Is Nordic elder care facing a (new) collaborative turn?

Vabø, Mia

2022-07

Vabø , M , Zechner , M M , Stranz , A , Graff , L & H. Sigurðardóttir , S 2022 , ' Is Nordic elder care facing a (new) collaborative turn? ' , Social Policy and Administration , vol. 56 , no. þÿ 4 , pp. 549 562 . https://doi.org/10.1111/spol.12805

http://hdl.handle.net/10138/345462
https://doi.org/10.1111/spol.12805

Received: 31 May 2021 | Revised: 28 January 2022 | Accepted: 3 February 2022

DOI: 10.1111/spol.12805

SPECIAL ISSUE ARTICLE

WILEY

Is Nordic elder care facing a (new) collaborative turn?

Mia Vabø[1] | Minna Zechner[2] | Anneli Stranz[3] | Lea Graff[4] | Sigurveig H. Sigurðardóttir[5]

[1]NOVA Centre for Welfare and Worklife research, Oslo Metropolitan University, Oslo, Norway

[2]Faculty of Social Sciences, University of Helsinki, Helsinki, Finland

[3]Department of Social Work, Stockholm University, Stockholm, Sweden

[4]Work and Late Life, VIVE—The Danish Center for Social Science Research, Copenhagen, Denmark

[5]Faculty of Social Work, University of Iceland, Reykjavik, Iceland

Correspondence
Minna Zechner, Faculty of Social Sciences, University of Helsinki, Helsinki, Finland.
Email: minna.zechner@helsinki.fi

Funding information
The research Council of Norway P. no 273696 (Mia Vabø). This research was partly funded by the Strategic Research Council (SRC) established within the Academy of Finland. (345384) (Minna Zechner).

Abstract

Nordic countries are known for their service-based welfare states, which include basic health and social care for all older adults who have been formally assessed and found to need additional services. Facing fiscal constraints in the mid-1990s, these countries endeavoured to create more cost-effective care services that incorporated the doctrines of new public management (NPM). Overlapping NPM, steps have been taken to better integrate services and utilise the care capacity of a broader institutional and environmental set of actors. In this study, we draw attention to this call for collaborative and participatory modes of governance beyond NPM. We explore whether and how Nordic eldercare policies fit in to the framework and logic of new public governance (NPG). The data consist of 62 key government documents from five Nordic countries, representing the central features of eldercare policies over the past 10 years. Our content analysis is based on three conceptual lenses associated with NPG: service integration, service co-production and cross-sectoral co-creation. The analysis shows that several policy issues are framed by the logic of NPG in all countries. Further research is needed to assess how these NPG measures are implemented and interacting with institutional arrangements of other public governance paradigms.

KEYWORDS
collaborative governance, co-production, cross sectoral co-creation, eldercare, integrated service provision, new public governance, Nordic countries

1 | INTRODUCTION

The five Nordic nations—Denmark, Finland, Iceland, Norway and Sweden—are known for their service-based care systems characterised by a primacy for formal care (provided by paid care staff), a high level of public funding and a local infrastructure of health and social care services, offered to and utilised by citizens from all socio-economic groups (Heintze, 2013; Vabø & Szebehely, 2012). This Nordic care model stand out as comprehensive compared to the systems of other western countries, in particular countries with a family-based care system (Heintze, 2013). Illustrating the scope of the Nordic care model, Nordic countries spent 2.3%–3.6% of their respective gross domestic products on long-term care in 2018, whereas only spent an average of 1.5% (Organisation for Economic Co-operation and Development, 2020).

As the coverage of institutional and home-based care expanded greatly during the first decades after the Second World War, Nordic citizens established a strong preference for public care, which spared them from being a burden on their families (Vabø & Szebehely, 2012). Although the widespread use of public homecare is typically combined with care provided by family members and neighbours, family care in the Nordic countries is less intensive than family care provided in countries with more family-oriented welfare models (Heintze, 2013). Nordic citizens perceive the social right to tax-funded care services as strong (Blackman et al., 2001) and expectations have been high because services are targeted to service users from all social classes, including those that are well-off (Vabø & Szebehely, 2012).

Since the early 1990s, Nordic governments have increasingly been grappling to bridge the gaps between the high expectations and finite resources. First, there has been constant negotiations on how to integrate health and social care in a cost-effective manner. Problems occurring in the interface between hospitals and community care, such as the revolving-door effects, bed-blocking and communication problems, have triggered reform steps related to the division of responsibility between national, regional and local levels (Kumlin et al., 2020). Second, as ageing populations, economic downturns and neoliberal politics put pressure on the cost of welfare (Anttonen & Karsio, 2017; Rostgaard, 2011; Sigurdardottir & Kåreholt, 2014; Vabø & Szebehely, 2012), Nordic countries were caught in the global wave of new public management (NPM) (Szebehely & Meagher, 2013).

Numerous studies, representing different research disciplines such as social policy (e.g., Anttonen & Karsio, 2017; Burau et al., 2017; Szebehely & Meagher, 2018) and the sociology of work (Kamp & Hvid, 2012; Orupabo, 2022) have assessed and explained changes in the eldercare sector as consequences of NPM reforms. Researchers have typically focused on topics such as contract and control practices related to competitive tendering (Almquist, 2004; Szebehely & Meagher, 2013), free choice models (Rostgaard, 2011), performance and quality management (Hoppania et al., 2021; Vabø, 2012). Although eldercare researchers continue to investigate consequences of NPM (e.g., Blomqvist & Winblad, 2020; Lehto-Niskala et al., 2021), we note that there is a growing interest on service integration (e.g., Eriksson et al., 2020; Kumlin et al., 2020; Sogstad et al., 2020) and interdisciplinary teamwork aiming at person-centred care and reablement (Moe et al., 2017). Without referring to the concept itself, these recent studies clearly touch upon issues associated with new public governance (NPG)—a shorthand umbrella concept denoting a policy and implementation regime distinct from NPM.

