the meals can be the best moments of the day. It can be nice to have a chat about today's menu. Remember also to share a meal as you used to. Prepare a picnic basket and bring it along. Go to a café or a restaurant. Do as you used to do… Bring the gran-children along to visit. This can bring joy not only to your bellowed one but also to the other residents. Sing together … Look at old photographs. Maybe there is a box of toys at the facility, which will be exiting to the kids. Try to maintain the activities you used to share. Go for a walk together, even if this at a point entails pushing a wheelchair. Listen to music.[656]

What is interesting with the two quotes above is that they for one demonstrate an eldercare policy presenting the relative as a partner in meeting the social needs of the elderly, which is presented as a corner stone in achieving a dignified eldercare. But what is also important to notice with the last quote is how it is directly stated that there are '*no rules'* as to how and when the relative can be a partner of social caregiving, but also how this statement is followed by a long list of suggestions and good advice to how to be a partner in meeting the social needs of the elderly citizen. I take this to support my argument that the characteristic features of the partner role of the 2010s for one is; that no limits are constructed with the role as to what can be expected of the relative and when as '*there are no rules*' and second; that the relative is directly addressed with expectations of taking responsibility of becoming a partner, with no clear definition of what a partner is - but with a long list consisting not of demands but of suggestions and good advice to how to interpret the role. In other words, I maintain that the partner role is not defined as detailed expectations and demands, what is demanded though is that the relative takes responsibility of constructing itself as a partner (of course in negotiation with public eldercare). On top of this, the relative is offered good advice as to how to interpret the role, but exactly because the relative is offered these as advice and suggestions and not as demands, the responsibility of enacting the role is ascribed to the relative.

[656] My translation: 'Det er vigtigt, at man som pårørende bevarer kontakten til personen, også efter indflytning i plejebolig. Der er ingen regel om, hvor hyppigt man som ægtefælle/samlever skal besøge sin nærtstående … Det kan være bedre at få besøg hyppigt og af kortere varighed, end at hele familien kommer på én gang. Dagene kan være lange. Måltidet kan for mange være dagens højdepunkt. En snak om, hvad der er på menuen, kan være rar. Husk også at dele et måltid, som I har gjort tidligere. Forbered en madkurv, og tag den med. Gå på café eller restaurant. Gør, som I plejer at gøre … Tag børnebørnene med på besøg. Det kan skabe glæde ikke kun for din nærtstående, men også for andre beboere. Syng sammen … Se på gamle billeder. Måske er der en kasse med legetøj på stedet, som er nyt for børnene. Prøv at fortsætte de aktiviteter, som I hidtil har været fælles om. Gå ture, også selvom du på et tidspunkt bliver nødt til at skubbe en kørestol. Lyt til musik'. (Nationalt Videnscenter for Demens 2019c: 7-8).

Below I turn to present how the partner role is a role holding open also expectations familiar from the proxy role and the roles as a source of information and source of continuity also familiar from previous periods' eldercare policy. In doing so, I also argue that characteristically of the partner role such expectations come to be merely suggestions - as opposed to limits - to what can be expected from the partner.

3.3 A Partner Expected to be a Proxy and a Source of Information and Continuity

Amongst the qualities, the policy can be observed to expect the relative to hold, which makes the policy perceive the relative as a valuable partner to the public eldercare in achieving a dignified eldercare, is knowledge about the elderly. The policy expects the relative to hold valuable information about the previous life, and the current needs and wishes of the elderly. As described earlier in the chapter, a dignified eldercare entails elderly citizens continuing their previous, independent, and self-determined lives as normal as possible and a public eldercare aligned with the needs, wishes and quality of life of each unique elderly citizen. As such, the knowledge of the relative becomes key to ensuring a dignified public eldercare aligned with the wishes, resources, needs and preferences of the elderly. Thus, the relative appears as a partner in achieving such a dignified eldercare, by being expected to hold necessary information and act on such information in the best interest of their elderly family members.[657] Such expectations are familiar from the proxy role, which have been present in public eldercare policy since the 1980s, and from the roles as a source of information and a source of continuity, that were dominant in the 1980 – 1994 period but then vanished from eldercare policy in the late 1990s and 2000s.

To give an example of how the policy describes the relative as holding the information necessary to meet the imperative of a dignified eldercare, I will point to how the National Board on Health in 2016 notes how: *'Exactly the insight into and the understanding of the needs, wellbeing and wishes of the homecare recipient often travels through the relatives'* where relatives can

[657] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 71; Ældrekommissionen 2012: 26, 42; Socialstyrelsen 2014: 21, 27; Sundhedsstyrelsen 2016b: 16; Sundhedsstyrelsen 2016c: 42; Sundheds- og ældreministeriet 2016b: 84; Sundheds- og ældreministeriet 2018b: 12; KL 2019: 20; Nationalt Videnscenter for Demens 2019c: 7-8; Sundhedsstyrelsen 2019b: 8; Sundhedsstyrelsen 2019c: 48-49.

> *contribute with family specific knowledge, experiences of the life-story and similar knowledge about the homecare recipient, that the care worker can both use to make conversation in the daily visits and to establish confidence and motivate some care recipients to participate in activities.*[658]

An example of how the knowledge of the relative is expected to be key in ensuring continuity in the life of the elderly citizens and a dignified public eldercare, in some case by the relative acting as proxy to elderly family members, can be taken from the Ministry of Health and the Aged, as the ministry in 2016 explains how

> *often relatives are the ones who knows the elderly citizen the best and hold the information of what needs, habits and wishes the elderly or sick person has. Insights which it can be important for the care workers to know in their daily caregiving towards the residents. This is especially the case if the elderly citizen is not capable of expressing needs and wishes due to for instance dementia. The relatives can then act as proxy for the elderly and contribute to ensuring continuity and coherence between the previous life of the resident and the new life at the nursing home. Meanwhile the relatives also often have a special relation to the residents, that the public sector can never substitute.*[659]

Especially in regard to elderly citizens with dementia the proxy role is presented as key to continuity and self-determination. For example, the Ministry of Health and the Aged in 2018 states:

> *Relatives have a special role in regard to elderly citizens with dementia … It is the relatives who can tell the life-story of the elderly citizen. What episodes define their lives. What is their favorite food, are they A- or B-persons, are there any special items in the home carrying significant value. It is important*

[658] My translation: 'går netop forståelsen og indsigten i hjemmehjælpsmodtagerens behov, trivsel og interesser ofte via pårørende', 'bidrage med familiebaseret viden, erfaringer om hjemmehjælpsmodtagerens livshistorie og lignende viden, som medarbejderne dels kan tale ud fra på de daglige besøg, dels også bruge i forhold til at skabe tryghed og motivere nogle hjemmehjælpsmodtagere til fx aktiviteter.' (Sundhedsstyrelsen 2016: 46).

[659] My translation: 'De pårørende er ofte dem, som kender den ældre bedst og har viden om, hvilke behov, vaner og ønsker den ældre eller syge har. Viden som det kan være vigtigt for plejepersonalet at kende til i den daglige pleje og omsorg for beboerne. Det gælder særligt, hvis den ældre ikke selv kan give udtryk for sine ønsker og behov, som følge af eksempelvis fremskreden demens. Her kan de pårørende fungere som talerør for de demente ældre og bidrage til at sikre kontinuitet og sammenhæng mellem beboernes tidligere hverdag og det nye liv på plejecentret. *Samtidig har de pårørende ofte en særlig relation til beboerne, som det offentlige ikke kan erstatte*.' (Sundheds- og Ældreministeriet 2016b: 84).

that the relatives' knowledge about their close family members is used both when it comes to elderly citizens living at a nursing home and the ones living at home.[660]

Another example can be taken from 2010 where a ministry rapport states:

The relative is an important link between the previous life and the presence when a person with dementia moves to a facilitated living facility. People with dementia often experience difficulties to provide their own life-story and with expressing wishes and needs in their new surroundings. This is why it is important with a good collaboration between relatives and care workers at the facility, as the care workers need the knowledge about the senile elderly citizens' previous life and preferred way of living in order to be able to provide a good and individual care'.[661]

A final example can be taken from the National Board on Health which in 2018 declares that

many relatives carry a tremendous task when it comes to care and support. They help ensuring a recognizable life for their ill and weak family members because they offer help on the foundation of their common life-story. That effort can no professional effort substitute. As a society we must support the relatives, such that they do not break under the workload and the emotional strain.[662]

[660] My translation: **'**De pårørende indtager en helt særlig rolle … Det er de pårørende, der kan være med til at gengive den ældres livshistorie. Hvilke episoder har været skælsættende i den ældres liv, og hvad der er af særlig vigtighed for den ældre. Hvad er livretten, er man A- eller B-menneske, er der en særlig ting i boligen, der har stor betydning. Det er vigtigt, at de pårørendes kendskab til og viden om deres nære familiemedlem bliver brugt både i forhold til de ældre, der er på plejehjem og dem, der bor hjemme' (Sundheds- og ældreministeriet 2018b: 12).

