

ELDERLY CARE PUZZLES IN STOCKHOLM

Strategies on formal and informal markets

Abstract

In “ageing Europe”, there have been widespread developments aimed at the privatisation of elderly care. In tandem, the demand for private domestic services is expanding all over Europe, and elderly citizens are a major part of this demand. Simultaneously, migrant women are increasingly considered the solution to the labour force deficit in the wake of the “care crisis”. This article explores the dual privatisation process in the context of New Public Management reforms and glocalisation in Stockholm/Sweden: namely, what are the consequences to providers and consumers in the elderly care sector and domestic services? In particular, the article highlights the purchase of informal services among the elderly as a part of the “elderly care puzzle”.

Keywords

Elderly care • privatisation • informal labour • domestic services

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Sonja, an elderly person who lives in Stockholm, feels that workers in elderly care are not timely enough and that their cleaning services are not up to standard; “they only clean in the middle of the floor”, do not clean all rooms and “do nothing extra”, their work is “sloppy”. For these reasons, Sonja has opted for a Polish domestic worker she had hired informally for 15 years and combines her services with food and laundry services provided by an elderly care company. This way she avoids having services from an elderly care company where “someone is just rushing around frantically for half an hour”. Sonja stresses that she requires her services “to be done thoroughly; I will not tolerate just about anything”. Sonja is aware of the possibility of getting a tax reduction for domestic services purchased by households, which was introduced in 2007, and she also knows that “the Polish lady” has started working for a domestic service company. Despite her familiarity with affordable options for formally regulated domestic services, Sonja continues to hire services from “the Polish lady” informally. Sonja adds that she appreciates when domestic workers “get involved in their job and are not just in it to make a living”. She thinks “the Polish lady” is being adorable when offering to work for Sonja in her spare time and on weekends. Sonja likes services to be “a bit personal” and mentions that she has appreciated domestic workers coming by her home even outside of their work schedules. Sonja’s approach to her “elderly care puzzle” (Szebehely 2004) illustrates how, in the current era of New Public Management (NPM), the elderly become consumers of care¹ in a market dominated by migrant female workers. Szebehely (2004) defines elderly care puzzles as consisting of private/public elderly care and unpaid

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family care as well as formal/informal domestic services, and the proportions of each type of care depend on the options, preferences and conditions that different groups of the elderly have. Accordingly, Sonja’s elderly care puzzle is not only a matter of her personal choices. Rather, it raises a number of questions as to the meanings of glocalisation in the contexts of the elderly care and domestic services in Stockholm: which options for care and services are available for different groups of elderly who live in this particular setting? What are the consequences when the elderly in Stockholm, as a result of the privatisation of elderly care, become consumers of a market of care and domestic services, within an international division of labour combined with informalisation processes in global cities? In this article, I make a distinction between unpaid family care on one hand (carried out for free by adult children of elderly persons) and paid informal care on the other hand (purchased from informal markets). In other words, I do not use the term informal/informalisation as commonly used in social work research (where it refers to unpaid family care) but as it is commonly used in sociological research, in the sense of informal market relations (Sassen 1994, 1998, 2006).

Theoretically, this article approaches glocalisation (Czarniawska 2002) from the perspective of Saskia Sassen’s (1994, 1998, 2006) work on informalisation as a part of the post-industrial economy in so-called “global cities”. Stockholm is a part of the post-industrial development with a growing service sector where the growing middle class requires inexpensive and flexible goods and services in an informal economy partly constituted by irregular migrant workers. Therefore, according to Khosravi (2006), Stockholm can

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be considered in terms of Sassen's concepts of global cities and informalisation. However, as Czarniawska (2002) points out, global cities are simultaneously localised (i.e. glocalised), as cities are differentiating themselves locally while the world becomes more integrated globally.

Based on an original micro-level study of elderly care clients and providers in Stockholm, I argue that there is a continuum of conditions from the perspectives of consumers as well as providers in the overlapping fields of elderly care and domestic services in Stockholm. Due to the intense competition in Stockholm, some providers need to work harder than others in order to keep their customers. Correspondingly, some consumers need to cut more corners in order to plan for their elderly care puzzle.

Population ageing is a general European phenomenon, as the large cohort of elderly citizens born in the 1940s are nearing retirement. The demographic ageing not only increases the proportion and number of older adults requiring care but also reduces the number of younger adults entering work in the care and domestic service sectors (Leeson 2010). Migrant women are increasingly considered the solution to the labour force deficit in the wake of Europe's "care crisis" (OECD International Migration Outlook 2010). The simultaneous privatisation of elderly care across Europe includes Nordic countries like Sweden, despite their welfare state traditions of public care. As this article will show, in the Swedish context, Stockholm is a unique case. In tandem, there is an increasing demand for private domestic services all over Europe, and elderly citizens are a major part of this demand. Elderly² consumers are a significant group in the expanding domestic service sector in Sweden; customers over the age of 65 are the largest consumer group for private, tax-reduced domestic services, second to families with children (Gavanas & Darin Mattsson 2011, Skatteverket 2011, Sköld & Heggemann 2011). According to Statistics Sweden (SCB), families with dependent children and elderly citizens are the main customer groups for domestic services (Sköld & Heggemann 2011). Thus, the motivation for the privatisation of elderly care is thus and interconnected with subsidisation policies for domestic services, that is, tax reductions for privately funded services targeted at elderly consumers (Szebehely 2011: 111). Moreover, these privatisation processes, and the increasing role of the market for elderly care services, are a part of the international division of labour as migrant women are over-represented among domestic workers in Stockholm (Gavanas & Calleman 2013).

