

GLOBAL CARE WORKERS IN THE WELFARE STATE

“...globalization is rather old stuff” (Strassoldo 2005).

“Working women are travelling the globe as never before ... the female energy that flows to wealthy countries is subtracted from poor ones – easing a ‘care deficit’ in rich countries, while creating one back home” (Ehrenreich and Hochschild 2003, back cover).

Introduction

People have always migrated in order to find work away from their original home villages and towns, regions, countries and – increasingly – continents (Sharpe 2001, Kjelstadli 2003). The past three decades have seen a restructuring of the global economy, and as part of that, increasing levels of labour mobility and international migration. It is the existence of a deep, and deepening, divide between rich and poor countries that forms the backdrop of this migration. This has coincided with an “increasing demand for health care support in the industrialised countries. At the same time the rising prosperity amongst certain groups in faster-developing countries also increased the demand for foreign domestic help (Kurian 2004:3). As Henrietta Moore points out, “it is important to note that migration is often not a single discrete event, but part of a strategy for coping with economic change, an opportunity which depends on multiplex links being established between [different geographical] areas” (Moore 1988:96, as quoted in Sharpe 2001:5). People, especially women, from poor countries have left, and are leaving, their families behind in order to work within care giving in rich countries (Hochschild 2000a, 2000b, Parreñas 2001, Anderson 2000, Isaksen 2005). Norway is a latecomer in this global trend, and represents an especially interesting case because of its strong, public welfare apparatus, where care giving plays a central role. So far little research has been done in Norway, with the exception of Isaksen (2003, 2005), Savides (2005) and Hovdan (2005).

We intend to direct the attention toward migrant workers in Norway, within two care giving professions: nurses and au pairs. In Norway, the major legal way to get an entry visa and work permit as a domestic worker is through the au pair regulations, and the recruitment of au pairs is steeply rising. Nurses constitute another large group of predominantly female migrants to Norway, who enter the country through regulations that allow “needed specialists” entry visas and work permits. The two categories may turn out to be linked together in more ways than one, for example when it comes to the motivation and incentive for migration, their ways into migration and their experiences in exile. We will explore connections between different understandings of social capital (Bourdieu 1986, Putnam 1988, Coleman 2000) and migration within care work in order to throw light on links between the two categories. Both of these professions are, historically and in the present, viewed as “female” occupations, and recruit far more women than men. How immigrant men and women experience and relate to the constraints and opportunities created for them by the structures of Norwegian feminism as manifest in their workplaces is a matter for investigation. Taking the individual migrants as points of departure, main questions addressed through this project will be:

- 1. Who are the migrants who have been recruited to Norway as nurses and as au pairs?**
- 2. What are the formal premises for their migration?**
- 3. What are the contexts, positions and experiences of au pairs and nurses like and how do they relate to each other?**
- 4. How does the overseas recruitment of au pairs and nurses influence care work in the welfare state?**

Through combining the study of two apparently distinct categories of migrant care workers, and of individual and structural perspectives, the project aims to give new insights into a complex, and growing, feature of the welfare state that has hitherto been given little attention.

Specification of objectives

1. Who are the migrant nurses and au pairs in Norway?

Where do they come from, and why did they come to Norway? What are their family obligations and social networks? What are their experiences? What are their plans and wishes for the future, and which opportunities do they have?

Different historical periods have seen the migration of care workers to and from different countries. Throughout the past decade, Nordic citizens have constituted the largest group of immigrant nurses in Norway. Nurses from member countries of the EEA until 2002 formed the second largest group, while nurses from other parts of the world have taken second position since 2003 (SAFH 2004).

The increase in the number of au pairs coming to Norway the last five years coincides with an increase in the number of au pairs from the Philippines and Eastern Europe, both within and outside the EU (UDI, au pair statistics 2000-2005). Finding out how individuals made the decision to migrate to Norway and how they were recruited to work in Norway will show the relevance of formal structures to migration. This will also provide an intake into information about their social capital.

