

IDEAL WORKERS AND SUSPECTS: *Employers' Politics of Recognition and the Migrant Division of Care Labour in Finland*

Abstract

The article explores the emerging migrant division of care labour in Finland. Drawing on statistical data, it first discusses how the social and health care sector is increasingly relying on foreign-born workers. Then, drawing on qualitative data and Nancy Fraser's politics of recognition, the article analyses how Finnish employers recognise migrants as potential workers. Although employers seek to resist essentialising differences, migrant care workers are recognised as different from the norm due to their migrancy, that is, social status as migrants. There is an inherent dualism of being ideal and suspect simultaneously that functions as a practice to partially include migrant employees in work-places defined by the norm of Finnishness.

Keywords

migration • division of care labour • politics of recognition • social and health care • elder care • Finland

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1 Introduction

Although the number of foreign workers in health care occupations in Finland is relatively small, there is evidence of an emerging migrant division of care labour in the capital city of Helsinki.¹ This trend is fed by a perception that migrant workers are an answer to the problems of the Finnish welfare state, that is, the care deficit caused by ageing population and worsening dependency ratio.

This article has a two-fold aim: firstly, to explore the emerging division of care labour in Finland and Helsinki by drawing on statistical employment data. The second aim is to investigate how Finnish employers in health care organisations perceive migrant workers as employable workforce. The discussion is based on 14 thematic interviews with employers from municipal and private sectors.

Following Nancy Fraser's (1995, 1997, 2008) work, I analyse what kind of politics of recognition Finnish employers apply when they mis/recognise migrants as employable workforce. My endeavour here is to utilise Fraser's political theory of recognition as a framework to discuss an empirical phenomenon, that is, how politics of recognition are done in everyday practices (on this distinction see Thompson & Yar 2011). Hence, the aim is not to engage in a normative discussion regarding the political theory of recognition.

The article is organised as follows. I start by outlining the theoretical concepts that have guided my analysis followed by a presentation of the empirical data and the research context. I then discuss the empirical findings and present conclusions.

2 Migrant Divisions of Labour and the Politics of Recognition

For long the international literature on globalised care work concentrated mainly on domestic work and the informal employment of carers in private households (see e.g. Anderson 2000; Isaksen 2010; Lutz 2008, 2011; Parreñas 2001). Only recently there has been an emerging research interest to explore the phenomenon in more formal and institutional settings, as well as within welfare state contexts, including skilled migrant labourers and nurses, in particular (see e.g., Cangiano et al. 2009; Connell 2008; Doyle & Timonen 2009; Kingma 2006; Walsh & O'Shea 2009; Wrede 2010; Yeates 2009).

My analysis contributes to the growing literature on the employment of migrant health care workers in Nordic countries and Finland in particular (Laurén & Wrede 2008, 2010; Lill 2007; Näre 2012; Nieminen 2011). However, while the existing Finnish literature on the subject has concentrated specifically on the question of acceptance of foreign qualifications and on the experiences of migrant background workers (Kyhä 2006; Laurén & Wrede 2008; Nieminen 2011; Nieminen & Henriksson 2008), the employers' perspective has been overlooked. This article seeks to address this lacuna by exploring Finnish employers' politics of recognition in relation to health and social care labour.

The approach adopted in this paper understands the employment of migrant workers in health care work as an example of how globalising

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socio-economic forces, such as migration, international recruitment and New Public Management doctrines, affect health care work in its local practices and modes of organisations on the one hand, and how, on the other hand, the locally organised health care work practices and organisations resist, adapt and transform the globalising forces into something new which in this Special Issue is termed glocalising care work. A crucial dynamic in this process is the employment of migrant labour as flexible labour force (see also Misra et al. 2006).

In their book *Global Cities and Work* Jane Wills et al. (2010) discuss Karl Marx's formulation of *surplus labour-power* as a necessity for capitalist accumulation. Wills et al. (2010) argue that while in the 19th century, the surplus labour-power was mainly local, today it is primarily international due to the development of the modern welfare state. This allows the potentially available native labour force to remain living on welfare entitlements instead of accepting unattractive jobs, which then leads into a *migrant division of labour*. In fact, while the capitalism in the industrial era depended on 'the constant transformation of a part of the working population into unemployed or semi-employed "hands"' (Marx [1867]1990, 786) and then employable with lower labour costs, nowadays it is the service industry that requires such flexible, inexpensive surplus labour power. Accordingly, we can speak of the creation of a service surplus labour power, which is glocalised partly through the postcolonial perception of the global South as a source of unlimited labour for the Northern labour markets (Näre 2012).

