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Co-existing principles and logics of elder care: Help for self-help and consumer-oriented service?

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Running head: Co-existing principles and logics of elderly care

Key words: home help, elderly care, help-to-self-help, re-ablement, consumer oriented service and self-determination.

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Abstract

Healthy and active ageing has become an ideal in Western societies. In the Nordic countries, this ideal has been supported through a policy of help for self-help in elder care since the 1980s. However, reforms inspired by New Public Management (NPM) have introduced a new policy principle of consumer-oriented service which stresses the wishes and priorities of older people. We have studied how these two principles are applied by care workers in Denmark. Is one principle or logic replacing the other, or do they co-exist? Do they create tensions between professional knowledge and the autonomy of older people? Using neo-institutional theory and feminist care theory, we analysed the articulation of the two policy principles in interviews and their logics in observations in four local authorities. We conclude that help for self-help is the dominant principle, that it is deeply entrenched in the identity of the professional care worker and that it co-exists with consumer-oriented service and without major tensions in the logics identified in their practices

Introduction

Healthy and active ageing has become an ideal in our Western societies. This has most recently been described in the *European Year of Active Aging and Solidarity between Generations* , in 2012 announced by the EU. There is an increasing political interest around the world in fostering healthy lives for older people; some researchers have termed this interest as the 'will to health' (Higgs, Leontowitsch, Stevenson & Jones, 2009). In some contexts, this 'will' is hardly new. In Denmark, Finland, Norway and Sweden, help for self-help has been the guiding policy for nearly three decades (Swane, 2003) and has been linked to concepts such as preventive care, rehabilitation, activation and training. The principle of help for self-help refers to ways of providing help that involves the activation of older people, the aim being to enable them to manage as much as possible themselves. In the United Kingdom, the comparable principle of 're-ablement' which has recently been introduced seems a more ambitious principle (Glendinning et al., 2010; Rabiee & Glendinning, 2011).

In the Nordic and European countries, the introduction of New Public Management (NPM) has seen new understandings and identities being brought into care-giving work (Knijn & Verhagen, 2003), such as marketisation and consumerism (Dahl 2009, 2011; Glendinning, 2008; Højlund, 2006; Meagher & Szebehely, 2010; Vabö, 2006, 2011). In Denmark, consumerism has resulted in both the introduction of Free Choice (2003), granting older people a choice among different providers, and a new policy principle of 'consumer-oriented service'. According to this policy principle, help should be attentive to the needs and wishes of older people, regardless of whether it is performed by the state/municipality or a private company. The principle of 'consumerist-oriented service' has strong similarities with the concept of 'self-determination' (Clark, 1998) and elements of 'supportive care', urging older people to take responsibility for their own lives as much as possible (Moss & Cameron, 2002).

The analytical attention of the study was directed towards how the two principles are understood and translated in the practice of front-line staff, as they could be seen as competing principles creating tension. Therefore, we developed an explorative study conducted in four Danish municipalities with both private and public providers to see how the principles are played out. Front-line staff consisting of trained home helps and certified health care assistants[1] were interviewed and observed in their work and interaction with older persons during the first part of 2010.

Our interest concerns the identification of the two policy principles in front-line practice, that is, the way they are understood by the staff, the relationship between the principles and how the two principles meet in care practices. We use the term 'care workers' to refer to trained home helps and certified health care assistants who, using the typology developed by British sociologist and nurse Celia Davies (1995), can be referred to as professional carers. We are concerned with whether

[1] The Danish term 'social- og sundhedsassistent' does not have an authorised translation, only the schools have one (Cirius, 2008). Therefore, here it is translates as: 'certified health care assistants'. Their field of competence is broader than has traditionally been the case for auxiliary nurses, in that they also have pre-emptive care, rehabilitation and nursing functions such as distributing medicine. Certified health care assistances gained authorisation in 2008.

the two principles can be identified via the way care workers speak about their work and explain their actions. A second question relates to how the principles are translated into the concrete care provided by the carers. By translation is meant the process by which a principle is transferred from one context to another (Kjær & Pedersen, 2000) and the creative and dynamic ways in which actors draw upon principles (Newman & Tonkens, 2011). In an earlier study carried out a decade ago, care workers in Copenhagen, Denmark, stated that they provided help according to the principle of help for self-help, and examples of the principle were observed in practice (Swane, 2003). The question is whether this principle could be identified in concrete practices in 2010.[2] Lastly, we were interested in how the new policy principle of consumer-oriented service relates to the older policy principle of help for self-help. Is it replacing or opposing help for self-help or are they co-existing principles? The answer to this question is not only relevant in a Nordic context. With the increasing public financing of elder care in some parts of Europe (Ranci & Pavolini, 2013), the relationship between the two principles becomes relevant in a wider context. Active ageing (help for self-help/re-ablement) seems to be becoming increasingly important, and its relationship with the already prevalent discourse of user-centred services therefore seems to be of the utmost significance for many European welfare states.

