

NORWAY – A WELFARE STATE THE NORDIC WAY

*Knut Magne STEN**

Abstract

One of the big challenges for any european welfare states is growing numbers of retired old people. Starting with a typical norwegian case the article turn on to a description of the nordic welfare model, the description is on an institutional level. The institutional aspects are put forward in a discussion of the micromotives and cultural background. The open market economy and strong individualism are important characteristics. The last theme is user influence and participation. Users can enforce their rights through representation, participation and making complaints. Sometimes also by protest and revolt, exemplified with cases from care services. Although Norway is on top on an global index of the prospects for retirement, there are still cases of lack of capacity and quality. The policy at the moment is to stimulate both old and others to take responsibility themselves. Staying active and in good health in the earlier old age and for people in the working ages to get out of any unemployment que by changing their competencies. To stay passive on welfare benefits should not be an option.

Keywords: european welfare, nordic welfare model, user's participation, healthy ageing

Résumé

L'un des grands défis pour le bien-être dans les États européens est le nombre croissant de personnes âgées retraitées. En commençant par un cas typiquement norvégien, l'article décrit le modèle de bien-être du Nord, la description étant institutionnelle. Les aspects institutionnels sont présentés dans une discussion sur les micro-entreprises et l'environnement culturel. L'économie de marché ouverte et l'individualisme fort sont des caractéristiques importantes. Le dernier sujet concerne l'influence et la participation des utilisateurs. Les utilisateurs peuvent exercer leurs droits par la représentation, la participation et les plaintes. Parfois, ils exercent également leurs droits à travers des manifestations et des émeutes, illustrées par des cas de soins. Bien que la Norvège occupe la première place dans un indice mondial de bonnes perspectives de retraite, il existe encore des situations où les soins ne bénéficient pas de capacités et de qualité. La politique sociale en ce moment est de stimuler les aînés et les autres à prendre leurs responsabilités en eux-mêmes. Il favorise un état de santé actif et sain, à la fois pour un âge avancé et pour les personnes actives, afin de développer des compétences pour faire face à des situations difficiles. Rester passif, en fonction des avantages sociaux, ne devrait pas être une option.

Mots-clés: bien-être européen, modèle de bien-être nordique, participation des usagers, vieillissement en bonne santé

* Assoc. Prof. Norwegian University of Technology and Science (NTNU), Faculty of medicine and health sciences, Department of Mental Health; e-mail: Knut.M.Sten@ntnu.no

Rezumat

Una dintre marile provocări pentru statele europene de bunăstare este numărul tot mai mare de bătrâni pensionați. Începând cu un caz tipic norvegian, articolul se îndreaptă spre o descriere a modelului de bunăstare nordică, descrierea fiind la nivel instituțional. Aspectele instituționale sunt prezentate într-o discuție despre microîntreprinderi și mediul cultural. Economia de piață deschisă și individualismul puternic sunt caracteristici importante. Ultima temă este influența și participarea utilizatorilor. Utilizatorii își pot exercita drepturile prin reprezentare, participare și plângeri. Uneori și prin proteste și revolte, exemplificate cu cazuri din serviciile de îngrijire. Deși Norvegia se află pe primul loc pe un indice global al perspectivelor de pensionare, există încă cazuri de lipsă de capacitate și de calitate. Politica în acest moment este de a stimula atât pe bătrâni cât și pe alții să-și asume responsabilitatea în sine. Starea activă și în stare bună de sănătate la vârsta înaintată și pentru persoanele aflate în vîrstă de lucru pentru a ieși din orice șomaj prin schimbarea competențelor. Să rămâi pasiv pe prestațiile sociale nu ar trebui să fie o opțiune.

Cuvinte cheie: bunăstarea europeană, modelul de bunăstare nordică, participarea utilizatorilor, îmbătrânirea sănătoasă

1. Becoming old, a typical norwegian case

Anna Dahl is a 84 year old norwegian widow. Now she has sold her house and bought an apartment in a new five storage housing block. All apartments in this block is so called «caring flats», that means that they are adapted to persons who need some care or possibly will need care in the future. That means a rather big bathroom, suitable for wheelchair and with some helpful devices. The apartment is about 52 square meter with a living room, a modern kitchen corner with a dishwasher, a built-in oven and microoven. Every apartment has also a balcony where she can rest in good wether. In the corridor next to her door she has a room for storage, as well as a similar room in the basement. (In the basement she can also rent a place to put her car, but Anna Dahl doesn't have any) A smart-TV is connected to internet, as her PC also is. With the PC she handle all her financial transactions, paying her bills, buying something on the internet, answering e-mails etc. In her bedroom there is place for her sewing machine. She likes to knit and occasionally make clothes for some in the family. Besides the bed there is a button she can press in case of emergency. In the ground floor there is nurses 24 hours a day. On the ground floor there is also flats own by the municipality for people who need more care and possibly have not enough money to buy a flat. Rest of the apartments are owned by the people who lives there, most of them are single, but there are also some husband and wife. On each floor there are eight apartments, in one end of the

corridor there is a big room with a kitchen, furniture, TV and a table where about twelve people can sit and eat. It is also a big balcony that goes with the room. This room is ment to be a place to meet and also for parties with the families and friends of the inhabitants. On the other end of the corridor there is a smaller common room for resting and meeting, two of the walls are all in glass providing a nice view to the sorrounding landscape. In addition there is a smaller flat which is for renting for visitors who want to stay over night. Every four floors above the ground floor is exactly like this. All the flats are owned by the people living there, and they have a board with elected members who have responsiblity for common issues and services, like access to a maintenance and fixing practical things. Allthough you can sell the apartment the buyer must meet certain criteria, regarding age and actual or potential need for some assistance. The youngest one in the block is 65, the oldest 93.

