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GLOCALISING CARE IN THE NORDIC COUNTRIES

An Introduction to the Special Issue

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This Special Issue examines the position of migrant-background care workers in Nordic care work regimes. The issue takes part in a research dialogue that is emerging between researchers coming from two main fields: migration studies and research on migrants in the labour markets, and the scholarship on care work in the context of changing welfare-state arrangements in the Nordic countries. The special contribution of this Special Issue is to introduce the concept of glocalisation which provides an analytical link to the two, previously mentioned largely separate strands of literature on migrant-background care workers. Deriving from macro-sociological debates where it was introduced to emphasise the cultural dynamics of globalisation (Robertson 1995, Roudometof 2005), the concept here calls attention to the role of globalisation in the changing Nordic care regimes, but not as a deterministic force that transforms the different local regimes according to one model that reflects globalisation. Instead, this cultural interpretation of globalisation calls for the need to pay attention both to the role of non-local globalising discourses and to the emerging local arrangements in which the non-local discourses are interpreted for the specific contexts of the local regime. Our aim is not to emphasise the unavoidability of convergence or to celebrate divergence. Instead the glocalisation argument calls attention to the fact that the characteristics of the social embeddedness of care work regimes are not fixed. In this vein, we argue that the impact of globalisation on care work regimes may be best understood if we consider glocalisation as a dynamic mix of convergence and divergence (Saltman 1997). Accordingly, care work organisation needs to be examined in specific localities, taking into consideration both the travel of ideas and the activities of the people with whom they travel, the reshaping of practices and the experiences of people affected.

In the following, we approach the issue of migrant-background care workers in the context of glocalising care work regimes from the perspective of the two research fields mentioned above. The two research fields provide two different perspectives about how the position of migrant care workers has evolved: one focusing on the care work regime and the other focusing on international migration and movement of people. The attention lies on how unique historic constellations play into the particularities of glocalisation. In the context of on-going societal transformations involving neoliberal reforms and long-term demographic developments, Nordic care regimes suffer a particularly severe deficit of care labour at the same time as the Nordic region constitutes an increasingly attractive region in the context of global mobilities. In the final part of this introduction we present the articles in this issue that describe what happens when new people enter a care work regime that is itself undergoing transformation.

1 The neoliberalisation of egalitarian welfare-state contexts

Nordic care work regimes evolved without a preconceived plan in the context of what later became known as Nordic welfare states. Nordic welfare states grew out of a wide range of social activism oriented towards increasing egalitarianism in society. Early professionalisation of care work and nursing occurred in this context and was influenced by this welfare-state egalitarianism. Accordingly, while the professional projects of welfare service professions remained nationally framed and monocultural in their logic, they were emancipatory both from a class and from a gender perspective as the expanding welfare state policies assigned the emerging women's professions important roles in the provision of key health and social services that aimed at greater social equality in society (Dahl & Rasmussen 2012, Evertsson 2002, Henriksson 1998).

The organisation of professional work in the welfare state exhibits persisting but de-escalating social inequalities. Parallel to the manifest professional projects of middle-class occupations, more menial labour opportunities also increased in the context of the expanding welfare services. At first this became visible in the context

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of health care where the rise of increasingly professionalised nursing created a need to complement the health division of labour with nursing aides and other types of unlicensed assistive personnel. The later rise and expansion of social care services, including day care for children, elder care and care for the handicapped, further created a steady labour market for care workers. This development of social care as knowledge-based work in the context of a welfare state is related to, if not entirely explained by, the comparatively early entry of women to the labour market occurring in the Nordic context. United by social democratic ideologies that emphasised individual social rights, all of the Nordic countries launched an array of social policies that favoured the formalisation of care and gave rise to complex care work regimes that needed and still need a steady and sizable labour supply (Kamp & Hvid 2012; Szebehely 2003, Wrede et al. 2008).