So-called chain migration (Piore 1979, a.o.) may turn out to be important for both groups. A previous project including Philippine immigrant women (Sollund 2004) showed that a direct incentive behind the migration in many cases was the existence in Norway of personal contacts who encouraged the migration. Care work migrants from the Philippines constitute a special case globally and in Norway. We will focus especially on this group, without excluding other nationalities. The Philippines has since 1974 had a policy of labour export in order to “temporarily solve the country’s problems of unemployment, underemployment and tight balance of payments” (Go 2002:1). To go abroad is the only way many Filipina women may provide for their children (Hochschild 2000a, Parreñas 2001, 2003). Many of these women leave children or ageing parents behind in the care of others. This they could not do without social capital, which may thus serve as an incentive to, and enable, migration. Another incentive may be the possibility of “inheriting” au pair employing families through social capital in Norway.

A group of Korean nurses recruited to Norway in 2003 (Seeberg, work in progress) reported that their main incentives were getting away from home and getting to know a different part of the world. This sounds strikingly like the explicit goal of *au pair* migration, which is “cultural exchange”. These nurses had found a means to realize this goal *and* get a decent salary, which an au pair contract would not have given them, through Norway’s then acute need for nurses. Paradoxically, through interviews conducted for a previous project (Sollund 2004), it appeared that the au pair job for several immigrant women had been their first entrance into Norwegian society and part of the dreams and aspirations the women had of what they would gain through their migration. In spite of the strict regulations – being an au pair is limited to two years’ stay in Norway, can not be renewed or used as a stepstone to other types of work permits, and the allowances given are very low – they saw the au pair job as the opportunity to emigrate from the Philippines and get a new life.

The Korean nurses had been promised by their recruiting agency that their families could come with them, and some had brought their husbands and children along – only to find that they had been misinformed, and that their families would have to return to their country of origin in order to apply for family reunification from there. Some migrants may attempt to solve the dilemma of separating from family members though being more permanently in transit, or “settled in mobility” (Morokvasic 2004). In one case, a nurse from a former Eastern European country has been working in Norway for many years, without giving up her ties to her original country. Rather, she has managed to organize her life so that she spends some months at a time in each country, travelling back and forth several times a year (Dahle, personal communication). In a different version of “settling in mobility”, some au pairs work for the maximum period of time in one country, then move on to another country, then to a third, and so on (Hovdan, personal communication).

What happens to the labour migrants’ social capital while they are working in Norway will be a topic, as will examining whether men and women migrants handle their social capital in differ-

ent ways. How do they, through migrating, contribute to sustain the social networks that form the basis for their social capital, e.g. how are remittances used? How do they cope with the separation from their dependants? Parreñas (2001, 2003) found for example, that the economic gains of the migration to a certain degree compensated for the emotional distress of the separation of mother and children, both for the children and for the women. Although several Philippine studies have claimed that these children may become social liabilities, Parreñas found that: “if the extended family supports the child and makes him or her aware of the material benefits migration brings, the child may actually be spurred toward greater self reliance and ambition, despite continued longings for family unity” (Parreñas 2003: 44). It is not known whether many au pairs in Norway are mothers themselves: Women with family obligations will probably be more inclined to search for work that is better paid. It is thus a question why they choose Norway as a goal for their migration and whether the evident disadvantages connected to the lack of an ordinary payment in an au pair position may be compensated by other factors.

2. Formal premises for migration

How do national and international regulations form the work migrants’ decisions and experiences? What are the roles of the sending and the receiving state, and of intermediaries such as recruitment agencies? What difference does the existence of bilateral agreements make? How are the migrants’ rights as workers taken care of, and by whom?

From an initial focus on each migrant’s social capital, we will proceed to examine the ways in which this relates to the structural frameworks for care work migration. The historically and politically embedded structures (legal, social, economic etc.) that enable and restraint care work migration form an important part of the contexts of migration. Formal structural premises are e.g. the legal aspects of immigration, au pair regulations, the authorisation of nurses, as well as bilateral agreements between emigration and immigration countries. These aspects are in turn closely related to the limits or borders of the welfare state, and to discussions about immigrants as welfare consumers vs. welfare producers (Brochmann and Hagelund 2005, Kjelstadli 2003).

From 1999, work was done in order to set up a bilateral agreement to organise the already established stream of nurses from the Philippines to Norway. For reasons that remain unclear, the work was completed, but the agreement itself was not signed. Still, until 2003, nurses migrated from the Philippines to Norway – in 2002 alone, 244 nurses from the Philippines received licenses to work in Norway (NSF 2003). As part of ongoing research (Seeberg, work in progress) we interviewed a former leader of the Philippines Nurse Association in Norway, who confirmed that many Filipinos choose to study nursing because they want to emigrate. She also reported that the Association had been active in setting up the bilateral agreement.