The article is structured as follows. First, the two principles and their context are elaborated. Second, the theoretical framework is outlined: neo-institutional theory and feminist care theory. Third, the design of the study and the methodology is described, including the way in which focus group interviews and observations were carried out. Fourth and fifth, the question concerning the identification of the two policy principles of help for self-help and consumer-oriented service in the discourse – that is, the interviews – is answered. Sixth, the question regarding the translation into practice is dealt with based on ethnographic field observations. Lastly, we present our conclusions regarding the relationship between the two principles and discuss how our results give input to future research.

[2] The results from the municipality of Copenhagen might not be representative for Denmark and care workers as such.

Context and two policy principles

Denmark is a classic example of a Nordic welfare state combining universalism with local autonomy (Burau and Dahl, 2013). Most care is publicly funded, and the provision of care for older people is largely the responsibility of the local authorities. The central government sets the overall policy framework (Burau and Dahl, 2013). Long-term care includes both institutional care and home care, and there has been a focus on the latter for the last three decades. With the introduction of Free Choice in 2003, care-giving can be provided by a private company but still financed and under the auspices of the state, for example the local authorities. In this marketisation reform, a general norm of continuously adjusting the help was introduced (Højlund, 2006). The marketisation was enabled by a split between the purchaser and provider, where a representative of the municipality provides an assessment of the needs and the recipient can then choose between care provided by the municipality or a private company chosen among the certified companies.[3] In Denmark, home helps have received formalised training; to become a home help requires one year and seven months of teaching and training courses, whereas to become a certified health care assistant requires three years and three months of training.

In the Danish case, the two policy principles spring from different parts of the state. Help for self-help comes from the educational and health field engineering welfare state professions, whereas the consumer-oriented principle stems from the treasury promoting quality in services (Hansen, Eskelinen and Dahl, 2011; Dahl and Rasmussen, 2012). The two parallel developments can be related to state-engineered processes of professionalisation and to the introduction of NPM to elder care.

[3] The private firm has a competitive advantage due to the ability for the older persons to buy additional services beyond the assessed ones.

Help for self-help has been described by the authorities as an attempt to make the recipient independent. If this is not possible, help activities should make the recipient as self-reliant as possible. An instruction for the local authorities states:

> Personal and practical help and meals on wheels should be seen as help for self-help, that is, as supplementary help with the tasks that the recipient is temporarily or permanently unable to perform her/himself, or only with great difficulty. The help provided should be given and planned in close co-operation with the recipient and support her/him in maintaining and recovering to her/his former level of physical and mental functionality. (Socialministeriet, 2006).

Help for self-help is a policy principle originating in the 1980s, coinciding with the beginning of the professionalisation of home help (Dahl, 2000). The principle is linked to the image of the care worker as an initiator of activities with older persons (Dahl, 2000). It refers to the participation of older people in the tasks in their own home and is also described as an obligation on the older person not to be a passive recipient (Rostgaard, 2007). It is based on two types of knowledge, viz. that of a socio-pedagogical culture and of knowledge originating in the health field. Within the field of the socio-pedagogical knowledge, the professional is viewed as teaching older people about the proper, active behaviour for them to remain autonomous for as long as possible (Dahl, 2000; Swane, 2003). Within the health field, training is seen as preserving health and function (Higgs et al., 2009). With reference to the process of disablement (Verbrugge & Jette, 1994), the relevant professional assistance is supposed to be able to prevent behaviour with negative consequences, for example developing a passive lifestyle because of a chronic disease. Assistance encouraging self-help is intended to contribute to maintaining the ability to perform the activities of daily living in the longer term.