From the late 1970s onwards, at slightly different times, political debates in the Nordic countries started to critique welfare state policies that contributed to the on-going expansion of the public sector in general and to the strong position of professional power in the organisation of welfare services in particular. The primarily market-oriented discourses that problematised the predominant state-centred system of welfare-service organisation emerged against a backdrop of a global turn to neoliberal politics and associated welfare-state reforms (Henriksson & Wrede 2008, Vabø 2005). Such reform agendas depicted the Nordic welfare states as wasteful in their inflexibility and inefficiency resulting from the way the welfare services had emerged as a constellation of professional turfs that were rigidly defended by professional groups that guarded their own interests rather than those of their clients (Henriksson et al. 2006). These critiques seldom targeted lower-skill care services but came to include them by default (Wrede et al. 2008). This Special Issue focuses on the type of care work regimes that largely build on what is considered lower-skill work. There are distinct features that distinguish them from those involving a large proportion of higher-skill professional groups and in particular doctors. Importantly, as a large proportion of them belong to so-called lower-skill occupations (Esping-Andersen 1996), care workers when they are publicly employed typically work as regular employees with limited or little professional control over their work, making them more accessible to managerial steering than stronger professional groups (Henriksson et al. 2006).

The neoliberal reforms are not the only forces shaping the situation of the care-work workforce in the context of the Nordic welfare states. Care work regimes are subject to diverse policies involving social welfare programmes, gender equality agendas and working life settlements. Historically, approaches to gender equality in the labour market, economic constellations and the pace of demographic changes in the countries have varied over time and between the Nordic countries. For instance, Sweden, Norway and Denmark all launched social policies to support women's part-time work, which influenced the dynamic of the care work labour market by creating a demand for a larger and more flexible workforce than was the case in Finland where full-time care work was the primary model (Henriksson & Wrede 2008). On the one hand, women's part-time work supported the demand for care services. On the other hand, part-time housewives were a labour pool for the same services. However, in the context of expanding services, this labour pool soon grew inadequate, and, with the changing patterns of women's employment the care regimes of the three countries grew increasingly reliant on migrant-background labour, be it recruited directly or from the migrant-background population already in the country. Sweden was the first country where the turn to migrant recruitment occurred, soon after World War II. In the 1970s and the 1980s migrant women were already a sizable group in the care work labour market (Knocke 1986). Denmark and Norway followed this road from the 1980s onwards. Finland differed from the other three countries, being a sending country in a context where most of the nurse migration in particular occurred within the Nordic region (Bourgeault & Wrede 2008). The Finnish care work regimes only started to experience labour shortages in the past ten to fifteen years, and the turn to migrant recruitment is thus recent.

Apart from a few studies, the increasing number of migrant-background care workers received little attention from researchers until recently. Concerns related to ethnic relations in care services focused on the capacity of care workers to cater for the needs of migrant-background care receivers. The focus was on how cultural differences (of the care receiver) were taken into account by a care system based on the dominant culture. Research on the changes in the care work regime focused instead on the impact of neoliberal reforms that have sought to make care services more efficient, flexible and productive. In addition to the efforts of creating new markets around care services the Nordic welfare states have introduced a market-oriented New Public Management (NPM) agenda to care work organisation that emphasises economic efficiency through outsourcing and privatisation as well as through reforms focusing on the performance of the public sector in terms of economic efficiency and quality (Vabø 2005). Nordic care work scholars have been united in their concern for the impact of the reforms on the egalitarian care work culture and the quality of care as a social right (Dahl & Eriksen 2005, Henriksson & Wrede 2012, Kamp & Hvid 2012, Szebehely 2003, Wrede et al. 2008), even though estimations of the seriousness of the perceived deterioration of the position of care work in the context of welfare services vary. Research comparing for instance elder care in the Nordic countries does demonstrate that there are important differences between countries when it comes to both economic investments and institutional arrangements (Rauch 2007, Wrede et al. 2008). As the care work regimes in all the Nordic countries are being increasingly characterised by the drives for efficiency, productivity and flexibility, workforce policies are geared towards finding a flexible workforce (Isaksen 2010, Wrede 2010). The articles in this Special Issue shed light on the resulting situation where care work regimes increasingly rely on migrant care workers, both those recruited directly and, in much greater numbers, those recruited from migrant-background populations residing in the region. Rather than attempting a full-fledged analysis of the neoliberalisation processes that have been only superficially outlined above, the focus is on shedding light on glocalisation processes, that is, on how global discourses become enacted in local contexts.