The introduction of tax reductions for domestic services in 2007 was legitimised by the freeing of working women from the burden of taking care of children and elderly relatives (see Prop 2006/07:94), in order to enable them to compete on equal terms with men in the labour market. Thus, not only are the elderly eligible for tax deductions of 50 per cent of the cost for domestic services rendered in their houses, but so are their adult children. In other words, adult children are eligible for tax reductions for services carried out in their elderly parents' homes and therefore do not have to carry out unpaid family care themselves. The purchase of services in informal markets continues to be an option when the so-called "life puzzles" of dual earner families to combine work and child care are merging with the "elderly care puzzles" (Szebehely 2004) of their elderly relatives. Indeed, the idea of a "puzzle" was popularised by the right wing in Swedish political discourse, where customer choice fits very well with the idealised capable consumer in NPM ideology. As we can tell from the number of people (including the elderly) who use tax reductions for domestic services (Skatteverket 2011; Sköld & Heggemann 2011), the puzzles of both the elderly and the dual earner families are

increasingly made using privately funded services carried out by private providers in an expanding private market for domestic and elderly services.

1 Empirical data and analysis

Based on insights from a micro-level interview study in Stockholm,³ this article investigates the Swedish expansion of domestic services in the specific context of Stockholm and its overlap with the privatisation of elderly care and explores this dual marketisation process. Marketisation refers to an increased share of care services purchased from a private market and paid for privately by the elderly customer (Szebehely 2004: 181). In this article, it also refers to additional "top-up" services and other domestic services as well as the increased share of housework that was previously carried out by unpaid family members, which is now purchased on the market for household services, partly as a result of the tax reductions for domestic services introduced in 2007.

Interviews were carried out with 13 providers of elderly care and services (i.e. representatives of elderly care companies, all for-profit except one, as well as two care managers and two employees of elderly care companies), as well as 10 elderly care clients/recipients, during the spring of 2009. The themes raised in the interviews correspond to the analytical themes of this article and were coded accordingly: developments in the alternatives for care and service, preferences among the elderly as well as the perceived consequences of privatisation, customer choice and tax reductions for domestic services. The article focuses on dual perspectives in the context of Stockholm: on the one hand the outlook of elderly persons and, on the other hand, the outlook of representatives at elderly care companies who carry out these services. The provider interviews were theoretically sampled in order to reflect a wide range of company sizes, specialisations and geographic areas in Stockholm. The study was not aimed at being representative of Sweden in general, as there is considerable variety across municipalities in the development and share of public and private elderly care providers. Rather, from the perspective of Stockholm as a "global city", its specificity needs to be taken into account at both transnational and national levels.

The elderly client/recipient interviewees were selected on the basis of having experience of private elderly care and/or privately funded domestic services and were contacted through the main Swedish retiree associations (PRO and SPF) at their local chapters all over the Stockholm area, more specifically, in the socio-economically diverse areas of Alby, Sundbyberg, Södermalm, Kungsholmen, Danderyd and Lidingö, the former being considered traditional working-to-middle class neighbourhoods and the latter middle-to-upper class neighbourhoods. Elderly interviewees represent a diversity of ages, sexes, professional backgrounds and residential areas. However, all elderly interviewees were born in Sweden, which might have to do with the membership base of the major established retiree organisations. Interviewees' previous professions reflected a diversity of working- and middle-class backgrounds; they were former housewives, secretaries, carpenters, nurses, business economists, CEOs, pre-school teachers and cashiers. The interviews inquired about options for care and services, demands and preferences of elderly care clients/recipients as well as the impacts of privatisation, customer choice reforms and subsidised domestic services. All interviews were requested with informed consent and anonymised throughout the entire research process.

2 The elderly as consumers and as recipients of care

Since the 1980s and 1990s, care sectors all over Europe have undergone marketisation under the NPM slogans of customer choice and empowerment although the processes have developed differently in different regions (Szebehely 2004; Ungerson 2004). In Sweden, marketisation has been paralleled by a decline in the coverage of publicly funded services as public resources for elderly care were reduced by 14 per cent between 1990 and 2000 (Szebehely 2011; Szebehely and Trydegård *forthcoming*). In line with recent reform patterns all over Western Europe, Swedish elderly care policies have increasingly framed elderly care recipients as “consumers” of care, with respect to the services they require (Brodin 2006: 37). In Sweden, the 1990s has been described as the decade of marketisation when it comes to welfare services, although the processes have developed differently in different regions (Szebehely 2011: 216). During the 1990s the share of private (publicly subsidised) elderly care quadrupled, and many Swedish municipalities have continued to gradually implement customer choice (voucher) models where elderly persons may choose private and/or public care providers (Szebehely 2004: 180f; 2011). These services are publicly funded, although there is a small user fee related to income and amount of help provided. Since 2002, the municipalities in the Stockholm area have gradually implemented the customer choice model. Between 2009 and 2011 the share of elderly using private elderly service increased from 41 to 45 per cent in Stockholm. As a part of customer choice, private providers may offer so-called “additional services” (*tilläggstjänster*, i.e. the option to “top up” with extra domestic services that are privately funded but subsidised by tax reductions for domestic services). As a result of the tax reductions, elderly care companies subcontract domestic services to domestic service companies. In addition, at a national level, 8.5 per cent of elderly above the age of 75 bought domestic services directly in 2010 (SCB 2012).