Restrictions on entering Norway as a domestic worker are stricter in Norway compared to other Western countries in which most research on domestic workers has taken place (for example Anderson 2000, Ehrenreich and Hochschild 2003, Hondagneu-Sotelo 2001, Parrenas 2000, 2001). Based on research in Netherlands (Kurian 2004) it seems likely that au pair regulations replace immigrant women’s ordinary access to jobs as domestic workers. The women’s purpose with the au pair job is likely to be the same as for other people migrating from poorer to richer countries: to improve living conditions and achieve upward mobility. Kurian (2004) maintains that from the 1990s many domestic workers came to Europe within the au pair framework. Because other alternatives of immigration are closed, they remain with the au pair alternative, which, together with young age may leave them even more vulnerable for exploitation.

Although migrants include the whole range of people from the most victimised to the most resourceful, international literature shows that there is massive exploitation of immigrant women in the domestic sphere (Hondagneu-Sotelo 2001, Anderson 2000, Ehrenreich and Hochschild 2003, Sandoval García 2000, Parreñas 2001, 2003). Private homes in Norway are not a part of the regulated labour market and one must assume that there is a risk of exploitation, as is shown through the media from time to time. The role as an au-pair is not an ordinary work role. The au pair is supposed to be “part of the family” (Anderson 2000), does not receive ordinary pay but “pocket

money”, and the goal is “cultural exchange”, not work (Kurian 2004). Many who migrate as au pairs may go far in accepting harsh working conditions in order to remain in Norway. In fact, the typical features of au pairs’ work conditions as described by Hovdan (2005) correspond to a surprisingly high degree to those of Norwegian domestic workers a hundred years ago (Sogner 2005).

They may also have a lack of knowledge of their rights, or of where to turn for help. The fear of losing their job and thereby their residence permit will be likely to prevent them from taking action. Whether they find Norwegian or other trade unions helpful is a matter of interest. Filipina au pair migrants may be especially vulnerable as the Philippine authorities oppose au pair emigration (UDI 2005), probably because au pair allowances are too low for any significant level of remittances to result from such contracts. The Philippine “ban” on au pair emigration will most likely make it very difficult for Filipina au pairs to turn to their embassy for help. This in spite of the fact that the Philippine embassy in Stockholm states that it “seeks to address the needs of Filipino citizens in Northern Europe through the provision of invaluable consular services. It recognizes the important role of Filipinos abroad in the economic and social stability of the Philippines” (Philippine embassy 2005).

3. How do the contexts, positions and experiences of au pairs and nurses relate to each other?

May the difference in immigration and emigration regulations which enable the migration of nurses and au pairs to Norway in turn contribute to produce hierarchical differences between the two groups, both related to the jobs they are channelled into and in terms of residence status? What consequences may this again have for their life situations in exile and the ways in which their migration affect the families that are left behind? How may the norms connected to care work influence the way it, and in extension those who do it, are and have been perceived?

As Fuglerud (1996) points out, different official immigration categorisations of people from the same country of origin ascribe different social positions in the country of immigration to people who may not have been that different before immigration. Because people are treated differently according to their ascribed positions, the categorisation will lead to different experiences and thus cause differences in identities and perspectives. For example, two young nurses from the Philippines may migrate to Norway, one in 2003 through the recruitment of nurses and the other, two years later when nurses are no longer recruited, as an au pair. The two different ways of entering Norway may thus form their own and their families’ futures, and their social positions in the communities of Filipinos in Norway, in the Philippines, and elsewhere.

Hierarchisation processes may be increased when immigrants assume what may be regarded as servant roles, including dirty work (Dahle 2004), because of the stigma linked to such positions (Saunders 1981). This may also affect the position of the people who do this work, and how they are perceived. This tendency may accelerate when the care work positions are largely occupied by and therefore associated with immigrants, as immigrants’ low status in society in turn “infects” the work itself (Isaksen 2003, Massey et.al. 1993). This may happen e.g. when au pairs are viewed as domestic servants, or when immigrant nurses are given the dirtiest work (Seeberg and Dahle 2005).