2 Care as a global commodity

The other strand of research, which this Special Issue draws on, is the burgeoning literature on globalisation of care, which is often understood as a by-product of the feminisation of migration, i.e. that more and more women are migrating. However, women have been migrating for labour, family and marriage practically in equal numbers to men for the past fifty years. In 1960, female migrants accounted for nearly 47 per cent of the migrants (Zlotnik 2005). What has changed since the 1980s is that there has been an increased interest in the study of migration from a gender perspective. An important body of research within this framework has focused on the study of female migrants working as domestic workers and caregivers in

private household (Andall 2000; Anderson 2000; Constable 1997; Hondagneu-Sotelo 2001; Lutz 2008; Lutz 2011; Näre 2012; Parreñas 2001).

Empirically, the bulk of existing research has focused on the hierarchical relationships between women as workers and as employers – although research has importantly revealed that migrant men are also involved in domestic and care work (Kilkey 2010; Näre 2010; Sarti & Scrinzi 2010) – but this research has also conceptualised how care has become a commodity sold globally. According to this strand of research, a globalising capitalist economy encompasses not only production but also reproduction (Sassen 1998; 2003), but due to the nature of care labour which cannot be relocated to parts of the world with lower labour costs, the availability of cheap labour needs to be 'brought' to the particular place where care is given (Yeates 2004). The process how care becomes globalised has been conceptualised in many ways, as 'global commodification of reproductive labour' (Anderson 2000); 'globalising mothering' (Parreñas 2001); 'transnational motherhood' (Hondagneu-Sotelo and Avila 1997; Lutz 2002), 'new international division of reproductive labour' (Yeates 2009) and 'global care chains' (Hochschild 2000). Many of these notions reveal that originally the literature focused mainly on child care. The concept that has found the most resonance within the research community is 'global care chain' coined by Arlie Hochshild (2000). Hochschild's concept is valuable in being easily adapted to different forms of care, although in her original definition the emphasis is on child care provided by a migrating nanny from a 'sending' country such as the Philippines in a 'receiving' country such as the US, who then needs to organise her own childcare responsibilities in the country of origin through a combination of paid and unpaid care work. The notion of the global care chain then neatly grasps the interconnectedness of care work in a globalised world.

As discussed above, neoliberal restructurings including NPM reforms have shaped the care work regimes in the Nordic countries and in the global north. Neoliberalism has also changed the preconditions of care giving and education in the sending countries, resulting in what Sassen (2003) terms 'survival circuits' from the global south. As Misra *et al*. (2006: 318) have argued (although keeping in mind that migrant care workers are also men as stated above):

> *As states have withdrawn from social care provision, women's care work requirements have intensified. Poorer women migrate to provide support for their families, while wealthier families solve their care needs through hiring immigrant care workers. Rather than states taking responsibility for aiding families, neoliberal strategies have led to an international division of care work that places the burden for care on the least powerful (immigrant women workers).*

3 Glocal care chains in the Nordic countries

Since the introduction of the concept of care chains, the notion has been revisited and expanded to apply to skilled forms of care work and professional workers, especially in nursing (see e.g. Yeates 2009). Yeates' (2009) work has been important in making connections between the literature on informal forms of care and domestic work in private households and research on nurse and health care worker mobility (Bach 2003; Connell 2008; Kingma 2006). Moreover, when the notion of 'global care chains' is applied to the European context, the distinction between sending and receiving countries does not always apply. For instance, Finland is simultaneously a sending country for nurses as well as an active recruiter of migrant nurses. Ukrainian domestic workers find work in Poland, which is a source country for domestic workers in Italy and in Germany (Kindler 2011; Näre 2011).