Consumer-oriented service as a policy principle emphasises the wishes of older people and an adjustment towards their expressed wishes (Fountain, 2001; Grönroos, 2000). The introduction

of this principle is related to the consumerist discourse component of NPM that creates an image of both the freely choosing older person (Højlund, 2006) and of individual choice as being intrinsically good (Glendinning, 2008). However, 'consumer-oriented service' is not an institutionalized policy principle to the same extent as help for self-help. It is a more recent principle and less elaborated, though it is referred to in the introduction of Free Choice in 2003 and in later political statements as 'setting the citizen front stage'. The radical implication of this consumerism – that the older person knows best − is that the judgement of the care workers becomes superfluous (Dahl, 2011).

The two principles refer to different decision-making contexts (Højlund, 2006). Both principles are intended to take place in a context of co-operation, as outlined in the Danish legislation on help for older people in their own homes, but the power in the decision-making process is different in the two situations. Help for self-help relies on professional competence and judgement, whereas the consumer-oriented principle refers to the autonomy of the individual older person. Not only are the decision-making processes supposed to be different, but also the ideals of good care. Help for self-help relies on good care as rooted in professional guidance, while consumer-oriented service relies on self-determination to provide good care.

Neo-institutionalism and feminist care theory

Within the social sciences, there has been a renewed interest in the importance of institutions and the relationship between continuity and change (Mahoney, 2000; March & Olsen, 1989; Newman, 2001; Streeck & Thelen, 2005; Thelen, 2000). Our analysis is framed within neo-institutional theory as formulated by Wolfgang Streeck and Kathleen Thelen (2005), where institutions are defined broadly as formalised rules that may be enforced by calling upon a third party, for example the local authorities (Streeck & Thelen, 2005). An example of a welfare institution is home help (Burau and Dahl, 2013), which theoretically is seen as framing the way in which the new policy principle is understood and exercised. In institutions, such ways of thinking and doing, are deeply embedded in the hearts, heads and hands of the care workers. Institutions therefore only change reluctantly

(March & Olsen, 1989), and sometimes different understandings or principles are seen to co-exist (Newman, 2001).

Neo-institutional theory directs our attention to the way institutions change incrementally, but with (potentially) transformative effects (Streeck & Thelen, 2005). A typical way of changing is through conversion, where a new purpose is attached to existing structures which then redirects the institution. Like any form of gradual change, conversion can create ambiguities and tensions when, as in this case, the rules are reinterpreted from below by the front-line staff. So the question becomes whether the introduction of the new policy principle of consumer-oriented service can peacefully co-exist with the existing policy principle of help for self-help, or if it brings about a radical change with tensions in the institution of home help.

Feminist care theory brought scientific attention to previously neglected aspects of social life and introduced the analytical concept of care (Graham, 1983; Ungerson, 1983; Wærness, 1987). Care and its theorisation is a contested field (Bubeck, 1995; Kittay, Jennings & Wasunna, 2005; Tronto, 1993). One of the voices in this field is the Dutch philosopher Annemarie Mol. According to her, we cannot theorise about care in general. Instead, bottom-up studies of concrete sites must be carried out in order to identify the specific logic of care and possibly other logics at play in the particular field in question. Mol has done anthropological field work in the politically regulated field of care for diabetes patients, and she defines a logic as a rationale of the practices, that is, what it is appropriate to do at a particular site or in a particular situation (Mol, 2008, p. 8). In diabetes care, she has identified two logics that co-exist and create tensions and problems (2008). We are inspired by Mol and use her concept of logic to understand what happens when principles get translated into practices of the care workers.

Focus group interviews and observations

The study is based on observations and qualitative interviews carried out in four Danish municipalities (Hansen, Eskelinen and Dahl, 2011) in the spring of 2010. Two of the municipalities

were chosen because of their relatively high number of private providers of home help, as we expected that competition might cause the public and private providers to be more willing to deliver care in the way requested by recipients, that is, to prioritise a consumerist approach. The empirical material consists of 12 focus group interviews and 90 sessions of participant observation. A session represents a visit by a care worker and a total of 13 care workers were followed through 20 working days. Partly due to difficulties in making appointments with private providers, the majority of the participants in the interviews and the observations were municipally employed, that is 56 of the 64 care workers taking part in the focus group interviews, and 80 of the 90 visits observed included a municipally employed care worker. The small number of private care workers places limitations on the possibility of comparing the prevalence of the two principles among private and public care workers.