2. The caring complex

This building is part of a caring complex, the building next to the apartments is a nursing home. There is an underground connection between these two buildings, that means for instance that you can transport a hospital bed with a patient between the buildings. At the nursing home the patients have their own room with a private bathroom. There are also common rooms for resting and meeting. And of cours room and equipment for treatment and training. In the ground floor there is a cantina which is also a place for cultural activities, gymnastics and other. The activities are borth for the patients at the nursing home as well as for the people in the apartments. Two of the staff are full time employed planing and arranging activities. The nursing staff together with home-service from the municipality also offer service to people living in their orignal homes in the neighbourhood.

The caring complex is the divided in three:

- People living at their homes but recieve assistance from the nursing home and the ambulant home service.
- People living in apartments suitable for care next to the nursing home.
- People living as patients at the nursing home.

The caring complex where Anna is situated is not one of the biggest. The bigger ones includes activity-centras, may be a swimming pool, a bigger cafeteria, services like a hair-dresser, foot-therapist etc., more cultural events, programs for exercises, and a more diversified client group, including

different kind of disabilities and psychiatric problems. But there is a limit to size and some groups need a more sheltered service, i.e. people with severe dementia and other kinds of special needs.

The caring complex could also include nursing homes for recovery after treatment in hospital if you can't go home immediately after treatment. The caring complex is partly owned and run by the municipality, like Anna many people have their own dwellings but receive help more or less. The hospital is owned by the state. The Norwegian health sector is divided in two:

- Treatment in hospitals and institutions, most of them own by the state, but some are private, either own by NGO or by a company as an investment. Treatment could also be by private specialists. All institutions or specialists who want to have their services financed by the state must be approved and be a part of the system, otherwise the patient have to pay the full price. That could be the case for services not considered necessary (like some cosmetic surgery) or are considered experimental.
- Nursing and caring which are partly run and owned by the municipality, together with some private actors. Quite often this is organized like a caring complex, but this could depend on the size of the municipality. Small municipalities could prefer to buy services from a bigger neighboring municipality.

Health treatment and caring is a main part of the welfare services, and the caring complex is the more modern part of the system. In the old days you could spend a lot of time at the hospital, not only for treatment but also for nursing and recovery. But, since then time at the hospital has become more precious, more patients are queuing, the treatment are more specialized and costly. The time staying at the hospital should be as short as possible. This is only possible if there is a well functioning caring sector. To run the system you need a bureaucracy, it is large but efficient and the system itself are evaluated from time to time.

3. The maturing of an welfare state

Anna's life coincided with the maturing of the welfare state. She and her husband was born in the countryside, but got married and moved into the city in the midst of the nineteenfifties. Her husband was an electromechanic and they rented a small flat own by the employer. They got three children; all living in an apartment with only a kitchen, a living room and a bedroom.

She stayed at home with the children while the husband earned the money. For each child she receive some monthly money from the state and that gave her some money of her own. Some hours of the day the children stay in the kindergarden.

In their early thirties they have saved some money together with a loan from the state bank for housing they could build their own house. The state bank of housing financed house building in a great scale, not only for individual private builders but also for associations where people who rent the flats was member of the associations and together they own the houses. The prices for the flats was strictly regulated and made the new and for the time modern flats accessible to the ordinary family. This was called the social housebuilding. Anna and her family moved into their new house in 1965. The costs was about three times the yarly salary of her husband. When she sold in 2017 the price was about ten times the equivalent salary, and all the debt on house was paid many yars ago. So when she sold and bought the new apartment she could also put about two hundred thousen euros in her bank account as the price difference. Investment in housing for her generation turned out to be a great investment. That was also true for those who bought flats, although to some lesser degree. Every person who moved into the caring complex and selling their former dwellings improved their economy, the elderly was well off and didn't depend on anyone. Now that the salaries are higher, the interest rate in private banking lower there is not the same need for social housebuilding, and the state bank does not provide loans for private housebuilding any more, only financieng special public projects. But the bank was very instrumental in constructing the welfare state, together with other state banks from the same period. Two of her children eventually went to university for studying with a loan and a grant from the state bank for studies. There were state banks for farmers and for fishery etc. All these banks are still inn operation and are instrumental for investments and keeping the production facilities modern and effective. This is also a part of the welfare state.

At the beginning of his sixties her husband had a heart failure and needed an operation at the hospital. This was of course free of charge as all other health services, and without any health insurance. Everybody paid a part of the expenses by their tax bill. After the operation the husband worked part time, but soon he got a disability pension and quit the job. When he reached 67 the pension was changed to the general old age pension. The level of the pension was intended to be enough to continue your life conditions from before the pension. The income was less, but so was also the taxes. While

working you paid a part of your salary to a state pension fund, you could also a regular amount of money to a private pension fund and get some more money in case of disability or old age. Her husband had done that, and when she became a widow she had a pension as an old herself, but in addition to that she got a small pension as a widow as well as some money from her husband's private insurance. In 1967 all public pensions were pulled together into one law and one administration, an important step in creation of the welfare state was finished, Anne-Lise Seip (1994).

The Global Retirement Index (GRI) is a multi-dimensional index developed by Natixis Global Asset Management and CoreData Research. It is a kind of measurement of best practices in retirement policy. This policy depends not only of factors directed exclusively towards the elderly, but also on factors backing up a policy, NATIXIS (2017)

Norway was on top of this index in 2017 as well as last year.

The index incorporates 18 performance indicators, grouped into four thematic sub-indices, which have been calculated on the basis of reliable data from a range of international organizations and academic sources. It takes into account the particular characteristics of the older demographic retiree group in order to assess and compare the level of retirement security in different countries around the world.

