

Contextualising decision processes of migrant care workers in social care – the case of Norway

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Introduction

The increasing number of migrants worldwide represents today one of the most important demographical, cultural and political changes internationally. In debates about migration, welfare plays a crucial role, and scholars often discuss the Nordic countries as exceptional cases in terms of welfare. Based on a case study about migrant care workers in the long-term care sector in Norway, this paper is a contribution to this debate.

Probably, the most important source for the exceptionalism debate regarding welfare came from Esping-Andersen, when he presented his empirically based analysis resulting in a suggestion of three welfare regimes (1990), with the Nordic countries belonging to the social democratic model. Although much criticism appeared, in particular from feminists, and Esping-Andersen revised his model regarding the role of families, his differentiation is still widely used in the literature into welfare and welfare state comparisons; and it is even recently confirmed by Esping-Andersen (2015). Comparing pre- and post-welfare states as well as different nations, he uses data about intergenerational social mobility to show, that the Nordic countries have achieved significantly more in building social equality than non-Nordic countries (Esping-Andersen, 2015). In other words, he shows a positive stratification effect, and primarily points at the democratization of the education system and the promotion of female employment and gender equality as main reasons. His analysis contributes to maintaining the exceptionalism thesis. This debate around exceptionalism is now increasingly related to migration.

Early migration theories were mostly dominated by the idea of economic motivation. Therefore, they often discussed ‘push-and-pull’ factors, including, for example, the thesis of a ‘welfare magnet’ effect (Borjas, 1999; cf. also Brücker, 2002). The idea behind this thesis is that migrants try to reduce the risk related to migration by targeting countries that have generous welfare institutions. However, several scholars have questioned this (Barrett & McCharthy, 2008; Ponce, 2018). Ponce, for example, provides empirical evidence, including all Nordic countries, showing that welfare support in these countries have no significant effect

on the migration inflow. Instead, he finds that a significant effect comes from opportunities for inclusion through citizenship achievement options. He thereby also suggests that one need to bridge migration flow theories with political sociological theories about citizenship and inclusion. This paper is a contribution to this ‘exceptionalism’ debate regarding migration and welfare. The suggestion by Ponce of separating migration inflow from inclusion into the new society will be developed further here, but using a specific case – the long-term care sector in Norway – and using primarily qualitative data from life story interviews as part of an analysis that also considers meso- and macro-levels.

Overall, the Nordic long-term care sectors are internationally seen as exceptions, when compared to other countries in the world. For example, OECD (2018) provides figures showing that the Nordic countries maintain a position as top countries, when measuring their public expenditure for long-term care services (health and care services) as share of the countries’ GDP. In the literature into long-term care, a concrete exceptionalism thesis is provided by van Hooren (2012), discussing the relationship between welfare regime type and the need for migrant care workers. She suggests, that while a care welfare regime results in a ‘migrant in the market’, a familialistic care regime results in ‘a migrant in the family’, and a social democratic regime represents what we can here call exceptionalism, by resulting in no need for migrant care workers (van Hooren, 2012). Her argument is, that the social democratic model, as different from the other models, is based on high availability of public care services (without means testing), and that this will crowd out the need for private care, as well as the need for migrant care workers in the agency-based care sector. While this paper will follow up this discussion, the aim is not primarily to reject the crowding out thesis regarding migrant care workers in social democratic welfare states, like Norway (although this is the case, see Christensen, Hussein and Ismail, 2017). The aim here rather is to use the Norwegian material from this earlier work to discuss the exceptionalism thesis about migration and welfare. More concrete, the aim is to make a case study based contribution to this macro-data dominated discussion, by instead using data collected from migrant care workers’ life stories to nuance the picture, when seen from below, from the perspectives of migrant care workers. The first question is therefore, whether Norway and here particularly its long-term care sector, is shaped in line with a social democratic model.

The Norwegian case and context

Norway is a Northern European country, belonging to the group of Nordic countries that have been dominated by post war social democratic politics. Esping-Andersen states that ‘Besides universalism; the social democratic welfare state is particularly committed to comprehensive risk coverage, generous benefit levels, and egalitarianism’ (Esping-Andersen, 1999: 78). In other words, the social democratic model also concerns central values like egalitarianism. This is both about using gender equality norms as well as reducing social class differences through, for example, access to education. In terms of population size, Norway is a small country, including only 5.3 million people. However, it is divided into a large number of relatively autonomous municipalities (426 in 2017), although currently shrinking in numbers due to a national initiative about merging municipalities. The biggest municipality consists of 600.000 inhabitants, and half of the municipalities include less than 5.000 inhabitants. Long-term care services, consisting mainly of home based as well institutional services for older and disabled people, make up around one third of the budgets of Norwegian municipalities; in this sense, they are a central part of the Norwegian welfare state (Meld.St.29, 2012-2013).