This analysis, however, says very little about the dynamics on a more micro-level. How does the macro-level demand for surplus labour force translate into micro-level employment practices and preferences? We need to pay attention to how migration status positions people hierarchically within particular job sectors, such as services or health care. I have elsewhere maintained (Näre 2013) that as social scientists we should start analysing *migrancy* as a social category in its own right. If we understand migrancy as a social category with classificatory effects, we can start to explore the dynamics behind an emerging migrant division of labour. The notion of 'migrant division of labour' refers to the fact that labour markets are stratified on the basis of immigration status and the ensuing lack of social citizenship entitlements, including access to welfare and unemployment benefits, inexpensive housing, political and civic participation and so forth. As Wills et al. (2010: 6) argue, 'Migrant workers are attractive to employers precisely because they are migrants', in other words their migrancy makes them potentially attractive labourers (for similar findings on the importance of citizenship in labour markets in the United States, see Hudson 2007).

This paper offers a tentative step towards such an analysis by exploring how migrant background workers are positioned in the social and health sector in Finland and what kind of workforce they are recognised as. Besides relying on available statistical and research data, I analyse qualitative interviews with employers in the elderly care sector in order to address the question of micro-level dynamics behind a migrant division of labour.

In my qualitative analysis, I draw on Nancy Fraser's formulation of a critical theory of recognition (Fraser 1995, 2001). According to Fraser's definition, recognition signifies the acknowledgement of 'the status of group member as full partners in social interaction', whereas misrecognition signifies '*social subordination* in the sense of being prevented from *participating as a peer* in social life' (Fraser 2001: 24, emphasis in the original). Moreover, Fraser's status model of recognition emphasises the importance of structural effects or what Fraser terms 'institutionalised patterns of cultural value', which constitute actors either as peers or as 'inferior, excluded, wholly other

or simply invisible' (ibid.). Misrecognition should then be understood as both cause and effect of various kinds of social inequalities and as typically providing 'spurious justifications for structural inequalities, attributing them to differences in individual or group worth' (Sayer 2011: 88).

Accordingly, my intention here is to analyse how forms of misrecognition related to *migrancy* as a social status can function as a basis for exclusion and discrimination. *Migrancy* has a potential to come with institutionalised patterns of cultural value, which (often) assign the 'migrant' a status of inferiority, otherness and difference, rather than a status of a peer at par.

These institutionalised patterns of cultural value have a material basis, or in Nancy Fraser's terms, they relate to redistributive justice. In Fraser's definition (Fraser 1997: 14) *maldistribution* has three dimensions: exploitation, economic marginalisation and the denial of an adequate material standard of living. In most countries, migration status comes with unequal access to welfare state and housing benefits, full political participation and so forth. Moreover, in the case of the migrant who is misrecognised as an unskilled worker regardless of actual skills or exploited in work due to his/her migrancy emphasises the importance of acknowledging the fundamental interconnectedness between recognition and redistribution, or as Fraser has put it: 'no recognition without redistribution' (Fraser & Naples 2004: 1122). I therefore adopt an intersectional approach to the question of recognition and redistribution, which draws attention to the simultaneous workings of social categories as multiple bases of inequalities (see e.g., Brah & Phoenix 2004; Collins 1998; Crenshaw 1994; Lutz et al. 2011; Yuval-Davis 2006). Nira Yuval-Davis (2011) has argued that dichotomy of recognition and redistribution politics can be misleading while 'the politics of intersectionality can encompass and transcend both' (Yuval-Davis 2011: 155). I argue slightly differently that an intersectional perspective is an important *addition* to the politics of recognition and redistribution, as well as political representation – the third dimension of social justice discussed by Fraser and overlooked in this article (Fraser 2008). While intersectional approach draws attention to differences within groups and between groups (McCall 2005), as a concept it says very little of the (material, symbolic, political) bases of inequality. This is why I consider both approaches useful.