In focus group interviews, statements are continuously checked by the other participants in the interviews, which imply the production of more reliable knowledge (Halkier, 2008). We saw participants as competent, active social agents and therefore chose a method of active interviewing (Gubrium & Holstein, 2003). Most of the focus groups consisted of five to eight participants (most of them home helps, and always at least one certified health care assistant) who had been chosen by their respective municipalities or private companies according to criteria determined by the research team. The interview guide dealt with three themes focusing on how the home-help work is done: daily tasks when visiting older persons, the principles of help for self-help and consumer-oriented service and their characteristics, and the perspective of the older persons (their needs and wishes). Additional tools used to co-produce knowledge were photographs of different home help situations, various provocative statements taken from television, a quality standard for care workers from a municipality, a governmental pamphlet and a research report. They were used to focus the interview, enhance interaction between the participants and make them reflect upon their taken-for-granted knowledge (Halkier, 2011; Potter & Puchta, 2004). The interviews were videotaped, and transcriptions were made on this basis.

Observations were structured participant observations in the natural surroundings of the care workers at work in private homes (Kristiansen & Krogstrup, 1999). The observations were carried out by a research assistant who followed the care workers. The care workers observed were selected to ensure variety and coverage of the two principles and dimensions, based on factors such as educational background and age. The observations were conducted in order to improve our hermeneutic knowledge of how the principles were practiced in interaction between the care workers and the older persons. Observations focused upon who does what, with whom, where and when. The research assistant played the role of the care worker's helper and avoided interfering in the relationship between the care worker and the older person. She dressed casually like the care workers in order to establish a relationship of trust, which according to Fangen (2004) is pivotal for producing reliable material. The research assistant produced two documents from each visit: a detailed description of the visit and her own reflections concerning the content of and reasons for the help. Both interviews and observations were coded using the qualitative data analysis program NVivo according to predetermined categories (Hansen, Eskelinen and Dahl, 2011).[4] The quotations selected are representative and illustrative of the entire material from the field.

Strong professional identity in help for self-help

In the focus group interviews, we inquired about the work of the care workers, its characteristics and how they understood it. Help for self-help was clearly identified in all groups, seen as the ideal of good care and as the professional signifier *par excellence*. In contrast, consumer-oriented service was not so easily identified, nor was it valorised as a distinct principle.

[4] We used NVivo to sort the material by pre-determined categories. These categories sprung from the research questions and included codes such as the care workers approach to work, reasons for giving help one way or another, the relationship between the care worker and the older person, as well as conditioning factors enabling or constraining the use of one or both of the principles. There were parent and child nodes, as well as free nodes used in the coding. All of the coding and analysis were done by Leena Eskelinen.

Help for self-help became the principal identity of being a professional in the interviews. We see identity as a social process, and the professional identity is described as an account of oneself as a professional (Dent & Whitehead, 2002, p. 5). Such a discursive association is provided by the principle of help for self-help, which is institutionalised in the professionalisation of home helps and certified health care assistants and in the legislation (Socialministeriet, 2006, 2009). This principle was widely referred to and without further explanation. It seemed to be at the core of the care workers' self-understanding and their reasons for carrying out their work in a particular way. In the interviews, we identified two different types of this policy principle: help for self-help in everyday situations and help for self-help with a rehabilitative aim. The first and most common translation of the principle refers to co-operation between the care workers and the older persons, who participate in everyday situations such as helping doing the dishes, combing their own hair, helping getting dressed, dusting, watering plants, tidying up, emptying the letter box and taking the rubbish to the bin. The quotation below illustrates how care workers practice help for self-help in everyday situations:

> Tilde: *Well, sometimes you have an older person in bed, and you have to wash him. You wash his face, but he might be able to dry himself with a towel. It's not always that we think this way, often we just continue what we did yesterday, but maybe he can dry his face himself?*
>
> Lise Lotte: *Yes. If you give them a facecloth, they can often wash themselves. And if you give them a towel, they can dry themselves, and if you give them a toothbrush, they might also be able to brush their teeth.*
>
> (Focus group interview with municipal care workers)

The other version with a rehabilitative aim involves training and setting targets with the older persons, for instance to improve their capabilities and make them more self-reliant. A typical example is the training of an older man to become more independent:

We have an older man who is mentally abled, but bodily impaired. We have taught him how to control the lift with his good arm. Now we have arranged it so that he can use his wheelchair and arrange his lunch himself, as long as it is prepared and in the refrigerator. It has been an intensive training process, and he has become more self-reliant in just two months.

