## Tiina Sihto

# Placing women?

How Locality Shapes Women's Opportunities for Reconciling Work and Care





#### **JYU DISSERTATIONS 153**

## Tiina Sihto

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# How Locality Shapes Women's Opportunities for Reconciling Work and Care

Esitetään Jyväskylän yliopiston humanistis-yhteiskuntatieteellisen tiedekunnan suostumuksella julkisesti tarkastettavaksi yliopiston vanhassa juhlasalissa S212 joulukuun 7. päivänä 2019 kello 12.

Academic dissertation to be publicly discussed, by permission of the Faculty of Humanities and Social Sciences of the University of Jyväskylä, in building Seminarium, auditorium S212 on December 7, 2019 at 12 o'clock noon.



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#### **ABSTRACT**

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Reconciling work and care is one of the key questions of social policy in contemporary societies. In this thesis, the question of work-care reconciliation is examined from a local perspective. This study analyses the role of locality in how women combine work and care in the city of Jyväskylä, Finland. The theoretical background of this research is situated at the interface of feminist welfare state and social policy research and feminist human geography.

To study the research question, a case study approach is applied in this thesis. This study draws from different data sets and methodological approaches. Articles I and II use local childcare policy documents and local care strategies as their data. Articles III and IV are based on four focus group interviews with working mothers and working carers. Methodologically, this study makes different uses of a mix of qualitative methods, aiming to highlight different facets of the research question.

The results of this study show that local developments in both childcare and care for older people have moved towards increasing marketisation of services, as well as placing greater responsibility on individuals and families. These developments can be seen as promoting implicit genderising, which does not explicitly aim to reinforce separate gender roles but often ends up supporting the existence of traditional gender roles. In terms of a women-friendly welfare state, these developments risk reinforcing the genderedness of care and deepening the divisions among women.

In the focus groups, a strong consensus and shared understanding was often reached regarding the 'moral' or 'right thing to do' in a given situation in terms of care. These understandings can be seen as reflecting not only the inner feelings and states of the interviewees, but also broader cultural ideals regarding care, and expectations of care which are culturally coded as feminine. However, gender was rarely explicitly mentioned in the interviewees' accounts, and was largely absent from local policy documents as well. This silence regarding gender, and the focus on the individual, can make gendered structures invisible, and thus hinder development towards equality at the local level.

Keywords: care, gender, local social policy, welfare state

#### TIIVISTELMÄ

Sihto, Tiina

Naisen paikka? Paikallisuuden rooli naisten mahdollisuuksissa yhdistää työssäkäyntiä ja hoivaa

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Työn ja hoivan yhteensovittaminen on eräs tämän hetken tärkeimmistä sosiaalipoliittisista kysymyksistä. Tässä väitöskirjassa työn ja hoivan yhteensovittamisen
tematiikkaa tarkastellaan paikallisesta näkökulmasta. Tässä työssä analysoidaan
paikallisuuden roolia siinä, miten naiset voivat yhdistää työssäkäyntiä ja hoivaa
Jyväskylän kaupungissa. Työn teoreettinen tausta sijoittuu hyvinvointivaltion ja
sosiaalipolitiikan feministisen tutkimusperinteen sekä feministisen ihmismaantieteen rajapinnalle.

Työn tutkimusstrategiana toimii tapaustutkimus. Artikkelit I ja II tarkastelevat paikalliseen lastenhoitopolitiikkaan liittyviä dokumentteja sekä paikallisia hoivastrategioita. Artikkelit III ja IV pohjautuvat työssäkäyvien äitien ja iäkästä omaistaan hoitavien naisten fokusryhmähaastatteluille. Menetelmällisesti tutkimus hyödyntää erilaisia kvalitatiivisia menetelmiä, joiden kautta tuodaan esiin erilaisia näkökulmia tutkimusongelmaan.

Tutkimuksen tulokset osoittavat, että paikallisen lastenhoitopolitiikan sekä iäkkäiden hoivapolitiikan kehitys on ollut kohti laajentuvaa markkinoistumista sekä yksilöiden ja perheiden kasvavaa hoivavastuuta. Näiden kehityskulkujen voi nähdä tukevan hoivan implisiittistä sukupuolitumista, joka ei suoraan tähtää eriytyneisiin sukupuolirooleihin, mutta toimii perinteisiä sukupuolirooleja vahvistaen. Naisystävällisen hyvinvointivaltion kannalta nämä kehityskulut voivat johtaa hoivan sukupuolituneisuuden vahvistamiseen sekä syveneviin jakoihin naisryhmien välillä.

Fokusryhmähaastatteluissa naiset usein saavuttivat jaetun ymmärryksen siitä, millaiset hoivaan liittyvät ratkaisut ovat 'moraalisia' tai 'oikein' erilaisissa tilanteissa. Nämä ymmärrykset eivät heijastele vain haastateltavien henkilökohtaisia tunteita vaan myös laajempia hoivaan liittyviä kulttuurisia ideaaleja sekä hoivaan liittyviä sukupuolittuneita odotuksia. Sukupuoli mainittiin kuitenkin haastattelutilanteissa vain harvoin, ja sukupuoli oli näkymätön myös paikallisissa dokumenteissa. Hiljaisuus sukupuolen tematiikan ympärillä sekä vahva keskittyminen yksilöön voi toimia sukupuolittuneet rakenteet piilottaen, sekä hankaloittaa paikallisella tasolla tapahtuvaa kehitystä kohti tasa-arvoa.

Avainsanat: hoiva, hyvinvointivaltio, paikallinen sosiaalipolitiikka, sukupuoli

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Jyväskylä 28.10.2019 Tiina Sihto

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- II Sihto, T. (under review). Dividing responsibility for care: Tracing the ethics of care in local care strategies. Manuscript submitted for publication.
- III Sihto, T. (2015). Choosing to work? Mothers' return-to-work decisions, social class, and the local labor market. *Nordic Journal of Working Life Studies*, 5(3), 23–40.
- IV Sihto, T. (2018b). Distances and proximities of care: Analysing emotiospatial distances in informal caring. *Emotion, Space and Society,* 29, 62–68.

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#### 1 INTRODUCTION

Reconciling work and care is a central question for both individuals' well-being and the productivity and reproduction of society. The issue has received considerable attention nationally and internationally in both public discussion and social research during recent decades. The research has particularly focused on how parents, especially mothers, are able to combine paid employment with caring for their young children (on Finland, see e.g. Kinnunen, Malinen & Laitinen, 2009; Salmi & Lammi-Taskula, 2014; Tammelin, 2009). Recent years have also seen the emergence of research focusing on the reconciliation of work with caring for one's ageing relatives (e.g. Jolanki, 2015; Kröger & Yeandle, 2013; Leinonen, 2011a, 2011b).

Although the reconciliation of work and care has been extensively researched, particularly from a gender perspective, it can be argued that the issue is now more topical than ever. The 2010s have seen the culmination of several societal trends which are significantly altering the conditions of work-care reconciliation. Many of these current trends highlight the need to continue conducting analyses of the issue of work-care reconciliation, and particularly of how women cope with the demands of work and care.

The first of the central factors shaping the conditions of women's work-care reconciliation is the economic crisis which started in 2008 and lasted well into the 2010s. Although in 2019, as I write this PhD summary, employment rates in Finland are rising and the economy is recovering, the almost decade-long recession had its effect on Finnish society. Recent years have been characterised at both European Union (EU) and national Finnish levels by the neoliberalisation and privatisation of services, and by cuts directed at state spending, welfare services and benefits, and public sector employment (Kantola & Verloo, 2018; Villa & Smith, 2014). These austerity measures and the consequent downsizing of the public sector have affected both female-dominated work in the public sector and the availability of publicly financed welfare services, which are crucial for women's opportunities to (re-)enter and remain in the labour market (Karamessini & Rubery, 2014). These developments may lead to the familialisation of care and hinder women's access to labour market.

During times of economic hardship, the goal of gender equality also tends to get brushed aside, as the issues related to state finances are considered 'more pressing' than those related to gender equality, and the two are considered to be mutually exclusive (e.g. Kantola & Lombardo, 2017; Kantola & Verloo, 2018; Karamessini & Rubery, 2014). Thus, recent years have been characterised by gender-blindness in policy and politics. These developments have been taking their toll on social policy, and on the women-friendliness of the Finnish welfare state (Elomäki & Ylöstalo, 2018; Koskinen Sandberg, 2018). As will be explored in greater depth in subchapters 2.2.1 and 2.2.2, welfare state retrenchment and demands to cut public spending have affected the framework of care policy nationally, thus altering the landscape of work-care reconciliation.

The second important factor changing the conditions of work-care reconciliation is the ageing of the population. Throughout the Western world, the population is ageing, and consequently the need for care is rising. Simultaneously, the provision of formal care is decreasing due to the aforementioned welfare state retrenchment and cuts in public spending. In recent years, the caring responsibilities of families, relatives and other kin have gradually been increased, albeit subtly and without much public discussion (Hoppania et al., 2016). As the coverage of services is reduced, only the oldest and frailest have access to formal care (e.g. Kröger & Leinonen, 2012), leading an increasing number of people with care needs to become more and more reliant on care provided by their families and kin. Increasing home care for older people and informal care provided by families has also been promoted in political decision-making across the political spectrum. The 2015-2019 government programme stated that 'the opportunities of working-age people to care for family members will be improved' and 'community spirit and intergenerational ties increased' (Prime Minister's Office, 2015, pp. 22–23). In the spring of 2018, Annika Saarikko, the Minister of Family Affairs and Social Services at that time, stated: 'the care of one's parents or parents-in-law is a proper intergenerational responsibility. In an ageing Finland, we must do everything to ensure that our social security system and working life can better take this responsibility into account.' (STM, 2018.)

It can be argued that women-friendly (Hernes, 1987) social policy – which is defined as policies that facilitate women to (re-)enter and remain in the labour market (Borchorst & Siim, 2002) – is now facing significant discursive, cultural and structural changes. The current care policy discourse emphasises the importance of the family as the main provider of care over the formal care provision offered by the welfare state. This idea of individuals' and families' responsibility also fits well with current hegemonic political thinking, which emphasises that the role of the welfare state should be as limited as possible so that people can take responsibility for themselves and their families (e.g. Anttonen & Häikiö, 2011; Häikiö, Van Aerschot & Anttonen, 2011; Hoppania et al., 2016).

The third important change for the framework of this study can be seen as taking place in the structures and cultural ideals regarding (nuclear) family life

and motherhood. Birth rates in Finland have been falling, particularly during the 2010s: in 2018, the total fertility rate was at an all-time low (OSF, 2019). In the media, this has led to the preliminary stages of a moral panic, as the discussion has revolved around issues such as whether nuclear family life suffers from 'poor brand image' (e.g. HS, 2017). Researchers (e.g. Hays, 1998; Mustosmäki & Sihto, 2019; Rokkonen, 2015) have argued that the temporal, financial and emotional demands of motherhood are constantly rising, leading more women to question whether to become mothers in the first place (e.g. Miettinen, 2015; Mustosmäki & Sihto, 2019). The media has also widely contemplated whether contemporary family life demands so much from individuals (particularly women) that they are deciding to opt out of having children at all (e.g. HS, 2017).

The fourth central change in terms of work-care reconciliation is related to changes taking place in the workplace, and in fitting together the demands of mothering and working life. In a socioculturally normative life course, one's socalled peak years usually take place after one finishes studies and enters working life, when one is expected to establish a career and have children; it has been argued that this period places constant and increasing demands on women. Both mothering (e.g. Mustosmäki & Sihto, 2019) and work alike (e.g. Mustosmäki, 2018) are becoming more intensive and more challenging for the individual to cope with. Simultaneously, the boundaries between work and care are becoming increasingly blurred (Tammelin & Mustosmäki, 2017). Research (e.g. Miettinen, 2015; Sutela, 2013) has shown that for many, the uncertainty of working life and the subsequent financial insecurity are also reasons to postpone having children, or to opt to have fewer children than one had initially hoped.

All in all, macro-level developments concerning the economy, working life, welfare state retrenchment, demographic changes, and fluctuating sociocultural ideals and values regarding care and the role of women as providers of care are (re)shaping the framework of work-care reconciliation. These societal transformations form the background of this PhD thesis, which focuses in part on how these macro-level changes are reflected in the meso and micro levels of the local and everyday in women's reconciliation of work and care. In the next subchapter, this aim of the study is explored further.

## 1.1 Aim of the study

This PhD thesis explores the local conditions of women's work-care reconciliation in the city of Jyväskylä, Finland. The thesis consists of four research articles and this summary. In this summary, the main findings of the research articles will be presented, and the findings originating from the articles will be developed further. The main objective of this thesis is to analyse *how locality shapes women's work-care reconciliation*. This umbrella question for the research is analysed from differing points of view, which are explored in the original research articles. The research task is divided into four separate research questions.

The first two of these research questions analyse the level of local social policy. The first research question (article I, Sihto, 2018a) deals with local childcare policy changes in the city of Jyväskylä between 2008 and 2016, and asks how the changes that have taken place in local childcare policy have reshaped the local gender contract. The second research question draws from an article manuscript (article II, Sihto, under review) in which local care strategies are analysed through the framework of the feminist ethics of care, and asks how the notion of 'responsibility' (Peeters, 2013, 2017) between different actors (i.e. the state, municipality, market, families, individuals) regarding care is constructed in these strategies.

The third and fourth research questions deal with the level of everyday life in women's reconciliation of work and care. The third research question (article III, Sihto, 2015) analyses working-class and middle-class mothers' return-to-work decisions, and the role of locality in these decisions. The fourth research question (article IV, Sihto, 2018b) explores working carers' experiences of emotio-spatial distances in caring, and analyses the emotions spatial 'distance' or 'proximity' evoke in the accounts of women who are reconciling work with caring for an ageing relative.

The theoretical background of this research is situated at the interface of feminist welfare state and social policy research and feminist human geography. As noted by Eräranta (2013, p. 72), recent administrative and political discussions that have addressed the reconciliation of work and care have largely focused on 'family-friendly working life', disregarding questions concerning the 'womenfriendly welfare state' (Hernes, 1987). In this thesis, the issue of work-care reconciliation is approached primarily from the perspective of the womenfriendly welfare state and social policy. Much of the social policy research that addresses the issue of gender focuses on analyses of national welfare states and the ways in which different welfare states are women-friendly (Hernes, 1987), rarely addressing the intranational characteristics of the 'places' of men and women. Research on women's opportunities to reconcile work and care has also followed this research tradition, mainly conducting analyses at the national level, often within the framework of welfare regimes. Questions regarding place, space and locality have not traditionally been seen as fitting within the Nordic welfare state ideal, which highlights equal opportunities regardless of place of residence.

In order to grasp how gender relations are lived and organised, it is essential to examine the local and everyday circumstances within which gender relations are conserved, (re)produced and (re)negotiated in families, the labour market and society as a whole. In feminist research, the significance of the mundane has always been recognised, as the seemingly trivial and largely unnoticed aspects of everyday life are seen as bound into gendered power structures (Rose, 1993), and as central in maintaining (or sometimes challenging) the status quo of these structures. Thus, from the point of view of feminist research, it is important not only to do social policy analysis on the national level, but also to explore in greater depth the local conditions within which the 'place' of women is constantly being (re)negotiated. At the level of everyday life, as I argue in this

thesis, the conditions of work-care reconciliation are defined by several placebound factors, and therefore local-level studies can reveal sides of everyday life that remain largely invisible in national-level studies.

What led me to this topic of study is that for many years I have been fascinated by various questions regarding how gender shapes our everyday lives - how it influences what is culturally expected of us, pushes us towards certain choices and away from others. I have reflected on the gendered aspects of the welfare state since my early studies as a student majoring in social and public policy. What seemed perplexing to me was that in Finland - a country often hailed for its women-friendly policies and high levels of gender equality - the division of informal care and the underpinning cultural expectations about care, whether care for one's children or for one's ageing relatives, are still remarkably gendered. Care is still something that stubbornly 'sticks' (see Ahmed, 2004) to women. The roles of women and men are still often seen in rather stereotypical ways. According to a recent Eurobarometer (2017) report, 40% of Finns consider that a woman's most important role is to take care of her home and family; 74% also believe that women are likelier than men to make decisions based on emotions.1 Thus, many normative gendered assumptions regarding the roles of women and men still remain (see also Salin, Ylikännö & Hakovirta, 2018). Some of the questions I have been fascinated by, and which I also reflect on throughout this thesis, are why care remains such a gendered question and how different societal structures and cultural ideals support this genderedness.

Finding my own point of view for this PhD has been an intense process that has entailed getting sidetracked several times along the way. At the beginning of my PhD studies, as I entered a research field that was then quite foreign to me and immersed myself in the previous literature on work-care reconciliation, I soon realised how extensively mapped this topic was, both nationally and internationally. Searching for my own point of view from which to approach the research field of work-care reconciliation was a long process. In the end, I found myself posing similar questions to those I had been pondering, albeit from a very different point of view, during the process of writing my master's dissertation, in which I studied how local youth experienced the local-level effects of the Kauhajoki school shooting (Sihto, 2013). I started to pose questions such as: what does it mean to live in a particular place? How does it shape the life course of an individual, and the possibilities and constraints that particular individuals face in everyday life? How does it shape our identities and emotions – what we find the desirable or 'right' thing to do in a given situation?

In the end, the focus of this thesis narrowed down to how locality shapes women's decisions regarding work and care (cf. Jolkkonen, Koistinen &

<sup>&</sup>lt;sup>1</sup> The Finnish responses were quite similar to the EU-28 average. Among EU citizens, 44% agreed with the statement 'the most important role of a woman is to take care of her home and family', and 69% with the statement 'women are more likely than men to make decisions based on emotions'. However, Finnish attitudes differed significantly from those in the two other Nordic countries that were part of this study. Only 11% of Swedes and 14% of Danes agreed with the first statement; 47% of Swedes and 64% of Danes agreed with the second. (Eurobarometer, 2017.)

Kurvinen, 1991). The aim of this thesis is twofold. First, the thesis analyses local childcare policy and care strategy documents in order to shed light on the local social policy framework within which women reconcile work and care (articles I and II). Second, the experiences of women who are combining work and care in their everyday lives are analysed (articles III and IV). 'Care' is here understood as encompassing both childcare and care for older people.

This summary is constructed as follows. In the next chapter, I present the theoretical foundations of the work, focusing particularly on the concepts of work-care reconciliation and the women-friendly welfare state, and on different ways of approaching the topic of locality when analysing work-care reconciliation. After that, I present the data and methods of this study, followed by the analyses from the original research articles. In the last chapter, conclusions are drawn from the research articles.

#### 2 THEORETICAL BACKGROUND

In this chapter, the key concepts of this thesis are defined, and the theoretical foundations of this summary are further explored. This chapter starts with a focus on work-care reconciliation, which is the key concept of this thesis, followed by the conceptualisation of care in this thesis. In the second subchapter, the ideal of the women-friendly welfare state and the women-friendliness of current care policy are explored. In the last subchapter, the ideas of work-care reconciliation and women-friendly social policy are taken to the local level, as local social policies, local gender contracts, emotional geographies and their role in work-care reconciliation are explored further.

## 2.1 Work-care reconciliation: context, terminology and critique

Work and care can be understood in many different ways, depending on the position and point of view from which the topic is viewed. With the emergence of a growing body of research on combining work and care, a variety of terminology has also been coined to describe the phenomenon. In research as well as public discussion, terms such as 'work-family balance' or 'work-life interface' are used to grasp the everyday realities, challenges and opportunities that emerge when combining paid employment with various forms of caring (for definitions, see e.g. Bowlby, McKie, Gregory & MacPherson, 2010, p. 119). Often these terms are used interchangeably, without specific definitions. The terminology has been criticised for superficiality, and for not matching the everyday realities of people who combine work and care. As Arlie Hochschild (2003, p. 198) describes it, 'work-family balance... seems to many to be a bland slogan with little bearing on real life'. Indeed, for workplaces and organisations, as well as for political actors and parties, it is often beneficial to brand themselves as promoting 'family-friendliness' or supporting the combination of work and care. However, the contents of these practices and policies can and often do vary - for example, political parties have very different understandings of how best to support families, or even what constitutes a family. Therefore, it is important to ask what lies behind these concepts. What are we talking about when we talk about balancing, reconciling or combining work with care, family or life?

In this thesis, I define 'work' quite straightforwardly as paid employment. Thus the definition excludes various forms of unpaid work, such as housework, informal care work or volunteer work. (see e.g. Niemistö, 2011.) The word 'care' is used to refer both to caring for one's children who are below school age and caring for older adults with care needs. When care for children or older people is discussed separately, the terms 'childcare' and 'care for older people' are used. In the context of this thesis, my focus is on care as unpaid, informal care. Thus, paid professional care work is largely outside the scope of this thesis. However, informal care also often includes the organisation of formal care services or benefits (Bowlby et al., 2010, p. 120). Even when non-family members, such as nurses or kindergarten teachers, supply some of the caregiving labour, the family still retains primary responsibility for organising and choosing the preferred form of care (Fineman, 2004). As noted by Sigrid Leitner (2003), even in Nordic countries, which are hailed for their comprehensive care policies and services, families have always been and still remain the most important actors in care provision (see also subchapter 2.2). The concept of reconciliation was adopted in order to make visible the continuous process involved in making work and care 'fit' together. The word 'reconciliation' indicates that the balancing of work and care does not happen automatically, but requires adjustments, often to both spheres of life. (Bowlby et al., 2010, p. 119.)

Although I choose to use the concept of 'work-care reconciliation', I am aware that in many ways this conceptualisation is problematic and worthy of critique. First, it is important to note that our understanding of work and care as the two significant spheres of adult life that need reconciling is to some extent contingent and socially constructed. In her historical analysis, Eräranta (2013) argues that between the 1960s and the 1980s, discussions of the everyday lives of men and women in Finland included more spheres of life than just work and care. These spheres of life comprised, for example, societal and political participation, social relationships outside the (nuclear) family, and leisure time. However, particularly from the 1980s onwards, the focus narrowed down to seeing (fulltime) work and the parenting of young children as the two most important and time-consuming spheres of adult life. This focus on reconciling work and care for one's children as the 'norm' of adult life has been criticised for (hetero)normativity, and for failing to take into consideration those who live outside the model of (hetero)normative nuclear family life (e.g. Huffer, 2013; Morgan, 2011).

One of the reasons why I choose to use the concept of 'care' instead of 'family' in this thesis is because 'family' often refers, at least implicitly, to children and childcare (Huffer, 2013), concealing the forms of care that take place outside the parent- (particularly mother-) child bond. By using the word 'care' instead of 'family', I also aim to grasp the various forms of caring that are provided not only by parents to their young children inside nuclear families, but also to other kin.

The broadness and multifacetedness of the concept of care make it a less exclusionary concept than 'family'. As will be further discussed in the next subchapter, care is such a broad term that in its most general definition it includes 'everything we do to maintain, continue and repair our "world" (Tronto, 1993, p. 103). In this thesis, the interest is not only in the everyday 'doing of care' (e.g. cooking, cleaning), but in care as a gendered practice where moral and emotional dimensions are strongly present (for further discussion, see the next subchapter).

The second critique particularly concerns the way in which 'work' and 'care' are constructed as a binary (see e.g. England & Lawson, 2005). In talk about the reconciliation of work and care, the implicit assumption is that work and care are separate entities. Equating 'work' solely with paid employment can construct other forms of work, such as housework and informal care work, as 'non-work'. These forms of 'non-work' are thus made to seem less valued, both symbolically and economically. This discursive and material separation of work and care has meant that 'work' has become socially constructed as waged activity in the public and masculine sphere of capitalist production, whereas 'care' is seen to encompass the activities conducted in the feminised private household. (England & Lawson, 2005.) The division of work and care into separate entities has been criticised for not matching the realities of everyday life, where work and care are not clear-cut, separate entities, but are interrelated in the complex fabric of everyday life (Tammelin, 2009). The division has also been criticised for being artificial, as often there is a remarkable similarity between women's responsibilities for care in the home and their responsibilities for care in paid jobs, for example in the field of welfare service work (e.g. Badgett & Folbre, 1999). Consequently, the boundaries between work and care, and between formal and informal care, are not necessarily so clear-cut or straightforward (Lyon, 2010).

Despite the aforementioned critiques, in this thesis I have chosen to use the concept of 'work-care reconciliation'. First, I decided to use the dichotomy of work and care, as social policy institutions – and much of the previous research – construct paid employment and unpaid care as separate entities. Thus, following this tradition helps to maintain analytical clarity. Second, I chose to use the term 'reconciliation', as it makes the processual nature of combining work and care visible. The word 'reconciliation' suggests that there are tensions between work and care, but that through adjustments they can be made compatible or consistent with each other (Bowlby et al., 2010, p. 119). Thus my understanding of the issue is that even though work and care are interrelated, and the boundaries between work and care are often artificial and blurry, there are also frictions and contradictions which require the work of reconciliation to make work and care 'fit' together in everyday life.

#### 2.1.1 Care as gendered practice

Care is a vital part of the human life course: all of us were dependent on others to care for us when we were children, and many of us will again be dependent on others to care for us as we age. Most of us also act as caregivers for our family members, friends and other kin at some point in our lives. During our life course,

others depend on us and we depend on others for various forms of care – sometimes in subtler ways, and at other times more urgently and more completely. Consequently, caring can be seen as an essential component in a variety of everyday social interactions where we take the needs of others into account in different ways. In a broad sense, caring can be seen to encompass all actions that 'go beyond the normal reciprocities' between people (Twigg & Atkin, 1994, p. 8).

The word 'care' is ambiguous, and can be understood in many ways. For example, the phrase 'to care' can refer either to a feeling state (caring about someone) or an activity state (caring for someone) (Thomas, 1993). As the word has such broad meanings in English, it often translates poorly into other languages (Tronto, 2017). În Finnish, for example, 'care' can be translated as hoiva (social care), hoito (medical care) or välittäminen (caring about). Even today, there still exist a variety of debates over the concept of care – for example, whether care should be conceptualised primarily as nurturance or as reproductive labour (Duffy, 2005). According to Duffy (2005), the definition of care as primarily a feeling state and as nurturance highlights caring as a practice, skill or way of thinking where the emphasis is on relationality. The second line of thinking, which conceptualises care as reproductive labour, underlines caring as work which is important for the economy and society as whole, and which is necessary to ensure the daily maintenance and reproduction of the labour force. Thus the understanding of caring as reproductive labour also includes tasks such as cooking and cleaning done in the home, which are non-relational but nevertheless important for the maintenance and reproduction of the labour force.

How care is defined is important not only for our everyday thinking and the ways we value the caring done by ourselves and others, but also for policymaking. The definition of care is tied to various conflicting interests and political struggles, and it is central to the outlining of guidelines for social and public policy (Hoppania, 2015, 2017; Hoppania et al., 2016). These policies in turn shape and are shaped by our prevalent social and cultural values regarding care. Which care arrangements are supported and promoted in a given situation, and which are not, also involves our understandings of what care means, who is seen as entitled to be cared for and under what circumstances, and who is expected to be responsible for caring. Therefore, these seemingly mundane questions regarding care are also extremely important social and political questions (Kittay, 1999).

In this thesis, care is analysed from manifold perspectives. First, as pointed out at the beginning of the thesis, the focus is on both childcare and care for older people. In terms of policy there are inevitably significant differences between the systems of childcare and care for older people (see subchapters 2.2.1 and 2.2.2). In research, it is more common to focus explicitly on either childcare or care for older people. However, in this thesis I choose to analyse these forms of care in parallel. My aim is to discuss the differences and similarities in the policies and practices of childcare and care for older people, from structural as well as individual viewpoints. In Finland, both policy systems – childcare and care for older

people – have a normative basis in the ideals of universalism and womenfriendliness. Both of these systems are currently facing challenges (as noted in the Introduction), and both occupy a contradictory place between local and national social policy (see subchapter 2.3.1). For women, the roles of caring for one's children and (usually in later life) caring for one's ageing relatives are often part of one's life course at different times; and for both forms of care, the moralities and rationalities of caring are similar.

In this thesis, care is analysed particularly from the perspective of caring as a gendered practice where moral and emotional dimensions are strongly present. Thus, I focus more on caring as a 'feeling state' and on the affective dimensions of care, and less on care as reproductive labour. In this thesis, gender (in contrast to the biological categorisation of sex) refers to the meanings that individuals and societies ascribe to different genders (Wood & Eagly, 2010, p. 630). The intertwinement of female gender and caring has been extensively explored in care research since the 1980s. Researchers such as Hilary Graham (1983, p. 18) have made visible the ways in which identification with a female gender is seen to emerge through caring. She has argued that 'caring' is a category 'given' to women, and that through caring, genders are differentiated: caring is constructed as feminine, whereas non-caring is constructed as masculine. Still today, it is often assumed and expected that the caring role comes more 'naturally' to women than to men (e.g. Hirvonen, 2014). Women, more than men, are stereotypically seen as intrinsically having attributes that are essential for caring, such as unselfishness and concern for others (Wood & Eagly, 2010). Women also face more overall expectations to care, and the idea of women as 'natural' carers often leads to the symbolic and economic devaluation of care work done by women (see Hirvonen, 2014; Koskinen Sandberg, 2016). The kinds of caring tasks that different genders are expected to perform also differ. The division of caring tasks tends to follow the traditional division of household labour, with women doing more of the bodily 'hands-on' care (e.g. Hequembourg & Brallier, 2005) that is situated at the 'heavy end' of caring and more often requires spatial proximity to the person with care needs (Jegermalm, 2004).

In conceptualising the gendered moral dimensions of care, I draw particularly from the theorisation of 'gendered moral rationalities' by Duncan and Edwards (1999). Much of the research focusing on women's work-care reconciliation has dealt with the eternal question of agency versus structure – how free the choices women make in relation to work and care truly are, and what the factors shaping these decisions are. Duncan and Edwards (1999) have used the concept of gendered moral rationalities to analyse women's decision-making regarding work and care. According to this conceptualisation, choices regarding work and care are gendered, as expectations of men and women differ in relation to reconciling work and care. As noted earlier, women are still more often seen as natural carers than men. The cultural expectations of the mothers and fathers of young children (e.g. Pfau-Effinger, 2004), and of the daughters and sons of ageing parents (e.g. Hequembourg & Brallier, 2005), differ in terms of care.

These choices are *moral*, as one has to weigh up the 'right thing to do' in a given situation in relation to care. Questions regarding, for example, what is 'best for the child', or how much of one's time should be devoted to caring for ageing relatives, are infused with moral expectations and socially and culturally constructed moral norms (e.g. Finch & Mason, 1993). Deciding what is the morally 'right thing' to do in a given situation can also be a question to which there is no 'right answer'. As Outi Jolanki (2015) points out in her study on reconciling work with caring for an ageing relative, women anticipate moral blame if they are seen as prioritising work over care, but also if they decide to opt out of working in order to care full-time. These choices are also rational, as individuals weigh up the best or most rational thing to do, economically, socially or otherwise, in a given situation. Gendered moral rationalities are also shaped by the place where they occur. As pointed out by McDowell, Ray, Perrons, Fagan and Ward (2005, p. 231), women's experiences, and the meanings they give to caring or motherhood, are 'mediated through the networks and cultures in which they are embedded, as well as influenced by the care provision that is available locally'. In everyday life, gendered moral rationalities are also shaped by the employment prospects available to women locally: what the structure of the local labour market looks like, what women's (un)employment levels are, and whether the work available offers full-time or part-time hours. Consequently, different local cultural understandings of the social role of women interact with local labour market characteristics in shaping women's gendered moral rationalities. (Duncan & Edwards, 1999.)

The understanding of what constitutes the 'moral' or 'right thing to do' regarding care is guided not only by what we think others or society expect of us, but also by our embodied inner experience – by what we *feel* is the right thing to do in a given situation. Emotions are always present in caring. These emotions shape and are shaped by mundane experiences of the 'doing of care'. A caring relationship, whether it be between a mother and child or between an adult with care needs and the person responding to those needs, often leads to complex emotional dynamics and close emotional bonds between the people involved. These bonds can also take a form which is not desired by the person doing the caring or the person with the care needs. Care relationships can encompass a variety of emotions as diverse as love, empathy, compassion, hate, resentment, bitterness and regret. (e.g. Bondi, 2008; Milligan, 2005; Mustosmäki & Sihto, 2019.)

The relationship between a mother and child, or between an adult with care needs and the person responding to those needs, does not develop in a societal vacuum. Even though the emotions that emerge in and through caring are experienced as deeply personal, they are also shaped by the broader sociocultural context (e.g. Ahmed, 2004) and norms regarding care. Hence, as will be explored later in subchapter 2.3.3, which addresses emotional geographies of caring, the focus of this thesis is on emotions not as interiorised subjective mental states, but as produced in relational interaction, and as socioculturally and spatially shaped phenomena. In caring, privately experienced and publicly expressed emotions intertwine (Thomas, 1993). A strong component of emotion management

(Hochschild, 1979) is often present in caring, and can be at odds with the embodied inner experience of the person who is doing the caring. The person doing the caring has to interpret the 'true' care needs of the other person, and then to reflect on how they can – and whether they will – respond to those needs (Sihto, 2018b).

