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4. Responsibilization of Actors in Care and Other Welfare Services: A Focus on For-Profits in Norwegian Nursing Homes

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Abstract This chapter explores the shifting of responsibility between state and municipalities in Norway, focusing on the role of for-profit organizations in the nursing home sector. It is argued that a "responsibilization game" leads to municipal cultural changes marked by risk minimization. It is further argued that to what extent such a "game" results in for-profits being held accountable mainly depends on the political choices of the municipalities. Empirical data derives from research performed in Norway.

Keywords welfare services | care services | responsibilization | accountability

INTRODUCTION

The contextual conditions for the responsibilization of organizations operating municipal health and care services are the main topic of this chapter. The concept of responsibilization will be employed in a broader sense, where being, becoming, and remaining responsible can be seen as being built into relationships both at an individual and at a group (or organizational) level and where responsibilization has juridical, cultural, social, organizational, and economic aspects. While the focus will in particular be on for-profit actors in the nursing home sector, attention will also be paid to local governments, or the local state. In particular, local governments will be highlighted with regard to their transformation during the latter three decades, internalizing new forms of logics. While *vertical* processes of responsibilization can be identified in the Norwegian context, e.g., as a transfer of responsibilities from the state to the municipal level or from health organizations to front-line workers, *horizontal* processes involving a "responsibilization game" between powerful public and private for-profit

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actors will be discussed in particular in this chapter. This latter type of process is not left to the two types of actors alone, since the larger public also plays a role in various ways through other actors, namely, through mass media, interest organizations, and unions.

Empirically, the chapter builds on research performed in Norway in an international comparative perspective and as part of a research partnership in two different research projects in which the author took part. Examples of questions that will be raised are: How has accountability grown into becoming a major concern in the welfare services in general and the health and care services in particular? How is accountability expressed and realized? Who is made responsible for the performance of care services, how, and in relation to what? How does resistance from unions and local authorities with regard to private profit in care play out in the regulation and development of the health and care sector? The chapter will highlight some characteristic features of the Norwegian context relating to the Norwegian welfare state, the scope of action of municipalities, the influence of unions, and the role of the Norwegian mass media. Both the historical development and present-day conditions will be dealt with.

The marketization of welfare services, as a part of a broader process including privatization, has been going on in all Nordic countries for the latter three to four decades. This process, which in the introductory chapter of this book is linked to a broader neoliberalization of several domains of social life, has been more pronounced in Sweden and Finland than in Norway and Denmark (Meagher & Szebehely, 2013; Rostgaard et al., 2022). As for the privatization part of this process, a notable development has taken part in Norway during recent years that indicates a setback for for-profits in care, with, for example, the share of for-profits in nursing homes shrinking between 2015 and now (Statistics Norway, 2022).

In parallel with the marketization trend, a process of de-universialization can be observed across the Nordic countries, although it is more pronounced in Sweden and Finland than in Norway and Denmark. Such de-universialization includes an increase both in family care and in services paid out-of-pocket by users, like services related to practical home help or physiotherapist services for institutionalized older people (Szebehely & Meagher, 2018; Rostgaard et al., 2022). In Chapter 3, this is in particular linked to the development of what the author labels semi-privatization, as a process leading to increased inequality in care and an overlap of private services with elderly care services that are already part of the public commitment, which hence has a negative impact on the municipalities' provision of care.

In tandem with such processes, a weakening of the bargaining power of unions has been taking place in several countries across the Anglo-Saxon world and the Nordic countries, although this is less pronounced in Norway than in the other countries (Meagher & Szebehely, 2013). In Norway, unions have played an important role in decreasing the influence of for-profits in the welfare services, in particular, in the care services (Jacobsen & Ågotnes, 2020; Lloyd et al., 2014). Moreover, unions in Norway largely seem to be in favor of keeping welfare services publicly operated, while, for example, in Sweden unions are less united as to their stance on the privatization of welfare services (Meagher & Szebehely, 2013).

Norwegian municipalities have been pivotal both in limiting the influence of for-profits in care and in holding for-profits accountable, a topic that will be further dealt with below. It will be argued, however, that in parallel with opening up for for-profits in welfares services in Norway, a process started three to four decades ago that led to an increasing transformation of Norwegian municipalities. As part of this transformation, municipalities seem to be putting the effects of capitalist commodification under control to a lesser degree than they did before—a traditional expectation pointed to in the introductory chapter of this book—and seem to be more influenced by logics of capitalist commodification, a trait of public governance frequently labeled financialization (Løding, 2018). While financialization may also be characterizing the development of non-profit organizations, as evidenced, for example, in the increasing number of non-profits registering as limited companies in Norway and beyond, this is a topic that falls outside the scope of this chapter. This chapter will mainly focus on three of the main parties in the responsibilization game concerned with operating the welfare services in general and the care services in particular, namely, the municipalities, the for-profit actors, and, not least, the general public, whose views and responses are channeled, amongst others, through unions, interest organizations, and the mass media.