3 Empirical Data

The empirical data was collected as part of a larger research project which explores the occupational subjectivities of migrant elderly care workers in Finland. Within the project, we collected qualitative data at various research sites, including in a large municipal elderly care home, in home-based elderly care and amongst private elderly care companies. The interview grid was reworked jointly and several researchers including myself conducted the interviews.

I draw on two sets of data in my analysis: basic statistical data on employment (työssäkäyntitilasto) available on request from Statistics Finland and qualitative interview data. The statistical data are the only employment-related statistics that include foreign nationals and individuals with foreign background born in Finland (a new variable currently in test-use) provided by Statistics Finland. For instance, survey data, such as the Finnish Labour Force Survey does not differentiate nationality. The data are mainly derived from administrative registers and statistical data files, and the population for the statistics is the permanently resident population in the country on the last day of the year.

The qualitative data consist of 14 semi-structured interviews with human resource managers and recruiters in private and public care agencies (N=7), as well as head/ward nurses and managers in a big municipal elder care home (N=7) where over a third of the staff have a migration history and the organisation has workers from 23 different nationalities (see appendix). Three interviewees were men compared to 11 women, which reflects the gender division in health and social care sector. For the sake of simplicity, I call all the interviewees *employers*, as all are responsible for hiring workers although the employer, strictly understood, can be the company or the city of Helsinki. All the interviews were conducted in the Capital City area, but most of the private care companies operate all around Finland. The data reflects best the situation in the capital area, and is limited in relation to other municipalities in Finland.

The interviews were conducted between spring 2010 and 2012, they were digitally recorded and manually transcribed. The data corpus amounts to 336 pages. I conducted most of the interviews (12 out of 14) and two were done by a colleague working on the research project. The interviews lasted from 1.5 to 2.5 hours and dealt with questions ranging from the everyday organisation of the work to recruitment and management. In the first stage of analysis, the transcripts were organised and analysed using thematic content analysis (see e.g., Silverman 2006) guided by the research questions. This thematic analysis meant selecting those interview passages that dealt with the specific questions of employing migrant background workers and analysing them by looking at similarities, differences and content. In the second stage of analysis, a more in-depth analysis was made using the theoretical notions on recognition and migrancy. The interview quotes presented in the analysis are selected as representative examples of the data which illustrate well the theoretical discussion.

4 The Emerging Migrant Divisions of Care Labour in Finland and in the City of Helsinki

Although migration is constitutive of Finnishness already before the nation-state of Finland existed and the idea of a homogenous Finnish population a myth, globalised migration movement are more recent. In the 1990s, migration to Finland was mainly humanitarian and for long the foreign population was very small. Nowadays, according to the most recent available statistics from 2011, 4.5% (244,827) of the population of 5.4 million people spoke another mother tongue than one of the three official languages (Finnish, Swedish or Sami) and 3.4% of the population were foreign nationals (Statistics Finland 2011). These figures are small compared to the average of other 27 EU countries (6.4%). However, the rate of increase of immigration, particularly to the capital city of Helsinki, is among the highest amongst the OECD countries (OECD 2008). The yearly increase in immigration has been 12 to 16% in 2008 and 2007, respectively (OECD 2010). Also, if we consider that there are people from 174 countries in the world living in Finland (Statistics Finland 2012), mostly in the metropolitan area of Helsinki, Espoo and Vantaa, it is not far-fetched to say that the metropolitan area constitutes a 'super-diverse' space (Vertovec 2007).²

Labour migration to Finland is an even more recent phenomenon. From the 1990s until early 2000s, work constituted only 5-10 % of migration to Finland (Työministeriö 2006). Labour migration began to increase after the changes in the Alien Act of 2004 in which the conditions for acquiring labour-based residence permit were relaxed. In 2006, labour migration was made into an

objective of the government's migration policy for the first time and since then there has been a clear increase in labour migration in Finland. In 2008, 40% of the granted new permits were for work and although there has been some decrease in the number of work-based residence applications, nowadays work constitutes approximately 30% of the granted new residence permits in Finland (Migri 2013).³