Nurses and au pairs enter different positions in the Norwegian labour market. Yet their reasons for migration may be similar. A previous project including Philippine women (Sollund 2004) revealed that although several of them had higher education and left white collar jobs in the Philippines, they worked as chambermaids in Norway, often following au pair work. This outcome of the migration was perceived as a better alternative than to stay in the Philippines in spite of the fall in social status. Actually, because many related basically to their own reference group these women found that they had succeeded in having a social mobility. The example may indicate that who ends up in which positions may not be determined by formal education.

The work in setting up a bilateral agreement for the recruitment of nurses from the Philippines was given up in 2003 and was followed by a sharp decrease in the immigration of nurses from the Philippines to Norway. We have noted with interest that this coincided with a steep increase in the recruitment of au pairs from the Philippines to Norway (UDI 2005), and will look closer at this eventual connection.

4. Implications for the care giving institutions in the welfare state

How do au pairs influence the families who use their services? How does the presence of migrant nurses influence their workplaces? In which roles and positions do the labour migrants find themselves in care giving institutions in Norway, and what is the effect of their presence on these institutions?

These questions are relevant to the presence of migrant employees in institutions of many kinds, small and large, public and private, from families to hospitals. In the case of nurses, we have already explored some of these questions through the project “Work places in the health care sector: ethnicity, class, gender” (Dahle and Seeberg). The findings from this study will form the basis for our further work on this in the proposed project.

How au pair regulations affect the families who employ au pairs is a relevant issue here, as is the role of au pair regulations and practices in the Norwegian welfare state. In a society with a “gender equality horizon” (Ellingsen and Gulbrandsen 2003) underpinning the welfare state’s model for child care, and where the norm is that parents should share responsibility for their children, parents may feel uncomfortable about leaving the care for their children to an au pair. One issue is if and how this decision may affect their identities as mothers and fathers. Hochschild (2003) maintains that while the migrating women are obliged to migrate and work in the domestic industry, women in the migrant receiving countries have little choice but to employ them in order to fulfil their own career and family obligations. In Norway the situation is probably different. Employing an au pair may be one of several alternatives. Due to the costs it is likely to be an option only for those with a relatively high income. It is therefore pertinent to ask who the people are who employ an au pair. Some people who are in the economical position to choose, may prefer an au pair to a kindergarten and the interviews will reveal if this is indeed so. How the presence of an au pair affects the family in terms of e.g. gender equality is a related issue. In Norway, women aged 16-74 years spend about 4 hours a day for household activities, while men spend about 2 hours and 40 minutes (SSB 2002). In families with an au pair, some of these duties will be transferred to the au pair, to the benefit of the Norwegian women who will then be able to work longer hours. Middle class men may buy themselves out of gender equality conflicts by employing au pairs with the consequences this may have for their own emotional and social position in the family (Isaksen 2003: 193).

In 2002-2003 only 57% of the children whose parents applied for it were offered a place in a kindergarten (Ellingsæter and Gulbrandsen 2003). The shortage of kindergartens may affect the willingness to apply for arrangements like an au pair. The shortage may even increase the market for au pairs, and as such be part of an institutional structure which facilitates immigration. The increase in au pair immigration may indicate that this is the case. In the long run, if the use of au pairs is expanded it may even affect the demand for kindergartens, and consequently the way families with children organise their lives.

Theoretical perspectives

As a point of departure, we find the “global care chain” concept (Hochschild 2000a, 2000b, Hochschild and Ehrenreich 2002, Hochschild 2005 forthcoming) useful, albeit in the need for some revision. Hochschild’s concern is to draw attention to the “care drain” as a much less visible problem than the “brain drain”. She says: “... in addition [to the brain drain] a parallel, more hidden and wrenching trend is growing, as women who normally care for the young, the old, and the sick in their own poor countries move to care for the young, the old, and the sick in rich countries, whether as maids and nannies or as day-care and nursing-home aides. It is a care drain” (Hochschild, 2005 forthcoming). However, many of the women who emigrate as nurses and domestic workers are middle class and well educated (Parreñas 2000, 2003). Working as a nursing assistant, pending authorization, or as an au pair may represent a fall in social status as compared to the jobs held before emigration. In this sense, the migration of nurses and domestic workers represents a care *and* a brain drain (Parreñas 2000).