Norway developed its long-term care services in post-war times. A white paper (St.meld.25, 2005-2006) presents its modern development into three phases comprising a ‘public revolution’ from 1965-80, a ‘consolidation and reorganization’ phase from 1980 to 1995, and an ‘innovation and effectivization’ phase from 1995 to 2010; this latter may be seen as still running (Christensen & Wærness, 2018). An important ground for developing a ‘public revolution’ from the 1960s is the fact that long-term care services in Norway historically grew out of local governance, based on the early Municipality Law of 1837. Together with the state and voluntary organizations, the municipalities started to develop their long-term care services. A law on social care from 1964 and a law on healthcare from 1982 required together – over time – all Norwegian municipalities to offer social and health care services in homes as well as institutions. The sector was thereby expanding significantly (Christensen & Wærness, 2018), with the municipalities becoming central governing actors. While Norway developed its social democratic welfare approach into a model, whereby it minimized the dependency of the family as well as of the market through a comprehensive public sector (Esping-Andersen, 1999), this started to change during the reorganization phase. New ways of organizing long-term care services, for example, facilitated the involvement of private (for-profit) actors in provision of the services, and this potentially also resulted in weakening the role of voluntary organizations, playing a central role in the historical expansion of long-term care services in Norway (Christensen & Wærness, 2018: 21). Although the reorganization included

marketization tendencies, these were representing a ‘soft’ marketization (see Vabø, Christensen, Jacobsen & Trætteberg, 2013). As a tendency, however, this is still weakening the strong social democratic model, because the role of the public is thereby changing. This marketization tendency as well as a reorganization process giving priority to home-based services rather than institutional services – based on the living-home-as-long-as-possible ideology – both moved into the next and last phase. They both represent important background understanding for the discussion in this paper. Effectivization processes did put a new focus on individualized services, now stressing the living-home-as-long-as-possible idea with self-care, making the individual user more self-responsible (Christensen & Fluge, 2018). In general, it thereby changes the perspective on users from people receiving services to people being actively involved, and preferably directing, their services, although their amount and content is allocated by healthcare professionals in the municipality. The idea of empowering user roles also makes the discussion of co-production relevant (Christensen & Fluge, 2018). When co-producing services, the user holds a more empowered role in her or his relationship to the care worker. Norway develops its ‘strongest’ user controlled care model through the arrangement called ‘user controlled personal assistance’ (Christensen, 2012), where the user is receiving cash to employ her or his own care workers. As different from other countries, for example Britain, the user is normally handing over the employment duties to an organization, then instead concentrating on leading and directing the care workers’ assistance work. The employer organization can be public, non-profit as well as for-profit, depending on the contracts municipalities have with these actors. This user-controlled model includes important elements of effectivization and innovation, as the model moves away from traditional (paternalistic) care towards more user directed care, thereby individualizing the user and potentially making her or him a consumer, supported by an organization, and employing through this organization the care workers s/he chooses and prefers. The user controlled personal assistant model, however, was also strongly supported and initiated by the disability movement. In this sense, a citizen right-perspective from the grass-roots was harmonizing with an orientation towards more individualization and personalization in the long-term care sector (Christensen & Pilling, 2014).

Related to the discussion in this paper, one can say that while the social democratic welfare model in general is still maintained – in particular because the basic characteristic regarding universal services (not means-tested) are still there – it is also changing. The earlier very strong public responsibility is weakening, by including new (for-profit) actors, and by