Similarly to NPM, the NPG is viewed as a distinct logic of governance, which draws different empirical trends together. The NPG paradigm addresses problems of complex and fragmented policymaking and regards cross-boundary collaboration in network and partnership as the primary vehicle for coordination and interactive governance (Torfing et al., 2020; Torfing & Triantafillou, 2013). The term NPG was coined by Osborne (2006, 2010) to

grasp the complex challenges that managers face in contemporary public policy implementation and service delivery. According to Osborne (2010), both the traditional public administration paradigm (PA) and NPM are too narrow to capture this complexity. Following his argument, the task requires a systemic approach that views public policy implementation and service delivery from an open natural systems perspective. The fundamental unit of analysis should be the service system, which includes the (vertical) public policy and 'production' processes as well as the wider institutional and environmental contingencies of service delivery, including service users as co-producers. Such an approach emphasises the inter-relationship between several interdependent elements of the public service system (Osborne, 2010) and thereby highlights how policymakers may enhance the problem-solving capacities of diverse stakeholders (Torfing & Triantafillou, 2013).

Scholars of public governance (e.g., Greve et al., 2020; Osborne, 2010; Torfing et al., 2020; Torfing & Triantafillou, 2013) warn against regarding NPG as a normative new paradigm to supersede PA and NPM. They questioned both the newness of the NPG paradigm (Richardson, 2012) and the idea that it will displace existing modes of governance. Focusing on the co-existence and competition of seven different paradigms of governance, Torfing et al. (2020, p. 3) argued that 'they will continue to co-exist somewhat like a layer in a layer cake. The recently added top layer will obviously tend to be the most visible layer, but the layers deeper down formed by the older governance paradigms may continue to provide a solid foundation'.

Thus far, research in eldercare has contributed to making the logic of NPM the most visible layer of governance whereas research addressing efforts to deal with fragmentation problems to a lesser degree have subsumed under the NPG concept and made visible as a distinct logic of governance. To widen the perspective and agenda of Nordic eldercare research we contribute to this direction by exploring eldercare policies in the Nordic countries through the lens of NPG. We ask: If and how do the underlying principles of NPG frame recent ideas about policy implementation and service provision in Nordic eldercare? Our study compares legislation, government bills, strategies and other relevant policy documents from the five Nordic countries. However, it is beyond the scope of this study to say anything about the way that NPG initiatives are being *implemented*. Namely, we investigate whether and how central governments contribute to pushing municipalities towards more collaborative solutions by introducing NPG ideas in the national policy agenda and motivating the adoption of these ideas.

2 | THE COMPLEX AND FRAGMENTED NORDIC ELDERCARE SYSTEMS

Nordic eldercare is a fragmented and complex field were responsibilities and care provision are dispersed and multi-layered. Service provision is part of a welfare mix where tax-funded services are provided by public, non-profit and for-profit agents. The fragmentation of the provider systems increased as the NPM reforms peaked in the 1990s and eldercare services were contracted out to private providers. The impacts of these marketization reforms varied between countries. In a comparative Nordic project on marketization in eldercare Szebehely and Meagher (2013) noted that Finland and Sweden were more affected by marketisation than other Nordic countries. Nordic comparisons also indicate that the coverage of eldercare services has decreased more in Finland and Sweden than in Denmark and Norway. Hence, in Finland and Sweden, more care provision seems to have been tacitly transferred from public care systems to families and the market (Szebehely & Meagher, 2018).

Adding to the welfare mix, tax-funded eldercare has always de facto been complemented by family care and social care from volunteers. Until the 1990s, these informal sources of care received considerable little political and scholarly attention (Kröger, 2005). In the 1990s however, the value of self-help and strong family ties was put on the agenda in national policy documents (Vabø, 2011). The principle of providing help-to-self-help and to make home care recipients retain as independent as possible was a guiding principle in all the Nordic countries (Swane, 2003). A new policy discourse arguing for an improved balance between the family and the state implicitly indicated that

the former should do more (Kröger, 2005). Likewise, new policies expressed a hope that unpaid volunteers represent a hidden resource of social care (Jeppsson-Grassman, 2005; Vabø, 2011).

Nordic eldercare systems have developed within a complex system of multilevel governance. Central governments have exerted their influence on local governments through legislation, funding, guidelines and so forth. Nevertheless, policy implementation and service provision have been increasingly delegated to entities at the local level since the 1980s. It has been argued that the twin features of central-local integration may be more characteristic of the Nordic model than the corporatist tradition often mentioned in this respect (Baldersheim & Ståhlberg, 2002). The previous Nordic decentralisation trend centred on the intended enhancement of local democracy. Buzzwords of this era stressed awareness of local problems, flexibility, proximity and user involvement (Vabø, 2012). Referring to Denmark, Sehested (2002, p. 1524) noted that the decentralisation trend was 'concerned with the integration of citizens in the governing of public services and with the introduction of new governing structures based on dialogue and participation (like user boards, community councils, councils for the elderly, dialogue circles, etc.)'. Nordic countries were pioneers in setting up Senior Citizens Councils supported by national policy strategies and legislations. Older peoples' right to participate in decisions regarding their own interests has been required by law in Norway and Denmark since the 1990s (Blackman et al., 2001). Today similar participatory initiatives across Europe are regarded as part of a current trend of co-creation (Falanga et al., 2021).

Despite their many similarities, the eldercare systems in each of the five countries differ in how their responsibilities are divided vertically amongst the levels of government. In Denmark, Norway and Sweden, regional entities are responsible for specialist health care, whereas municipalities are responsible for community health and social care for older adults. In Denmark and Sweden, regional entities handle primary health care. In Norway, local entities are responsible for primary health care. Finland has the most decentralised system for specialised health care. Finnish hospitals are owned by federations of municipalities and organised within 21 hospital districts, whereas primary health care and eldercare (e.g., covering both nursing homes and home care) are organised by municipalities. In Iceland, which has a very small population (370,000), the Ministry of Health is responsible for all hospitals and institutions such as nursing homes. Services to home-dwelling older adults in Iceland include home health care services provided by health district centres operated by the national government and social care services provided by local governments.

Across health and social care systems, all Nordic countries are grappling with the challenges of 'joining up' fragmented systems and reducing hospitalisation and long hospital stays by strengthening preventative and curative health care at the lower levels, which are closer to people. Hence, a new landscape of more specialised geriatric services is emerging (Sogstad et al., 2020). Exactly how this new landscape is evolving varies across Nordic countries, partly because their municipalities differ in size and number and partly because these countries differ in the speed and degree to which they have reformed their service apparatus.