Although I focus on the moral and emotional aspects of caring, I do not intend to imply that this focus offers an exhaustive overall picture regarding the role of care in the lives of individuals. Caring is such a complex and multifaceted phenomenon that analysing it thoroughly in one thesis would be impossible. Rather, I argue that focusing particularly on these aspects of caring is essential in order to pinpoint and analyse the deep-seated genderedness of care. As argued in previous research (e.g. Graham, 1983; Hirvonen, 2014; Husso, 2016; Jokinen, 2005; Sihto, Lahti, Elmgren & Jurva, 2018), gendered ways of doing care are not only the result of conscious choices, but are also (re)produced in everyday life in such subtle ways that they often go largely unnoticed. What women feel in a given situation to be the 'right thing to do' regarding care does not only reflect their intrinsic emotions. The ways in which choices regarding care are constructed are also shaped by wider sociocultural structures and ideals regarding care. In the next subchapter, the focus is on how the structures of the welfare state and social policy (re)shape gendered ideas and practices regarding work and care.

## 2.2 Work-care reconciliation in a women-friendly welfare state

Historically, the welfare state has been central to women's citizenship, labour market opportunities and caring roles in Nordic countries, where close ties between public and private, local and national, and state and civil society have been central in shaping the space of women's agency (Siim & Stoltz, 2015, p. 21). Particularly for women, care policy has been and continues to be crucial for the ways in which work and care can be reconciled. This is also the case in Finland, even though women were already participating in large numbers in the labour market well before a comprehensive care policy or the current form of the Finnish welfare state were created. During the first decades after the Second World War, Finland had the highest rate of female participation in the labour force in the Western world. The reasons behind women's early labour force participation, according to Raija Julkunen and Jouko Nätti (1999, p. 48), were related to economic necessity, historical continuity and women's free will. Mothers of young children also entered the labour market and went into full-time work in large numbers during this time, well before the child day care system was established by law in 1973. In the end, mothers' participation in the labour market was the most important factor behind the creation of a comprehensive public child day care system, which also started the establishment of Nordic-type public social services in Finland. (ibid.)

During the 1970s and 1980s, the Finnish welfare state went through a period of expansion. Although Finland caught up with other Nordic welfare states to some degree, the social security system did not reach the levels of generosity seen in Sweden and Denmark (Julkunen & Nätti, 1999). Despite this, Finland is usually classified as part of the universalist, social democratic Nordic welfare regime, albeit often characterised as the 'latecomer' (Kettunen, 2001) or a 'somewhat muted version' (Grødem, 2015) of the Nordic model (e.g. Esping-Andersen, 1990, 2015; Lister, 2009). One of the important building blocks of the Nordic welfare model has been the aim of making policies 'women-friendly'. In her seminal work, Helga Hernes (1987) identified the Nordic countries as 'potentially women-friendly societies'. Hernes saw the Nordic countries as having the potential to develop into women-friendly welfare states, which she described as states which 'would not force harder choices on women than on men, or permit unjust treatment on the basis of sex' (Hernes, 1987, p. 15). This refers particularly to family policy, which in a women-friendly society would be developed so that women would not have to make greater sacrifices in relation to work and care than would be expected of men.

Hernes (1987, p. 15) also argued that women-friendliness should be achieved without increasing other forms of inequality, such as inequalities among different groups of women. This has proved to be problematic: since women-friendliness often assumes a common and collective interest of women, it easily ends up essentialising the category of 'women'. Thus women-friendliness can be criticised for forgetting intersectionality and presuming a homogenous and predictable pattern for all women when it comes to paid work and family: that all women aim for (full-time) paid work, and that all women will eventually become mothers. Ultimately, there is the danger that the concept of women-friendliness boils down exclusively to white middle-class heterosexual women with (young) children as its only political subject, thus forgetting intersectionality (Borchorst & Siim, 2002; Kantola, 2004).

The idea of women-friendliness is based on the (somewhat contested) premise that women's labour market participation and economic independence are the keys to gender equality (Borchorst & Siim, 2002). This particular focus on policies related to women's labour market participation may conceal the plurality of ongoing political and societal struggles. As pointed out by Johanna Kantola (2004), rather than being a homogenous actor aiming towards women-friendliness, the state should be seen as a plurality of arenas and struggles which sometimes lead to the development of women-friendly policies and sometimes not. Kantola (ibid.) has challenged the Nordic feminist discourse, which, she argues, has conceptualised the women-friendliness of Finland in overly positive terms (see also Borchorst & Siim, 2002; Koskinen Sandberg, 2018; and Mandel & Semyonov, 2006, on the critique of women-friendliness).

Intra-Nordic analyses have also shown that there are considerable differences among Nordic countries in relation to gender equality and womenfriendly social policies (e.g. Grødem, 2015; Grönlund, Halldén & Magnusson, 2017; Hiilamo & Kangas, 2009). There is less emphasis on gender equality goals

in childcare policy in Finland, as the level of support for working mothers and caring fathers is lower compared with other Nordic countries (Grødem, 2015). Instead of focusing on gender equality, Finnish childcare policy places stronger emphasis on the discourse of 'choice' (see e.g. Hiilamo & Kangas, 2009; Varjonen, 2011). This discourse highlights the importance of families having as much freedom as possible to choose the form of childcare they prefer, particularly for children below the age of three. As individuals' (and individual families') choices are emphasised, very little attention is paid to the role of structural and cultural factors, such as gender and social class, in shaping the choices regarding childcare.

In terms of care for older people, among the Nordic countries Finland directs the lowest proportion (1.2% in 2013) of its gross domestic product to formal eldercare services, and the share of user charges is also highest in Finland compared with other Nordic countries (Szebehely & Meagher, 2018). Consequently, Finland might be seen as the least universalist of the Nordic countries when it comes to care for older people, and this state of weak universalism (Kröger, 2003) inevitably has consequences for women-friendliness as well.

In terms of women's labour market outcomes too, it has been argued that Finnish women face more constraints in the labour market compared with women in other Nordic countries (e.g. Grönlund et al., 2017). It has also been questioned whether policies that aim for women-friendliness actually improve the situation of women in the labour market, or whether they ultimately have the opposite effect on women themselves, leading to the 'welfare state paradox' (Mandel & Semyonov, 2006). According to Hadas Mandel and Moshe Semyonov (2006), policies considered women-friendly hamper the economic and occupational achievements of highly skilled women, as family policies are seen as institutionalising career interruptions and strengthening gender segregation in the labour market. Consequently, researchers who posit the existence of this welfare state paradox claim that women-friendly social policies ultimately benefit women with low-level educations working in low-skilled jobs, but establish glass ceilings for highly skilled women. However, the theory of the welfare state paradox has been widely critiqued as overstating the adverse effects of family policy on highly skilled women (e.g. Hegewisch & Gornick, 2011; Korpi, Ferrarini & Englund, 2013; Mustosmäki, 2017). As argued by Korpi et al. (2013), in most countries highly educated women have very high labour market participation rates, no matter what the welfare state policies are like, and the connection between welfare state policies and women's access to well-paid managerial positions is rather inconsistent.

These theorisations regarding women-friendliness and the welfare state paradox raise important issues for policymaking. Hernes (1987) envisaged that women-friendliness should be achieved without increasing inequality among different groups of women, but policymaking often seems like a zero-sum game where some group(s) gain while others lose. Another important issue is prioritising between women's opportunities for paid work and their

opportunities to care. The role and value that paid work and unpaid care have in society has created strong divisions among feminist welfare state researchers. Much previous research focuses on the idea that women's labour market participation and economic independence are the keys to improving gender equality. Yet, this line of thinking often brushes aside the question of care, and of who should be doing the caring if all adults are expected to participate in the labour market full-time without long career interruptions. As care is de facto a universal basic human need, it has to be organised somehow, and it entails that somebody is willing and able to do the caring. Much of the history of feminist welfare state research can be seen as balancing between these two perspectives (Ciccia & Sainsbury, 2018). Ruth Lister (1997, p. 178) has described this 'contemporary variant of Wollstonecraft's dilemma' as follows:

We are torn between wanting to validate and support, through some form of income maintenance provision, the caring work for which women still take the main responsibility in the private sphere and to liberate them from this responsibility so that they can achieve economic and political autonomy in the public sphere.

Whether care policies provide income, services or time to individuals and families affects the demand and supply of (female) labour. Services offering child day care or care for older people increase both the demand for labour in the female-dominated field of welfare service work and the supply of female labour, whereas cash-for-care schemes are expected to have the opposite effect (Daly, 2002, p. 263). Consequently, the question of whether and to what extent the welfare state should support cash-for-care schemes remains particularly controversial in feminist welfare state research. On the one hand, these schemes make the invisible caring work done in the private sphere visible, and offer some financial security to those doing the caring (parents of young children, informal carers), who otherwise often find themselves in extremely precarious financial situations. On the other hand, if the aim of a particular policy is to maintain or strengthen the family's caring function, it often automatically leads to a strengthening of traditional gender roles and of the caring role of women, thus reproducing the gendered division of labour at home (Leitner, 2003). Thus it remains contested whether public policies which explicitly support the family in its caring function via cash-for-care schemes are women-friendly or not (see e.g. Saxonberg, 2013).

In feminist welfare state research, the definition of 'women-friendliness' and what constitutes 'women-friendly' policy has been contested, and a variety of terms have been coined to measure the women-friendliness of policies. In this thesis, I focus particularly on the genderising and degenderising (Saxonberg, 2013) aspects of care policies. These concepts also have their roots in the research discussion regarding familialisation and defamilialisation. The concept of defamilialisation has traditionally been used to measure independence from the family: how independently of family relationships one can live, through either paid work or social security provision (Lister, 1997, p. 173). However,

conceptualisations and measurements of what constitutes familialisation or defamilialisation have varied significantly between studies, as the analyses often combine policies with their outcomes, rather than keeping them separate (Saxonberg, 2013). Consequently, the concepts are blurry, as they have been defined in different ways. For example, Leitner (2003) first defined familialism as public policies which explicitly support the family in its caring function. By this definition, for example, parental leave and cash-for-care schemes can be understood as familialistic. Further theorisations have emphasised that defamilialisation can be conceptualised in at least two partially different ways, which should be kept analytically separate. Defamilialism can be understood first as the transfer of caregiving responsibilities from families to the state/market (social defamilialisation), and second as economic support for caring (economic defamilialisation). (Kröger, 2011a; Leitner & Lessenich, 2007.)

Consequently, it can be debated whether the ambiguous current conceptualisation of familialism and defamilialism offers the best possible way to assess the women-friendliness of social policy. Kröger (2011a) has used the concept of dedomestication, which indicates the degree of freedom from the domestic sphere instead of freedom from the family. Dedomestication refers to 'the degree to which social care policies make it possible for people to participate in society and social life outside their homes and families' (Kröger, 2011a, p. 429). As a concept, dedomestication takes into account not only the person giving care, but also the person with care needs and his/her rights to receive formal care outside the private sphere of the home. Mathieu (2016) uses the concept of demotherisation, which highlights first the ways in which care work is often performed by mothers (instead of 'families'), and second the way social policy can alter (or maintain) the gendered division of social reproductive work. Demotherisation highlights that the extent to which women do unpaid care work is affected not only by the distribution of care work between the state, market and family, but also by the division of work within the family. As noted by Mathieu (2016), more attention should be paid to those who are using cash-forcare schemes in families, as family policy that aims for economic defamilisation does not necessarily challenge the gendered division of care within families. As will be noted in the next subchapter, in Finland the parental leave system can be seen as an example of how seemingly gender-neutral benefits often have extremely gendered consequences. Therefore, policies that have economically defamilialistic effects do not necessarily promote gender equality.

Extending from these concepts, it can be argued that emphasis should be placed on unpacking the genderedness of care in a broader sense. Saxonberg (2013) has used the concepts of genderising and degenderising to describe the influence of social policies on gender roles. Genderising refers to policies which 'promote different gender roles for men and women', while degenderising refers to 'policies that promote the elimination of gender roles'. Building on Leitner's (2003) conceptualisation of explicit and implicit familialism, Saxonberg (2013) separates explicit and implicit genderising. Policies that aim to separate gender roles, such as maternity leave, can be considered explicitly genderising, whereas

seemingly gender-neutral policies with gendered effects (parental leave in Finland could be considered an example of this) represent implicit genderising. According to Saxonberg (2013), implicitly genderising policies are often market-oriented, with the laissez-faire ideal of promoting individuals' and families' freedom to choose (see Varjonen, 2011). These policies do not explicitly aim to reinforce separate gender roles, but they often end up supporting the existence of traditional gender roles. In the next two subchapters, the genderising and degenderising of two forms of care policy in Finland are discussed. The first subchapter focuses on the gendered effects of Finnish childcare policy on the division of childcare in families; the second subchapter focuses on care for older people in Finland, and the gendered consequences that the current emphasis on the family as the main area of care provision has.

#### 2.2.1 A stalled revolution: the division of childcare in families

The way the welfare state and social policies are constructed and organised shapes and is shaped by our social and cultural values regarding care. In particular, policies related to childcare are central in (re)shaping, challenging or maintaining gender role attitudes in families and the labour market (Sjöberg, 2004). In feminist welfare state research, the interest is in the ways in which gender is encoded in welfare state policies. A key question is whether existing policies reinforce gender roles, or whether they open up possibilities for change (Ciccia & Sainsbury, 2018). In Nordic countries, the cultural ideal of the dual worker/dual carer model is strong, meaning that in (heterosexual) nuclear families with young children, both mothers and fathers are expected to participate in paid employment and childcare (e.g. Julkunen, 2010; Leira, 2006). However, the employment and childcare trajectories of mothers and fathers differ, and this ideal of the dual worker/dual carer model is only partly carried over into reality.

By international comparison, the services and benefits for parents of young children are rather generous in Finland. However, these policies are not as supportive of gender equality as those in other Nordic countries. The division of parental leave in Finland has both explicitly and implicitly genderising characteristics (Saxonberg, 2013). Maternity allowance is paid from 30–50 working days before the due date of the birth until the child is about three months old; this is followed by a parental allowance for the mother or father until the child is around nine months old. Paternity allowance can last up to 54 working days, or about nine weeks. Fathers can choose to stay at home for a maximum of 18 days at the same time as the child's mother while she is on maternity or parental allowance. The rest of the paternity leave can be taken after the parental allowance period has ended. Maternity, paternity and parental leave periods are compensated according to previously taxed earnings. In addition, families receive monthly child benefit for each child below the age of 17. (Kela, 2018, 2019b.)

After the parental leave period ends, child home care allowance can be claimed by families with a child under the age of three who is not in municipal

day care and who is looked after by one of the parents or another person (e.g. a relative). In 98% of cases, the person taking care of the child on child home care allowance is the parent, almost always (97%) the mother. (Kela, 2018.) The child home care allowance is paid at a low flat rate: in 2019 it is  $\epsilon$ 338.34 per month for one child under three years of age,  $\epsilon$ 101.29 per month for each additional child under three years of age, and  $\epsilon$ 65.09 per month for each child over three years of age but under school age (Kela, 2019a).

As of 2017, 90% of all parental leave days were taken by mothers. Fathers' uptake of parental leave days usually consists only of the leave days specifically earmarked for fathers; their uptake of the supposedly gender-neutral parental allowance days is around 1–3% of the days. (Salmi & Närvi, 2017.) The share of fathers' use of both parental leave days and the child home care allowance has been growing, albeit slowly. In 2017, fathers constituted 7.1% of the users of child home care allowance, compared with 4.9% in 2008. (Kela, 2018.)

Even though all children have a legal right to a place in day care in Finland, the uptake of formal day care services continues to be at much lower levels compared with other Nordic countries (e.g. Eydal & Roostgaard, 2011). This can be seen as an example of how it is not always possible to identify a straightforward causal effect between policies that are considered womenfriendly and the behaviour of women, and of how discrepancies can exist between policy goals and their outcomes. In other words, women's response to policies differs from that which is expected. Comprehensive, affordable and high-quality day care services are usually expected to lead mothers of young children to return to work relatively soon after the birth of the child, but in Finland the situation is different. Despite comprehensive child day care services, maternal care of children continues to be more popular in Finland compared with other Nordic countries (Eydal & Roostgaard, 2011). Birgit Pfau-Effinger (1998) has argued that this is due to differences in 'gender cultures' - that societal values, meanings and ideals related to motherhood and childrearing are stronger than financial incentives in influencing women's choices regarding employment, and that the gender culture in Finland is favourable to the ideal of (temporary) maternal home care of children.

In 2016, 68% of children between the ages of one and six were in day care in Finland. Among children below the age of one, under 1% were in day care. The percentage of day care enrolment is 28% for children aged one, and 54% for children aged two. (Tilastokeskus, 2018.) This strong preference for maternal care of children below the age of three has even led some researchers to argue that Finland can be seen as a homemaker society (Anttonen, 2003). Milder estimations call Finland a culture of 'women's temporary homemaking' (Salmi, 2006) where women take long parental leave periods and then return to employment thereafter. In 2016, 37% of mothers of children aged one, and half of mothers of children aged one to two, were in employment. However, the employment rate among women whose youngest child was between the ages of three and six was 79%, supporting the idea that women stay at home in large numbers when their children are below the age of three, but then return to employment. (OSF, 2017.)

Overall, the differences between the employment rates of women and men are rather small in Finland: in 2017, the employment rate for men was 70.7% and for women 68.5% (OSF, 2018). However, as can be seen from the use of childcare leave and from time use studies, even though women's participation in paid work comes close to that of men, it is not matched by an equal participation of men in domestic work and childcare (e.g. OSF, 2011). Already 30 years ago, Arlie Hochschild (1989) described this phenomenon as a 'stalled revolution' at home; women participate in working life and in spheres traditionally thought of as 'masculine', but men have not moved equally into 'feminine' caring roles. If the aim of a particular policy is to maintain or strengthen the family's caring function, it often automatically leads to a strengthening of traditional gender roles and the caring role of women, thus reproducing the gendered division of work at home (e.g. Leitner, 2003). This is particularly visible when we look at the use of the supposedly gender-neutral parental allowance and child home care allowance. Experiences from other countries have shown that the best way to equalise the use of parental leaves between mothers and fathers is to have separate 'use it or lose it' quotas that can only be used by fathers. These quotas have been particularly successful in equalising the use of parental leaves in Iceland, Norway and Sweden. (Eydal et al., 2015.) In Finland, despite initiatives for longer 'daddy quotas', changes to the current parental leave system have proved to be politically difficult (see e.g. Salmi & Närvi, 2017).

Parental leaves also have a strong class ingredient, as family policies that aim for universalism, and for class and gender equality, can easily become 'building blocks in classed care strategies' (Stefansen & Farstad, 2010, p. 136). Even though the Finnish family policy model strongly emphasises the discourse of 'families' freedom to choose' (Varjonen, 2011) between home care and (public or private) formal day care for their children, the ways these possibilities are realised vary significantly among women. In general, women with high educational levels and secure positions in the labour market use shorter parental leave periods than women with lower educational levels and more insecure positions in the labour market. For middle-class women, parental leave can offer latitude between different options regarding work and childcare. However, for women in more insecure labour market positions, current family policy offers little security or 'freedom to choose': in reality, the choices that women in insecure labour market positions can make are often not between work and childcare, but between the home care of children and unemployment. (Jokinen, 2005; Lammi-Taskula, 2004; Närvi, 2014.) Thus, current Finnish family policy can be considered problematic from the point of view of women-friendliness. Not only are there significant differences between men and women in the uptake of childcare leave, but current family policy also functions in ways that can be seen as increasing class differences among women.

During recent years, austerity measures have also hit Finnish childcare policy, further eroding the goals of class and gender equality, even though policy improvements were being made before 2012. The earliest traces of the crisis could be seen in childcare policy in 2013, when the government decided that child

benefits would cease to be eligible for adjustment for inflation until 2016. Most of the cutbacks in childcare policy have been to benefits instead of services. However, since 2016, municipalities have had the right to restrict child day care from full-time to part-time if a parent of the child is at home (e.g. due to parental leave or unemployment). This cut to the right to day care can be seen as an important change in the paradigm of Finnish family policy, as it questions the universal right to services. (Salmi & Närvi, 2017.)<sup>2</sup>

The cuts to childcare policy made during the 1990s recession have remained in force, even during later periods of rapid economic growth (Hiilamo, 2006). Consequently, Hiilamo (2006, p. 190) describes the case in Finland as one of 'permanent austerity' (Pierson, 1998): even during times of economic growth, benefit levels have barely been raised, leading inflation to further erode benefits. Thus it can be expected that some of the current cutbacks to family policy will likewise be kept in force even during times of economic growth, and that these cutbacks will have both gendered and classed consequences in the long run.

#### 2.2.2 Family comes first? Care for older people under austerity

The welfare state ideals of universalism and defamilialisation are also present at the basis of the Finnish model of care for older people. Since the 1970s, both home care and institutional services have been provided by municipalities to those in need, and there has been no legal obligation for adult children to provide care for their ageing parents. However, the ideals of universalism and defamilialisation have never been met in reality, as any increases in resources have always lagged behind the increases in care needs (Kröger, 2003). Currently, the ageing of the population alongside austerity measures in social policy are drastically changing the societal conditions for care for older people in Finland. Simultaneously as the need for care is growing, the availability of care services is decreasing due to cuts in public spending. The trend has been from public to growing private responsibility, which has led to increasing expectations of family members to care for their ageing relatives (Jolanki, Szebehely & Kauppinen, 2013) as well as higher levels of marketisation of care services (Meagher & Szebehely, 2013). Since the Finnish system of care provision has never met the ideal of universalism in reality, it has been described as representing weak universalism (Kröger, 2003), which is now becoming still weaker (Szebehely & Meagher, 2018). During the writing of this summary, in the spring of 2019, this lack of resources became visible in the media in a particularly grim way, when neglect and misconduct in institutional care was found in the worst cases to have led to the deaths of several older people (Yle, 2019).

As the trend is towards a decrease in the amount of institutional care and an increase in home care, the home is currently emphasised as the primary place of care. However, the availability of home-based care services is simultaneously being decreased. Due to cuts in the coverage of home-based care services, large

<sup>&</sup>lt;sup>2</sup> However, during the writing of this thesis, the current government proposed a plan to restore the right to full-time day care starting from 1 August 2020 (Minedu, 2019).

proportions of people under the age of 85 have been excluded from services, and only those with the greatest need receive formal care (Kröger & Leinonen, 2012). These developments inevitably move care responsibilities to an increasing extent from public actors to families.

In Finland, informal care provided by family and kin has always been and continues to be the most extensive form of care given. It has been estimated that the annual expense of care for older people in Finland would be €2.8 billion euros higher without informal care (Kehusmaa, 2014). Currently, around 40,000 people receive carers' allowance, and thus their role as carers is recognised by the state. However, the number of people providing care is much larger and difficult to estimate. The estimations vary from 300,000 (Anttonen, Valokivi & Zechner, 2009, p. 10) to 1.2 million people (Kehusmaa, 2014), depending on how care is defined and how temporally binding care is considered in these estimations. Informal care is also an essential part of work-care reconciliation: in 2012, according to a survey conducted by the Finnish Institute of Occupational Health, 30% of employed women and 22% of employed men in Finland were taking care of someone due to old age, illness or disability. According to this survey, differences particularly emerge between women and men in terms of temporally binding care: 4% of employed women had daily caring responsibilities and 12% weekly, compared with 2% of men with daily and 7% with weekly caring responsibilities. (Kauppinen et al., 2013, pp. 86–87.)

How caring responsibilities are divided and negotiated in families is often a complex issue. Caring relations between adults are not conducted according to laws or an obvious set of moral rules, but these commitments are always the products of explicit or implicit negotiations between the (possible) carer(s) and the person with care needs. Even though legally, the role of the family is not mentioned in the provision of care, in several laws there exists 'a functional and economical loyalty assumption' regarding the role of family and kin as providers of care (Kalliomaa-Puha, 2017, p. 232). Although the law does not explicitly address families, the implicit assumption is that families are the primary providers of care. This loyalty assumption is also connected to an implicit 'gender assumption' (Kalliomaa-Puha, 2017, p. 232) – even though the legal text is gender-neutral, the implicit assumption remains that it is women in particular who will carry the main responsibility for care.

Caring forms a site where gender intersects with the transmission of privilege or disadvantage (Conlon, Timonen, Carnev & Scharf, 2014, p. 732). As more and more caring is expected to be done by families and kin, a likely scenario is that at the societal level, heavy care for older people will particularly fall to their daughters, especially when the latter have lower levels of education. This is also connected to geographical distance: spatial proximity increases the overall likelihood of providing care, and in Finland those with lower levels of education live closer to their parents than those with higher levels of education (Lammi-Taskula, Suhonen & Salmi, 2004; Hämäläinen & Tanskanen, 2014). However, this connection between class and caring has not been explicitly addressed in Finnish research, even though it has been found in other countries that working-class

daughters are frequently those who provide informal care to their ageing parents (e.g. Arber & Ginn, 1992; Ulmanen & Szebehely, 2015). Unmarried daughters, particularly those without children, also face greater expectations to care, as they are seen to be free from other (family) responsibilities, thus having the time and resources to do the caring for their ageing parents (Hequembourg & Brallier, 2005). In addition, age is an important determinant of who does the caring: middle-aged women often become carers, as for many women becoming a caregiver is considered a 'natural' choice during midlife: as their children have grown up, they begin to care for their parents or other close relatives (Anttonen & Zechner, 2011). In the next subchapter, this genderedness of care and care policy is discussed from the perspective of locality.

### 2.3 Locality, space, place and work-care reconciliation

The issue of locality is at the heart of this thesis, as the interest is in analysing the ways in which locality shapes women's opportunities for reconciling work and care. One of the aims of this thesis is to understand the local structures that underpin social relations and positions: how women are 'emplaced' in the world around them, and how the social and the spatial are interconnected and realised in one another (e.g. Keith & Pile, 1993). In this thesis, the concepts of 'locality', 'place' and 'space' are used to grasp the various aspects related to spatiality which are embedded in the research questions. In this subchapter, the meanings of these concepts in the context of the thesis are defined.

Social science research focusing on localities rose to particular prominence in Britain in the 1980s, as a both critique and an enrichment of research traditions that focused solely on global- and national-level analyses. The first of these locality studies focused on employment and the economic structures of particular regions or cities. Over time, locality studies put more emphasis on culture. (Popper, 2006, pp. 283-284.) Later, feminist geography aimed to rethink the concepts that had been taken for granted in geographical research. Feminist geography has also emphasised the ways in which different localities, places and spaces not only reflect but also produce gender (Bondi & Davidson, 2005). The seminal works of Doreen Massey (1984, 1994) are often cited as among the most influential in the field of early feminist geography. Massey analysed the interrelatedness of space, place and gender, and the ways in which neither place nor gender are static or given, but are always in process, shifting and changing over time. However, as Massey's analysis also showed, even though place and idea(l)s regarding gender are fluid, they are never easily changed or freely chosen, but are prone to stickiness and inertia.

The concepts of 'place', 'space' and 'locality' are widely debated within the human geography literature. Often the conceptual discussion has been criticised for lacking precision, as everyone assumes we already know what these terms mean (see Massey, 1994). In regard to the understanding of 'place' and 'space', this thesis draws on the definitions proposed by Bondi and Davidson (2005).

According to these authors, 'place' is often used to refer to a bounded entity that contains a unique assemblage of particular characteristics. Within a 'place', people establish profound attachments and identities: place can be seen as a meaningful proportion of space. Thus, 'place' is subjective and often carries meaningful and emotional experiences; this is often referred to as 'a sense of place' (Tuan, 1977). The scale of a place might be, for example, a home, a suburb or a country. In contrast to 'place', 'space' is often thought of as defined by objectively measurable properties such as distance (Bondi & Davidson, 2005). However, as I argue in article IV on emotio-spatial distances in caring (Sihto, 2018b), space and spatial distances are also shaped in part by subjective experiences.

Following Jones and Woods (2013), I understand 'locality' in terms of absolute, relative and relational space (see Table 1). The understanding of locality as absolute space refers to locality as a politically and administratively recognised space bounded by specific borders. Locality as relative space refers to how localities are defined by the various dynamics within, outside and between them. Thus localities are defined by their cores rather than by their edges, and are 'relative, fuzzy and sometimes indeterminate'. (ibid., p. 35.) From the perspective of relational space, locality is generated by the relations between people and environments. Consequently, localities are not static, but always shifting and changing through a process of interaction (ibid., p. 35). These three different forms of locality can coexist at the same time. Together they can offer a new understanding of localities as 'multifaceted, dynamic and contingent entities' (ibid., p. 39) consisting of both absolute space and boundaries which are 'fuzzy' and permeable. Jones and Woods (2013) also argue that in order for the concept of locality to have analytical value, it should possess both material and imagined coherence. By material coherence, they refer to social, economic and political structures that hold a locality together. Imagined coherence refers to residents of a locality having a sense of identity with the place and with each other, making a locality 'meaningful as a space of collective action'. (ibid., p. 36.)

TABLE 1 Definition of locality (Jones & Woods, 2013)

Locality as				
Absolute space	Relative space	Relational space		
Politically and administratively recognised	Defined by the dynamics within, outside and between localities	Always shifting and changing through a process of interaction between and among people and environments		
Defined by its borders	Defined by its core	No static definition		
Imagined and material coherence				

In the remainder of this chapter, the roles of locality, place and space in workcare reconciliation are explored through three different yet complementary frameworks. First, the contradictory relationship between the national and the local in social policy is explored in the next subchapter. As noted in the Introduction to this thesis, social policy research often focuses on national-level analyses and comparisons, often within the framework of nation-based welfare regimes. However, the municipal level plays a significant part in how social policy is implemented into practice in Finland. Thus, instead of speaking about uniform welfare states, it has been suggested that it might be more beneficial to focus on the multitude of 'welfare municipalities' (Kröger, 1997, 2011b) inside a particular country. The subsequent subchapter shifts from policy to the level of culture, and the concept of 'local gender contract' is discussed in terms of workcare reconciliation. In the third subchapter, the focus is on the individual level and the emotional sense of place and space, as the concepts of emotional geographies and caringscapes and their ties to work-care reconciliation are explored. In the final subchapter, the different conceptualisations of locality are brought together for theoretical synthesis.

### 2.3.1 Social policy between the national and the local

The relationship between the national and the local – between the state and municipalities – in the organisation of social policy in Finland can be described as somewhat contradictory. The Finnish welfare state is based on the premise that access to welfare should be universal, regardless of place of residence – whether one lives in the densely populated Helsinki metropolitan area, or in sparsely populated northernmost Lapland. However, the Finnish system is also based on the strong autonomy of municipalities. Municipalities have a great deal of leeway in the implementation of social policy and in organising services, as long as they fulfil their legal obligations. Consequently, the Finnish welfare system – which has been described as a system of 'decentralised universalism' (Burau & Kröger, 2004) – emphasises simultaneously, and somewhat paradoxically, both national-level universalism and local-level autonomy. This

sometimes conflicting relationship between the municipal and national levels forms the core of 'Nordic welfare municipality' (Kröger, 1997, 2011b).

Regarding social policy, the relationship between the municipalities and the national level is constructed so that most of the cash benefits are universal (e.g. parental allowance, child benefit, child home care allowance), but local differences emerge in the ways in which local welfare services are organised and produced (Jensen & Lolle, 2013). Municipalities are responsible for the welfare services which affect women's opportunities to participate in the labour market. However, municipalities are also responsible for some of the cash-for-care benefits: municipalities provide carers' allowance, which is not a legally enforceable right, but is highly dependent on the municipal resources available. There also exists an additional financial supplement in some municipalities for families that use child home care allowance (see Lahtinen & Svartsjö, 2018). In principle, municipalities can implement any extra benefits that they find suitable: for example, a few Finnish municipalities suffering from heavy outmigration have implemented extra 'baby money' (Yle, 2017) that parents receive after the birth of a child. One municipality offering a rather generous benefit is Lestijärvi, which offers parents €1000 per child per year until the child turns 10 as long as the family continues to reside in the municipality (Municipality of Lestijärvi, 2019).

Even though the autonomy of municipalities is strong, the realities of local social policy are often complicated by the scarcity of resources and struggles with finances. As Hoppania et al. (2016) point out, the responsibilities of municipalities have been extended even as the municipal tax base has been getting smaller and state subsidies have been cut. Since the deep economic recession of the 1990s, municipalities have adopted a variety of ways to adapt to the situation of diminishing financial resources (see Karisto, Takala & Haapola, 1997, pp. 330–331). Consequently, this adds another layer to the conflicting relationship between the national and the local, as national policy goals often clash with the scarcity of local resources. This contradiction also emerges in care policy.

Regarding childcare policy, contradictions emerge between the national-level goal to raise the employment levels of working-age women and promote gender equality, and municipal incentives to encourage the maternal home care of children for financial reasons (Autto, 2016; Haataja, 2012). In public discussion, women's lengthy childcare leaves are often seen as disadvantageous for both women's careers and the national economy. However, for municipalities, the direct costs of organising child day care are significantly higher than the costs of having a parent (usually the mother, as discussed in subchapter 2.2.1) stay at home with the child on the low flat-rate child home care allowance until the (family's youngest) child turns three years old. In addition, the expected loss of tax base due to women being out of paid work affects the state rather than the municipal budget, as the proportion of taxes paid to municipalities is relatively low in Finland compared with countries such as Sweden and Denmark (Meagher & Szebehely, 2012). Thus, municipalities have a financial incentive to encourage

the (maternal) home care of children. Some municipalities also offer an additional financial supplement for families using child home care allowance. According to a recent report by Lahtinen and Svartsjö (2018), around a fifth of municipalities currently offer this additional supplement.