individualizing the user role through empowerment ideas. User controlled personal assistance represents only a small part of long-term care services in Norway. They comprise today around 4.000 users (out of 360 000 users in total), but increasing from ca. 3000 in 2009; a majority of them are younger disabled people, below 67 years old (Mørk, Beyrer, Haugstveit, Sundby and Karlsen, 2018: 14, 15). The model is, however, important in terms of its innovative characteristics, when moving away from the traditional care model. Important for the discussion here, is also its consequences for care work conditions. While care workers working in the home based care sector went through a process of professionalization during the 1990s (Christensen, 1998), this new arrangement makes professionalization irrelevant, because it is the user who can freely choose as well as train her or his workers. These workers are often only working for one user, making the work isolated and private in the user's home, and it is often part time work, because each user has typically 3-4 assistants employed, sharing the user's hours based on the distribution each user find convenient (Guldvik, Christensen and Larsson, 2014). Important for the discussion here, is also what we could call a more hidden topic regarding long-term care services. This is about the status of working in the long-term care sector in Norway. With its close historical ties to family care, and thereby the idea of care as female, unpaid and non-visible, care work, in particular in the long-term care sector, has long had and still has a low social status. Young ethnic Norwegian people do not see this work as attractive, and the sector has experienced an increasing need of more care workers, expecting this recruitment problem to rise to a high level within a decade (Holmik, Kjølvik & Strøm, 2014). Internationally, recruitment of migrant care workers has long been seen as one of the solutions to this problem. However, in the Norwegian context, it also means that these migrant workers move into a care work sector, which has developed historically specific characteristics.

In terms of immigration policies, Norway first started to restrict access to the country in 1975, and comparative Scandinavian research shows, that the country then developed its restriction into a middle position between Denmark as the most restrictive country, and Sweden as the least restrictive country (Brochmann and Hagelund, 2011). Interestingly, this also harmonizes with recent research on Nordic attitudes towards immigration, where Denmark is the country with most widespread opposition against immigration (Bohman, 2018); this is not least explained by the spread of strongly right wing parties. Norway regulates its entry of foreigners through the Immigration Act of 2008. While Norway is not an EU member, but joined the EEA (European Economic Area) in 1994 together with the EU member countries, it

follows the same immigration rules as EU member states. This includes giving easy access to EU member citizens while restricting the access of those outside EU. This differentiation is also mirrored by the fact that Norwegian citizenship can be achieved easier and faster by EU/EEA migrants than by non-EEA/EU migrants, and even faster by Nordic migrants (Hatland, 2011; Thorud, 2010). Currently, 14.4 % of the Norwegian population consists of migrants, including both foreign born migrants (with two parents and two grandparents born outside Norway), and those born in Norway by foreign born migrants (SSB, 2019). While work was still the most widespread reason for non-Nordic migrants (most relevant here) to enter the country around 2012, when the data were collected, it started to decrease at this time, and today family reunification is the most important reason for immigration (SSB, 2018). The data collection in other words took place at a time when economic migrants were on their way to be caught up in numbers by family migrants. While there has been an increase in EU migrants to Norway, in particular after 2004, the total picture shows rather a share of distribution between those from EU countries and those from outside EU/EEA. The three biggest groups of migrants born abroad today consist of people from Poland (more than twice as large as the next group), Lithuania, then Sweden (SSB, 2019). At the time when the interviews took place, the only difference was that Sweden was the second largest group. Regarding work in the long-term care sector, migrants, as different from for example Southern European countries, primarily work in the public sector, rather than in private households as is the case in several other European countries, like for example Austria, Germany and Italy (see Christensen and Pilling, 2018). However, this does not exclude tendencies of privatization, as mentioned above. Measured in work years, migrants represent 13% of the total number, they are typically younger than Norwegian workers, they have less sickness absence, include a higher number of men, and they have less qualifications (Abrahamsen and Kjelvik, 2013), although this latter characteristic often is related to challenges of getting one's qualification from abroad recognised in Norway.

Theoretical framing

This paper brings together the concepts of migration and welfare, because the aim is to use an analysis based on a material consisting of migrant care workers' life stories to enlighten the exceptionalism thesis from below. Life course theory is increasingly seen as an approach that has the potential to bridge separate research areas, as for example gerontology and migration (Torres, 2015). The strength of this life course approach is that it brings together an individual

biography with historical time and context (Mills, 1959), and thereby can cover important changes over a life course, but within a specific context (Elder, 1994). While qualitative life course data dependent on the ‘strength’ of the narratives told, for example in regards to remembering and looking back at one’s life, the advantage is that these narratives include reflections on one’s passed life course and eventual emotional challenges.

In relation to the theme of migration, the life course perspective makes both emigration from the original country and immigration to the host country changes part of the same story, the same life project. In this sense, migration – as a concept including turn and returns as well as transnational aspects involving elements from both original and host country – becomes fruitful. This, however, does not mean that one cannot theoretically, use a separation between the part of migration concerning the decision about leaving and moving abroad, here to Norway, and another part concerning the life in Norway, and including here specifically also working in the long-term care sector. This is important for the analysis here, and does also mirror macro-political differences in a country between immigration policies and integration policies (cf. also Brochmann and Hagelund, 2010; and Ponce, 2018). In this sense, the life stories are narratives about the way migrants have handled and practiced different decisions and changes over their life course. Harmonizing with this and the life course approach in general is the view that those presenting their life stories, are active agents (cf. Elder 1994 about ‘human agency’), with different aspects of their lives, including gender, ethnicity and social class intersecting (Crenshaw, 1991). The life story approach is a fruitful way of getting insight into these intersections.