To strengthen post-acute and outpatient care, all Nordic countries except Iceland have implemented comprehensive reforms. As early as 1992, Sweden enacted a Community Care Reform, thus transferring the major responsibility for eldercare (e.g., all types of institutional housing and care facilities for older adults) from regions to municipalities (Socialdepartementet, 2017, p. 21). Sweden also endeavoured to reduce the length of hospital stays after 2015. Consequently, new legislation (LUS, 2017, p. 612) and a range of local and regional trials (EU, 2018) have pushed for the better integration of care at the regional and local levels and for more effective intermediate solutions to outpatient care.

In the 1970s and 80s, Norway and Denmark transferred the responsibility for nursing homes from regional entities to municipal entities. More recently, these countries have implemented major reforms to strengthen outpatient care. In Denmark, the 2007 Structural Reform combined the amalgamation of municipalities and the creation of new regional authorities with reform steps to strengthen preventative and outpatient care. A core aim of this reform was to transfer responsibilities from hospitals, which operate at the regional level, to new and bigger municipalities and ensure better integration between regional and local health and social care systems (Strukturkommissionen, 2004). Implemented in 2012, the Norwegian Coordination Reform (HOD, 2011b) copied many elements of the Danish

reform, including the mandatory agreements between hospitals and municipalities, but did not make any structural changes regarding local and regional authorities.

In Finland, the Sote reform, an extensive structural social and health service reform, was debated for more than a decade and finally agreed on in 2021 (Sote-uudistus, 2021). Like the reforms in Denmark, Sweden and Norway, the Sote reform intends to decrease hospitalisation by strengthening outpatient care and better integrating social and health care. However, the Finnish reform also reverses the delegation of responsibilities by transferring the responsibility for the organisation of health and social services from nearly 300 municipalities to 21 newly established health and social services counties (Helsinki by itself; HE 241/2020).

3 | METHODS AND DATA

To explore whether NPG concepts frame current policies on eldercare and how this may occur in Nordic countries, we conducted a comparative policy analysis based on key national policy documents from the past 10 years in the five participating countries. Despite its simple design, the research task was challenging because, first, NPG is not a coherent programmatic idea (Campbell, 2002) and, second, the reform efforts adhered to different time frames, paces and policy formats, which made it difficult to settle the unit of analysis. To address these challenges, the research team discussed how to identify the essence of NPG and select relevant policy texts.

NPG is not a clear-cut, scientific, technical or operational term. It is often referred to as more of a sensitising concept than a substantial framework for analysis. The advantage of applying such a broad concept is that it may indicate a logic of governance (Nederhand et al., 2019). The disadvantage is that a broad concept may be less useful for analysing what goes on in practice. For our purposes, we concentrated on the core arguments and principles associated with NPG. To identify policy formulations drawing on the logic of collaboration and the synergy argument associated with it, we made a moderate operationalisation by distinguishing between three different sets of cross-boundary relations, all of which are often included in general discussions on NPG (see Osborne, 2010; Torfing et al., 2020). The first set refers to collaborative relations between agencies operating across different levels of governance as well as across different professional 'silos' and service agencies. This set corresponds with the notion of integrated care, which refers to how services are integrated vertically across different levels of the eldercare system and horizontally across different kinds of service agencies (e.g., those responsible for the rehabilitation, health care and social care; Goodwin, 2016). The second set refers to collaborative relations between individual citizens and service providers and corresponds with the concept of service co-production. According to Needham and Carr (2009) and Ansell and Torfing (2021), this set focuses on the creation of value for and by service users. Lastly, the third set refers to cross-sectoral collaboration, which is also known as co-creation. We followed Ansell and Torfing (2021), who argued that co-creation, in contrast to narrower service-centric co-production, focuses on the way that public sector actors collaborate with stakeholders from the private and civil sectors to find new solutions to societal problems.

To avoid the presumption that all references to the policy buzzwords associated with NPG reflect the national policy agenda, we decided to analyse only the statements related to those topics that guided policy implementation in some way. Hence, although some discussion papers or Green Papers (e.g., HOD, 2011a; Socialdepartementet, 2017, p. 21) were obviously influential, we concentrated on government bills, White Papers and strategy documents linked to policy instruments such as legislation, earmarked grants, regulations and guidelines for implementation (see Table 1). Data S1 contains the complete list of legislations (20) and policy documents (42).

These selection criteria required the research team to exercise considerable discretion when identifying similar units of analysis (Hill, 2014). For instance, the extent to which the countries perceived eldercare policy as a distinct topic (i.e., one separated from more general health and social care policy) differed. Likewise, the documents produced during the last decade varied in number and type. These variations reflected both the reform intensity of the last

decade and the varying power balances between different central and regional governments. Many policies were based on soft measures, such as suggestions to copy specific local programs and strategies regarded as 'promising practices'. Several documents also made references and comparisons across Nordic national borders and recommended local governments to learn from their neighbouring countries.

Our study followed a typical meaning-focused approach, which identified whether and how the national agenda of eldercare policies is framed by NPG logic (Clarke et al., 2015). Hence, to conduct a systematic reading of policy documents, we used a theory-driven qualitative content analysis based on three sensitising concepts (Puppis, 2019). The research team read the documents in two steps. In the first step, we agreed on the suggested operationalisation. In the second step, we checked whether the policy statements were supported by policy measures that bolstered the implementation of the stated policy aims. The results are presented according to the three NPG approaches: integration, service co-production and cross-sectoral co-governance.

4 | NEW PUBLIC GOVERNANCE IN NORDIC ELDERCARE

4.1 | Cost-effective and seamless service provision through better integration

As noted earlier the development of Nordic eldercare has been characterised by continuous realignments across central, regional and local levels. Although the division of responsibilities across these levels vary, the countries seem to grapple with similar issues. Policy documents from all countries highlight that fiscal constraints and ageing populations call for better integration of health and social care and transitions from hospital to community care that are smooth, seamless and adapted to local circumstances. All five countries, except Iceland, legally require partners on different government levels to develop collaboration through agreements and guidelines on hospital discharge (HOL, 30/2011; LFS, 40/1991; LUS, 2017, 612; SHL, 1301/2014; SUL, 546/2005; THL, 1326/2010).

Policy documents describe the system as fragmented and complex and call for measures to better integrate services. These challenges relate to the fact that more intermediate short-term care solutions have been set up for people in need of rehabilitation and treatment before and after hospitalisation (e.g., medical care facilities for patients who are too unstable to be treated at home and various forms of outpatient care and specialised teams that offer short-term care). For certain categories of patients, Nordic policies have tried to integrate services across levels of government and organisational borders and focused on various forms of care pathways, plans and coordinators. It varies to what extent these measures target all patients or a specific category.

