

Diversity—A challenge to the Scandinavian care regime?

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Abstract

In a European comparison the Scandinavian countries are described as women friendly. Men as care workers as well as immigrants (both female and male) mean new dilemmas. The intersection of gender and ethnicity emerges as a key dimension of the multicultural challenge posed by migration. For minority groups, their citizenship often involves negotiating a puzzle of changing gender and family cultures as they move between minority and majority communities. Swedish elderly care, which is predominantly publicly organised, is an arena of practice which strives to implement such political objectives as gender equality and cultural diversity. Meetings between dependent care givers and recipients lead to dilemmas on several different levels. For instance, the needs of recipients of elderly care are often expected to be homogenous and fit within the standard norms of the organisation. Is it therefore appropriate for staff to refuse to visit violent and atypical persons in their homes? Or alternatively, is it appropriate for the elderly recipients to refuse to be cared for by someone whose appearance will conflict with the old people's beliefs? When examining how policy is implemented in practice, structural elements, individual power and relative influence often become more apparent. In these interactions of different actors on different levels, un-intended processes may occur. How are rights maintained, and dilemmas resolved? In the case studies, a variety of dilemmas will be explored and discussed.

Introduction¹

The Scandinavian welfare model is often described as one of the most generous welfare systems in the world. Universal services such as child care, public health, education and social services are financed by high tax levels. The welfare system is traditionally first and foremost obtained through citizenship, and not by participation on the labour market.

The distinctive characteristics of the Scandinavian approach to social policy are the dominant role of national governments and an extensive public sector for the implementation of that public policy.²

The Norwegian sociologist Stein Kuhnle (2000) has described the policy in 12 points:³

¹ We specially want to thank Yosolida C. Rivero-Zaritsky for insightful comments on a preliminary version of this article.

² Normally Scandinavia includes Denmark, Norway and Sweden, while the Nordic countries also include Finland and Iceland. In this article we use the established terminology "Scandinavian model" to show some similar social policy in Scandinavia and Finland.

³ In the National Accounts, the general government sector is divided into three subsectors: Central government, Local government (municipalities, county councils and the parishes of the Church of Sweden) and social security funds. Comparative research into social care services is an under-developed field. There still remains much conceptual ambiguity and even the identification of the services is difficult. That is one of the conclusions from a European study in 14 countries made by the Finnish social researchers Anttonen and Sipilä (1996). They

A greater state involvement than other countries
A greater *proportion of labour force employed in the welfare sector*
A heavy public reliance on the public sector
Co-ordinated national systems with over-all responsibility for pensions, sick-leave benefits, child care allowances and health services
A high level of trust between citizens and government
Comprehensive universal social insurance systems which cover entire populations or sub-groups
An *advanced level of gender equality*
Social insurance systems free of class or occupational bias
General taxation
A great emphasis on providing services
A strong emphasis on full employment as a goal in itself
A *strong popular support*

The Scandinavian welfare state is also described by Esping-Andersson (1990, 1999) to be guided by the principle of universalism and de-commodification and with social rights extended to the new middle classes. Social democracy was the dominant force behind social reforms that would promote an equality of high standard, not an equality of minimal needs.

This form of equality implied, according to Esping-Anderson (1990),

...first, that services and benefits be upgraded to levels commensurate with even the most discriminating tastes of the new middle classes; and, second, that equality be furnished by guaranteeing workers full participation in the quality of rights enjoyed by the better-off (p. 27).

The social democratic regime's policy of emancipation addresses both the market and the traditional family. The principle is not to wait until the family's capacity to aid is exhausted.

"The ideal is not to maximize dependence on the family, but capacities for individual independence" ibid. (p 28, our italics).

Within the Swedish social care sector, which was created by the social welfare state and organises help to old and disabled people, the implementation of gender equality and diversity politics in the labour market is extremely challenging. In this article we will argue

also conclude that a clear distinction between health care and education services is required in order to delineate clear borders with care services.

that the national policy in its practical solutions has taken homogeneity for granted, which has consequences for how gender equality, diversity and the Scandinavian care regime are defined and implemented. In order to survive as a productive sector a re-thinking of gender and diversity is necessary.

Gender equality

Historically there is a strong connection between women's participation in the labour force, gender equality in the labour market and a strong female support for the model. The question of women's roles in family and society has been debated in Sweden since the turn of the last century. Over time, societal change has influenced views on how to transform reproductive duties into productive work. The ideal that began to emerge in the post-war period, especially among policymakers and employer federations was to recruit more women into paid work.