The four thematic indices cover key aspects for welfare in retirement: the material means to live comfortably in retirement; access to quality financial services to help preserve savings value and maximize income; access to quality health services; and a clean and safe environment, NATIXIS (2017) The range of the thematic indices also underscore the range that is necessary if one wants to measure progress on an institutional level. On the other hand they don't tell much about the quality in personal relations among the old and their network of family, friends and social assistants.

The Health in Retirement Index: This sub-index is obtained by taking the geometric mean of the following indicators: life expectancy index, health expenditure per capita index, non-insured health expenditure index. The smaller the proportion of expenditure in healthcare that is uninsured, the higher the probability of having access to healthcare.

The Material Wellbeing in Retirement Index: This sub-index measures the ability of a country's population to provide for their material needs.

Quality of Life Index: This sub-index captures the level of happiness and fulfillment in a society as well as the effect of natural environment factors on the Quality of Life of individuals.

Old-age dependency Index: This indicator is included because a high dependency ratio poses a severe threat to the capacity of society to pay for the care of the elderly, as well as risks reducing the value of savings in

Unemployment Index: A measure of unemployment was included in this index, despite the fact that its focus is on people who have already retired from the labor market. This is because societies with high levels of unemployment will see their social security systems under pressure, putting in danger the financing and provision of services for the elderly. Moreover, retirees in countries with low unemployment levels will have a better possibility of complementing their pension incomes with employment income, which is becoming increasingly necessary and common. High levels of unemployment are also indicative of a country undergoing economic problems, and it is likely that this will affect the living standards of those in retirement.

Finances in Retirement Index: The rationale behind this construction is that while a favorable investment environment is extremely important for the finances of retirees, this will only be long lasting and stable in the presence of sound institutions, low levels of corruption, strong property rights and a strong regulatory framework

Real interest rate Index: This is included as higher interest rates will increase the returns to investment and saving, which in turn increases the level of wealth of retirees, who tend to benefit more than other age groups.

Tax pressure Index: The importance of this indicator lies in the fact that higher levels of taxation will decrease the level of disposable income of retirees and affect their financial situation

4. The nordic welfare model

The nordic countries, Norway, Sweden, Denmark, Finland and Iceland are often considered to be similar welfare states, known as the nordic model. And, it is a great deal of truth in this, but there are also great differences between the countries. The term «model» could also be misleading, it is not one fixed template, it is changing over time. They are also inspired by other countries, as other countries also are inspired by this «model». Together with many countries it shares the market economy and western liberal features. Without this market-based foundation good welfare schemes would not be possible. The main characteristics of the Nordic social systems are

perhaps that they have been able to change and develop as the times, circumstances and needs have changed, Kuivalainen, Nelson (2010), Doksheim (2011), Kautto, Kvist (2002), Jieru (2013). The main characteristics are:

a. *Liberal, strong democrats*

First of all, all countries are liberal, strong democracies the index ranks as “full democracies”.

It also states that the countries have strong civil rights and minority protection, for example illustrated by strong property rights, speech and belief freedom.

b. *Consensus-driven political institutions*

An important characteristic of democracies in the Nordic region is that they consist of consensus-driven political institutions. The policy is compromise-oriented, and one seeks to achieve unity as far as possible. The decision-making processes are characterized by extensive and broad consultations and participation processes. This is especially expressed in the formalized cooperation between employers and employees and government. This tripartite cooperation between the social partners and the state is a corporativistic characteristic of the nordic model. It has to some extent led to one form of “expert rule”, which has proved it to be more appropriate to use substantive arguments than strike and agitation. The fact that the unions have had great support has made their interests to a greater extent than in many other countries matched with a wider common interest. But, there are also clear examples of exceptions to this general picture. The proportional election system in the Nordic countries has also led to frequent minorities and coalitions in government that have demanded extensive cooperation between the parties.

c. *Welfare services with distinctive features*

- Public welfare policy is comprehensive. It includes social security schemes, social services, health, education, housing, labor and so on, and aims to ensure basic needs.
- The services are also largely publicly managed and managed, which means that public sector is relatively large and taxes relatively high. The public sector is therefore also important both as Employer and service provider.
- The Nordic welfare systems are based on a high degree of universalism, understood so that everyone is entitled to basic social security and services, independently of their position in the labor market. Everyone who has children gets for example child allowance, regardless of wealth and income.

- Welfare schemes are largely tax-financed and redistributive.
- Income hedging is based on two elements: in most schemes it is an income-independent basic insurance, and an income-dependent performance for those who have participated in the labor market.
- Social and health services are a public responsibility and are funded through taxes and with relatively low user payments.

Gender equality is a fundamental principle. Employment Among the Nordic women is generally high.

However, the differences between the different welfare models are not great. The vast majority of rich european countries have for example, relatively high tax levels and good social arrangement (Pestieau 2006).

d. *Open market economy*

Moreover, the Nordic model is characterized by the fact that all countries have a very open and relatively free range market economy. All industrialized countries are mixed economies, but the blend ratio between public intervention and freedom of business vary a lot. In the Nordic countries, public intervention is relative fewer than at many other places, and in addition, the political interventions are done, most often done to obtain the markets to work better, rather than to set the markets aside.