The research on the privatisation of elderly care and domestic services for the elderly raises concerns that these reforms will not only disadvantage migrant female workers with limited access to stable and regulated employment (Gavanas 2010b, 2011, 2013; Jönson & Gierzt 2012) but also further disadvantage those elderly who lack the capabilities and resources to act as active consumers on the market (Brodin 2006; Szebehely 2011: 235). Despite the Swedish welfare state tradition of aspiring to provide equal access to elderly care across socio-economic class, the demand for domestic services is partly conditioned by socio-economic polarisation (Milkman, Reese & Roth 1998). So far, as can be expected, the statistics on those who have used the tax reductions clearly show that it is very rare for low income groups, with little income from which to recover the cost, to purchase this type of domestic services, and that the proportion of domestic service consumption increase by income level (Sköld 2009: 24; Sköld & Heggeman 2011). Of the Swedes over the age of 65, 1.7 per cent in 2008 and 6.3 per cent in 2010 had used tax reductions for domestic services (the average for all ages being 4.5 per cent in 2010). Out of those with a yearly income over 400 000 crowns (around 40 000 Euros), 11 per cent had received tax reductions in 2010, compared with 3 per cent of those with a yearly income below 400 000 crowns. Among the elderly and other age groups, the proportion of people who used tax reductions for domestic services increased dramatically by income group (SCB 2012).

In the wake of cuts in publicly funded services, the proportion of unpaid family care has increased among the elderly with lower levels of education (Sand 2007; Szebehely and Trydegård *forthcoming*).

Tax reductions for domestic services are only beneficial to high income elderly when compared with the income-related user fees for publicly funded elderly care services, at least for elderly who require only a few hours of services per week (Szebehely and Trydegård *forthcoming*). Still, the changing proportion of privately purchased domestic services among the elderly remains marginal compared with publicly funded elderly care services, and particularly compared with the large proportion of unpaid family care in the “elderly care puzzles” (*ibid*). The purchase of domestic services is a private (subsidised) complement to publicly funded elderly care services that covers only a limited proportion of the elderly care puzzle as dependency sets in. According to Szebehely (2009), summing up Statistic Sweden’s studies on living conditions in 2002–2005, 15 per cent of the elderly (75+) received elderly care from private or public elderly care providers (*hemtjänst*); one in four among elderly women and one in six among elderly men combined unpaid family care with elderly care, while half of the elderly women and two-thirds of elderly men relied exclusively on unpaid care from relatives. In other words, for a major proportion of the elderly, unpaid care from family members constitutes an important or the only component of their elderly care puzzle, and the proportion of such elderly is increasing as a result of welfare state restructuring (Sand 2007; Szebehely and Trydegård *forthcoming*).

3 Market competition and consumer preferences for continuity and flexibility

Even though differentially distributed, the options the elderly have are changing as they become active consumers in a market (as opposed to passive recipients of care) as a result of the dual marketisation taking place in elderly care and domestic services. Correspondingly, the conditions for workers and companies that carry out elderly care/services are shifting when their work is offered in a market in competition with other providers.

“Flexibility” and adding a “little extra” bonus services for free on top of contracted services is a common strategy used by elderly care companies that are in competition with each other for customers, especially when competition is intense (Svensson and Edelhalk 2011: 17). Thus, five interviewees from elderly care companies in Stockholm spoke of the importance of flexibility, or in the words of one interviewee: “not being fussy about rules and regulations”. Another provider claimed that consumers have the upper hand in the market, and choose the provider who complies with most of their requests. On the other hand I interviewed providers who felt that elderly care companies had the upper hand, and may cut corners to the disadvantage of customers, who may end up receiving fewer services than approved by their care managers.

Continuity is one major preference among elderly care/service customers (Konkurrensverket 2006: 28). In other words, for elderly customers it is often more important that *the same* person comes to work in their homes than *who* it is. In the competition between private and public providers, private companies have an advantage because public providers have a reputation of a high turnover rate and have a large number of staff working at individual customers’ homes. Elderly customer interviewees stressed that it is important to them that domestic/care workers know their routines and are reliable. For example, one elderly interviewee who organises elderly care for her husband said that it takes some time for her husband to formulate his requests. If new workers turn up every day, and possibly even stay a shorter time than for the duration of the time approved by the

care manager, her husband would not have the chance to express his requests.

There were also elderly interviewees who framed their demand for continuity in terms of a bonus value. Basically, domestic/care workers who regularly serve single customers are expected to be more likely and willing to do extra work and thus contribute a bit of a “silver lining” to their services. In addition, elderly customers may partly prefer private domestic services (than publicly funded elderly care) because they felt the former provided better cleaning services.

Among the elderly I interviewed in Stockholm, domestic service companies were considered better, more flexible and more “professional” than elderly care companies, especially when it came to cleaning services. Similar to Sonja, whose case I discussed in the first section, an elderly interviewee, Elsa, had previously hired publicly provided and funded elderly care but changed to privately provided and funded domestic services. Elsa felt that the cleaning services provided by the elderly care company was not good enough. As a matter of fact, she thought it seemed like the elderly care workers had been instructed as to what *not* to do as opposed to what they *ought* to do. In addition, Elsa was surprised that the user fee was quite high. However, after she changed to private domestic services Elsa feels that she is getting more for her money; it is a more expensive option but Elsa felt that she was getting better services this way. In addition, she feels that with private domestic services she was now in command of the services. Previously, Elsa was not accustomed to domestic services as her adult children were helping her out (i.e. providing unpaid family care). However, her adult children are now happy that they do not have to help Elsa, and are paying part of the cost for her domestic services.