Danish policies aiming to support vertical integration between hospitals, municipalities and general practitioners (GPs) focus, to a large extent, on 'the elderly medical patient' (SÆM, 2016). Thus, Danish policies emphasise multilevel co-operation and coordination in each patient's care path to ensure more cohesion between levels (e.g., municipalities, hospitals and GPs). Similarly Norwegian policies focus on developing generic care pathways to

TABLE 1 The number of documents analysed from each country

Country	Number of legislations	Number of policy documents
Denmark	4	8
Finland	5	10
Iceland	3	6
Norway	4	9
Sweden	4	9
Altogether	20	42

guide decisions and timings for interventions and follow-up measures for all elderly patients who have been discharged from hospitals (Røsstad et al., 2015). In Norway, a national network for the development of care pathways for the elderly and chronically ill has been running since the coordination reform was implemented (HOD, 2011b). This network aims to offer support and education to all municipalities setting up care pathways.

While Denmark, Sweden and Norway require care plans to be offered to people with complex needs (HOL, 30/2011; LUS, 2017, 612; SST, 2016), Finland requires service plans for all older service recipients (VPL, 980/2012). In Iceland, care plans are based on local regulations. The significance of care plans is regularly mentioned in Finnish policy documents, and these documents often include advice on how to best coordinate services (STM, 2008, 2013, 2017a, 2020a). The Swedish government supports municipalities and regions with economic incentives to develop 'new working methods' related to coordinated care plans. In Finland, Norway and Sweden, patients or clients with a care plan also have the right to be assisted by an appointed coordinator (HOL, 30/2011; LUS, 2017, 612; SHL, 1301/2014).

In addition to collaborative agreements, care pathways, individual care plans and care coordinators, we found that the eldercare policies in all countries highlight the synergies of interdisciplinary collaboration to meet the complex needs of older people. A Norwegian White Paper on quality care focuses on early intervention and adequate assessments and states the following:

> This requires personnel with broad competency, and often collaboration between several professionals including dental hygienists, occupational therapists, social workers, personnel with competency in nutrition, in addition to nurses and doctors, and must be viewed in context with the development of team-based services. (HOD, 2017)

Hand in hand with the general trend to specialise services based on older adults' specific needs (e.g., memory disorders and needs for rehabilitation and medical treatment), the use of various *interdisciplinary teams* is recommended in Sweden (RK & SKR, 2013), Denmark (SST, 2016), Norway (HOD, 2017), Finland (STM, 2017b) and Iceland (HRN, 2020a).

The most well-known kind of interdisciplinary team is a reablement team, which aims to help older adults regain their capacity to manage at home with short-term interventions. Although all countries strongly recommend reablement services, they are often presented as a Danish service innovation inspired by the success of the municipality of Fridericia (HOD, 2012). In Denmark, reablement was made mandatory for municipalities and written into the Social Service Act (LOV, 1524/2014). In Norway, reablement was introduced through a comprehensive state funded project (HOD, 2012) while in Sweden, Finland and Iceland, central governments currently encourage local service providers to set up trials (HRN, 2020b; STM, 2017b). In the Finnish Recommendations for Reforming Rehabilitation (STM, 2017b, p. 59), the national use of reablement is proposed, following the example of the South Karelia Social and Health Care District, which has used and developed reablement since 2010. Since 1990, Swedish policy texts have described rehabilitation, including reablement, as a problem area and identified the causes as fragmentation, lack of collaboration and indistinct measures. Following a primary care reform (RK & SKR, 2021a), Swedish regions and municipalities receive annual grants to develop preventive and rehabilitative practices or measures.

4.2 | More self-reliance and lower work burden through service co-production

NPG is often contrasted with NPM regarding its view on individual service recipients. While NPM narrowly focuses on service recipients as consumers who make choices under competitive market conditions, NPG portrays service recipients as co-producers who actively contribute to their own wellbeing (Osborne et al., 2016). We found that contemporary eldercare policy reinforces the notion that the ideal service recipient is an active collaborative partner. Many of the documents echo global ideas of 'active ageing' and 'person-centred care' (WHO, 2015), implying

that older adults prefer to live at home as actively and self-sufficiently as possible. For instance, the vision for new generations of older adults in Iceland is that they will be part of a 'health-promoting society' (HRN, 2019). On a more operational level, we determined that this ideal is particularly evident in descriptions of reablement services. The *raison d'être* of reablement is to enhance the self-care and self-reliance of the service recipient. To achieve this goal, a team of professionals intensively collaborates with the service recipient in a goal-oriented manner.

When providing reablement services and other services, service providers in Nordic countries are expected to involve service recipients as co-designers and co-producers of services. This is regulated by law in Denmark and Norway (PPBI, 63/1999; SEL, 454/1997). In Sweden, person-centred care forms a part of the national fundamental values present in the Social Services Act (SoL, 2001, 453) as of 2010. In Finland, this is defined in the Eldercare Act (VPL, 980/2012). The Swedish government even provides earmarked grants aimed at helping managers and personnel to anchor these values in their everyday lives and work.

In addition to contemporary ideals of active ageing and person-centred care, we found that policies regarding new technological solutions in eldercare are often framed in line with ideas of co-production. Assistive living technologies—such as wash-and-dry toilets, digital medicine dispensers, vacuum cleaner robots and tools to help individuals put on compression stockings—are believed to enhance help-to-self-help and thus lower the workload for care workers. Through state subsidies, municipalities in all Nordic countries are currently encouraged to experiment and try out various welfare technologies (HOD, 2015a; HRN, 2021; Regeringen, 2016; RK & SKR, 2021b; STM, 2019, 2020). New technologies are supposed to generate synergies beyond reducing the need for services. For instance, Finnish and Swedish policy recommendations assume that technical solutions will fundamentally change the relationship between the citizen and the state as service recipients will be safer, more self-reliant and able to assume an active collaborative role (RK & SKR, 2021b; STM, 2020). Moreover, an Icelandic document presumes that information technology and digital solutions will play a key role in equalising access to services for people living in rural areas (HRN, 2019).