After the Second World War there was a lack of manpower in Sweden. There were two alternative solutions, either to recruit women into paid work or to import manpower. In Sweden trade unions advocated the recruitment of women while employer federations advocated the import of manpower. Both alternatives were chosen. Immigrant workers were employed to perform the lowest qualified jobs and among the working class Swedish born men were superior to women and immigrants (Nergaard 2002:119f).

For women a new ideal began to emerge in the post-war period with an increasing interest among policymakers and employer federations to recruit more women into paid work. Alva Myrdal and Viola Klein advocated in "Women's two Roles" (1957/1968) that women should be both housewives and wage-earners. Many women entered labour market as care workers.

The ideal competence for a care worker has traditionally been built around family-related experience as mothers, daughters and daughters-in-law, which are competences experienced

by women. The state saw Swedish women in the 1950s as a manpower reserve, a pattern which is even clearer in relation to immigrant women. Later on women's movement sought to capture social security benefits, such as parental leave, parental insurance, job security and occupational protection, entitlements and social benefits coupled to women's social rights and paid employment. Care work has, despite the increased gender equality, remained a low status job with a low salary. A common trend is that when women's involvement in the labour market increases, the demand for formally organised care grows, which contributes to a care gap.

Will the immigrant women fit into the Swedish ideology of gender equality, is it meant for them? When recruiting immigrant women as care workers their family-based experience often has been glorified. The key question is to what extent the universal welfare state and gender regimes based upon 'women-friendly' policies can become the basis for the inclusion of migrants, especially migrant women in society? More specifically we also have to ask questions concerning their relation to and inclusion in the middle class.

The state-feminist gender model guaranteed women's individualisation and emancipation through education, professionalisation and the right to work and earn an independent wage. The greater part of the women of working age entered the labour market, and particularly the public sector between 1968 and 1982. Even housemaids and servants became public care workers (Axelsson 1992). Family members became more independent from one another, both legally and financially. The long term strategy that would allow women the flexibility in everyday life to be able to combine family duties and work was part time work, which has successively come to mean long hours part time (24-35 hours a week) work and publicly financed day care and elder care. This strategy has been called a "women-friendly" approach (Hernes 1987). The decision to focus on equality rather than difference between men and women led to employment becoming the focus for political reforms. During the first years of

the 1970s the equality legislation issue was constantly present in the debate. A legislation, which was revised several times, on *Gender Equality on the Labour Market* was introduced in 1979.

That employment has become the focus for reform strategies in relation to gender equality, and later the focus of issues of diversity in relation to an active integration policy, is not surprising, as the so-called work line has been an integral part of Swedish national policy for a long time, and is something that has united both left and right wingers. Work line has become a central strategy for the present right-wing government as a base for the introduction and integration of immigrants in Swedish society⁴.

The lack of manpower in the care sector is still a problem which causes a constant search for new manpower reserves. The legislation that promotes gender equality and the prohibiting of discrimination can both be used and discussed in this recruitment campaign. During the last two decades, Swedish elderly care has consciously recruited men, and arguments accrued from the Equal Opportunities Act have been used for this purpose. All over the country, different strategies can be seen (Ede 2005). Unemployed male workers within the industry or forestry sectors have been offered education to become trained care workers (auxiliary nurses). One critique of the situation is that men have better working conditions and higher salaries compared to women. If that is true for Swedish born male care workers, it is hardly the case for female or male immigrants, which is one sign of a contradiction between the two acts. In the last decade the training/education programme for auxiliary nurses was almost empty, and in many municipalities immigrants were recruited to the programmes. This recruitment strategy can be seen as an indirect diversity plan on the local level to hire immigrants within elderly care. Today, this question is high on the agenda as many of the

⁴ With migration (immigration, emigration) we mean, according to the definition stated by The Swedish Ministry of Foreign Affairs, migration between nations.

immigrants are in need of care and the benefits of care workers with the same cultural background and language can be seen.

This inconsistency is confirmed by Lister et.al (2007) who concludes in their book “Gendering Citizenship in Western Europe” that the Nordic countries show the tension between multiculturalism and gender equality. They belong to the same family of welfare and gender regimes but have recently adopted different policies towards migration and integration. Of the Nordic countries Sweden is the most multi-cultural country. The Nordic countries have all failed to integrate minorities into the labor market or society. Arguably the universal welfare state is not morally neutral and migrants are often expected to abandon their cultural beliefs and practices that violate the norms of Scandinavian solidarity, including gender equality.