4 Demand for migrant domestic workers in elderly care

Migrants are over-represented in the domestic service and the elderly care labour force, especially in Stockholm more than in small towns or villages (Gavanas & Darin Mattson 2011; Håkansson 2012; Jönson & Giertz 2012). In 2009, 63 per cent of new domestic service businesses were started by persons born outside Sweden, and women born outside Sweden constituted almost 40 per cent of new business managers in domestic services (Håkansson 2012: 7). In a study based on material from 2005, 30 per cent of care workers who worked in elderly and disability care in Sweden’s three major cities were born outside the country, when compared with 9–10 per cent in small towns or villages (Jönson & Giertz 2012). In 2008, 14 per cent of care workers nationally were born outside Sweden compared with 10 per cent in 1998 (see Jönson & Giertz 2012). Swedish trends are indicative of wider patterns, as migrant domestic and care workers are generally in high demand in global cities with a high concentration of highly educated professionals (who do not prioritise carrying out unpaid child and elderly care) and migrant low wage service workers (Sassen 2006).

In addition to solving labour shortages, migrant workers are expected to contribute “cultural expertise” and language resources in elderly care, when it comes to elderly customers with migrant backgrounds. Swedish elderly care politics cast the elderly with migrant backgrounds from outside Europe as belonging to “care cultures” with certain “cultural needs” (Brodin 2006).

Migrant domestic workers are in demand in particular due to the demand for “cultural” specialisation that is assumed to be needed for the migrant-background elderly who might not speak Swedish. Thus,

spurred by the possibilities of “customer choice”, there are private care providers who market their elderly care services with “ethnic” profiles such as “Nordic”, “multicultural”, etc. On the one hand, such profiles may correspond to stereotypical thinking within elderly care, and on the other hand the marketing strategies of private elderly care companies may support “old fashioned” stereotypical constructions of ethnicity among elderly customers (see also Näre 2013). In addition to “ethnic” profiles, elderly care companies may profile themselves with other specialisations in competition for customers, like, for instance, an expertise in dementia or diet issues.

Domestic service customers’ conceptions of ethnicity may influence their preferences for care/service workers (Anderson 2000; Gavanas 2006; de los Reyes & Mulinari 2005). For instance, in Sweden, the word “*Polska*” (“Polish lady”) is often a code word for a “cleaning lady”, regardless of the actual nationality or regional background of the domestic worker in question (Björklund Larsen 2010: 106). Furthermore, among Swedish domestic service customers stereotypes prevail regarding, for instance, Eastern European domestic workers as being particularly hard working and willing to add a “little extra” to their services (Gavanas 2006). In domestic service and care markets, such conceptions of “ethnic” worker characteristics may intersect with conceptions of gender. Female domestic and care workers are a standard preference among customers regardless of migration background. However, migrant women are considered particularly suitable in elderly care (Brodin 2006; Sörensdotter 2008; Storm 2008). In addition to gender and migration background, age may be a significant factor as ethnic stereotypes among elderly care consumers are more prevalent towards younger (<30 years) elderly care workers (Jönson & Giertz 2012).

Among the interviewees I met in Stockholm, there were a number of common ways of talking about ethnicity. Some elderly customers with migrant backgrounds preferred workers with backgrounds they considered similar to their own. An interviewee from an elderly care company that profiled itself as “ethnic” said that they operate as a link between their customers and the “Swedish system”. Sometimes “ethnic” providers assist elderly migrants with translation and interpretation in communication with authorities and generally explaining to them how things work. Among interviewees there were also accounts of similar “ethnic preferences” among elderly customers with a Swedish or Finnish background who preferred “Nordic” domestic/care workers. For instance, one interviewee at an elderly care company spoke of conceptions among elderly customers that Finnish workers are hardworking but that Swedish workers are lazy. Furthermore, preferences for a Finnish provider company may mask a “Nordic” preference according to this interviewee; their elderly customers do not want a “foreigner” to come to their house:

That’s what the elderly say; Finnish people know how to work [...]. But then also, our elderly are not so used to foreigners on the streets, and there are many [elderly care] companies who really have many foreigners [working for them], that’s why too. Because they [the elderly customers] know they are getting Nordic [workers if they choose our Finnish profiled elderly care company]: Finnish people are from the North, so to speak. I think that is very significant.

Thus, among these elderly customers “Nordic” domestic/care workers are considered more similar to Swedish people than “foreigners” from other regions. However, we cannot draw too far-reaching conclusions from a micro-level study as the long tradition of Finnish elderly care workers in Sweden has a very complex history,

and there are other studies which suggest that Swedish care users consider Finnish care workers as “foreign” (see Heikkilä in Jönson & Giertz 2012).

In elderly care, language can be considered a foundation for a common identity and common needs (Brodin 2006). In addition to practical concerns about communication, elderly customers’ demands for bilingual domestic/care workers may mask more general ethnic preferences (a “common culture”, etc.). One interviewee at an elderly care company said that there are additional preferences behind customers’ demands for workers who speak their native language: “a common language is not enough”. In addition, he said that these customers require what they consider to be a common culture and history. Conversely, there are elderly Swedish customers/care recipients who conceive of “foreigners” as being more “warm hearted” and coming from “cultures that respect the elderly”. For instance, one elderly interviewee said that “foreigners” are more “caring” and more used to taking care of their parents than “us Swedes”. These ideas are similar to the common conceptions of the specific “care cultures” of “immigrants” in elderly care (Brodin 2006).