As Yeates (2004a:370) observes, the concept “global care chain” is “a useful construct with which to analyse the globalization – migration – care nexus”. However, as Yeates also argues, a further elaboration and modification of the concept is necessary. Yeates’ call for broadening the concept is especially relevant: The concept should open for studies of migrant care workers within different professions and with different levels of skill. In other words, the “brain drain” and the “care drain” phenomena should not be separated, but seen in relation to each other. This is one of the things we will do. The concept should also include migrant workers who are not mothers, but who nevertheless have other care obligations, e.g. toward parents or other family members. In particular, attention should be paid “to how the care obligations of migrant workers towards different family/kin members ... are altered by the migration process” (Yeates 2004b:81). In concordance with this, we will include women *and* men who are care workers and occupy different family positions. Further, argues Yeates, the institutions studied should include health, educational, sexual and religious care as well as social care, as well as public and private, state and non-state run institutions. Studying migrant nurses as well as au pairs will contribute to a broadening of the concept in this direction, and will open for a comparison of work and migration contexts. A broadening of the concept along these lines will enable us to “elicit different care chain structures for different migrant care workers, depending on their skill level/occupational position, family status, type of care provided, [and] work setting” (Yeates 2004b:82), as well as explore the links between the different structures.

We will draw on literature on intersectionality in order to analyse the outcome of individual actions, institutional practises, norms, routines and structural relations which may create specific forms of power for the representatives of the majority society and entail specific vulnerability for the minorities (de los Reyes and Mulinari 2005), in order to grasp the situation for the migrant nurses and au pairs. Intersectionality implies an analysis “[c]laiming that systems of race, economic class, gender, sexuality, ethnicity, nation and age form mutually constructing features of social organisation” (Collins 1998:278). According to de los Reyes and Mulinari, an intersectional analysis links different levels of analysis together and may reveal how patriarchal structures are strengthened by racist practices on an institutional level, and thereby deteriorate the situation for the immigrant women who may be exposed to exploitation on an individual level (2005: 9). Like de los Reyes and Mulinari, we would hold that the racialisation that consciously or unconsciously takes place in the white majority’s relationship to ethnic minorities may implicate a hierarchisation, in much the same way as “genderisation” is based on assumptions of biological and cultural differences between men and women. It is necessary to analyse processes of hierarchisation in the light of their specific contexts in order to gain insights into the situation for immigrants. Hondagneu-Sotelo (2001) shows for example that the power relationship between the employers and their employees in the case of Latina domestic workers in Los Angeles was influenced by the domestics’ positions as subordinated; “not only by race and socioeconomic class but also by nationality and immigration status” (p.138). Collins (1998) also emphasises the necessity of an intersectionalist analysis in order to understand class formation, and refers to the importance this approach has had in the understanding of the situation for black women in USA. Just as intersectionality has represented a valuable tool in order to understand complex oppression relationships, we find that it may throw light on the new forms of class formation and oppression that immigration may entail in general, and on the situation for immigrant care workers in particular.

A broadened global care chain concept, together with intersectionality theory will help us to analyse our material as outlined above. We will also draw on theoretical discussions about social capital. Two different concepts of social capital are implicit in much of these discussions. In the Bourdieu inspired understanding of social capital, such capital is viewed as an unevenly distributed resource. In this perspective, inequalities and power relations among individuals and groups that form networks are highlighted. The other tradition, with its emphasis on equality, generally corresponds to the Putnam/Coleman understanding of social capital, where such capital is viewed as a common good. In our project, we will make use of the tension between these two views of social capital in order to analyse our material. It is widely recognized in both traditions that social capital

facilitates upward social mobility. This is also the case when it comes to the form of upward social mobility that migration may often be said to constitute. However, as Alejandro Portes (1998) argues, social capital may both facilitate *and* restrain upward social mobility. In the case of Filipina migrants Parreñas (2003) found that family relationships both pushed and pulled towards migration. As Hochschild and Parreñas have maintained, migrant women depend on a social network to take care of their children. This constitutes a social network which facilitates migration. Through remittances, they provide for their children and their care givers as well as securing their children's education.

Operationalization and implementation

Issues we will address involve the connections between structural conditions on the interplaying and changing global, national and local levels on the one hand and individual life courses on the other. Which contexts are (made) relevant when individuals make and explain and/or legitimise their past and present choices? The empirical basis for the subsequent analyses, aiming to answer the questions formulated in the introduction, will be widened through our studying care work in private homes as well as in public institutions. Through in-depth interviews we will explore implications of the brain and care drain focusing on nurses and au pairs who supposedly are different in terms of cultural capital. Whether this is actually the situation will however be explored through the interviews. Although the au pair and nurse positions are highly feminised, we will include male care workers in order to explore gender differences in the care chain problematic, in migration careers and social capital.