If we consider international mobility of health care professionals and the global care markets, Finland is a rather new actor. Until the late 1990s, the country was mainly sending nurses abroad, particularly to other Nordic and European countries, and it continues to be a 'source' country for nurses. In 2007, only 2.2% of the nurses working in Finland were of foreign background, while about 5.9% of nurses licensed in Finland worked abroad (Kuusio et al. 2011: 163–167). The majority of foreign health professionals have come from EU, EEA or the Russian Federation (Kuusio et al. 2011: 166). Despite these low figures, there has been a growing interest in foreign recruitment of nurses in Finland and there are important initiatives to develop recruitment of health care professionals abroad. In 2010 alone, there were over 20 ongoing projects funded by the European Social Fund aimed at developing and promoting means to attract migrant labour into the country (Mannila & Parviainen 2010: 8). Characteristic to these projects is that they focus on creating recruitment models and good recruiting practices, rather than actually implementing *de facto* labour recruitment.

Based on the most recent available statistics from 2009, the number of foreign citizens working in social and health care sector was relatively small, 3.4%, which is representative of the fraction of foreigners in Finland (see Table 1). Table 1 also reveals that cleaning was by far the job with the highest percentage of foreign-born workers (13%), followed by kitchen helpers (4.9%) and hospital/nurses' aids (4%). Foreigners are then clearly over-represented in the lower echelons of social and health care jobs.

Moreover, looking at health sector professions only, we can detect a clear increase in the share of foreigners in these occupations from 2000 to 2009 (Table 2). Table 2 also shows that the most common health care occupations for foreigners in Finland are doctors on the one hand, and assisting occupations (such as hospital aids) on the other hand. Remarkably, there are no foreign citizens who are working as head nurses in Finland and practically no ward nurses with migration background.

The statistical data then supports findings from other studies which have demonstrated that new ethnic hierarchies, and I would add hierarchies based on migrancy, are emerging in health care occupations (Doyle & Timonen 2009; Laurén & Wrede 2008). Also, Nieminen (2011) has shown that there has been a clear policy intention and employment practice to direct foreign-born nurses to elderly care. This trend is statistically detectable especially in the city of Helsinki.

Similar hierarchies based on migrancy seem to have emerged amongst doctors. Doctors with a migration history have found work especially in the public sector, particularly in the public health centres (*terveyskeskus*) where the working conditions have been eroded by New Public Management reforms (see e.g., Wrede et al. 2008) and where the salaries are lower than in the private sector. In fact, 80% of the foreign doctors in Finland work in the public sector compared to 69% of Finnish doctors. Foreign doctors are also over-represented in the public health centres (33% of foreigners work in the health centres, compared to 22% of all doctors) (Lääkäriallitto et al. 2010).

The picture differs slightly when we look at the past ten years of development in the City of Helsinki where most migrants are employed. Table 3 tells us that the number of foreign nationals employed in social and health sector has almost tripled and that their share of total employed in social and health sectors has increased from 2.7 to 6.1% in 2001–2009.⁴ Moreover, the number of foreign nationals employed in elderly care has more than tripled and the percentage is now 10.5% which is significantly higher than the fraction of foreigners of the total employed in Helsinki. Migrant workers are then over-represented in elderly care sector in Helsinki, which confirms that a migrant division of care labour is emerging in the country's capital city.

The statistical data does not take us very far in the analysis of migrant divisions of labour, which is why I now turn to explore the same question using the qualitative interview data.

5 Employers' Politics of Recognition

The question of recruitment and employment of migrant workers in the workplaces was approached through various questions in the interviews. We asked the interviewees to reflect on their experiences on working with migrant workers, whether there are differences between Finnish and foreign background workers and how many migrant background workers are employed in the workplaces. The strategy adopted in our research was to ask directly also about sensitive issues such as possible recruitment preferences. However, we formulated questions in a way that allowed the research participants a possibility to refuse the categories offered by the researcher. We used terms such as foreign worker (*ulkomaalainen työntekijä*) and workers with a migration background (*maahanmuuttajataustainen työntekijä*) interchangeably. In the interview situation, these were then openly offered categories and in many times also contested by the research participants (see Olakivi 2013). By asking the interviewees *are there any differences between Finnish and foreign background workers*, we explicitly stated difference as a reference between Finnish and migrant workers, hence stating the often unstated hegemonic position (cf. Minow 1990). However, the question was neutral in the sense that it did not impose any hierarchies or suggest that difference would mean unequal. It is then interesting to explore how the question of difference was understood by the employers, in short, what kind of politics of recognition the employers applied.