RESPONSIBILIZATION AND THE SUPERVISORY ENVIRONMENT IN WELFARE SERVICES

Responsibilization is a broad concept that, among others, points towards routines and structures related both to public authorities' control over individual organizations and these organizations' control over themselves and their own staff. Responsibilization works both at a group and at an individual level, where one assumes responsibility, is given responsibility, avoids responsibility, and is held responsible (Choiniere et al., 2015). Responsibilization is hence a process to be

understood on a relational and organizational level. Accountabilization is an almost synonymous concept, however, highlighting that an individual or organization both is made accountable and has to provide an account to someone of itself, herself, or himself. Both dimensions can be related to a so-called audit culture (Shore & Wright, 2015).

When first used, the concept of responsibilization came to refer to, in the governmentality literature, a neoliberal process in which subjects are made individually responsible for new tasks, frequently tasks previously performed by a public agency (Shore & Wright, 2015). Oftentimes, responsibilization is "sweetened" by concepts like "empowerment," to make an increase in responsibilities, without a concomitant power and influence over the extra work tasks for which one is made responsible (Jacobsen, 2007). As for other cultural and social aspects, the gender dimension is of particular importance when focusing on responsibilization processes in the care sector, including care for older people. Care work in general, and care for older people in particular, represents a highly gendered space where both professionals and informal carers perform work associated with social reproductive tasks (see also the discussion about the gendered and economically devalued care sector). It is not by any means accidental that processes of responsibilization are more complex and elusive in care work than in other sectors like education or manufacturing industries, a complexity of which this chapter will provide several examples. Both discovering exploitation and inequality-generating processes and making powerful actors responsible are hence more difficult endeavors in the care sector than in other sectors in our society.

Different Western countries have different policies as to how to regulate non-public actors operating public welfare services. Despite a general increase in audit culture in public services internationally, audit systems seem less comprehensive and less complex in Norway than in several other countries, including Sweden (Choiniere et al., 2015). An audit culture can be described as the "widespread proliferation of […] calculative rationalities of modern financial accounting and their effects on individuals and organizations" (Shore & Wright, 2015, p. 421). The mere presence of systems of audits, meant to ensure quality and efficiency, is often interpreted by oversight authorities as an indication of the presence of both quality and efficiency and hence involves a closed logic of self-fulfilling prophesies. Hence, a virtual representation of quality and efficiency stands for the reality it is supposed to represent (Miller, 2005). Frequently, this relates to a mode of thinking that what counts can be counted and what cannot be quantified does not count. Hence, accounts provided "from below" by members of an organization or by individual organizations to higher levels of governance are,

through systems of accountability, transformed into increasingly higher levels of abstraction, producing numbers by which individuals or organizations can be evaluated and for which they can be made to answer. In a Foucauldian perspective this may be conceived of as a means for self-governing and self-surveillance by internalizing the ends-and-means part of dominating discourses, providing confessions (self-accounts) that in turn promotes the self-surveillance and self-governing (Foucault, 1986). However, there is probably no reason to conceive of municipalities, for-profits, or representatives of the general public as being merely passive victims trapped in such a mode of governance. The susceptibility of accounting to skillful manipulation and its inventiveness in avoiding being held accountable are both part of the responsibilization game, and this is an important dimension of the discussion in this chapter.

Norway seems to be characterized by a so-called interpretive approach to governance and control of municipal organizations in general and health and care services in particular, in contrast to countries like the United States, Canada, and Great Britain, which appear to employ a more prescriptive approach where micromanagement and a broad range of guiding principles are utilized (Daly et al., 2016). In addition to being more open and interpretive, the typical Norwegian approach is characterized by a greater degree of dialogue between authorities exercising control and health and care services, whether the authorities are municipal, regional, or national.