[661] My translation: 'den pårørende er imidlertid et vigtigt bindeled mellem det tidligere og det nuværende liv, når en person med demens flytter i plejebolig. personer med demens har typisk vanskeligt ved at fortælle om sig selv og give udtryk for ønsker og behov i de nye omgivelser. det er derfor vigtigt med et godt samarbejde mellem den pårørende og medarbejderne på plejecenteret, da medarbejderne har brug for viden om personen med demens' tidligere liv og foretrukne levevis for at kunne give en god og individuel pleje.' (Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 71).

[662] My translation: 'Rigtig mange pårørende løfter en kæmpe opgave, når det handler om at støtte og yde omsorg. De er med til at sikre en genkendelig hverdag for deres syge og svage familiemedlemmer, fordi de hjælper med udgangspunkt i deres fælles livshistorie. Den indsats kan ingen professionelle erstatte. Som samfund skal vi støtte op om de pårørende, så de ikke knækker sammen under arbejdsbyrden og den følelsesmæssige belastning' (Sundheds- og ældreministeriet 2018b: 12).

Having above established the partner role as containing expectations to the relative familiar from the proxy role and the roles as a source of information and a source of continuity familiar from previous periods, with the difference being that in the 2010s such expectations are connected to achieving a dignified eldercare, I below turn to demonstrate how the partner role, as already stipulated with the last quote above, also condenses expectations known from the roles as burdened caregiver and co-receiver of services.

3.4 The Burdened Partner and the Co-Receiver

In the 2010s the eldercare policy contains descriptions of how caring for the elderly is expected to be burdensome for the relative,[663] and descriptions of how the relative can expect to receive public eldercare in order to be able to carry the burdens.[664] Such expectations of caregiving as burdensome are familiar from the 1970s and from the mid- 1990s where a burdened caregiver role dominated the eldercare policy. Similarly, the expectations of the relative as a receiver of services is familiar from the last 40 years of eldercare policy. In the 2010s such expectations can be observed to be co-constructed with expectations to public eldercare of how to enable the relative to play the role as a partner in a dignified eldercare.[665]

For example, a ministerial rapport from 2010 declares that

> *many relatives to elderly citizens with dementia take on a considerably caregiver task. The caregiver task can be both physical and mentally stressful for the closest relatives and this is why it is important that relatives to elderly*

[663] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010; Socialministeriet et al. 2010: 5, 2;, Servicestyrelsen 2011c: 11; Ældrekommissionen 2012: 42; KL 2015: 30; Sundhedsstyrelsen 2016c: 38, 42, 73, 74; Sundheds- og Ældreministeriet 2016: 73, 74, 75; Regeringen 2017b: 12; Regeringen 2017d: 5; Sundheds- og ældreministeriet 2017: 3, 31-32; Sundheds- og ældreministeriet 2018: 1-2; Sundheds- og ældreministeriet 2018b: 12, 13; Sundhedsstyrelsen 2018c: 4; Nationalt Videnscenter for Demens 2019b: 5, 41-44, 46-47; Nationalt Videnscenter for Demens 2019e: 5; Nationalt Videnscenter for demens 2019d; Nationalt Videnscenter for Demens 2019f: 5, 7, 14, 17, 18-20, 22-24, 32, 41-42; KL 2019: 19, 22; Sundhedsstyrelsen 2019c 15-17, 48-54; VIVE 2019: 8-9.

[664] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 46, 62, 64-66; Ældrekommissionen 2012: 42; Socialstyrelsen 2014: 27; KL 2015: 30; LBK1284 2015: § 84, § 119; Satspuljeaftalen 2015: 3; Regeringen 2016: 62; Sundhedsstyrelsen 2016c:1, 38, 42, 73; Sundheds- og Ældreministeriet 2016: 73, 74, 75; Regeringen 2017b: 12; Regeringen 2017d: 5; Sundheds- og ældreministeriet 2017: 3, 5, 31-32; Regeringen 2018: 3; Sundhedsstyrelsen 2018c: 4-5; Sundheds- og ældreministeriet 2018: 1-2; Sundheds- og ældreministeriet 2018b: 13; KL 2019: 19; LBK798 2019: § 84; Nationalt Videnscenter for Demens 2019; 2019b: 5, 46-47; 2019c, 2019d, 2019e, 2019h; Sundhedsstyrelsen 2019c: 15-17, 48-49, 49-54; Sundheds- og Ældreministeriet 2019:5.

[665] Ældrekommissionen 2012: 42; Regeringen 2016: 62; Sundhedsstyrelsen 2016c: 38, 42, 73; Sundheds- og Ældreministeriet 2016: 73, 74, 75; Sundheds- og ældreministeriet 2017: 3; Nationalt Videnscenter for demens 2019d.

citizens with dementia are recognized for the work they do and are offered support and counseling.[666]

Another example is from the Ministry of Social Affairs, which in 2020 declares that: *'today many relatives take on a considerably and important care-effort … The task as caregiver can though be both physical and mentally stressful for the relative'* and how this is visible as *'a higher occurrence of depression, more somatic (physical) illnesses and a higher mortality than amongst others. That is why it can be important with an early effort in the form of support and counselling of relatives'.*[667]

Both the above examples demonstrate the policy's observation of the relative as a burdened partner to the public eldercare who are to receive public eldercare to be a partner to public eldercare in providing dignified eldercare.

But notably, as I will demonstrate with a few examples below, the policy can also be observed to construct the relative as key to the imperative of dignified eldercare exactly in the role as co-receiver. Simply; the policy defines a dignified eldercare as an eldercare that also meets the needs of the relatives in a dignified manner.[668] As such, the relative becomes part of a dignified eldercare both by being a partner to the public eldercare in providing dignified eldercare to the elderly citizens but also by being a receiver of dignified eldercare itself. This can especially be seen as the Ministry of Health and the Aged in 2018 declares that as part of the municipal dignity policy the local councils are now obligated '*to describe how the municipality support relatives to weakened elderly citizens'.*[669] Accordingly, in a financial agreement from 2017 the government writes under a heading termed '*Support of relatives*' that *'spouses and relatives who cares for a person with despaired physical or mental cooping ability are entitled to good*

[666] My translation: 'mange pårørende til personer med demens påtager sig en betydelig pleje- og omsorgsopgave. opgaven som omsorgsgivere kan være både fysisk og psykisk belastende for de nærmeste pårørende, og det er derfor væsentligt, at pårørende til personer med demens anerkendes for det arbejde, de udfører, og får tilbud om støtte, rådgivning og aflastning.' (Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 72).
[667] My translation: 'Rigtig mange pårørende yder i dag en betydelig og vigtig omsorgsindsats … Opgaven som omsorgsgiver kan imidlertid være både fysisk og psykisk belastende for den pårørende', 'en højere forekomst af depression, flere somatiske (fysiske) sygdomme og højere dødelighed end andre. Det kan derfor være vigtigt med en tidlig indsats i form af støtte og rådgivning til pårørende' (Socialministeriet et al. 2010: 19- 20).
[668] Socialministeriet & Indenrigs- og Sundhedsministeriet 2010: 64; Ældrekommissionen 2012: 42; KL 2015: 30; 73; Regeringen 2016: 62; Regeringen 2016c: 1; Sundhedsstyrelsen 2016c: 3, 38, 42, 73; Sundheds- og Ældreministeriet 2016: 73, 74, 75; Sundheds- og ældreministeriet et al. 2016: 1; Sundheds- og ældreministeriet 2017: 3, 5,11; Regeringen 2018e: 35; Sundheds- og ældreministeriet 2018: 1-2; Sundheds- og ældreministeriet 2018b: 13; Sundhedsstyrelsen 2018c: 4-6; KL 2019: 19; Nationalt Videnscenter for demens 2019d; Sundheds- og Ældreministeriet 2019:5.
[669] My translation: 'at beskrive, hvorledes kommunen understøtter de pårørende til svækkede ældre' (Sundheds- og ældreministeriet 2018: 1-2).

conditions' and that *'this area is in the future to have priority and be described in the dignity policies of the local councils, such that the municipal effort towards the relatives are strengthened'.*[670]

This observation of how a dignified eldercare entails the relative as a co-receiver can also be demonstrated with a quote from a 2016 government rapport stating that

> *in all parts of the country, people with dementia and their relatives must be met with efforts of the highest professional standard founded on dignity, humanity and respect of the individual human beings' wishes, needs and resources and of the human behind the disease and the life lived.*[671]