Adding to these visions of service recipients as active co-producers, policy documents from all Nordic countries value family members as collaborative care providers. We noticed that legislative amendments were made in both Norway (HOL, 30/2011) and Sweden (SoL, 2001, 453) to stimulate family care, such as by providing care allowances, respite services, counselling services and health checks. In addition to the Informal Care Allowance (LOT, 937/2005), Finland has even made new legislation on adult foster care (PL, 263/2015). These initiatives to enhance family care are boosted by funding for pilots, informational steering and nationwide cooperation (STM, 2018, 2019). In Finland and Sweden, support for people who provide care to their relatives has also been strengthened with earmarked grants for those municipalities that develop new ways of stimulating family care (Regeringen, 2017/18, 280; STM, 2018, 2019). Moreover, the recent Icelandic Action Plan for Services for People with Dementia (HRN, 2020a) suggests that support should be provided to those people who care for their relatives with dementia.

4.3 | Service innovation through cross-sectoral co-creation

The logic of NPG is often highlighted by referring to the collaborative advantage of bringing together actors from the public and private sector to spur the development of joint solutions. Hence, rather than subordinating private actors to hierarchical rules or, due to NPM, encourage them to compete with different public and private contractors, NPG aims to build capacity and promote public value through various forms of cross-sectoral co-creation. In their conceptual discussion, Ansell and Torfing (2021) argue that co-creation, in contrast to service co-production (described above) offers a broader account of the interaction between public and private actors. In co-creation, they argue, the aim is to utilise the innovative potential of private actors in solving public problems.

In the key policy documents on eldercare, we determined that co-creation across sectoral boarders was particularly evident in the development of technological solutions aiming at empowering people to be able to stay and live longer in their own home. All the five countries have developed national programs and cross-sectoral networks on

welfare technology (HOD, 2015a; HRN, 2021; Regeringen, 2016; RK & SKR, 2021b; STM, 2019, 2020). In addition, all the countries have joined forces in a Nordic network and project, the Nordic Business and Living Lab Alliance (2018). It is managed from Copenhagen, supported by Nordic Innovation (under the Nordic Council of Ministers) with the vision of creating an ecosystem for Nordic collaboration between municipalities and companies for co-creating, testing and scaling health and social care products and services. In addition to partners of the project the network is open for all municipalities and for companies in need of assistance to getting in contact with municipalities. The project has developed a co-creation toolbox that visualises examples of how Nordic municipalities, companies and citizens co-create new solutions for independent living.

Apart from the co-creation of technological solutions, policy documents in all countries value the contributions of volunteers in preventing and reducing loneliness amongst older people. However, we noted some substantial differences in how governments aim to stimulate the innovative potential of volunteers. For instance, in Iceland, there has obviously been a comparatively low interest in public support, given that volunteering and self-reliance already play a key role in the welfare system (Hrafnsdóttir & Kristmundsson, 2017; Jeppsson-Grassman, 2005). In Sweden, the National Board of Health and Welfare allocates funds to voluntary organisations to prevent and alleviate loneliness and isolation amongst older people (Socialstyrelsen, 2021).

Of the Nordic governments, Denmark seems to lead the way in providing regulation and incentives to encourage active collaboration between municipalities and voluntary organisations. Since 1998, Danish municipalities have been legally required to cooperate with voluntary organisations providing social care and offer financial support for voluntary social work (SEL, 454/1997, §18). Over the past decade, several national strategies have been launched (Regeringen, 2010, 2013, 2017) to strengthen the role of voluntary organisations and individual volunteers in providing social care. While some of these volunteering initiatives seem to follow a traditional path (i.e., by financially supporting *established* social activities), others are more explicitly targeted towards innovation and the co-creation of new solutions. The Strategy for a Stronger Civil Society (Regeringen, 2017) argues that co-creation with social entrepreneurs and voluntary organisations should be encouraged because it holds the potential to find new solutions to societal challenges. Danish municipalities have been incentivised to create institutional arrangements to encourage dialogue and collaboration and thereby to change their ways of collaborating with voluntary organisations from pure financial support and consultations to active collaboration centred on finding new solutions to social problems (Ibsen & Espersen, 2016).

Danish strategies to enhance the innovative capacity of voluntary organisations have been viewed as exemplary (HOD, 2011a) and have largely been copied in recent Norwegian government bills and strategies (HOD, 2015b; HOD, 2017; HOL, 30/2011, §2–10). A national strategy to strengthen collaboration and innovation with volunteers in the health and care sector was launched in 2015 (HOD, 2015b). The strategy provides grants for various initiatives for instance, innovative modes of cross-sectoral working and a national excellence centre that educates municipal volunteer coordinators.

In Finland, it is a longstanding tradition to support projects run by voluntary organisations with the Funding Centre for Social Welfare and Health Organisations, which manages funds from lotteries and gaming. However, following the new Sote reform, municipalities are now meant to work more actively in partnership with voluntary organisations to enhance the social wellbeing of older adults. Whereas previous policy documents mostly mention voluntary organisations as agents for activating older adults and alleviating loneliness (STM, 2008), contemporary policy documents portray them as active co-creators in rehabilitation (STM, 2017a). In one of the Finnish quality recommendations the monetary value of the collaborative synergy was highlighted by the assumption that 'one euro invested in voluntary work brings sixfold output' (STM, 2020, p. 28).

5 | DISCUSSION AND CONCLUSION

Nordic governments are struggling to bridge the gap between the high expectations of their citizens and an expected lack of care resources due to their ageing populations. Until recently, research on government initiatives to address

these issues has paid considerable attention to NPM and how marketisation and the business style of management have influenced the policy and practice of eldercare (Kamp & Hvid, 2012; Szebehely & Meagher, 2013). Although NPM continues to be alive in many ways, the policy agendas of Nordic governments are (and have for long been) moving beyond NPM's narrow intra-organisational focus on cost-effective service provision. Alluding to the logic of NPG, this paper has systematically explored how contemporary policies on care and service provision for older adults are framed by ideas assuming that public value may be added by more joined up and collaborative solutions.

Based on content analysis of key policy documents from Denmark, Finland, Iceland, Norway and Sweden, we demonstrated how the logic of NPG serves to frame several policy issues linked to eldercare. Particularly we highlighted issues relating to the overall aim of creating workable health and care solutions closer to people's homes and communities. We found that as the health and social care systems in all five countries have become more complex and fragmented due to marketization and decentralising reforms, there is a unified call for better ways to pool resources across levels of government, service agencies and disciplines. Institutional arrangements—such as mandatory agreements, care pathways, individual care plans, care coordinators and various forms of inter-disciplinary teamwork—are all designed to make the service system more joined up, effective and better adapted to the complex needs of older people.