Hence, as Williams (2012: 364) points out, global care chains in Europe are also *regional* as well as global, in the sense that many migrant workers from the enlarged European Union work in other EU countries. This is especially the case for migrants from the Eastern European countries, but nowadays these regional migratory movements increasingly comprise migrants from the Southern European countries that have been hit hard by the economic crisis. For instance, in November 2012, a group of Spanish nurses were recruited to work in Finland and this recruitment is estimated to continue in 2013.

There has been an increasing interest to investigate the emerging phenomenon of migrant workers being a response to the labour demands of ageing European societies. Research has started to focus on the recruitment of migrants to provide elder care, in formal, institutional settings and increasingly private care markets, which is typically the case for liberal countries such as the UK and Ireland and in the informal context of the household typical in Southern Europe and in continental countries such as Germany (see e.g. Cangiano *et al.* 2009; Doyle & Timonen 2009; Lutz & Palenga-Möllenbeck 2010; Näre 2013a; Shutes & Chiatti 2012; Walsh & O'Shea 2009).

Migration policies and the migration regimes intersect with gender and welfare regimes in the wider context of economic neoliberalism to create the conditions for the glocalisation of care work. What we mean by glocalising care is the interface between simultaneously wide-spreading phenomenon connected to globalising socioeconomic processes, and a diverging phenomenon which takes on particular forms and develops according to the local political and economic development, welfare and migration regimes and cultural norms governing good care and domesticity. As recent research has shown (see e.g. Brennan et al. 2012; Isaksen 2010) and the articles in this issue demonstrate glocalisation of care touches not only the countries with familistic or liberal welfare states, but also the Nordic countries with an egalitarian welfare state tradition.

This Special Issue includes four articles. The first article by Anna Gavanas (2013) examines the current neoliberal processes in Sweden and Stockholm: the privatisation, marketisation and individualisation of elder care. Gavanas explores the different care puzzles that older age people need to negotiate in the care markets and how the service and care providers compete for clients in these markets. Gavanas argues that many older customers prefer migrant workers as they are perceived to be more flexible, inexpensive and have certain 'ethnic characteristics' marketed by some private companies that seek to create 'ethnic profiles' to respond to the customers' preferences.

The existing international literature on the employment of migrant workers and globalising care in Nordic countries has usually overlooked the case of Finland (see however Laurén & Wrede 2008; Nieminen & Henriksson 2008). By publishing two articles on the Finnish case, this Special Issue offers an important corrective in this regard. Lena Näre's (2013b) article demonstrates the neoliberal processes and global commodification of care by conceptualisation of the emerging migrant division of care labour in Finland. Näre demonstrates with statistical data that foreign-born workers are over-represented especially in elder care work and in the city of Helsinki in particular. The article also analyses employers' politics of recognition, that is, how Finnish private and public sector employers recognise migrants as potential workers. It argues that employers recognise

foreign-born workers as different from the norm of Finnishness and characterise migrants as simultaneously ideal workers and as suspects.

The third article in this issue focuses on Norway. Rannveig Dahle and Marie Louise Seeberg (2013) analyse how the implementation of neoliberal New Public Management doctrines has created ethnic hierarchies in the Norwegian health care sector, in hospitals and nursing homes. Similar to Näre's findings, also in Norway, *Norwegianness* understood as an ethnic category as well as a language competence, is the norm in health care organisations. Hence, non-ethnic Norwegian workers hit the 'concrete ceiling of race', even though they have good language skills. In addition, Dahle and Seeberg argue that in the structural pyramid of the health care sector in which nursing homes are at the bottom and somatic hospitals at the top, it is the bottom of the sector which due to increasing labour shortage is becoming more ethnically diverse than the top due to increasing labour shortage.