Unlike child day care, care for older people has never been a right strongly guaranteed by the law, as the criteria for access to services are more ambiguous compared with the right to child day care. The provision of child day care continues to be organised primarily according to local demand. All children in a certain age group have the legally enforceable right to day care - although in some municipalities, those whose parent(s) are not employed or studying are currently entitled only to part-time day care - whereas the state of care services for older people is more reflective of the local resources available. (Kröger, 2003.) In care for older people, contradictions emerge between national-level legislation and local-level implementation. According to the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (28.12.2012/980 13 §), which was implemented in 2013, 'local authorities must provide older persons with social and health care services of a high quality that are timely and adequate to their needs'. However, as pointed out by Hoppania et al. (2016), what kind of services are considered as 'high quality', 'timely' and 'adequate to their needs' is not defined until the law is implemented in practice by municipalities. The services are also needs-tested, which makes it difficult to verify the right to care in absolute terms. Consequently, the law does not guarantee the resources for services, and the availability of and access to services are dependent on the municipality where the ageing person lives. Due to the large number of municipalities and the differences in resources, the scope and quality of available services can vary significantly between municipalities (Kröger, 2011b; Pulkki & Tynkkynen, 2016), challenging the ideal of universalism.

#### 2.3.2 Regional variations in the gender contract

Social policy takes part in (re)shaping gender relations. Yvonne Hirdman (1996, 1998) coined the term 'gender contract' to analyse the organisation of gender relations in society, and to study how 'male' and 'female' are kept separate through two dynamics: segregation and hierarchy. Hirdman (1998) conceptualises the gender contract as a system within which different genders have different responsibilities and areas of concern, as well as different rights and power resources, and thus different rationales. 'Female' is constructed not only as separate from 'male', but also as hierarchically beneath it. The concept of gender contract deals particularly with the role of women, as this has historically been more shifting and changing, whereas the role of men has been more static (Julkunen, 1994).

The gender contract is for the most part hidden and silent (Julkunen, 1994), and changes in it can be expected to happen gradually and imperceptibly (Caretta & Börjeson, 2015, p. 646). Consequently, the changes taking place over time and space in gender contracts are not necessarily easily recognised, and the

existing societal structures can also hamper changes in the ways gender relations are organised. However, previous studies have shown that economic and structural transformations, such as economic downturns, often have the potential to push gender contracts towards changes (e.g. Forsberg, 2010; Walby, 1997). These changes can renew the divisions between men and women in the labour market and in families, but they can also lead to the dismantling of previous gender arrangements (e.g. Jolkkonen et al., 1991).

Historically, the Finnish national gender contract between women and the state has been built on the ideal of wageworker motherhood (Rantalaiho, 1994). In this ideal, women's temporary periods of homemaking occur while their children are young, but for the greater part of their lives, women participate in full-time employment (Salmi, 2006). However, Koskinen Sandberg (2016) has argued that the recessions of the 1990s and 2000s, globalisation, uncertainty in the labour market, and the rise of familistic values have contributed to the emergence of a new gender contract in Finland. Koskinen Sandberg (2016, pp. 25, 55) has identified this as a 'precarious worker/temporary homemaker contract', which relies less on the idea of work as a source of citizenship for women, and more on the familistic ideals that emphasise traditional family values (Jallinoja, 2006) and women's caring role in families.

If the notion of women-friendliness can be considered a relatively optimistic one, emphasising the image of Nordic countries as models of gender equality, the concept of the gender contract paints a different picture where the goal of gender equality still remains unattainable. What is similar between the concepts of the women-friendly welfare state and the gender contract is that they are both state-centred, and both concepts were coined during a period of centralisation. Consequently, it is essential to analyse the relationship between these concepts and growing decentralisation (i.e. growing municipal autonomy), and also to implement these concepts in a local-level analysis, in order to gain a more comprehensive picture of the developments currently taking place in the women-friendliness of social policy, as well as in the organisation of gender relations.

Many of the previous studies that have analysed the organisation of gender relations at the local level have been conducted in the UK. This research has particularly focused on how women's experiences and the meanings given to motherhood vary between different localities. The concepts of 'moral geographies of mothering' (Holloway, 1998) and 'local moral geographies' (McDowell et al., 2005) have been used to analyse how specific notions of 'good mothering' become dominant within particular local institutions, cultures and networks over time, and how this interacts with local childcare policy. In these studies, it is argued that within a country, different regions have different hegemonic ideals of 'the normal and ideal' family and the 'proper thing to do' in relation to childcare and employment as far as men and (especially) women are concerned (Duncan & Smith, 2002, p. 490). Even though these studies have been situated in the UK, where the differences between localities and local gender contracts are likely to be more prominent than in a Nordic country such as Finland (see Forsberg, 2001, p. 162), it is still also possible to find divisions

between different localities in the Nordic context in how local gender contracts function.

According to analyses by Gunnel Forsberg (1998, 2001, 2010), there exist three ideal types in the regional variations of the Swedish national gender contract. These ideal types are the traditional, modernised and non-traditional gender contracts. To a certain extent these gender contracts follow the urbanrural division. The areas of traditional gender contracts are characterised by strong segregation in the labour market and high levels of familialism, whereas the areas of modernised gender contracts are the opposite of this, with lower levels of segregation and more emphasis on care provided by the public sector. The non-traditional gender contract shares characteristics with both traditional and modernised gender contracts. The non-traditional gender contract is prevalent in areas where the economic base is traditional, but the ways in which gender relations are organised are closer to the modernised gender contract. In rural areas where the traditional gender contract is predominant, women who adopt the modern gender contract might opt to move to cities as an equality and career strategy (Grimsrud, 2011). However, out-migration decisions are rarely this straightforward in women's lives, as such decisions are often also profoundly shaped by their family situation (see e.g. Ikonen, 2013; Jolkkonen, 1998; Kivelä, 2012). Therefore the choices individuals make in relation to work and care are dependent on local structural and cultural factors, which also shape our 'gendered moral rationalities' and what we feel to be 'the right thing to do' in a given situation. These connections between place(s) and emotions are explored in the next subchapter.

## 2.3.3 Feeling place: emotional geographies of caring

The two previous subchapters on locality explored locality from the perspective of local-level social policy and cultural ideals regarding gender relations. In this subchapter, the focus moves to the level of everyday lived realities of caring, and to locality as relational – that is, as shaped by the interactions between and among people and environments. More specifically, the focus is on the emotional geographies of informal caring, i.e. the intertwinement of the spatial and the emotional in the everyday lives of those who combine paid employment with caring for an ageing relative. Research on the emotional geographies of caring has focused on analysing how space and place shape the emotions that emerge through caring and vice versa – how emotions are always tied to the place(s) and space(s) of care (Davidson & Milligan, 2004).

One central aspect shaping the emotional geographies of caring is the strong emphasis in current care policy in Finland on 'ageing in place': the idea that older people should have the opportunity to live in ordinary housing for as long as it is considered possible to do so (Ministry of the Environment, 2013), with the support of necessary formal and informal care arrangements. Policies and practices to support ageing in place move care from formal institutional spaces to the informal private sphere of the home (Milligan, 2001), emphasising the role of families in the caring process. As noted in subchapter 2.2.2, the division of caring

responsibilities between adults is always a product of implicit or explicit negotiations between the (possible) carer(s) and the person with care needs. As the outcomes of these negotiations are not determined by an obvious set of moral rules, the division of care is shaped by a variety of social, structural and spatial factors. How caring is carried out in practice is a complex issue, especially in cases where those who are likely to become carers (e.g. children of ageing parents) live far from the person with care needs.

Spatial distance is an essential factor in the division of care: when the next of kin start to plan how caring responsibilities should be divided, a likely scenario is that the main responsibility for care will be borne by the people who live closest to the person with care needs. Spatial proximity increases the overall likelihood of providing care (e.g. Hämäläinen & Tanskanen, 2014; Brandt, Haberkern & Szydlik, 2009), as well as the frequency and intensity of the care provided (e.g. Joseph & Hallman, 1998), although the division of care is also shaped by various other factors, such as the gender and employment situation of the (potential) carer(s), and the emotional dynamics between the carer and the person with care needs (e.g. Finch & Mason, 1993). As noted in subchapters 2.1.1 and 2.2.2, spatial proximity is also a class and gender issue, as those with lower levels of education live closer to their parents than those with higher education (Lammi-Taskula, Suhonen, & Salmi, 2004), and because it is more often women than men who do the bodily care that requires spatial proximity to the person with care needs (e.g. Hequembourg & Brallier, 2005; Jegermalm, 2004).

Previous studies regarding the combination of paid employment with caring for ageing kin have emphasised the spatial, temporal and emotional complexities faced by working carers. Drawing from Barbara Adam's (1998) work on 'timescapes', McKie, Gregory and Bowlby (2002) have used the concept of 'caringscapes' to theorise how work and care interact over time and space, and to analyse the range of activities, feelings and positions that are tied together with how people live their everyday lives when reconciling work and care (Bowlby et al., 2010). Caringscapes are not static, but shift and change over time and space in response to changing conditions and demands in individuals' lives (McKie et al., 2002). The everyday 'doing' of reconciling work and care is shaped by the experiences we have had in the past and the anticipations we have for the future, as well as the everyday practicalities related to time and space that we face in the present, such as how much time it takes to move between the spaces of work, care and home (McKie et al., 2002). Future anticipations differ with regard to caring for children and for adults: the care of children is expected to become less intensive and time-consuming over time, whereas for adults with care needs, the development of future care needs can be protracted and unpredictable.

Particularly for those who care for adults, the times and spaces of care can be fluid and prone to change, whereas the times and places of work are often relatively static. In the daily lives of carers, the spaces of care and work are often separate, whereas the times of care and work can increasingly overlap (McKie et al., 2002). Even though some parts of caring can be planned and organised in advance, the main principle of caring entails putting the needs of others first and

responding to those needs as they arise (Julkunen, 1985); as Davies (1994) notes, care can be temporally planned, but we cannot expect those scheduled plans always to hold. The times of care are often fluid: care needs can arise and change suddenly and unexpectedly, and can require instant response from the person doing the caring, which can pose significant temporal challenges, especially for those who have little flexibility in their working hours (cf. Bernard & Phillips, 2007; McKie et al., 2002; Burr & Colley, 2017).

In addition to the spatio-temporal practicalities of everyday life, caringscapes are also tied together with the emotional and affective dimensions of care. The words *distance* and *proximity* refer not only to spatiality, but also to social and emotional closeness and distance (Milligan & Wiles, 2010, p. 741), as we often use spatial metaphors to describe our relationships with other people. Phrases such as 'we are close' or '(s)he has always been distant from me' often signal our affective attachments, but they can also refer to the frequency of contact or visits (Morgan, 2011, p. 88). The emotional distances and proximities felt in the caring relationship pose their own challenges and ambivalences, and can be liberating or constraining (Phillips & Bernard, 2010, p. 101).

# 2.4 Theoretical synthesis

In this chapter, I have explored the theoretical foundations of this thesis. The first subchapter (2.1) explored broader cultural ideals regarding care, work and gender, while the second subchapter (2.2) focused on the national social policy context of work-care reconciliation. These factors, as well as the macro-level social processes mentioned in the Introduction, are seen as forming the overall background for studying women's work-care reconciliation in a particular locality. In this thesis, one of the aims is also to analyse how wider society works in a particular locality: how the macro-level factors addressed in the Introduction and in subchapters 2.1 and 2.2 are reflected at the meso and micro levels of the local and everyday with regard to how women reconcile work and care.

Conceptualisations of locality in terms of work-care reconciliation were explored in the last subchapter (2.3). In this thesis, the understanding of the role of locality in shaping women's opportunities to reconcile work and care is threefold: following Jones and Woods (2013), locality is understood to encompass absolute, relational and relative space. My first interest is in locality as absolute space – in the local social policy that takes place in the politically and administratively recognised space of the city of Jyväskylä (articles I and II).

My second interest is in the relative characteristics of locality – more precisely, in how the local gender contract is being (re)shaped by various dynamics within the locality as well as in relation to the national gender contract (article I), and in how the dynamics of local care policy and local childcare policy relate to national policies (articles I and II).

My third interest is in locality as relational in the individual and embodied 'sense of place': how women conduct their everyday lives in particular

surroundings, and what emotional experiences the women interviewed for this study express in relation to locality, place and space. More specifically, my interest is in locality in shaping mothers' return-to-work decisions (article III) and in working carers' experiences of how spatial distance and emotions interact in the process of caring (article IV). These three levels of locality – absolute, relative and relational – are understood as complementary. In this thesis, my aim is to combine these three approaches in order to analyse the role of locality in women's work-care reconciliation.

#### 3 DATA AND METHODS

# 3.1 Ontological and epistemological reflections

This thesis is based on four independent research articles. In this PhD compilation, the four different but complementary articles are brought together and synthesised. Each of these articles has a different theoretical, empirical and methodological perspective on the main research question of the thesis: how locality shapes women's opportunities for reconciling work and care. Each of the articles also aims to capture different dimensions, understandings and perspectives with regard to this question. As noted by Reinharz and Davidman (1992, p. 204), using different theories, methods and data sets helps us to recognise the ways in which the conditions of our lives are the product of different factors simultaneously; in this study, this means analysing the local conditions of women's work-care reconciliation from the differing viewpoints that were explored in the previous subchapter.

The four articles of this study can be seen as different facets (Mason, 2011) that offer flashes of insight into the main research question of the thesis. Instead of using the concept of 'triangulation', which is often conceptualised as a strategy of validation, I understand the process of bringing these four articles together in this compilation as a process of 'crystallisation' (Richardson, 2000). Crystallisation recognises that there are many sides from which to view the social world. According to Richardson (2000, p. 934), in the process of crystallisation, crystals reflect an 'infinite variety of shapes, substances, transmutations, multidimensionalities and angles of approach'. By using different theories, methods and data sets, my main aim is to get a fuller picture of the topic of this study, and to add breadth and depth to the analysis.

This thesis has its ontological and epistemological roots in social constructionism. Ontologically, constructionism takes a relativist standpoint, assuming that there are 'multiple, apprehendable and sometimes conflicting realities which are the product of human intellects, and that these may change as their constructors become more informed and sophisticated' (Guba & Lincoln,

1994, p. 208). Epistemologically, my understanding is that an 'objective', fully comprehensive picture can never be achieved, as there is no objective truth waiting for us to discover it (Crotty, 1998). Instead, all the knowledge we can have about the surrounding world is contingent on human practices. What we know to be true is constructed, developed and transmitted in our social interactions, and inevitably also limited by the cultural meanings and interpretations that are available to us. Thus our way of understanding the world and how we interpret a particular phenomenon is socially constructed in the particular historical and cultural context we live in (Burr, 1995). The categories and concepts we use (in the context of this thesis, for example, the concepts of work, care, family and the welfare state) are not static, but constantly shifting and changing, and (re)negotiated in different times and places. As Crotty (1998, p. 64) writes, 'what is said to be "the way things are" is really just "the sense we make of them". This social constructionist view aims to challenge the taken-forgranted ways of understanding the world (Burr, 1995).

This social constructionist approach has inevitably shaped the research questions, data, methods and analysis in this thesis. It has entailed using a qualitative approach to study the ties between women, work, care and locality. Qualitative research methods have developed out of the assumption that we can learn about our society by interrogating the cultural items we are surrounded by in our everyday lives. We can learn about aspects of social life, such as norms and values, by looking at various texts, photographs and other cultural products, which also reflect macrosocial processes. (Leavy, 2007.) By taking a social constructionist approach to studying the data, I focus on the ways in which discourses regarding care can sustain or challenge the prevailing social order, often in relatively subtle ways.

# 3.2 Case: the City of Jyväskylä

In this research, a case study approach is applied in order to gain in-depth information about the role of locality in how women can combine work and care. The broad definition of 'case study' defines it as research that focuses on a single case or issue. A case study can be defined as an empirical enquiry that examines a specific phenomenon in depth and within its real-life context (Yin, 2009). Case studies defy the social science convention of seeking generalisations, looking instead for specificity, exceptions and completeness (Reinharz & Davidman, 1992, p. 167).

According to Reinharz and Davidman (1992), there are three major purposes to conducting case studies. The first is to analyse change in a phenomenon over time. In articles I and II in this study, the temporal focus is on the period between 2008 and 2016. One of the aims of this study is to examine possible changes and continuities in local policies and policy discourses between these years. The second purpose of case studies is to analyse the significance of a phenomenon for future events. Throughout this study, I will reflect more on the

potential consequences of local-level developments for the ideal of the womenfriendly welfare state. The third reason for conducting a case study is to analyse the relationships among parts of a phenomenon. In this thesis, this means analysing the absolute, relative and relational aspects of locality in shaping women's opportunities to reconcile work and care (see also subchapter 2.4). Thus the focus of this thesis is not only on developments taking place in local social policy (i.e. locality as absolute and relative), but also in the everyday lives of women who reconcile work and care (locality as relational).

The case in this study is Jyväskylä, a city located in Central Finland. As of 2019, Jyväskylä has around 140,000 inhabitants, making it Finland's seventh biggest city in terms of population. In 2016, 80.5% of jobs in the city were in the service sector, the Finnish national average being 75.1% (Tilastokeskus, n.d.). The role of Jyväskylä as a university city can be seen reflected in the demographics of the city: the number of young adults is high, and the population overall is rather young. Also, especially in younger age cohorts, the educational level is rather high. Consequently, Jyväskylä could be seen as a city where the modern gender contract is prevalent, and as an 'escalator region' that offers opportunities for social mobility for all, regardless of gender (cf. Forsberg, 1998, 2010). However, in spite of the generally high educational level of its inhabitants, the overall unemployment rate in the city has been high ever since the deep economic depression of the 1990s. In 2016, the unemployment rate in Jyväskylä was 16.9%, while the national average was 13.2%. The unemployment rate for women was lower both nationally (11.9%) and locally (15.3%) compared with the unemployment rate for men. Between the years 2008 and 2016, the highest unemployment levels both nationally and locally were in 2015 (SotkaNet, 2018).

Currently, cities in Finland are facing similar challenges around the country: particularly since the 1990s, local autonomy has grown, while at the same time cities continue to struggle financially. This has led cities to seek alternative ways of organising services (see e.g. Hoppania et al., 2016; Vaara, Sorsa & Pälli, 2010). In Jyväskylä, this has meant growing levels of marketisation in both childcare and care for older people. In terms of childcare, marketisation has been promoted because it has been estimated that publicly funded places in private day care will be less expensive for the city than places in public day care. Following this development, the budgetary goal shifted towards promoting the use of private day care services. Consequently, the share of children in municipally funded day care has been declining locally, whereas nationally the numbers have been growing. A likely explanation for the falling numbers of children in municipally funded full-time day care in the city is the growing use of service vouchers to purchase private child day care services. (For more information on developments in local childcare policy in Jyväskylä, see Sihto, 2018a.)

In terms of care for older people, there have been both differences and similarities in the development of care provision at the local and national levels. As the demand for care has risen and continues to rise, it is not surprising that demand for home help services, as well as demand for service housing with 24-

hour assistance, has been growing rapidly during this period, both in Jyväskylä and nationally. The role of private provision in service housing in the city has followed national-level developments. However, differences emerge in developments regarding home care. Both the overall number of home help visits and the role of private provision in home help have been increasing in the city more rapidly than at the national level. (For more information on developments in the local provision of care for older people in Jyväskylä, see Sihto, under review.)

As part of these developments (i.e. the increasing marketisation of child day care and care for older people, and the increasing use of service vouchers), Jyväskylä has been hailed as a pioneer in finding new and innovative solutions to organising child day care (Saari et al., 2009) as well as in the marketisation of care services for older people (Suomen yrittäjät, 2015). Thus, in relation to both childcare and care for older people, the city might be expected to have some local particularities in the organisation of services which might set it apart from the country average. In this thesis, the role of Jyväskylä as a 'forerunner' is seen as offering a lens onto a broader picture of where Finnish national care policy might be heading in the future.

## 3.3 Qualitative research material

## 3.3.1 Local policy documents and care strategies

The data sets for articles I and II were collected from the municipal boards of the city of Jyväskylä. My interest in collecting data from municipal boards stems from their rather invisible and yet essential role in decision-making. According to the administrative regulations of the city, the municipal boards have responsibility for monitoring and taking care of operations, finances, internal surveillance and risk management in their branch of administration, as well as for directing the public provision of services (Hallintosääntö, 2018, 15 §). Municipal boards also have a key role in strengthening or weakening gender equality, as the boards deal with and organise services that are central to everyday life (Sandt & Mikkola, 2014, p. 20) and particularly to how work and care can be reconciled. Therefore, it has been recommended that the boards should use gender impact assessments in their decision-making (Mikkola & Sandt, 2013, p. 32). However, very few municipalities have taken initiatives towards gender mainstreaming (Elomäki, 2014, p. 16). Instead, previous studies (e.g. Ahosola & Henriksson, 2012; Autto, 2016) have shown that gender is often largely absent from local decision-making. This led me to analyse the local documents from a feminist viewpoint (for more on the method, see subchapter 3.4.1).

My interest in analysing policy texts comes from how these texts are usually constructed as representing value-neutrality and objectivity, even though values are inevitably always present in policymaking. Despite their central role in decision-making, (local) policy documents are often taken as self-evident and

apolitical, while moral or political arguments are simultaneously concealed (see Sevenhuijsen, 2004). However, as in national policymaking, the planning and reforms that take place at the local level are politically and ideologically charged in nature, as different actors face the complex task of trying to fit together differing social and political interests, goals and ideologies (Ahosola & Henriksson, 2012; Vaara et al., 2010). Consequently, it is essential to take a closer look at the underlying values behind these documents.

The first data set consist of local childcare policy documents and local care strategies. The data for article I consist of documents regarding the decision-making and administration of childcare policy in the city of Jyväskylä. The documents cover the years from 2008 to 2016. They include city budgets from 2009 to 2016, and records from the two municipal boards that have held administrative responsibility for local childcare policy and early childhood education: 1) the Board of Social and Healthcare Services (44 records from 18 December 2008 to 31 December 2011); 2) the Board of Education (54 records from 1 January 2012 to 9 November 2016) (for a full list of the documents analysed, see Appendix 1).

The data for article II consist of six local care strategies (for a full list of the documents analysed, see Appendix 2). The strategies cover the years from 2008 to 2016. The local care strategies analysed were all collected from the records of the Board of Social and Healthcare Services of the city of Jyväskylä. These strategies were used as supplementary material for the decision-making of the board. These documents inform local policymaking, and are used, for example, when decisions regarding municipal finances are made, or when new practices are being developed (Ahosola & Henriksson, 2012). Thus local care strategies include the vision regarding the direction care policy should take and the arguments considered sufficiently plausible to guide the future of care policy (Lähteinen, 2004).

#### 3.3.2 Focus group interviews

The second set of data used in this study (articles III and IV) consists of four semistructured thematic focus group interviews, which were conducted in 2013 for the FLOWS research project ('The Impact of Local Welfare Systems on Female Labour Force Participation and Social Cohesion', EU FP7, 2011–2014). The themes of the interview focused on women's views of working life, their preferences regarding different forms of care, their views regarding the combination of work and care, and their suggestions for policy changes that would facilitate women's work-care reconciliation (for the interview questions and themes, as well as information on the interviewees, see Appendices 3 and 4).

The focus groups consisted of: 1) high-educated (International Standard Classification of Education (ISCED) IV or higher) working mothers with children below school age; 2) low-educated (ISCED I-III) working mothers of children below school age; 3) high-educated (ISCED IV or higher) working women who had an older relative with health or social care needs; 4) low-educated (ISCED I-III) working women who had an older relative with health or social care needs.

All of the interviews lasted around three hours and were conducted in Finnish. The focus groups were facilitated by either Professor Teppo Kröger or researcher Helena Hirvonen. In total, 26 women participated in these focus groups. The sizes of the groups varied between five and eight participants. They were all within the range of focus group sizes recommended in the literature on focus group methodology (e.g. Heikkilä, 2008). The participants were recruited from several different channels. Some of the interviewees were selected from telephone survey respondents to the FLOWS project, based on their preliminary agreement to participate in a focus group. The rest of the participants were recruited through a local carers' association, newspaper advertisements, email lists, researchers' networks, snowballing, and a Facebook call for participants.

The interaction in the focus groups conducted for this study resembled focus group interviews more than focus group discussions (see Boddy, 2005). In the focus group situations, most of the interaction happened between the moderator and the interviewees individually, rather than among the interviewees. As a result, the analysis of the interview data in this PhD compilation concentrates more on the experiences of individual interviewees than on interactions that took place within the group. Regardless of this focus on individual experiences, focus groups unavoidably form a particular social context, and attention should be paid to the group context when one is analysing the data.

In focus group interactions, even when expressing their individual opinions, experiences, ideas and beliefs, interviewees also produce a collective understanding from what has been expressed in the focus group situation (Pietilä, 2010). At best, a focus group can offer an extremely fruitful and supportive environment for interviewees, as they can encourage each other to share their experiences, and can also reflect on how their accounts are both similar and different compared with those of other focus group participants (Krueger & Casey, 1988; Morgan, 1997). In focus group interactions, some of the hidden aspects of everyday life can be made visible, and connections can be made between the interviewees' individual and the group's shared experiences. Focus groups also have the potential to challenge normativities and stereotypes on sensitive and morally loaded topics, such as issues related to motherhood or caring, and to provide interviewees with a space for (self-)reflexivity on these issues. Ultimately, and at best, this can be an empowering experience for focus group interviewees. (Pini, 2002.)

Nonetheless, there are also challenges in conducting focus group interviews. The group can significantly limit which topics are brought up and which remain hidden, and can restrict the tone of the discussion. In the group situation, it might also be more common for interviewees to identify degrees of sameness rather than difference within the group. For individual interviewees, it might be difficult to take different positions from others, express differing opinions or challenge the group consensus. (Heikkilä, 2008.) In a focus group session, the interviewee directs what she says not just to the interviewer, but also to other interviewees. Particularly when discussing sensitive or morally loaded topics

such as motherhood or caring in a focus group, interviewees may self-consciously hesitate to express their 'true' feelings or views. Instead, they might distance themselves from their own feelings and express what they consider to be socially approved emotions or views in order to be seen as 'respectable' by the other interviewees. (Milligan, 2005.) Thus the moral presentation of the self in relation to the public norms that constitute 'respectability' in the context of 'good mothering' or 'good caring' are inevitably present in a group encounter. Consequently, the interviewees' accounts analysed in this study are understood not only as descriptions of their personal experiences, but also as reflections of the ways in which it is culturally acceptable to discuss issues such as motherhood and caring.

# 3.4 Methodological choices

## 3.4.1 Analysing local policy documents and care strategies

For article I, the analysis was done using document analysis (Bowen, 2009) and feminist content analysis (Leavy, 2007) as a methodological framework. At the first stage of analysis, document analysis was conducted in order to gain an understanding of the policy configurations and changes that had taken place in local childcare policy between the years 2008 and 2016. On the basis of the document analysis, four categories regarding policy developments were formed: reforms (implementation of new services or benefits for childcare), abolitions (abolition of existing services or benefits), cutbacks (cuts to the level of services or benefits) and increases (raises to the level of services or benefits).

After the document analysis, the second stage used feminist content analysis to analyse how the developments that had taken place in childcare policy had shaped the local gender contract in the city. Feminist content analysis means critically interrogating texts and other cultural artefacts through a gender-sensitive lens (Leavy, 2007). The decision to use feminist content analysis was guided by a study by Autto (2016), according to which gender is often absent from local policymaking regarding child day care in Finland, despite the strong gendered consequences that the implementation of specific childcare policies can have. Before I started the analysis, my expectation was that gender would be mostly absent from the local policy documents. Thus, feminist analysis was conducted in order to 'read' gender from documents where gender was likely to be absent, and to make visible some of the gendered dynamics that would otherwise go unnoticed (Leavy, 2007).

For article II, the analysis of local care strategies was conducted using Trace analysis generated by Selma Sevenhuijsen (2004). In Trace analysis, the aim is to use the feminist ethics of care as a framework for the analysis of documents that deal with care policy. Trace analysis aims to evaluate the moral arguments and normative paradigms that emerge in policy documents. By 'normative paradigm', Sevenhuijsen (1998, p. 123) refers to 'a configuration of knowledge which orders

the description of social problems, in order to pave the way for regulation' (see also Sevenhuijsen, 2004). In using Trace, the aim is to evaluate and renew these normative paradigms by taking the perspective of the feminist ethics of care as the main point of reference.

Sevenhuijsen (2004) divides Trace into four steps: tracing, evaluating, renewal with the ethic of care, and concretising. In tracing, the focus is on deconstructing terminology and assumptions that emerge in the text and often remain unquestioned. This includes noting the leading values of the text, such as assumptions about gender and human nature (e.g. what is considered 'normal' or 'moral' behaviour for families and kin in relation to care), definitions of care, ideas about the role of the state in care provision, and the overall rhetoric used in the text. The goal is also to evaluate the political philosophy underpinning the text, the adequacy of the text, the social knowledge that informs the text, the sensitivity (or lack of it) regarding power relations, and the structural axis of inequality that emerges from the text. To conclude, in Trace the aim is to introduce an alternative definition of care, reformulate or solve dilemmas and inconsistencies in the framework of the report, bring forth alternative social knowledge, and consider how the findings of Trace could be concretised in further policymaking.

### 3.4.2 Thematic analysis of the focus group interview data

The focus group interview data for articles III and IV were analysed using thematic analysis (Braun & Clarke, 2006). Thematic analysis is a method for identifying, analysing and reporting patterns within the data, and theorising the significance of these patterns as well as their broader meanings and implications. In the guidelines by Braun and Clarke (2006), thematic analysis is divided into six phases. The first phase is familiarising oneself with the data. I was quite familiar with the data before I started reading the interview transcripts, as I had been present in three of the four focus group sessions as an assistant/organiser. I had also been involved in transcribing three of the four focus group interviews. After reading and rereading the data, I started generating initial codes from the data. In article III, my broad initial focus was on the ways the interviewees talked about their preferences, choices, possibilities and obstacles in reconciling work and caring for their young children, and on the similarities and differences there were both within and between the groups. In article IV, after spatial distance/proximity was noted as a repeated topic, preliminary coding was done based on the interviewees' descriptions of spatial distances between home, work and place(s) of care, and of the practicalities, negotiations and emotions related to those distances. The coding for all the focus group data was done by using the qualitative data analysis software ATLAS.ti.

In the next stage of analysis, more specific analytical categories and research questions were formed based on the research literature after I had gained a more comprehensive empirical and theoretical understanding of the research topics. New coding was carried out, followed by the seeking, reviewing and naming of themes. In article III, the focus was on the decision-

making of mothers of young children regarding work and childcare, and their return-to-work decisions in relation to the situation in the local labour market. In article IV, the focus of the analysis was on interviewees' descriptions and experiences of spatial distance in caring and the emotions involved in the caring process, particularly in relation to the distance between them and the people they were caring for.

As noted in subchapter 3.3.2, when analysing focus group data one has to be particularly sensitive to the social context of the group, and to the fact that the group context inevitably produces different kinds of data compared with individual one-to-one interviews. Consequently, the interviewees' accounts analysed in this study are understood not only as descriptions of their personal experiences, but also as reflections of the ways in which it is culturally acceptable to discuss issues such as motherhood and caring. I understand the focus group data as collectively produced, and as such, reflecting the more collectively shared understandings of what it means to be and to live the everyday life of a (good) working mother or carer.

Thus, when analysing the focus group data, my interest is not in determining whether the emotions, values and thoughts expressed and described by the interviewees in the focus group situation reflect their 'true' and most authentic inner states. In article IV, when I analyse the emotions that interviewees expressed in the focus group, my aim is not to determine whether the complex emotions the interviewees described during the focus group encounter represented their 'real' emotions. Individuals often self-regulate their emotional displays, aligning with what societal feeling rules (Hochschild, 1979) construct as 'proper' emotional responses in a given situation. Trying to characterise the 'authentic' emotional states of focus group participants would also have been problematic for the ethics and validity of this research. It would have raised questions over my authority, as a researcher who is reading the interview transcripts, to characterise the emotional states and 'true' feelings of the interviewees (e.g. Bondi, 2014; Laurier & Parr, 2000).3 Instead, the focus of the analysis is on how the interviewees made sense of their experiences for themselves and others in the focus group encounter (Clayton, Donovan & Merchant, 2015). The focus was also the same in article III: my interest was in how the interviewees made sense of their experiences in relation to others, and how they distinguished similarities and differences in their experiences of combining work with caring for their young children.

<sup>&</sup>lt;sup>3</sup> This would be further complicated by the fact that I was present in three of the four focus groups. I have notes and memories regarding three focus groups, but regarding the fourth my impressions are quite different, since I was not present in the focus group situation and never met the interviewees.