There are probably several reasons why Norwegian systems of oversight and control over those services are less comprehensive, less complex, and more open, flexible, and collaborative than, for example, in the United States, Canada, and Great Britain. First of all, the Norwegian (and Nordic) welfare state seems, to a larger extent than other welfare states, to be based on trust (Kuhnle, 1994). Secondly, municipal autonomy is an important principle in the Nordic countries, possibly more so in Norway (ibid.). Both the transfer of central government money as block grants, where earmarked means are an exception rather than the rule, and the reluctance of the central government to interfere with the setting of priorities in the municipal governments contribute to this autonomy. A result of this is considerable variation among the municipalities and hence much latitude as to how individual municipalities develop and supervise their services. Thirdly, there seems to be a connection between the share of for-profits in the municipal welfare services and systems of oversight and control. At least for the nursing home sector, a higher share of for-profits in the services tends to be associated with more comprehensive supervision systems and a development towards more prescriptive systems of control (Choiniere et al., 2015).

WHO ARE THE FOR-PROFITS?

Physicians, psychologists, pharmacologists, physiotherapists, and dentists have performed for-profit services on behalf of the health and care services in Norway for many decades (Stamsø, 2009). Still, social scientists did not pay much attention to private actors in these services before the beginning of the 1980s (Askildsen & Haug, 2001; Lorentzen, 1984). This being said, the commercialization of the health and care services took on some particular characteristics that set many for-profit activities apart from earlier times.

First, business actors have gained access to areas of health and care services where only public and non-profit actors previously were represented, including home-based and institution-based care for the frail or elderly. To be sure, some individual (or one-person) enterprises ran nursing homes in the past, starting out in the 1960s. Such nursing homes, however, tended to be family-based, and instead of producing an economic surplus for shareholders, the main economic aim seems to have been to achieve a balanced budget in line with a so-called household economic model (Vabø et al., 2013).

Second, the new type of for-profit actors in the health and care sector are primarily financed by means of public taxes. Despite this fact, the bulk of the economic surplus from their activities is divided amongst shareholders instead of being channeled back to the service production (Meagher & Szebehely, 2013). Third, and of major relevance for the discussion of accountability and responsibilization in this chapter, the for-profit actors in the health and care sector in Norway and other Nordic countries are largely part of substantial multinational companies engaged in a broad range of business activities, ranging from nursing homes, home-based care, kindergartens, and refugee centers to activities outside the welfare services, like running hotels (Herning, 2015), most of which are representing activities related to social reproduction in highly gendered sectors. At a given point of time, close to 70% of all for-profit operated nursing home beds in Norway were organized by large multinational business chains (Harrington et al., 2017). Fourth, the market is dominated by only a few companies. In Norway, these chains are represented by four companies—Aleris, Norlandia, UniCare, and Attendo—with three of them also listed among the five largest for-profit actors in health and care in Sweden (ibid.). The same tendency—of a few large international actors sharing the market between themselves—has also been documented in the Norwegian kindergarten sector (Lunder, 2011; Herning, 2015).

Fifth, for-profit actors almost exclusively invest in urban locations, and primarily in the bigger cities (Meagher & Szebehely, 2013). An "economy of

scale" is easier to attain for the companies in the major cities, allowing them to achieve sustainable business activities. Hence, what some political actors label freedom of choice, in the sense of being potentially able to choose among different public, for-profit, and non-profit actors, mainly pertains to citizens inhabiting the bigger cities. Sixth, there seem to be some particular hallmarks regarding staff policies and level of staffing that distinguish the for-profit actors from public and non-profit actors, such as the staff's coverage of registered nurses (or other staff with a similar level of formal competence). In his investigation of 21 nursing homes around 10 years ago, the Norwegian health economist Anders Kvale Havig identified a tendency that for-profit management meant fewer registered nurses, lower staffing levels, a lower level of pensions, and a more extensive use of shorter work shifts, where healthcare staff worked intensive shifts of a few hours when the workload was most pronounced (Havig et al., 2011).

Last but not least, the for-profit companies display an increasing organizational complexity, in stark contrast to the lack of complexity and comprehensiveness of local and central government oversight systems. The complexity of for-profit companies is expressed both in terms of multiple layers of ownership, a complex mix of investors, and through a dynamic ownership structure that continuously changes at both the national and international levels (Jacobsen & Ågotnes, 2020; Voldnes, 2013). As also documented in for-profit kindergartens (Lunder, 2011), such complexities make it easier for companies to reap profits without this being disclosed to the authorities or the general public. Clearly, companies are finding earnings potential in traditionally devalued sectors concerned with various forms of social reproduction.