(Focus group interview with municipal care workers)

Different reasons are applied when care workers explain why they provide help for self-help rather than consumer-oriented service. Usually, arguments for help for self-help refer to the interests of the older persons, that is, doing what is best for them and retaining their skills. By being activated, the older persons are supposed to achieve a feeling of competence and self-esteem. Care workers also stress the positive social aspects of doing some work together with the older persons. Another argument used by the care workers, though less often, was related to the need to avoid straining work postures to prevent work-related injuries.

Care workers embody different identities, although they all subscribe – to varying degrees − to the help for self-help principle as the ideal principle for older people and their well-being. In addition, care workers also stressed the moral obligation of an older person to participate him/herself. The care workers typically saw themselves as authorities able to judge the capabilities of the older persons and enforce their judgement. They often have to repeat that the older person should join in or help. The use of recurring persuasion and even tricking them into participating is seen below:

…and while I am doing the dishes, I can suddenly say: 'Oh, can you help me with the tea towel, please?' Suddenly, and without her knowing it, she is helping wipe the dishes, or I can say to her: 'Oh, I have this scratch on my finger, can you help me please? If you do the dishes, I can wipe them?' In this way, I have secretly got her to do something that a colleague of mine used to have to argue with her about.

(Focus group interview with municipal care workers)

Help for self-help is a broad category of help drawing on different discursive repertoires, the most prominent deriving from professional training and official regulations. Rationales for help for self-help mostly referred to the beneficial aspects for older people, but also to keeping down public expenditure and reducing unnecessary strains in work. In the interviews, the care workers either stressed their authority or their motivational work – persuasion – as instruments to make the older persons participate in the daily chores.

Consumer-oriented service as adjustment, obligingness and as a fall-back option

In contrast, the principle of consumer-oriented service was not so easily understood by the care workers in the interviews. We therefore relied on the photographs of two different situations, one of a help for self-help situation and another portraying the consumer-oriented principle, which had been produced prior to the interviews to start off the interview. The photos were helpful and enabled the informants to identify and talk about this principle.

Consumer-oriented service was not based upon the participation of the older persons. Basically, we identified two kinds of consumer-oriented service in the conversations with the care workers about this principle. One form stresses adjustment of the care and the exchange between different kinds of tasks, while the other kind builds upon obligingness. Adjustment means the possibility of exchanging some of the assessed services with other services by being attentive to the wishes of the older person. The adjustment takes place within boundaries defined by the municipality. Adjustment happens rather infrequently and is often about exchanging an assessed task with another task.

In the second form of service, the care workers submit to the wishes of the older persons. They yield to what the older persons want and their way of doing things. An example of this kind of submissiveness can be seen below, where the older person has specific standards of cleaning and

ways of doing the cleaning work. In the quotation, the care worker describes a situation of doing the tasks in exactly the way the older woman wants them done:

> *I said to her* [the older woman[*that I would like to start by changing the sheets because of the dust that would be whirled up. Then she watched me for a bit, and then said: 'I don't need to keep an eye on you anymore'. This was the first time, and since then there hasn't been any problems. She has called the office and said she was very satisfied. Her husband has said that he got an extra Christmas present. His wife is no longer dissatisfied, now that she has finally got someone who cleans their house thoroughly ....*
>
> (Focus group interview with municipal care workers)

This quotation describes a situation of consumer-oriented service and its particular version of obligingness. However, it can also be seen as adhering to the standards of how a good housewife would tidy up and clean the house. In this sense, something other than a particular form of the consumer-oriented principle can be identified in the interviews.

Generally, providing consumer-oriented service seemed to be a fall-back option when help for self-help was not possible. Consumer-oriented service was not so much a positive argument for being attentive to the wishes of the older persons. Providing consumer-oriented service was legitimated on the basis of time constraints and the resistance of the older persons, which ruled out help for self-help. Sometimes it simply took too long to convince the older person of the relevance of self-to-self-help:

> *I was once in the home of an older woman, where I judged that she was able to wash her face herself. Then she said: 'You also have to do something. When you are here, you have to do something, not just watch.' Then I said: 'My main aim is actually to ensure that you can retain as much as possible of your functional capacity.' Well, she didn't think so. When I was there, she had the right to receive help, and so I should provide it… Sometimes I felt*

that if I gave her an inch, she would take a mile. Therefore, you have to put your foot down and say 'no'.