5 “Care”, “service” and informal markets

Privatisation, marketisation and NPM-driven customer choice in elderly care intersect with migration, international division of labour and an expanding domestic service market – in Stockholm and in other global cities internationally (Anderson 2000; Ehrenreich & Hochschild 2002; Gavanas 2010; Gavanas & Darin Mattson 2011; Lutz 2011). In Stockholm and other global cities, migrant women have been over-represented in the domestic service labour force since its re-emergence in the 1990s, and the sector has been regulated to a lesser extent than other professions and sectors (Calleman 2007). Survival strategies in competitive, post-industrial labour markets intertwine with processes of informalisation, that is, work carried out and remunerated outside society’s formal regulations (Sassen 2006; Slavnic 2010). The informalisation of labour markets is driven by deregulation, flexibilisation and increasing income polarisation among consumers, as well as the asymmetric conditions of providers competing over consumers. In global cities like Stockholm, the use of informal strategies by companies is a common competitive tactic in order to increase profit margins and flexibility (Sassen 1994:2295).

In the growing domestic service sector in Stockholm, formal actors are partly in symbiosis with informal actors, organised by a range of intermediaries (Gavanas 2010, 2011; Gavanas & Darin Mattsson 2011). Moreover, those who provide and purchase domestic services may use formal and informal strategies interchangeably, simultaneously or consecutively. Elderly domestic service customers solve their “elderly care puzzles” by using formal and informal strategies in markets where migrant women are over-represented. Formalisation (i.e. the increasing number of formally regulated work opportunities) and informalisation (i.e. the increasing number of unregulated work opportunities paid for informally) occur simultaneously as the total demand for care and services is expanding (Lutz 2011; Nyberg 1999).

When discussing privately funded domestic/care services, it is important to note that such services (for instance, tax-reduced additional “top-up” services from private elderly care companies or tax-reduced domestic services) are only a small (but increasing) proportion of the total amount of elderly care/services.⁴ This article

refers to elderly care/services *provided* by private actors and *funded* by either public or private means (or a combination thereof). The latter may concern formal and informal actors. According to Szebehely and Trydegård (2007: 214), privately purchased services (i.e. privately funded domestic services in formal and informal markets) are of limited significance to the elderly when compared with, for instance, unpaid family care and publicly funded elderly care. Moreover, according to Szebehely and Trydegård (2007) privately funded domestic services are more common among the elderly with higher education than those with lower educational degrees.

Elderly consumers are negotiating their options for care and service while taking into account care managers’ definitions for needs tested, publicly funded care – as well as the options to choose from among private and public providers. Among interviewees in Stockholm, the elderly were described as considerably puzzled by an overwhelming amount of options and choices. Moreover, interviewees among elderly customers and elderly care providers were confused about definitions, distinctions and regulations concerning care and service. In the Swedish elderly care sector, there is a general distinction between *care* that has to do with bodily matters (such as showering, eating, getting dressed) and *service* that concerns household matters (such as cleaning, shopping). However, in practice, the lines between care and service may be blurred and shifting. Moreover, adding further to these complexities when discussing this field, in research on elderly care there are different distinction between care and service when compared with those made by local care managers and workers in the elderly care sector. In research, distinctions can be made on the basis of whether the service/care is needs driven or not, where “care” counts as those tasks the recipient is unable to carry out by themselves (Szebehely 1996).

The empirical data in this study suggest, that while the distinction between care and service may serve political or analytical purposes, the different parties in elderly care face a situation where the two are very often intertwined. One provider I interviewed in Stockholm said that the distinction between what is to be considered “care” and what is considered “service” is a situational demarcation issue among the actors involved. Another interviewee from an elderly care company asserted that care and service are inseparable aspects of caring for elderly in their homes: they are like two sides of the same coin. Within these zones of overlap and confusion *between* care and service important negotiations take place and power relations are at stake. Thus, for instance, some elderly customers get “little extra” bonus services for free while others are expected to pay extra for the same services in terms of additional “top-up” services.

Different groups of elderly customers take different positions when it comes to making demands and having them met. According to some interviewees it pays for certain elderly customers to be fussy and persistent: “those who yell the loudest get the most”. Earlier on in their lives, some elderly customers have been accustomed to domestic services, before they started to require elderly care. Based on their previous habits, elderly care/service consumers form different expectations and demands. Certain elderly approach elderly care in terms of a “silver lining” that contributes personally tailored services to their daily lives (such as making special foods and polishing silver ware); others prioritise “professionalism”, while yet others prioritise a “social”, “personal” or “human” touch to their services. While some elderly customers prefer to carry out as many tasks as possible by themselves, there are other elderly customers who expect certain tasks to be carried out by others.

6 Privatisation and informal market solutions

I met some interviewees from elderly care companies in Stockholm who spoke of elderly customers who use customer choice as a means to discriminate against particular workers and threaten to replace those companies that are not willing to comply with their preferences and demands. For instance, one manager of an elderly care company said that there are customers who refuse workers who wear headscarves, or require workers to be young and pretty. However, in their quantitative study of disadvantage among migrant care workers in Swedish elderly and disability care, Jönson and Giertz (2012) found that care workers born outside the Nordic countries reported less criticism from care users than care workers born in Sweden.

In elderly care, as well as in domestic services catering to the elderly, providers are in competition and asymmetrically positioned, for instance when it comes to the possibility of their turning down customers who demand extra services or “flexibility” for free (Gavanas & Darin Mattsson 2011). There is an abundance of private elderly care companies in competition for a limited number of customers. For instance, in the Stockholm area of Kungsholmen there were 87 companies catering to 881 elderly care recipients in April 2011 (Szebehely 2011: 233). However, even as tax-reduced domestic services have also become an available and affordable alternative, they have not obliterated the purchase of informally paid services – neither among elderly consumers or among the Swedish population in general (Gavanas & Darin Mattsson 2011; Skatteverket 2011). Despite the availability of tax-reduced options for domestic services, seven out of the ten elderly interviewees in this Stockholm based study were partly using privately funded services from informal labour markets consisting of migrant workers, primarily from Poland. These interviewees came from a wide range of educational/class backgrounds.⁵

Within a segmented domestic service market where some can purchase tax-reduced private services and others cannot, elderly customers are part of a continuum of formal and informal

consumer and provider groups (Gavanas 2010, 2011; Gavanas & Darin Mattsson 2011). In their “elderly care puzzle”, many elderly customers utilise informal domestic services as a complement to publicly subsidised elderly care and to tax-reduced formal domestic services. The “elderly care puzzles” of the ten elderly interviewees were organised as show in Table 1 (unpaid family care is not included in this table but is an additional piece in the “elderly care puzzles” of these interviewees).