What emerges from the interviews is that while many employers felt ambiguous towards the question and tended to refuse the idea of simplistic ethnic or national differences between Finnish and foreign-born workers, all interviewees were able to produce intersectional differences based on nationality, culture, 'race', gender and/or migrancy quite easily and without probing. All the interviewees then agreed with the idea that there are differences between Finnish and migrant workers.

In many cases the interviewees could express ambiguity towards essentialist group differences and acknowledge the existence of differences in the same breath, as is illustrated by the following quote from the interview of a head nurse:

I cannot divide [people] into two. I think there are good, and then there are challenging Finns exactly the same way [as foreigners], the nationality does not have an effect. But I myself I have been (...) teaching these migrant students (...) and yes they are kind of nicer and easier to the superior and maybe you could say that they are kinder. But I wouldn't say that Finns, I cannot divide in two, the nationality does not bring [any difference] to it. (I10)

Significantly, the head nurse seeks to refute simplistic recognition of group-based differences, and explicitly refuses nationality-based classifications. This initial refusal is however contradicted in the next sentence when she creates a difference based on migrancy by pointing out that students with a migration background are often easier and nicer to the superior than Finns.

For many employers the question of difference was so ordinary that it was in some cases brought up by the interviewees even before the question was posed:

Q: *Can you tell me about your experiences...*

A [interrupts]: *What do you want to hear, many ask how do they differ? I have always been asked if there is something [different].*

Q: *Ok so I'll ask that.*

A: *Well, yes they differ. What I have noticed is that the relationship to the elderly is completely, or it is often different,*

Table 1. Percentage of foreigners in Social and Health Sector (SHS) in Finland in 2009

	Foreigners
Doctors	3.7
Dentists, dental hygienists	1.9
Registered nurses, midwives etc.	0.9
Head nurses	0
Ward nurses	0.1
Other health sector specialists	1.4
Hospital aids, nurses' aids	4
Practical nurses	1.8
Dental nurses	1.0
Social sector specialists	0.6
Social instructors	1.1
Home aids and care assistants	1.3
Personal assistant, etc-	2.2
Social assistants	2.0
Child carers and nursery aids	2.1
Cleaners	13
Kitchen helpers	4.9
Kinder garden teachers	1.0
Total	3.4

Source: Statistics Finland, Employment Statistics, 2009

I don't say completely. Often different, that it is respectful. And now I generalise, because there can be exceptions and so. (I13)

Many interviewees confirmed this notion that migrant workers are more respectful towards older people. This was stated in many interviews as a quality which brings 'richness' to the workplace and as something which Finns could learn from (I3; I8; I7; I9; I10). The perception that migrants are more respectful towards care-receivers resonates with findings from the United Kingdom (Cangiano et al. 2009: 93). This kind of politics of recognition is an example of what Fraser has termed differences which merit revaluation, that is, the 'view that the differences that members of oppressed groups evince are marks of their cultural superiority over their oppressors' (Fraser 1995: 180).

Another characteristic that was brought up in the interviews was the fact that migrant workers are more committed to their work, more flexible and have a generally better work ethic than Finns:

I am happy to take, I like migrant background [people], they are in most cases (...) they have flexibility. They have flexibility in a different way, they really have, and they want to do the job. (...) But of course you can see in the migrant background [people] that they might not have got the job so easily than a Finn gets the job, so it shows in a different way then. That's why the flexibility can be found there so wonderfully. I think it's really wonderful to see (...) from the perspective of the employer we at least want, we very much want to acknowledge these migrant background people. (I14)

In this particularly candid statement, the employer reveals well how the migrant workers' weaker position and the discrimination they encounter in the Finnish labour markets leads to qualities which from the employers' perspective are very attractive: being flexible at

any cost. This resonates also with the statement by the head nurse, according to which migrant workers are kinder and easier for the employer, that is, malleable and compliant labour. Similar findings have been made in the United Kingdom in relation to low-skilled labour markets in general (Dench et al. 2006; Wills et al. 2011) and in relation to care labour in particular (Cangiano et al. 2011). These perceived characteristics, including the 'innate' respect for old people and flexibility, make migrant workers in many ways *ideal* workers or *wanted workers* as one of the interviewees put it (I13) (see also Gavanas 2013).