Within the new landscape of care, there are calls for service providers to better utilise the capacities and creative potentials of citizens and communities. While ideas of involving citizens in policy making (Blackman et al., 2001) and service provision (Swane, 2003) are certainly not new ideas in Nordic countries we concluded that the ideas have been reinforced and revived by central governments in recent years. For instance, with Finland leading the way, national policy strategies have placed a strong emphasis on supporting family members to take on responsibility for the care of their elderly relatives. In addition, new optimism for self-care and service co-production is currently being fuelled by global active ageing ideologies, new technologies and increasing emphasis on public sector innovation. Service innovations such as reablement interventions and assistive technologies are believed to alleviate the burden of care staff and mobilise citizens as active co-producers of care, thus making them more self-reliant. Likewise, although volunteers have always been valued and supported in their contributions to eldercare, they are increasingly seen as active collaborative partners with the innovative capacity to contribute to new care solutions for older people. With Denmark leading the way, there is an emerging interest in co-creation, which is the idea that governments should join forces with social entrepreneurs and voluntary organisations to find new and innovative solutions to societal problems. Above all, the idea of innovative co-creation across the public and private sector has been a driving force behind national and Nordic initiatives aiming to make the Nordic region leading in welfare technologies.

Because our analysis concentrated on national policy agendas, we cannot draw any conclusions on how NPG initiatives are translated into practice at the local level. In line with other scholars (Greve et al., 2020), we are aware of the slippages between grand policy ideas and the practices on the ground. In fact, citizens may actively subvert national policy aims (Vabø, 2011). While recognising these limitations, we argue that by identifying the different ways eldercare policies are framed by the logic of NPG, our analysis may contribute to help researchers to be more aware of how Nordic policy makers address the interdependencies between different parts of increasingly fragmented and complex eldercare systems. At the outset we noted that there is already an emerging body of research about practices aiming at making the eldercare system more joined up and coherent. However, these contributions tend to zoom in on particular policy measures without referring to the underlying logic of governance. By adopting the label NPG and by zooming out on the current policy trends in five Nordic countries we hope to extend the research agenda of scholars interested in eldercare, including scholars of social policy, caring sciences and sociology of work.

Following Torfing et al. (2020), we recommend for future research to explore how collaborative arrangements are managed through various forms of meta-governance and how processes of collaboration may be facilitated or hampered by co-existing modes of governance such as NPM, Digital Era Governance, Anticipatory Governance or Public Value Management. The extended research agenda also raises several fundamental questions about the normative ideals underlying cross-boundary collaboration, such as those related to mutual agreements, balanced power

relations and stability in collaborative relations (Huxham & Vangen, 2004). In a fragmented health and social care system, which is often characterised by high time pressure, shift work and requirements to respond to ongoing contingencies (Kamp & Hvid, 2012), the time needed to establish collaborative relations may be difficult to gain.

ACKNOWLEDGMENTS

We wish to thank Viola Burau from the Aarhus University for her contribution to the very early version of this paper and the anonymous reviewers for their detailed comments.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Mia Vabø https://orcid.org/0000-0002-8612-1836
Minna Zechner https://orcid.org/0000-0002-0784-4519
Anneli Stranz https://orcid.org/0000-0002-4109-9559
Lea Graff https://orcid.org/0000-0002-2400-831X
Sigurveig H. Sigurðardóttir https://orcid.org/0000-0002-5052-887X

REFERENCES

Almquist, R. (2004). *Icons of new public management. Four studies on competition, contracts and control*. School of Business Stockholm University.

Ansell, C., & Torfing, J. (2021). Co-creation: The new kid on the block in public governance. *Policy & Politics*, *49*(2), 211–230.

Anttonen, A., & Karsio, O. (2017). How marketisation is changing the Nordic model of care for older people. In F. Martinelli, A. Anttonen, & M. Mätzke (Eds.), *Social services disrupted. Changes, challenges and policy implications for Europe in times of austerity* (pp. 219–238). Edward Elgar.

Baldersheim, H., & Ståhlberg, K. (2002). From guided democracy to multi-level governance: Trends in central-local relations in the Nordic countries. *Local Government Studies*, *28*(3), 74–90.

Blackman, T., Brodhurst, S., & Convery, J. (Eds.). (2001). *Social care and social exclusion. A comparative study of older People's Care in Europe*. Palgrave.

Blomqvist, P., & Winblad, U. (2020). Contracting out welfare services: How are private contractors held accountable? *Public Management Review*, *24*(2), 233–254.

Burau, V., Zechner, M., Dahl, H. M., & Ranci, C. (2017). The political construction of elderly care markets: Comparing Denmark, Finland and Italy. *Social Policy & Administration*, *51*(7), 1023–1041.

Campbell, J. (2002). Ideas, politics, and public policy. *Annual Review of Sociology*, *28*, 21–38.

Clarke, J., Bainton, D., Lendvai, N., & Stubbs, P. (2015). *Making policy move towards a politics of translation and assemblage*. Policy Press.

Eriksson, E., Andersson, T., Hellström, A., Gadolina, C., & Lifergren, S. (2020). Collaborative public management: Coordinated value propositions among public service organizations. *Public Management Review*, *22*(6), 791–812.

European Union. (2018). *Health system performance assessment – Integrated care assessment (20,157,303 HSPA). Health system fiche, Sweden*. European Union. https://ec.europa.eu/health/sites/default/files/systems_performance_assessment/docs/2018_integratedcareassessment_sweden_en.pdf

Falanga, R., Cebulla, A., Principi, A., & Socci, M. (2021). The participation of senior citizens in policy-making: Patterning initiatives in Europe. *International Journal of Environmental Research and Public Health*, *18*(1), 34.

Goodwin, N. (2016). Understanding integrated care. *International Journal of Integrated Care*, *16*(4), 1–4.

Greve, C., Ejersbo, N., Lægreid, P., & Rykkja, L. H. (2020). Unpacking Nordic administrative reforms: Agile and adaptive governments. *International Journal of Public Administration*, *43*(8), 697–710.

HE. (241/2020). Government's Proposal to Parliament for Legislation on the Establishment of Welfare Areas and the Reform of the Organization of Social and Health Care and Rescue Services, and for Notification Pursuant to Articles 12 and 13 of the European Charter of Local Self-Government 241/2020.