4.1. Some explanations for an affluent welfare state

There has been arguments that a «nanny» state such as the nordic states are counter productive and will in the long run loose in competition and prosperity. So far has this not been the case, and there are some explanations:

a. *Productivity-promoting welfare state*

One explanation has been that the welfare state itself is productivity-induced. This is, of course, as when increased education gives more productive workers or when the health system prevents disease and death. But the argument has also been drawn further, like when it is believed that good social security schemes provide incentives to try hard in the work, since there is something to fall back on if it turns out that labor participation is impossible

Whether it would be worth working less and getting more from the public will the norms nevertheless turn in and make you choose to work on.

b. *Small pay differentials*

A much-discussed explanation in the Norwegian debate is that small pay differentials are favorable for productivity. Centralized and coordinated

payroll settlements help to make pay differentials relatively small. High wages will be relatively low, low wages will be relatively high compared to other countries. It means that even the least productive businesses have to pay their employees high wages, and may thus become little productive companies quickly unprofitable so they disappear from the market. In return can High-productivity companies pay their employees relatively low wages, which makes incentives to investing in productivity increases. Low-productivity businesses disappear, there are more high-productivity enterprises, thus increasing average productivity.

c. Beneficial tax system

The tax system is organized in a favorable manner The Nordic countries are probably some of the world's most efficient tax systems. The taxation system is in most areas more tidy and streamlined than in other countries, and the Nordic countries have moreover, a combination of tax types that generate large revenues to a limited economic Cost. Taxes on income is relatively high, while taxes on businesses and capital are more moderate.

d. Well-functioning capitalism

The Nordic countries are all capitalist and market liberal, and to a very large extent depends on well-functioning capitalism. All countries are small, open economies, which are entirely dependent on the free international exchange of goods. It makes constant conversion and market adaptation absolutely necessary. In the vast majority of areas are also the domestic trade free and market-based. It contributes to growth and efficiency in the economy, and thus facilitating welfare systems. As mentioned, the Nordic countries are also characterized by strong liberal rights. For the economy perhaps the private property rights are especially important. Through these, market adjustments will be made through decentralized, private decisions. Thus, the Nordic countries are among the most market- and business-friendly countries in the world.

4.2. Some of the problems in the welfare state

The model also has challenging and problematic elements today, as well as elements that can lead to problems in the future. This article will not go deep into them, but they should be mentioned.

a. Many outside work life

Even though the Nordic countries have high employment, we also have many public financed alternatives to employment, such as social security or

different conversion schemes. The difference to other countries is perhaps, first of all, that those who are not in work receive public welfare schemes, and in less degree than in other countries is financed privately, for example, as home-working housewives. The dependency ratio, the ratio between those in and those outside work are a matter of concern.

b. *Quantity vs. Quality in public services*

Another criticism that has been promoted is that the government has taken on so many different tasks that the state's most important responsibilities have been neglected. This may have resulted in for example, the school is not good enough, that parts of the infrastructure are too bad or that the defense is underfunded. Perhaps the money is spent somewhat uncritically and ineffectively.

c. *Balance between private and public liability*

It can also be argued that the Nordic model takes too little account of the balance between public and private responsibility, and helps to weaken personal responsibility. There will also be a problem if the public sector becomes too big for the private sector that is necessary to fund it, or for civil society that must act as a corrective for it.

d. *Financing*

The most debated problem is probably the future funding, ie the model's sustainability.

First, the model can be less sustainable due to increased international competition, for example, because high taxes or wages make the business sector weakened and thus can not finance comprehensive welfare schemes. Secondly, the demographics. The fact that we get more elderly, that more of the welfare schemes become more expensive, while those who have to pay, are getting fewer. The burden on each taxpayer will therefore be greater.

5. The micromotives of the welfare state

The journalist and author Anu Partanen moved from Finland to USA. She was very surprised of how backward the american social system appeared to be, and also of the misconceptions of the nordic system the americans seemms to hold. This inspired her to write a best-selling book (Partanen 2016a) and a much read article:

Nordic countries are the way they are, I'm told, because they are small, homogeneous "nanny states" where everyone looks alike, thinks alike, and

belongs to a big extended family. This, in turn, makes Nordic citizens willing to sacrifice their own interests to help their neighbors. Americans don't feel a similar kinship with other Americans, I'm told, and thus will never sacrifice their own interests for the common good. What this is mostly taken to mean is that Americans will never, ever agree to pay higher taxes to provide universal social services, as the Nordics do.

But this vision of homogenous, altruistic Nordic lands is mostly a fantasy. The choices Nordic countries have made have little to do with altruism or kinship. Rather, Nordic people have made their decisions out of self-interest. Nordic nations offer their citizens – all of their citizens, but especially the middle class – high-quality services that save people a lot of money, time, and trouble. This is what Americans fail to understand: My taxes in Finland were used to pay for top-notch services for *me*.

Here are some of the things I personally got in return for my taxes: nearly a full year of paid parental leave for each child (plus a smaller monthly payment for an additional two years, were I or the father of my child to choose to stay at home with our child longer), affordable high-quality day care for my kids, one of the world's best public education systems, free college, free graduate school, nearly free world-class health care delivered through a pretty decent universal network, and a full year of partially paid disability leave. As far as I was concerned, it was a great deal. And it was equally beneficial for others.

The choices Nordic countries have made have more to do with self-interest than altruism or kinship. (Partanen 2016b)

This brings us to the micromotives and the values behind the welfare system. The outsiders strong emphasis on social solidarity in the Nordic countries hides the strong, not to say extreme, individualism that defines social relations and political institutions. In a European perspective, the Nordics do not hold particularly strong leftist attitudes (Berggren, Trägårdh 2006; 2010).

Inglehart and Welzel (2005; 2015) have made a cultural map of the world, the following tabel are made from their 2015 version. (It simplifies the map by drawing a line where the score on the two axis are zero). Typical location of some of the countries are shown, and some are more typical than others. Romania is almost on the edge between traditional values and secular-rational values (see *Table 1*).