The interviews will be based on semi-structured open ended interview guides. This permits room for elaboration of unexpected findings, but still provides a basis for comparison, both within the project as well as to the interviews conducted by researchers in Canada with whom this project intends to collaborate. Care will be taken to ensure that full anonymity is provided and that ethical standards are rigorously maintained in working with what are recognized as vulnerable groups.

Recruitment of nurses: Through fieldwork in the project "Work places in the health care sector: gender, class, ethnicity" we met people who related to many different contexts when making their choices and more or less actively forming their lives and careers. These were labour migrants, working as nurses or nursing assistants in Norwegian institutions. We will make in-depth interviews with some of these people and with others in similar positions, about 20 people in all. We will use the snowball method to recruit interviewees, starting with the several contacts that we have already established. The interviewees will be men and women with different national backgrounds, with medical or nursing education and they will be working in one of the nursing professions in Norway.

Recruitment of au pairs and au pair families: There will be made strategic samples of immigrant au pairs and families who employ au pairs. It is an intention to interview both those who are currently working as au pairs, as well as au pairs who have previously held such a position, in order to investigate their migration careers. Different nationalities will be included to provide variety as it is assumed f.ex. that au pairs from EU member states may be in a less vulnerable position than Filipinos, as the residence status of the latter will depend on their work permit which is not the case for the first group. The au pair sample including 20-25 au pairs will be recruited through snowball method, through au pair agencies and national organisations. In order to explore the ways the Norwegian families regard and treat their au pairs, for example whether they are they aware of their private lives, and the effects the au pairs have on the Norwegian families, interviews with families employing au pairs, both men and women will be conducted. These families will be recruited through newspaper advertisements, au pair agencies and snowball method. About 20 Norwegian family members will be interviewed.

Policy documents, agents of state and intermediaries: In order to answer the questions about formal structural premises, we will study the relevant policy documents. We will also contact key persons in the relevant government bodies and other active agents in the recruitment of nurses and au pairs and approach them in order to interview them about change and continuity in this field.

In order to explore the effects the migration of care workers have for the families and thus include the whole care chain, we will keep the possibility open for going to the Philippines to do interviews with family members of the migrants selected for interviews in Norway, provided that they agree to such an arrangement. If we do so, we will also try to gain access to a few key persons in the recruitment to Norway on the Philippine side and, if possible, interview them as well.

Total budget and time frame: *Please see application form.*

Strategic significance

The project will be situated in the migration and minority research group and the research group on living conditions and welfare services at NOVA. Various research carried out at NOVA will inform and strengthen the planned project: “Work places in the health care sector: gender, class, ethnicity” (Rannveig Dahle and Marie Louise Seeberg, ongoing); “The working life of immigrant women” (Ragnhild Sollund), and studies linked to the ongoing strategic institute programme on childhood research. Links will also be made to a new strategic institute programme on the welfare state. Micheline van Riemsdijk of NOVA/the University of Colorado is studying the employment of Polish nurses in Norway as part of her doctoral project. From the perspective of patients, Bjørg Moen’s studies of elderly immigrants and their care givers (Moen 2005), is also relevant to our project.

Communication of results: *Please see application form*

Research group: Project management and candidates for fellowships

The research group is interdisciplinary, and brings together expertise in the fields of gender studies, care and welfare studies, work place studies, and migration studies.

Project management: Rannveig Dahle, sociologist and dr. philos.

Researchers: Ragnhild Sollund, criminologist and dr. polit. and Marie Louise Seeberg, social anthropologist and dr. polit.

National collaboration

Anh Nga Longva, social anthropologist and dr. polit., University of Bergen has agreed to write an article together, based on our project and on her research on migrant workers in Kuwait.

International co-operation

In Norway, Canada has been pointed to as a country of particular interest, which “may serve as an important source of inspiration to Norway, through the ways in which it combines a positive and including attitude to immigration with clear expectations and requirements directed toward immigrants” (KRD 2004:27). NOVA should like to build on and develop further the already established connections in Canada, with professor Pat Armstrong at York University and professor Hugh Armstrong at Carlton University, as well as with Leyla AbdelRahim at Montreal University. Our Canadian partners are in the process of planning a parallel project, focusing on migrant care workers in the Canadian welfare state.

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