# 3.5 Research questions of the study

In this chapter, I have presented the data, methods, and ontological and epistemological foundations of this study. The main objective of this thesis is to analyse how locality shapes women's work-care reconciliation. The specific research questions through which I approach this main objective, together with information regarding the original articles, data and methods, are presented in Table 2 below.

TABLE 2 Research questions, data and methods

Research question	Article	Data	Methods
1. How have the changes which took place in local childcare policy between 2008 and 2016 reshaped the local gender contract?	I Local childcare policy and the changing gender contract	Local childcare policy documents	Document analysis, feminist content analysis
2. How is the notion of responsibility between different actors (i.e. the state, municipality, market, families, individuals) regarding care constructed in local care strategies?	II Dividing responsibility for care: Tracing the ethics of care in local care strategies	Local care strategies	Trace analysis
3. How does locality shape mothers' return-to-work decisions, and the timing of their return to work?	III Choosing to work? Mothers' return-to-work decisions, social class, and the local labor market	Focus group interviews with working mothers	Thematic analysis
4. What emotions do spatial distance and proximity evoke in the accounts of women caring for an ageing relative?	IV Distances and proximities of care: Analysing emotio-spatial distances in informal caring	Focus group interviews with working women who have an older relative with care needs	Thematic analysis

#### 4 RESULTS FROM THE ARTICLES

# 4.1 The reshaping local childcare policy and local gender contract

The first research question analyses the role of local childcare policy in (re)shaping broader cultural ideals regarding the 'place' of women. In the analysis, the focus of childcare policy is on locally offered services and benefits for families with children below school age. The results draw from article I (Sihto, 2018a), which examines how transformations in local childcare policy reshaped the local gender contract in the city of Jyväskylä between 2008 and 2016. This period was characterised by the economic downturn and the implementation of austerity measures in childcare policy at the Finnish national level (see e.g. Salmi & Närvi, 2017). In order to answer the research question, I analysed documents about the decision-making and administration regarding childcare policy in the city of Jyväskylä.

The focus on the role of childcare policy in shaping the gender contract arises from the central role that improvements to childcare policy have played in both the Finnish gender contract (Julkunen, 1994) and the women-friendliness (Hernes, 1987; Leira, 2002) of the Nordic welfare model. Changes in childcare policy can be seen as mirroring contemporary social and cultural values regarding care and the 'place' of women: which childcare arrangements are supported, promoted and made appealing, and which are not, reflects the kinds of decision expected of mothers and women in general in relation to work and family. Therefore, changes in childcare policy can be seen as a facet (Mason, 2011) that offers flashes of insight into changes to the gender contract and the 'place' of women. Here I use the concept of the local gender contract (Forsberg 1998, 2001, 2010) to analyse the developments taking place at the local level.

The results of the analysis show that the trend in the city between 2008 and 2016 was towards marketisation and cutbacks in childcare services and benefits. Services and benefits that offered something 'extra' – i.e. childcare services and benefits that municipalities are not legally obliged to provide for their citizens – were cut (cf. Karisto et al., 1997). This meant cutbacks in both familialistic and

defamilialistic services and benefits. An example of cutbacks in defamilialistic childcare policy was the limiting of children's legal right to day care in Jyväskylä from full-time to part-time if the child's parent(s) were not employed or studying. An example of cutbacks in familialistic childcare policy was the abolition of the additional municipal supplement to child home care allowance.

Another important development at the local level concerned the emergence of new local childcare policies: the creation of 'service money', and the increasing popularity of private family day care. Service money for childcare was a locallevel innovation implemented in 2009. It was originally meant as a replacement for all existing benefits for children's private day care. (PTLTK:18.12.2008.) After 2009, the conditions under which service money was paid were modified several times. The first changes were implemented in 2011. After these changes, families with four or more children below school age in home care were eligible to receive service money. The second change that came into effect was that service money would also be available for private family day care providers for the care of their own children below school age, if the private family day care provider also cared for at least one additional 'care child'. It was estimated that these changes would 'save €5.6–7 million in investments if 300 children move from day care centres to family day care'. (PTLTK:22.4.2010.) At €400 euros per month per child, the rate of service money was considerably higher compared with other (national) child home care benefits.

However, in 2012 the service money was replaced for the most part by the national service voucher system (SIVLTK:10.1.2012). The service money for families with four or more children was also abolished. However, service money continued to be available for private family day care providers for the care of their own children, if they also cared for at least one additional 'care child'. The rate of service money also continued to be €400 per child until the child reached school age. Consequently, it offered an opportunity for a longer period of home care for children, on financially better terms compared with the national child home care allowance. Following these developments, the number of private family day care providers rose, from 42 in 2009 (Saari, Riikonen, Kivisaari, & Heikkilä, 2009, p. 24) to 110 in 2016 (Klemmari, 2016). Simultaneously, the availability of municipal family day care places in Jyväskylä rapidly decreased (SotkaNet, 2016). Thus, the shift in family day care was increasingly from public to private service provision.

In 2009, all of those who had recently started work as private family day care providers were mothers of young children (Saari et al., 2009). The numbers for 2016 are unfortunately unavailable, but it may be considered likely that the majority of private family day care providers continued to be mothers of young children in 2016. A previous study by Tikka (2007) has shown that for mothers, becoming a private family day care provider can function as a labour market strategy, as a temporal extension of stay-at-home motherhood, or as a way to reconcile work and family life. Thus, in a city where unemployment rates are

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<sup>&</sup>lt;sup>4</sup> However, at the end of 2018, the city decided to restore the right to full-time child day care, starting from 1 August 2019 (City of Jyväskylä, 2018a).

relatively high (SotkaNet, 2018), and where mothers experience difficulty in finding work and consider the situation in the local labour market to be challenging (Sihto, 2015), becoming a private family day care provider can offer a strategy for some to deal with the challenging labour market situation. Consequently, private family day care providers are not only 'traditional' stay-at-home mothers, but they are also entrepreneurs who are included in the labour force, albeit on a rather low salary.

I argue that the creation of service money and the increasing popularity of private family day care together construct a new hybrid ideal of childcare where entrepreneurship is combined with traditional homemaking. The combined developments in local childcare policy that took place between 2008 and 2016 cutbacks, marketisation, and the hybrid created by service money and the growing role of private family day care - emphasise the increasing role of individual choice and responsibility regarding childcare. Together, these developments are creating a new local gender contract which is different from the previous traditional or modern models (see Forsberg, 1998, 2001, 2010). This new local gender contract between women and the municipality is identified as an 'entrepreneurial homemaker' gender contract. This new local gender contract to some extent follows national-level developments towards the 'precarious worker/temporary homemaker' gender contract for women (Koskinen Sandberg, 2016). However, what distinguishes the changes in the local gender contract from the changes that have taken place in the national gender contract is the entrepreneurial emphasis at the local level.

This shift towards a local gender contract of entrepreneurial homemaker can be seen as echoing broader international and national normative ideals concerning motherhood. Currently in the Western world, 'traditional' forms of motherhood are flourishing, particularly in media representations, via discourses of choice and empowerment (Orgad, 2019). Simultaneously, at the national level in Finland, entrepreneurship and the 'entrepreneurial spirit' are becoming more and more valued in different spheres of life (Pyykkönen, 2014; Luomala, 2019). One prominent figure that embodies both of these characteristics is the 'mumpreneur' (see Luomala, 2019; Orgad, 2019). 'Mumpreneurship' refers to the combination of motherhood with entrepreneurship - often in such a way that the mother can build and organise her business around the socio-spatial routines of childcare. A mumpreneur's work can be flexibly configured around her role as mother in the comfort of her own home. Private family day care providers in Jyväskylä can be seen as examples of mumpreneurs: as shown in the report by Saari et al. (2009), private family childminders emphasise the importance of being independent and 'one's own boss', even in cases where it means lower salary levels compared with those who work as municipal family day care providers.

As argued by Katri Luomala (2019), good Finnish mother-citizens are expected not to fall into the incentive trap of home care, but instead to seek productive work irrespective of wage level, or to create jobs for themselves if there are no jobs otherwise available. The local gender contract of entrepreneurial homemaker follows the same ideal. The development of local childcare policy in

Jyväskylä has not been straightforwardly towards traditional familialism, which would economically support parents (particularly mothers) to stay at home with their children. An example of this is the abolition of service money for families with four or more children, only one year after its implementation. Offering mothers a relatively generous benefit solely for the care of their own children goes against the Finnish gender contract of wageworker motherhood (Rantalaiho, 1994) and the Nordic welfare state's normative ideals of women-friendliness. A strong shift towards familialism and the traditional gender contract, which highlights longer periods of maternal home care of children, does not fit the existing national gender contract. It can be seen that the abolition of service money for families with four or more children was due to the controversial nature of cash-for-childcare schemes in Finland – and that this was a case where national debates and ideals were visible in local-level decision-making.

However, a different picture, more in keeping with the existing national gender contract, emerges when the home care of children is combined with being an entrepreneur. The overall development of the marketisation of childcare also puts more emphasis on the ideals of individual choice and responsibility in deciding on preferred forms of childcare. Women are encouraged to take care of their children at home for extended periods of time, but the difference from the national level is that this is done within the framework of entrepreneurship, by becoming a private family day care provider. Thus, these women are not solely stay-at-home mothers, but are also included in the labour force, albeit with a relatively low salary and the risks that come with entrepreneurship.

like mumpreneurship, gender contract However, the local entrepreneurial homemaker offers the promise of choice, but avoids questioning why caring for young children continues to be such a gendered activity. Following Saxonberg (2013), the developments that have taken place in local childcare policy can be understood as an implicit genderising of local childcare policy. Implicitly genderising policies do not explicitly aim to reinforce separate gender roles for men and women, but through laissez-faire ideals of promoting individuals' and families' freedom and responsibility to choose, these policies often end up supporting the existence of traditional gender roles. Interestingly, the changes in local childcare policy were mainly justified in terms of financial considerations (cf. Kari-Björkbacka, 2015), and the possible gendered implications of the policy changes were not addressed (cf. Autto, 2016). Nationallevel goals that reflected the ideals of women-friendliness, such as goals for gender equality and female labour market participation, were largely disregarded.

# 4.2 Ethics of care in local care strategies

The second research question investigates local care strategies and draws from article II (Sihto, under review), which analyses normative understandings regarding care by focusing on how the notion of 'responsibility' (Peeters, 2013,

2017) between different actors (i.e. the state, municipality, market, families, individuals) regarding care is constructed in local care strategies, and how these different actors are seen to adapt to the principles of ethics of care. The starting point of this study is the rapidly changing societal context of care for older people in Finland (see also subchapter 2.2.2). The shift has been from public to greater private responsibility, as the trend has been to increase the role of both the marketisation of services (see e.g. Anttonen & Häikiö, 2011; Meagher & Szebehely, 2013) and the informal care provided by family members (see e.g. Jolanki et al., 2013). There has also been growing emphasis on the role of older people as active consumer-citizens, who are expected to be willing and able to make conscious choices regarding the form of care they prefer, and to have economic, cultural and social resources they can draw from in order to deal with the ever-complicating web of care services (Häikiö, Van Aerschot & Anttonen, 2011). As ideals of independency and self-sufficiency are strongly emphasised, questions regarding human frailty, the need for care and (inter)dependence are brushed aside in discussions regarding care policy at the national level.

I use the ethics of care as a theoretical and methodological framework to explore the normativities of local care strategies, with a particular focus on the concept of responsibility (Peeters, 2013, 2017). As a theoretical approach, the ethics of care aims to highlight the relational, contextual and moral dimensions of care. The theory of the ethics of care understands caring not only as a process or practice, but also as an ethical orientation and a political concept (Sevenhuijsen, 1998, 2003, 2004; Tronto, 1993). The ethics of care has functioned as a critique of contemporary social policy discourses that emphasise the ideals of individual independence and responsibility (e.g. Sevenhuijsen, 2003). The ethics of care is also a feminist concept through which the persistent genderedness of care is made visible. Theorists of the ethics of care such as Tronto (1993), Sevenhuisen (1998, 2003) and Bond-Taylor (2017) have argued for the need for a more democratic and equal distribution of caring responsibilities, which would also extend to more powerful groups in society. Trace analysis (Sevenhuijsen, 2004; see also subchapter 3.4.1), which uses the ethics of care as a framework for the analysis of documents that deal with care policy, was conducted in order to analyse the normativities of local care strategies, and to analyse how the notion of responsibility is constructed in these texts. I chose to analyse local care strategies because texts that deal with care policies are not mere describers of reality, but also participate in constructing the reality of care. Analysing the normativities that emerge in local care strategies in relation to the notion of 'responsibility' is understood as the second facet (Mason, 2011) of this thesis's main research question. Here the flashes of insight are created for understanding what kind of care is understood as 'ideal', and how those ideals are constructed at the local level.

The analysis reveals a strong emphasis on individual responsibility in local care strategies. The expectations of ageing people are that they will have the ability and resources to manage risks related to old age, and that they will postpone or even prevent frailty via self-care through techniques of self-

surveillance and self-assessment. As pointed out by Trnka and Trundle (2014, p. 138), responsible individuals must weigh up their actions in relation to the potential effects of those actions, and must design their lives in such a way that they can avoid harm and risk not only for themselves, but also for the surrounding society (cf. Lahikainen & Harni, 2016). In this way the discourse of responsibility becomes responsibilisation (Sevenhuijsen, 2004; cf. Peeters, 2013, 2017), where 'responsibility' is often synonymous with 'obligation'. Consequently, individuals are not only supposed to voluntarily behave in responsible ways, but they are also obliged to make the 'right' kinds of choices and decisions in relation to care.

Economic austerity is the starting point in all of the strategies analysed here. In the future, the quantity of resources directed at care services is expected to stay at the current level, despite the increase in the number of service users. As resources are limited and the number of users is growing, the question of who most needs or deserves the services offered by the public sector becomes a moral question in itself. In the oldest care strategy document (for a full list of the local care strategies analysed here, see Appendix 2), the optimal way of dividing scarce public resources is described as 'balancing the common and the individual good', followed by the principle that 'as many as possible would be helped within the limits of existing resources' (Regional Care Services, 2008, p. 8). This can be seen as implying that some will have to find ways to cope other than by using publicly provided services. If the aim is to 'help as many as possible', this implies a special emphasis on those whose care needs demand fewer resources, rather than on those who need heavier forms of care. Consequently, the focus is shifted away from the most vulnerable who need heavier forms care, as they are discursively diminished in the strategy documents (cf. Anttonen & Häikiö, 2011; Häikiö, Van Aerschot & Anttonen, 2011; Hoppania, 2018).

The increasing responsibilisation of individuals is often linked to the 'irresponsibilisation' of the state and public government, leading to ignorance of the structural roots of problems (Juhila & Raitakari, 2016). In the local care strategies, the role of the public sector in the provision of care is constructed as diminishing. When care needs emerge, local care strategies encourage older people to use services other than those offered by the public sector. In Conceptualisation of Service Production (2015, p. 6), it is stated that 'the goal is to increase communication and guide the service users more actively to take care of their own well-being and make use of services other than those subvented by the public sector'. Alongside self-care and services other than those subvented by the public sector, the role of family and kin is also constructed as central to care provision in local care strategies. Family and kin are referred to as 'service providers' whose role in care rests mostly on a 'moral sense of responsibility'. Thus the role of care provided by families is simultaneously understood both as part of the entirety of public care services and as a private matter dependent on 'morality'. In the Social and Healthcare Reform Plan (2016, p. 9), the division of responsibility between public and private actors in care is defined as follows:

The responsibility for welfare is divided between public authorities, individuals and families, and other actors, such as companies, organisations and voluntary associations. Public responsibility is defined in legislation; the responsibility of individuals and families is mainly based on a moral sense of responsibility.

In the Social and Healthcare Reform Plan (2016), the responsibilities of municipalities are divided into 10 categories. These categories address issues such as mobility, the accessibility of different spaces, and older people's participation in society. However, none of the categories explicitly concern access to social and healthcare services, and all of the categories presume an older person who has a rather high ability to function. Public responsibility, i.e. the role of municipalities – which in the Social and Healthcare Reform Plan (2016, p. 9) is described as 'defined in legislation' – is in reality rather ambiguous, as municipalities have considerable leeway in organising services and defining the criteria for access to different services. The ways in which the legislation regarding care for older people is implemented currently vary considerably between municipalities, and are highly dependent on the financial resources of each municipality (see subchapters 2.2.2 and 2.3.1).

Another central source of care provision mentioned in local care strategies is family and kin. As noted earlier, the role of family and kin is constructed as both administrative and 'moral', public and private, in the documents. The central role of the family is not surprising, as previous studies (e.g. Jolanki et al., 2013) have shown that Finnish national care policy relies more and more on care provided by family and kin. In Finnish legislation, there also exists what Kalliomaa-Puha (2017, p. 232) has described as a 'functional and economic loyalty assumption' regarding care. The premise of this assumption is that when an ageing person has care needs, his/her spouse, children, other relatives or kin will meet those needs.

The loyalty assumption is connected to an implicit 'gender assumption' (Kalliomaa-Puha, 2017) – that is, the assumed gender of a carer is often female. However, the strategy texts never address the question of gender. The documents use gender-neutral terms, and they never elaborate more clearly on who are the 'family' and 'kin' who are expected to carry heavier care responsibilities in the future, or on how and under what circumstances this will be done in practice. Thus the gendered nature and expectations of both professional and informal care remain hidden. The invisibility of gender is not surprising, as previous studies (e.g. Ahosola & Henriksson, 2012; Autto, 2016; Sihto, 2018a) have also shown the absence of gender from local policy documents. Promoting the role of 'family' in the organisation of care without addressing the division of care within the family usually leads to the reinforcement of the existing genderedness of care (see e.g. Leitner, 2003; Saxonberg, 2013; subchapters 2.2 and 2.2.1 of this study). If policy fails to address these concerns regarding the division of care in the family, it risks strengthening gender inequality (see e.g. Bond-Taylor, 2017), leaving women to carry an increasing amount of the unpaid and often invisible care that is done in families.

To conclude, the discourses of local care strategies can be seen as contradictory to the feminist ethics of care, which is based on a relational ontology (Sevenhuijsen, 1998) that highlights interdependence as characteristic of human life (Sevenhuijsen & Švab, 2004, pp. 10–11), as well as the need to make caring more democratic and inclusive. Rethinking the local care strategies analysed here through the lens of the ethics of care would mean placing more emphasis on the relationality of care. It would mean acknowledging the informal care done by families and kin, and having more forms of support available for those who are doing the caring. However, this support should be constructed in ways that democratise rather than reinforce the genderedness of care. The notion of care in itself is taken as rather self-evident and naturalised in the local care strategies - the assumption is that everyone knows without further explanation what caring is, everyone knows how it should be done, and care among family members is something that just 'happens' by itself. The viewpoint of the ethics of care would also make the (inter)dependence of individuals more visible, instead of focusing on self-care and self-monitoring to prevent the risks related to old age.

# 4.3 Mothers' decisions regarding work after parental leave

The third research question concerns the decision-making of mothers of young children regarding work and childcare. The results draw from article III (Sihto, 2015), which comprises the third facet (Mason, 2011) of this study. The aim of this facet is to offer flashes of insight into mothers' decision-making regarding work and childcare, and into how the relational aspects of locality (Jones & Woods, 2013) and 'gendered moral rationalities' enter into these decisions. In order to answer the research question, I analysed two focus group interviews with working mothers of young children. As noted in subchapter 2.1.1, mothers' choices regarding work and childcare have been extensively studied in previous research. These studies have focused particularly on the agency of women, and on how free the choices women make in relation to work and childcare are.

To address my research question, I used the concept of 'gendered moral rationalities' (Duncan, 2005; Duncan & Edwards, 1999) to examine the differences and similarities between working-class and middle-class mothers' decision-making regarding a return to work after parental leave. The theory of gendered moral rationalities aims to go beyond the structure-versus-agency debate by analysing the ways in which mothers' choices are socially and culturally (re)produced. By using the gendered moral rationalities approach, Duncan (2005) aims to show how and why mothers' decisions are not free from the structural effects of class, but are also not determined by it. Instead, women in the same class position can have differing orientations towards mothering and employment, as the cultural construction of choices, and the ways women negotiate expectations related to motherhood with their employers, their families and themselves, differ. Thus in addressing the research question, my focus is also on care as an emotional practice: what the interviewees say they feel is the right

thing to do in a given situation, and how they describe the emotions that enter into their decision-making regarding work and childcare.

According to Duncan (2005), mothers' gendered moral rationalities vary between three ideal types. The first ideal type consists of 'primarily mothers', who emphasise the importance of physically caring for their children. The women belonging to the second ideal type, 'primarily workers', view paid work as an important, separate identity from being mothers. The third ideal type, integrals', see full-time employment 'mother/worker and independence through employment as part of 'good mothering'. (Duncan & Edwards, 1999, p. 120.) It can be argued that what is common to all three ideal types is the emphasis on the primacy of the mother as the main caregiver for her children, and the importance of the moral presentation of the self as a 'good mother' (May, 2008). What differs is how 'good mothering' is constructed, and the role of work and/or being physically present to care for one's children in the construction of good mothering.

The analysis shows that the overall ideals and norms related to combining motherhood and work were similar between and among the focus groups. Both groups shared the ideal of a 'sheltered space for care' (Stefansen & Farstad, 2010): interviewees in both groups preferred to have a parent (usually the mother) staying with the child at home until the child was at least one year old, and after that either to use 'home-like' care provided by family day care or to have the mother continue to stay at home with the child. In a study on Norwegian parents by Stefansen and Farstad (2010), the sheltered space for care was mostly considered an ideal model of care by working-class parents. The interviewees in this study, however, emphasised the importance of home(-like) care regardless of class, especially for children below the age of three. This can be seen as reflecting the ideal of mothers' temporary homemaking (Salmi, 2006), which continues to be prominent in Finland. Thus the place of children below the age of three is often seen to be at home or in a home-like environment. However, as emphasised by Salmi (2006), this period is indeed temporary. All of the interviewees also strongly emphasised the importance of work to their identities, which can be seen as reflecting the importance of presenting oneself as a good 'mother-citizen' (Luomala, 2019) to others.

In the focus group of working-class women, the reasons they gave for choosing when to return to work were more often related to financial concerns compared with the middle-class women's focus group. A longer home care period was often thought of as the ideal, and would usually have been preferred by the interviewees. The need to put children into day care earlier than the women had hoped was something that was 'grieved a lot in advance' (Iiris). However, in the end, many of the interviewees highlighted the benefits of their current situation, and even discussed the choices they had made out of financial necessity in a rather positive light. For example, Sointu expressed a strong 'mother/worker integral' understanding of being a working mother, seeing employment as part of being a good mother, and as important for setting an example to her child about working being an essential part of being an adult.

In the middle-class mothers' group, the timing of the return to work was more often related to finding a job that was suited to their formal qualifications, which had been difficult for several of the interviewees. Feelings of insecurity were more widely discussed in this group compared with the focus group of working-class women. Insecurity was discussed in relation to choices regarding one's place of residence and the timing of having children, but particularly in relation to work - both finding a job that is suitable for one's qualifications, and being able to maintain one's position in working life. The middle-class women especially felt that in order to get and maintain a job and succeed in one's career, one had to 'be flexible and willing to work overtime' (Sari), and be willing to devote one's free time to advancing one's career; otherwise 'you are left behind when compared to others' (Maria). The locality heightened this sense of insecurity for middle-class women, as many of them felt that finding a job suited to their qualifications was particularly difficult in Jyväskylä. Jokinen (2013, p. 6) has argued that education today makes people 'insecure investors in the self': education does not necessarily function as a straightforward pathway to upwards social mobility, and those with high educational levels are also facing the insecurity of the labour market. Several of the middle-class interviewees in this study could be described as 'insecure investors in the self' who had put a lot of time and effort into their education and career, with no guarantee of getting a job in the local labour market.

Several of the interviewees in this focus group also said they felt a cross-pressure between the demands of working life and family life, which was not mentioned in the working-class mothers' group. The interviewees in the middle-class mothers' group were generally older than the interviewees in the working-class mothers' group, which might be due to classed differences in life orientations regarding the timing of motherhood (Kelhä, 2008; Walkerdine, Lucey & Melody, 2001). Overall, the theme of insecurity was particularly present in the focus group discussion with middle-class mothers, as they reflected the expectations and pressures related to a middle-class (hetero)normative linear life course, and whether the choices they had made were 'right' or not.

One important characteristic in the interviewees' return-to-work decisions regardless of focus group was that the decision regarding when to enrol child(ren) in day care, and the choice between different child day care options, often seemed to be made almost exclusively by mothers, as the role of fathers was rather invisible. In both focus groups, the genderedness of childcare, and of choices related to childcare, was highly visible. Some of the interviewees openly expressed frustration and disappointment about the gendered division of childcare and housework, but they rarely saw changes to this gendered dynamic as possible (see also Sihto et al., 2018).

In both focus groups, traces of contemporary ideals regarding intensive mothering (Hays, 1998) and the primacy of the mother as the child's main caregiver were present. Regardless of the focus group and of the timing of the interviewees' return to work, the return to work had been made in relation to the ideal of the 'good mother' and on the child's terms (cf. Luotonen, 2012). As

Johanna put it, 'having a child, basically, dictates 95% of my choices'. In both groups, there appeared to be a strong consensus on making choices regarding work on the child's terms. Emphasising putting one's children first and being a good mother is a strong cultural norm, as expressing that one does otherwise would easily be considered 'bad mothering' (Duncan, 2005, p. 65). Thus it is not surprising that this strong normative ideal of 'good mothering' was rarely challenged in the focus groups. As noted in previous research (e.g. Mustosmäki & Sihto, 2019), contemporary norms regarding motherhood can be so compelling that challenging them proves to be difficult for individual women. Challenging these norms in a focus group situation would position the individual interviewee against the group, and against the prominent cultural norms that surround motherhood. Consequently, the lack of this kind of challenging in a group that consists of people who are strangers to each other is not surprising.

A strong emotional and even affective component was present when the women described their work and care arrangements: it was often verbalised only in terms of something feeling either 'right' or not. For example, Anniina emphasised that finding a day care arrangement that 'felt right' was essential, and that she would not have 'left him [the child] there crying' if the day care place had not felt right for her or her child. Thus a strong understanding of the moral choices regarding childcare seemed to be largely shared in the groups: for example, the preference for home or home-like care was often taken as self-evident, and the reasons why home care felt like 'the right thing to do' for mothers were not further articulated. This can be seen as reflecting the national-level ideal of temporary homemaking (Salmi, 2006) as part of good mothering. Thus it can be considered an example of how cultural ideals become internalised, and how these ideals shape gendered moral rationalities as well as emotional responses towards caring.

# 4.4 The emotional complexities of distance in informal caring

The fourth research question examines the emotions that spatial distance and proximity evoke in focus group interviews with women who are combining paid employment with caring for an ageing relative. This research question draws from article IV (Sihto, 2018b), which analyses the role of spatial distance in the emotional experience of caring. The aim of this research question is to function as a facet (Mason, 2011) that offers insights into the relational (Jones & Woods, 2013) aspects of locality in women's work-care reconciliation by analysing the intertwinement of emotional and spatial distance in caring. The starting point of this study is the ways in which the role of spatial distance in caring has become more and more complicated during recent decades in the everyday lives of families. Growth in both internal and external migration has meant growing distances between family members, and caring for one's ageing relatives from a distance has become an important issue for many geographically mobile families (Baldassar, 2007, 2008; Phillips & Bernard, 2010).

Even though distances between family members are growing, the expectations placed on family members to care for their ageing relatives are constantly increasing due to welfare state retrenchment (e.g. Frericks, Jensen & Pfau-Effinger, 2014; Jolanki et al., 2013; see also subchapter 2.2.2 of this study). As noted in subchapters 2.2.2 and 2.3.3, responses to these expectations are shaped by factors such as gender, age, and geographical distance between the person with care needs and the (possible) carer(s) - and the expectation of care falls particularly to daughters who live close to their ageing parents. However, women are also expected to stay in (full-time) work until retirement age. Consequently, working-age women with caring responsibilities are particularly faced with two contradictory cultural expectations: to be devoted carers and committed (full-time) workers at the same time (Jolanki, 2015). In this study, I was interested in asking what emotional responses were evoked by differing distances in focus group interviews with informal carers. To answer the research question, I analysed two focus group interviews with working women who were caring for an ageing relative.

The analysis shows a diversity of emotional responses to the varying caring situations described by the interviewees. Proximate carers, i.e. those who lived within a distance that could be travelled on a daily or near-daily basis (Joseph & Hallman, 1998) to visit the person they were caring for, expressed difficulties in detaching from caring temporally as well as emotionally, as they were often doing heavy and temporally binding care. Proximate carers in general also identified more with their role as carers than distant carers did. In proximate carers' accounts, caring responsibility was constructed as something that had been freely chosen by the carer due to their personality traits (e.g. their identity as a 'caring person'), but it was also constructed as an inevitable moral responsibility due to their life history and/or relational dynamics with the person they were caring for.

Distant carers, i.e. those who lived outside a distance that could be travelled on a daily or near-daily basis in order to see the person they were caring for, expressed feelings of continuous concern, worry and insecurity regarding the well-being of the person they were caring for. This worry increased in situations where the carers felt that the person they were caring for used the long distance to 'hide the truth' regarding the true state of his/her health and well-being (Baldassar, 2007, 2008). For these interviewees, their physical separation from the person with care needs was often a source of guilt. Feelings of guilt about not being physically present were linked to the perceived moral obligation to care. (Baldassar, 2015.) This idea of moral obligation to care, particularly for one's ageing parents, regardless of the emotional dynamics between the ageing parent and the adult child, was particularly emphasised in the group of highly educated working carers, where expressions of the emotional complexities embedded in caring were also more common.

However, in some interview accounts, long spatial distances also functioned as a way to set limits on the amount and intensity of caring, especially if the interviewees felt that the relational dynamic with the person they were

caring for was difficult. Interestingly, these experiences were only discussed in the focus group of high-educated carers, where three of the interviewees (Suvi, Ritva and Paula) discussed the emotional difficulties they faced in caring due to difficult relational dynamics with the person they were caring for. Those who expressed emotional difficulties in their caring relationships also reflected on the limits of their role in the caring process. Suvi described how caring for her father had put her 'through a hard ethical struggle', leading her to reflect on her role as a carer and on where she should draw the line in her caring role. She expressed uneasiness about her father calling her during her workday 'with absolutely no regard to the fact that I'm working', and about the responsibility she had been given for his medical issues. Despite expressing these ambivalent emotions, Suvi did not describe having (re)negotiated her role as carer for her father; instead, she continued doing the caring for her father.

In the accounts of interviewees who were caring for ageing parents, gendered and generational dynamics were highly visible: caring for one's ageing mother was often seen as easier than caring for one's ageing father. Gender was also present in the interviewees' descriptions of the division of caring responsibilities among siblings. In many cases, temporally binding and physically heavy care in particular was mainly divided among female kin (cf. Jegermalm, 2004). The interviewees were also more disapproving of sisters who had opted out of caring than they were of brothers who had done so.

However, when the interviewees reflected on these relational dynamics, gender was rarely explicitly mentioned. This silence regarding gender roles and gendered dynamics in caring might reflect the Nordic discourse of gender equality, which relies on the rather contradictory idea that the best way of promoting gender equality is to stay silent on issues related to gender (in)equality. This might have led the interviewees to highlight other factors and rationales than gender for (not) providing care (cf. Leinonen, 2011a). However, this approach of staying silent on gender often hides the ways in which gender-unequal practices are rooted in societal structures. In the end, this can lead individuals to blame themselves for practices that go against the ideal of gender equality (cf. Sihto et al., 2018), instead of seeing these as wider structural and cultural questions.

What was common in both focus groups was that regardless of distance, caring entailed substantial amounts of emotion management (Hochschild, 1979), as the person who was doing the caring had to interpret the 'true' care needs of the person they were caring for, and then assess how they could – and whether they would – respond to those needs. Emotions also entered and shaped the interviewees' caringscapes, i.e. the spatio-temporal frameworks of work and care in their everyday lives. Even in cases where the spatio-temporal conditions remained the same, the emotional dynamics of caring could alter the experience of the caringscape and the emotions attached to it. This was particularly visible in the accounts of distant carers: distance could cause agony, but it could also offer a socially approved reason to set limits on the amount and intensity of caring if the relational dynamics between the carer and the person they were

caring for were experienced as difficult by the person doing the caring. Thus, compared with proximate carers, those who were caring from a distance often had more opportunities to set limits on their role as carers and to alter and negotiate the role of care in their caringscape, whereas proximate carers more often faced difficulties detaching from care, and more often had to (re)negotiate their working arrangements.

In terms of work-care reconciliation, what was striking was that of all the interviewees, only Saimi and Aliisa were working part-time; the other interviewees were all combining care with full-time work. Particularly for working-class interviewees who were doing either welfare service work or customer service work, their work schedules allowed them little flexibility to reorganise their working hours to fit with their caring responsibilities. Consequently, the workplaces themselves rarely supported the reconciliation of work and care, and much was dependent on the understanding of colleagues and bosses – on things such as whether somebody was able and willing to cover their shift when necessary, or whether their employer allowed them to keep their phone with them in case of emergency.