Altogether I have used the previous pages of the chapter to demonstrate how the partner role of the 2010s contains a range of expectations familiar from previous roles of a social caregiver, a source of information and source of continuity, a proxy, a burdened caregiver and a co-receiver. Moreover, I have used the pages to argue that such expectations during the last decades eldercare policy are expressions of the policy's expectations of why the relative is an invaluable partner of a dignified public eldercare more than they are expressions of limits of what can be expected of the relative in the partner role. What I maintain to have altogether established above is for one, that the partner role and the partnership between the relative and the public eldercare generates unlimited expectations to whom can be expected to enact the partner role, how and when and even is a role generating uncertainty as to when such decisions have been decided. Second, that the expectations familiar from the previous roles now merely function as suggestions of what can be expected of the relative as a partner in dignified eldercare, rather than as limits to what can be expected of the partner. In other words; the eldercare policy expects the relative to be a valuable partner to the public eldercare, because the relative is expected to be a source of information and source of continuity, a proxy and a social caregiver. But these are just the reasons why the eldercare policy considers the relative an important partner in a dignified eldercare and are not the policy's exhaustive list of expectations to the partner, as the eldercare policy has declined from making such standardized role expectations, having instead

[670] My translation: 'Aflastning af pårørende' 'ægtefæller og pårørende, der passer en person med nedsat fysisk eller psykisk funktionsevne, skal have gode vilkår' and 'området fremover skal prioriteres og beskrives i kommunernes værdighedspolitikker, så kommunernes indsats for de pårørende kan styrkes' (Regeringen 2017b: 12).
[671] My translation: 'I alle dele af landet skal mennesker med demens og deres pårørende mødes med en indsats af høj faglig kvalitet, som bygger på værdighed, medmenneskelighed og respekt for det enkelte menneskes ønsker, behov og ressourcer og for mennesket bag sygdommen og det levede liv' (Regeringen 2016c: 1).

constructed a partner role, which holds open contingency in all three dimensions of the relative role.

4. Conclusion and Discussion

In the chapter I have demonstrated the last decade of the Danish eldercare policy to constitute a fifth and final period in my story of the relative, where the relative is constructed as a partner. I have shown this partner role to be constructed with a new function of public eldercare being to solve a bureaucracy and inefficiency problem, which is causing a lack of self-determination and poor quality of life amongst elderly citizens, by enacting dignity as the new principle of public eldercare.

I have shown the partner role to be what I term an ideal role. It is a role the policy desires the enactment of, as the role is considered key to achieving a dignified public eldercare. That is the partner is constructed as part of the solution to the problems of public eldercare in the 2010s.

But most importantly I have shown the partner role to be different from any of the previous roles constructed for the relative during the last 90 years of Danish eldercare policy because the partner role generates an unlimited uncertainty as to whom can be expected to enact the partner role, how and when. The relative is met with the expectation of being a partner in a dignified eldercare, but what this entails is constantly up for negotiation. Alongside the partner role is constructed a partnership relationship, which is a relationship of negotiation of expectations. The only expectation to the relationship is that the relationship is to be negotiated. Being expected to be a partner is being expected to ongoingly negotiate expectations with no limits to what such expectations can be. On top of this, the partner role generates uncertainty as to when such decisions have been made, preserving the uncertainty to never be closed. To this is added, that expectations familiar from the roles as social caregiver, source of continuity and source of information, proxy, burdened caregiver and co-receiver appears as suggestions of what can be expected of the partner, with ‘suggestions’ being the key word, as the expectations in the 2010s are exactly suggestions as opposed to limits of what can be expected from the relative.

Altogether, the partner role holds open a large range of expectations, thus postponing to subsequent eldercare communication an uncertainty as to whether to expect the relative as a proxy, a social caregiver, a source of information, a source of continuity, a burdened caregiver,

a co-receiver, or all of these together, or something else completely. The salient characteristic of the partner role is that it, while it holds open familiar expectations from previous roles, also refuses all previous attempts to limit the role of the relative by such expectations. In other words, it is a role with which it has been decided that nothing shall ever be decided - all predefined limits to what to expect of the relative are refused. I maintain that, as such, the partner role postpones unlimited uncertainty about what to expect from the relative onto the local eldercare communication and that the role even functions as structurally determined uncertainty about when decisions of the whom, what and when of the relative have been decided. With the partner role the policy has premised a never to be closed open contingency in all three dimensions of the partner role. As such, I consider the partner role to be a case of structured determined uncertainty. It generates only certainty of uncertainty.

I propose that with my findings of such a partner role in Danish eldercare policy in the 2010s, my thesis proves as a case of relevance to current public sector research on public sector change and reform and especially of relevance to the debate amongst systems theory analysts about uncertainty as more than a by-product of decision making. There are some steps in my argument here. First, I have demonstrated the partner role to be an ideal role. This is my way of stating that the partner role is a role constructed more with the policy's descriptions of how it desires the relative to be, than of how it observes the relative to be, and that the partner role is a role the policy considers as imperative to the function of public eldercare. Second, I have demonstrated the role to be producing and prolonging unlimited uncertainty about what to expect from the relative. Third, I have shown exactly this openness of what to expect of eldercare and the relative and its relationship to public eldercare to be what is expected to solve the bureaucracy and inefficiency problem and achieve dignity in eldercare. Altogether this serves as my argument that the certainty of uncertainty the policy achieves with the partner role is not just a by-product of the role-construction but is in essence the function of the partner role in current Danish eldercare policy.

On top of this, I assert the partner role to hold one more important contribution to the current debate on desired uncertainty and undecidability. As described, the partner role not only postpones uncertainty about what to expect of the partner. It also generates and maintains uncertainty as to when such uncertainty has been reduced. The partnership continues to postpone the moment of decision, holding no stable expectations to when the partner role has

been negotiated – it inserts an uncertainty to the distinction between the before and the after the decision. I find this to be interesting, as it is different from anything encountered so far in this story of the relative. It is not like for example in the 1980s where the role and relationship was to be decided in the needs- assessments, or in the 1990s where it was to be decided through the management tools. Instead, in the partnership, the moment of deciding on the relationship is always uncertain. I find this to also be of relevance to the academic debate on uncertainty and change. By showing how the partnership constructs uncertainty as to when the expectations of the partnership has been negotiated, keeping an open contingency as to whether a decision have been made and thus producing an uncertainty to whether the partner role has been constructed, I have provided a case of uncertainty prolonged indefinitely - a case of how Danish eldercare policy has ensured that the moment of the decision will never be reached.

Besides such contributions to the current debate on desired uncertainty in systems theory, I assert that my findings of the partner role also bear relevance to several branches of the eldercare literature. For one, I have demonstrated how the relative is still currently addressed in eldercare policy with expectations familiar with the roles of a social caregiver, a source of continuity and source of information and a proxy, identified in the existing literature on relative roles. But I have also shown that the relative is now constructed as a partner, which is a role not limited by such previous expectations but a role that refuses any limits previously set by such role expectations.

As such, I have also demonstrated how a partner role, as advocated and idealized by eldercare practitioners and scholars is currently constructed in Danish eldercare policy, but also how this partner role does not reduce uncertainty about what to expect of the relative. Quite contrary. My contribution to the current academic debate on the merits of a partnership between care workers and relatives and the potentials of the partner role to reduce uncertainty about what to expect from the relative and from the relationship between the two, is thus to question such assumptions. I have proven the partner role as constructed in Danish eldercare policy in the 2010s to not reduce uncertainty about what to expect of the relative or the relationship between the relative and the care workers but to produce and prolong uncertainty. Whether this is good or bad, I do not claim to know anything about. The partner role might hold qualities worth idealizing and advocating and the uncertainty it produces might be productive. I cannot speak to that. Based on my findings, I merely propose that in further research scholars be sensitive to

how the partner role might do something more or something other than expected by the current literature.

Furthermore, I find that the partner role and the partnership relationship challenge the explanatory power of the conceptualization of substitution and complementarity in understanding the current relationship between formal public eldercare and informal family caregiving. I maintain that the partnership is not easily captured in such conceptualizations. The partnership holds open who is expected to do what and when and even what eldercare is, until each individual care interaction. The partnership refuses any predefined roles or relationships. Therefore, I claim that there is no common ground on which to judge complementarity or substitution as there are no predefined allocations of responsibility to make such claims on the basis of. Nothing is expected of such allocation except that it is a constant theme of negotiation in each individual care-interaction. I thus suggest that what we witness in current Danish eldercare policy can more precisely be understood in terms of a multitude of welfare mixes never defined before or lasting for longer than the individual care interaction.

I final engagement I will make with the eldercare literature based on my findings in this chapter is with the diagnose of the development of Danish eldercare as a development from being family-centred, then state-centred and ultimately re-familiarized with the relative re-assigned a larger role.

