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Transnational Families: Opportunities and Constraints for Caring Across Borders

Abstract

Increased migration and mobility are leading to the dispersal of families across territorial borders, transforming the landscape for familial care. Research has highlighted the multi-directional circulation of care within so-called transnational families that takes place over time and distance. It has also mapped the difficulties involved in care-giving transnationally, highlighting in particular the role of institutional arrangements. This paper provides an overview of the scholarship on transnational family care. It identifies the limits of virtual care for some migrants and at some points in the life course and migration journey, highlighting the continued importance of proximity for sustaining 'familyhood'. The paper examines the institutional arrangements that mediate the mobility necessary for proximity, focusing in particular on the role of migration regimes.

Introduction: transnational families

Family life has often been neglected in theoretical and empirical accounts of migration as a result of the dominance of highly individualised, economistic and gendered analyses of migration processes (Kilkey et al. 2014). At the same time, family research has frequently elided migration because 'methodologically nationalist' (Wimmer/Glick Schiller 2002) thinking leads to conceptualisation of family-life as spatially bounded within household units and national borders (Baldassar/Merla 2014). Developments in both fields, however, are challenging such constructions. These include, for example, a recognition that the feminisation of migration is a key characteristic of the 'age of migration' (Castles/Miller 2009), that in an age of migration and mobility many facets of contemporary family life take place against the backdrop of intensified spatial movements, and that the practices of families themselves are deeply embedded in such movements (Kilkey/Palenga-Möllenbeck 2016a).

In this context, the notion of 'transnational families' has emerged at the intersection of migration and family studies to designate families in which members are separated by distance and national borders. Such transnational families are defined by Bryceson and Vuorela (2002: 18) as 'families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely "familyhood", even across national borders'. They are created out of a diverse range of overlapping migration flows within

and between regions of the world in which as a result of choice or constraint not all members of the family move. These flows include those of labour migrants, refugees and asylum seekers, skilled and professional migrants, young people, both as working holiday visa holders and international students, life-style migrants, including those relocating in the retirement phase of the life-course and family migrants, including for the purposes of marriage (Baldassar et al. 2016a). Transnational families, therefore, span the full gamut of socio-economic statuses, include families from the 'Global North' and 'Global South', and incorporate families who are dispersed across a range of distances from the global to the regional.

As colleagues and I have argued elsewhere (Baldassar et al. 2014; 2016a; 2018), transnational families *per se* are not new. Throughout history there have been many and varied forms resulting from all types of mobility including emigration and immigration, colonial expansion and exploration and the separation of family members through entry into religious orders, the custom of apprenticeship and the use of boarding schools (Yeates 2009). The context for transnational families, however, has been transformed in recent decades by technological developments in the areas of transport and communication, which have compressed time and space (Harvey 1989). Thus, compared to the past, migratory moves today are more likely to be characterised by regular and frequent communication and linkages between people in sending and receiving areas, as acknowledged by one research participant in my study of Polish men living and working in London: *[T]here was a time when from London to Poland you had to call for four hours just to get through* (Kilkey 2014: 196).

Such transformations have impacted the capacity and character of care-giving in transnational families, and in what follows I provide an overview of the scholarship on transnational family care. I begin by discussing how a transnational lens has expanded understanding of care, before examining the relationship between technological developments, particularly in Information and Communication Technologies (ICTs) and transnational care. I identify the limits of virtual care for some migrants and at some points in the life course and migration journey, highlighting the continued importance of proximity for sustaining 'familyhood'. In the final section of the paper, I examine the institutional arrangements that mediate the mobility necessary for proximity, focusing in particular on the role of migration regimes.

Transnational families and care

Starting with the premise that care is central to all families – as Baldassar has put it – 'care is the glue of kinship and is in many ways constitutive of family life' (2016: 20) – a key focus in transnational family research has been on developing understanding of how the giving and receiving of care is configured across borders. The recognition that care is mobile across borders rests on a definition of care that goes beyond the provision of 'hands on care' that involves activities such as feeding, washing or dressing a dependent family member, to include other forms of support. The work of Baldassar, Baldock and Wilding (2007) has been seminal in this respect. They propose a multi-dimensional conceptualization of transnational care that includes five dimensions: personal support or 'hands on' care; practical support (such as the

exchange of advice); emotional support that aims at improving psychological wellbeing; financial support; and accommodation.