The results offer some important insights into the complex interplay of spatial distances and emotional dynamics in caring. Spatial distance is not just an objective measure, but is always subjectively and relationally experienced: emotions shape the experience of spatial distance in caring, and vice versa. Therefore, it is important to include emotions in the analysis of the everyday spatio-temporal realities of caring. As 'ageing in place' and informal care by (working) family members and other kin are strongly promoted in public policy, it is also crucial to pay attention to how care is carried out in practice – who is doing the caring, and what it entails.

## 5 CONCLUSIONS

This study has investigated the role of locality in how women combine work and care. In this chapter, I will synthesise the main theoretical and empirical findings of this thesis. Furthermore, I will suggest policy implications based on the results of this thesis, and I will reflect on the limitations of this study. The results of this study show the following key findings. First, the analysis of local childcare policy reveals cutbacks, an increasing marketisation of services, and the emergence of new, locally specific childcare policies in the city of Jyväskylä. Together, these developments are constituting a new local gender contract, identified here as the entrepreneurial homemaker gender contract. This new gender contract emphasises the growing role of individual choice and responsibility in choosing and arranging childcare. Second, the analysis of local care strategies reveals a strong emphasis on older people as active consumer-citizens who are expected to manage the risks related to old age, and who are expected via self-care to be able to postpone or even prevent frailty. When care needs emerge, the aim is to encourage older people to use services other than those subvented by the public sector. For those with financial resources, this can be seen as referring to the use of more private services; for others with fewer financial resources, this development is likely to lead to more care being provided by the family.

There are several similarities that can be found between the local childcare policy documents and local care strategies analysed here. First, in local childcare policy documents the shifts towards cutbacks and marketisation were mainly justified in terms of financial considerations. In local care strategies too, the need to reduce the use of services provided by the public sector due to the scarcity of economic resources was articulated throughout the strategies. The changes proposed were often justified with financial reasons (cf. Kari-Björkbacka, 2015), and the possible gendered consequences of policy changes remained hidden (cf. Autto, 2016). Results from both these studies also highlight the strengthening of the role of the individual and the family, and the prevalent individualistic and even entrepreneurial ethos in decisions regarding care.

Considered in light of the ideal of the women-friendly welfare state (Hernes, 1987), these local-level developments risk not only reinforcing the genderedness

of care, but also deepening divisions among women. As noted in previous research (e.g. Cooke, 2011; Lammi-Taskula, 2004), when ideals regarding 'freedom of choice' are promoted, they usually benefit middle-class women, who have more economic resources, more secure places in the labour market, and consequently more latitude to make decisions between work and care. Local policies that promote further marketisation and the responsibility of individuals and families can also be seen as promoting an implicit genderising (Saxonberg, 2013) which does not explicitly aim to reinforce separate gender roles but often ends up supporting the existence of traditional gender roles. As noted in subchapters 2.2.1. and 2.2.2., the care done in families is still culturally expected to be more often done by women.

In the analysis of research questions III and IV, my focus was particularly on studying care as a gendered moral orientation and emotional practice. The analysis of the focus group interviews with working mothers shows the interviewees balancing between their roles as mothers and workers. Their choices regarding work were articulated as having been made on the child(ren)'s terms. In both groups, a sheltered space for care was preferred, which meant having the child in home care or home-like family day care. A strong emotional and even affective component was present when the women described their work and care arrangements: it was often verbalised only in terms of something feeling either 'right' or not. In the analysis of focus groups with working women who had an older relative with care needs, an array of complex emotional dynamics emerged in the accounts of the interviewees. For many of the interviewees, caring for their ageing relative had been self-evident, even if their relationship with the person they were caring for was not particularly good or close. In emotionally difficult situations, spatial distance between the interviewee and the person she was caring for allowed more room to negotiate a smaller role in caring. Gender was rarely explicitly mentioned in the interviewees' accounts, but in many cases it became clear that heavy care in particular was mainly done by female kin. In cases where the interviewees were caring for their ageing parents, a stronger disapproval was often expressed if they did not see their sisters participating in care than if their brothers opted out of caring.

In all of the focus groups analysed in this study, different actions and decisions regarding care were often verbalised in terms of feeling either 'right' or 'not right'. These can be seen as reflecting not only the inner feelings and states of the interviewees, but also broader cultural ideals regarding care, as a strong consensus and shared understanding in the focus groups seemed to emerge regarding what was 'moral' or the 'right thing to do' in a given situation. At the Finnish national level, the ideal of temporary homemaking (Salmi, 2006) is constructed as part of good mothering. Similarly, even though the legal obligation for adult children to care for their parents was abolished decades ago, strong moral expectations still remain. These can be considered an example of how cultural ideals become internalised, and how these ideals shape gendered moral rationalities as well as emotional responses to caring. These expectations are strongly culturally coded as feminine, particularly inviting mothers of young

children and daughters of ageing parents to do caring in ways that reflect 'the right thing to do'. However, gender was rarely explicitly mentioned in any of the focus groups. As noted in previous research (e.g. Leinonen, 2011a; Sihto et al., 2018; Ylöstalo, 2012), Finnish gender discourse relies on the rather paradoxical idea that staying silent about gender is the best way to promote gender equality. However, this silence and focus on the individual can make gendered structures invisible and thus hinder developments towards equality.

In this study, the analysis of the role of locality in shaping women's opportunities to reconcile work and care has focused on locality as absolute, relative and relational space (Jones & Woods, 2013). This means that I have focused on the structural (local social policy), cultural (local gender contract) and individual (women's experiences) aspects of locality when answering the main research question. The four articles that are the basis of this PhD compilation offer four different facets (Mason, 2011) of the main research question. However, what unites these four articles is one overarching finding: gender remains hidden at both structural and personal levels. Consequently, it is important to ask how these gendered structures can be (re)negotiated under these circumstances. How might it be possible to facilitate change in societal and cultural structures of power?

The weakness of this study is that the thesis is based on a relatively small set of qualitative data collected in one city. The study might have benefitted, for example, from individual interviews, or from a comparison between local policy developments in two or more cities in order to see more clearly the unifying and locally distinctive characteristics of women's work-care reconciliation. However, this potential weakness in the study may also be its strength: if we focus on one particular case with a relatively small data set, it is possible to take an in-depth look at that case, and to analyse it thoroughly from different points of view. For further studies, an intranational comparison of two or more cities and their care policy developments would be essential for enhancing our understanding of the ties between national and local social policy in contemporary Finland.

Another critique could be made of this study for not addressing the dynamics of local politics, as policy changes do not take place in a political vacuum, but are inevitably shaped by the dynamics of local politics. However, local politics were deliberately excluded from this thesis, as my interest was not in how local politics influence local policy, but rather in the consequences of policy for women's lives. Previous research has also found local-level realities between local politics and policy to be rather blurry, particularly in terms of the marketisation of care. Usually it is assumed that left-wing parties and politicians have more cautious attitudes towards marketisation than their right-wing counterparts. However, in previous research, results regarding the link between the political composition of municipal councils and the level of marketisation in Finland have been mixed (see e.g. Fredriksson, Hyvärinen, Mattila & Wass, 2010; Hyvärinen & Lilith, 2008; Saarinen & Forma, 2007; Mathew Puthenparambil, 2019).

On the basis of the results of this study, a policy recommendation for municipalities is to strengthen and institutionalise work towards gender equality at the local level. Municipalities play a central role in influencing the realisation of gender equality in the everyday lives of their residents (Association of Finnish Local and Regional Authorities, 2016). However, in Finland gender equality initiatives such as gender mainstreaming - which refers to 'integrating a gender equality perspective at all stages and levels of policies, programmes and projects' (Council of Europe, 2019) - have focused mostly on the national level (Elomäki, 2014, p. 16). At the regional and municipal levels, initiatives towards gender mainstreaming have been scarce. Municipalities have the responsibility to promote equality, but as municipalities hold a strong degree of autonomy, they have considerable leeway to choose how they will promote equality in practice. Thus they are not obliged to take up practices such as gender mainstreaming. Also, the promotion of gender equality in Finland has largely followed the trend of projectisation (Brunila, 2009). Consequently, gender equality work has never been fully institutionalised in societal structures; rather, it has been dependent on individual projects and people. At the local level, this has meant that the implementation of gender mainstreaming has relied on the interests and initiatives of local actors (Ylöstalo, 2016, p. 552). The implementation of gender mainstreaming or work towards equality is further complicated by the fact that different actors have very different views regarding what kind of work towards gender equality should be supported and promoted, and what gender equality even means in practice (Ylöstalo, 2012).

In Jyväskylä, various impact assessments regarding municipal decisionmaking have been made. However, these have mostly focused on issues other than gender. For example, in 2018 in Jyväskylä, the discussion regarding the restoration of the legally enforceable right to full-time day care focused on assessing the impact the restoration would have on children, and no separate gender impact assessment was done. (City of Jyväskylä, 2018a, 2018b.) As noted in subchapter 2.3.1, many laws and decisions made at the state level are implemented into practice by municipalities. As municipalities have the responsibility for organising services for their residents, they have a key role in ensuring that gender equality is put into practice. The real gender impacts of laws and decisions can often be distinguished only after those laws and decisions have been implemented at the local level (Elomäki, 2014, p. 16). If gender impact assessments are made only in national-level decision-making, this ultimately ignores or conceals what happens in the everyday lives of people at the local level. As noted in this study, gender is often hidden, both at the policy level and in the discourses women use to make sense of their experiences regarding care. If gender continues to be hidden at the level of policy, changing the genderedness of care becomes difficult. By making gender impact assessments and taking gender more into account in local decision-making, it would also become possible to make the genderedness of care more visible in everyday practices, and to challenge gendered societal structures regarding care.

## YHTEENVETO (FINNISH SUMMARY)

Työn ja hoivan yhteensovittaminen on eräs tämän hetken tärkeimmistä sosiaalipoliittisista kysymyksistä, ja ollut aiheena jo pitkään näkyvästi esillä niin yhteiskuntapoliittisessa tutkimuksessa kuin julkisessa keskustelussa. Tutkimusta on tehty runsaasti erityisesti siitä, miten ruuhkavuosia elävät vanhemmat yhdistävät työssäkäyntiä ja pikkulapsiarkea. Lähivuosina keskustelu on laajentunut koskemaan myös sitä, miten työuran myöhäisemmässä vaiheessa omien iäkkäiden omaisten hoiva on yhdistettävissä ansiotyöhön. Tällä hetkellä laskeva syntyvyys, väestön ikääntyminen, muuttuvat perheihanteet, työelämän muutokset sekä hyvinvointivaltion niukentuvat rersurssit asettavat kaikki uusia reunaehtoja ja luovat uusia haasteita työn ja hoivan yhteensovittamiselle.

Suomessa työn ja hoivan yhteensovittamisen tutkimus on toistaiseksi keskittynyt pääasiallisesti kansallisen tason analyyseihin. Kysymykset paikasta ja paikallisuudesta eivät ole perinteisesti sopineet pohjoismaisen hyvinvointivaltion ideaaliin, joka korostaa tasavertaisia mahdollisuuksia asuinpaikkaan katsomatta. Osin tästä syystä paikallisuuden viitekehyksessä tehty tutkimus on jäänyt laajemminkin yhteiskunta- ja sosiaalipolitiikan kentällä Suomessa verrattain vähäiseksi. Työn ja hoivan kysymyksiä on kuitenkin tärkeää tarkastella paitsi kansallisella niin myös paikallisella tasolla. Naisten arkielämän tasolla työn ja hoivan yhteensovittamisen ehtoja määrittävät ennen kaikkea monet paikkaan sidotut tekijät, kuten työllisyystilanne paikallisilla työmarkkinoilla sekä kunnallisella tasolla toteutettu sosiaalipolitiikka ja tarjotut hyvinvointipalvelut.

Tässä väitöskirjassa työn ja hoivan yhteensovittamisen tematiikkaa tarkastellaan paikallisesta näkökulmasta. Tässä työssä analysoidaan paikallisuuden roolia siinä, miten naiset voivat yhdistää työssäkäyntiä ja hoivaa Jyväskylän kaupungissa. Väitöstyöni artikkeleissa paikallisuuteen liittyviä kysymyksiä käsitellään erilaisista näkökulmista. Tässä yhteenvetoluvussa tarkoituksena on tarkastella erityisesti väitöskirjani päätutkimuskysymystä: Miten paikallisuus muovaa naisten mahdollisuuksia työn ja hoivan yhteensovittamiselle?

Väitöstyössäni keskeistä on paitsi työn paikallinen niin myös ajallinen konteksti. Väitöstutkimukseni sijoittuu ajanjaksoon, jota varjostivat korkea työttömyys, taloudellinen taantuma, niukkuuden määrittämä sosiaalipolitiikka sekä puhe hyvinvointivaltion kriisistä. Taloudellisten haasteiden varjostamina aikoina tasa-arvopyrkimykset sekä sukupuolinäkökulma jäävät herkästi niin tutkimuksellisesti kuin poliittisessa päätöksenteossa sivuun. Taloudellisilla taantumilla on kuitenkin omat sukupuolittuneet seurauksensa ja niukkuuden ajan sosiaalipolitiikalla on katsottu olevan vaikutuksia erityisesti naisten asemaan yhteiskunnassa

Työn tutkimusstrategiana toimii tapaustutkimus, jossa hyödynnetään erilaisia aineistoja sekä näiden analysointitapoja. Artikkelit I ja II tarkastelevat paikallisia lastenhoitopolitiikkadokumentteja sekä paikallisia hoivastrategioita. Artikkelit III ja IV pohjautuvat työssäkäyvien äitien ja iäkästä omaistaan hoitavien naisten fokusryhmähaastatteluille. Menetelmällisesti tutkimus hyödyntää erilaisia kvalitatiivisia menetelmiä, joiden kautta tuodaan esiin erilaisia näkökulmia tutkimus-

ongelmaan. Työn teoreettinen tausta sijoittuu hyvinvointivaltion ja sosiaalipolitiikan feministisen tutkimusperinteen sekä feministisen ihmismaantieteen rajapinnalle.

Tutkimuksen tulokset osoittavat, että paikallisen lastenhoitopolitiikan sekä iäkkäiden hoivapolitiikan kehitys on ollut kohti laajentuvaa markkinoistumista, yksilöiden ja perheiden kasvavaa hoivavastuuta sekä yksilöllistyvää, jopa yrittäjämäistä eetosta hoivaa koskevien valintojen ympärillä. Näiden kehityskulkujen voi nähdä tukevan hoivan implisiittistä sukupuolittumista, joka ei suoraan tähtää eriytyneisiin sukupuolirooleihin, mutta toimii perinteisiä sukupuolirooleja vahvistaen. Naisystävällisen hyvinvointivaltion kannalta nämä kehityskulut voivat johtaa hoivan sukupuolittuneisuuden vahvistumisen lisäksi myös syveneviin jakoihin naisryhmien välillä. Yksilöiden valinnanvapautta korostava politiikka on perinteisesti hyödyttänyt erityisesti keskiluokkaisia naisia, joilla on taloudellisia resursseja, vakaa asema työmarkkinoilla ja tätä kautta myös neuvottelu- ja liikkumatilaa työtä ja hoivaa koskevien päätösten suhteen.

Fokusryhmähaastatteluissa niin työsäkäyvät äidit kuin iäkästä omaistaan hoitavat naiset usein saavuttivat jaetun ymmärryksen siitä, millaiset hoivaan liittyvät ratkaisut ovat 'moraalisia' tai 'oikein' erilaisissa tilanteissa. Näiden ymmärrysten voi nähdä heijastelevan paitsi haastateltavien henkilökohtaisia tunteita niin myös laajempia hoivaan liittyviä kulttuurisia ideaaleja sekä hoivaan liittyviä sukupuolittuneita odotuksia. Keskustelujen voi nähdä heijastelevan myös kansallisen tason ideaaleja, joissa naisten väliaikainen kotiäitiys rakentuu osaksi 'hyvää äitiyttä' ja jossa erityisesti iäkkäiden vanhempien tyttäret kohtaavat kulttuurisia odotuksia osallistua vanhempiensa hoivaan. Nämä voi nähdä esimerkkinä siitä, miten kulttuuriset ideaalit tulevat yksilöiden sisäistämiksi ja miten nämä ideaalit muovaavat sukupuolittuneita moraalisia rationaliteetteja sekä hoivaamiseen kohdistuvia tunteita.

Hoivan sukupuolittuneesta luonteesta huolimatta sukupuoli mainittiin fokusryhmähaastatteluissa harvoin, ja sukupuoli oli laajalti näkymätön myös paikallisissa lastenhoitopolitiikkaa sekä iäkkäiden hoivaa koskevissa dokumenteissa. Hiljaisuus sukupuolen tematiikan ympärillä sekä vahva keskittyminen yksilöön voi toimia sukupuolittuneet rakenteet piilottaen, sekä hankaloittaa paikallisella tasolla tapahtuvaa kehitystä kohti tasa-arvoa.

Työn tulosten perusteella suositeltavana politiikkatoimenpiteenä voi pitää kunnissa tapahtuvan tasa-arvotyön vahvistamista ja institutionalisoimista. Kunnilla on keskeinen rooli sukupuolten keskinäisen tasa-arvon toteuttamisessa. Tästä huolimatta sukupuolivaikutusten arviointia on Suomessa toistaiseksi toteuteuttu lähinnä kansallisella tasolla. Kunnallisella tasolla toteutettu tasa-arvotyö on ollut usein projektimaista ja jäänyt yksittäisten tekijöiden harteille. Lukuisten lakien sekä politiikkamuutosten sukupuolivaikutuksia tulisi kuitenkin arvioida kunnallisella tasolla, missä lakeja pannaan täytäntöön ja missä niiden vaikutukset ihmisten jokapäiväiseen elämään ovat konkreettisimmin nähtävissä. Sukupuolivaikutusten arvioinnin sekä sukupuolen näkyväksi tekemisen kautta myös arjen sukupuolittuneisuutta on mahdollista tehdä näkyvämmäksi, ja tätä kautta myös haastaa hoivaa koskevia sukupuolittuneita rakenteita.

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## **APPENDICES**

# Appendix 1: List of local childcare policy documents

Records from the Board of Education

Records from the Board of Educa
SIVLTK:9.11.2016
SIVLTK:12.10.2016
SIVLTK:21.9.2016
SIVLTK:24.8.2016
SIVLTK15.6.2016
SIVLTK:18.5.2016
SIVLTK:27.4.2016
SIVLTK:30.3.2016
SIVLTK:24.2.2016
SIVLTK:27.1.2016
SIVLTK:9.12.2015
SIVLTK:25.11.2015
SIVLTK:28.10.2015
SIVLTK:23.9.2015
SIVLTK:26.8.2015
SIVLTK:17.6.2015
SIVLTK:19.5.2015
SIVLTK:20.4.5.2015
SIVLTK:26.3.2015
SIVLTK:18.3.2015
SIVLTK:18.2.2015
SIVLTK:17.12.2014
SIVLTK:19.11.2014
SIVLTK:22.10.2014
SIVLTK:24.9.2014
SIVLTK:27.8.2014
SIVLTK:11.6.2014
SIVLTK:14.5.2014
SIVLTK:16.4.2014
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SIVLTK:19.2.2014	
SIVLTK:22.1.2014	
SIVLTK:4.12.2013	
SIVLTK:20.11.2013	
SIVLTK:9.10.2013	
SIVLTK:18.9.2013	
SIVLTK:28.8.2013	
SIVLTK:7.8.2013	
SIVLTK:12.6.2013	
SIVLTK:14.5.2013	
SIVLTK:17.4.2013	
SIVLTK:20.3.2013	
SIVLTK:19.2.2013	
SIVLTK:30.1.2013	
SIVLTK:11.12.2012	
SIVLTK:27.11.2012	
SIVLTK:30.10.2012	
SIVLTK:18.9.2012	
SIVLTK:28.8.2012	
SIVLTK:5.6.2012	
SIVLTK:24.4.2012	
SIVLTK:27.3.2012	
SIVLTK:7.2.2012	
SIVLTK:10.1.2012	

Records from the Board of Social and Healthcare Services

PTLTK:15.12.2011
PTLTK:24.11.2011
PTLTK:27.10.2011
PTLTK:6.10.2011
PTLTK:8.9.2011
PTLTK:25.8.2011
PTLTK:10.8.2011
PTLTK:16.6.2011
PTLTK:9.6.2011
PTLTK:18.5.2011

PTLTK:28.4.2011
PTLTK:17.3.2011
PTLTK:17.2.2011
PTLTK:3.2.2011
PTLTK:20.1.2011
PTLTK:16.12.2010
PTLTK:2.12.2010
PTLTK:18.11.2010
PTLTK:14.10.2010
PTLTK:16.9.2010
PTLTK:19.8.2010
PTLTK:10.6.2010
PTLTK:27.5.2010
PTLTK:19.5.2010
PTLTK:22.4.2010
PTLTK:25.3.2010
PTLTK:18.3.2010
PTLTK:24.2.2010
PTLTK:18.2.2010
PTLTK:21.1.2010
PTLTK:17.12.2009
PTLTK:19.11.2009
PTLTK:5.11.2009
PTLTK:29.10.2009
PTLTK:1.10.2009
PTLTK:3.9.2010
PTLTK:20.8.2010
PTLTK:11.6.2009
PTLTK:14.5.2009
PTLTK:23.4.2009
PTLTK:19.3.2009
PTLTK:19.2.2009
PTLTK:22.1.2009
PTLTK:18.12.2009
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# Appendix 2: List of local care strategies

Name of the document	Reference in the text	Year of publication
Seudullisten vanhuspalvelujen strategiset lin- jaukset vuoteen 2030 ja toimeenpano-ohjelma (Strategic alignments of regional care services to 2030 and programme of implementation)	Regional care services 2008	2008
Sosiaali- ja terveyspalveluiden strategia 2011–13 (Strategy for social and healthcare services 2011–13)	Service strategy 2010	2010
Ikäystävällinen Jyväskylä: Ikäihmisten hyvinvointisuunnitelma 2014–16(–20) (Age-friendly Jyväskylä: welfare plan for the aged 2014–16(–20))	Welfare plan 2014	2014
Vanhuspalvelujen palveluverkkoselvitykseen liittyvä palveluntuotannon ja -mallien konseptointi_(The conceptualisation of service production and models related to the elder care service network)	Conceptualisation of service production 2015	2015
Keski-Suomen Sote 2020: Keski-Suomen ikäihmisten palvelujen järjestämissuunnitelma vuonna 2020 (Social and healthcare reform in Central Finland 2020: plan for organising services for older people in Central Finland in 2020)	Social and healthcare reform plan 2016	2016
Jyväskylän kaupungin sosiaali- ja vanhus- palvelujen sekä perheiden ennaltaehkäisevien sosiaali- ja terveyspalveluiden palveluverk- koselvitys (Service network report on social and elder care services and preventative social and healthcare services for families in the city of Jyväskylä)	Service network report 2016	2016

# Appendix 3: Focus group interviewees

Working mothers

Name	Age group	Child(ren)'s	Working time	Focus group
Maria	30-39	ages 4	Full-time	1
Maria	30-39	4	ruii-tiiile	1
Noora	30-39	2, 3	Full-time	1
Riikka	30-39	5	Full-time	1
Sari	30-39	2	Part-time	1
Johanna	30-39	3	Part-time	1
Ulla	40-49	4, 7, 10, 14	Full-time	1
Satu	40-49	3, 12, 17	Full-time	2
Saana	30-39	1, 6	Part-time	2
Anniina	20-29	2	Full-time	2
Sointu	30-39	4	Full-time	2
Raza	20-29	1, 2	Non-standard	2
Iiris	20-29	1, 3	Part-time	2
Janina	20-29	4, 6	Non-standard	2
Liisa	20-29	2	Part-time	2

## Working carers

Name	Age group	Primary relative with care needs	Working time	Focus group
Minna	40-49	Mother	Full-time	3
Paula	50-59	Husband (previously fa- ther)	Full-time	3
Päivi	40-49	Mother	Full-time	3
Raili	50-59	Mother	Full-time	3
Ritva	50-59	Father	Full-time	3
Suvi	40-49	Father	Full-time	3
Venla	20-29	Grandmother	Full-time	3
Aliisa	60+	Sister (previously mother)	Part-time	4
Noora	50-59	Mother	Full-time	4
Riikka	50-59	Mother	Part-time	4
Saara	40-49	Aunt (previously grandmother)	Full-time	4
Saimi	60+	Daughter (previously mother)	Part-time	4

### Appendix 4: Interview themes and questions

First theme: work

- 1. Will you tell us a little about your work and what work means to you?
- 2. What are the things about your work that are rewarding and make you feel good?
- 3. Are there any negative aspects to your work?
- 4. I would like to ask you to think if you have made a key decision about your work in the last five years. If you have, could you describe that decision?
- 5. Is there anything else that anyone would like to add in terms of the meaning of work in your lives that has not come up so far?

Second theme for focus groups 1 and 2: childcare arrangements

- 1. What kinds of childcare option were available to you, and how did you find out about them?
- 2. How did you end up choosing your current childcare arrangement?
- 3. Is your working life, and especially your time and commitment to work, influenced by the childcare that is available to you?
- 4. If you were looking for work now, what kinds of work opportunities are there for mothers of young children in Jyväskylä currently?
- 5. Before we move on to the next question, is there anything else of importance in relation to childcare that has not come up?

Second theme for focus groups 3 and 4: care arrangements

- 1. Could you talk about the care needs of your older relative and how those care needs are currently being met?
- 2. How have you responded to the care needs of your older relative? What are your responsibilities in caring, and what are the responsibilities of others (e.g. family members, service providers)?
- 3. How have the care needs of your older relative changed over time?
- 4. How has your relationship with your older relative influenced your responses to their needs?
- 5. What positive or negative effects have the care needs of your older relative had on your life and your working life?
- 6. What would you consider an ideal way of organising care for older people?

## Third theme: reconciling work and care

- 1. What factors in your family life or social network help you or make it difficult for you to reconcile work and care? For groups 1 and 2: what is the role of your spouse/other parent of the child in childcare and housework? Did the role of your spouse/other parent of the child in housework change after your children were born?
- 2. What factors in your work help or make it difficult for you to reconcile work and care?
- 3. How do public and/or private services make it easier or more difficult to reconcile work and care?
- 4. Before we move on to the next question, is there anything else of importance in relation to care that has not come up?

## Fourth theme: policy recommendations

- 1. Are there any changes in your workplace, and in working life in general, which would make the reconciliation of work and care easier?
- 2. Are there any changes in legislation or in the service system that would make the reconciliation of work and care easier?
- 3. What would you consider the ideal situation in terms of reconciling work and care?



## **ORIGINAL PAPERS**

Ι

# LOCAL CHILDCARE POLICY AND THE CHANGING GENDER CONTRACT

by

Sihto, T. 2018

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Local childcare policy and the changing gender contract

Abstract

**Purpose:** The aim of this article is to examine the changes in local childcare policy that have taken place between the years 2008 and 2016 in the city of Jyväskylä, Finland, and to study how the local gender contract for women is being reshaped via these transformations in local

policy.

**Design/Methodology/Approach:** Case study was applied as a research strategy. Local and national level statistics were used to explore the use of childcare services. Documents regarding the decision-making and administration of childcare in the city were analysed to distinguish the local policy changes during the time period. These documents include city budgets and records from the two municipal boards that have held the administrative responsibility of local childcare policy. The analysis of the data was conducted by using

document analysis and feminist content analysis as a methodological framework.

**Findings:** The results show that the overall development in local childcare policy has been towards cutbacks in childcare services and benefits, and towards the marketisation of childcare services. The city has also implemented new, locally specific childcare policies, which constitute a hybrid form of marketisation and neofamilism. Together these developments are creating a new local gender contract, which goes beyond the past previous traditional or modern models. This new local gender contract for women is defined as that of

'entrepreneurial homemaker'.

Originality/Value: This paper contributes to the research on local social policy by identifying the role of local childcare policy in reshaping the gender contract in a Nordic context. This paper advances the theorisation of the concept of gender contract by introducing the

'entrepreneurial homemaker' model of gender contract.

**Keywords:** childcare, Finland, gender contract, local social policy, marketisation

**Type:** Research paper

#### Introduction

This article analyses the changes in local childcare policy and the ways in which these changes are reshaping the local gender contract for women in Jyväskylä, a middle-sized Finnish city. In this article, the analysis of childcare policy focuses on the provision of services and benefits which are offered for families with children below the school age (aged 0-6). The changes in childcare policy are further analysed through the framework of 'local gender contract' (Forsberg, 1998). This study focuses on the time period of the economic downturn that started in 2008 and the following years which have been characterised by the implementation of various austerity measures in social policy. The main research questions of this article are: What changes have occurred in the local childcare policy in the city of Jyväskylä between 2008 and 2016? How is the local gender contract in the city being reshaped via these changes in local childcare policy?

In this article, local childcare policy is used as a lens through which the changes in the local gender contract are analysed. This is due to the importance that the development of childcare policy has had for the Finnish gender contract and the women-friendliness (Hernes, 1987) of the Nordic welfare model. Historically, the development of childcare policy and the availability and access to publicly funded childcare services has been central in formulating the gender contract between women and the state in Finland (Julkunen, 1994) and the availability of high-quality childcare services has been regarded as a key characteristic of the women-friendly policies in Nordic countries (Leira, 2002). Which childcare arrangements are supported, promoted and made appealing to mothers, and which are not, offers an idea to what is socially and culturally expected of mothers and women in general in relation to work and family. Therefore, changes in childcare policy offer a lens through which to observe the shifts in the gender contract and in the 'place' of women.

#### Local gender contract

The concept of gender contract refers to the ways in which gender relations are structured in families, labour markets and politics (Hirdman, 1996), and what the overall sociocultural consensus is on the roles and places of men and women (Perrons, 1995). Historically, changes in gender contract have usually been related to what the 'place' of women is in families and in the labour market. Also in this article, the explicit focus is on the reshaping of gender contract for women.

Finnish national gender contract has been built on the ideal of wage-worker motherhood (Rantalaiho, 1994), where periods of temporary homemaking exist, but where, for the greater part of their lives, women are in full-time employment (Salmi, 2006; Statistics Finland, 2012). In Finland, the majority of women are in full-time employment, including mothers of young children. In 2015, the employment rate of women was 67.7%. (Statistics Finland, 2016a.) However, Koskinen Sandberg (2016) has argued that the recessions of 1990s and 2000s, globalisation, the uncertainty in the labour market and the rise of neofamilistic values, which draw from the past ideals regarding traditional family values (Jallinoja, 2006) and emphasise the importance of mothers in the upbringing and care of children (Salmi, 2006), have contributed to the emergence of a new national gender contract in Finland. This

new gender contract, which she identifies as 'precarious worker/temporary homemaker contract' (p.25, 55), relies less on the idea of work as a source of citizenship for women, and more on the neofamilistic tendencies that emphasise women's traditional caring role in families.

Under the national gender contract, there exists a variety of other gender contracts. For example, different fields of work and different localities have their own gender contracts which are more or less tied to developments at the national level. In this article, the focus is on the 'local gender contract' in the city of Jyväskylä. This local gender contract can be seen as a particular place-specific variation of the Finnish national gender contract. Forsberg (1998; 2001; 2010) defines local gender contract as the regional and spatial variations in the unwritten rules that regulate relations between genders. These rules are formed and renegotiated in the relations and actions that take place in a particular location, within its structures and everyday practices. Analysing gender contract specifically at the local level helps in identifying the spatial variations and place-specific negotiation gaps in the dynamic of gender relations (Forsberg, 2010).

Forsberg (1998; 2001; 2010) has identified three ideal types of the regional variation in the gender contract in Sweden: traditional, modernised and non-traditional. The areas where the traditional gender contract is predominant have strong segregation in the labour market and high levels of family-based care, despite the Swedish national gender contract emphasising gender equality. Modernised gender contract is defined as having lower levels of employment segregation and more emphasis on public sector care. Non-traditional gender contract is defined as being in between traditional and modern gender contract, predominant in areas where the economic base is traditional, but where gender relations are more equal than in the traditional regions. Especially in rural areas, where traditional gender contract is often prevalent, women following modern gender contract might find out-migration to be an equality and career strategy (Grimsrud, 2011). However, decisions to move are rarely straightforward as the strategies that women adapt are often fundamentally shaped by their family situation (Ikonen, 2013; Jolkkonen, 1998).

Changes in the gender contracts often happen slowly and subtly (Caretta & Börjeson, 2015). Thus, the developments in gender contracts over time and space are not necessarily easily distinguished, and the existing structures can also hinder these changes. In a study on the connection between region, work and gender in Finnish Lapland, Kari-Björkbacka (2015) argues that gendered local economy separates men and women through the value that is placed on investing in the male-dominated industries which are seen as profitable for the economy. At the same time, female-dominated work in the fields of social and health care is seen as an item of expenditure. According to Kari-Björkbacka (ibid.), local economy invites men and women to occupy traditional gender roles: men as the breadwinners and women as the supplementary wage-earners, ignoring the role of highly educated women in Lapland. Thus, local economy acts as a restorative element in Lapland's local gender contract instead of challenging the prevailing gender order. Women are encouraged to either invest in home and motherhood, or migrate to southern escalator regions in search of better employment opportunities and upward social mobility (Kari, 2009; Forsberg, 1998). When compared with the idea of local gender contract, Kari-Björkbacka (2015) sees the dynamic of gender relations as more static due to the strong role of local economy in putting men and women

back to their traditional 'places'.