First of all, I have proven the periods referred to in the eldercare literature as the period of family-centred eldercare and the period of re-familiarization to hold significant differences when it comes to the expectations raised to the role of the relative in eldercare, why I suggest that rather than conceptualizing the current period as one of a re-familiarization, where the 're' might risk masking what is new, the current period is more precisely conceptualized as one of a partnership. As I have shown in the thesis, the eldercare policy in the family-centred period of the 1930s raised no expectations to the caregiving of relatives. Either the relative was present in the caregiving towards its' elderly family members and the eldercare policy held no expectation towards whom the relative was and how and when it gave care, as all such decisions were postponed to the family. Or the relative was not present in the caregiving and the eldercare policy expected the public eldercare to substitute the waning relative. The eldercare policy offered the public eldercare as a substitute for the relative and the relative was the one choosing whether to enact such a substitution relationship. Adversely, as I have shown in this chapter,

the policy in the 2010s holds unlimited expectations to the caregiving of relatives. The relative is expected to enter an ongoing negotiation of expectations with the public eldercare, with no limits to what can be expected of who and when – and even without any expectations to when this expectation of negotiation of expectations has been met. The policy thus now offers the relative as a partner to the public eldercare. In other words, the eldercare policy has chosen the relative as a partner and what it means to be a partner remains uncertain and unlimited – it can be expectations familiar from a range of relative roles of previous times but it can also be everything else. Al of this is new and can more precisely be captured in the conceptualization of a 'partnership-centred eldercare' than a re-familiarized one.

Secondly, I have added details to our knowledge of the development of Danish eldercare policy which allows for a precision to the diagnose of the relative as currently being reassigned a larger role in eldercare. I will make three points. 1) I have demonstrated that what one witness today is more appropriate conceptualized as an unlimited role, than a larger role, to the relative. The relative role of the 2010s is an expectation of a constant never-ending mutual negotiation of each individual partner role, with no limit to what this role can be or when it has been negotiated. 2) I have shown that the policy's expectations to the relative over time can more accurately be conceptualized as different expectations than as more or less expectations. 3) finally, I have also demonstrated that what is new about the way expectations are constructed for the relative in the eldercare policy currently is that the relative is expected to be responsible of constructing itself as a partner to public eldercare. The relative is addressed with an expectation of being responsible of ongoing negotiations of what it means to be a partner in eldercare. In other words; the relative is met with expectations of being responsible of fulfilling expectations it is expected to define in partnership with the public eldercare.

Hence altogether, I suggest that what is commonly understood in the eldercare literature as the assignment of a larger role to the relative is more accurately understood as the relative being expected to be responsible of enacting an uncertain and unlimited role. In other words; What the relative is assigned in the 2010s is thus without doubt a different role than ever before. However, it is a role more accurately understood not as a larger role, but as a different role, and even more precise; as an unlimited, uncertain and self-responsible role.

Before ending this final analytical chapter of the thesis and begin the thesis conclusion in the next chapter, I below present a table summarizing the role of the relative in the 2010s. In the

next final and concluding chapter, a table is presented offering a summary of how the role of the relative has changed through the entire 90 years of Danish eldercare policy.

The function of public eldercare	**Problem = bureaucracy and inefficiency causing lack of self-determination and poor quality of life amongst elderly citizens/ Solution = Dignity.**
The role of the relative	**A partner**
The relationship between public eldercare and the relative	**Partnership**

Table 8) The role of the relative in the 2010-2020 period

Chapter 9) A Story About Certainty of Uncertainty

1. Introduction

In this final concluding chapter of the thesis, I summarize the answer to my research question: *How has the role of the relative been constructed in Danish eldercare policy since the 1930s, and how has the role both reduced and produced uncertainty about what to expect of the relative?* I then discuss my findings in the light of the eldercare literature presented in Chapter 2 and end by roughly sketching out a few of the potentials and problems assumed to go with the current partner role.

In the introduction I conveyed how the public and the scholarly debates both see the construction of a role for the relative as the solution to the uncertainty, confusion and conflicts characterizing the relative in the eldercare setting. I also introduced how both research and practice expect the role as a partner to hold particular promise in this connection. Now, as the thesis draws to a close, the case is obviously not that simple.

In this chapter, I first tell my story of how the relative has been expected to enact a multitude of different roles in Danish eldercare since the1930s, of how such roles have multiplied over time and of how this has both reduced and produced uncertainty about what to expect of the relative. I also tell my story of how the relative is currently constructed as a partner to public eldercare, revealing this role as one that generates unlimited uncertainty about what to expect of the relative. Indeed, the partner role generates and prolongs uncertainty about who the relative can be expected to be as well as what it can be expected to do and when. The role even generates uncertainty as to when such decisions can be expected to have been made.

Next, I relate my findings to the eldercare literature on care roles. Starting briefly with the literature on the role of the care user and care worker, I argue that my findings on the partner role of the 2010s and the uncertainty it generates point to new and relevant questions to be posed to the literature on these two other roles in eldercare.

Moving on to the eldercare literature on relative roles, I summarize how my analysis has supported the roles identified in the existing literature. However, I also flesh out the roles in terms of their being co-constructed with the changing functions of eldercare, thus showing the

roles to be less uniform and stable than suggested in the literature. As such, I offer some additional insights into the conflicting expectations that the literature has shown care workers and relatives to harbour with respect to the roles. Finally, I suggest that the partner role I identify in the 2010s differs from the roles identified in the existing literature, especially because the role brings much more uncertainty and complexity to the table than noted in the literature thus far.

I then proceed to relate my findings to the academic debate on the substitution versus complementarity hypotheses, arguing that my findings offer new nuances to the understanding of the relationship between formal public eldercare and informal family caregiving. My argument rests on two central findings of my thesis: 1) eldercare policy has since the 1930s constructed the relationship between public eldercare and changing relative roles as a series of changing relations of substitution and complementarity, including changing expectations about who is to supplement or complement whom; and 2) some relationships not easily captured in either of the two terms also emerge with the changing roles of the relative, such as a care relationship, a conflict relationship and not least a partnership. I end this section by proposing that what is seen in current Danish eldercare policy can more precisely be understood in terms of a multitude of welfare mixes either never defined before or lasting longer than a single care interaction.

Afterwards, I relate my findings to the diagnosis in eldercare literature that eldercare in Scandinavia is characterized by a development from family-centred, to state-centred eldercare and on to a re-familiarization where the relative is re-assigned a larger role in eldercare. I first argue that my findings of a multitude of relative roles that lead to mounting expectations for the relative over time support the conclusion in the eldercare field that from the 1980s the family is expected to fill a larger role than was previously the case. I supplement this conclusion by showing that the partner role can currently be seen as not a larger, but more accurately an unlimited role. I go on to argue that my findings on the partner role also challenge the literature's conceptualization of the last period as one of 're-familiarization'. As such, I suggest that the 're' in 're-familiarization' and 're-assigned' risks turning what is new into a blind spot, and propose that relevant insights can be gained from instead approaching the development in Danish eldercare as moving from family- to state- to partnership-centred eldercare.

I finish the chapter and the thesis with a few thoughts on the possible implications of a partner role as holding both potentials and possibly new problems for both public eldercare and the relative.

2. A Story of Multiple Roles, Reducing and Producing Uncertainty

Having analysed the last 90 years of Danish public eldercare policy, I have identified five distinct periods in my story of the role of the relative. In short, I have demonstrated each of these periods to hold distinct relative roles constructed with changing functions and relations of public eldercare. Some roles only lasted for a brief time and others longer, but none lasted for the entire 90 years, and while some roles were retained in eldercare policy through several periods of changing eldercare functions, the expectations for the roles changed with every change of function.

More specifically, I have shown the first construction of a relative role in Danish eldercare policy to emerge in the 1930s. The two roles constructed were those of a waning caregiver and a care worker employer. The roles were constructed as part of a substitution relationship I have termed an either/or relationship. Either the relative took care of its elderly family members, and the public sector did not; or societal developments led the relative to not take care of its elderly family members, and public eldercare was then expected to substitute for the waning caregiver. These roles and the substitution relationship emerged with the construction of, first, public nursing homes and old-age-pension and later public homecare as the solution to the problem of increasing numbers of elderly citizens not being cared for by their families and therefore needing public care.

Throughout the 1930–1969 period, an open contingency of what to expect of the relative was maintained in Danish eldercare policy, as the policy contained only a few decision premises regarding the relative. As such, decisions about what to expect of the relative in the two roles and about which of the two to address the relative in were instead postponed to subsequent eldercare communication. Notably, the decision on whether public eldercare was to substitute for the relative was left to the relative. The relative conditioned whether it was to be the ‘either’ or the ‘or’. Importantly, it was also a period where condensing expectations into the roles of the relative did less to reduce uncertainty about what to expect of the relative than generating expectations for the role of public eldercare in substituting for the waning relative did.

The role as a care worker employer only lasted until the end of the 1960s, when a new period in my story of the relative started and lasted for the next decade. The role as a waning caregiver, on the other hand, continued into the 1970s period, where it was accompanied by three new roles as a burdened caregiver, an unqualified caregiver and a co-receiver of eldercare services. All four roles were constructed with a new function of public eldercare, whereby it was to provide an all-encompassing public total eldercare that met elderly citizens' holistic, individual and unlimited needs for eldercare while also facing increasing financial strain and pressure. While the substitution relationship continued into the 1970s period, public eldercare was no longer expected only to substitute for the relative when the relative waned from eldercare, but also to actively substitute for the relative – in other words, crowd out the relative, who was now expected to be too burdened and unqualified to provide the total eldercare considered necessary to achieve aging in place and thus solve the financial problem of public eldercare. Moreover, with the relative in the role as a care receiver, a care relationship was constructed alongside the substitution relationship. This was a relationship concerned not with who was to substitute or complement whom, but with whether the relative was itself to receive services.