Although a huge body of literature now pays attention to the understanding of aspects of migration, much of it is still based on or inspired by classical thinking within this area. This is, for example the case with the sociological work by Simmel (1950), who theoretically pointed at the role of the stranger to include both being outside and inside simultaneously: ‘His position as a full-fledged member involves both being outside it and confronting it’ (Simmel, 1950: 402). This understanding is useful for the analysis here, because it provides an approach that recognizes what we could call an ambiguous position for the migrant care workers. The ambiguous position here includes both their position in Norway as inhabitants/new citizens with different identities, and in the long-term care sector as workers originally socialized into another labor and working life system, now handling different perceptions and values simultaneously.

A final approach important here is about the ways migrant care workers are received by the Norwegian society, and specifically here in the care work sector. As some of the easy access to this work – on a general level – has to do with the fact that there is a recruitment problem in the sector, migrant care workers’ access could be both seen as ‘positive’ – they come and do an important work – or ‘negative’ in the sense that this is of less interest for native workers and therefore adds to care work’s low societal status, as discussed thoroughly by many scholars (see e.g. Christensen and Pilling, 2018). The migrant role potentially represents a vulnerable point of departure, and there is therefore a risk of ‘negative’ confrontation through stigmatization based on ethnicity, including discriminating behavior toward migrant workers. In the discussion in this paper, this relates to the specific subordinated care worker role, the care worker enters within the user controlled personal assistance arrangement (Guldvik, Christensen and Larsson, 2014).

The study’s methods and empirical material

The empirical material used in this article is collected as part of a comparative Norwegian/British study into the lives of migrant care workers (Christensen and Guldvik, 2014). Migrants are here people born outside Norway, with two parents and two grandparents born outside Norway. The study’s data collection was carried out in 2011-2013; most of the Norwegian material in 2012. The total data material comprises 51 migrant care workers, including 20 in Norway and 31 in the UK. The analysis for this article’s discussion is based on a secondary analysis of the Norwegian material (first analysed in Christensen and Guldvik, 2014). In this study, we used a biographic method to collect a material of life stories of migrant care workers. While the interviews in England were carried out by Christensen, the interviews in Norway, used in this paper, were carried out by Guldvik. The biographical interviews included questions about their background in the home country, including the family they grew up in, their decision about migration, how they experienced the access to the host country and about their life in this new country, in particularly including experiences with care work.

The care workers of the study were recruited through a purposive sampling approach (see e.g. Silverman, 2014: 60). This is due to the challenges of recruiting participants from a so-called ‘hard-to-reach-group’ with many working in personal households, and employed through organizations that disabled people use for carrying out their employment duties; these organizations then comprise both municipalities, non-profit providers and for-profit providers

(cf. above). Through the purposive sampling method, we aimed at variation in the empirical material based particularly on differentiation along gender, age and home country, including both EU and non EU/EEA countries. Table 1 gives an overview of the migrant interviewees.

Table 1: Characteristics of the study's care workers/personal assistants in Norway

Age and gender	25 – 49 years old (one is 72) 12 women and 8 men
Years in Norway	1 – 28 years (one 44 years)
Home country	9 from EU/EEA countries (6 women, 3 men; included countries are Lithuania, Poland, Switzerland and Romania) 11 from outside EU/EEA (6 women, 5 men; included countries are Thailand, Ethiopia, Peru, Philippines, Russia and Argentina)
Care work experiences	20 have personal assistance (PA) experiences Other formal care work experiences include: -home help (3) -kindergarden (3) -nursing home (1) -day care centre (1) -occupational health service centre (1) -au pair (1)
Experiences with type of employer when working as PA	4 employed by municipalities 10 employed by non-profit organizations (1 of these later employed by municipality) 6 employed by for-profit organization
Hours/week	10 hours/week – full time work (37.5 hours)