Diversity

In what follows we will describe how ethnical diversity has been introduced as a relatively new strategic goal, and how economy, ideology and demography have de-coupled national goals from local realities. Three criteria will be in focus in the analysis; the proportion of the labour force that is employed in the welfare sector, gender equality and the strength of popular support.

The Swedish labour market is highly segregated and immigrants are overrepresented in less qualified jobs (Hjerm & Schierup 2007). Even though illegal immigrant workers exist and are exploited by big companies, and most directly by entrepreneurs, very little research has been done on the question of illegal immigration. These entrepreneurs are often immigrants themselves, but legal (ibid.). In comparison with other EU countries, the Swedish trade unions are consistently against guest working immigrants.

Migrant workers in the care sector are not a new phenomenon in Sweden. Among immigrant workers the proportion of women has been significant. Immigrant women have also been willing to accept working conditions that would not be accepted by native Swedish. (Nergaard 2002) Previously persons from Finland and other Nordic countries have filled a gap between the demand and supply of care workers. Such a migration does not increase the ethnical diversity in the labour market as Scandinavians can easily understand each other's culture: The Scandinavian languages are similar and many Finns have Swedish as their mother-tongue or have at least studied Swedish at school. Today, we confront a society and a care sector that is much more diverse than it was only a few decades ago. Both migrant care workers and migrant care recipients have increased in number. Diversity means a confrontation with other family patterns and other preferences in life and those differences create new demands on services as well as new dilemmas. These themes are not brought to the forefront in research on elderly care (Szebehely 2005). Tensions between the majority and the minorities have resulted in, for instance, residential care that is arranged on ethnicity. The examples used in this article are collected from the care services for elderly persons who receive services in their private home, which can be supposed to cause dilemmas.

The Scandinavian care regime

In a European comparison the Scandinavian countries are described as women friendly, which means that the state has, through day care arrangements, parental insurance, part time jobs, taken a great responsibility for women's coordination of the family and work related responsibilities. A distinct Scandinavian care regime is evident.

Anttonen and Sipilä (1996) used international materials to compare the volumes of institutional care and home help services that were provided for elderly people, as well as

children's day care and pre-school services. The material was compiled from Scandinavian and EU member states in the late 1980s.⁵ In addition, they looked at the connections between women's gainful employment and social care services, and found that at the national level the two sectors are indeed very closely related.

Two distinct models of social care services emerged from their analysis of service volumes and state policies; two, possibly three, other models remain at a more tentative stage of development. These models seem to offer very different options and opportunities as regards women's gainful employment and care solutions outside of the family. The Scandinavian welfare state has been built to support the wage employment of every adult, and consequently Scandinavian countries offer women the opportunity to enter the labour market. The public sector has taken the responsibility for doing this.

By contrast, in Southern Europe in particular, women's chances of gainful employment depend on their ability to come up with private and informal solutions. These contrasting models show very different levels for the public provision of services, whether the provisions are for children or adults. Generally, these provisions are extensive in Sweden and meager in southern Europe. Many studies, including the study carried out by Anttonen and Sipilä, have documented these extremes (Daly and Lewis, 2000; European Community Childcare Network, 1996; Esping-Andersen, 1999; Pacolet et al. 1999; Rostgaard and Fridberg 1998).

The social care services that expanded rapidly in the 1970s and that developed further in the 1980s have come under revision, which has disrupted the ideas of the Scandinavian social service model. In Sweden elderly care has been retrenched to such an extent that it no longer corresponds to what is commonly associated with a Scandinavian model (Szebehely 2003).

⁵ Comparative research into social care services is an under-developed field. There still remains much conceptual ambiguity and even the identification of the services is difficult. That is one of the conclusions from a European study in 14 countries made by the Finnish social researchers Anttonen and Sipilä (1996). They also conclude that a clear distinction between health care and education services is required to delineate clear borders with care services.

The neo-liberal turn in Sweden has affected the welfare system in many ways, for instance political influence has led to the weakening of social benefits in the social security system and there is a strong focus on work. The Swedish elderly care system has such heavy restrictions of access that ‘it is far from being particularly universal or defamiliazing’ (Rauch 2007, 260). On the other hand, the care managers’ role in public elder care can in many ways be described as an impossible commission. On the level of administration, a marketing ideology is widespread, which means, for one thing that the economical rational discourse is apparent and present in the decisions made within public elder care. One care manager says: *“All our decisions cost money, even though we are told to save money, there is no other choice than to be very restrictive with the municipality’s resources”*. Time and time again, the care managers’ refer to the economy of the municipal, even though they claim that they are quiet aware of the individual needs of the elderly.