(Focus group interview with municipal care workers)

This is a rather typical example of an older person resisting help for self-help and of a clash between the principle of help for self-help and a more traditional view of the right to receive help. The older woman insists on her right to receive help and rejects the judgement of the care worker. Most of the care workers have experienced having to give up help for self-help and instead provide consumer-oriented service. However, there are also reasons that point beyond the two policy principles, which can be related to something performed by the traditional, old-fashioned home help. Something which can be linked to a reference to the housewife and a personal relationship, as seen in the following quotation:

We make sure that the older person has the same home help doing the cleaning, if at all possible. In that way, we get to know each other. I know exactly where everything is, and I know how she feels. You can read that off a person, and I also see it as my own home, since I attend to it so regularly. If I don't take care of that home, I suffer from it. That's also an advantage, that it's the same person.

(Focus group interview with private care workers)

Here, the care worker is relating her job to the tasks in her own private home and reflecting on the nature of the relationship to the client. There is emphasis on the personal relationship between them which has been developed through time.

Consumer-oriented service, as a more recent policy principle, was not easily identifiable in the interviews. However, through our exploratory approach we managed to identify two understandings of consumer-oriented care: adjustment (adjusting the help by exchanging tasks) and obligingness (granting all of the decision-making powers of the consumer). Furthermore, some of

the care workers referred to elements of something beyond the two policy principles, that of the traditional home help, when they were asked to expand upon the content of their work.

Help for self-help and the consumer-oriented service in everyday practice

We can identify the influence of both policy principles in the observations. Help for self-help, however, is less dominant in the observations than in the interviews. The care observed in the individual homes of older people was often a mix of the two policy principles. Most of the care workers shifted between the two principles, often during the same visit.

In the observations the typical form of care was that of help for self-help in an everyday situation. In these situations, there is either co-operation on the task being performed and/or a clear division, where the care workers and the older persons perform different tasks simultaneously. In the following example from the ethnographic field notes, there is both co-operation and a clear division of work between them:

> *The older man goes to the bathroom, undresses and turns the shower on. He washes himself and his hair, as well as he can. In the meantime, the care worker has made the bed and put his medicine on the table. She now enters the bathroom and helps him scrub his back and feet. She hands him the towel and he dries himself. She dries his back and feet. The older man enters the living room where he gets dressed. The care worker wipes the floor in the bathroom. He sits in an armchair, and she puts lotion on his feet*. (Ethnographic note, municipal care worker)

The older man in the above excerpt manages as much as possible himself. Often, the relationship is harmonious as in the example above, but some observations also indicate friction between the care worker and the older person (Hansen, Eskelinen and Dahl, 2011).

The stronger version of help for self-help is rarely found in the observations. In one case, the care worker suggests systematic training to an older man using a device for pulling up his socks

(ethnographic note, private care worker). This could indicate that this is taking place to a lesser extent due to the fact that the type of care provided in practice is a result of a complex interaction between the care worker and the older person.

The way in which the consumer-oriented service principle translates into care-giving varies immensely, depending upon the position of the older person and other factors primarily related to the care worker. One position available to the older person is that of defining what is to be done. In the example below, the older woman has been assessed as being in need of practical help, and at the start of the visits she states what she would have liked to have done. The care worker from the private company shows an extreme form of obligingness by accepting to do tasks beyond the assessment:

> *The older woman ... says to the care worker that she wants the mirrors done and the tiles in the bathroom. The care worker explains that this is beyond the assessment, and the older woman exclaims that she will need to employ a cleaning lady then. The care worker explains that the older woman can buy additional services... and that it is the municipality that regulates this, not her. Despite this she says: 'I will do the mirrors'... The care worker goes into the bedroom, where she polishes the mirrors on the wardrobes ... and cleans the bathroom. The older woman is in the kitchen arranging some flowers.*
> (Ethnographic note, private care worker).

This example of the consumer-oriented service principle is a clear cut example of the self-determination of the older person, but also of a care worker being willing to perform additional tasks beyond the assessment.