Baldassar and colleagues (2007) also introduce a distinction between virtual caring practices, that is, financial, practical and emotional support that are exchanged across borders with the use of communication and other technologies, and proximate caring practices that require geographical proximity. With Merla (2014), I developed this distinction between virtual and proximate care by identifying four types of involvement in care provision: direct provision with physical co-presence, direct provision at a distance, coordination of support and delegation of support. Those four types acknowledge that direct provision of care is only one way of contributing to someone's wellbeing. *Coordination* is essential to the functioning of family networks, and people's involvement can range from the simple participation to coordination activities (such as, exchanging information with siblings about institutional care options for an aged parent) to taking on the main organizing role for the provision of a particular type of support. Family members can also *delegate* the provision of care dimensions to a third person (for example, a relative, a neighbour, a friend or a paid carer). Delegation can range from complete withdrawal to remaining fully informed about the cared-for person (Kilkey/Merla 2014).

Transnational family researchers have also emphasized the two-way flow of care between migrants and their family members, and have highlighted the multiple actors across the generations involved in transnational care, although acknowledging that care remains deeply gendered. This broadening of the conceptualization of care emerging from transnational family scholarship has been most fully captured by the notion of care circulation (Baldassar/Merla 2014), defined as 'the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies (25).

Virtual care in transnational families

In the context of the rapid expansion in ICTs, much recent scholarship on transnational families' caregiving practices focuses on virtual care. This work emphasises how ICTs help people create a sense of 'connected presence' when apart, fostering a denser and more richly experienced form of transnational 'familyhood' than was previously possible (Madianou/Miller 2012; Baldassar et al. 2016b; Wilding 2006). As the 'boundaries between absence and presence eventually get blurred' (Licoppe 2004: 136) with developments in ICTs, care is seen to have become 'deterritorialized' (Kilkey/Merla 2014) or 'freed from spatial fixity' (Ryan et al. 2014). Thus, both *caring about* – care as a motivation or feeling of concern for others, and *caring for* – care as an action or task (Graham 1983; Fine 2007), are now possible across distance between dispersed family members through the widespread, although by no means universal, use of video, text messages and mobile telephone, as well through the use of less ubiquitous, at least transnationally, 'telecare' technologies such as tracking devices.

While such technological developments appear to have increased capacity for sustaining caring relationships across borders, there is a need for caution against an overly optimistic reading of the potential for virtual care in families. Time differences remain

difficult to negotiate, especially when families are in different time zones, affecting the frequency, spontaneity and responsiveness of virtual communications (Wilding 2006; Ryan et al. 2014). Research has also found that ICTs can become a tool of family tensions and conflicts, and rather than strengthening, can weaken transnational ties, at least temporarily (Bacigalupe/Cámara 2012). Riak Akeui (2005) for example, observes that some African refugees in the USA disconnected their phones so as to avoid pressure to remit from kin back home, when they themselves were in precarious labour market positions with low wages.

Moreover, access to the internet and to the ICTs that facilitate transnational connectivity and care-giving across distance is one of the main stratifying features of the contemporary global world (Ragnedda/Muschert 2013). In many cases, the same family or care network contains people at both ends of the digital divide, creating new inequalities within families as well as between them (Baldassar et al. 2018). These are not only based on income and geographical inequalities, but are also related to generational differences and can impact high skilled migrants and their transnational family networks as Ryan and colleagues (2014) found in their research on high skilled French and American migrants in London. My own research with Polish men in London indicates that migrants and their dispersed family members can be adept at finding strategies to accommodate some of these disparities, as one man's arrangements in the face of spatially uneven access indicate: *TalkTalk is a land line service you pay £21 a month and you get broadband and phone. Up to 70 minutes is for free within the Union, the USA and Canada. I have a sister in Canada so I can call her and others, whoever I want to call. Not everyone has broadband but people in Poland have land lines* (Kilkey 2014: 196).