Following Forsberg (1998; 2001; 2010), local gender contract is in this article understood as dynamic and changing over time. Even though this article focuses on changes in local gender contract in Jyväskylä, these developments are understood as intertwined with changes that are happening in national social policy and in the normative basis of the Finnish gender contract (Koskinen Sandberg, 2016). However, this intertwinement is not understood only as the national affecting the local, as the ways in which gender relations are lived, conserved, produced and reproduced in everyday life at the local level also play an important part in reshaping the national gender contract.

#### Local childcare policies in the frame of national regulation

In Finland, the relation between the local and the national – between municipalities and the state – in the organisation of social policy has been described as representing decentralised universalism (Burau & Kröger, 2004). The system simultaneously, and somewhat paradoxically, emphasises national-level universalism by attempting to make welfare equal, not only by social status, but also by geographical location, whilst still maintaining the strong local autonomy of municipalities. This sometimes conflicting relation between the municipal and the national level creates the core of the 'Nordic welfare municipality' (Kröger, 2011).

An example of this conflicting relation between the municipal and the national level can be seen in the organisation and financing of care for young children (Haataja, 2012). In Finland, the state, together with employers and employees, finances maternity allowance until the child is about three months old, followed by parental allowance for mother or father until the child is nine to ten months old. Both maternity and parental leave periods are compensated according to previously taxed earnings. After the parental leave period ends, municipalities are responsible for organising child day care. However, if the family opts not to use formal child day care services, child home care allowance can be claimed by families with a child under the age of three who is not in municipal day care and who is looked after by one of the parents or another person, e.g. a relative. (Kela, 2014.) Both the division of the seemingly gender-neutral parental allowance and child home care allowance are extremely gendered. Mothers use 96% of parental leave days (Lammi-Taskula & Salmi, 2013) and 93.1% of child home care allowance days (Findikaattori, 2016). Thus the choice of whether and when to enrol child in day care has strong gendered consequences, as in the majority of cases, the parent staying at home with children is the mother.

As the child home care allowance is paid at a low flat rate – 341.27 EUR per month in 2016 (Kela, 2016) – the direct costs of organising child day care are much higher for the municipalities than the costs of having the parent stay at home with the child on child home-care allowance until the child turns three years old. Thus, municipalities have the incentive to encourage maternal home-care of children, and many municipalities have opted to offer additional financial supplements for families using the child home-care allowance. In 2008, around half of the population in Finland lived in municipalities where this additional supplement was available. (Miettunen, 2008.) A contradiction between the municipal and the national level goals emerges as municipalities have the incentive to encourage maternal home-care for children, whereas at the national level, the aim is for gender equality and

raising the employment level of the working-age population (Haataja, 2012; Autto, 2016).

#### **Data and Methods**

Selecting the case: city of Jyväskylä

The site of this study is Jyväskylä, a city located in Central Finland, approximately 300 kilometres north of Helsinki. As of 2016, Jyväskylä is the seventh largest city in Finland, with around 130,000 inhabitants. The economic structure of the city relies on services, as 79.2% of jobs are in the service sector, the Finnish national average being 73.8% (Statistics Finland, 2016b). As a university city with a highly educated workforce, Jyväskylä could be seen as a city where modern gender contract is prevalent and as an 'escalator region' offering opportunities of social mobility for both men and women (Forsberg, 1998; 2010). However, in spite of the overall high educational level of the population, the city has also struggled with a high level of unemployment ever since the 1990s depression, as can be noted from table 1. In 2015, the employment percentage in Jyväskylä was 17.6%, when compared with the national average of 13.4%. The unemployment percentage for women was lower both nationally (11.8%) and locally (15.6%) when compared with the unemployment percentage for men (SotkaNet, 2017.)

#### TABLE 1 TO FEATURE HERE

Jyväskylä was chosen as a site for this study, as it is a city that has been hailed a forerunner in both finding new and innovative solutions to organizing child day care (Saari et al., 2009) and in the implementation of service voucher (Suomen yrittäjät, 2015) in Finland. Therefore in the national context, Jyväskylä offers a rather unique case, which can be expected in the analysis to differ from the country average. However, due to the role of the city as a forerunner, the case of Jyväskylä also offers a view into one possible future towards which the other municipalities in Finland and the overall Finnish model of organizing child day care could be developing.

#### Data

In order to obtain in-depth information about local practices and to give a comprehensive look at the development of local childcare policy, a case study method was applied. Case study is an empirical inquiry that investigates a contemporary phenomenon in-depth and within its real-life context (Yin, 2009). This case study is based on two sources of information: local and national level statistics from SotkaNet indicator bank are used to explore the use of childcare services. Documents regarding the decision-making and administration of childcare policy in the city of Jyväskylä are analysed to distinguish the local policy changes during this time period. These documents cover the years 2008 to 2016. They include city budgets for 2009 to 2016 and records from the two municipal boards that have held the administrative responsibility of local childcare policy and early childhood education: 1) records from the Board of Social Services and Health (44 records from 18.12.2008 to 31.12.2011) and 2) the Board of Education (54 records from 1.1.2012 to 9.11.2016). For full list of documents

analysed, see the appendix.1

Document analysis and feminist content analysis as analysis methods

The analysis of the data was conducted by using document analysis and feminist content analysis as a methodological framework. Document analysis involves skimming (superficial examination), reading (thorough examination) and interpretation of the data (Bowen, 2009). Content analysis is the process of organising information into categories related to the central questions of the research (Bowen, 2009, Leavy, 2007). At the first stage of the analysis, when the data was skimmed, read and re-read, the first aim was to achieve an understanding on what had been the policy alignments in the city between the years 2008 and 2016. Consequently, categories regarding policy changes were formed. The categories that were formed were *reforms* (implementation of new forms of services or benefits for childcare), *abolishments* (abolishing existing services or benefits) *cutbacks* (cuts in the level of services or benefits) and *increases* (raising the level of services or benefits). This categorisation was done in order to answer to the first research question regarding what changes have occurred in the local childcare policy in the city of Jyväskylä between 2008 and 2016.

The second aim of this article was to analyse how the local gender contract in Jyväskylä is being reshaped via the changes that have taken place in local childcare policy. For this purpose, the categories that had been previously created were examined from the viewpoint of feminist content analysis (Leavy, 2007) in order to make visible the gendered consequences of local childcare policy changes. By feminist content analysis Leavy (ibid.) means critically interrogating texts and other cultural artefacts through a gender-sensitive lens. This seems particularly appropriate to analyse how childcare policy changes shape the local gender contract, as previous study by Autto (2016) has shown how local policy making regarding child day care in Finland is a context where gender is often largely absent, even though the implementation of particular childcare policy has gendered consequences. Thus the expectation before starting the analysis was that there would be very little, if any, discussion regarding gender in the local policy documents and that feminist methodology would be needed in order to read gender from the seemingly ungendered textual data. Feminist content analysis was chosen as a method, as it allows the researcher to examine gender in textual contexts where gender is not explicitly visible. For this article, feminist content analysis offered a way to examine the presence and absence of gender local policy documents, and to analyse what the changes in childcare policy mean for the local gender contract for women.

#### Local and national trajectories of childcare

Use of municipally funded child day care services

<sup>&</sup>lt;sup>1</sup> The state administrative responsibility of early childhood education was relocated from the Ministry of Social Affairs to the Ministry of Education and Culture in 2013. The then-upcoming change at the national level was reflected at the city level, as the administration of child day care services was moved in Jyväskylä from the Board of Social Services and Health to the Board of Education from the beginning of 2012.

In Finland, all children below school-age have a social right to day care, regardless of the parent's employment or socioeconomic status. The cost of child day care is dependent on the income of parent(s) – the higher the income, the higher fee the parents pay for child day care services. Since 1973 municipalities have been responsible for organising child day care according to local need. Children in formal day care are taken care of either in a day care centre or in family day care. In family day care, the care provider looks after the children in the care providers' home, in a group that constitutes a maximum of four children (Alila et al., 2014).

The ideal of free choice for families in selecting their preferred form of childcare is strong in Finland (Varjonen, 2011). This 'freedom to choose' between different child day care service providers has been gradually expanding, together with the growing role of marketisation of services, since the 1990s. The first experiment on marketisation of child day care services was done in 1995 (Heikkilä & Törmä, 1996). The Act on Child Home Care and Private Day Care Allowance (1128/1996) went into effect in 1996, opening doors for the marketisation and private provision of childcare services. Currently parents can choose between municipal or private child day care, although the availability of private child day care services and support for the use of private services varies between municipalities.

The Act on Service Vouchers for Social Welfare and Health Care (569/2009) went into effect in 2009, providing municipalities with the opportunity to use service vouchers for the delivery of social and health care services. Municipalities have the freedom to choose whether to implement the voucher or not, on which services and to what extent. Some municipalities, like Jyväskylä, have opted to offer the use of private services by offering service vouchers to parents for the purchasing of private child day care services. Consequently, the use of private child day care services varies between municipalities, depending particularly on the level of provision offered for the purchasing of private services.

When comparing the local and national developments in the use of municipally funded full-time day care, the local and national trajectories differ, as can be seen from table 2. The share of children between ages one and six in municipally funded day care has been declining in Jyväskylä. In 1997, 57.3% of children in this age group were in municipally funded full-time day care in Jyväskylä. In 2014, this figure stood at 48%. The national trend during the same time period was the opposite – the share of children in municipally funded full-time day care rose from 53.9% in 1997 to 57.8% in 2014. The progression for children of all age groups has been similar: in Jyväskylä, the use of municipally funded day care has decreased, whereas nationally it has increased (SotkaNet, 2016a). A likely explanation for the falling numbers of children in municipally funded full-time day care in the city is the growing use of service vouchers in purchasing private child day care services.

#### **TABLE 2 TO FEATURE HERE**

In Jyväskylä, families have also started to opt more for the use of part-time day care, whereas the national trend has been the opposite (SotkaNet, 2016a). This trend of part-time child day care in the city is likely to continue in the future as, starting from August 2016, changes in national legislation have made it possible for municipalities to limit the social right to child day care from full-time to part-time if the parent(s) of the child is staying at home (e.g. on

parental leave or due to unemployment). Some municipalities chose not to limit the right to full-time day care. However, Jyväskylä was one of the municipalities that opted for the limitations (SIVLTK:24.2.2016).

#### Cutbacks and marketisation of child day care services

As noted in the previous section, the local level use of different child day care services can vary considerably from the country average. This section explores with more depth the case of Jyväskylä and the overall developments in childcare policy that have taken place since 2008. During the recession and the following years, the economic situation in the city tightened. Simultaneously with economic difficulties, the need for formal childcare services increased, as the number of children below the school-age rose in the city (PTLTK:18.12.2008). Due to these developments, cutbacks were made on childcare services and benefits that offered something 'extra' in addition to the basic services that must be legally provided. This was also one of the responses that the Finnish municipalities had for the deep economic depression of the 1990s (Karisto et al., 1997).

Cutbacks that have been made in local childcare policy post-2008 have hit both familistic and defamilistic policies. Familistic policies refer to policies which are seen as encouraging maternal home care of children, e.g. cash-for-childcare, whereas defamilistic policies refer to policies which are seen as facilitating mother's labour market participation (Salmi, 2006), e.g. available and affordable child day care. An example of the cutbacks in familistic childcare policy is the abolishment of the additional supplement to child home care allowance. In 2000, the city of Jyväskylä began paying a 100 EUR supplement per child if all children in the family that were below the school age were in home care. In 2013, the level of the supplement was cut to 50 EUR (SIVLTK:19.3.2014), and, in 2014, the supplement was abolished (SIVLTK:18.3.2015). Following these developments, not only did the number of children in municipally financed day care decrease, but so did the number of families using child home care allowance for home care of their own children (SotkaNet, 2016b).

In addition to cutbacks, the city has been searching for more cost-effective solutions for organising services and managing the growing need for day care. In local policy documents, it is estimated that marketisation of child day care services will offer, at least, a partial solution to these problems. Following Brennan et al. (2012), marketisation is here defined as local government measures which "authorise, support or enforce the introduction of markets, the creation of relationships between buyers and sellers and the use of market mechanisms" to allocate childcare. According to estimations done by the city, places in private day care offer a less expensive solution to the city when compared with places in public day care (SIVLTK:16.4.2014). Consequently, the budgetary goals have gone towards a rapid increase in the use of private day care services. For 2010, the aim was that 7% of children between ages 0-6 would be under private day care services (The budget of city of Jyväskylä, 2010); for 2016, the goal was set at 14.1% (The budget of city of Jyväskylä, 2016). The aim of marketisation of childcare services has been to 'encourage private service production and increase families' freedom of choice in selecting services,' (PTLTK:18.12.2008). As noted in previous research (e.g. Varjonen, 2011), the ideal of 'choice' fits the bigger picture of Finnish national childcare policy. Existing user surveys also

show how the users of private childcare services in the city have been overall satisfied with the quality and price of the services (Saari et al., 2009).

These local developments towards marketisation are, inevitably, tied together with the national level changes that have occurred in the previous decades, such as the implementation of the Act on Child Home Care and Private Day Care Allowance (1128/1996) and the Act on Private Day Care Allowance and the Act on Service Vouchers for Social Welfare and Health Care (569/2009). These national level developments have, in turn, made the local level policy changes towards marketisation possible. Whether marketisation affects the access to services has only briefly been addressed in local policy documents, with the statement that after privatisation 'low-income families' access to services will possibly be weakened, (PTLTK:23.4.2009). Overall, the meaning and consequences of marketisation of child day care has not yet been widely addressed in public discussion in Finland, even though this development is likely to have its own gender and class implications (Mahon et al., 2012). Previous studies (e.g. Penn 2009; Lloyd & Penn 2010) in other country contexts have underlined the problems embedded in the marketization of childcare: it is highly debatable whether private provision will truly enhance the quality or cost-effectiveness of child day care. The next section of this analysis looks more closely into two intertwining local developments of marketisation and their possible implications for the local gender contract: the implementation of 'service money' and the growing popularity of private family day care.

# Reshaping the local gender contract – The role of service money and private family day care

Service money for childcare

'Service money' for childcare was implemented in 2009 in the city. Originally, service money was intended as a replacement for all of the existing financial provisions for private child day care (PTLTK:18.12.2008). Due to service money being a local level innovation, and thus not under national legislation, the city had considerable leeway in defining on which conditions families would be eligible for the benefit.

This leeway was used when the Christian Democrats, a relatively small political party in the local government, proposed changes to the conditions on which service money was given in 2010. First proposition was that families with four or more children under school age in home care would receive service money. Second proposition was that service money would also be available for private family day care providers for the care of their own children who are below the school age, if the private family day care provider was caring for at least one 'care child' in addition to the family's own children. It was estimated that these changes proposed by the Christian Democrats would 'save 5.6-7 million euros from investments if 300 children will move from day care centres to family day care'. (PTLTK:22.4.2010.) This is one of the examples from the local policy documents where changes are first and foremost justified with financial considerations (see Kari-Björkbacka, 2015). Possible advantages or disadvantages of service money are discussed without referring to gender, and thus the possible gendered implications of these changes remain hidden in the local policy documents (see Autto, 2016):

"The advantages are increasing availability of family day care, securing the quality of day care surveillance, managing taxes and other societal responsibilities, pension security for home care of children and savings in municipal finances. The risks or harms are the lack of substitutes in private family day care, the children in home care being left outside the early childhood education services of the city and increasing numbers of staff." (PTLTK:22.4.2010.)

The rate of service money was relatively high when compared with other childcare benefits, being 400 EUR per month per child in home care, and the initiative was eventually implemented in 2011. The first part of this initiative did not concern a large number of families, as families with four or more children under school age are rare in Finland – only five percent of families have four or more children below the age of 18, making families with four or more children below the school age particularly rare (Statistics Finland, 2015). Consequently, this benefit was available only for a small number of families and the number of families using service money solely to take care of their children at home were low, averaging 20 in 2011. However, beginning from 2012, the terms of service money were changed as it was largely replaced with the national service voucher system (SIVLTK:10.1.2012) and the service money for families with four or more children was abolished.

The relatively strong preference for home care of young children continues to be a heatedly debated topic in Finland as women's long childcare leaves are often seen as problematic for women's working careers and for gender equality at large (e.g. Salmi, 2006). Thus, the decision to implement a benefit that strongly encourages (maternal) home care of children goes against the national gender contract, which has historically been built on the ideal of wage-worker motherhood (Rantalaiho, 1994). Even though the service money for childcare for families with four or more children was available to only a small number of families, offering a rather generous benefit solely for the care of a family's own children goes against the normative ideals of women-friendliness of a Nordic welfare state and the Finnish gender contract of wage-worker motherhood. This kind of strong shift towards the traditional local gender contract that emphasises longer periods of maternal home care of children does not correspond with the existing national gender contract. In this framework, it was not surprising that the benefit was abolished only a year after it was implemented. It could be seen that the abolishing of service money for families with four or more children was due to the controversial nature that the cash-for-childcare schemes have in Finland – and that this was a case were the national debates and ideals shaped the local level decision-making.

Since the start of 2012, service money has only been available for private family day care providers for the care of their own children who are below school age, if they also have additional 'care children' in home care. The family day care provider also has to have formal qualifications for family day care and have a business identification (SIVLTK:27.4.2016). The rate of service money for childcare is fairly generous, and it enables a longer home care period than the national child home care allowance. Child home care allowance is 341.27 EUR per month for one child under three years of age; 102.17 EUR per month for each additional child under three years of age, and 65.65 EUR per month for each additional child

over three years of age but under school age (Kela, 2016). In comparison, service money is 400 EUR per child per month, and paid until the child reaches school age. Thus, it offers a financially much more appealing option for the home care of children than the national child home care allowance.

Private family day care and the emergence of a new local gender contract

As noted in the previous section, in Jyväskylä, the local policy alignment has been that those providing private family day care receive a financial compensation – service money – for the home care of their own children who are below school age. Following these developments, the number of private family day care providers in the city has more than doubled since the start of the recession. The number of private family day care providers was 42 in 2009 (Saari et al., 2009, 24), while in 2016 the number stood at 110 (Klemmari, 2016). Simultaneously with the growing numbers of private family day care providers, the availability of municipal family day care places has been rapidly decreasing in Jyväskylä (SotkaNet, 2016c). Thus, the city seems to be aiming to move the emphasis of family day care from public to private service provisions.

In 2009, the women who had started as private family day care providers in the city were all mothers of young children who were taking care of their children at home, together with the additional child(ren) under care (Saari et al. 2009). Unfortunately, more recent numbers are not available, but it could be considered as highly likely that the majority of private family day care providers in the city are still mothers of young children. For women, becoming a private family day care provider can be a job market solution, an expansion to stay-at-home motherhood or a solution to adapting to the contradictory demands of family and working life (Tikka, 2007). In a city where the situation of highly educated mothers of young children in the local labour market is challenging (Sihto, 2015) and the overall unemployment level is relatively high (SotkaNet, 2015), starting as a private family day care provider can also be a way for women to cope with the difficult situation in the local labour market.

The growing role of private family day care and availability of service money for private family day care providers are two intertwining local developments that constitute a new hybrid form of childcare where entrepreneurship is combined with traditional homemaking. Together with cutbacks and marketisation developments, which indicate the diminishing role of the public sector and the growing role of individual choice and responsibility regarding childcare, these developments are creating a new local gender contract for women, which is here identified as the 'entrepreneurial homemaker' gender contract. This new local gender contract goes beyond the previous traditional or modern models of local gender contracts (Forsberg, 1998) by combining the 'entrepreneurial spirit', which is argued to become more and more valued in different spheres of life in contemporary society (Pyykkönen, 2014), with extensive periods of stay-at-home motherhood. 'Entrepreneurial' is here defined as both the ideal of individual choice and responsibility getting a stronger emphasis in childcare arrangements. Becoming a private family day care provider can be seen as an example of this: it allows one more option to families in organising child day care. However, this option is not without risks, as private family day care providers

are also entrepreneurs, who are required to have business identification and compete about customers (the additional 'care children') with other private family day care providers.

These local level developments are tied together with the changes of the national gender contract from wage-worker motherhood (Rantalaiho, 1994) to the precarious worker/temporary homemaker gender contract, which relies less on the idea of work as a source of citizenship for women, and more on the neofamilistic tendencies that emphasise women's traditional caring role (Koskinen Sandberg, 2016). The local 'entrepreneurial homemaker' gender contract is also tied to neofamilistic tendencies, as it promotes longer periods of home care of children. Women are encouraged to take care of their children at home for extended periods of time, but the difference with the national level is that this is done in the framework of entrepreneurship, by becoming a private family day care provider. Thus, these women are not solely stay-at-home mothers, but are also included in the labour force, albeit with a relatively low salary and the risks that come with entrepreneurship.

#### **Conclusions**

The aim of this article was to examine the changes in local childcare policy in the city of Jyväskylä and to analyse how the local gender contract is being updated via these local level changes in childcare policy. The analysis shows how cutbacks in the city have been directed to both familistic and defamilistic childcare services and benefits. The number of children in municipally financed child day care has been falling at the local level. Simultaneously, also the number of children in home care has also been decreasing locally. Both of these developments in the city are likely due to the growing use of service vouchers in purchasing private child day care services.

Overall, marketisation has been a growing trend post-2008, as the city has been looking for more cost-effective solutions in the organisation of childcare. The marketisation development has partly gone hand-in-hand with gender traditionalism. Service money and the growing role of private family day care constitute a new hybrid form of childcare where entrepreneurship is combined with traditional homemaking. Together these developments are creating a new gender contract which goes beyond the previous traditional or modern models. This new local gender contract of 'entrepreneurial homemaker' is, to a certain extent, tied together with the national developments of women moving towards the gender contract of 'precarious worker/temporary homemaker' (Koskinen Sandberg 2016). However, what distinguishes the changes in the local gender contract from the national is the entrepreneurial emphasis at the local level. Home care of children is encouraged, but this is done in the framework of entrepreneurship, by becoming private family day care providers. As the case of service money for families with four or more children shows, paying money solely for the home care of one's children goes against the national gender contract of wage-worker motherhood (Rantalaiho, 1994), where periods of homemaking exist, but those periods are characterised by their temporary nature, centred around the time when the youngest child of the family is below the age of three (Statistics Finland, 2012). However, a different picture, more fitting with the existing national gender contract, emerges when home care of children is combined with being an entrepreneur. The overall development of marketisation of childcare also puts more emphasis on the ideals of individual choice and responsibility in deciding on

the preferred form of childcare. These ideals go together with the rising of the entrepreneurial spirit in different spheres of life in contemporary society (Pyykkönen, 2014).

Local welfare policies are crucial in either supporting or discouraging female employment (Kutsar & Kuronen, 2014), and thus shaping the local gender contract. Local child day care services play a central role in enabling or disabling female labour market participation. A study by Kuronen et al. (2014) showed how recent trends in the city of Jyväskylä have gone towards subsidising non-public forms of childcare, such as the use of private child day care services, with the aim of reducing the city's spending on childcare. Familistic tendencies have previously been more distinctive at the local level than in national policy-making (Kuronen et al., 2014) and the rhetoric of choice (Varjonen, 2011) has dominated the making of local childcare policy. In local policy documents changes were first and foremost justified with financial considerations (see Kari-Björkbacka, 2015) and the possible gendered implications of these changes remained hidden (see Autto, 2016). In local decision making, the goals for gender equality and facilitating female labour market participation were largely disregarded. Gender equality, which plays a major part in parliamentary debates, was absent in the context of local policy making (ibid.).

As noted in previous research (e.g. Karamessini & Rubery, 2014), the goals for gender equality often get brushed aside during times of economic downturn and austerity, as policy rhetoric heightens the role of women as mothers and caregivers in families whilst simultaneously, policy-making focuses first and foremost on dealing with budget deficits and cutting public expenditure in the short term. This can eventually risk losing the progress towards gender equality that has been achieved in the past (ibid.) especially if the reforms and cutbacks that have been made during times of austerity are kept in force also in times of economic growth, as has happened previously in Finland. During the 1990s deep economic depression, the Finnish childcare policy system became less generous. However, even during periods of rapid economic growth, Finland has kept the cutbacks from the 1990s in force and allowed inflation to further erode existing benefits. (Hiilamo, 2006.) Thus, it could be considered likely that many of the cutbacks and changes that have been made in childcare policy post-2008 both locally and nationally will also be kept in force in the long run, despite changes in the economic cycle over time.

Studies in other countries (e.g. Penn, 2009; Lloyd & Penn, 2010) have shown the problematic nature of marketisation of child day care. In a country like Finland, where child day care has relied on public provision and universal access to services for decades, the development towards marketisation means a strong shift in the existing paradigm. As the development towards marketisation of childcare is just getting started in Finland, there is very little research available regarding these issues. Studying particularly cities hailed for their innovativeness and role as forerunners can help to understand not only the changing societal structures families, particularly mothers, face in making choices regarding work and childcare, but also the direction towards which the national childcare policy model, and more broadly even the Nordic childcare policy model, could be developing in the future. As public child day care services have been one of the building blocks of Nordic 'women-friendliness' (Leira, 2002; Julkunen, 1994), more analysis is needed on what these changes in childcare policy mean for the normative basis and the 'women-friendliness' of the Nordic welfare state model at large.

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Table 1. Unemployed, as% of labour force in Jyväskylä and in Finland

	1991	1995	2000	2005	2008	2009	2010	2011	2012	2013	2014	2015
JYV total	6.6	23.2	16.5	13.9	11.0	12.9	13.0	12.4	13.2	15.0	16.7	17.6
FIN total	8.6	19.3	12.8	10.8	8.0	10.3	10.1	9.4	9.8	11.3	12.4	13.4
JYV women	7.5	21.7	17.2	14.0	11.0	11.5	11.3	11.0	11.5	13.0	14.6	15.6
FIN women	9.9	18.2	13.2	10.6	7.7	8.6	8.6	8.2	8.5	9.8	10.8	11.8

(Source: SotkaNet 2017)

Table 2. Children in municipally funded full-time day care as % of total population of same age

	1997 Jyv	1997 Fin	2007 Jyv	2007 Fin	2014 Jyv	<b>2014 Fin</b>
Aged 1-2	34.0	31.8	31.3	35.4	24.2	35.4
Aged 3-5	56.3	51.6	54.4	61.2	47.0	63.5
Aged 1-5	51.2	49.3	46.9	53.9	45.1	55.8
Aged 1-6	57.3	53.9	48.9	55.6	48.0	57.8

(SotkaNet, 2016a)

#### Records from Board of Education

SIVLTK:9.11.2016
SIVLTK:12.10.2016
SIVLTK:21.9.2016
SIVLTK:24.8.2016
SIVLTK15.6.2016
SIVLTK:18.5.2016
SIVLTK:27.4.2016
SIVLTK:30.3.2016
SIVLTK:24.2.2016
SIVLTK:27.1.2016
SIVLTK:9.12.2015
SIVLTK:25.11.2015
SIVLTK:28.10.2015
SIVLTK:23.9.2015
SIVLTK:26.8.2015
SIVLTK:17.6.2015
SIVLTK:19.5.2015
SIVLTK:20.4.5.2015
SIVLTK:26.3.2015
SIVLTK:18.3.2015
SIVLTK:18.2.2015
SIVLTK:17.12.2014
SIVLTK:19.11.2014
SIVLTK:22.10.2014
SIVLTK:24.9.2014
SIVLTK:27.8.2014
SIVLTK:11.6.2014
SIVLTK:14.5.2014
SIVLTK:16.4.2014
SIVLTK:19.3.2014
SIVLTK:19.2.2014
SIVLTK:22.1.2014
SIVLTK:4.12.2013
SIVLTK:20.11.2013
SIVLTK:9.10.2013
SIVLTK:18.9.2013
SIVLTK:28.8.2013
SIVLTK:7.8.2013
SIVLTK:12.6.2013
SIVLTK:14.5.2013
SIVLTK:17.4.2013
SIVLTK:20.3.2013
SIVLTK:19.2.2013
SIVLTK:30.1.2013
SIVLTK:11.12.2012
SIVLTK:27.11.2012

SIVLTK:30.10.2012
SIVLTK:18.9.2012
SIVLTK:28.8.2012
SIVLTK:5.6.2012
SIVLTK:24.4.2012
SIVLTK:27.3.2012
SIVLTK:7.2.2012
SIVLTK:10.1.2012

Records from Board of Social Services and Health

PTLTK:15.12.2011
PTLTK:24.11.2011
PTLTK:27.10.2011
PTLTK:6.10.2011
PTLTK:8.9.2011
PTLTK:25.8.2011
PTLTK:10.8.2011
PTLTK:16.6.2011
PTLTK:9.6.2011
PTLTK:18.5.2011
PTLTK:28.4.2011
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TLTK:18.12.2009	



### II

# DIVIDING RESPONSIBILITY FOR CARE: TRACING ETHICS OF CARE IN LOCAL CARE STRATEGIES

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### III

# CHOOSING TO WORK? MOTHERS' RETURN-TO-WORK DECISIONS, SOCIAL CLASS, AND THE LOCAL LABOR MARKET

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# Choosing to Work? Mothers Return-to-Work Decisions, Social Class, and the Local Labor Market

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#### **ABSTRACT**

The aim of this study is to examine the ways in which social class shapes the return-to-work decisions of Finnish working-class and middle-class mothers, and how these decisions are structured by the constraints and opportunities mothers face in the local labor market. The focus of the study is in the local labor market of the city of Jyväskylä. The data consist of two semi-structured focus group interviews of 14 employed mothers of below school-age children. Using the framework of "gendered moral rationalities," the study shows that there are similarities in mothers' experiences, while the structural constraints mothers faced when deciding about the timing of returning back to work differ. The analysis highlights that the differences were not only dependent on social class but also on the situation in the local labor market. For working-class mothers, the most crucial issue was the financial strain that their staying at home caused to their families. For middle-class mothers, finding employment opportunities that would match their educational qualifications in the local labor market had been challenging, which affected their timing of returning back to work. The paper concludes that local labor market plays an important role in mother's return-to-work decisions and should be explored further in differing geographical contexts.

#### **KEY WORDS**

Childcare / female employment / local labor market / social class

#### Introduction

he aim of this study is to examine the ways in which social class shapes the returnto-work decisions of Finnish working-class and middle-class mothers, and how these decisions are structured by the constraints and opportunities mothers face in the local labor market. Motherhood is usually seen as a classless activity, even though it has been found in previous research that there are class-based differences, for example, in mother's childrearing practices (Walkerdine & Lucey, 1989) and in how mothers reconcile employment and childcare (Duncan, 2005). Previous studies have also explored the connection between social class and parenting in the "egalitarian" Nordic countries (e.g., Forsberg, 2009; Stefansen & Farstad, 2010). Even though the social democratic welfare states have aimed to equalizing the opportunity structure for their citizens (Esping-Andersen, 2014), a class ingredient can also be found in the context of Nordic family policies; universalist family policies that aim for class and gender equality can also become "building blocks in classed care strategies" (Stefansen & Farstad, 2010). However, there are less studies on class-based differences on mothering in Finland (however, see Kelhä, 2008), and particularly on the effect of social class in maternal employment

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and the reconciliation of work and childcare. In this article, the interest is in exploring how social class is reflected in the ways Finnish mothers describe their employment decisions and returning back to employment.

The studies regarding maternal employment have mainly focused on national comparisons, while local labor markets have not received much attention. However, previous studies have shown how the employment opportunities provided by the local labor market are crucial particularly to women with dependent children (e.g., Wheatley, 2013; Yeandle et al., 2009). This article sets out to examine how class and spatiality, together and separately, structure different kind of possibilities for mothers regarding returning back to work in the local labor market of Jyväskylä, a city located in Central Finland. In this article, the interest is particularly on exploring mothers' reasons for returning back to employment, the timing of returning back to work, and the role of the local labor market in mothers' return-to-work decisions.

#### Mothering, class, and gendered moral rationalities

Since the 1980s until recent years, social class has been a rather neglected concept both in sociological research and public discussion in Finland. After the strong politicization of the concept of class in the 1970s, the term almost disappeared from the social research agenda for over two decades (Erola, 2010: p. 8; Tolonen, 2008: p. 9). Blurring of traditional social classes due to changes in working life, consumption, and lifestyle also made class increasingly problematic to define. Especially during the time of rapid expansion of the welfare state in the 1980s, it was widely believed that all Finns were becoming "one big middle class" and that eventually, class-based differences would cease to exist (Tolonen, 2008: pp. 8–9). However, during recent years, the discussion about class differences has livened up. Both Erola (2010: p. 7) and Tolonen (2008: p. 10) suggest that this is due to the widening income differences and polarization of the Finnish society; "one big middle class" does not seem to be the reality anymore, if it ever was.