Some of the elderly interviewees had been hiring informal domestic services for several years before requiring elderly care. Others began hiring informal domestic services when their age-related needs started to set in. The interviewees who used informal domestic services had found their informal domestic workers through their social networks (i.e. personal contacts like neighbours, friends and relatives). They might have hired regular cleaning services every month, or temporary services such as window cleaning, spring cleaning, and so on. These interviewees tended to continue hiring their informal services and combine them with privately or publicly provided elderly care. For instance, three elderly interviewees stated that they “have a Polish lady” for many years, whose services they still combine with elderly care. Two interviewees considered the cleaning services provided by their elderly care company to be not good enough, and therefore they turned to other options.

One elderly woman I interviewed said that her “Polish lady” helped her out with “everything”, such as sewing, for instance. For her, the primary benefit of having an informally hired “Polish lady” was to free up more time for the (formally hired) elderly care workers to socialise. Another elderly woman had hired informal domestic services when her age-related care needs started to set in, but she had shifted to formally organised domestic services provided by a “Polish” company because she was unsatisfied with the services provided by her informally hired Bulgarian domestic worker. Wanting to avoid “the hassle of making tax reductions”, another elderly woman had occasionally hired informal domestic services along with publicly provided elderly care even though the “foreigner” who

Table 1. Elderly interviewees and their “elderly care puzzles”

Interviewee	Informal domestic services	Formal domestic services	“Additional”/ “top-up” services	Privately provided elderly care	Publicly provided elderly care
1				X	
2	X	(X)	X	X	
3	X	X			X
4	X			X	
5	X				X
6		X		X	
7	(X)	X			
8	X				X
9		X			(X)
10	X			X	

Parentheses mean that the interviewee had previously used this form of service/care.

provided her informal domestic services did belong to a formally registered company. In other words, for a wide variety of reasons, rationalisations and strategies, informal services are still a part of the “elderly care puzzles” of the majority of my interviewees from Stockholm.

7 Discussion

In this article, I have discussed the inter-relations and consequences of privatisation, informalisation and demand for migrant domestic workers in the “elderly care puzzles” played out in Stockholm as a localised “global city” with its specific constellation of alternatives. Elderly customers are the second largest consumer group for domestic services, and they combine these services with elderly care, informal domestic services and unpaid family care. The interviewees representing elderly care companies and domestic service companies generally expect that the demand from the relatively wealthy generation of the elderly who were born in the 1940s will spur a booming market for care and services. These interviewees conceived the 1940s generation as having higher demands and more expensive habits than previous cohorts, in addition to being accustomed to generous social rights and plentiful economic resources. As one interviewee puts it: “perhaps they [the elderly customers of the 1940s generation] will require staff to carry their golf clubs”. Among interviewees in this study, there were different outlooks and experiences as to the effects of NPM reforms and privatisation of elderly care. Some interviewees claimed that customer choice will strengthen the position of the average elderly person and make domestic services affordable to people from all income groups. Other interviewees claimed that even though customer choice sounded like a good idea on paper, it did not improve the situation of the elderly in practice, because there are no real differences among the options to “choose” from when the elderly plan their care puzzles.

As a result of welfare state cuts, NPM-driven customer choice reforms and privatisation, elderly care is undergoing fundamental transformations in Stockholm. Elderly customers become actors in a rapidly expanding care/service market within a globalised international division of labour and a continuum of informal options where the power and responsibility of the state, the family and the market are confusing. In this situation, it becomes crucial for future research to explore which options are available to different, and asymmetrically positioned, elderly consumers as they plan their “elderly care puzzles”. However, it is also equally important to investigate the ongoing segmentation of the domestic service market in global cities, where migrant women are over-represented (Gavanas & Darin Mattsson 2011). As elderly care and domestic services are privatised and marketised, some providers create “ethnic profiles” to compete for customers. For a number of reasons, there are elderly customers who prefer migrant workers for care and services. These customers may expect migrant workers in the informal labour market to be extra cheap and flexible, and they may conceive of certain migrant workers as possessing certain “ethnic characteristics”. However, constructions of ethnicity may not be the most influential factor affecting preferences either in domestic services or in elderly care. In elderly care, continuity is by far the most significant preference (Gavanas 2011), whereas in domestic services trust is the most significant priority affecting preference (Gavanas & Darin Mattsson 2011; Lutz 2011; Näre 2012).

As a result of marketisation, as well as the increasing number of the elderly using tax-reduced domestic services, we see a localised

segmentation taking place in Stockholm among different groups of elderly and among the differentiated providers of their care/services. The elderly consumers of care and services – and their access to affordable and preferable options – are part of an increasing socio-economic polarisation both within Sweden (Alm *et al.* 2011) and within an international division of labour.