This doubling of roles from two to four coupled with the two relationships possibly to expect between the relative and public eldercare generated a new form of open contingency in the policy, thus postponing uncertainty regarding which of these available roles and relationships with which to address the relative in further eldercare communication. Notably, such a decision was no longer premised to be for the relative to make, but rather a matter for the local eldercare organizations and institutions. Furthermore, the generation of expectations for how public eldercare was to substitute for the relative still reduced uncertainty more greatly than the construction of expectations for the relative did, as the policy continuously left most matters regarding what to expect from the relative open for subsequent eldercare communication to address.

While the roles of a burdened caregiver and an unqualified caregiver did not carry into the next period of my story, which ran from 1980 to 1994, the roles as a waning caregiver and a co-receiver did. Moreover, in this period five new roles were constructed. These are the roles of social caregiver, source of information, source of continuity, proxy and an opponent. All seven roles were constructed with public total eldercare – which had been considered the solution to the problems of eldercare in the previous period - now considered its main problem. The

problem was to be solved through three new principles of eldercare: self-determination, continuity and the use of ones' own resources and competencies. The four roles as proxy, social caregiver, source of information and source of continuity were ideal roles that the eldercare policy of the period desired the relative to enact in order to fulfil the function of public eldercare. They were roles constructed in the policy's descriptions of its desires for the relative rather than of how it observed it to be. With these four ideal roles, the relative was constructed as part of the solution to the problems of public eldercare, but in the role as an opponent, the relative was also constructed as part of the problem. While the care relationship continued with the role of the relative as a co-receiver of care, the substitution relationship ceased, even though the role as a waning caregiver continued. The relationship was now instead constructed as one of complementarity. Public eldercare was expected to carefully only complement, not substitute for, the relative, and the relative was also no longer expected to be less qualified and suited to caregiving than public eldercare, but rather expected to carry qualities that could also complement public eldercare. Moreover, with the opponent role, a conflict relationship was also constructed – a role and relationship that held generalized expectations of disappointed expectations for the four ideal roles. This relationship concerned not who was to substitute and complement whom but how the relative was an obstacle and opponent to public eldercare.

In this 1980–1994 period the policy held multiple decision premises regarding all seven roles and three relationships. These decision premises in turn premised further eldercare communication regarding who could be expected to act in the different roles, how and when, thus reducing uncertainty about what to expect of the relative. However, the presence of such a multitude of roles and relationships meant that, also in this period, an open contingency was generated as to which role and relationship to connect to in further eldercare communication. The role as an opponent and the conflict relationship served to produce another form of open contingency, which concerned whether to connect to the relative as a resource or as an opponent. Finally, an open contingency also emerged with regard to which expectations to connect to with the waning caregiver and the co-receiver roles that had now condensed different expectations over time. Moreover, this was notably a period where the opponent role and conflict relationship came to function as a way of stabilizing expectations of failed expectations for the period's ideal roles. As such, the opponent role functioned to reduce uncertainty about how to continue further eldercare communication in the case of failed expectations.

The roles as a waning caregiver, a source of continuity, a source of information and a social caregiver did not continue after the close of the 1980–1994 period. However, the role as a proxy carried on into the next period, which ran from 1995–2009, only now constructed as a part of solving a problem of inefficiency and poor quality in public eldercare. Like the proxy role, the role as an opponent too survived. Moreover, in the 1995–2009 period a new role was constructed as a co-responsible other. This role was constructed in another solution to the same efficiency and quality problem as the proxy came in response to. Along with the role as a co-responsible other, the role as a co-receiver of services also carried on from the previous period, and the role as a burdened caregiver familiar from the 1970s was revived, but both roles were now part of a solution to an inefficiency and quality problem of public eldercare.

There were thus five relative roles available in the eldercare policy of this period, all constructed with the policy's construction of various solutions to an inefficiency and quality problem of public eldercare. The roles as proxy and co-responsible other were ideal roles desired by the policy as imperative to the function of public eldercare. With the five roles came four possible relationships between public eldercare and the relative. Where the roles as care receiver and opponent were part of a care relationship and a conflict relationship, the role of proxy was constructed with a relationship of complementarity, and the role of co-producer with a substitution relationship, where for the first time the relative was the one expected to substitute for public eldercare.

With expectations for the relative generalized and stabilized in such a multitude of roles and relationships, with each premising who could be expected to enact the particular role, how and when, uncertainty about what to expect of the relative was reduced. Again, however, the multitude of roles and relationships in and of themselves also produced an open contingency as to which role and relationship to connect to in further eldercare communication, thus postponing uncertainty to such subsequent communication. Also, because the opponent role and conflict relationship were still available, an open contingency about whether to address the relative as a resource or an opponent also still prevailed. Moreover, the roles as a proxy and a burdened caregiver had now both persisted through two different functions of public eldercare, while the role as a co-receiver had done so for three. In terms of further eldercare communication, the three roles thus also carried with them an open contingency as to which expectations to expect with the roles. Nevertheless, neither of these new, open contingencies was left unaddressed in

eldercare policy in this period. Management tools were now introduced to absorb uncertainty about which role to connect to, how and when and about whether to connect to the relative as a resource or an opponent. As such, the management tools came to function as role-uncertainty-absorbing machines. Overall, the five roles reduced uncertainty as to what to expect of each available role, and multifarious management tools reduced uncertainty about which of the available roles to connect to, how and when.

The fifth and final period of my story of the relative runs from 2010 to 2020, and only one role – as a partner – was constructed for the relative in this period. The partner role was constructed with the eldercare policy's construction of dignity as the solution to a problem of an inefficient, bureaucratic public eldercare that reduced elderly citizens' quality of life and threatened their self-determination to a degree no longer considered dignified. The partner role has differed from any of the previous roles in the sense that it holds open a range of expectations familiar from previous roles. The relative as a partner can be expected to act as a social caregiver, a burdened caregiver, a co-receiver of eldercare services, a proxy, a source of information and a source of continuity. The role as a partner is thus multifaceted, containing a multitude of expectations for the relative. The key here is that these expectations do not limit the partner role. The partner role can borrow expectations from previous roles but can never be limited by them. What is more, the partner role is also different because it generates and prolongs uncertainty about what eldercare is, and about who, when and what to expect of the relative, and even about when this decision has been made. The eldercare policy in this period has premised that who the partner is, what the partnership is about or what the partner can be expected to do and when cannot be decided anywhere else or at any other time than in the partnership itself. The partner role has stabilized no expectations for the three dimensions, only expectations of a never-ending expectation negotiation. In other words, only the expectation of negotiation of expectation has been certain, and no certainty has been generated as to when such a negotiation has taken place. With the partner role, this period's eldercare policy has stabilized generalized uncertainty, thus constructing a structurally determined uncertainty.

In sum, Danish eldercare policy has over the last 90 years constructed the relative in the roles of a waning caregiver, a care worker employer, a burdened caregiver, an unqualified caregiver, a care-receiver, a social caregiver, a proxy, a source of information, a source of continuity, an

opponent, a co-responsible other and a partner. Schematically, this collected story of the role of the relative can be summarized as below.

1930–1969	1970–1979	1980–1994	1995–2009	2010–2020
				A Partner
	A waning caregiver			
The care worker employer				
	A burdened caregiver		**A burdened caregiver**	
	An unqualified caregiver			
	A co-receiver			
		A proxy		
		A source of information		
		A source of continuity		
		A social caregiver		
		An opponent		
			A co-responsible other	

Table 9) The roles of the relative from 1930–2020

My main contribution with this thesis has been to conduct this longitudinal study of the role of the relative in Danish eldercare policy. It is the first of its kind to analyse the role of the relative as a function of changing functions and relationships of Danish public eldercare over a span of 90 years.

However, my ambition has also been to show how these roles of the relative have not only reduced but also produced uncertainty about what to expect of the relative, and not least to call attention to how the current partner role produces unlimited uncertainty that it prolongs indefinitely. This is a conclusion that, I suggest, also makes my thesis relevant as a case for the current academic debate on change in the Danish public sector, as this debate specifically takes place amongst system theory analysts.

Throughout the analysis I have demonstrated how the eldercare policy's construction of various roles for the relative over time has reduced what can be expected of the relative when addressed in these roles. However, I have also shown such uncertainty reduction to come at the price of new forms of uncertainty. I would like to call particular attention to three forms of open contingency produced with the relative roles.

First, I have demonstrated how going all the way back to the 1930s, but especially from 1980 to 2009, Danish eldercare policy has held a multitude of relative roles and relationships available for subsequent eldercare communication to connect to. Such availability produces an open contingency as to which roles and relationships to connect to – an uncertainty that is postponed to local eldercare communication. Second, I have demonstrated how from 1980 to 2009 an open contingency was also produced in the policy with the construction of an opponent role, where uncertainty about which of the two opponent ideals to connect to – the relative as a resource or the relative as an opponent – was postponed to subsequent eldercare communication.