While migrants may be able to navigate and surmount inequalities in access to ICTs, this is not a universal capacity, and such inequalities will pose constraints for virtual care for some people. This is an important point to bear in mind particularly in a context in which the rapid development in ICTs is contributing to broader societal transformation. Specifically, 'cybernetically speaking, technological development feeds back into how a society "thinks" about space and distance' (Kilkey/Palenga-Möllenbeck 2016b: 340). In places such as the Philippines with high rates of outward labour migration of women (Parreñas 2001) and men (McKay 2010), it facilitates a discourse on ICTs, including within government, that is legitimising a gradual transformation of short-term migration into long-term transnational migration (Madianou 2016). There is a risk, therefore, that as the capacity for 'connected presence' through ICTs becomes taken for granted, so too the physical separation of families through migration is normalised, both by the migrant families themselves and in public and political discourse (Kilkey/Palenga-Möllenbeck 2016b). This is a risk not just because of the limits of ICTs noted above, but also because research highlights the 'enduring need for corporeal co-presence' (Ryan et al. 2014: 201) in sustaining 'familyhood' across borders.

Proximate care in transnational families

That opportunities for proximity remain integral to the exchange of care in transnational families comes into view when we adopt a dynamic perspective on the life course and on migration. Wall and Bolzman (2014) argue that contextualising

transnational family life within the dynamics of the life-course is crucial to understanding the linkages between the migration project and the exchange of care across borders, including the preferred and necessary configurations of care at any point in time. Thus, the experience of physical separation is not static, but changes over time, depending on the objective situation of the migrant and his or her relatives, as well as subjective aspects including, changes in migration and settlement projects and mutual expectations of appropriate care-giving at different stages of the life course.

Taking such a dynamic perspective alerts us to particular times and circumstances when proximity may be prioritised in transnational caring relationships. These include significant life events, which can constitute on the one hand moments of celebration such as births and marriages, and on the other hand, emotionally traumatic events such as divorce (Ryan et al. 2014). They also include moments of crisis of acute and chronic illness, death and dying, as Baldassar (2014) has observed in relation to transnational aged care, but which one can equally conceive as impacting other care relationships, such as grandparents being called from overseas to provide substitute care for grandchildren when parents are ill or facing other challenging circumstances such as relationship breakdown. These are times when 'distant kin feel they need 'to be there', including for their own sense of well-being' (Baldassar 2014: 394). More generally, however, there are particularly care-intensive points in the life course – when children are young or when parents reach a stage in the ageing process where they become more care-dependent – which when combined with a moral, cultural or normative orientation for direct and hands-on familial care provision, may lead families to prioritise proximity in their care-giving practices. When also combined with strong norms and expectations of intergenerational solidarity, the pull of proximity may be particularly strong (Baldassar et al. 2007).

Migration *per se* is also a dynamic process, and care configurations at any one point of the migration journey may not be those imagined for the end of the journey. Migration journeys are often staged, with an expectation that family members join in waves. In my own research with Polish men in London, the men had often arrived first, leaving their wives and children behind in Poland while they secured work and accommodation in the UK. During this time, the men sent remittances home, communicated via phone and texts, and visited Poland for short times if and when their work schedules and finances permitted. A common pattern was for wives to join later in order to intensify the economic effort of the family in the UK, with children remaining behind in Poland under the care of grandparents. Only when sufficient savings, appropriate housing and schooling were secured in the UK, did children join, often accompanied with their grandmothers who then helped look after children while both parents worked. Family reunification and proximate family life, therefore, represented the end of the (current) migration project for those families (Kilkey et al. 2014).

Transnational families and mobility capacities

Proximate care-giving practices in geographically dispersed family networks rest on the mobility of care-givers and/or care-receivers. Developing Lunt's (2009) typology of older migrants, Kilkey and Merla (2014) proposed a categorization of transnational

family members involved in proximate care exchanges according to the temporality of each type of care-giving arrangement (see Table 1). ‘Reappearers’ are migrants who provide or receive proximate care during short-term visits to their country of origin. ‘Visitors’ are family members that travel to the host country to provide or receive care to or from their migrant relatives during short-term visits. ‘Returners’ and ‘Relocaters’ move permanently in order to provide or receive care: the former are migrants who repatriate to their country of origin; the latter are family members who move, including via reunification schemes, to join their migrant kin in the receiving country. ‘Flying kin’ circulate within the transnational family network to provide and / or receive care.