Traditional values emphasize the importance of religion, parent-child ties, deference to authority, absolute standards and traditional family values. People who embrace these values also reject divorce, abortion, euthanasia and suicide. Societies that embrace these values have high levels of national pride and a nationalistic outlook. Secular-rational values have the opposite

preferences to the traditional values. Societies that embrace these values place less emphasis on religion, traditional family values and authority.

Table 1

	Survival values	Self-expression values
Secular-Rational values	Russia Ukraine Albania Hungary	Sweden Norway Denmark Finland
Traditional values	Romania Azerbaijan Armenia Georgia	Ireland Poland Argentina USA

Survival values place emphasis on economic and physical security. They are linked with a relatively ethnocentric outlook and low levels of trust and tolerance. Self-expression values give high priority to subjective well-being, self-expression and quality of life. Some values more common in societies that embrace these values include environmental protection, growing tolerance of foreigners, gays and lesbians and gender equality, rising demands for participation in decision-making in economic and political life (autonomy and freedom from central authority), interpersonal trust, political moderation, and a shift in child-rearing values from emphasis on hard work toward imagination and tolerance. The shift from survival to self-expression also represents the transition from industrial society to post-industrial society as well as embracing democratic values.

While much has been written about the institutionalized aspects of the Nordic welfare state, few have paid much attention to its underlying moral logic. Though the path hasn't always been straight, one can discern over the course of the twentieth century an overarching ambition in the Nordic countries not to socialize the economy but to liberate the individual citizen from all forms of subordination and dependency within the family and in civil society: the poor from charity, the workers from their employers, wives from their husbands, children from parents – and vice versa when the parents become elderly (Bergren, Trädgårdh 2010).

It is said that Norway is more nature than people. And that this is reflected in their love for «being peaceful and quiet», which perhaps is a national character which again is reflected in rather compromise seeking

behavior and avoiding to much conflict. A more thorough examination of the Norwegian values and proper behavior are done by antropologists.

The great Norwegian stillness, have been analyzed thoroughly by Marianne Gullestad (1996) in an essay in which she tries to explain the Norwegian term "fred og ro" (peace and quiet) for foreigners. She tells about an immigrant who was invited on a ski trip by a Norwegian colleague. He stayed just behind the host in the track and plunged in the way of common affairs. Well, the host told him that he had walked this trip many times with his father. "But we did not talk."

The Norwegian "objectivity" ("keep in line with the matters"). The latter theme is being taken by Eduardo Archetti, (1984) which highlights the urge for consensus as characteristic of Norwegians, which, according to Archetti, would prefer a bad compromise rather than a proper dispute.

Formal justice. Archetti also noted an almost morbid urge to *formal justice* among Norwegians. This means that it *makes up for themselves* as soon as possible to avoid falling into a debt of gratitude. In other societies, people risk drinking drinks, coffee cups or, for that matter, a meal food, without being considered a good pace and tone to pay them back immediately. In Norway, Archetti says, people, on the other hand, are getting ready with the femmer as they bring the coffee cup to them. This way they avoid tethering to other people.

Similarity. Equality is perceived as an important premise for achieving equal fellowship and that there may be a desire for such a community that is the motive for underpinning inequalities in social contexts. The term *communitas* can be used to describe the optimal community: an intense community of equal communities where differences in status are irrelevant. Norwegians love to moralize – something that obviously has much to do with the equality ideology. As egalitarian makes it studiously elaborate and extravagant suspect, cultivated gladly *simple* as a value in itself.

Being useful. It is important that community activities are legitimized by showing that they help others or are useful in other ways. This thinking is linked to and reinforced by cultural ideals with root in protestant values of working hard, benefiting and exposing own needs "(Weber) being useful is legitimized through protestant values and has largely belonged to the public value system, but in the health sector of the welfare state, private and public value systems can interfere with each other" (Gullestad 1992; 2001).

Hellevik (2008) believes that people will experience a change in value through life and after life, but that we have also received Many of our values

from upbringing as a kind of generation phenomenon. He also believes that work, as value, is therefore perhaps most apparent among retirees, “an obligation to perform before one can enjoy and work is part of the meaning of life” (Hellevik 2008). Anna Dahl described that they were trained to work hard for what they wanted and some of them felt they were there when Norway, as we know it in many ways, grew up. Brusdal and Frønes write that “the first public documents after the Second World War dealing with youth were characterized by the image of youth as those who were to build the country” (Brusdal and Frønes 2005).

Freedom. Freedom can be understood as “freedom to” and “freedom from” and, World War II is an important event in norwegian history, highlighting our struggle for “freedom from” to be ruled and dominated. “Freedom to” is a lot about independence and that Norwegians are keen to do what they want. This form of freedom became particularly indebted when individualism and the consumer community came to a full extent. The development of prosperity, economic growth, material security and access to education became an important source of freedom in the 1950s and 1960s in Norway (Olstad 2010). This growth gave more security in the community and wiped out many of the major social differences that remained after the pre-war period. At the same time, consumption can express both equality and difference. After economic growth, consumption also increased, and people could afford to enjoy what had previously been luxury goods. “All this not only testifies to increased material security and solid prosperity, but also about greater freedom – to consume, to choose, to create a larger room for individual deployment” (Olstad 2010). However, the possibility of differences must be balanced against equality. Equality does not mean that “everyone is equally good,” but that everyone “must show a pace that communicates that nobody is better than others” (Sørhaug 1996).

“*A Nordic theory of love*” is simply that authentic relationships of love and friendship are better founded between individuals who do not depend on each other or stand in unequal power relations.