The companies tend to alternate between being registered as a limited company and being owned by a private equity fund or investment fund. Being a limited company means having shareholders and an obligation to disclose information on the stock exchange and to pass on information at a certain level of detail to the Norwegian national registry for companies and organizations, the Brønnøysund Registry. There are no such obligations for private equity funds, which tend to pursue short-term investments in enterprises in preparation for resale and to realize substantial profits that are not disclosed to anyone or reported anywhere. The economist Fanny Voldnes in *Fagforbundet* (the Norwegian Union of Municipal and General Employees) provides the following example of the organizational complexity of the company Norlandia, as this appeared at a given point of time, in 2014:

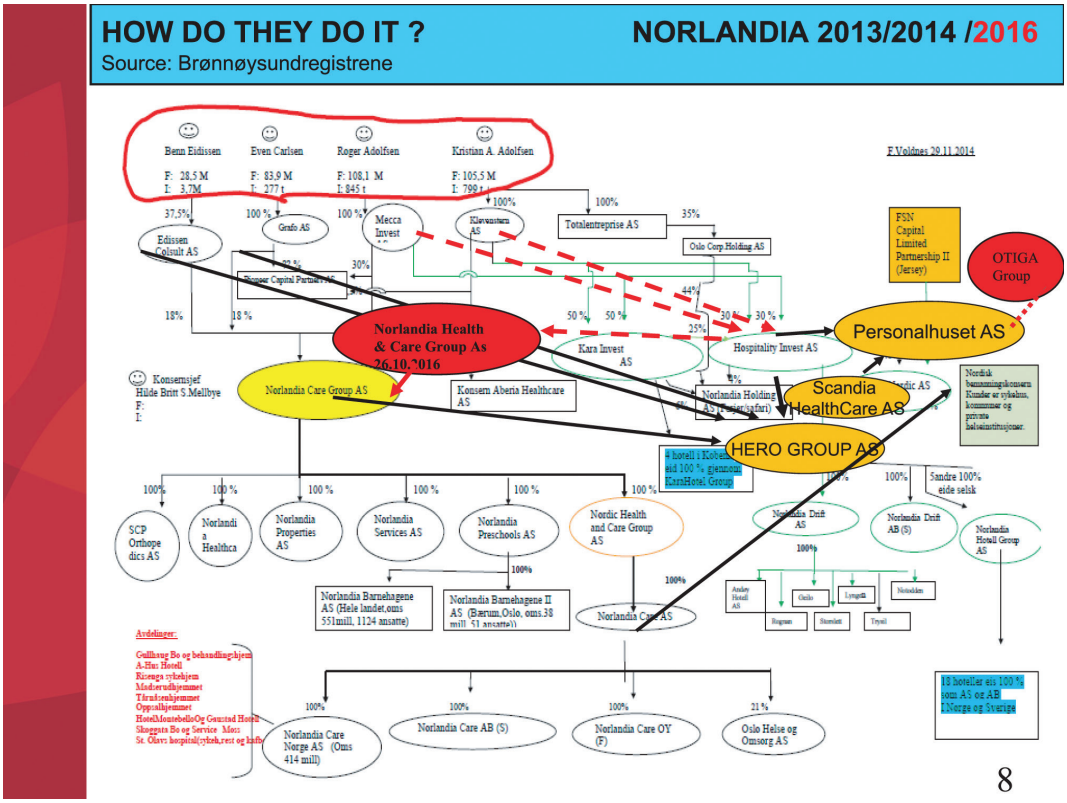

Figure 4.1: The company structure and flow of money of the for-profit actor Norlandia. Copyright: Fanny Voldnes, Fagforbundet (2017)

The picture she presented illustrates an important reason the mapping of ownership structures and transactions of this type by for-profit actors is very time-consuming, and hence costly, and requires particular competencies in the field of finance. Norwegian municipalities, even the larger ones, will have problems mobilizing enough resources for such a job. This challenge in itself raises the question of how it can be possible to make for-profit actors in Norwegian welfare services accountable. This challenge is a good illustration of the fact that processes of responsibilization have an important economic dimension.

THE POSITION OF FOR-PROFITS IN THE NURSING HOMES SECTOR

The share of private companies running home-based and institution-based care services is not particularly high in Norway compared to most countries in Europe

and North America. As already mentioned, within the Nordic context the share of for-profits is considerably lower than in Sweden and Finland (Ågotnes et al., 2020). The proportion of privately run nursing home beds (both by non-profits and by for-profits) has been relatively stable at around 10% over the last decade, with the exception of 2021 and 2022, the last years registered by Statistics Norway, when the share reduced to 8.5% in 2022, and 2016, when the share was at its highest, approximately 11%. The lower share in 2022 is first and foremost due to a reduction in nursing home beds being organized by for-profits, from the top year of 2016, with 6.2% of the beds in the hands of for-profits, through a steady decline in the following years, reaching 1.5% in 2022. The share of non-profit-run nursing home beds was relatively stable at around 5% for several years, with the exception of 2021 and 2022, when an increase in the share of non-profits reached 7% in 2022 (Statistics Norway, 2023).