These findings concern how such two new forms of open contingency emerge as a by-product of the uncertainty reduction that comes about with the policy's role construction when a multitude of simultaneous and sometimes even opposing roles are constructed. As such, the findings resemble Knudsen's findings that, as presents, open contingency comes about in the Danish healthcare system when multiple, simultaneous and sometimes even opposing decision premises are made available for further decision communication. To this should be added that I have shown a third form of open contingency to have emerged with the role construction when roles were sustained through more than one function of public eldercare. I have shown the roles as waning caregiver, burdened caregiver, co-receiver, proxy, social caregiver and opponent all to have carried with them an open contingency about which expectation condensed into the roles over time to connect to, and thus to carry an uncertainty with them into local eldercare communication. The roles bring along the uncertainty wherever they go, so to speak. Hence, as another important point to be considered in further research on organizational change and decision-making, I suggest that roles can be considered as uncertainty-prolonging containers easily mistaken for the opposite.

Finally, I have demonstrated how the partner role in current Danish eldercare policy is particularly a role producing and prolonging unlimited uncertainty about what to expect of the relative. As such, I consider the thesis to be a case of what Andersen and Pors, as presented, term organizational desire of uncertainty, where uncertainty is not just considered to be a by-product of the organizational decision communication but is desired and prolonged.

In this thesis I have shown an eldercare policy discovering that its desire for standardized certainty about what to expect from public eldercare and of the relative in eldercare has not resulted in the increased efficiency and quality of public eldercare expected, but rather in inefficiency and bureaucracy that threatens elderly citizens' quality of life, self-determination and even their dignity. I have shown a policy coming to instead desire uncertainty about what eldercare is and who can be a part of it, how and when, and demonstrated the partner role to be a role upholding just such desired uncertainty. I find this to be similar to what Andersen and Pors have demonstrated the games used in the Danish School system to do. What is more, I have shown the partner role to be a role even upholding uncertainty as to when such decisions regarding the who, what and when of the relative have been decided. It is a role ensuring that the moment of the decision is never reached. Indeed, the moment of decision becomes uncertain when the partner role is constructed as a role to be constructed in the negotiation of expectations in the partnership, especially with no expectations constructed for when this is to happen and for how to determine whether expectations have been formed or are still up for negotiation. As such, the partnership erases any stable expectations of when the partner role has been negotiated, inserting an uncertainty into the distinction between the before and the after of the decision. Resting on these findings, I suggest that another important point of further research into organizational change and decision-making could be how roles can function to uphold uncertainty about when decisions have been made about the roles.

Altogether I suggest that my findings offers both a new case exemplifying several of the findings in the systems-theoretical literature on organizational change and uncertainty, but also additional notions about uncertainty production relevant for further theoretical development and empirical inquiry – notions it has not been possible to pursue any further within the frames of this thesis.

Before engaging with the eldercare literature, I would also like to highlight three forms of uncertainty reduction I identified throughout my analysis. First, for the first 50 years covered in my analysis, I found it to be characteristic of the eldercare policy to decide on few decision premises as regards the relative. In other words, I found the policy to not decide on the relative but to leave such decisions to further eldercare communication. I even found the policy to present the decisions on the relative – though being part of the policy – as merely reactions to societal developments rather than as decisions, per se. I also found that, at the time, uncertainty about what to expect of the relative was mainly reduced through a condensation of expectations into the role of public eldercare – especially expectations concerning how public eldercare was to substitute for the relative. In other words, uncertainty about what to expect of the relative was reduced by the construction of expectations for public eldercare.

Second, I found that the role as an opponent and the conflict relationship came to function as a reduction of uncertainty about how to continue further eldercare communication when expectations failed for the ideal roles, as in the case of such failure the relative then simply appeared as an opponent on the problem side of the function of public eldercare. Thus, the policy observed it to be uncertain whether the relative would connect to the ideal roles, and the policy reduced this uncertainty by constructing the role of an opponent, thus setting the premise that failed expectations were to be addressed with the role as an opponent. By being constructed as the opposite of the changing ideal roles, the opponent role and the conflict relationship reduced uncertainty as to whether to address the relative in the role as a resource or an opponent in further eldercare communication. The construction of the opponent role reduced uncertainty by premising that in the case of failed expectations for the ideal roles, the relative was to be addressed as an opponent, and a conflict relationship was to be expected. This calls attention to how one might productively seek to fully capture how roles reduce uncertainty by also studying the couplings between various roles, for such interplays in and of themselves might function as uncertainty absorption.

Finally, in the course of my analysis, I encountered management tools that I have shown to function as what I have termed role-uncertainty-absorbing machines. In the 1995–2009 period I found an eldercare policy that used the NPM tools of the time to reduce uncertainty about which role to expect connections to how and when in further eldercare communication. As such, the thesis has shown the management tools to function as programs reducing the uncertainty

produced as a by-product of the multiple roles. I have not dwelled too long on this finding, as a further inquiry into the management tools and their constitutive effects on the role of the relative would require a change in my analytical strategy and point of observation. Although Luhmanns' systems theory offers the theoretical concept of technology and an analytical strategy for studying such technologies as reducing the difference between a desired future and the present, it is beyond the scope of this thesis to include such technology analysis.

I propose that these findings combined call attention to how looking beyond the role itself is a relevant way of fully capturing how roles reduce uncertainty. On a final note, in current Danish eldercare policy the concept of dignity can be observed to hold importance with regard to the uncertainty produced with the partner role. It appears that the policy sets the limit of what to expect of the relative in the partner role as being drawn along the limits of what is considered as dignified. In other words, what can be expected of the relative is everything that is defined as dignified for the elderly citizen and the relative. I was not able to address this further, although I believe significant insights can be gained from pursuing this matter. Indeed, there are two possibilities at stake here. On the one hand, the concept of dignity may be a concept with a clear distinction between dignified/undignified eldercare and can therefore be observed to actually draw a limit to what can be expected of the relative – a limit I have not been able to identify with my role analysis. On the other hand, dignity may be a concept without a counter concept to keep it fixated, which could thus actually add to the uncertainty about what to expect of the relative that I have been able to demonstrate with my role analysis. On the basis of my study, I find the latter to be likely. However, although systems theory with its concept of semantic and the semantic analytical strategy offers an approach to this interest in what the concept of dignity does to the uncertainty about what to expect of the relative, the required change in point of observation and analytical strategy is beyond the scope of the thesis. Thus, what appears to be an unlimited uncertainty when approached from the role of the relative might look different when approached from the concept of dignity – but this for now remains a theme for further research.

Having summarized my findings regarding the roles constructed in Danish eldercare policy from 1930 to 2020 and the various ways these roles have reduced and produced uncertainty about what to expect of the relative, I now turn to debating these findings in the light of the existing eldercare literature.

3. Engagements with Eldercare Research

In the following, I relate the findings summarized above to current debates in eldercare literature. Although my research interest did not spring from current debates in this literature, my approach has, as presented, been strongly informed by the findings of the existing literature. In what follows I argue that my findings also hold relevant contributions to several debates in the literature.

3.1 Roles in Eldercare

In what follows, I argue that my longitudinal, historical systems-theoretical study of the role of the relative offers supplementary insights of relevance to the existing literature on roles in care, especially on the role of the relative. Insights that come about because I approach the role as a construction that changes in step with the changing functions and relationships of public eldercare, and because I delve into how uncertainty is both reduced and produced with such role construction.

Starting with the literature on the role of the care worker and care user, I will point out a few contributions to be drawn from my findings. Besides offering my thesis as a third and so far, missing piece of the picture of roles in eldercare, my focus on uncertainty, and my pursuit of the relative role all the way up to 2020 has generated findings alien but indeed relevant to the existing literature on the role of care workers and care users. These finding allow me to point towards new questions to ask in this branch of the literature. As presented, the main interest of the literature concerns how the two roles are constructed anew with the management tools of the 1990s and 2000s. Whereas this has unquestionably provided important insights into the roles and their changing nature – indeed insights that also inspired this thesis – they provide no answers to how the care worker and care user roles look today. On the basis of my findings of the partner role and the unlimited uncertainty it produces, I suggest that important and, so far, unaddressed developments in these two roles can also be assumed to have occurred in the last decade. I find it safe to assume that such a partner role as I have identified for the relative has not come about without changes in the expectations for the care worker and care user roles as well. Simply, I suggest that something currently just as important to our understanding of public eldercare as NPM was in the 1990s and 2000s has appeared, leaving eldercare research with

important unanswered questions about how the care worker and care user are constructed in today's partnership of dignified eldercare.