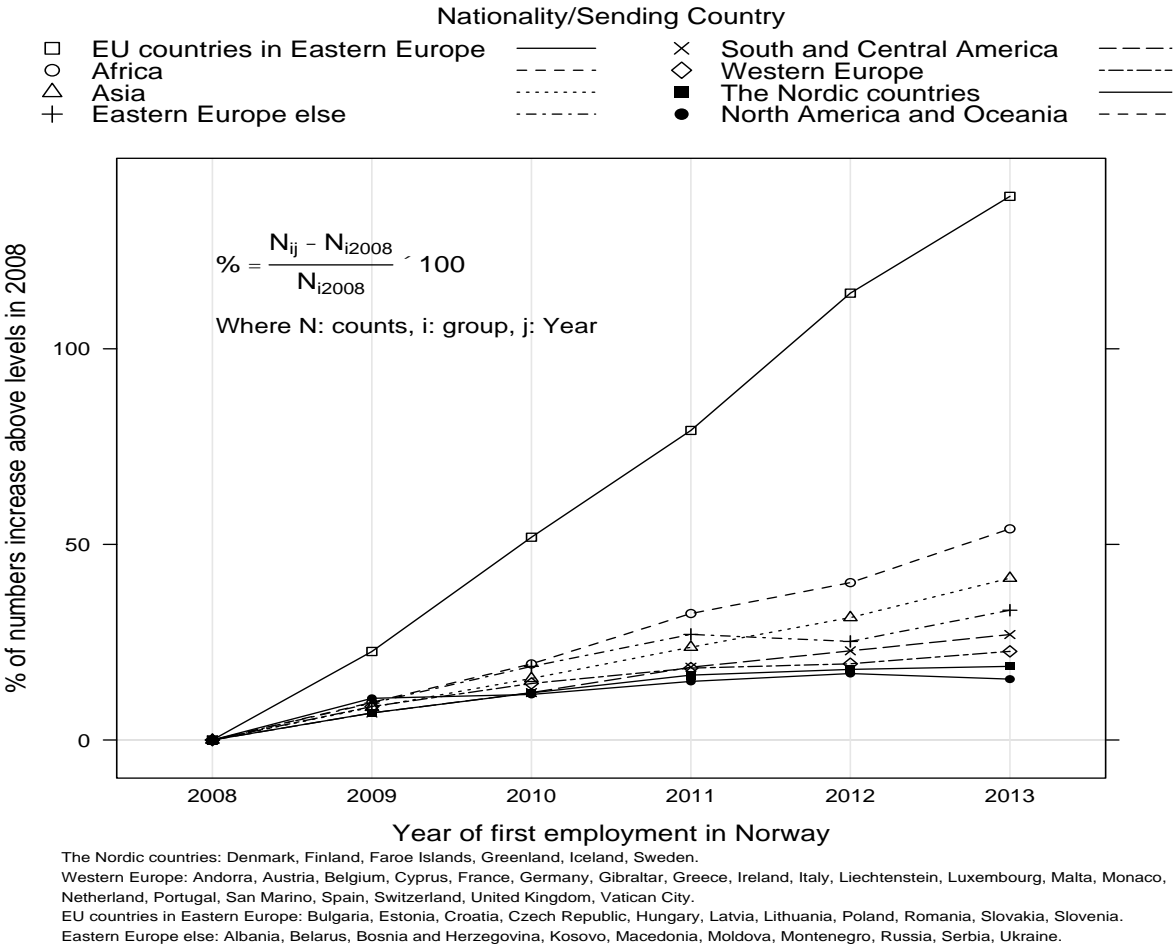
For the discussion in this paper, also some quantitative descriptive data analyses are used¹. They are based on national public statistics (Statistics Norway, 2014), providing aggregated numbers of employed migrants (SSB definition as above) in the long-term care sector, by the year they entered Norway and their home country.

The analysis of migrant care workers in the Norwegian context

As different from the exceptionalism assumption presented by van Hooren (2012), we found a clear and increasing recruitment of migrants into the long-term care sector in Norway

(Christensen, Hussein and Ismail, 2017: 225). Figure 1 shows, that in particular migrants from EU countries in Eastern Europe entered the long-term care sector in increasing numbers, between 2008 and 2013. However, also increasing numbers of migrants from Africa and Asia entered the country in this period, mirroring the total migration picture of Norway, including both European countries as well as countries outside Europe. In the following, I will use migrant life course cases to discuss the exceptionalism thesis further, focusing here specifically on differences between EU/non-EU/EEA migrants.

