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Understanding public elderly care policy in Norway: A narrative analysis of governmental White papers☆

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ABSTRACT

How the general public in Norway conceives being an older adult and the meaning of chronological age has changed over the last few decades. As narratives of aging may be identified in the Norwegian mass media and in the population at large, dominant narratives may also be identified in policy documents, such as government health policy papers. This article explores a narrative analytical framework based on stories, subtexts, and counterstories; it argues that such narratives are characterized as much by what is unsaid as by what is said, and as much by choice of words and word combinations as by explicit messages. Culture strongly influences the conception of a likely future (what will be) and an envisioned future (what ought to be) regarding aging and geriatric care in Norway, as expressed in the public policy papers. The public policy story is discussed as both a story continuously developing, where later health policy papers relate to and comment on earlier documents, and as a story characterized by a measure of cultural incoherence. Some recent government documents dealing with professional geriatric care will serve as material for a narrative analysis.

Introduction

Telling a story is like presenting a collection of family pictures, where both the selection and order of the pictures fit into a project where the narrator establishes meaning by creating a sense of historical continuity, making daily experiences into a coherent narrative (Bruner, 1990). The perception of the present state of affairs influences which pictures to forget and which to choose when creating a story, or vice versa: the pictures are selected that make the present and an envisaged future most meaningful to the narrator. While this obviously holds true for narratives of individual persons, this article explores ways in which this seemingly is the case for public policy responses to issues of aging and elderly care as well, as expressed by the Norwegian government in the form of government policy papers.[1]

Pursuing an approach of "critical narrativity" (Biggs, 2001), a narrative frame approach will be explored where subtexts and counterstories are perceived as either supporting or questioning the dominant public policy story by making a different selection of "facts" and expressing alternative "values" (Clark, 2011). The intellectual tradition of separating facts and values, so dominant in Western thought as to be labeled "a cultural institution" by the philosopher Hilary Putnam (in Rein, 1983, p. 84), is not very helpful in analyzing policy narratives, as they, more than most narratives and mental representations, are grounded in action (Rein, 1983, p. 83). Hence the following

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[1] Government policy documents may be in the form of "white papers" or "green papers." White papers are authoritative documents for guiding, problem solving, and decision making; green papers have the status of government proposals.

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analysis presupposes the interrelationship of facts, values, interests, and action. While subtexts chiefly subscribe to the main text in terms of values and empirical understanding, counterstories challenge the dominant story by questioning the picture of the state of affairs presented and by disputing its professed values (Roe, 1994).

The public policy narrative on elderly and elderly care can be conceived of, like narratives in general, as constructing a past history, a present state of affairs, and a future scenario. This narrative can be seen, in other words, as means of presenting the past in a way that imbues the present with meaning and creates certain expectations about the future, shaping an experience of continuity (J. Bruner, 1990; Friedman, 1994; Labov, 1982). Like all narratives, the public policy narrative is characterized by what it states and omits (Clark, 2011), by what it illuminates and what it obscures (Rein, 1983). Looking at the "wording of meaning" is as important as searching for the meaning of words. Even counting frequencies of words and word combinations may reveal "hidden messages" (Jacobsen, 2011).

It will, moreover, be argued that counterstories seem to relate as much to "hidden messages" as to explicit messages, where such messages can be viewed as indicating conflicting cultural models. The public policy narrative on elderly and elderly care seems to display some measure of cultural discontinuity and even incoherence, a trait found for narratives in different cultural contexts (Jacobsen, 2012; Strauss, 1997). A shift toward a narrative of "positive aging" described by Simon Biggs (2001) for the UK, stressing the participation and resourcefulness of the elderly, seems to some extent to hold true for the Norwegian policy narrative as well. However, in the case of the Norwegian narrative, a previously dominant narrative of a dependent and frail old population in need of professional care seems to have survived partly as an implicit theme within the main narrative and partly as an explicit theme in a prominent counterstory. While several government policy papers will be dealt with in this article, in particular two influential recent documents will be analyzed within the proposed narrative framework.

Eldercare in the Norwegian welfare state context

The population of Norway is small (around 5 million), aging, and has a low population density. The Norwegian health care system is part of the Norwegian welfare state, which represents one of several versions of welfare state models. Hence, a description of the main characteristics of the Norwegian welfare state (NWS) will precede the account of the health care and elderly care system. The NWS exemplifies a version of the "Scandinavian" or "Nordic" welfare state model with a comprehensive social policy and with social rights and legislation of a universal and relatively generous nature (Kuhnle, 1994; Sørbye, 2009).

The NWS, which is mainly public, includes a range of universal benefits, including free education, free health care, pensions, and economic support for the unemployed. The system functions at four administrative levels: state, regions, counties, and municipalities. Of these, the regions are of lesser importance whereas the 429 municipalities are of growing significance. The average municipality of around 10,000 inhabitants employs 10 general practitioners (GPs), 150 registered nurses (RNs), and offers 90 nursing home (NH) beds (Romøren, Torjesen, & Landmark, 2011). Increasingly, care for the elderly has come to mean health and care services at the level of the municipalities. Moreover, in contrast to most European countries, Norway has a relatively large number of NHs and has seen less decline in NH beds than in most of Europe. Norway has presently one of the highest numbers of beds in NHs relative to population size in the OECD (OECD, 2011).

The main responsibility for the health care sector rests at the national level, with the Ministry of Health and Care Services. The bulk of government papers on health and care services are produced by this ministry, among them, the policy papers dealt with in this article. Since the mid-1970s, cooperation between levels of care and the principle of ensuring care and health services at "the lowest effective care level" (LEON) has been a pronounced aim of Norwegian health policy and a central theme of government health policy papers (Alvsvåg, 2013). The LEON principle was renamed "the best effective care level" (BEON) with the introduction of the Coordination Reform (Norwegian Ministry of Health Care Services, 2008–2009), a new health reform implemented on January 1, 2012. The Coordination Reform regulates cooperation between specialist hospital-based health care and municipal health care, underscoring the importance of decentralized health and care services. A growth in municipal home-based services is anticipated and recommended, with an increased stress on health promotion activities, a prominent theme in the government health policy papers since the early 1980s (ibid.).

The public policy narrative

The government documents dealing with elderly care can be viewed as belonging to an ongoing public policy narrative continuously developing, in which more recent policy papers frequently comment on earlier ones. This holds true as well for various subtexts and an identified counterstory to the dominant narrative.

"Care Plan 2015" (Norwegian Ministry of Health Care Services, 2005–2006), subtitled "Long Term Care — Future Challenges," is a major White paper[2] in the present public policy narrative on elderly care and is frequently cited in political speeches and other government policy papers. The Care Plan 2014 signals a change of policy in Norway favoring municipal nonspecialized and home-based care services, its importance signaled by the rare occasion of partial publication of the report in English on the Norwegian government website.[3] As already pointed out, such a change was advocated in Norwegian policy documents more than forty years ago. "Care Plan 2015," however, deals more extensively with this theme and links such an envisioned change to an increased channeling of government research funding for investigating and developing the municipal level of care.

"Care Plan 2015" is introduced by the following words:

> In this report, the Government presents an overview of the main future challenges and lays down both short-term and long-term strategies to meet these.... The increase in the

[2] See previous footnote.

[3] http://www.regjeringen.no/en/dep/hod/kampanjer/careplan-2015/Care-Plan-2015.html?id=448249.