The fourth article by Antero Olakivi (2013) focuses on workers with migration background in Helsinki. By adopting a discourse-analytical approach, Olakivi examines how migrant workers in a public elder care institution make sense of their work-related identities and structural conditions, such as discrimination. The article argues that the identity-position of the 'migrant care worker' is understood as automatically problematic, but that the interviewees negotiated alternative, more particular identities related to their migration histories. The articulation of particularised identities however, unintentionally, leads to an understanding of discrimination as a private rather than an institutional matter.

As a whole, this Special Issue offers an outlook on the on-going restructurings and glocalising processes in care and health care sectors in the Nordic countries both in the informal setting of the household and in the formal, institutional settings of the private and the public sector. It is no coincidence that all the articles address the elder care sector in particular, although Dahle and Seeberg discuss the health care sector, and Näre also provides statistical information on the health care sector. Glocal care chains concern especially elder care work due to its lower status in the 'structural pyramid' of health care (Dahle & Seeberg 2013) and generally lower pays and poor working conditions, which has made this sector less attractive to 'native' workers. Although, this issue is not comprehensive as we were unable, despite our efforts, to include an article on Denmark (for a recent comparative article on Denmark and Sweden see Rostgaard and Szebehely 2012), we hope it will serve the purpose of providing an overview on the contemporary processes of glocalising care in contemporary Nordic countries.

The articles demonstrate well the glocalising dynamics of neoliberal restructurings of public welfare services in the Nordic countries. The implemented New Public Management doctrines aim at economic efficiency instead of public good and equality. The introduction of a market-logic to care provision has been ensued by complex mixes of public and private providers as well as increasing efficiency and flexibility demands. The transformed dynamics create a demand for flexible workers who are driven by economic necessity rather than professional ethos and career-building. In particular, elder care is a sector with increasing demand for flexible and necessity-driven workers due to its lower professional status, lower wages and poor working conditions.

At the same time, the neoliberal structural adjustment projects have increased economic and social insecurity by eroding the public sector in the global south resulting in increasing health and educational costs and decreasing wage levels in middle-class jobs, which has fuelled labour migration. The demand for a flexible and inexpensive work force in the care sector in the global north and the demand for economic and welfare security in the global south are the driving forces behind the current forms of global commodification of care. The articles in this issue argue that neoliberal restructurings of the welfare services and the glocalisation of care with the increasing reliance on migrant workers in Nordic countries have resulted in migrant divisions of care labour in which workers with immigration histories are over-represented in the lower echelons of health care professions, especially in elder care. Hierarchies based on ethnicity and migrancy are emerging in all three countries in health and social care sectors also because health and social care organisations are still founded on a monocultural professional logic which does not correspond to the demands of increasingly diverse personnel. Moreover, in the private care markets, commodification of care can result in 'ethnicity' becoming a new kind of marketing tool.

However, the articles in this issue also demonstrate that there are local responses and adaptations to these global processes, which need to be accounted for. The 'local' in this issue refers to the local of the nation-state, differing migration regimes and histories, welfare and tax policies in the three Nordic countries, but also to the local-level of particular cities (Stockholm, Helsinki and Oslo) and the local of particular institutional settings, the somatic hospital or the elder care home. The notion of glocalisation also carries with it the possibility of alternative adaptations and resistance to global processes. These resistances can happen in the individual level, as Olakivi's article well points out; but especially in the Nordic countries where the public sector still has the main responsibility for the organisation of welfare and care services, these resistances could take place at the local level of the cities and municipalities. We hope that this issue will provide food for thought for the rethinking of more equitable and just local responses to the global commodification of care.

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References

Andall, J 2000, *Gender, migration and domestic service. The politics of black women in Italy*, Ashgate, Aldershot.

Anderson, B 2000, *Doing the dirty work? The global politics of domestic labour*, Zed Books, London.

Bach, S 2003, *International migration of health workers: labour and social issues,* Sectoral Activities Programme Working Paper 209, International Labour Office, Geneva.