In the observations, we can both identify help for self-help in everyday situations and a form of consumer-oriented service (obligingness) among both private and public care workers. They co-exist, and there is no crowding out of help for self-help by the new principle. Instead, help for self-help is an applied principle in practice as it becomes a logic. Consumer-oriented service on the

other hand is a vague policy principle according to which the care worker also resorts to and draws upon something beyond the two principles, that of the traditional home help. The concrete form of the care given depends upon the identity of the care worker, the complex relationship between the carer and the older person and institutional factors, e.g. priorities in the municipality and management framing the care-giving (Hansen, Eskelinen and Dahl, 2011).

Conclusion: replacing, conflicting or co-existing principles and logics?

The two principles were identified in the interviews and identified as logics in the observations, though to a varying extent. They grant different degrees of power to the professional and the citizen and provide help in different ways. Most of the care workers combined the help for self-help and consumer-oriented service, often during the same visit. Both principles were played out in different versions, and there was no indication that the consumer-oriented principle was replacing help for self-help. Help for self-help was strongly articulated as part of the identity of the care workers and was seen in two versions: the one concerning cooperation or division of tasks in everyday chores and the other practicing systematic training. The principle of 'consumer-oriented service' was less distinct, as it was translated into two versions of the same logic: adjustment of services and obligingness to the wishes of the older persons. Due to its rather heterogeneous character, this form of care was more difficult to identify, and it also became apparent during our study that consumer-oriented service sometimes became a fall-back option when the other principle failed. We expected that consumer-oriented service would be most distinct among care workers working for private providers. The study provides some indications that this is the case, but our material do not provide any clear information as to what extent this was the case among care workers working for private providers as compared with the public provider. Examples of both principles were identified among care workers working for private providers. However, one should keep in mind that this is based on material concerning only a few privately employed care workers.

In neo-institutional theory, conversion transforms the institution and incorporates potential ambiguities between the old and the new principle. Our study can merely serve as a tentative answer to our question regarding the relationship between the two principles. However, we did not find a replacement of one principle by the other. Instead, they seem to co-exist without conflict in the observations of care provided in practice. The consumer-oriented logic co-exists with the help for self-help. This is surprising given their differences and in relation to Norwegian research identifying tensions between different forms of governance that could be seen as embodying different logics (Vabö, 2011). This happy co-existence is probably helped by the translation of both principles into their lighter versions in practice: help for self-help as cooperation and division of tasks in everyday situations and the adjusted form of the consumer-oriented service. Instead of opposing principles and logics, we find a continuum of the two principles and their varieties in practice. Our study was not designed to provide an answer as to why they translate into these particular versions, apart from the institutional context of the Danish elder care. This result is interesting for countries outside the Nordic context which in the future might be interested in combining the two principles of active ageing as expressed in help for self-help and consumers' choice as expressed in consumer-oriented service, given the growth in public financing and the expansion of public coverage in some European countries (Ranci & Pavolini, 2013).

Like Mol, we identified several logics in the field, but we also found something that could not readily be placed under either of the principles (Hansen, Eskelinen and Dahl, 2011). In elder care, the situation was more complex than in care for diabetes patients. Boundaries were not clear cut, and care workers referred to and drew upon something that was neither part of the two policy principles nor their logics, for example when referring to the standards of the traditional home help. This raised an issue about the boundaries between consumer-oriented service and the repertoire and practices of the care workers.

Another conclusion is that there was more talk about help for self-help than seen in the practices of home helps. It is not unusual that people say something and do something else. In the

future, other studies might be able to inform us about barriers to the implementation of help for self-help, and in this sense we find it useful to advocate for a distinction between policy principles and logics as we have done in our research.

A further issue relates to a new, reformulated and stronger version of help for self-help, namely 'everyday rehabilitation' (Kjellberg, Ibsen, & Kjellberg, 2011). This principle first appeared in policy discourse in 2011 after the collection of material in 2010. There is an urgent need to investigate 'everyday rehabilitation' and its relationship to the policy principle of consumer-oriented care. There is also a need to investigate further whether the form of care given is related to the status of the provider. In 2012, 37 per cent of the recipients of home help in Denmark used a private provider (Szebehely & Meagher, 2013, p. 244), which makes it crucial to study more deeply the importance of the specific institutional context of market-based versus publicly provided care for the importance of both policy principles. Are private companies more prone to provide consumer-oriented care and downplay help for self-help, as indicated by experiences from Stockholm (Gavanas, 2013)? Future research needs to attune itself more to the specificities of care in a particular field, for example elder care, in order to understand how political principles are shaped by the institutional context they are translated into, and how they in turn shape the logics in the care provided.

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