It is an interesting fact that most of this decrease has occurred during a period with a populist-conservative government, one that has encouraged a more pronounced element of for-profit organization of all types of welfare services, including care services. The relatively strong autonomy of the Norwegian municipalities, as already mentioned, appears to be one important factor explaining why the general picture on the national level has moved in a direction away from that desired by the national authorities (Jacobsen & Mekki, 2012). In particular, local governments in the larger cities such as Oslo and Bergen appear to have contributed to this situation. In addition, the role of the unions seems to have been important. While unions in Sweden, for example, have to a very limited extent been engaged in debates about profit in care (Meagher & Szebehely, 2013), several Norwegian unions have been active and to a great extent critical toward the privatization of care and other welfare services. Fagforbundet, in particular, has positioned itself as a vocal critic of this development and has contributed its own resources in performing exhaustive financial analyses of ownership structures and profit-channeling by relevant companies, two of them—Norlandia and Aleris—in particular. In the Norwegian context, Fagforbundet represents a union that organizes many of the licensed vocational nurses (LVNs, hjelpepleier or helsefagarbeider in Norwegian), and several other major groups of employees, and engages in wider social questions beyond issues directly pertaining to the welfare of its own members, and as such appears different from the more traditional "bread and butter" unions. It is a member organization of the Norwegian Confederation of Trade Unions (LO), the largest Norwegian workers' organization with a membership of nearly a million workers.

As will soon be addressed, both this union and others have sometimes campaigned against specific companies in close cooperation with the Norwegian mass

media. Still, other factors at the national level may have played an additional role in creating a development dissimilar from Sweden and Finland, like a national legislation favoring non-profit actors and the economic recession in the early 1990s, which affected Sweden and Finland more severely than Norway (Ågotnes, Szebehely & Jacobsen, 2020).

HIDDEN COSTS RELATED TO THE PRIVATIZATION OF CARE AND OTHER WELFARE SERVICES

Several different costs are related to the privatization of welfare services, costs that rarely or never make it into the Norwegian public debate. On the one hand, there are costs connected to efforts to follow the money, to follow the stream of public funds through these complex and continuously changing companies. On the other hand, the companies may declare bankruptcy if they do not find their enterprise economically viable. The bill following the bankruptcy will quite naturally be passed on to the municipality, since municipal authorities have ultimate responsibility for the services and for their inhabitants' health and well-being (Herning, 2015). A for-profit enterprise is not in a position to assume such a comprehensive responsibility, a responsibility that is statuary for the municipalities. The fact that municipalities have this ultimate responsibility is a relevant topic also in cases of processes of partial privatization, such as when hiring a cleaning services in nursing homes or procuring products or external services that the municipality is not in position to supply, such as technology for telehealth or telecare (Berge, 2018). While for-profit actors tend to have a shorter time horizon due to tender regulations and the need to demonstrate short-term gains for investors, the municipalities can never escape their eternal obligations to their citizens.

In addition, international comparative research demonstrates that costly responsibilization processes, initiated by central and local authorities, result from privatization. The higher the share of services run by for-profits, as briefly mentioned above, the more comprehensive and complex the accountability systems (Choiniere et al., 2015). Moreover, the case of Norway illustrates that the mere introduction of for-profits in care and other welfare services boosts the development of public systems of control and supervision, although, as already pointed out, this is far less complex in Norway than in countries with a higher proportion of for-profits (Jacobsen & Ågotnes, 2020). This development will affect both front-line workers and service managers at all levels, as an increasing part of their workday will be used for reporting and filling in a variety of forms (ibid.). Whether staff and leaders are working for public, non-profit, or for-profit organizations, the burden of reporting will ultimately be financed by public means.