Figure 1: Trends in percentage increase since 2008 in migrant LTC workers entering Norway, by nationality



The case of Anna from Poland

Anna was born in a small town in Poland in 1980. She was 31 at the time of the interview, and 26, when she arrived Norway. She grew up in a middle class family, being the youngest of three children. Her mother was a teacher and her father worked at a factory. After compulsory school, and a gap year, she started at an art academy in Poland. Based on an Erasmus programme, she then studied at a design school in France. She stayed there for a couple of years. However, even with a Master's degree and fluent French she did not succeed in getting a job there, and therefore, at some point, she chose to go, temporary, to Norway. Both her brother and sister lived there, but with their parents staying in Poland. It was her brother, who suggested to make Norway a 'waiting place' for her, and she thought 'why not?'. She started with a relevant design related job in Norway, but lost it after a couple of weeks, because her Norwegian language skills were too weak to carry out the work. She therefore started in a job at a cafeteria and managed to get a small second part time designer job too. It was at this point, that Anna had a friend, who stopped working as a personal assistant for a disabled person and suggested that the disabled person she worked for could instead employ Anna. The disabled person allowed Anna to try carrying out personal assistance work. She managed, they communicated well with each other and at the time of the interview, she had worked as a personal assistant for two years, currently working part time 33% of full time. When talking about this kind of care work, she says, she feels it is difficult to always place herself 'behind' the disabled person, like a shadow; as implied in doing 'assistance' rather than 'care' work, being a very social person.

Anna's background from childhood and education later made her feeling strong and competent. In this sense, it became a turning point in her life, when she moved to Norway, where she was not able to use her education, experienced unemployment, and furthermore encountered great disadvantage related to not being able to talk the country's language. She therefore borrowed money from her brother to access language courses, as these are self-funded by those who have no access to language courses (unlike refugees entering introduction programmes, including language courses publicly organized and paid). Anna met a Norwegian man, married, and has now got a child with him, having had enough paid work to get maternity leave from her cafeteria and personal assistance job (paid maternity leave normal depends on some work experiences in the labor market). In order to improve her job options, she has taken over her husband's surname, to avoid employers to notice her Polish background.

Anna has now future plans of staying in Norway, due to her marriage, her great ‘investment’ in learning the Norwegian language and her personal believe in being able – at some point – to leave the personal assistance job and getting a qualified job. However, this is still, all, insecure. She still feels ‘100 per cent’ Polish and she has no Norwegian friends, as is also the case for her Polish friends in Norway.

Anna represents a typical European case in the empirical material. She chose to go to Norway for pragmatically reasons: she could get access through an Erasmus education programme, she had a small network there through her brother already living there, and she had given up to find work in France, even with her good educational background and relevant language skills. She, therefore, chose Norway as a temporary solution to her life situation. Several of the other ‘European’ migrants also came for reasons not directly – more indirectly – related to Norway as a country; in particular, love was an important reason: they had met a women/man who lived in Norway and then moved to Norway to live with this person. Beside love, economic motivation was another reason: no options for a job in one’s home country, even with good educational background, forced them to try somewhere else. Their way into a care job in Norway had a similar pragmatic and ‘indirect’ characteristic: if they had educational background (for example as a nurse), they were either not able to get this recognized by the authorities recognizing foreign education or their education was not found relevant for the job they wanted. A common characteristic, in other words, was that they entered care work primarily due to the lack of other (better) options, and it was often relatively easy to enter, because it was often only relying on the contact to a disabled person who was looking for personal assistants. However, they also primarily see this work as temporary. It is typically a part time job (but also challenging to carry out as full time work, if possible at all), it is very ‘private’ in the sense that most of the work is carried out in the disabled person’s household, there are no clear career ladder options, and they have to enter a strong assistance/shadow function. From their perspective as migrants – in an outside-inside position – they easily enter subordinate working roles, as illustrated by Ona, 26 years old at the time of the interview, and from Lithuania:

There is an experience I want to share with you [the interviewer]. It is that when foreigners work in such a job like this [personal assistance job], we are obedient girls, so to say. We are not very familiar with laws and rules and we do as the user says.