Even though the opportunities to enter the labour market have increased there is a feminist critique of the outcome. Care work is a female dominated area in Sweden and a field that is characterised by low payment. During the last decades, men have become more visible in elder home care service. This fact is supported by many of the female care workers, as they believe that the working conditions will improve. Men are expected to be a great asset in care work, especially when it comes to physically heavy tasks such as helping more elderly people who have fallen, or to move them from one place to another if they are disabled. Another hope or vision that has been formulated by the female care workers is a raise in salary as more men enter the profession. All in all, the men are supposed to ease the burden of the women. When analysing the statements from care workers with a gender gaze, these expectations are hardly fulfilled (Andersson 2007).

Before care work is performed, a person has to apply for help at a social welfare office and a decision has to be made on the care administration level. The older person needs to apply for

help and after an enquiry, which is often referred to as the needs assessment; the care managers contact the care workers with a written document that contains their judgement on the elderly person's needs. On this level, gender issues are not at stake. Furthermore, the care managers possess power over the old people's lives as they decide whether or not the applicant will be provided with support for their needs. Andersson (2007) found that the selected care managers in her all female data material, were extremely homogenous in their appearance as well as in their statements. The care managers strive to follow standard rules in their needs assessments and that means to follow the law, according to the care managers: *"that is what we are supposed to do"*, one of the care managers argues. An analysis of their arguments reveals a common held attitude to save money, and that meant to be restrictive towards the elderly people's needs in the needs assessments. Within this rationality of economy, older women are under-privileged (ibid.).

New dilemmas within elderly care

Men as care workers as well as immigrants (both female and male) mean new dilemmas within elderly care. We will in this article highlight a situation when elderly women refuse to allow a man to provide help with taking a shower. The practical solution to this dilemma was to let a female care worker provide the help instead (Andersson 2007). This means that care work is conditioned by gender, and this gender conditioning causes a dilemma between the integrity of the elderly person and the strivings of gender equality in working life. A similar example can be drawn when ethnicity is brought to the fore.

Today, in many municipals where female and male immigrant care workers are more common in elderly care, new kinds of dilemmas arise. Language is often seen as a key element when hiring care workers from other ethnic groups, something that is not always

positive from the care workers point of view. Often they are negatively categorised in the work place and often represent informal interpreters rather than care workers (Lill 2007).

Legislation on equality and against discrimination

The Equal Opportunities Act (SFS 1991:433) is meant to promote equal rights in working life for women and men, and has a primary focus on the improvement of women's conditions. The act is mainly aimed at strengthening the employee's rights in relation to the employer's responsibilities concerning equal recruitment and salaries.

We argue that equal rights for employees can stand in contradiction to the recipient's wishes; in our case the elderly people's preferences. An alternative view is that the recipient's rights and the moral obligation towards the elderly can undermine equality between male and female care workers.

The Prohibition of Discrimination Act (SFS 2003:307), which replaced the 1986 Act (revised a couple of times) against discrimination on ethnic grounds, prohibits discrimination related to gender, ethnicity, religion, disability and sexual orientation. Individuals are protected against disfavour on a societal level, for instance in working life, in the social security system and in health care. In the governmental proposition age discrimination is also forbidden.

Important to notice is that both acts only focus on the public sphere. Primarily this focus means that the private sphere has become invisible within the acts on equality and against discrimination. This omission is a problem in elderly care, as most of the care work for old people today takes place in their private home. There is no recommendation about how to make the priority between the interests of the care recipient and the care worker. Whose interest is most important?

Aim and scope

- To what extent does the legislation guarantee gender equality when care work is performed in the private sphere?
- To what extent does the legislation guarantee ethnic diversity when care work is performed in the private sphere?
- How do the contradictions between the two legislations appear in praxis?
- What are the consequences for the Scandinavian model?

In the following we will present a number of examples of failed gender equality that were experienced from an earlier research project.