When the potential savings of engaging for-profits to run welfare services are evaluated by municipalities, consulting companies, employer's organizations, or other parties, those three types of costs are not included in their calculations (Herning, 2015; Jacobsen & Ågotnes, 2020). In addition, part of the claimed savings may likely result from a lower average level of pay and pension for the staff. An economist analysis some years back of Norwegian home-based care services demonstrates a trend that still seems valid, that for-profits in those services both run services at a lower cost and gain profit by lowering average staff pensions, through the development of individual pay differences among the staff and through the skillful reorganizing of work shifts (Dahle & Bjerke, 2011). Economist researchers documented that for-profits offered lower pensions than public organizations, that their staff started earning pension rights at a higher age and later in their career, for example, after working five years for the company (ibid.). For a while the so-called Adecco scandal in 2011 brought pension rights in for-profit organizations, as well other rights of their workers, to public awareness (Lloyd et al., 2014).

WHAT KIND OF ORGANIZATIONS ARE THE MUNICIPALITIES?

Municipalities, as organizational units, have a long history in Norway. They were established in as early as 1838 as instruments for local self-government—some years ahead of Swedish municipalities, which were established in 1862 (Gustavsson, 2022)—and replaced the church as the sole representative of local communities, with councils elected by citizens with voting rights (Bjerkås, 2017). This development went in tandem with a transition from absolutism (enevelde) to constitutionalism and with a growing secularization and professionalization of local government. Elitism was a strong trait in both Norway and Sweden, with landowning farmers having a position of power. However, the elite were increasingly conceptualized as the caretaker of common responsibility for the larger population and for the public good (ibid.). Since that time, the development of political parties and general voting rights are two important developments that strengthened the position of municipalities as representatives of local democracy.

Municipalities, not least in the post-Second World War era, have moreover become important lower-level state representations securing the general welfare of the population in important domains related to a growing welfare state model (Gustavsson, 2022). This trend has been strengthened through a process of decentralization through which an increasing number of welfare services have become the responsibility of the municipalities, like the provision of nursing home services

(from 1987) and several new acute and sub-acute services (from 2012), with the introduction of the so-called Coordination Reform.

The municipalities have not only acquired increased functions and responsibilities; their ways of working, their culture, and their ways of conceptualizing the world have gradually been transformed too. As a result of New Public Management's influence on the local governments and the subsequent market-oriented regulatory restructuring in which marketization plays a significant role, their legitimacy increasingly seems to derive from performance at the expense of procedural legitimacy—their main source of legitimacy in the past—pertaining to fair, representative, and suitable modes of governance (Gustavsen et al., 2014). In other words, it has become more important to demonstrate and display results. Moreover, the conception of results has also changed in line with a change of spirit that has moved from savings to investment.

Actors that were not previously explicitly market-oriented seem to have internalized a set of new logics and practices that are frequently labeled financialization in the academic literature (Gustavsson, 2022), a change that can be noted in both local and central governments characterized by "the increasing role of financial motives, financial markets, and financial institutions in the operation of the domestic and international economies" (Løding, 2018, p. 727). Municipalities are therefore changing to become more similar to for-profit actors in the way they see their planning and management role, where their possessions and savings are actively managed by exposing them to the market. Hence they, like for-profits, strive towards achieving an optimal risk profile through portfolio management (Løding, 2018). Examples of assets increasingly exposed to the market, besides welfare services, are hydroelectric power (ibid.), infrastructure, land, and housing (Gustavsson, 2022).

We may therefore conceive of a triple mode of marketization that is transforming the municipalities by 1) adopting methods of structuring and performing from the business sector, 2) opening up for privatization of parts or the whole of previously publicly run services, and 3) changing their logic from one of savings and balanced budgets to one of investment so as to enhance financial market integration. This blurs the boundaries between entities that were previously clearly distinct—public organizations and for-profit organizations. Hence, two of the parties in the local-level responsibilization game, the public and the for-profits, increasingly come to resemble each other, an important cultural dimension of the responsibilization game. As summarized by Davis (2009, in Løding, 2020, p. 727), "if corporations adopted models of bureaucracy from governments and armies in the late nineteenth century, then postindustrial states increasingly repay the favor by coming to look more like shareholder-oriented corporations." Even though

financialization is not as strong a trait in all Norwegian municipalities (Løding, 2020), one could suspect that the financial aims of for-profits in care and other welfare services may increasingly occur to be natural and inherently logical to the organizations responsible for supervising their services, not least the local authorities.

While the national state of Norway may to some extent be said to have withdrawn or retrenched (Briseid, 2016), the same is not necessarily true of Norwegian municipalities. With the increasingly downward shift in governance witnessed in Norway and beyond, several social scientists have come to label municipalities "the local state." The local state can be conceived of as being general purpose local governments performing a wide range of functions (Lobao, 2016). The local state does not merely appear increasingly controlled by powers outside its own influence; it may be seen as an active agent in its own right, not necessarily losing power but transforming the content of its power and extending power into realms that previously did not apply (Løding, 2020). Hence, financialization can be seen both as a source of disempowerment and as providing new sources of power for the Norwegian local state, the municipal governments. As a more general point, municipalities seem to enjoy much autonomy. This enables them to carve out their own local policies and, now and then, to demonstrate different choices than those made by the central government and even state government policies.