Having to yield to increasing flexibility demands is a manifestation of the migrants' structurally unequal position in the labour markets. The employers' misrecognition of migrants as different to Finns reinforces the social subjugation of migrants in the work places. The politics of recognition based on migrancy is then closely connected to maldistribution, to the fact that migrant workers can be easily exploitable in work (Fraser 1997).

6 Intersecting Inequalities: Migrant Workers as Suspect

As research on migrant workers' (Forsander 2002) and migrant nurses' employment in Finland (Nieminen 2011) and in the United Kingdom has shown (Cangiano et al. 2009; Dench et al. 2006), language skills is a key issue in relation to migrants' access to employment. Also in this research, lacking language skills was mentioned by all the interviewees as the main difference characterising migrant workers:

Yes all people are different. But the biggest difference might be these language skills. And this I think is the most important difference, which influences how we recruit. That one should be able to talk Finnish because our residents are in any case... you should be able to communicate with them. (I9)

Table 2. Foreign nationals in different health sector professions in 2000 and 2009 in percentages in Finland

Foreign nationals	% of all 2000	% of all 2009
Doctors	1.8	3.7
Registered nurses, midwives etc.	0.3	0.9
Ward nurses	0.0	0.1
Hospital aids, nurses' aids	0.9	4
Practical nurses	0.5	1.8

Source: Statistics Finland, Employment Statistics, 2009

Table 3. Percentage of foreigners in social and health sector (SHS), in elderly care and in the employment in the City of Helsinki 2001-2009

	2001	2002	2003	2004	2005	2006	2007	2008	2009
Foreigners in SHS	2.7	3.0	3.0	3.5	3.8	4.3	4.8	5.6	6.1
Foreigners in elderly care	2.5	3.0	3.4	4.0	4.8	5.9	7.2	9.0	10.5
Foreigners of all employed.	3.8	4.0	4.1	4.4	4.8	5.3	6.0	6.7	6.9

Source: Statistics Finland

The idea of lacking language skills was then not only an effective way to justify discrimination in employment (Olakivi 2013), but also a way to legitimise much more fundamental exclusion. Consider how a manager of private care company answers the question of whether they employ workers with a migrant background:

When the average age of our clients is 84 years, they are very old, it is extremely important that the employee speaks good Finnish and that [s/he] is understood (...) we cannot think that we employ someone who does not speak Finnish properly. (...) and we are also asked if the workers are Finnish.

Q: So the clients ask?

A: Yes and the relatives. It's also an important aspect for them. (...) and if we think about our current clients, whose average age is 84 years, it is quite understandable that they ask if the worker is Finnish or their relatives. They are the generation who have seen the war (...) some of the war veterans and others ask that they aren't Russian or anything, they still have those strong experiences there. (11)

Several important issues are illustrated in this quote. Firstly, there is the notion of speaking Finnish *properly* and having *good* Finnish skills, which is a highly subjective matter. In fact, other research has shown that merely having a 'foreign' accent can be used as an efficient means to 'do' inequality in work (Näre & Cleland 2012) and to discriminate in employment (Ahmad 2005). Secondly, this quote illustrates well how the question of lacking proper Finnish skills easily transforms into a requirement of a specific ethnicity, which has nothing to do with skills. By demanding that the migrant worker has no 'foreign' accent, the workers are in fact required to be ethnic Finns. Thirdly, the requirement of ethnic Finnish nurses is justified by emphasising the old age of the clients and their experiences over 50 years ago during the Second World War. In this way, any employment discrimination of foreign-born workers can be justified with the perceived racism of the old clients. These accounts demonstrate how the demand for language skills – especially when including a demand for a certain accent – can operate as a form of ethnic discrimination.