Gender relations in care work – the private sphere

A typical example of a problematic working scenario in the care of the elderly, is help with intimate hygiene, and especially helps when showering.⁶ Even for ethnic Swedes, *the older generation finds it hard to stand naked in front of a man*, a female care worker says. The care workers try to meet the elderly people's needs, which is also in accordance with theories and ideology of caring. The female care workers identify themselves with the older women and one care worker argues: *when I was ill and had to stay in the hospital, I was helped by a male nurse with hygiene, and that was not ok I must say*. The care worker further states: *I am so much younger and still felt that way, so how bad is not a 9-year-old person going to feel about it?*

At the same time some of the women argue that male care workers are supposed to do the same work as female workers. However, directly after they claim that it is hard to accomplish equality in tasks between men and women in home care service. *It is always easier for the older people, both for men and women, to have a woman in their home*, one of the care

⁶ We have not heard about any similar declaration concerning preferences in relation to the gender of the care giver in any other occupational group that performs help in the private home. It is possible for a male physician to assist a woman in her home without any comments. However, in the case of male gynaecologists, it is normal that the female patient can refuse help from a male physician. The same right for males to refuse help from female physicians has not been codified (Boltes 2005).

workers says. An older woman finds it inconvenient to have a man helping her with intimate hygiene. She says: *I do not find it convenient with a male care worker, maybe not so much for my sake as for his sake.* She further states that she did not have problems at the hospital when male nurses took care of her. In this case, it is apparent that the private sphere of the home involves certain rights for elderly people, such as making the decision on who can enter their home. What becomes obvious is the fact that female care workers constantly need to act flexibly in all kinds of situations where gender is visible. Sometimes, the women have to defend their male colleagues against elderly people's prejudices against male care workers. *Our men are not here to hurt you, but to help you,* one female care worker says.

A common attitude held by the male care workers is the unproblematic view when gender related dilemmas are apparent. *We always solve these problems, oh yeah; there is no problem with that,* one of the male care workers says. In this particular case, a female care worker had to stop the work she was doing in one of the old people's homes, and go to another old woman to do the showering who did not accept a male care worker. Another male care worker refers to an episode and how he and his working partner solve gender related problems: *when working two together in home care service and one of us is male, we solve these problems by staying in the car and letting the female care for the older person themselves.* Here it becomes obvious that female care workers have to carry out some of the heavy tasks all alone. At the same time, most of the female care workers say that the workplace is more pleasant with men around.

To sum up so far, it seems that the women support male care workers in many ways, at the same time as it becomes visible the gender-based representations and expectations held by the elderly care recipients'. Even these facts are supported by the female care workers through their identification and by referring to generational diversity.

Ideals of gender neutrality on the care administration level – the public sphere

With reference to the Act on Gender Equality men and women should have the same chances to obtain services from the welfare system. A commonly held attitude by the care managers was to follow the guidelines equally, except for when giving support to couples where one of the spouses was in need of care. If the dependent person was a woman, the man was provided with support by public care: *it is impossible to learn old dogs to sit*, one of the care managers says, and refers to the old men's gender. Old men are not used to doing house work or cooking. If it was the other way around, if the man was dependent, then the woman did not get help with cleaning or cooking. Thus, women are expected to do these housework tasks without support from public care. In other words, unequal support is given to couples, depending on gender representations and expectations that favour men. In needs assessments, the care managers often refer to the marital code, a neutral code that puts forward spouse's equal duty towards each other. In an unreflective way (and taking gender roles for granted), the care managers' re-create gender-stereotyped representations by giving more support to men who live together with a dependent partner. Thus, even if the law is neutral and the interpretation in the needs assessments is formulated in a neutral way, it does not mean that the needs assessments are a gender-neutral activity.

Homogenous representations and a lack of access to multicultural arenas

One central aspect that we find important to elucidate in the referred study is what we would call the problem with gatekeepers. As with the beginning of all social fieldwork, it was necessary to gain access to the field from the head of the social service in the municipality. As elder care in Sweden is publicly organised and mainly hierarchical in structure, we had to establish the research project via middle managers before contact with the caregivers, the care managers and the elderly was possible. What became striking when analysing the empirical

material was the homogeneity among the informants regarding sex and ethnic background. Elder care is a female dominated area, but even though there are more men working in the field now than ever before, few men were selected for the study. Furthermore, the selected care workers were all permanently employed, even though this was not a selection criterion for the study. Despite the aim of diversity, the interviewed care workers seemed homogenous in accordance to external criterion. Most of them had been working for at least five years within the profession; they were all naive Swedish female and male workers, permanently employed and in midlife, with a few exceptions. In the top-down process a homogenising process has taken place.