Trust. Commonsense theories says that trust arises in small, closely-knit communities where there is large degree of interdependence. More recent research has shown, however, that it is the most modern and individualistic countries, most notably the Nordic countries, that are characterized by a broad social trust extended beyond the intimate sphere of family and friends (Eriksen 1993; Liden 2001; Lien 2001).

The sum of the many analyzes of Norwegian identity and Norwegian ways of life in recent years makes it possible to make some claims

about what characterizes Norwegians. These characteristics hang intimately together, and together create a powerful package of austerity, equality, moralism, idealization of simplicity and a profound horror for all kinds of differences, even the gender, an *egalitarian individualism among independents*.

This cohesion can be perceived as a “package”.

Package solutions. An egalitarian individualism is a “package solution” that is supposed to suit everyone. There are only a limited number of “types” of Norwegians, and they have been wrecked together in adopted ways. The welfare state is a “package solution”. Immigrants with different cultures and values are an initial challenge to this Norwegian “package solution”. The primacy of individual autonomy has been institutionalized through a plethora of laws and policies affecting Nordics in matters minute and mundane as well as large and dramatic. Interdependency within the family has been minimized through individual taxation of spouses; family law reforms have revoked obligations to support elderly parents; more or less universal day care makes it possible for women to work; student loans without means test in relation to the incomes of parents or spouse give young adults a large degree of autonomy; children are given a more independent status through the abolition of corporal punishment and a strong emphasis on children’s rights. All in all this legislation has made the Nordic countries into the least family-dependent and most individualized societies on the face of the earth.

An emphasis on individual autonomy coincides with a positive view of the state as an ally of not only weaker and more vulnerable citizens, but the citizenry at large. This is coupled with a negative view of unequal power relations between individuals in general and hierarchical institutions in particular, such as the traditional patriarchal family and demeaning charitable organizations in civil society. In this regard, the Nordic model differs from both their Anglo-American and continental European counterparts. The German welfare state and German society at large are more gender-biased than other countries. The insurance system is geared to the male breadwinner based on contributions paid out of wages. As long as a family stays intact women are well provided for: by tax reductions through the splitting of familial income, by free Health Insurance and by survivors’ pensions. The welfare state sets strong incentives to stay in the family and stay out of the labour market (Leisering 2000). Labour market participation among women, especially among married women, has been rising but is still low. The

Italian familist welfare regime is not exclusively nor even primarily based on a strong breadwinner model, but on the family as perceived as a unit of income and resources, to which everyone contributes according to his/her opportunities, although they may differ by gender. What is assumed is not the figure of breadwinner but family solidarity –including kin- and the primary responsibility of women – married and mothers – in the provision of care (Saraceno 1997; 2000). The function of the Mediterranean family is therefore very different from the classic model of the male breadwinner. The state does not take on the responsibility of guaranteeing a family wage, but it merely allows nuclear or extended families to pursue strategies to ensure that at least one member has a good, secure job.

These different dynamics of power in modern welfare states is conceptualized graphically as a “triangle drama” (Bergren, Trägårdh 2010) – here slightly different, by contrasting the position of state, family and individual in the U.S., Germany/Mediterranean, and Norway. In the Nordic countries, as we have indicated, the state and the individual form the dominant alliance. In the U.S., individual (rights) and family (values) trump the state (always seen as threat to liberty).

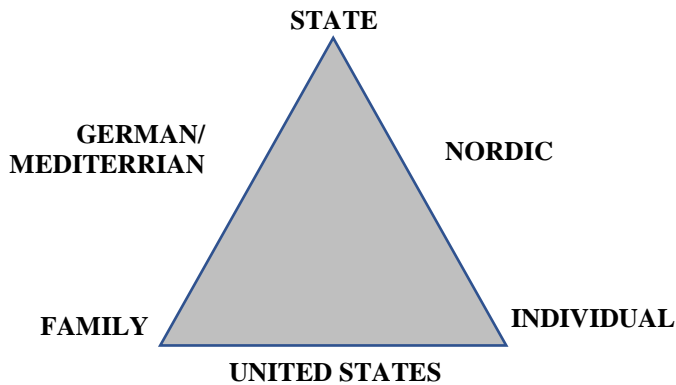


Fig. 1. Institutional relations in modern welfare states

Still, the family remains a central social institution in the Nordic countries, but it too is infused with the same moral logic stressing autonomy and equality. The ideal family is made up of adults who work and are not financially dependent on the other, and children who are encouraged to be independent as early as possible. Rather than undermining “family values” this could be interpreted as a modernization of the family as a social institution.

In conclusion: One effect of this radical individualism is that, relatively speaking, people in the Nordic countries are more willing to accept the market economy both as consumers and producers. Less tied down by legal and moral obligations within the family, yet still protected from extreme risk by a universal safety net, they become more flexible on the labor market, while as individual consumers they have developed far-reaching needs of products and services that previously were satisfied within the traditional family. This market orientation is enforced in a number of ways in the Nordic countries, not least by a social insurance system based on the recipient's level of earned income on the open labor market, thereby creating an incentive to work while at the same time providing adequate coverage for illness, unemployment and parental leave. From an economic point of view, social trust and adherence to the rule of law translate into a great systemic advantage, which we fundamentally can describe in economic terms as «low transaction costs» The more accepted and internalized, the less prominent is the specter of corruption and lawlessness. The trust in and reliability of institutions thus depend on the acceptance of the rule of law, but even more important is the extent to which the values implicit in formal law are also internalized and embedded as social norms.

6. User influence – peer work

Since power relation is between the state and the individual the question of control is different from the control relations between family and individual. It is more formally regulated and subject to political decisions, it is also of great concern for citizen how they can influence the shaping of their services. The key concept has been user involvement.