Probably due to higher educational background among the female compared to the male interviewees in the study, we found that the ‘frustration’ about this subordinated role was primarily female. In order to improve their life chances in Norway, they then typically started

English courses, many of them having very limited both English and Norwegian language skills. Entering (self-paid) Norwegian language courses, therefore, very much represented an investment to them. Overall, however, they still found their situation in Norway filled with insecurity and difficulties, even those staying in the country for many years. Adrijan, for example, who was 72 at the time of the interview, from Croatia and moving to Norway when he was 28, mentions as his main reason for staying in Norway, that he married and got children in Norway, and now grandchildren. He is doing personal assistance work, because he is boring as a pensioner, early losing his job, because the factory he worked for, closed down, and there was no other work available. As typical for the European interviews, including Adrijan, they chose at some point to stay in the country, with some of them choosing to apply for a Norwegian citizenship, but in particular for improving their employment chances in Norway, similar to using the surname of one's Norwegian husband or wife. It was finally characteristic that several of them also strengthened their position in the country through available higher education at universities and university colleges, mainly free to access, and through other welfare arrangements, as for example the maternity leave, that has a much higher standard in Norway than in many other countries, although requiring some paid employment experiences. Due to the strong gender equality norms developed over time, Norway also promises full kindergarten cover, to make it realistic for women to combine full time work with children (see e.g. Syltevik, 2007). Although phasing difficulties and challenges, this Norwegian context still contributes to giving their lives in Norway more stable conditions compared to the situation in their home countries.

While many of the characteristics of the study's ex-EU/EEA interviewees are the same as for those from European countries, there are also some important differences.

The case of Abbay from Ethiopia

Abbay was born in 1978 in Ethiopia. At the time of the interview, Abbay was 34 years old, he was 31 when arriving Norway. He grew up in a middle class family with two siblings. His father was a teacher and his mother a housewife. He went to university and achieved a university degree in agronomy. Due to political reasons, he was persecuted and he had to flee from Ethiopia. He went to Kenya and here, he was told that he could go to Norway and seek asylum. His family is also not living in Ethiopia anymore; they all live in Turkey.

Abbay was sent to an asylum center in Norway and he waited there for one year, before he got refugee status and thereby access to an introductory programme for refugees, including a free language course too. He was also helped with housing in a Norwegian municipality.

When realizing that he could not use his education in Norway, he started doing washing jobs. However, carrying out a kind of health course organized by the Norwegian work and welfare (NAV), he managed to get access to a personal assistant job, because a leader of an organization arranging personal assistance for disabled people, offered people with this NAV course a job if they seemed to have the relevant qualifications for doing assistance work.

When looking for work in Norway, there are different problems, one of them being language problems.

Abbay is now married, but they have no children. He finds his situation difficult for several reasons. While it is relatively easy to get a care job like personal assistance, it is difficult to get more than part time work and a permanent job. He experiences a disadvantage related to being a man in a feminized care job area, where most disabled people wish female workers. He also finds that his unsecure job position challenges his cultural understanding of the male breadwinner role. His situation is unsecure, doing both washing job and assistance jobs to secure a certain income. He plans to do an education later, like his wife, who is studying beside her job, e.g. a children's nurse, but there is still a long way to go and he needs to develop his Norwegian language skills first. This also means he has to give up the hope of using his qualifications in a job in Norway.

The case of Abbay represents a range of characteristics found in the empirical including those outside EU/EEA countries. Their way of entering Norway is strongly indirect. Apart from those coming to live with a Norwegian partner, in particular those arriving as asylum seekers did not themselves have anything to do with choosing Norway as an arrival country; they were simply told and allowed to go there for asylum, but unknown about whether their application for asylum would be recognized by Norwegian authorities or not. If recognized and becoming refugees, which means that it is recognized that they came to Norway due to humanitarian reasons, they then have the access to support packages in regards to language courses and housing specifically related to these groups (Brochmann and Hagelund, 2010). Although this gives them a kind of extra support, they still phase a range of difficulties. While those bringing with them a higher education are encountering difficulties in getting their education recognized, they also phase other difficulties. The achievement of a permanent job

position is difficult for both men and women in the material, but in particular, the male migrants express that they feel it difficult not to be able to fulfill a breadwinner role. Within a context of strong gender equality norms, it even feels more difficult, not even being able to get a full time job. Abbay, from above, explains the life chance consequences of an insecure employment situation:

Many from Ethiopia are working within the care sector. There you can get a job. But it is difficult to get a permanent job, particularly if your education papers are not recognized. Then you'll become a stand-in worker. You have to wait at the telephone, and cannot plan your life. Cannot buy an apartment, as you do not know how much you will earn next month, or the month after that. So it is not easy.