3.2 Roles of the Relative

Moving on to the literature on relative roles, I will make three points. For one, my findings support the roles identified in the existing literature, as these appeared at some time in my historical analysis as well. The only role from the existing literature that did not stand out as a distinct role in and of itself in my study was the role as a visitor. However, I did find a role I term the social caregiver, which holds similarities to the visitor role in the literature. I have demonstrated the social caregiver to be expected to attend to the social and mental needs of elderly citizens by means of visiting and socializing, in the same way as the visitor role identified in the literature. My choice of terming the role a social caregiver and not a visitor rests on how I found the role not only in the setting of the nursing homes, but also as an expectation connected to the relative in all eldercare settings. Moreover, I found that the relative in the social caregiver role was not expected to visit with the sole intention of the visit but also with an expectation of how the relative, by attending to the social needs of the elderly citizen, could prevent the development of more severe needs for public eldercare, especially for expensive institutionalization. Thus I use the term 'the social caregiver' to signal that it is indeed a caregiver role. However, although the social caregiver role I identified holds expectations that appear to exceed the expectations for the visitor role seen in the literature, I claim to still be able to support the literature's identification of such a role, as the expectations of a visitor is part of the expectations generalized in the social caregiver role I found.

As a second point, I would argue that using my systems-theoretical historical approach to study changes in roles as constructed with changing functions and relationships of eldercare, I can offer additional nuances and details to the roles identified in the existing literature. Whereas the literature offers a here-and-now picture of the roles as they appeared mainly in the 1990s and 2000s, and describes how they might change with the changing situations and conditions of the individual elderly citizen and relative, I have shown the historical changes in the roles as they occur with the changing functions and relationships of public eldercare. In other words, I have shown the emergence of the roles and the changing expectations generalized over time in each of the roles identified in the literature. As I will summarize below, this allows me to point out that what appears in the existing literature as one role might hold multiple even opposing

expectations from various previous periods, Which in turn offers some additional insights into the conflicts pointed to in the existing literature.

I have already summarized above how and when the roles were constructed and with what functions of public eldercare, showing how all the roles identified in the existing literature were not constructed at once, but in various contexts serving various functions of public eldercare. Here, I elaborate on what such findings can offer the existing literature.

For one, I offer the insight that the co-receiver role – also referred to in the literature as the hidden patient or the co-client – emerged for the first time in the 1970s with the function of public total eldercare, and that this role has been present in eldercare policy all the way up until well into the 2000s. It has served different purposes, developing from being a goal in and of itself in the 1970s, to being a means of enabling the relative to play the role, first, as a social caregiver in the years from 1980–1994, then as a co-responsible other substituting for public eldercare in the years from 1995–2009. Thus, offering the insight that when addressed as a co-receiver of public eldercare all such various expectations of what this means are open.

As another example, I can also add to the findings of the existing literature that the role as an opponent emerged in the 1980s, with the imperatives of public eldercare being self-determination, continuity and the use of own resources and competencies, which the relative was expected to oppose; and that the opponent role emerged alongside its opposing role as a resource. I have also shown how the opponent role from that time onwards to the 2010s functioned as a role with which to address relatives who did not match the changing ideal roles constructed alongside the opponent role over time. As such, I offer the insight that the opponent role emerged with the eldercare policy's idealization of roles for the relative – the opponent role simply emerged from the policy's expectations of failed expectations of the ideal roles.

As a final example I will use the role as a caregiver. As also pointed out in the existing literature, the role of the relative as a caregiver is not simple or certain. As presented, the literature has pointed out how care workers and relatives have different experiences of the size and content of the caregiver role, how the relative does not always feel welcomed and appreciated as a caregiver, and how care workers both expect the relative to continue in the role as caregiver but also construct limits to what, when and how they accept and welcome this role. I supplement these findings by showing how changing expectations have been generalized and stabilized in

the caregiver role over time with the changing functions and relationships of public eldercare, and how the complexity of the caregiver role is currently even greater than identified in the existing literature.

What I have brought to the fore is that the eldercare policy has held changing expectations for the relative as a caregiver all the way back to the 1930s, when the relative was expected to wane as a caregiver. The waning caregiver role was presented in eldercare policy as the result of societal developments, not as an outcome of any policy decision. The caregiver role then continued into the 1970s, but here new expectations were stabilized in the role. The relative was still expected to wane from caregiving, which is to say that the role was still cast as a waning caregiver. However, the waning caregiver was no longer cast as an unavoidable, pre-given role coming about with inevitable developments in society. The waning caregiver was presented as a policy decision, one coming about with the policy's observation of the relative as overly burdened by and unqualified to meet the standards of public total eldercare considered necessary to ensure aging in place. The role as a caregiver was thus no longer only described as a role as a waning caregiver but also as a burdened and unqualified caregiver. However, in the 1980–1994 period the role as a caregiver became an ideal role. Indeed, the role was no longer constructed in the policy's observations of inevitable societal developments but was constructed of the hopes and expectations of the policy. As such an idealized caregiver the relative was at the time welcomed as a caregiver, expected even to be a caregiver superior to public eldercare. Then again in the 2010s new expectations were again connected to the role as a caregiver. With the partner role it has been no longer possible to know whether the relative in the individual partnership is to act as a caregiver and, if so, to know what it means in the individual partnership to be a caregiver.

All of these details demonstrate how the caregiver role over time has been filled with different expectations. They offer some explanatory insights into the difficulties in agreeing on a caregiver role, which the existing literature has also called attention to. Where the literature has shown the difficulties of local agreement on what to expect from the relative in the caregiver role, all depending on whether you ask the care workers, care users or relatives and on what eldercare setting one looks at, I show how such different expectations date back to different periods and functions of public eldercare and point towards how the difficulties shown so far in the literature about such agreement are nothing compared to the complexity now opened with

the partner role. This leads me to my final engagement with the literature on relative roles. Below I propose that the partner role I have identified and the uncertainty production I have found to characterize this role bring much more uncertainty and complexity to the table than the literature has addressed so far, and I challenge what I have framed as the idealization of the partner role in the existing literature.

As presented, a main theme in the literature on the role of the relative is how the relative's caregiving burdens can be eased through a partnership between the relative and the public eldercare. Accordingly, it is a dominant conclusion that a partnership is the way to solve the complexity of expectations for the relative and the uncertainty experienced by both care workers and relative about what is expected of the relative.

Whereas I can support these conclusions by showing how Danish eldercare policy in the last decade has also constructed the partnership and the partner role as part of the solution to the problems of eldercare, I would argue that my findings also point to what otherwise might go unnoticed in both research and practice – that the partner role and the partnership between the relative and public eldercare do not, as expected in public debates and academic literature, generate certainty as to what can be expected of the relative. Quite the contrary. The partner role, as said many times now, generates unlimited uncertainty as to what can be expected of the relative in eldercare. While I have been able to identify such uncertainty produced with the partner role, it has been beyond the scope of the thesis to pursue the constitutive effects of this uncertainty. I therefore suggest that rather than idealize the assumed merits of a partnership of eldercare, researchers should explore the potentials and problems of the uncertainty I have shown to be produced and prolonged with the partner role.

3.3 Relationships of Care – More than a Question of Complementarity and Substitution

In addition to the above-described contributions to the literature on roles in care, I will in the following propose some additional insights and new questions to raise in the debate on the complementarity and substitution hypotheses in eldercare research. While my findings have confirmed that substitution and complementarity also appear as relevant concepts when one studies the relationship between the relative and public eldercare from the perspective of eldercare policy's generalized expectations for relative roles. I have also demonstrated that the policy since the 1930s with its changing roles for the relative has conceptualized the relationship

between public eldercare and the relatives as a broad variety of different and changing relations of substitution and complementarity. On top of this, I have demonstrated that the eldercare policy over time has raised expectations for the relationship that cannot easily be understood in terms of complementarity or substitution, such as a care relationship, a conflict relationship and especially a partnership. Based on my findings, I make two proposals to point future research towards new questions relevant to understanding current developments of public eldercare.

First, however, I will emphasize that I by no means dispute the findings of the literature. As emphasized in Chapter 2, I recognize the different research interest and approaches that distinguish my thesis from those of this literature. I merely offer my findings as supplementary insights coming about precisely because of my different approach. That being said, I will for one propose that future research on the relationship between formal public eldercare and informal family care can gain from paying attention to how the understanding of what public eldercare constitutes is not a static, but a changing matter, constantly setting new premises for how the relationship between the two parties can be constructed and understood. Whereas the existing literature for the most part has concluded that the Scandinavian welfare model is a model where public eldercare and family care complement each other. I have shown this to be somewhat sketchier when one looks at it from the perspective of the relative roles constructed in eldercare policy. I could find no clear conclusion in regard to complementarity or substitution, its being sometimes the one, sometimes the other, sometimes both, and sometimes even something else entirely, depending on the changing functions constructed for public eldercare. Going forward, I thus suggest that one can gain insights into the relationship between public eldercare and the relative by questioning whether substitution and complementarity fully capture the relationship between the two, or whether other categories emerge as equally relevant, thus enabling one to keep such other possibilities in mind.