The racism of the care receivers was also brought up in another interview with a human resource manager of a private care company who spoke about a recent hire of the first 'black man' in the company as follows:

M. has been working with us over a week and he is a man and he is completely black, so... hmmm... I have had to work with our client, one demented old person had not opened the door for him (...) and we get that feedback, so people also have prejudices, and we have rich elderly people, who are used to certain (ironically) that if a man comes, let alone dark skinned man then it's really... but as I say to our employees that all the clients are equally important and valuable, the same way I say to our clients that all our employees are, that I cannot discriminate any of my employees because he is a man or because he is dark skinned. (...) But I cannot be smoothing out the path of one person all the time either. (13)

This quote also points towards intersectional differences within the category of 'migrant worker' as well as 'the elderly client': rich clients are used to having a choice in regard to their caregivers, a choice not necessarily granted to clients with lesser economic means. Moreover, the human resource manager's emphasis on the worker's

sex, and 'race' implies that the discrimination he is encountering is based intersectionally on his gender and race. As in the previous quote, also in this one, the employers revealed that they cannot do much to change the racist attitudes of older people. Although the employer has the goodwill that everyone should respect each other, she is reluctant to take any significant measures to help the worker who has encountered racism. It is then the employee who has to bear the responsibility and the burden of being different on his own.

Analysing the interviewees' politics of recognition also revealed more implicit forms of exclusion. It was clear from the interviews that the *norm* and the taken-for-granted point of reference is the Finnish nurse and the Finnish workplace. The 'us' are the Finns, and the other is the migrant:

In the end I don't know. Of course they are usually very respectful to our residents, but so are also our own [laughs] or Finnish nurses, they also are respectful. (...) I think that the more of them there are here, you don't think about it anymore (I11, emphasis added).

Although again the employer first seems to resist the idea of axiomatic differences between Finns and migrants, she nevertheless ends up constructing a fundamental dichotomy between us and them, *our own* Finnish nurses and the foreign nurses. She continues on the subject of difference:

The question of language skills is one of those [special issues]. We have an ongoing Finnish language course, and although one would learn to speak, then also the writing, because we have so much documentation, so it is challenging, and probably burdens, or not probably, but does in fact burden our permanent staff in the units, until these, learn, these foreigners. (I11, emphasis added)

This quote illustrates well the exclusionary divide between permanent Finnish staff and temporary foreign staff; although in the care home, foreign background workers were also employed permanently.

Moreover, the subtle forms of exclusion were revealed in the ways the employers recognised different groups of people as employable:

As I said we have many kinds: we have pensioners, we have students, we have these life style temps, who choose when to work. (...) And then if we talk about migrants, we are a big employer of migrants (...) so in general if you think about temporary work and migrants, it depends a lot on, how could I say, just as Finns, anybody, we are all different, that temporary work is for anyone a challenging job because the job place always changes (...) you are always new. This of course means that the language skills need to be good. In temping work you are no longer taught the job, (...) then as a catering worker, as a chef, you have to have chef's education, in catering it's enough that you have experience (...) And home care has its own challenges. You have to have very good language skills, because you are completely alone. (14)

Tellingly, the categories of 'pensioner', 'student' and 'life style temp' are all understood as occupied by native Finns, which signifies that one is employable and by definition competent (see Dahle & Seeberg 2013). By the same token, the category of 'migrant' is automatically suspect and only conditionally employable: only if the migrants know the language and have the necessary credentials.

In sum, migrancy as a social category comes with suspicion: migrants are suspected of lacking skills and qualifications. Not only are migrant workers *not* recognised as peers (Fraser 2001), but they are recognised as *a priori* suspects. Being suspected *a priori* is a manifestation of a perception of irreversible otherness: a form of *structural misrecognition*, which goes beyond the individual interaction.

7 Conclusions

In this article I have used the best available statistics in order to analyse how care work is becoming globalised in Finland. I have demonstrated that a new division of care labour is emerging in Finland and especially in the metropolitan area of Helsinki – a division of care labour stratified by migrancy. In this migrant division of care labour, foreign-born workers do not find work evenly in all echelons of the health care professions. Migrant workers are over-represented in auxiliary nursing jobs and practically absent from the managerial nursing occupations. Also, amongst doctors, migrant workers find work in the public sector, in jobs which are becoming more and more unattractive to Finnish-born doctors. Foreign nationals are also over-represented in the elder care sector in Helsinki. In sum, if a nurse is foreign-born it is likely that s/he will work in elder care and it is very unlikely s/he will work as a ward nurse, but rather as a practical or assistant nurse.