User involvement has come from being a radical and marginal phenomenon within the Norwegian health and care sector to become a well-established concept and a statutory right for the individual. Increasingly, user involvement is considered as an overall goal for the design of public welfare systems (Andreassen 2005). User involvement currently includes all health and care services and is contained in policy documents and plans. User involvement can be linked to individuals' rights as citizens to be able to influence important areas of life through citizenship (Marshall 1950). This is seen as an important step towards a general democratization and rights development in the welfare sector, as well as modernization. On the other hand, the ideal of user participation can also be an expression of consumer and individual orientation, where the focus on freedom of choice is central.

In recent years, user involvement has also been linked to the terms “co-creation” or “co-production”. This can be defined as a distinctive form of partnership, where the cooperation between users of welfare services and those who perform the services is central, a part of this is peer-work where the clients take active part in their treatment or designing the service.

While user interaction in literature differs from other concepts such as user participation, user management and user orientation, these often have overlapping meanings the same goes true in international literature with the terms “user involvement” and “user empowerment”. Common to the concepts is that they all in one way or another concern the consideration of the user in the center (Andreassen 2005; Kjellevold 2006) or what is called involving the public in decision making. The literature on user participation also points to a distinction between an individual and system level, which corresponds to the distinction between an individual and a collective level (Barnes and Walker 1996). On an individual level, user involvement is about the possibility and the right to influence the auxiliary or treatment offerings in individual assistant organizations (Andreassen 2005). Participation will ensure that the services become more relevant and that the user gets an active role in helping determine the form and content of the service (Ørstavik 2002). When public service users are involved in the actual design of the services, it is characterized as user intervention at a system level through various forms of representations of groups. As an example there are user committee’s at the hospitals, their role at St. Olav Hospital is to:

- be the “voice” of patients and relatives in the management of St. Olavs Hospital;
- be an active participant for the administration and the board in questions about patient and relay offer at the hospital;
- have an independent role and can raise matters on their own initiative;
- speak freely and independently about conditions that are important to the users of the hospital;
- be a forum both single users and user organizations can contact to provide feedback about the offer given at St. Olavs Hospital.

In addition to *representation* there are two other possibilities to enforce your rights and influence. Second there is *participation*, the most important thing is that the patient must give their consent to the treatment. Otherwise it is illegal. In practice there is different ways to give a consent, and it is also very different ways to participate. In care work the most radical is cases where the user give instructions, or have functions like their employer (but

their salary are paid by the municipality). It is crucial that patients are informed of their health status and planned treatment. Patients may receive copies of referrals, epicrisis and journals. This gives the patient real help and helps the patient to safeguard his interests in a better way.

The third important opportunity is the right to make *complaints*. It is a multitude of rights connected with complaints, also the right to assistance in making the complaint. Two possibilities which is significant for the institutional aspect of the welfare state is the Ombudsman and the Social Insurance Tribunal.

Ombudsman in English is known as a loanword from the Scandinavian languages, where it is one of the oldest names for a person with authority. The exact definition in dictionaries says that an *ombudsman* is officially appointed to investigate complaints from the public against the government. In Scandinavia, an *ombudsman* can also be a proxy for a group, such as a union, and appointed to take care of their legal matters. There are national as well as some local ombudsmen, one of these are the patient ombudsman.

Patient ombudsmen support patients and their families when they need advice, guidance and information on patient rights. The scheme of patient and user ombudsman in each county are funded by the state and enshrined in the law about patient and user rights. The ombuds are independent they have confidentiality and the scheme is free. They have no direct formal power, but their voice and decisions are very much considered. Those who address the Ombud may require anonymity. Both patients, relatives and healthcare professionals can contact. The Ombuds can provide advice and guidance and help formulate and disseminate questions and / or complaints. The Ombuds can also contribute as a conflict-solver and assist in dialogue with health personnel / hospitals, nursing homes, public health services and others providing health care and social services.

There are also an ombudsman for the children. The reason for a representative of children was that children constituted a large but weak group, without any organization or other effective speech whistle, as most other groups have. The conclusion has been that children and young people need a public representative who can speak their case.

A third type of ombud is the ombud for equality and against discrimination. This Ombud will combat discrimination and promote gender equality regardless of gender, ethnicity, color, national origin, descent, disability, language, religion, sexual orientation, union membership, political view and age. To bring the matter as a formal complaint to the ombud is an alternative

to bring the case to court. The treatment is free, easier and faster than the treatment in the court system.

The Social Insurance Tribunal is an appeal body in matters relating to social security and pension matters. Although not a court in a strict sense it operates more or less in the same way, it is an independent appeal body which can not be instructed by any other body, and will often have the last say in the matter. But if the case is not settled it can be brought to the ordinary court system. Cases are often conflicts between the individual and the public insurance authorities regarding disability pension, work injury, sickness, work assessment allowances, unemployment allowances etc. An important goal is to treat and settle matters in such a way that it creates trust in the parties.

Prior to 1967, the year as the National Insurance Act came into force, different appeal and appeal systems were attached to the various laws and coverings. Many of the schemes had weaknesses. Among other things, the decisions were rarely justified. The new National Insurance Scheme, which assembled the various social security schemes under one hat, made it natural with a joint appeal body and strengthen the individual rights.