MEANS OF RESPONSIBILIZATION AND CONTROL

The regional governors, the decentralized bodies of the Norwegian Health Directorate, carry out audits of health and care organizations and facilities and offer supervision to municipal stakeholders on behalf of the central state. Moreover, they exercise some measure of quality control (Briseid, 2016). Municipalities are also in a position to carry out additional audits, although there is great variation in terms of how frequently and systematically they carry out their own audits. An important topic that needs further discussion is what tools are available to the supervisory bodies, whether they are national, regional, or local.

One of several means of steering and control on a national level is the employment of national quality indicators. While those are highly comprehensive, complex, and detailed in countries like the United States and Canada, they are less so in the Nordic countries, and even less so in Norway than, for example, in Sweden (Meagher & Szebehely, 2013). A majority of the few national indicators that are employed in Norway are processual and hence pertain to what health staff and leaders in the health and care sector do to improve the quality of the services, while structural indicators are relatively sparse (there are, for example, no indicators

for staff coverage), and outcome indicators are generally lacking (there are, for example, no indicators for pressure ulcers, falls with severe injuries, depression, or experienced loneliness and social isolation). Some for-profits, such as Aleris, have worked strategically to ensure a main focus on processual indicators for quality of care, a topic that will be dealt with further later on in the chapter.

National laws, which are referred to in cases when organizations and institutions are subject to checks and reviews, do in fact exist, e.g., Kvalitetsforskriften (the Quality Regulation). However, both this and other laws and regulations are articulated in a general manner that only to a limited extent places these organizations and institutions under any obligation to perform in specific ways. In some cases where specific checks and reviews have resulted in strong rebukes or sanctions, the cases are formally linked to adverse incidents.

THE ROLE OF MASS MEDIA AND UNIONS IN PROCESSES OF RESPONSIBILIZATION

Adverse incidents and deviations from safe practices in nursing homes are important issues for some of the unions, not least unions with a broad social engagement like Fagforbundet but also unions catering to specific professions like the Norwegian Nurses Association (Lloyd et al., 2014). This of course includes incidents that negatively affect the staff. In relation to this last point, major scandals have played an important role in Norway, not least when putting the rights and well-being of staff into focus (ibid.). Since 2010, successive scandals concerning nursing homes have played out in the Norwegian mass media and frequently with the following course of action: A union has received a report from one or more of its members. The whistleblower and/or the union contact the mass media, an action that in turn provokes a review from health authorities. In a case that has so far received the most mass-media attention, the so-called Adecco scandal in 2011, this resulted in the health and care branch of the Swiss-led multinational for-profit company Adecco being banned from operating in Norway for an indefinite period of time.

While unions have played an important role in less formal responsibilization processes linked to Norwegian cases, unions in many other European and North American countries seem to have taken on such a role to a lesser degree (ibid.). The role of unions has been important in holding for-profit actors accountable across a broad range of public services, including services like kindergartens and refugee centers. Their importance also seems pronounced within the private sector, as in the example of the construction industry. Norwegian unions have played an important role in regulating this industry, such as Fellesforbundet (the United

Federation of Trade Unions), the largest trade union organizing the private sector in Norway, which, amongst other things, has been instrumental in fighting against the hiring of foreign workers without them being assured the same pay and workers' rights as Norwegian workers (Byggeindustrien, 2019).

RESPONSIBILIZATION AS A DYNAMIC RELATIONSHIP BETWEEN FOR-PROFITS AND LARGER SOCIETY

For-profit organizers of municipal health and care services are not only made accountable by the authorities, unions, and the mass media. Interest organizations like Pensjonistforbundet (the Norwegian Pensioners' Association) and individual persons who depend on those services and their families have also publicly held for-profit actors to account. In such processes, opportunities for wholly or partly evading accountability also exist, as the following two examples illustrate.