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Notes

- 1 Here, there is a distinction between puzzles with elderly care in terms of home service as opposed to care homes.
- 2 In this article, the term “elderly” refers to persons who require care and/or services dictated by age-related needs.
- 3 I collected this data in 2009 in the FAS-funded project “Care in Transition” (*Omsorg i Omvandling*). I would like to thank Professor Marta Szebehely for the opportunity to participate in this project.
- 4 In order to assess the important changes in the use of private domestic services by the elderly, one would need comparable information since 2007, but no such figures are yet available. In 2004–2005, 15 per cent of the elderly with a minor dependency and 8 per cent of the elderly with a major dependency, hired privately funded services (Szebehely & Trydegård 2007: 210). The remaining proportion is provided by unpaid family care and publicly funded professional elderly care. However, recent statistics on the share of the elderly who use tax reductions to buy domestic services (8.5 per cent of those over the age of 75 in 2010 compared with the national average of 4.5 per cent) suggest a shift in the share of private domestic services in elderly care puzzles (SCB 2012).
- 5 However, these results should be treated with caution; for instance, the interviewees do not represent the elderly with migrant backgrounds—all elderly interviewees were born in Sweden.

References

- Alm, S, Bäckman, O, Gavanas, A & Nilsson, A (eds) 2011, *Utanförskap*, Dialogos förlag, Stockholm.
- Anderson, B 2000, *Doing the dirty work? The global politics of domestic labor*, Zed Books, London and New York.
- Björklund Larsen, L 2010, *Illegal yet licit. Justifying informal purchases of work in contemporary Sweden*. PhD thesis in *Social Anthropology*, Stockholm University.
- Brodin, H 2006, 'Den generella äldrepolitiken och den selektiva äldreomsorgen – om kön, klass, etnicitet och åldrande i Sverige', in *Om välfärdens gränser och det villkorade medborgarskapet* SOU:37, ed. P de los Reyes, Fritzes offentliga publikationer, Stockholm.
- Calleman, C 2007, *Ett riktigt arbete? Om regleringen av hushållstjänster*, Pang Förlag, Säter.
- Czarniawska, B 2002, *A tale of three cities. Or the glocalization of city management*, Oxford University Press, Oxford.
- Ehrenreich, B & Hochschild, A 2002, *Global woman: nannies, maids, and sex workers in the new economy*, Metropolitan Books, New York.
- Gavanas, A 2006, 'De onämnbare: jämlikhet, "svenskhet" och privata hushållstjänster i pigdebattens Sverige', in *Arbetslivets (o)synligamurar*, ed. P de los Reyes, Fritzes offentliga publikationer, Stockholm, pp. 305–348.
- Gavanas, A 2010a, 'Privileged irresponsibility, structural responsibility and moral contradictions among employers in the EU domestic work sector', in *Gender equality, citizenship and human rights - challenges and controversies in China and the Nordic countries*, eds P Stoltz, M Svensson, S Zhongxin & Q Wang, Routledge, London.
- Gavanas, A 2010b, *Who cleans the welfare state? Migration, informalization, social exclusion and domestic services in Stockholm*. Research Report 2010/3, Institute for Futures Studies. Available from: <<http://www.iffs.se/wp-content/uploads/2011/06/who-cleans-the-welfare-state.pdf>>.
- Gavanas, A 2011, 'Informella arbetsmarknader', in *Utanförskap*, eds S Alm, O Bäckman, A Gavanas & A Nilsson, Dialogosförlag, Stockholm.
- Gavanas, A 2013, 'Svart och vitt i äldres omsorgspussel. Hushållstjänster och privatisering av äldreomsorgen i Stockholm', in *Rena hem på smutsiga villkor? Hushållstjänster, migration och globalisering*, eds A Gavanas & C Calleman, MakadamGöteborg.
- Gavanas, A & Calleman, C 2013, *Rena hem på smutsiga villkor? Hushållstjänster, migration och globalisering*, Makadam, Göteborg.
- Gavanas, A & Mattsson, AD 2011, *Bland Rolexklockor och smutsiga trosor. Om skattereduktioner och segmentering på den svenska hushållstjänstemarknaden*. Arbetsrapport/Institutet för Framtidsstudier. Available from: <http://www.iffs.se/wp-content/uploads/2011/11/Arbetsrapport_2011_nr.7.pdf>, p. 9.
- Gavanas, A & Williams, F 2008, 'The intersection of child care regimes and migration regimes: a three-country study', in *Migration and domestic work: a European perspective on a global theme*, ed. H Lutz, Routledge, London, pp. 13–28.
- Holzmann, R & Munz, R 2004, *Challenges and opportunities of international migration for the EU, its member states, neighboring countries and regions: a Policy Note*. Institute for Future Studies, Stockholm. Available from: <<http://www.iffs.se/publikation/challenges-and-opportunities-of-international-migration-for-the-eu-its-member-states-neighboring-countries-and-regions-a-policy-note/>>.
- Håkansson, M 2012 'Många nya företag i städbranschen', *Välfärd* 1/2012.
- Jönson, H 2009, 'Is it racism? Skepticism and resistance towards ethnic minority care workers among older care recipients', *Journal of Gerontological Social Work*, vol. 49, no. 4, pp. 79–96.