Bourgeault, I & Wrede, S 2008, 'Caring beyond borders: comparing the relationship between work and migration patterns in Canada and Finland.' Special Issue of The Canadian Journal of Public Health on "Finding Dignity in Health Care and Health Care Work" edited by C. Benoit & H. Hallgrimsdottir. 99 (Supplement 2), pp. 22-26.

Brennan, D, Cass, B, Himmelweit, S & Szebehely, M 2012, 'The marketization of care: rationales and consequences in Nordic and liberal care regimes', *Journal of European Social Policy*, vol. 22, no. 4, pp. 377–391, DOI:10.1177/0958928712449772.

Cangiano, A, Shutes, I, Spencer, S & Leeson, G 2009, *Migrant care workers in ageing societies: research findings in the United Kingdom*. University of Oxford, COMPAS.

Connell, J (ed) 2008, *The international migration of health care workers*, Routledge, New York.

Constable, N 1997, *Maid to order in Hong Kong. Stories of Filipina workers*, Cornell University Press, Ithaca.

Dahl, HM & Eriksen, TR 2005, *Dilemmas of care in the Nordic welfare state: continuity and change*, Ashgate, Aldershot.

Dahl, HM & Rasmussen, B 2012, 'Paradoxes of elderly care: the Nordic model', in *Elderly care in transition - management, meaning and identity at work. A Scandinavian perspective*, eds. A Kamp & H Hviid, Copenhagen Business School Press, Copenhagen.

Dahle, R & Seeberg, ML 2013, '"Does she speak Norwegian?" Ethnic dimensions of hierarchy in Norwegian healthcare workplaces', *Nordic Journal of Migration Research*, vol. 3, no. 2, DOI:10.2478/v10202-012-0018-4.

Doyle, M & Timonen, V 2009, 'The different faces of care work: understanding the experiences of the multi-cultural care workforce', *Ageing and Society,* vol. 29, no. 3. pp. 337–350, DOI:10.1017/S0144686X08007708.

Gavanas, A 2013, 'Elderly care puzzles in Stockholm: strategies on formal and informal markets', *Nordic Journal of Migration Research*, vol. 3, no. 2, DOI:10.2478/v10202-012-0016-6.

Esping-Andersen, G 1996, *Social foundations of postindustrial economies*, Oxford University Press, Oxford.

Evertsson, L 2002, *Välfärdspolitik och kvinnoryken. Organisation, välfärdsstat och professionaliseringens villkor*, Umeå universitet, Umeå.

Henriksson, L 1998, *Naisten terveystyö ja ammatillistumisen politiikka*, Stakes, Helsinki.

Henriksson, L, Wrede, S & Burau, V 2006, 'Understanding professional projects in welfare service work: revival of old professionalism?', *Gender, Work and Organisation*, vol. 14, no. 2, pp.174–192.

Henriksson, L & Wrede, S 2008, 'Care work in the context of a transforming welfare state', in *Care work in crisis. Reclaiming the Nordic ethos of care*, eds. S Wrede, L Henriksson, H Host, S Johansson & B Dybbroe, Studentlitteratur, Malmö, pp. 121–130.

Henriksson, L & Wrede, S 2012, 'The making of medico-managerial care work culture in public home care for the elderly', in *Perspectives on care at home for older people*, eds. C Ceci, K Björnsdóttir & ME Purkis, Routledge, New York, pp. 171–185.

Hochschild, A 2000, 'Global care chains and Emotional Surplus Value', in *On the edge: living with global capitalism*, eds. W. Hutton & A. Giddens, Jonathan Cape, London, pp. 130–146.

Hondagneu-Sotelo, P 2001, *Domestica: immigrant workers cleaning and caring in the shadows of affluence,* University of California Press, Berkeley.

Hondagneu-Sotelo, P & Avila, E 1997, '"I'm here, but I'm there" The meanings of Latina transnational motherhood', *Gender & Society*, vol. 11, no. 5, pp. 548–571, DOI:10.1177/089124397011005003.