Most importantly, however, I suggest that my findings from the last decade challenge the current explanatory power of the substitution and complementary hypotheses. I claim that the partnership constructed in the last decade of Danish eldercare policy cannot be defined in terms of substitution or complementarity. The partnership casts aside all previous expectations to the relationship, holding open the who, what and when of eldercare. What eldercare is and who is to do what and when to achieve that care is not settled before the partnership, there are thus no pre-given standards on which to claim or expect complementarity or substitution. I propose that

one instead investigate what the partnership does to the relationship between the two. The partnership does something that cannot be understood if one thinks in terms of substitution and complementarity, for it is neither: it is a stabilization of uncertainty as to who can be a partner, what to do as a partner and when to do it, thus opening up all sorts of imaginable relationships. I therefore suggest that further knowledge is needed as to how to capture the partnership relationship and how to develop the complementarity and substitution hypotheses in light of this partnership.

3.4 From Family-Centred to State-Centred Eldercare and on to Eldercare-Partnerships

On the following pages I argue that my findings also offer a contribution to the diagnosis of the eldercare literature that eldercare in Scandinavia is characterized by a development from family-centred to state-centred eldercare and on to a re-familiarization where the relative is re-assigned a larger role in eldercare.

I start, though, by noting that my findings support the overall characterization in the literature of the period until 1950 as a family-centred period where the family is expected to care for its elderly family members and where the public eldercare is only expected to substitute in the cases where families do not meet expectations. Likewise, my findings confirm the 1970s as a state–centred period, where the relative is expected to wane from eldercare with public eldercare substituting for the relative. My findings thus so far confirm the diagnosis presented in the literature. I also agree with the diagnosis insofar as I have also found the eldercare policy of the 1980s and onwards to construct more roles for the relative, thus keeping more expectations for the relative available in the period from 1980–2020 than in previous years. As such, the policy has constructed such increased expectations for the relative with expectations of public eldercare retrenchment as well. My findings thus support the notion, that what is seen from the 1980s onwards is no longer a state-centred eldercare as known from the 1950–1980 period. However, my findings do not support the framing of the period from 1980–2020 as one of a ‘re-familiarization’ and a ‘re-assignment’ of a ‘larger’ role for the relative.

First, I find that I can give more precision to the literature’s conclusion that the relative is currently assigned a larger role – one that entails being met with more expectations than in the years between 1950 and 1980. While my findings support this conclusion by showing how more expectations are stabilized and generalized in multiple roles for the relative from the 1980s

onwards compared to the previous years, I offer three additional findings. First, I offer a more precise view of how the changes in the eldercare policy's expectations for the relative over time can more accurately be conceptualized as different expectations than as more or fewer expectations. What is characteristic of current eldercare policy is not that the relative is met with expectations or with more or fewer expectations, what is characteristic is the type of expectations the relative is met with. This leads me to my second point, which is that the expectations the relative is currently met with are unlimited. My finding of the partner role in the 2010s shows that what is seen today is, in fact, an unlimited role with unlimited expectations as to who can be cast in the role as a partner and what can be expected of the relative and when and even uncertainty of when this is decided. This suggests that one can capture the current development more appropriately by conceptualizing what is seen as the relative's being assigned not a larger role but an unlimited one. Third, I have also shown how what is characteristic about the current relative role is also that the relative is now addressed as responsible for constructing expectations for itself. The relative is addressed with expectations of being responsible for ongoing negotiations of what it means to be a partner in eldercare. Thus, I suggest that what the literature presents as a larger role for the relative is more accurately understood as the relative's being expected to be responsible for continuously defining and enacting an uncertain and unlimited role. In other words, the role is no doubt different from the state-centred period, but I assert that terming it an unlimited self-responsible role would be more accurate than terming it a larger one.

Second, as regards the diagnosis of a re-familiarization, I agree insofar as I also find eldercare policy in the years from 1980–2020 to expect the relative to again be part of public eldercare. However, I claim to have shown that it is not the same relative that is expected in the 2010s as the one expected in the years of the family-centred period before the 1950s. I have shown that what is seen is indeed not a return to an old familiar relationship and role of the relative known from the family-centred period. I have shown how the point of departure was a place with no expectations for the relative except that it wanes from eldercare due to societal developments, and how this culminated in a place with unlimited expectations for the relative. In the family-centred period of the 1930s, eldercare policy posed no expectations to the caregiving of relatives. Either the relative was present in the caregiving of its elderly family members and eldercare policy held no expectation of who the relative was and how and when it gave care; or the relative was not present in the caregiving and the eldercare policy of the time expected

public eldercare to substitute for the waning caregiver. Eldercare policy offered public eldercare as a substitute for the relative, and the relative was the one choosing whether to enact such a substitution relationship. Adversely, in the 2010s the eldercare policy holds unlimited expectations for the caregiving of relatives. The relative is expected to enter an ongoing expectation negotiation with public eldercare, with no limits to what can be expected of whom and when and without expectations about when this expectation of expectation negotiation has been met. Danish eldercare policy now offers the relative as a partner to public eldercare. In other words, the policy has chosen the relative as a partner, and what it means to be a partner remains uncertain and unlimited: expectations can be familiar from a range of relative roles of previous times, but they can also be everything else. Thus, I will claim that this is not a return to an old role. No, the relative 're-appearing' is a new relative, and by framing it as a 're-familiarization' and 're-appearance', one misses the mark. I claim that we lose a sensitivity to recent development if we conceptualize it as a 're-familiarization'. The 're' in 're-familiarization' simply risks blinding research and practice to what I have shown to be a new role for the relative, a role setting all-new expectations for both public eldercare and the relative. As such, I suggest a further investigation of what insights can be gained if the development is studied as going from family-centred to state-centred eldercare and on to eldercare partnerships instead of on to a re-familiarization of eldercare.

4. Potentials – For Better or Worse

With this thesis, I have shown how Danish eldercare policy over the last decade has constructed the relative as a partner, and how this is a role that generates unlimited uncertainty about who can be expected to act as a relative, how and when as well as about when the partner role has been negotiated. Thus, after having discussed the implications of these findings in light of the existing eldercare literature, I will now as a thesis finale dare undertake a more speculative sketching of a few potentials and new problems for both public eldercare and the relative that I expect to emerge with the partner role.

Whereas I expect the partner role and the uncertainty it generates to undoubtedly leave eldercare policy with an unlimited potential, the role also leaves the relative with what can only be expected to be an even more uncertain and broader role in eldercare than ever before. Starting with the potentials for eldercare policy, I can easily imagine that with every meeting between a relative and public eldercare as a potential arena of partner-role construction, the policy has

constructed an unlimited potential for public eldercare. The policy has managed to construct a role for the relative that holds all possibilities open to public eldercare. By defining beforehand what the relative was expected to do, eldercare policy lost out on all the potential other elements of what the relative could have been and done whenever, but this is no longer the case. The construction of the partner role is held open indefinitely, thus indefinitely holding open what a relative is and can become.

It is equally easy to imagine that this does not exactly leave the relative with less burden, confusion or frustration. There is still no certainty offered to the relative about what is expected of it, but now this uncertainty is masked as the certainty of a partner role. Furthermore, although there are no expectations stabilized in eldercare policy about what the consequences of not enacting the partner role are, the threat of undignified eldercare comes to mind. I expect that the threat of not enacting the partner role is exactly the threat of one's elderly family member not receiving dignified eldercare and that the relative becomes the one to blame, as it was the one who did not enter into the partnership of dignified eldercare alongside public eldercare. I imagine the stakes are high for those who refuse the partner role.

However, I also expect that the stakes are high for public eldercare – maybe higher than eldercare policy realizes – and that the partner role not only holds potentials but also maybe the next problem of public eldercare. I suppose that with the partner role, eldercare policy has both constructed the relative as an unlimited resource for public eldercare and rendered public eldercare an unlimited resource for the relative. I imagine that if the relative plays the role of partner well, negotiating expectations with public eldercare every time it meets it, then the relative also faces an unlimited potential to negotiate a much more favourable care for its elderly family members and a better role for itself than ever possible before. Also, it is quite possible to imagine that in its encounters with public eldercare, the relative might encounter negotiation partners who might be professional care workers but not necessarily professional negotiators. Thus, the potential of the partnership of dignified eldercare goes both ways, and in order for public eldercare to harvest the potential of such partnership, care workers must be not only professional care workers, but also professional negotiators equipped with both the time and the competencies to negotiate.

Moreover, I imagine that the only way for the relative to avoid being met with unlimited expectations is to avoid negotiating expectations, and because such negotiations can be

expected at any time, I suppose that the only option left to families that do not care to be met with unlimited expectations is simply to ignore the demand of expectation negotiation. Moreover, I imagine that in order to escape the ever-available advice on how to become a partner, families maybe even have to stay away from eldercare. I doubt that a family withdrawal from eldercare was what eldercare researchers or the eldercare policy hoped for when idealizing the partner role.

Thus, where I have shown how eldercare policy has constructed a partner role for the relative that generates unlimited uncertainty about what to expect of the relative, this partner role can be expected to produce both potentials and new problems for both the relative and public eldercare, something I propose could benefit from further examination.

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