7. Making protests and revolt

Apart from representation, participation and complaints there is also the possibility of protests and revolt. There is a saying that the swedes accept the laws and act in accordance with the laws, the same goes for the norwegians but they write letters of protest in the newspapers and could turn to revolt. Whether they protest more than any other is open for discussion, but it is certainly true that there is always a story in the newspaper about malfunctioning in the health and social services. Although the system in itself is modern and rational, there is also often lack of capacity and the system does not guarantee proper care, it depends on the people who deliver the care and their involvement and ethics. People expect capacity and quality, and on time. If not, it raises anger and accusations of lack of morality, a kind of criticism that the authorities are sensitive about. The elderly revolt was initiated by Per Hovda in 1990, a 93 year former military and professor of norwegian language. The absence of nursing homes in a district where his wife was in bad need of care was the prelude. He reached out to everyone by a massive covering by television and other media, often in a harmful voice: “God don’t forgive them, because they know what they are doing”. And the politicians scared right into the treasury to get money.

One billion came up to the shock-driven elderly care, because after Per Hovda appeared, one horror story appeared after the other. It often happens when someone first lifts the lid to a pressure cooker.

Resourceful old people swear the politicians of the ban on television. The message was staggering clear: "we do not find ourselves listening to rubbish party rattles anymore. It is urgent with the solution. Money on the table." (*Dagbladet* 1990)

A recent case from the newspaper is this: Elisabeth Pedersen now lives in a care home, but because of an injured arm, she no longer manages to stand by herself (*Nettavisen* 2017). "Now I've become so helpless that I can not use the arm at all. Therefore, I want a nursing home", she says. However, she has not yet received a nursing home, after a long wait. Pedersen knows what she is talking about, because she is an educated nurse and has herself managed a nursing home and a retirement home in her career. "I do not get the help I should have", the 93-year-old sighs.

Now she wants to tell her story to help other elders too. "I'm not going out with this just for myself, it's not in my nature. But it hurts me when I meet a senile person helpless in the hallway, asking if I can help her. It took me to tears", said Pedersen. Even she has experienced the back of today's elderly care. She tells about missing help, about malpractice and daily worries. "I've tried to manage myself, but now I can not do anymore. Because I can not go with a walker with an arm, then I fall.

The problems with her arm started when she fell and injured her shoulder last year and it took a long time before the staff understood that there was a break. "I thought I was going to be good and could still stay in the care home. But that was not the case and here I sit". Her story has involved many, and a dedicated Facebook group has been created to support her: "Elisabeth's Elder Revolt!". Supporters gather outside her care home to hold appeals.

8. Politics of caring and modern thinking

Care services currently include traditional home services (home help / practical assistance and home care), alternative organization of practical assistance (user-assisted personal assistance), multiple types of institutional services (retirement homes, nursing homes, care homes) and other types of services such as security alarms, etc. Approximately one third of the budgets in Norwegian municipalities enter the care sector, and figures from Statistics Norway show that a total of 341,330 unique individuals of a population near

5 million, received one or more health and care services in 2014 (not including treatment at hospitals etc.) (Mørk 2015). The services play such a central role in Norwegian municipalities. Since the major developments in the 1960s, the services have undergone extensive modernization lawfully and organizationally, also in relation to the development of different roles of welfare recipients.

One main modernization focus is on co-production. The "citizen" and the "consumer" have here been replaced by a co-producer who not only has the right to services but also the duty to contribute to welfare production, in the partnership. In this perspective, welfare services are as an ideal produced in a mutual cooperation between users and service providers. They are manufactured with complementary competence. The user is thus regarded as an active and competent citizen, some known as peer-workers.

It is expected that older people will implement schemes with the option of self-management of services. The expectation of future participation also among the older consider withdrawal as the potential problem. Being put on the sidelines should be counteracted through the solutions presented. To take part in the user involvement, withdrawal must be counteracted: "Proposals for hospitalization and care services... will therefore have limited value in the planning of future health and care services. Equally important will be to establish society so that the new senior population can exploit its resources. Then we can not accept withdrawal..." (*St. meld 2012-2013*). And "... do not accept that senior citizenship will be rescued from social obligations and responsibilities" (*Ibidem*). To achieve this, the message of their co-responsibility is conveyed: the right to services follows duties.

Arguments about innovation, including new welfare technology, the use of relatives and everyday rehabilitation are presented as redeeming rhetorical mechanisms to make the individual's duty to appear as affordable. Everyday rehabilitation implies that the individual should ensure that health is so good in old age that only a minimum of public resources are needed. Tomorrow's elderly are produced as a resourceful generation that can handle the ages. The increase in the number of elderly is not presented as a problem, but as an opportunity: one faces a period of innovation in the sense of "new ways to solve the care tasks".

This is about replacing the postproductive age (withdrawal period) with a late-productive – thus still active – period of life, despite the aging. A key tool to make this rhetoric is everyday rehabilitation as a basic matter, for each and every elder to enter as much self-involvement and self-activity as possible to help reduce the dependence of municipal services.

With regard to the varying grounds for user involvement, and rights for the client, it is important for the context here that they are politically influenced through various welfare discourses. On a general level, the discourse reflects different ways of considering the relationship between the individual and the public (Andreassen 2005). The classic argumentation for user involvement is based on the idea of social citizenship, an active participant, through rights to benefits and services from the welfare sector (Marshall 1950).

The same kind of political thinking in caring are also, and more so, recent political thinking about labor market policy and welfare. It is characterized by statements that “work should be the natural first choice”, and goals are to get more people from passive benefits to active measures. Terms such as activation, work approach and active labor policies have been used. These have had a different starting point, but have all been used to designate the different layouts of the policy. Workfare is about what we would call social assistance in Norway, but in the United States the term has also been referred to as “work instead of social assistance”, which means that unemployed poor receive low-paid public employment as sole offer and income source. This is a more extreme approach than most nordic countries have done. What is special for the workforce in the nordic region is that there has been no reduction in the benefit level, but strengthened the duty of activity. This is also in line with the moral considerations behind the nordic welfare state.

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