Registered nurse Birgit Berg, with 43 years of experience, tells a story illustrating how a for-profit enterprise may escape accountability to its employees. In 2011, she complained about her management treating her badly after a press leak in which she was singled out for responsibility. The press leak highlighted a lack of qualified staff, malnourishment, and outdated equipment at an Attendo home in Oslo. Following the leak, the manager of the nursing home, Midtåsen, and the senior executive of Attendo Norway held individual meetings with each nurse in the chapel in the dark nursing home basement to identify who had gone public. They failed to identify the "culprit," and Birgit Berg, being the local union representative, became the scapegoat (Herning, 2015, pp. 113–118).

A letter to a Norwegian newspaper's editor from the son of a mother in a for-profit nursing home may illustrate how residents and family, too, may find themselves at the losing end when struggling to hold a for-profit actor to account. Kristian Thunes, the son of a resident, voiced concerns about treatment at the Attendo Paul nursing home (Thunes, 2016). In his letter to the editor, he presented a personal note he made in January 2016: "Today the staff helped her with hairdressing, at an extra cost of 1,650 kroner and cut her nails, costing 400 kroner." In government or non-profit nursing homes, such services are all free. He moreover complained about excessive use of psychotropic drugs to keep his mother asleep most of the day, a measure taken, in his view, in order to decrease the staff's work burden. She did not demonstrate any form of agitation or unrest before she was subjected to treatment combining four different psychotropic drugs. His complaints to the institution resulted in limiting the use of psychotropic drugs to some extent, though two highly potent drugs were still kept. He eventually helped his mother move to another nursing home where they ended the use of all

psychotropic drugs: "She used to sleep the whole day (…) Now she rises from her chair and walks around by herself along the corridors. The risk of falls is greatly reduced" (his personal notes from summer 2016).

CONCLUSIONS

Since the introduction of the type of for-profits in care and other welfare services that now dominate, the large multinational chains have engaged in a broad range of activities inside and outside the welfare services. A process of marketization that had already been in place for at least a decade has taken a new turn. The introduction of the purchaser-provider split introduced in the 1980s had been a first step towards opening the welfare services "market" to tender. At the same time, NPM reforms and the growing process of the financialization of the municipalities had already started a process of virtualization (Miller, 2005), preparing the local state in time for the introduction of the first for-profits in nursing homes and home-based care. The new turn represented a growing and expensive system of auditing, a real influx of for-profits to which central and local authorities pointed as necessitating this growing system of accountability (Meagher & Szebehely, 2013).

The resulting responsibilization game has been one in which the for-profits, continuously adapting to changing supervision measures, and the municipalities, increasingly sharing traits previously thought to belong to businesses and international financial institutions, together with the general public, have been important players. In this game, for-profits have used the opportunities available to them to avoid being made responsible by either of the two other parties. Their complex structure and continuous transformations of ownership and money flows have been instrumental in, at least to some degree, this venture, and in particular within the highly gendered care work sector. On behalf of the general public, the mass media, unions, and interest organizations have also proved to be able players, sometimes joining forces in successfully changing realities at the local level and sometimes even at the national level, as illustrated by the Adecco scandal.

To a lesser or greater extent, individual municipalities have become part of such alliances, depending on the constellation of political parties in local government at any given point in time. Hence, municipalities, as the local state, have not only demonstrated an ability to change their power base and extend their power into realms where they previously had little influence, but also demonstrated their potential to be active agents in creating realities contrary to the wishes and ambitions of the central Norwegian government. The latter is, amongst other things, evidenced in the continuous shrinking share of for-profits in nursing homes since 2015. Hence, while Kristian Thunes, fighting for his frail old mother, experienced

a lone struggle, in other cases there have been important allies in such struggles, the municipalities included.

The wax and wane of for-profits in nursing homes and beyond results from a continuous game of responsibilization. However, whatever the share of for-profits in nursing homes and beyond, a process of contagious marketization has been going on for a long while, changing the very nature of the local state, a change that is not easily reversed. Such a pronounced cultural change of the local state towards risk minimization and being a manager of a portfolio of activities, together with the various and varying tangible consequences of this change, is at the core of interests of the Marxist-oriented field of political economy (Lobao, 2016). This development does not preclude municipalities enjoying substantial autonomy, where they create their own strategies and employ their own means to reach goals that frequently may be in opposition to pronounced goals of the central government and sometimes even express resistance towards government policies. The municipalities, as the local state, are continuously changing, as they play their part in the responsibilization game, where financialization is one example of the changes that are more pronounced in some municipalities than others. Whatever changes take place, Norwegian municipalities continue to enjoy substantial autonomy. To what extent there is room for profit in care, and in that case, how for-profits are held accountable, depends not least on the political choices of the municipalities, although unions and the mass media also have an important role to play.

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