- Jönson, H & Giertz, A 2012, 'Migrant care workers in Swedish elderly and disability care: are they disadvantaged?', *Journal of Ethnic and Migration Studies*, vol. 39, no. 5, pp. 809–825, DOI:10.1080/1369183X.2013.756686.
- Khosravi, S 2006, 'Territorialiseraad mänsklighet: irreguljära migranter och det nakna livet', in *Om välfärdens gränser och det villkorade medborgarskapet*, SOU:37, ed. P de los Reyes, Fritzes offentliga publikationer, Stockholm, pp. 288–310.
- Konkurrensverket 2006, 'Kvalitetskonkurrens och kundval inom kommunal äldreomsorg', *Konkurrensverkets uppdragsforskningsserie 2006:6*, Konkurrensverket, Stockholm.
- Leeson, GW 2010, 'Editorial. Migrant carers – saving or sinking the sustainability of Eldercare?', *Population Ageing*, vol. 3, pp. 1–6, DOI 10.1007/s12062-010-9027-z.
- Lill, L 2007, *Att göra etnicitet – inom äldreomsorgen*. (Doktorsavhandling, Arbetslivsinstitutet Syd, Malmö Högskola.
- Lundborg, P 2003, 'Östutvidgning, arbetskraftsinvandring och social välfärd', in *Den gränslösa välfärdsstaten*, ed. P Blomqvist, pp. 154–174.
- Lutz, H 2011, *The new maids. Transnational women and the care economy*, Zed Books London and New York.
- Milkman, R, Reese, E & Roth, B 1998. *The macrosociology of paid domestic labor*, *Work and Occupations*, vol. 25, pp. 483–510.
- Nyberg, A 1999, 'Hemnäramarknadstjänster – kvinnors befriare?', *Kvinnovetenskaplig tidskrift*, vol. 20, no. 3, pp. 31–48.
- 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 2013, '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, pp. XXXX, DOI: 10.2478/v10202-012-0017-5.
- de los Reyes, P & Mulinari, D 2005, *Intersektionalitet. Kritiska reflektioner över (o)jämlighetenslandskap*, Liber, Malmö.
- de los Reyes, P, Molina, I & Mulinari, D 2006, *Maktens (o) likaförklädnader. Kön, klass och etnicitet i det postkoloniala Sverige*, Atlas Akademi, Stockholm.
- Da Roit, B & Le Bihan, B 2008, 'Cash-for-care schemes in Austria, Italy, France and the Netherlands. Effects on family support and care workers', Paper presented at "Transforming elderly care" conference, Copenhagen, June 26–28.
- Da Roit, B & Naldini M 2008, 'Migrant care workers as means to reconcile work and family. A shift in the Italian family-based care model?', Paper presented at "Transforming elderly care" conference, Copenhagen, June 26–28.
- Sand, AB 2007, *Äldreomsorg – mellan familj och samhälle*, Studentlitteratur, Stockholm.
- Sassen, S 1994, *Cities in a world economy*, Pine Forge Press, London.
- Sassen, S 1998, *Globalization and its discontents: essays on the new mobility of people and money*, New Press, New York.
- Sassen, S 2006, *Cities in a world economy (third edition)*, Pine Forge Press, Thousand Oaks, London and New Delhi.
- Skatteverket 2011. *Om RUT och ROT och VITT och SVART*, Rapport 2011:1.
- Sköld, L 2009, 'Hushållsnära tjänster – mest för höginkomsttagare', SCB, Valfärd Nr 2.
- Sköld, L & Heggemann, H 2011, *RUT vanligast efter 85.Välfärd nr 1*, pp 3–5.
- Slavnic, Z 2010, 'Political economy of informalisation', *European Societies*, vol. 12, no.1, pp. 3–24, DOI:10.1080/14616690903042724.
- Sörensdotter, R 2008, *Omsorgsarbete i omvandling. Genus, klass och etnicitet inom hemtjänsten*, Makadam, Göteborg.
- Storm, P 2008, *Kvinnor och män i avlönat omsorgsarbete. Hur kön kommer till uttryck i tal och handling på ett sjukhem*, Institutionen för socialt arbete, Stockholms universitet.
- Svensson, M & Edelbalk, PG 2011, *Kundval i äldreomsorgen. Stärks brukarens ställning i ett valfrihetssystem?*, SKL, Stockholm.
- Szebehely, M 1996, 'Om omsorg och omsorgsforskning', in *Omsorgens Skiftningar. Begreppet, vardagen, politiken, forskningen*, ed. R Eliasson, Studentlitteratur Lund, pp. 21–35.
- Szebehely, M 2009 'Omsorgsmönster bland kvinnor och män – inte bara en fråga om kön', in *Genus i omsorgens vardag*, eds E Gunnarsson & M Szebehely, Gothia, Stockholm.
- Szebehely, M 2011, 'Insatser för äldre och funktionshindrade i privatregi', in *Konkurrensskonsekvenser. Vad händer med svensk välfärd?*, ed. L Hartman, SNS förlag.
- Szebehely, M & Trydegård, GB (forthcoming) 'Home care in Sweden: a universal model in transition', Manuscript reviewed by the journal *Health & Social Care in the Community*.
- Szebehely, M 2004, 'Nya trender, gamla traditioner. Svensk äldreomsorg i europeiskt perspektiv', in *Framtiden i samtiden – könsrelationer i förändring i Sverige och omvärlden*, Florin och Bergqvist Red, Institutet för Framtidsstudier Stockholm, pp 172–202.
- Szebehely, M & Trydegård, GB 2007, 'Omsorgstjänster för äldre och funktionshindrade: skilda villkor, skilda trender?', in *Socialvetenskaplig Tidskrift*, no. 2–3, pp. 197–219. Available from: <<http://svt.forsa.nu/Artiklar-Socialvetenskaplig-Tidskrift.aspx>>.
- Ungerson, C 2004, 'Whose empowerment and independence? A cross-national perspective on 'cash for care' schemes,' *Ageing & Society*, vol. 24, pp. 189–212, DOI: <http://dx.doi.org/10.1017/S0144686X03001508>.
- Widdingsaksen, L (ed.) 2010, *Global care work. Gender and migration in Nordic societies*, Nordic Academic Press, Lund.