How does such a migrant division of care labour emerge in the micro level of employment practices and preferences? In order to answer this question, I have argued for a perspective which draws on Nancy Fraser's politics of recognition. I have analysed the ways in which employers mis/recognise migrants as potential workers. All the employers interviewed in this research maintain that foreign-born workers differ from Finnish workers. Also in Finland, as in many other countries, the employers recognise migrant workers dualistically. On the one hand, migrants are perceived in many ways as ideal workers: as more respectful towards the old people and demonstrating better work ethics than the Finnish nurses, as more compliant and more flexible. This expectation of flexibility is highly problematic in terms of social justice. Will it be possible for migrant workers to demand for their rights if they are required to be compliant and flexible? I fear not.

On the other hand, the difference that foreign-born workers embody signifies that they are perceived as *a priori* suspects: as lacking in skills and in qualifications. Moreover, the demand for a certain kind of accent, which does not sound foreign is in fact another way to define the norm as ethnically Finnish and a legitimate way to ethnically discriminate against the worker.

This dual recognition of migrants as morally superior individuals while suspicious as a group, seems to be an almost universal story about migrants (as hardworking but inclined to criminality). It is a story which has historical roots with the representation of the 'natives' by colonialists (as spiritually pure, but subhuman) and with the ways masters and mistresses historically talked about their servants, and employers nowadays talk about their domestic workers (Staab & Maher 2006; see also Näre 2013). Stating the existence of such

a discourse is not as interesting as thinking about what this dual recognition serves in practice (see also Staab & Maher 2006: 88). I argue that the dual politics of recognition is an effect and cause of social inequalities. It simultaneously serves to create a surplus labour force, which can be used when needed and dismissed when no longer needed, and it is a manifestation of migrants' unequal status in the society.

In a world in which care labour has become globalised and there is an increased reliance on foreign-born workers, equality and social justice are a waning dream unless there will be a fundamental rethinking of the ethno-nationalistic norms which govern the welfare state and labour market policies as well as work practices. This means that in order to recognise migrants truly as *peer* instead of misrecognising them as *temporary* or as *those foreigners*, that is, as fundamentally others, we need to strive towards dismantling the norm of Finnishness or at least endeavour towards an understanding of Finnishness as inclusive. Otherwise, migrancy will continue to signify *a priori* inferiority and inequality.

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Notes

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- 2 Consider for instance that in 2005 the quintessentially super-diverse city of London had inhabitants from 179 different countries out 192 or 195 countries in the world depending on what is constituted as a state (Willis et al. 2010: 29).
- 3 These figures need to be understood with caution, as they do not tell the 'truth' about what the people actually do in the country. In 2012 the highest number of permits was granted to students, and we know from qualitative studies that many migrant workers in the irregular labour markets have a student permit (Könönen 2012).
- 4 In contrast to Table 1 and 2, the categories are based on workplace rather than occupation, hence elder care also includes other occupations than nurses.

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Appendix: List of interviewees

- I1. Managing director of a private home care company, 10.2.2011.
- I2. Managing director of a private home care company, 11.2.2011.
- I3. Human resource manager of a private care company, 9.3.2011.
- I4. Human resource manager of a municipal recruitment and temping company, 17.3.2011.
- I5. Human resource manager of a private care company, 11.6.2011.
- I6. Ward nurse in a public elderly care home, 31.10.2011.
- I7. Ward nurse in a public elderly care home, 31.10.2011.
- I8. Ward nurse in a public elderly care home, 8.11.2011.
- I9. Head nurse in a public elderly care home, 14.11.2011.
- I10. Head nurse in a public elderly care home, 21.11.2011.
- I11. Manager of public elderly care home, 4.1.2012.
- I12. Human resource manager in a private care company, 6.2.2012.
- I13. Manager of a private elderly care home, 7.3.2012.
- I14. Human resource manager in a private care company, 13.3.2012.