Isaksen, LW (ed) 2010, *Global care work. Gender and migration in Nordic societies*, Nordic Academic Press, Lund.

Kamp, A & Hvid, H (eds) 2012, *Elderly care in transition – management, meaning and identity at work. A Scandinavian perspective.* Copenhagen Business School Press, Copenhagen.

Kindler, M 2011, *A Risky Business?: Ukrainian Migrant Women in Warsaw's Domestic Work Sector.* IMISCOE Dissertation Series. Amsterdam University Press, Amsterdam.

Kingma, M 2006, *Nurses on the move: migration and the global health care economy*, ILR press, London.

Knocke, W, 1986, *Invandrade kvinnor i lönearhete och fack*, Arbetslivscentrum, Stockholm.

Laurén, J & Wrede, S 2008, 'Immigrants in care work: ethnic hierarchies and work distribution', *Finnish Journal of Ethnicity and Migration*, vol.3, no. 3, pp. 20–31.

Lutz, H 2002, 'At your service madam! The globalization of domestic service', *Feminist Review*, vol. 70, no. 1, pp. 89–104, DOI:10.1057/palgrave/fr/9400004.

Lutz, H (ed) 2008, *Migration and domestic work. A European perspective on a global theme*, Ashgate, Aldershot.

Lutz, H 2011, *The new maids. Transnational women and the care economy*, Zed Books, London.

Lutz, H & Palenga-Möllenbeck, E 2010, 'Care work migration in Germany: semi compliance and complicity', *Social Policy and Society*, vol. 9, no. 3, pp. 419–430, DOI:10.1017/S1474746410000138.

Misra, J, Woodring, J & Merz, S 2006, 'The globalization of care work: neoliberal economic restructuring and migration policy', *Globalizations*, vol. 3, no. 3, pp. 317–332, DOI:10.1080/14747730600870035.

Kilkey, M 2010, 'Men and domestic work: a missing link in the global care chain', *Men and Masculinities*, vol. 13, no. 1, pp. 126–149, DOI:10.1177/1097184X10382884.

Nieminen, S & Henriksson, L 2008, 'Immigrant nurses in Finland: political negotiations on occupational membership', in *Care work in crisis. reclaiming the Nordic ethos of care*, eds. S Wrede, L Henriksson, H Host, S Johansson & B Dybbroe, Studentlitteratur, Lund, pp.199–218.

Näre, L 2010, 'Sri Lankan men working as cleaners and carers: negotiating masculinity in Naples', *Men and Masculinities*, vol. 13, no. 1, pp. 65–86, DOI:10.1177/1097184X10382881.

Näre, L 2011 'The informal economy of paid domestic work: Ukrainian and Polish migrants in Naples', in *Foggy social structures. Irregular migration, European labour markets and the welfare state*, eds. M Bommes & G Sciortino, Amsterdam University Press, Amsterdam, pp. 65–87.

Näre, L 2012 *Moral economies of reproductive labour. An ethnography of migrant domestic and care labour in Naples, Italy*. SSKH Skrifter 33, University of Helsinki Press, Helsinki.

Näre, L 2013a, 'Migrancy, gender and social class in domestic and social care labour in Italy - an intersectional analysis of demand', *Journal of Ethnic and Migration Studies*, vol. 39, no. 4, pp. 601–623, DOI:10.1080/1369183X.2013.745238.

Näre, L 2013b, ''Ideal workers and suspects: employers' politics of recognition and the migrant division of care labour in Finland', *Nordic Journal of Migration Research*, vol. 3, no.2, DOI:10.2478/v10202-012-0017-5.

Olakivi, A 2013 '"In case you can speak Finnish, there's no problem." Reconstructing problematic identity-positions in migrant care workers' organizational discourse' Nordic Journal of Migration Research, vol. 3, no. 2, DOI: 10.2478/v10202-012-0019-3.

Parreñas, RS 2001, *Servants of globalization: women, migration and domestic work*, Stanford University Press, Stanford.