Heintze, C. (2013). *On the highroad – The Scandinavian path to a care system for today: A comparison between five Nordic countries and Germany. WISO Diskurs*. Friedrich-Ebert-Stiftung.

Hill, M. (Ed.). (2014). *Studying public policy: An international approach*. Bristol University Press.

HOD. (2011a). *Innovasjon i omsorg. NOU: 1*. HOD.
HOD. (2011b). *Nasjonal helse og omsorgsplan. Meld. St. 16 (2010–2011)*. HOD.
HOD. (2012). *Morgendagens omsorg. Meld. St. 29 (2012–2013)*. HOD.
HOD. (2015a). *Care plan 2020 - the Norwegian Government's plan for the care services field for 2015–2020*. HOD.
HOD. (2015b). *Nasjonal strategi for frivillig arbeid på helse- og omsorgsfeltet (2015–2020)*. HOD.
HOD. (2017). *Leve hele livet – En kvalitetsreform for elder. Meld.St. 15 (2017–2018)*. HOD.
HOL. (30/2011). Helse- og omsorgstjenesteloven.
Hoppania, H., Olakivi, A., Zechner, M., & Näre, L. (2021). Managerialism as a failing response to the care crisis. In L. L. Hansen, H. M. Dahl, & L. Horn (Eds.), *A care crisis in the Nordic welfare states – Care work, gender equality and welfare state sustainability* (pp. 109–130). Policy Press.
Hrafnsdóttir, S., & Kristmundsson, Ó. H. (2017). Volunteers for NPOs in welfare services in Iceland: A diminishing resource? *VOLUNTAS: International Journal of Voluntary and Nonprofit Organizations*, *28*, 204–222.
HRN. (2019). *Heilbrigðisstefna.Stefna fyrir íslenska heilbrigðisþjónustu til ársins 2030*. HRN.
HRN. (2020a). *Aðgerðaráætlun um þjónustu við einstaklinga með heilabilun*. HRN.
HRN. (2020b). *Endurhæfing. Tillögur að endurhæfingarstefnu*. HRN.
HRN. (2021). *Virðing og reisn. Samþætt heilbrigðis og félagsþjónusta fyrir eldra fólk. Drög að stefnu um heilbrigðis-þjónustu fyrir aldraða*. HRN.
Huxham, C., & Vangen, S. (2004). Doing things collaboratively: Realizing the advantages or succumbing to inertia. *JEEE Engineering Management Review*, *32*(4), 11–20.
Ibsen, B., & Espersen, H. H. (2016). *Kommunernes samarbejde med civile aktører*. KORA.
Jeppsson-Grassman, E. (2005). På jakt efter den frivilliga sektorns roll inom nordisk äldreomsorg. Forskning, gestaltningar och perspektiv. In M. Szebehely (Ed.), *Äldreomsorgsforskning i Norden. En kunskapsöversikt* (pp. 281–320). Köpenhamn.
Kamp, A., & Hvid, H. (2012). *Elderly Care in Transition: Management, meaning and identity at work: A Scandinavian perspective*. Copenhagen Business School Press.
Kröger, T. (2005). Interplay between formal and informal care for older people: The state of the Nordic research. In M. Szebehely (Ed.), *Äldreomsorgsforskning i Norden. En kunskapsöversikt* (pp. 243–280). Köpenhamn.
Kumlin, M., Berg, G. V., Kvigne, K., & Hellesø, R. (2020). Elderly patients with complex health problems in the care trajectory: A qualitative case study. *BMC Health Services Research*, *20*(595), 1–10.
Lehto-Niskala, V., Jolanki, O., Valvanne, J., & Jylhä, M. (2021). Standardised functional assessment in long-term care for older people: Perspective of Finnish care workers. *Nordic Journal of Social Research*, *12*(1), 27–47.
LFS. (40/1991). Lög um félagsþjónustu sveitarfélaga.
LOT. (937/2005). Laki omaishoidon tuesta.
LOV. (1524/2014). Lov om ændring af lov om social service.
LUS. (2017, 612). Lag om samverkan vid utskrivning från sluten hälso- och sjukvård.
Moe, A., Ingstad, K., & Brataas, H. (2017). Patient influence in home-based reablement for older persons: Qualitative research. *BMC Health Services Research*, *17*(736), 1–10.
Nederhand, J., Klijn, E. H., van der Steen, M., & van Twist, M. (2019). The governance of self-organization: Which governance strategy do policy officials and citizens prefer? *Policy Sciences*, *52*, 233–253.
Needham, C., & Carr, S. (2009). *Co-production: An emerging evidence base for adult social care transformation. SCIE research briefing 31*. Social Care Institute for Excellence.
Nordic Business and Living Lab Alliance (2018). Guide to the Nordics – the health and care sector. https://livinglaballiance.org/
OECD. (2020). Spending on Long-term Care. https://www.oecd.org/health/health-systems/Spending-on-long-term-care-Brief-November-2020.pdf
Orupabo, J. (2022). Enacting efficient care within a context of rationalisation. *The Sociological Review*, *70*(1), 57–73.
Osborne, S. P. (2006). The new public governance? *Public Management Review*, *8*(3), 377–387. https://doi.org/10.1080/14719030600853022
Osborne, S. P. (2010). Introduction. The (new) public governance: A suitable case for treatment? In S. P. Osborne (Ed.), *The new public governance? Emerging perspectives on the theory and practice of public governance* (pp. 1–16). Routledge.
Osborne, S. P., Radnor, Z., & Strokosch, K. (2016). Co-production and the co-creation of value in public services: A suitable case for treatment? *Public Management Review*, *18*(5), 639–653.
PL. (263/2015). Perhehoitolaki.
PPBI. (63/1999). Pasient- og brukerrettighetsloven.
Puppis, M. (2019). Analyzing talk and text I: Qualitative content analysis. In H. Van den Bulck, M. Puppis, K. Donders, & L. Van Audenhove (Eds.), *The Palgrave handbook of methods for media policy research* (pp. 367–384). Palgrave Macmillan.
Regeringen. (2010). *National civilsamfundsstrategi. En styrket inddragelse af civilsamfundet og frivillige organisationer i den sociale indsats*. Social- og Indenrigsministeriet.
Regeringen. (2013). *Charter for samspil mellem det offentlige og civilsamfundet*. Frivilligrådet.