Social class is much-debated concept with several different definitions. Following Beverley Skeggs (1997, p. 5), social class is here defined as a discursive, historically specific construction that is central in influencing access to economic and cultural resources. For working-class women who have limited access to these resources, caring constitutes a specific form of feminine cultural capital that offers a possibility to become "respectable" (Skeggs, 1997: p. 10). Thus, for working-class women with insecure position in the labor market, "investing" in care and motherhood is accepted, even expected (Käyhkö, 2006).

The timing of motherhood and employment (Walkerdine et al., 2001) and work orientations differ between working-class and middle-class mothers (e.g., James, 2008; Hebson, 2009). James (2008) argues that due to the greater economic and educational capital, middle-class women have a freer choice between work and home-making than working-class women. Thus, for working-class women, employment is a financial necessity, whereas for middle-class women, work is important itself, as central to their sense of self. The dichotomy of middle-class choice and working-class (financial) need suggests that middle-class work is voluntary and working-class work is involuntary, implying that middle-class work is more rewarding, more desirable, and more sought after (Damaske, 2011: p. 67).

Duncan (2005) uses the concept of "gendered moral rationalities" to examine working-class and middle-class mothers' decision-making regarding employment. Gendered



moral rationalities refer to the socially negotiated ideas, which are considered as the "proper thing" for mothers to do in relation to employment. Mothers' gendered rationalities vary between three "ideal types": 1) "primarily mothers," who give primacy to physically caring for their children; 2) "primarily workers," who view paid work as separate for themselves, as separate to their identity as mothers; and 3) "mother/worker integrals," who see full-time employment and financial provision through employment is part of "good mothering" (Duncan & Edwards, 1999: p. 120). Using the gendered moral rationalities approach, Duncan (ibid.) shows how mothers' decisions are shaped by class, although not determined by it, and how women with the same class position can have differing orientations toward mothering and employment. According to Duncan (ibid., 73), gendered moral rationalities are also shaped by the geographic context, as "regionally specific gender cultures" are bound up with the class divisions in mothering.

#### Maternal employment and mothers' return-to-work decisions

In Finland, the majority of women are in employment, including mothers of young children. In 2014, the employment rate of women aged 15–64 years was 67.9%. The employment rate of men was somewhat higher, being 68.7%. (Statistics Finland, 2015.) Despite the high level of participation in employment, women still have a more vulnerable position in the labor market. The labor market is strongly segregated (Mikkelä, 2013) and the gender wage gap remains relatively high (Statistics Finland, 2014). Both (involuntary) temporary and (involuntary) part-time employment are more common among women than men (Kauhanen, 2013: pp. 52–53). Temporary work contracts are particularly common among women of childbearing age (aged 25–34 years) (Sutela, 2013). The employment situation of mothers of young children is especially vulnerable: in 2013, one-third of mothers with children below the age of 3 did not have an existing employment contract (Statistics Finland, 2013).

In a study by Kaisa Kauppinen and Jani Raitanen (2011) on the issues that influence mothers' return to work after childcare leave, the most central factor in returning to work was the need to secure the income of the family. Other factors that contributed to mothers' return to work were the interest felt toward one's work, social relations at the workplace, possibility for flexible work arrangements, and a spouse who was able to stay at home with the child(ren). However, one-fifth of the respondents expressed the importance of taking care of their children at home and stated that returning to work was not a topical issue at the moment.

The reasons for returning to work differ, as do as the strategies mothers adapt to once they have made the decision to return to work. However, mothers do these decisions from the point of view of what is considered as best for the children and family (Damaske, 2011; Luotonen, 2012, 2013) and with a strong emphasis on "good mothering" (Duncan, 2005). Aino Luotonen (2012, 2013) has divided mothers' return-to-work strategies into three, partly intertwining categories: "soft landing" aims at gradual return from care leave back to employment, for example, by doing occasional shifts at work during care leave. The second strategy, "change of attitude" aims to change one's relationship with work, giving it less emphasis than before having children. "Returning on child's terms" means a radical change in job or career plans, for example, by changing one's field of work or reducing work from full-time to part-time to be able to care for



the child at home. According to Luotonen (2013: p. 49), those who choose the strategy of returning on child's terms do not experience strong work engagement, and the return is mostly motivated by financial reasons.

#### Childcare supporting maternal employment

Childcare is a key issue in maternal employment. By international comparison, the parenthood policies in Finland are well-developed and the support to parents who combine employment and family is rather generous (Salmi, 2006). All children under schoolage have a social right to municipal day care. Maternity allowance is paid until the child is about 3 months old, followed by parental allowance for mother or father until the child is 9 months old. Both maternity and parental leave periods are compensated according to previously taxed earnings. After parental leave, child home care allowance can be claimed by families with a child under the age of 3 who is not in municipal day care and who is looked after by one of the parents or another person (e.g., a relative) or a private day care provider. The child home care allowance is paid at a low flat rate (Kela, 2014.) Currently, approximately 99% of children under the age of 1 year and 41% of the children aged 1-2 years are taken care of at home (National Institute of Health and Welfare, 2014), mostly by mothers. In public discussion, women's long childcare leaves are often seen as problematic for both the national economy and for women's working careers. In 2013, around one-third of mothers of children under 3 years of age were in employment (Statistics Finland, 2013). The strong preference for home care of children under 3 years of age has even led some researchers to argue that Finland has been transformed into a homemaker society (e.g., Anttonen, 2003).

Finland is usually classified as belonging to the Nordic welfare model and being a women-friendly welfare state (see Hernes, 1987). However, there are some country-specific factors that set Finnish family policy apart from other Nordic countries. Grødem (2015) has referred to Finland as the "somewhat muted version" of the Nordic welfare model, and less committed to supporting working mothers and caring fathers than the other Nordic countries. What is particular to Finland is also the strong emphasis on the discourse of families' possibility of choice (Varjonen, 2011: p. 102). This discourse suggests that individual families should have as much freedom as possible in choosing the preferred form of childcare. The discourse of possibility of choice puts emphasis on individuals' (and individual families') decisions and not much attention is given to how these choices in reconciling work and childcare are constructed. "Choice" can be seen as a somewhat controversial concept when used in the context of reconciling work and childcare, since in many ways, these choices seem to be almost predetermined by one's gender (see Kela, 2010), educational level, and labor market position.

For Finnish mothers with high education and good employment opportunities in the labor market, parental leave schemes offer latitude; these mothers can exercise their possibility of choice by choosing to stay on parental leave and/or work part-time and return to work full-time after that. Mothers with lower education and insecure labor market position have fewer alternatives. For this group of women, child home care allowance can also be an alternative to being unemployed. They also use home care allowance more than mothers with high education (Lammi-Taskula, 2004: p. 205). In the end, Finnish family policy offers little security to mothers who do not have a secure place in the labor market (Jokinen, 2005: p. 105).



#### The role of local labor market in maternal employment

There is no uniform definition for the term "local labor market" (e.g., Tervo & Korhonen, 1994: p. 11; Yeandle et al., 2009: p. 5). From the point of view of the labor force, the local labor market can be defined as the employment opportunities that are within the reach of the labor force without changing the place of residence (Tervo & Korhonen, 1994: p. 11). However, the geographical range inside of which people are able to seek for employment varies considerably between individuals, and this range is often more narrow to those with caring responsibilities (Yeandle et al., 2009: p. 5). Since this study focuses on employed mothers of young children, following Yeandle et al. (ibid.), the local labor market is here defined as the range of jobs available within easy daily traveling distance from the women's' homes. In practice, for the women interviewed in this study, this meant the city of Jyväskylä and its surrounding municipalities.

The focus of the study is in the local labor market of the city of Jyväskylä, a city of approximately 130,000 inhabitants located in Central Finland. The local labor market of the city has some specific features that separate it from other cities of the same size in Finland. The population in Jyväskylä is relatively young, and the number of young adults is especially high. The educational level of inhabitants is high, especially in younger age cohorts. Around 51.5% of inhabitants aged 30-39 years have tertiary education. (City of Jyväskylä, 2011.) The overall unemployment rate in Jyväskylä has been higher than the country average since the 1990s (SOTKANet, 2015a). The rate of unemployment and the relative rate of unemployment for high-educated have risen in the whole Central Finland region since the start of economic recession in 2008 (Ministry of Employment and the Economy, 2015).

Data on local labor markets are extremely difficult to obtain. The most recent data from 2009 show that national employment rates for mothers were much higher than the employment rate of mothers in Jyväskylä. The widest gap in employment rate was among women with children between 1 and 2 years of age; in Jyväskylä, the employment rate was 50.7%, whereas nationally, the employment rate was 58.7% (Kuronen & Kröger, 2011). The percentage of children between the ages of 1 and 6 in municipally financed day care was 48% in 2014, well below the country average of 57.8% (SOT-KANet, 2015b). These figures suggest that for mothers, staying at home with young children is more common in Jyväskylä than in the rest of Finland on average. Low employment rate of mothers of young children and low percentage of children in municipally financed day care might both also reflect the difficult labor market situation in Jyväskylä, and especially the challenges young, recently graduated women face in establishing their position at the local labor market (see Kuronen & Kröger, 2011).

#### **Data**

This article is based on two semi-structured focus group interviews of working mothers of children under school age. There were a total of 14 interviewees: 8 in the working-class mothers group and 6 in the middle-class mothers group. All of the interviewees were living in Jyväskylä and working either in Jyväskylä or in the surrounding municipalities. The interviews were carried out as part of the FLOWS research project (FLOWS: Impact of Local Welfare Systems on Female Labour Force Participation and



Social Cohesion 2011-2014, European Commission FP7) in 2013. The themes of the interview focused on working life, preferences regarding the form of childcare, and their views on reconciling work and childcare. Both interviews lasted around 3 hours and were conducted in Finnish. For this article, selected excerpts were translated into English.

The focus groups were divided according to interviewees' educational level. In the working-class mothers' group, the interviewees were women with an educational level of ISCED 1-3, having either lower or upper secondary education. In the middle-class mothers' group, the interviewees had the educational level of ISCED 4 or higher. Using the Goldthorpe classification scheme (Goldthorpe, 1980), most of the interviewees in the working-class mothers' group belonged to class category III (routine nonmanual employees), and in the middle-class mothers' group, the interviewees belonged to class category II (lower-grade professionals). There were two self-employed interviewees, one in each group.

The interviewees were recruited through several different routes: in the middle-class mothers' group, the majority were selected from telephonic survey respondents to the FLOWS project, based on their preliminary agreement to participate in a focus group. Researchers of the FLOWS project also used their own personal networks and social media to recruit interviewees. The group of employed working-class mothers was difficult to reach in the city of Jyväskylä via more formal routes, such as the survey respondents' list and advertisements in the local newspaper. However, by using social media, the research team managed to reach the interviewees with little effort.

Table 1 summarizes the key characteristics of the interviewees. The table indicates participants' name (changed to a pseudonym), age, her children's ages, social class, and whether the interviewees worked full-time, part-time, or had non-standard work as a temporary agency worker (Janina) or doing short-term work as a substitute (Raza). The interviewees themselves had to categorize their work either as full-time or part-time. Only the interviewees working 37.5 hours per week or more defined their work as "full-time" and the ones working 30 hours (or less) categorized their work as "part-time." All interviewees, with one exception, were either married or co-habiting.

In focus group interviews, the participants produce collectively shared understanding of their individual experiences, ideas, and beliefs (Pietilä, 2010: pp. 210-215): the interviewee is not directing what (s)he says just to the interviewer but also to other interviewees. In focus groups, the participants can consider "the ways that they are both similar and different from each other" (Morgan, 1997: p. 12). At best, the participants in focus groups can support and encourage each other, which can lead the interviewees to open up and share insights that would not be available from individual interviews or other data sources (Krueger, 1988: p. 42). Using focus group interviews to study working-class and middle-class mothers' return-to-work decisions offers a way to explore the differences and similarities both between and within the groups regarding the experiences of returning back to employment. However, there are also challenges in conducting and analyzing focus group interviews: when the group reaches a strong consensus on some issue, it might be difficult for the interviewee to express differing opinions. When analyzing focus group data, the particular social context of the interview situation should be taken into consideration. Besides which topics are brought up, it is also essential to note which topics remain hidden (Heikkilä, 2008: p. 294).



Table I Interviewees

Interviewees							
Name	Age	Children's ages	Social class	Working hours			
Satu	40–49	3, 12, 17	Working-class	Full-time			
Saana	30–39	1,6	Working-class	Part-time			
Anniina	20–29	2	Working-class	Full-time			
Sointu	30–39	4	Working-class	Full-time			
Raza	20–29	1,2	Working-class	Non-standard			
liris	20–29	1,3	Working-class	Part-time			
Janina	20–29	4, 6	Working-class	Non-standard			
Liisa	20–29	2	Working-class	Part-time			
Maria	30–39	4	Middle-class	Full-time			
Noora	30–39	2, 3	Middle-class	Full-time			
Riikka	30–39	5	Middle-class	Full-time			
Sari	30–39	2	Middle-class	Part-time			
Johanna	30–39	3	Middle-class	Part-time			
Ulla	40–49	4, 7, 10, 14	Middle-class	Full-time			

#### Thematic analysis

The data in this article were analyzed using thematic analysis. Thematic analysis is a method for identifying, analyzing, and reporting patterns within the data, and theorizing the significance of these patterns and their broader meanings and implications. The analysis was carried out using the guidelines of Braun and Clarke (2006), who divide thematic analysis into six phases. The first phase was *familiarizing with the data*. Before I started reading the transcripts, I was somewhat familiar with the data. I had been present in the interview situations as an assistant/organizer and involved with the transcribing of the interviews. After reading and re-reading the data, I started *generating initial codes* from the data. At this stage, I was broadly looking at the way interviewees talk about the preferences, choices, possibilities, and obstacles they had faced in reconciling work and childcare, without any particular thematic focus. The coding was done by using qualitative data analysis software ATLAS.ti.

The third step of analysis was searching for themes, followed by reviewing the themes. The interviews were in themselves thematic: the interviews divided roughly into four parts, with different focuses. The themes of the interviews were 1) women's work; 2) childcare arrangements; 3) facilitators of, and barriers to, mother's working lives; and 4) facilitating women's working lives and policy change. However, as Braun and Clarke (2006: p. 15) point out, dividing themes in the analysis according to questions put to participants is not analysis. The themes should be searched across the data set to find repeated patterns of meaning. Often the themes structured by the questions were overlapping (e.g., when talking about childcare, the interviewees also spoke about their employment situation, or vice versa), which made constructing new themes on the basis



of the data crucial to the analysis. After searching and reviewing the themes, the fifth step of the analysis was *defining and naming the themes*. At this stage, the following five themes were analyzed: 1) employment decisions; 2) the effect of childcare for mother's employment; 3) role of spouse and other family members; 4) policy recommendations for work-family reconciliation; and 5) ideal work-life balance.

After searching, reviewing, defining, and naming of the themes, it became apparent that a more specific focus would be needed for this study. This led me to focus more specifically on the first theme, *employment decisions*, discussed in this article. The codes that were used in identifying the theme *employment decisions* were words and phrases that the interviewees used to describe the various factors that affected their current employment participation. The sixth step, *final analysis*, presented in the next chapter, is based on the analysis of this theme. The analysis was done in relation to the research questions, focusing on 1) the reasons for mothers to return to work after childcare leave, 2) the timing of returning to work, and 3) mothers' views on their position in the local labor market as working mothers.

#### **Findings**

#### Mothers and workers—The importance of two roles

All of the interviewees were living their "peak years," balancing between the demands of work and family. Due to the recruiting criteria for the interviewees, they were all employed mothers of children below the school age. This led to the fact that they had all made significant decisions regarding care of their child(ren) and employment during past years. They had all been faced with questions such as what form of childcare was best for their child(ren), how long should they stay at home with their child(ren), and if and when should they return to work.

In their orientation toward work, the interviewees in both groups held similar kind of "gendered moral rationalities" (Duncan, 2005). The interviewees had strong "primarily worker" understandings of the role of employment in their lives and expressed the importance of having "two roles," as both mothers and workers. Working-class Iiris described how after returning to work, she had "found myself again, as a worker and as a woman. Sometimes it is relieving to be something else than just a mother." The interviewees in both groups stressed the importance of the separateness of these two roles. In the same time, the interviewees emphasized how being a mother had made them better workers. Middle-class Noora pointed out the positive impact of motherhood on her work explaining how "I feel that I have become a better worker, I know now better how to react to the teenagers' turmoil at work when I look at my own three-year-old childs' turmoil at home." Middle-class Sari emphasized how having a child helps her to detach from her knowledge-intensive work during her free time, and due to this detachment, the hours she spends at work, she spends "super efficiently." Interestingly, the interviewees in both groups emphasized how being a mother had a positive impact on their input as workers, but spoke relatively little about working as part of good mothering. Only working-class Sointu strongly expressed the "mother/worker integral" understanding of being a working mother, seeing employment as part of being a good mother and important in setting an example for her child:



"It's nice to start the cold car and scrape the car windows and leave for work feeling proud and give this kind of an example for the child that this will be ahead for you too. That there are other ways of living, but that everyone does some sort of work at some point in their lives."

The interviewees' strong identities as workers were also reflected in the fact that returning to work after childcare leave had been self-evident to all of the interviewees; in the course of the interviews, none of the interviewees expressed that they would want to quit working altogether, even if given the completely (financially) free choice. As noted in the previous research (e.g., Julkunen, 2010), the cultural norm of the dual-worker/dual-carer model in families is strong in Nordic countries, meaning that parents of both genders are expected to participate in paid employment and in childcare. However, the gendered nature of reconciling work and childcare was apparent in both focus groups; in most cases, the interviewees were the ones carrying the main responsibility for the "second shift" (Hochschild, 1989) of housework and childcare, and the interviewees were also the ones who made the choices related to childcare in their families.

When they were asked about the positive aspects of work, the responses were similar between the groups and similar to responses in the study by Kauppinen and Raitanen (2011): work offers steady income, social contacts, and "a sense of purpose." The interviewees in both groups also pointed out the concreteness of the work as a positive aspect, and how at work, "you feel like you have done something real," as emphasized by working-class Janina. This concreteness was contrasted with the repetitiveness of housework. Middle-class Riikka explained how "if you get something done [at work], it's more than a table you wipe with a cloth that looks exactly the same after five minutes. The concreteness is rewarding, that when you get some fancy report done (laughs) then it's like a mark in the world."

Contrary to the idea that working-class women *need* to work for financial reasons while middle-class women *choose* to work, it became apparent in our focus groups that working-class women did not base their return-to-work decisions solely on financial needs and middle-class women did not feel awash with countless possibilities. In our interviews, the orientation toward work was indeed more practical in the working-class mothers' group, although identification with work was not solely a middle-class characteristic (Damaske, 2011: p. 137). In the course of the interview, it became apparent that work was not only a source of income or "choice" made involuntarily. All of the interviewees in the working-class mothers' group did human service work and emphasized the importance of adult social contact and positive feedback from clients or customers in the workplace among the major positive aspects of work. None of the working-class interviewees talked about career-advancement or importance of the content of work, but they expressed a strong pride in being working mothers. The pride felt in working was also one of the factors that motivated them to return to work.

When compared with working-class mothers, in the middle-class mothers' group, there was less talk about pride felt in working itself, and more emphasis put on the importance of the content of work. Work was described as "a constant source of inspiration" (Sari), and the enthusiasm felt toward work was one of the factors that motivated the interviewees to return to work. For some middle-class interviewees, the autonomy of work, and flexibility of working times, facilitated returning to work sooner. Sari stated



that if she did not have flexible working times, she "wouldn't have returned to work straight from maternity leave."

The interviewees in both working-class and middle-class groups expressed the view that the choices related to work and the timing of returning to work were made on their children's terms. "Returning on child's terms" was one of the three return-to-work strategies distinguished by Luotonen (2012, 2013). This strategy appears as a radical change in one's job or career plans. However, out of the interviewees, only middle-class Johanna had adapted to this strategy. Out of the interviewees in both groups, Johanna emphasized most strongly the "primarily mother" views on combining work and childcare. For her, returning to work had meant changing her field of work and reducing working hours:

"For me, the child is the dominant factor. Because of the child I live in Jyväskylä and I work where I work and I work the hours I work, six and half hours per day, so that we don't have to rush in the mornings and I get to leave home a bit earlier. Having a child, basically, dictates 95% of my choices."

Following Johanna, the other interviewees in the middle-class mothers' group also emphasized returning on child's terms and there was a strong group consensus on this issue. Also in Duncan's (2005: p. 65) study, most mothers expressed similar feelings and as Duncan states, to do otherwise would be considered "bad mothering." Putting the children first and being a good mother is a strong cultural norm. This norm of being a good mother can contradict the norm of being an ideal worker, who proves her commitment to work by being available for work at all times (see Lewis, 1991). The pressures of being both a good mother and an ideal worker were felt in both groups. The middle-class mothers especially felt that in order to get a job, one has to "be flexible and willing to work overtime" (Sari) and be willing to devote one's free time to advancing in one's career, otherwise "you are left behind when compared to others" (Maria).

In the working-class mothers group, the norm of being an ideal worker, who is available for work at all times, was felt especially by Raza and Janina, who were both doing non-standard work, Raza as a substitute in nursing homes and Janina as a cashier through a labor hire company. The work through labor hire companies was seen as a form of work that does not benefit mothers of small children, since the job offers come up suddenly, and to get the shift, one has to be able to react fast to the work that has been offered. To be able to work in the shifts offered by labor hire companies, the interviewees felt that one should have a strong and flexible support network, enabling them to react to job opportunities quickly before the offered shift went to somebody else. For the interviewees who were doing non-standard work, social capital in the form of social networks consisting of grandparents and other close relatives were essential. These informal care resources function as "informal care capital," a form of social capital that functions as a resource in reconciling work and (child)care (Chou & Kröger, 2014).

#### Choosing employment? The timing of returning to work

When choosing the timing of employment, the interviewees in both groups emphasized that the main priority was finding suitable care arrangements for the child before the



mothers would start in employment. The cultural ideals of childcare were similar for both working-class and middle-class mothers. In both groups, the "sheltered space" for care (Stefansen & Farstad, 2010), which emphasizes the child's need to be at home in a safe environment, was considered as ideal. The interviewees in both groups preferred to have the parent (usually mother) staying with the child at home at least until the child was 1 year old, and after that either to use "home-like" care provided by a private child-minder or to have mother continue stay at home with the child. In a study on Norwegian parents by Stefansen & Farstad (2010), the "sheltered space" for care was considered as an ideal model of care by mostly working-class parents. The interviewees of our study, however, regardless of class, emphasized the importance of home care or "home-like" care, especially for children below the age of 3.

Previous research has shown that the preference for home care of children below the age of 3 is stronger in Finland than in other Nordic countries (e.g., Hiilamo & Kangas, 2006), which can also be reflected from the strong shared ideal of "sheltered space" for care expressed by the interviewees regardless of social class. The majority of interviewees in both groups had adopted the "primarily mother" understandings in relation to work and childcare when the child was below the age of 1. The "primarily mother" understandings shifted toward the "primarily worker" views once the child was seen as old enough to enroll in day care.

In general, working-class mothers returned to work somewhat sooner than middle-class mothers, although the overall differences between the groups remained low. When choosing the timing of returning to work, the majority of the interviewees in both groups had returned to work around the time when their (youngest) child was 1 year old and all interviewees had returned to work by the time the (youngest) child was 3 years old. Even though the interviewees in both groups had similar childcare preferences and their timing in returning back to work did not differ significantly, there were differences between the groups regarding *how* they chose the timing of returning back to work. For working-class mothers, the financial situation of the family was essential when making the decision of returning back to employment. For middle-class mothers, the most crucial issue was finding a job suitable to their skills in the local labor market.

Six of the eight interviewees in the working-class mothers' group had returned to work when their (youngest) child was 1 year old or younger. Four of these interviewees expressed that they had to return to work sooner than they expected due to the financial strain that their staying at home caused to their family. For these women, lack of economic resources was the main factor in deciding the timing of their return to work and they wished they could have stayed at home with their child(ren) for longer, which caused ambivalent feelings regarding returning back to work. As noted earlier in the analysis, working-class women described work as important for themselves, as a separate role from being a mother, and held strong "primarily worker" understandings once they had returned back to work. However, returning back to work sooner than they had hoped for and what they saw as suitable age for daycare enrollment for their child was contradictory to their "primarily mother" views on what they considered as the "proper" thing for a mother to do in relation to employment. As Iiris described:

"I have made the kind of decisions that I grieved a lot in advance, for example when I had to put my children to daycare at this age ... But I don't feel sorry at all anymore. Of course

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I get a bit teary-eyed during the work day when I remember what the toddler said and did and so on, and I miss them."

In the middle-class mothers' group, the interviewees had returned to work when the children were somewhat older than the working-class mothers' group. Of the middle-class interviewees, only Sari had returned to work when her child was under 1 year old, and this was due to the opportunity both she and her spouse had to reduce their working hours. This enabled them to take care of their child at home and they were planning to do it "at least until the child is one and half years old."

It has been argued that family leave schemes give women a (temporary) chance to stay at home to take care of their child(ren), but it depends not on the individual woman, but on the labor market whether, and how soon, the women return to work (Salmi, 2006: p. 163). This was the case among several of the middle-class interviewees; the timing of their return to work was not a question of choice, but depended more on the situation in the local labor market. Returning to work from childcare leave was not a straightforward process, but had demanded a lot of time and effort in seeking employment during childcare leave (Maria), settling for a job that does not match your formal education (Johanna), or employing oneself, either starting as an entrepreneur (Ulla) or as a project worker (Riikka).

#### Mothers' position in the local labor market

The interviewees in the working-class mothers' group viewed their situation and the situation of mothers of small children in general in the labor market as quite good. Six of the eight interviewees had had a job to return to after child care leave. Liisa described the overall employment situation in her circle of acquaintances, saying that "I don't see unemployment amongst mothers in my close social circle. I have only one friend with no occupation, who has another child coming, but she still has a permanent job." Working-class mothers were more flexible in choosing where they work than middle-class mothers; for example, Iiris was working as a service person in a job that did not require formal qualifications and Janina was planning to work irregular shifts as a cashier until she could gain her degree from vocational school.

The middle-class interviewees saw the overall situation of mothers of small children in the labor market as quite bleak. The interviewees, who had invested years in gaining a degree, were searching for work in their own area of expertise and probably would not settle for something that did not match their educational qualifications. The only exception in the middle-class mothers' group was Johanna, a migrant who was working part-time in an occupation that did not match her educational background. Johanna's decisions seem atypical for a middle-class, high-educated woman who described being "a workaholic" before having her child. However, as noted earlier in the analysis, Johanna expressed strong "primarily mother" views on reconciling work and childcare. She was also aware that if she wanted to work part-time and stay in Jyväskylä (and in Finland), she would have to make sacrifices regarding the content of the work. She had considered moving back to her home country, but realized that it would be financially impossible to work part-time as a single mother in her home country. Although her current occupation did not match her occupational background, Johanna expressed that she is "really grateful and the



work, even though it's completely different from my educational background, but it's still ok (laughs), it is fine." Johanna's decisions regarding employment were done in the context of her "primarily mother" understandings of caring for her child and in the context of the challenging situation in the local labor market. Employing herself part-time, even if it meant settling for a job that did not match her educational qualifications, enabled her to "buy" more time with her child, which was her main priority.

The interviewees in the middle-class mothers' group felt that being a mother was something that potential employers view as undesirable for their workers. Maria said she had left the fact that she has a child out of her CV. Getting work was hard, because the city is "full of qualified and over-qualified job-seekers." Both Maria and Noora had graduated from female-dominated fields from university and were aware of the challenges in finding employment in Jyväskylä. Ulla, a highly educated mother of four children, saw entrepreneurship as her only chance of employment in the city. Being over 40 and staying at home with her children for long periods of time, she felt she "didn't have the guts to fill applications and beg for somebody to interview me and then try to justify that I've been with the kids at home for many years, but I'm still a good person."

Jokinen (2013: p. 6) has argued that the education of our time makes people "unsecure investors in the self." Education does not necessarily function as a pathway for upward social mobility anymore and highly educated individuals are facing a new kind of insecurity in the labor market. This became apparent in the way the interviewees in the middle-class mothers' group talked about their situation in the labor market—several of them could be described as "unsecure investors in the self," who had put considerable effort into their education and in finding employment at the local labor market without having any guarantees of getting a job. For the middle-class interviewees, the cultural capital acquired through education was not always easily converted to symbolic capital and economic reward in the context of local labor market (cf. Skeggs, 1997: p. 161). This was experienced by middle-class Maria, who had been working during the weekdays in Helsinki before she had a child. After moving to Jyväskylä, Maria had been searching for who had been searching for a job suitable for her skills during the childcare leave. She contrasted the labor market in Helsinki to the labor market in Jyväskylä stating that "in Helsinki, the job markets would be totally different. It would be really easy to get a job and also to get more challenging jobs." In the end, she had managed to get a job from her own field through her social contacts: "In here [Jyväskylä], you have to stand out from the crowd and quite frankly, you have to know someone in order to even get a job interview."

#### Conclusion

The aim of this study was to examine the ways in which social class shapes the return-to-work decisions of working-class and middle-class mothers, and how these decisions are structured by the constraints and opportunities mothers face in the local labor market. The findings presented that both working-class and middle-class mothers hold similar kind of "gendered moral rationalities" (Duncan, 2005) when it comes to combining paid work and childcare. However, gendered moral rationalities were not static positions for the interviewees: the interviewees emphasized the "primarily mother" understandings that shifted toward the "primarily worker" views once the child was seen as old enough



to enroll in daycare. The interviewees in both groups emphasized the importance of work as a separate role from mothering and the factors that motivated them to return to work were similar in both groups. The biggest differences regarding the orientations toward work were on the emphasis the middle-class interviewees had on the content of work, whereas the working-class interviewees had a more practical orientation toward work. However, the experiences of interviewees of this study do not fit into the dichotomy of working-class work as a financial necessity and middle-class work as free choice (cf. Hebson 2009; James, 2008). This might be due to the differing societal contexts of the previous studies regarding work orientations between working-class and middle-class mothers. Several of these studies have been conducted in Britain, where differences between social classes are often found to be more striking than in the Nordic countries. Finland also has a long tradition for women's full-time employment and a strong cultural norm of the dual-worker/dual-carer model for mothers regardless of social class (e.g., Julkunen, 2010), which can also explain the relatively minor differences in work orientations between the working-class and the middle-class interviewees.

In both groups, the interviewees expressed strong motivation to work and "primarily worker" understandings regarding the reconciliation of work and childcare once the child was considered to be old enough for daycare enrollment, but the interviewees were faced by different structural constraints when making their return-to-work decisions. The financial situation of the family was crucial for working-class women when deciding about their return to work. Several of the working-class mothers pointed out that they would not have returned to work as quickly if their families' financial situation had been better. For some of the working-class interviewees, the financial need to return back to employment sooner than what they saw as best for their children caused ambivalent feelings, conflicting their "gendered moral rationalities." In the middle-class mothers' group, none of the interviewees indicated that financial situation had been central to their decision-making regarding returning to work, or at least it was not expressed as openly. This might also be due to the social context of focus groups, the expressing of worries about financial situation being "more acceptable" in the working-class mothers' group. For several of the middle-class mothers, getting a job in their own field had been challenging, which affected their timing of returning to work. Only two of the six interviewees had had a job to return to after childcare leave, as compared with six of the eight interviewees in the working-class mothers' group. The middle-class mothers reported both difficulties in finding employment suitable for their skills and insecurity about the permanency of their current jobs.

Contradictory to previous research, the analysis of this article highlights the precarious employment situation of high-educated, middle-class mothers. Previous research on maternal employment and work-family reconciliation in Finland has shown that mothers with higher education usually have more latitude when making decisions regarding employment and childcare leave and the women who face biggest challenges in finding employment after having children are mothers with low educational level (e.g., Lammi-Taskula, 2004). This is because of the challenging situation the high-educated mothers are now facing in the local labor market of Jyväskylä. During the recession, the relative rate of unemployment for high-educated has soared in the Central Finland region (Ministry of Employment and the Economy, 2015). The national employment rates for mothers, especially for mothers of young children, are higher than the employment rates of mothers in Jyväskylä. As noted in the research report by Kuronen and Kröger (2011),



one of the reasons for this might be the challenging situation in the local labor market, and especially the difficulties faced by young, recently graduated women at the start of their working careers.

When the discourse of choice (see Varjonen, 2011) gets significant emphasis in the public discussion regarding Finnish childcare policy, it becomes more and more important to understand the factors that shape mothers decisions regarding childcare and returning back to employment. Reducing the discussion to "choice" fails to take in consideration that mothers' decisions about employment and childcare are not done in a social or cultural void, but they are affected by a variety of factors, such as the labor market, opportunities for employment, economic situation of the family, and the cultural idea(l)s about good mothering (i.e., the "gendered moral rationalities"). The analysis of this article highlights particularly the importance of taking the local level factors also into consideration; the "structure of opportunities" (Ellingsæter, 2006: p. 122) childcare policies generate on a national level can be different not only to women of different social classes but also to women in different geographical locations.