Rauch, D 2007, 'Is there really a Scandinavian social service model? A comparison of childcare and elderly care in six European countries', *Acta Sociologica*, vol. 50, no. 3, pp. 249–269,DOI:10.1177/0001699307080931.

Robertson, R 1995, 'Glocalization: time-space and homogeneity-heterogeneity', in *Global modernities*, eds. M Featherstone, S Lash & R Robertson, Sage, London, pp. 25–44.

Rostgaard, T & Szebehely, M 2012, 'Changing policies, changing patterns of care: Danish and Swedish home care at the crossroads', *European Journal of Ageing*, vol. 9, no. 2, pp. 101–109, DOI:10.1007/s10433-011-0209-1.

Roudometof, V 2005, 'Transnationalism, cosmpolitanism and glocalization', *Current Sociology*, vol. 53, no. 1, pp. 113–135.

Saltman, R 1997, 'Convergence versus social embeddedness. Debating the future direction of health care systems', *European Journal of Public Health*, vol. 7, no. 4, pp. 449–453, DOI:10.1093/eurpub/7.4.449.

Sarti, R & Scrinzi, F 2010, 'Introduction to the special issue: men in a woman's job', *Male Domestic Workers, International Migration and the Globalization of Care, Men and Masculinities*, vol. 13, no.1, pp. 4–15, DOI:10.1177/1097184X10382878.

Sassen, S 1998, *Globalization and its discontents. Essays on the new mobility of people and money*, The New Press, New York.

Sassen, S 2003, 'Global cities and survival circuits', in *Global woman. Nannies, maids and sex workers in the new economy*, eds. B Ehrenreich & AR Hochschild, Granta Books, London, pp. 254–274.

Shutes, I & Chiatti, C 2012, 'Migrant labour and the marketization of care for older people: the employment of migrant care workers by families and service workers', *Journal of European Social Policy*, vol. 22, no.4, pp. 392–405, DOI:10.1177/0958928712449773.

Szebehely, M (ed) 2003, *Hemhjälp i Norden – illustrationer och reflektioner*, Studentlitteratur, Malmö.

Vabø, M 2005, 'New public Management i nordisk eldreomsorg – hva forskes det på?', in *Äldreomsorgsforskning i Norden. En kunskapsöversikt*, ed. M Szebehely, TemaNord, Nordiska ministerrådet, Copenhagen, p. 508.

Walsh, K & O'Shea, E 2009, *The role of migrant care workers in ageing societies. Context and experiences in Ireland*, ICSG, National University of Ireland Galway.

Williams, F & Brennan, D 2012, 'Care, markets and migration in a globalising world: introduction to the special issue', *Journal of European Social Policy*, vol. 22, no. 4, pp. 355–360, DOI:10.1177/0958928712449777.

Williams, F 2012, 'Converging variations in migrant care work in Europe', *Journal of European Social Policy*, vol. 22, no. 4, pp. 363–376, DOI:10.1177/0958928712449771.

Wrede, S 2010, 'Nursing: globalisation of a female-gendered profession', in *The Palgrave handbook of gender and healthcare*, eds. E Kuhlmann & E Annandale, Palgrave Macmillan, Basingstoke.

Wrede, S, Henriksson, L, Høst, H, Johansson, S & Dybbroe, B (eds) 2008, *Care work in crisis. Reclaiming the Nordic ethos of care*, Studentlitteratur, Lund.

Yeates, N 2004, 'A dialogue with "global care chain" analysis: nurse migration in the Irish context', *Feminist Review*, vol. 77, no. 1, pp. 79–95.

Yeates, N 2009, *Globalizing care economies and migrant workers. Explorations in global care chains*, Palgrave Macmillan, Basingstoke.

Zlotnik, H 2005, 'International migration trends since 1980', in *UNFPA International migration and the millennium development goals. Selected papers of the UNFPA expert group meeting*. UNFPA, New York, pp. 13–25.