In this part of the study's Norwegian material, there were also several cases of discrimination experiences. Soledad, for example, 48 years old at the time of the interview, living in Norway for five years, experienced a bad treatment by the disabled person he worked for. While he clearly wished and was able to enter a permanent position, the disabled person avoided him and employed another person, and the organization (non-profit) carrying out the employer duties supported the disabled person in his opinion about Soledad not having a right to be employed permanently by him. In the end, he had to leave, and he then started to work for IKEA, but only for money paid to him as unemployment money from NAV (the Norwegian national welfare and work programme), as NAV pointed out the job for him in order to maintain his relation to a working place. Several of them are applying for Norwegian citizenship to improve their life chances, but if they can, they maintain their original citizenship, like Soledad. He would not be allowed to visit Cuba from time to time, if he did not maintain his Cuban pass board. Interestingly, for the discussion here, is also, that it is only in the material comprising migrants from non-EU/EEA countries we find migrants stating that their plan for the future is to go back to their home country. This is the case, for example, with Amphon, 34 years old at the time of the interview; she has been in the country for seven years. Although satisfied with her personal assistance job in Norway, she is planning to go back to Thailand, when her husband retires. She misses her family (her mother and father), and she feels a cultural inheritance of looking after them in their old age, which is different from the culture in Norway. Here, families are supporting older people, but only with lighter tasks; and older people are increasingly satisfied with receiving the major support from the public sector (Otnes, 2013), as it gives the option of avoiding becoming a burden for their family members, specifically their children, who may have own families and not even living nearby. Finally, for the empirical material here, it should be mentioned, that some of them are

complaining about Norway being an expensive country. This is actually one of the few ways Ponce (2018) nuances his statement about inclusion into the Norwegian society, as he finds, on a national level, that migrants in Norway experience the country to be very expensive to live in.

Concluding discussion

There is definitely a case of exceptionalism emphasized in the literature into migration and welfare (Borjas, 1999; Brücker et al., 2002; Esping-Andersen, 2015, 1990). The exceptionalism thesis includes Norway as a Nordic country. Overall, this has to do with its social democratic politics over time, with values aiming at reducing life chances between men and women, and people with different social background, with the welfare state as a national system for reducing inequality and supporting inhabitants (including migrants) through benefits and services. However, there is also a discussion in the literature about how strong this exceptionalism is. Ponce (2018) gives an important contribution to this discussion, when using macro data to show, that the magnet thesis is a mistake; he rather finds that migrants are attracted by Norway through possibilities of inclusion, when having options of achieving citizenship, for example. This paper's study, although based on a small case study, also points out that the idea about a 'welfare magnet' effect is hard to find, although – as different from van Hooren's (2012) assumption – the Norwegian long-term care sector is increasingly relying on migrant workers. However, using life course data, it additionally shows, how 'indirect' the choice of Norway is, whether this is because of love or for seeking asylum. Even those coming, as economic migrants, for work, are choosing it, because they are seeing an option for work with better conditions than home, rather than specifically choosing Norway. The analytical comparison of migrants from within and outside EU/EEA countries then shows some important differences when working in the long-term care sector, and particular as personal assistants for disabled people. These differences can be seen as a contributing understanding of the 'inclusion' part mentioned by Ponce, pointing out a differentiation that might be important. While phasing several of the same challenges – as for example recognition of education from home country and language problems – there are stronger challenges for those from outside EU/EEA countries, regarding achieving a permanent job, regarding adapting to the insecure employment situation, regarding stigmatization, experienced as discrimination in work situations, and regarding cultural differences. A further important difference is that several of these migrants planned to go back to their home country, thereby possibly mirroring their stronger challenges this way too. The

sector context of long-term care, which over time has given more space for individualizing service users as well as privatizing the services (more of them taken place in private households, the sector's inclusion of for-profit support organizations etc.) have made some welfare relationships – like the disabled person-personal assistant relationship here – more vulnerable. This paper's study shows, that the consequences for those from outside EU/EEA countries may be more challenging, even though some of these migrants (refugees) are receiving extra welfare support. In this sense, one can also conclude, that those from the European countries, compared to non-European migrants, are to a larger degree using their achievements in e.g. education and language skills as capital that can be useful for staying in Norway. For the others, on the other hand, this is more an investment in confronting some of the challenges of living in Norway, for some part of their life.

The paper's analysis shows how a case study based on life course data, can provide important differentiations and in depth-knowledge to the wider discussion about migrants and comprehensive welfare states. As different from national macro-data, which can only show whether specific arrangements (like citizenship) is making a significant impact on migration inflow, life course data can show migration aspects as part of individual biographies. It can furthermore concretize how specific contexts, here the long-term care sector and the development of a user-controlled arrangement, can make an impact on the migratory life experiences in the country they go to.

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ⁱ This analysis was carried out by Mohamed Ismail, and presented in the article by Christensen, Hussein and Ismail, 2017.