Regeringen. (2016). Et stærkere og mere trygt digitalt samfund. In *Den fællesoffentlige digitaliseringsstrategi 2016–2020*. Copenhagen: Finansministeriet, KL og Danske Regione.

Regeringen. (2017). *Strategi for et stærkere civilsamfund*. Børne- og Socialministeriet.

Richardson, J. (2012). New governance or old governance? A policy style perspective. In D. Levi-Faur (Ed.), *The Oxford handbook of governance* (pp. 311–325). Oxford University Press.

RK & SKR. (2013). *Överenskommelse om en Sammanhållen vård och omsorg*. RK & SKR.

RK & SKR. (2021a). *Överenskommelse om en God och nära vård*. RK & SKR.

RK & SKR. (2021b). *Överenskommelse om Äldreomsorgteknik, kvalitet och effektivitet med den äldre i fokus*. RK & SKR.

Røsstad, T., Garåsen, H., Steinsbekk, A., Håland, E., Kristoffersen, L., & Grimsmo, A. (2015). Implementing a care pathway for elderly patients: A comparative qualitative process evaluation in primary care. *BMC Health Services Research*, *15*(86), 1–9.

Rostgaard, T. (2011). Care as you like it: The construction of a consumer approach in home care in Denmark. *Nordic Journal of Social Research*, *2*, 54–69.

SÆM. (2016). *Styrket indsats for den ældre medicinske patient. National handlingsplan*. SÆM.

Sehested, K. (2002). How new public management reforms challenge the roles of professionals. *International Journal of Public Administration*, *25*(12), 1533–1537.

SEL. (454/1997). Lov om social service.

SHL. (1301/2014). Sosiaalihuoltolaki.

Sigurdardottir, S. H., & Kåreholt, I. (2014). Informal and formal care of older people in Iceland. *Scandinavian Journal of Caring Sciences*, *28*(4), 802–811.

Socialdepartementet. (2017, 21). *Läs mig! Nationell kvalitetsplan för vård och omsorg för äldre personer*. Socialdepartementet.

Socialstyrelsen. (2021). *Motverka ofrivillig ensamhet bland äldre personer*. Socialstyrelsen.

Sogstad, M., Hellesø, R., & Skinner, M. S. (2020). The development of a new care service landscape in Norway. *Health Services Insights*, *13*, 1–7.

SoL. (2001, 453). Socialtjänstlag.

Sote-uudistus. (2021). Hallituksen esitys sote-uudistuksesta ja sen lainsäädäntö hyväksyttiin eduskunnassa. https://soteuudistus.fi/-/1271139/hallituksen-esitys-sote-uudistuksesta-ja-sen-lainsaadanto-hyvaksyttiin-eduskunnassa

SST. (2016). *Håndbog i rehabiliteringsforløb på ældreområdet efter lov om social service*. SST.

STM. (2008, 2013, 2917a, 2020a). *Laatusuositus hyvän ikääntymisen turvaamiseksi*. STM.

STM. (2017a). *Kuntoutuksen uudistamiskomitean ehdotukset kuntoutusjärjestelmän uudistamiseksi*. STM.

STM. (2017b). *Kuntoutuksen uudistamiskomitean ehdotukset kuntoutusjärjestelmän uudistamiseksi*. STM.

STM. (2018). *Kokonaisarkkitehtuurin kuvaus Kehitetään ikäihmisten kotihoitoa ja vahvistetaan kaiken ikäisten omaishoitoa -kärkihanke*. STM.

STM. (2019). *Ikäihmisten kotihoidon ja kaikenikäisten omaishoidon uudistus 2016–2018. Tuloksia ja toimintamalleja*. STM.

STM. (2020). *Kansallinen ikäohjelma vuoteen 2030. Tavoitteena ikäkyvykäs Suomi*. STM.

Strukturkommissionen. (2004). *Strukturkommissionens betænkning, nr. 1434, January 2004*. Indenrigs- og Sundhedsministeriet.

SUL (546/2005). Sundhedsloven.

Swane, C. E. (2003). Hjälp till självhjälp som strategi i hemtjänsten. In M. Szebehely (Ed.), *Hemhjälp i Norden: illustrationer och reflektioner* (pp. 211–239). Studentlitteratur.

Szebehely, M., & Meagher, G. (2013). Four Nordic countries – Four responses to the international trend of marketisation. In G. Meahger & M. Szebehely (Eds.), *Marketisation in Nordic eldercare: A research report on legislation, oversight, extent and consequences* (pp. 241–288). Stockholm University.

Szebehely, M., & Meagher, G. (2018). Nordic eldercare – Weak universalism becoming weaker? *Journal of European Social Policy*, *28*(3), 294–308.

THL. (1326/2010). Terveydenhuoltolaki.

Torfing, J., Andersen, L. B., Greve, C., & Klausen, K. K. (2020). *Public governance paradigms: Competing and co-existing*. Edward Elgar Publishing.

Torfing, J., & Triantafillou, P. (2013). What's in a name? Grasping new public governance as a political-administrative system. *International Review of Public Administration*, *18*(2), 9–25.

Vabø, M. (2011). Active citizenship in Norwegian elderly care – From activation to consumer activism. In J. Newman & E. Tonkens (Eds.), *Active citizenship and the modernisation of social welfare* (pp. 87–187). Amsterdam University Press.

Vabø, M. (2012). Norwegian home care in transition – Heading for accountability, off-loading responsibilities. *Health & Social Care in the Community*, *20*(3), 225–327.

Vabø, M., & Szebehely, M. (2012). A caring state for all people? In A. Anttonen, L. Häikiö, & K. Stefánsson (Eds.), *Welfare state, universalism and diversity* (pp. 121–144). Edward Elgar.

VPL (980/2012). Vanhuspalvelulaki, Laki ikääntyneen väestön toimintakyvyn tukemisesta sekä iäkkäiden sosiaali- ja terveyspalveluista.

WHO. (2015). *World report on ageing and health*. WHO. http://apps.who.int/iris/bitstream/handle/10665/186463/9789240694811_eng.pdf

SUPPORTING INFORMATION

Additional supporting information may be found in the online version of the article at the publisher's website.

How to cite this article: Vabø, M., Zechner, M., Stranz, A., Graff, L., & Sigurðardóttir, S. H. (2022). Is Nordic elder care facing a (new) collaborative turn? *Social Policy & Administration*, *56*(4), 549–562. https://doi.org/10.1111/spol.12805