Within this context, it is important to notice that many workers are temporarily employed in Swedish elder care. In this heterogeneous group of temporary workers you find young students, other ethnic groups and people with different backgrounds. This exclusion of the temporarily employed group was made on different hierarchical levels. In one case, a manager of the care workers requested that only the permanently employed group should fill in the research form. In other words, the temporary group of workers was indirectly excluded from the study. The desire to go beyond the discursive defence of the taken for granted routine needs another method in order to gain access to the genuine activities in care work with old people. This desire often collides with the ethical aspects of this kind of research which necessitate cooperation with the organisation as well as with the employees to establish trust as a base of communication. To follow the present rules of research ethics has consequences for the result. Parts of care work that are performed at multicultural and segregated work places are locked in behind gatekeepers who will allow access to a more homogeneous organisation than could be expected.

At present we are working on a new project “Power and influence in elderly care: Structural conditions and individual expressions” and ethnicity is also included in the research question.

We know that both migrant care workers and migrant care recipients have increased in number. We also understand that there is a lack of communication between welfare organisations and different minority groups and this has caused a number of anomalies in the system; for example some of them organise their own elderly care. How should such initiatives be valued in relation to the Scandinavian care regime? In the following we will present some of our pre-understanding before the data collection.

For minority groups, citizenship often involves the negotiation of a complex of changing gender and family relations they move between minority and majority communities. Meetings between dependent care givers and recipients imply dilemmas on different levels. The old care recipient's needs are expected to be homogenous and to fit within the standard norm in the organisation. When following how political ambitions to practical care work are negotiated, structural and individual power and influence become visible. In interaction with different actors on different levels, un-intended processes may appear. Whose rights are mostly respected, and how are the dilemmas solved? We will collect data on conflicting interests as well as how care managers and care workers handle those situations. The focus will be on the negotiation that occurs when borders of intimacy are passed. In the presentation of cases the dilemmas will be concretely explored and analysed.

Conclusions

Swedish elderly care is an arena for the implementation of political objectives such as gender equality and cultural diversity. As we have pointed out in our example, the contradiction between top-down ambitions and the care recipient's desire to maintain control in everyday life makes both gendered and multicultural care relations within the private sphere complex. With the legislation on equality between women and men in mind, inequality still exists

within the caring profession. The tradition of gendered care work has not become more gender neutral despite a legislation designed for gender equality (cf. Andersson 2007; Johansson 1999). A commonly held opinion among female care workers is that it is always easier for both male and female recipients to obtain assistance by female care workers. Even though this means a demand for increased flexibility on female care workers, it is still important for the older people's rights to have a say in who enters their homes, and often they seemed to feel less threatened with a female care worker. Still, with the same legislation in mind, one can see this as an expression of discrimination towards male care workers; they are not treated in the same way as their female co-worker. Our example has shown the contradiction between top-down and bottom-up perspectives.

When it comes to the public sphere, gender is not seen as problematic at all as the *Social Services Act* (SFS 2001:453) is a neutral instrument; equality is taken for granted. Even when the recipients request help from females only, the care manager does not consider this request. In other words, gender is invisible on this level since needs assessments are formulated in a neutral way (Andersson 2007). The conclusions that we can draw from our examples are that gender matters, even though gender is ignored in the public sphere. Women tend to be exploited on the labour market, and that holds true, even though care work is women's work. Thus, *The Equal Opportunities Act* (SFS 1991:433) is contradictory to ideologies of caring and the rights of the elderly, a dilemma that the women have to confront in their daily work with elderly recipients in need of care.

As we have remarked earlier, our empirical material strived for diversity among the care working group in relation to ethnicity, gender and age, but we did not accomplish that, due to the gatekeepers on research level. We argue that, even though diversity has become a rhetorical tool in the Swedish welfare system today, there is a discourse of homogeneity in practice within elderly care. Therefore, we find it challenging to continue research on

diversity and to study dilemmas more directly where both gender and ethnicity are foregrounded in Swedish elder care.

We argue that contradictions are visible on the micro-level and how they are solved has consequences for trust in the welfare system. What is important for the future stability and trust in a multicultural welfare state is the citizen's support to the system by paying taxes. Two factors have been discussed as more important than others. The first is the role of the new middle class and their support. We want to point out the importance of the inclusion of immigrants in the middle class and to strengthen their trust in welfare institutions and their willingness to support the welfare system. The second factor is to narrow the gap between the demand and supply of welfare services, as this factor also has an impact on the trust in solutions within a universal system.

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