However, with a small sample size, caution must be applied and empirical generalizations cannot be drawn from the data. Also as pointed out by Krueger (1988: p. 42), focus group results are "more exploratory and illuminating than suitable for projection to a population." Although the current study is based on a small sample of participants, the findings suggest the importance of studying not just the overall country level of maternal employment but also of focusing on the possibilities and obstacles women face in the local labor market in their day-to-day lives. For further study, more research is needed on the role of local labor markets in maternal employment and in the overall opportunities and constraints that affect mothers' work-family reconciliation.

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## IV

# DISTANCES AND PROXIMITIES OF CARE: ANALYSING EMOTIO-SPATIAL DISTANCES IN INFORMAL CARING

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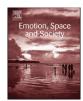
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# Distances and proximities of care: Analysing emotio-spatial distances in informal caring



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#### ABSTRACT

This article analyses how emotio-spatial distances in informal caring are experienced by Finnish women who are employed and simultaneously caring for an ageing relative. The article's research questions are: how do spatial distance and proximity shape informal carers' emotional responses to caring? What kinds of emotion do spatial 'distance' or 'proximity' evoke in the interview accounts of informal carers? The article draws on theorisations regarding emotional geographies of care. The data consists of two focus group interviews with a total of 12 women who were combining employment with caring. The analysis shows that spatially proximate carers have difficulty detaching from caring, whereas spatially distant carers experience feelings of worry and insecurity regarding the well-being of their care partner. However, in some cases spatial distance also functions as a way for carers to set limits on the amount and intensity of care. The article illustrates the complex ways emotions enter and shape caringscapes, i.e. the spatio-temporal frameworks of care. The analysis also highlights gendered dynamics both among (potential) carers and in care partnerships, and how these dynamics are reflected across varying distances.

#### 1. Introduction

In recent decades, the 'landscapes of care' (Milligan and Wiles, 2010) have become increasingly complex. Increased mobility has meant longer distances between family members, and caring for one's ageing relatives from a distance has become an important issue for many geographically mobile families (Phillips and Bernard, 2010; Baldassar, 2007, 2008). At the same time as these changes are taking place in families, the overall societal framework of care provision is being transformed. Currently the availability of formal care is decreasing, while the need for care is growing due to the Western world's ageing population. This has led many European welfare states to strengthen the role of family members in providing care (Frericks et al., 2014).

These developments are also taking place in Nordic countries, which have traditionally been known for their comprehensive care policies (Meagher and Szebehely, 2013). In Finland, where tax-funded service provision and access to universal social care services have been fairly strong, there has been a shift from public to greater private responsibility, increasing both the marketisation of care services (Meagher and Szebehely, 2013) and the expectation that family members will provide care for their ageing relatives (Jolanki et al., 2013). Due to reductions in the coverage of home-based care services, a large percentage of older people have been excluded from such services, thereby increasing their

reliance on informal care; only those with the greatest need have access to formal care (Kröger and Leinonen, 2012).

Caring continues to be a deeply gendered issue. Even though gender roles and gendered expectations of women and men are being constantly reshaped, women are still more often seen as 'natural' carers than men, thus facing greater expectations to care. Working-age women with caring responsibilities face two contrasting cultural expectations: to be devoted carers and committed workers at the same time (Jolanki, 2015). Working carers can face significant constraints regarding their employment possibilities, since both work and care often demand the same kind of intensiveness, flexibility and emotional presence (Kauppinen and Jolanki, 2012). In Finland, the culture of full-time work continues to be strong. Consequently, working women with caring responsibilities often combine care with full-time work. The everyday lives of these women are further complicated by the fact that Finland is sparsely populated and geographically large. Thus the spatial and temporal settings of working carers' everyday lives, to which McKie et al. (2002) refer as 'caringscapes', can be particularly complex.

This article analyses how Finnish women who are in paid employment and simultaneously caring for an ageing relative experience emotio-spatial distances in informal caring. Emotio-spatial distance refers to the ways emotions and spatiality are intertwined: how emotions can be understood in the context of the places where they are

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experienced, and how the feeling of place is essential for making sense of our experiences in that particular place (Davidson and Milligan, 2004). Previous research by Milligan (2005) has emphasised that the emotional experience of caring is intimately bound up with the place of care. In this article, the focus is on emotions regarding the space *between* care partners, as the interest is in analysing how these 'distances between' shape the emotional dimension of caring.

In this article, following Bryden (2005), the term 'care partnership' is used to conceptualise the dyad between the person with care needs and the person responding to those care needs. The article's research questions are: how do spatial distance and proximity shape informal carers' emotional responses to caring? What kinds of emotion do spatial 'distance' or 'proximity' evoke in the interview accounts of informal carers? In this article, emotions expressed by informal carers are understood as both deeply personal and also shaped in and by the wider sociocultural context (e.g. Ahmed, 2004) and norms regarding care. Conceptually, the article draws on theorisations of emotional geographies, with particular attention to how emotions are tied to the spatial distance(s) of caring (see Herron and Skinner, 2013).

#### 2. Spatial distance and emotions in informal caring

The comprehensiveness of care is underlined by its classical definition in gender studies: it is a 'labour of love' (Graham, 1983) that involves emotional, mental, physical and cognitive work, engaging mind and body in a range of intertwining practices and thought processes (Lynch, 2007). Caring has been characterised as having two distinctive, yet often inseparable, components: caring for and caring about. Caring for refers to hands-on care (e.g. cooking and cleaning), while caring about refers to the emotional and affective dimensions of care. The division of caring tasks between genders tends to follow the traditional division of household labour (Hequembourg and Brallier, 2005), with women doing most of the caring for. Hence, care provided by women is often situated at the 'heavy end' of caring (Jegermalm, 2004) and typically requires spatial proximity to the care partner.

In Finland, both care policy and public opinion are in favour of older people having the option to 'age in place' and live in ordinary housing as long as it is considered possible to do so (Ministry of the Environment, 2013), with the support of formal and informal care arrangements. Policies to support ageing in place move care from the formal institutional spaces of hospitals and nursing homes to the informal private sphere of the home (Milligan, 2001), emphasising the role of families and other kin in the caring process. This raises the question of how care is carried out in practice, especially in cases where those who are likely to become carers (e.g. children of ageing parents) live far from the person with care needs. When kin start to divide caring responsibilities, a likely scenario is that the people living closest to the person with care needs will bear the main responsibility for care. Previous research has shown that spatial proximity increases one's overall likelihood of providing care (Brandt et al., 2009) as well as the frequency and intensity of the care provided (Joseph and Hallman, 1998). However, the division of care is also shaped by social and structural factors, such as the gender and employment situation of the (potential) carer, and the emotional dynamics between the care partners (Finch

Caring can be, and often is, inflected with a variety of complex emotions and relational dynamics (Wiles, 2003; Bondi, 2008; Baldassar, 2015). Caring for one's parent can be a source of particularly ambivalent emotions, as it signals a shift in the relational power dynamic between the parent and the adult child (Hillcoat-Nallétamby and Phillips, 2011). Care connects people, and the everyday doing of care often produces close emotional ties between care partners, whether such ties are desired or not (Evans and Thomas, 2009; Bondi, 2008). The embodied inner experience of the carer can be at odds with the way the carer interprets and responds to the needs of the care partner, i.e. does the emotion management (Hochschild, 1979) of caring. When the inner

experience conflicts with the interpretation of the other's needs, the carer has to weigh up whether to perform actions that are at odds with his or her inner state (Milligan, 2005). Caring can also produce a site where societal norms and expectations clash with the carer's emotions. Caring is not necessarily just 'a labour of love' but can also be (further) spurred by the carer seeing care as an inevitable moral responsibility, or by fear of the social or emotional consequences of choosing not to care (Bowlby et al., 2010). For working carers, their emotions regarding care are further complicated by their choices regarding employment: a previous study by Jolanki (2015) on Finnish women who combine work and care showed that women anticipate moral blame not only if they are seen to be prioritising work over care, but also if they decide to leave work in order to care.

Caring produces subjective geographies that help individuals make sense of their experiences regarding care (Bondi, 2008). Research on emotional geographies of caring has explored these subjective geographies, and has shown the various ways in which the emotional dimensions of care are tied to the place(s) and space(s) of care and vice versa – how space and place shape the emotional dimension of caring (Milligan, 2005). In studies on emotional geographies, the words 'distance' and 'proximity' refer not only to spatiality, but also to social and emotional closeness and distance, which are often tied to physical distance. Emotional distances and proximities pose their own challenges and ambivalences, and can be liberating or constraining (Phillips and Bernard, 2010; Milligan and Wiles, 2010). Emotional bonds can persevere across distances, even though long distances are also part of the reshaping of such bonds (Baldassar, 2007, 2008).

When one is analysing working carers' experiences of emotio-spatial distance, it is also crucial to take account of the temporality of daily life. The concept of 'caringscapes' (McKie et al., 2002) uses a spatio-temporal framework to analyse the experiences of working carers. Caringscapes comprise the interaction of work and care over space and time, and reflect the activities and emotions connected to how people map those routes of caring and working (Bowlby et al., 2010). Caringscapes shift and change through time and space, in response to changing circumstances and demands in carers' lives. The everyday realities of working and caring are shaped by past experiences and future anticipations, as well as by practicalities related to time and space in everyday life, such as the time required to move between the spaces of home, work and care (McKie et al., 2002).

For many working carers, the time and place of work are relatively static, whereas the spaces and times of care are more fluid and prone to change. In carers' daily lives, the spaces of work and care usually remain separate, but the times of work and care demands can overlap (McKie et al., 2002). Even though some parts of caring can be scheduled in advance, the basic principle of caring entails responding to the needs of others as they arise. Care needs can emerge and change quickly, and can require an immediate response from the person giving care. This can pose significant temporal challenges, especially for those combining fixed working times with fluid care times (cf. McKie et al., 2002).

#### 3. Data and methods

#### 3.1. Focus group interviews

The data for this article consists of two semi-structured focus group interviews with working women who have an older relative with care needs. The interviews were carried out as part of the FLOWS research project (FLOWS: Impact of local welfare systems on female labour force participation and social cohesion 2011–2014, European Commission FP7). The interviews were conducted in 2013 in the city of Jyväskylä. Both interviews lasted around three hours and were conducted in Finnish. The interviews were digitally recorded and later transcribed. In both interviews, in addition to the moderator, a note taker was present. Guidelines on research ethics in the conduct of focus groups were provided by the project before the recruitment of interviewees began.

Before the interviews started, all of the interviewees were informed about ethical measures such as their right to refuse the research use of interview transcripts at any time, and the confidentiality of the interview situation. In accordance with the project guidelines, the aim was to create a warm, relaxed, permissive environment where participants would feel encouraged to express differing points of view, without pressure for consensus.

The nature of the interaction observed was closer to a focus group interview than a focus group discussion (see Boddy, 2005), with most of the interaction taking place between the moderator and individual interviewees rather than among the interviewees. Consequently, the analysis in this article focuses more on the individual experiences of interviewees than on interactions within the group. Regardless of this emphasis on individual experience, focus groups inevitably produce a specific social context that has to be taken into consideration.

The social context of groups can offer a particularly fruitful environment to study experiences of informal caring, since focus group interaction helps to make the invisible aspects of caring visible, and enables connections to be made between carers' individual experiences and the group's shared experiences. Focus groups also have the potential to challenge dominant beliefs about sensitive topics such as caring, and to provide interviewees with space for reflexivity on such issues (Pini, 2002). At its best, discussing individual experiences in a focus group situation might lead interviewees to 'open up' and share insights that would not be available from individual interviews or other data sources. However, there are also challenges in conducting focus group interviews: if the group reaches a strong consensus, it may be difficult for an individual interviewee to express differing opinions (Krueger and Casey, 1988).

The focus groups were organised according to the interviewees' educational levels. There was a total of 12 interviewees: seven in the highly educated carers group (tertiary education, International Standard Classification of Education 4 or above), and five in the less educated carers group (primary or secondary education, International Standard Classification of Education 1–3). The criteria for interviewees was that they should be employed, living in the city of Jyväskylä, and have an older relative with care needs. The interviewees' pseudonyms, ages, occupations, family situations, relationships with and distances from their care partners are presented in Table 1. As the focus groups dealt with sensitive issues, biographical details that are not relevant to the analysis have been altered to protect the interviewees' anonymity.

As Anttonen and Zechner (2011) point out, middle-aged women constitute a significant proportion of carers. This was reflected in the characteristics of our interviewees: all interviewees, with one exception, were over the age of 40, and most were over 50. According to Anttonen and Zechner (2011), for many women, becoming a carer is a fairly 'natural' development during middle age: as their children have grown up, they begin to care for their parents or other close relatives.

#### 3.2. Thematic analysis

The data was subjected to thematic analysis, using the guidelines developed by Braun and Clarke (2006). The focus group interviews were thematic in themselves, focusing on women's views on working life, their preferences regarding different forms of care, and their views regarding the combination of work and care. After the interview transcripts had been read and reread, distance and its role in caring was noted as a recurring topic; this led to preliminary coding on the basis of interviewees' descriptions of spatial distances between home, work and place(s) of care, and of the practicalities, negotiations and emotions related to those distances. On the basis of research literature on emotional geographies of care, more precise analytical categories and research questions were then formed. After a more comprehensive empirical and theoretical understanding of the research field had been established, new coding was carried out, followed by the seeking, reviewing and naming of themes (Braun and Clarke, 2006). The focus of the analysis was on interviewees' descriptions and experiences of spatial distance in caring and the emotions embedded in the caring process, particularly in relation to the distance between care partners.

#### 3.3. Accessing emotions in interview transcripts

'Reading' emotions from research encounters raises several concerns regarding research ethics and validity, such as the authority by which the researcher who is reading the interview transcripts is able to characterise the emotional states of the interviewees (Laurier and Parr, 2000; Bondi, 2014). Particularly when discussing a sensitive topic such as caring in a focus group, interviewees may engage in self-conscious distancing from their own subjective feelings, and may instead perform what they consider to be socially approved emotions in order to be seen as 'respectable' carers by the other interviewees (Milligan, 2005). Thus the analysis in this article is not interested in determining whether the emotions that interviewees expressed and described in the focus group were 'real' or not. Instead, the focus is on how the emotions evoked by caring were performed and articulated in the focus group encounter (see Clayton et al., 2015). Consequently, the emotions expressed and described in the focus group are understood not only as descriptions of interviewees' personal experiences, but also as reflections of the ways in which it is culturally acceptable to talk about emotions as part of caring.

#### 4. Caring from differing distances

The spatial distances involved in caring differed among individual focus group participants. All of the older relatives with care needs were living in their own homes, with some receiving home-based care services. The spatial distances between care partners varied, from living in the same household to living 300 km apart. In part, distance was subjectively experienced, and what was seen as a reasonable daily or

**Table 1** Interviewees: basic information.

Pseudonym	Age group	Primary relative with care needs	Occupation	Family situation	Focus group	Distance between care partners
Minna	40–49	Mother	Teacher	Married with children	Highly ed.	Distant
Paula	50-59	Husband (previously father)	Social worker	Married with children	Highly ed.	Proximate (previously distant)
Päivi	40-49	Mother	Manager	Married with children	Highly ed.	Distant
Raili	50-59	Mother	Researcher	No spouse or children	Highly ed.	Distant
Ritva	50-59	Father	Bank clerk	Divorced with children	Highly ed.	Distant
Suvi	40-49	Father	Journalist	No spouse or children	Highly ed.	Distant
Venla	20-29	Grandmother	Human resources specialist	Married, no children	Highly ed.	Distant
Aliisa	60 +	Sister (previously mother)	Salesperson	Divorced with children	Less ed.	Proximate
Noora	50-59	Mother	Practical nurse	Married with children	Less ed.	Proximate
Riikka	50-59	Mother	Psychiatric nurse	Married with children	Less ed.	Distant
Saara	40-49	Aunt	Nursery school teacher	Married with children	Less ed.	Proximate
Saimi	60+	Daughter (previously mother)	Secretary	Married with children	Less ed.	Proximate

weekly travelling distance or time varied somewhat among the interviewees. These differences emerged on the basis of the modes of transport available (see Joseph and Hallman, 1998) and differences in caringscapes – e.g. whether the carers were employed full-time or parttime, whether they could alter their own work schedules, or how temporally demanding the care they provided was.

The first two sections of this analysis focus on the emotions evoked by geographically proximate caring, and the second two on distant caring. Proximate caring is defined here as care partners living within a distance that can be reasonably travelled on a daily or near-daily basis (Joseph and Hallman, 1998). The definition of what constitutes reasonable daily or near-daily travelling distance depended on how the interviewee described the distance between her own and her care partner's home – whether she described travelling the distance (near-) daily, weekly or less often, and how she described this travel pattern's fit with her daily, weekly or monthly schedule.

#### 4.1. The spatial and temporal intensiveness of within-household care

Interviewees who were currently caring for a husband, sister or daughter were providing within-household care. One of these was Saimi. She was currently caring for her daughter, but in her account in the focus group, she focused more on describing her role as a carer for her recently deceased mother, to whom she had also provided withinhousehold care. Saimi had moved with her family to Jyväskylä to live with her mother when her mother became widowed. When Saimi's family made the decision to move, her mother did not yet have any care needs, but Saimi was preparing for the future and anticipating her mother's future care needs. Saimi was the only interviewee who had changed her place of residence in order to give care. For the majority of the other interviewees, their places of residence were more static; the idea of moving closer to the care partner was rarely mentioned in the interviews, and when it was mentioned, it was seen as impossible due to work and family arrangements. During the last years of her mother's life, Saimi's everyday life had been organised and scheduled around caring for her mother:

I cooked for her, bathed her, took her to the sauna, took care of her medication, went with her to hospital, everything [...]. During the night, I went to check on her, every hour or every other hour. I used to say that I slept with my shoes and clothes on. [...] For the last six months, I was really tense, on alert all the time, because I couldn't leave her.

The caringscape had been dominated by Saimi's mother having care needs that could emerge quickly and require an immediate response. Consequently, Saimi had switched from full-time to part-time work in order to care for her mother. Despite the demanding nature of this care, Saimi's account was characterised by the articulation of emotions such as gratitude. She identified strongly with her role as carer, describing herself as always having been a 'care person' and saying the decision to be a carer 'probably comes down to personality'. In her account, caring for her mother was taken for granted. It originated from Saimi's identity as a 'care person', her life history, her relationship with her mother (cf. Finch and Mason, 1993), and the lack of participation and empathy she perceived on the part of her siblings, particularly her sister, who 'would have put her [mother] in an institution ages ago'. However, Saimi also emphasised that for her, caring had been a choice, and she could have refused if she had wanted to do so. This balancing act - between seeing caring as something they had chosen to do, and seeing it as an inevitable responsibility because of their own life history or relational dynamics with their care partner - was particularly present in the accounts of proximate carers who were responsible for heavy caring.

The accounts of the interviewees performing within-household care reveal not only the demanding nature of care and how it reshapes the relational dynamic between care partners, but also how caring reshapes the carer's experience of home. Paula described how her husband's

illness had changed their division of household chores, and the emotional consequences of that change:

My husband feels that he can no longer be the man of the house, he feels that he is a burden, because he can no longer do the things he did before. [...] I have to do all of the everyday chores. [...] I feel anxious about summer, because the things that used to bring me joy, summer and work in the garden, do not feel like nice and empowering things any more, when you have so many burdens.

Paula's husband could no longer participate in the physical work that the maintenance of their house required, or do the chores Paula regarded as belonging to 'the man of the house'. The domestic work, which had previously been divided according to traditional gender roles, was now something that Paula had to do by herself. Adapting to the changed situation and to new gender roles regarding the division of household work had been difficult for both Paula and her husband. The situation was emotionally strenuous, as he felt he was 'a burden', and she felt anxious about the amount and nature of the work that fell to her, resulting in her not enjoying the things she had previously enjoyed at home.

#### 4.2. Interpreting the needs of the care partner in proximate care

Two of the interviewees reported living within walking distance of their care partners. Noora's account illustrates that living in close proximity to the care partner can make the daily logistics of caring easier, but proximity can also make it difficult to detach from care, as the carer can visit the care partner at any time. Noora visited her mother often, even during her lunch hour from work, partly due to her fear that her mother would not tell her if her health had deteriorated:

I was having a lunch break one day and I visited her because I had this feeling that everything wasn't alright, because yesterday she had said that her stomach hurt.

During her frequent visits to her mother, Noora closely observed possible changes in her mother's health: her mother's report of a stomach ache was not 'just' a stomach ache, but for Noora was something from which she got 'this feeling that everything wasn't alright'. She also saw everyday changes around the house as reflections of changes in her mother's health. She described how the first symptom she had noticed regarding her mother's declining health was that 'she had not cooked herself a proper dinner'. She described the current situation as follows:

She just doesn't care, her illness does such damage that she doesn't ... even though no one has watered the flowers, she doesn't notice it, even though those flowers have been blooming ... on the windowsill for 10, 15 years, still she doesn't care about them. [...] When you ask, 'should I water the flowers?' and then [her mother says] 'I don't care' ... It's so hard to accept that she no longer pays attention, no longer cares.

For Noora, her mother not cooking dinner for herself, or no longer tending to the flowers, was a reflection of her advancing illness, and of how she changed as her illness progressed. Observing the changes in her mother's house, Noora could 'read between the lines' and interpret what was happening to her mother, who she felt was otherwise reluctant to tell the truth about her changing health. Both Noora and her sister lived within walking distance of their mother, but like Saimi, Noora described herself as the one who took the main responsibility for care, due to personality differences between her and her sister. Noora described herself as more empathetic than her sister, who was 'completely different, she is a kind of office person and very straightforward'.

Proximate carers were often present in the everyday of caring, and thus could closely observe even the subtlest changes in the person they were caring for. As in the study by Wiles (2003), for many interviewees doing proximate caring, the demanding physical nature of care was

secondary to the emotional drain of caring. Proximate carers witnessed how the people they were caring for struggled to deal with their illness. These carers also had to come to terms with the gradual loss of the care partner, while being spatially extremely close to the care partner and doing the most physically proximate forms of caring. Temporally, their everyday lives and wider caringscapes were dominated by their role as carers.

#### 4.3. The complex gendered and generational dynamics of distant caring

The interviewees who were caring from a distance usually had smaller role in hands-on care than those who were proximate carers. Thus the tasks conducted by distant carers were temporally less constraining and physically less demanding tasks, such as keeping the care partner company by telephone or occasional visits, doing paperwork, and organising the care partner's finances. However, long distances posed their own emotional difficulties for the interviewees. With long distances and limited opportunities to visit the care partner, distant carers often felt worry regarding their care partners' condition. Even access to public care services did not necessarily ease this worry. Riikka's mother was visited by home care services three times per day. However, her mother's care needs had gradually increased, shifting Riikka's caringscape. Consequently, Riikka did not see the current level of home care services as sufficient, and this had led her to increase her role in caring. Nevertheless, she described her current feelings of worry as 'constant, round the clock'.

Paula described the emotional strain caused by spatial distance while she was caring for her father, who lived 200 km away:

He was suicidal. At work, I had my mobile phone in my pocket, even though I shouldn't have, but somehow I felt that if he can contact me and talk, it makes things easier, and it did, and he never did anything to himself. [...] Those were difficult phone calls during the work day, and at home too, but the distance, when he is not here, and the pain, I do understand how you [other interviewees] feel, when you cannot just go to see him.

Paula's experiences reveal the blurring of caringscapes (cf. McKie et al., 2002): not only temporal and spatial boundaries, but also the emotional boundary between work and care were blurred. She described how in her job as a social worker she experienced constant feelings of 'responsibility and inadequacy' – feelings similar to those she reported experiencing in her care partnership. She also expressed the difficulty of maintaining her professional role while going through experiences similar to those of some of her clients at work.

Paula's experiences also illustrate how long distances between family members can be used to 'hide the truth', for example regarding one's health and well-being (Baldassar, 2007, 2008). For Paula, spatial distance created insecurity about her father's well-being, since the only way to be assured of his well-being was to see him in person. Distant carers put a great deal of effort into 'reading between the lines' during contact with their care partner, such as interpreting what the care partner says (or does not say) during phone calls. This insecurity can be alleviated if one has local contacts that can provide information regarding the care partner's well-being (Baldassar, 2007). However, the worry Paula felt could not be alleviated in this way: she described herself as 'the only person for him, the only one who was kin'.

In the interviewees' accounts, the role of gender in caring was rarely mentioned. However, complex gendered and generational dynamics particularly emerged from the accounts of the three interviewees who were or had been caring for their ageing fathers. All of these interviewees were caring from a distance, and all were in the focus group of highly educated carers. Interviewees in this focus group expressed more of the emotional complexities embedded in the care partnership – for example, if the relationship between the ageing parent and the adult child was not particularly good. Interviewees who expressed such emotional difficulties also reflected on the limits of their role as carers.

Suvi described how she had 'been through a hard ethical struggle' while caring for her father, and how she had contemplated the limits of her role as carer. She expressed discomfort about her father calling her during her workday, and about her responsibility for his medical issues. Despite expressing these ambivalent emotions, Suvi continued to be a carer to her father.

Ritva described the difficult emotions she had dealt with while caring for her father, but ultimately she also agreed with another focus group interviewee, Raili, that caring for one's ageing parents is a moral responsibility:

When my mother died, we worried about father. Then he found a new spouse, got married, and then this new spouse died ... It was around three years ago, and then the worry got bigger. Before, these wives had taken good care of him, done all the housework, he has never done that in his life ... Then I thought about this relationship, I thought that if my mother had lived longer, it would have been very easy to care for her. I had a warm relationship with my mother, my father was always distant to all us children, so of course it is much more difficult to care and have some kind of connection with him ... So it affects that way, but I do agree [with Raili] that there is a moral obligation, or responsibility, or my own morality says that you have to care for your own parents, even if the relationship has not been that warm.

In Ritva's account, gendered and generational dynamics are particularly visible. She described how she had begun to worry about her father when he was left without 'feminine' care. Her father was both emotionally and spatially distant, as they lived almost 300 km apart. Yet she emphasised caring for her father as a moral obligation. Interestingly, the idea of caring for one's ageing parent as a moral responsibility, regardless of relational dynamics, was articulated more strongly in the highly educated focus group, where the emotional complexities of caring were more thoroughly discussed, and where the decision to care for an ageing parent appeared to be less straightforward.

As outlined above, for distant carers, spatial distance was often a source of continuous concern regarding the well-being of their care partner. As Baldassar (2015) points out, physical separation from a care partner can evoke feelings of guilt about not being physically present to fulfil the moral obligation of caring. Consequently, 'guilty feelings' can provide a strong motivation to put significant time and energy into keeping in touch from a distance. In some interview accounts, spatial distance also functioned as a way to set limits on the amount and intensity of caring, particularly in situations where the carer did not experience their relationship with the care partner as particularly good or close. However, caring was often simultaneously seen as a moral obligation, regardless of the relational dynamics between the care partners.

#### 4.4. The role of gender in dividing care

Gender was present not only in the dynamics between care partners, but also in the interviewees' descriptions of the division of caring responsibilities. In many cases, it became clear that heavy care was mainly divided among the female kin (cf. Jegermalm, 2004). The interviewees also expressed stronger disapproval if they did not see their sisters as participating in care than they did when their brothers opted out of caring. However, gender was rarely mentioned explicitly in the interviewees' accounts. This silence regarding gender differences in caring might reflect the Nordic model of gender equality, which can lead interviewees to emphasise non-gender-related rationales for (not) providing care (Leinonen, 2011). Riikka was caring for her mother from a distance together with her two brothers, while her sister, who was spatially closest to their mother, was the primary carer. Riikka described her brothers' role in caring for their mother as follows:

My brothers have just realised [...] that our mother's situation is really bad. Even though they have visited, they just do quick visits, but if I go there, I go there in the morning and stay until eight in the evening and do something all the time, and I see the situation differently. We are different kinds of people, with differing values and attitudes, and they ... My other brother is really sensitive [...]. I always think if I was being too harsh, should I soften these words, I won't be too frank about mother's condition.

Riikka's account illustrates that even when they are caring from similar spatial distances, the caringscapes and roles of male and female carers can be very different. Riikka and her brothers usually visited their mother on different days, each of them once per week. Thus their caringscapes were spatio-temporally similar; but she describes differences in the content of their visits, due to their 'seeing the situation differently'. Riikka excused her brothers' reduced participation in caring, and expressed the need to do the emotion management (Hochschild, 1979) of taking care of her brothers by sheltering them from the realities of their mother's condition. Even though the dynamics of caring and emotion management in her account can be seen as gendered, she addressed them not as questions related to gender, but as questions related to personalities and values (cf. Roff et al., 2007; Finch and Mason, 1993). Riikka's account can be seen as reflecting the wider gender discourse in Finland. This discourse, paradoxically, relies on the idea that the best way of promoting gender equality is to stay silent on issues related to gender (cf. Leinonen, 2011). However, this approach often hides how gender-unequal practices are embedded in societal structures. This can lead individuals to blame themselves for practices that go against the ideal of gender equality (cf. Sihto et al., 2018).

#### 5. Conclusions

The aim of this article was to analyse how emotio-spatial distances in informal caring are experienced by Finnish women who are employed and simultaneously caring for an ageing relative. The article was particularly interested in exploring how spatial distance and proximity shape informal carers' emotional responses to caring, and the kinds of emotion that spatial distance and proximity evoke in the interview accounts of informal carers. The interviewees' accounts show how spatial distance both transcends and reinforces identities (Herron and Skinner, 2013). Proximate carers were responsible for heavy caring, and were expected to shoulder primary responsibility for caring compared with their other kin. Consequently, they faced a complicated caringscape in their everyday lives, as they had to cope with temporally unpredictable and physically demanding care. Distant carers, on the other hand, were often less involved in the everyday of care, and their role in caring was more focused on its affective aspects.

The analysis in this article highlights the emotionally complex nature of caring from differing distances. This study has identified the various ways in which carers interpret even the subtlest cues regarding their care partner's well-being. For proximate carers, this means observing small changes in their care partner's household and everyday life. For distant carers, it means reading between the lines during contact with their care partner - for example, interpreting what their care partner says (or does not say) during phone calls. This reading between the lines often entails significant amounts of emotion management (Hochschild, 1979) on the carers' part: they first closely observe subtle cues in order to interpret their care partners' 'true' needs, and then they weigh up how they can and will respond to those needs. The overarching feelings of the majority of carers in this study, regardless of distance, were worry, anxiety and insecurity regarding the well-being of their care partner. It is noteworthy that all of the interviewees' care partners lived in their own homes, some with the support of home care services. This might suggest that in the everyday of care, the services offered to support 'ageing in place' in Finland are not seen as sufficient by carers, who instead are left feeling unsure of the wellbeing and safety of their care partners.

The second central finding of this article emphasises gendered relational dynamics, both among (potential) carers and in the care partnership, even though gender was rarely explicitly mentioned in the interviews. Regardless of distance, the interviewees rationalised their own caring role and that of other kin by using similar justifications, which were often related to individual personality traits (cf. Leinonen, 2011; Finch and Mason, 1993) rather than gender. However, caring for an ageing parent was mainly negotiated and divided among female kin. Differences also emerged on the basis of the care partner's gender: in the interviewees' accounts, caring for one's ageing mother was seen as 'natural', whereas relationships between adult daughters and ageing fathers were more complex and led interviewees to reflect on the limits of their caring role. The interviewees who had been or were currently caring for their fathers were all caring from a distance.

Thirdly, this article highlights the ways emotions enter and shape caringscapes. Even when the spatio-temporal conditions remain the same, the emotional dynamics of the care partnership can alter the experience of the caringscape and the emotions attached to it. This was particularly visible in the accounts of distant carers: distance could be a source of agony, but it could also function as a way to set limits on the amount and intensity of caring in an emotionally difficult situation, if the carer did not experience their relationship with the care partner as particularly good. Thus, compared with proximate carers, those who were caring from a distance often had more opportunities to set limits on their role as carers and to alter the role of care in their caringscape, whereas proximate carers more often faced difficulties detaching from care, and more often had to (re)negotiate their working arrangements.

This article offers some important insights into the complex interplay of spatial distances and emotional dynamics in caring. Spatial distance is not just an objective measure, but is always subjectively experienced: emotions shape the experience of spatial distance in caring, and vice versa. Therefore, it is important to include emotions in the analysis of the everyday spatio-temporal realities of caring. As 'ageing in place' and informal care by family members and other kin are strongly promoted in public policy, it is crucial to pay attention to how care is carried out in practice - who is doing the caring, and what it entails. Previous studies (e.g. Jolanki et al., 2013; Kauppinen and Jolanki, 2012) have highlighted the challenges and distress experienced by working carers, and it is therefore important to understand the experiences of working carers more deeply, in order to facilitate the combination of work with care. Focusing on the emotio-spatial aspects of care offers a rarely used yet important lens for understanding the negotiations and conditions of care (Herron and Skinner, 2013).

A central limitation of this study is that it is based on data from small focus groups. As methodological literature (e.g. Krueger and Casey, 1988) points out, focus groups constitute social settings where the performance of 'respectability' is more present than, for example, in individual interviews or written narratives. Thus analyses based on different kinds of data are crucial to enhance our understanding of the interplay of gender, caring and emotional geographies, particularly with regard to difficult or negative emotions related to caring. Future research might consider the relational dynamics between care partners and the role of gender in care partnerships.

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