Table 1: A typology of proximate care-giving arrangements within transnational families

Care-giving arrangement	Spatial and temporal configuration	Kin category
Mobility of caregiver or care-receiver	Short-term visits	‘Reappearers’ or ‘Visitors’
	Long-term re/expatriation	‘Returners’ or ‘Relocaters’
	Circulation within family network	‘Flying kin’

Source: Adapted from Kilkey and Merla (2014: Table 1)

The capacity to be mobile in each of those categories, however, is mediated by a range of factors, including an array of institutional arrangements in the countries of origin and destination, as well as at the international level. Kilkey and Merla (2014) develop the notion of a ‘situated transnationalism’ to capture the role played by institutional contexts in transnational care arrangements, and draw on ‘regime’ theory, arguing that the capacity for mobility is influenced by migrants’ and their kin’s respective positioning in the migration, welfare, gendered care and working-time regimes of their societies of origin and destination, as well as policies in the area of transport (see Table 2).

The migration regime refers to ‘immigration policies – rules for entrance into a country (quotas and special arrangements), settlement and naturalization rights, as well as employment, social, political and civil rights’ (Williams 2010: 390), and also includes migration cultures in sending and receiving societies. Kilkey and Merla identify three parameters within migration regimes: the exit/entry/residency rights conferred; the incorporation of migrants and their family members within the labour market and welfare systems of receiving countries; and the migration culture, which incorporates on the one hand, norms around appropriate (family) migration strategies in sending societies, and on the other hand, the overarching approach to migrants in receiving countries. The welfare regime refers to the configuration of social protection for workers (Esping-Andersen 1990), and here two parameters are important: the quality of social entitlements to benefits and services in areas related to health, income, housing and education; and the portability of social entitlements across national borders. The gendered care regime, aims at capturing who is responsible for care, the nature of state support for non-familial care, and provisions for care leave (Williams 2010), as well as dominant national and local discourses – ‘care cultures’ – on what constitutes appropriate care (Williams/Gavanas 2008), and gender equality expectations and outcomes associated with care arrangements (Pfau-Effinger 2000). Three parameters are relevant: policies around the right to time to care; policies around the right to receive care; and gen-

dered care culture. The working-time regime includes the set of legal, voluntary and customary regulations which influence working-time practice, including regulations on maximum working hours and holiday entitlements and their coverage across labour market sectors and forms of work contract (Rubery et al. 1998: 72). Kilkey and Merla (2014) also highlight the relevance of policies around the regulation of cross-border transport, including its availability and affordability.

Table 2: Situating mobility in transnational families: institutions

Institutional context	Relevant parameters
Migration regime	Exit/entry/residency rights for migrants and family members Policies governing migrants' and their family members' insertion in the labour market: conditions on labour market access; rules on recognition of 'foreign' qualifications; training and professional reorientation & Regulations governing migrants' and their family members' incorporation in the welfare regime: migrants' entitlements to social benefits and services Migration cultures: norms around appropriate (family) migration strategies in sending societies; the overarching approach to migrants in receiving societies
Welfare regime	Quality of social entitlements to benefits and services in areas related to: health, income, housing and education Rules on the portability of entitlements across national borders
Gendered care regime	Policies around the right to time to care: care leaves; re-organisation of daily working schedules & Rules on the location of dependants recognized in right to time to care Policies around the right to receive care: services and financial support for those with care needs Gendered care cultures: norms around appropriate gender division of labour and appropriate forms of care for dependants
Working-time regime	Policies around the regulation of working-time practice: regulations on maximum working hours and holiday entitlement and their coverage across all sectors of the labour market and all work contracts
Transport policies	Policies around the regulation of cross-border transport, including its availability and affordability

Source: Adapted from Kilkey and Merla (2014: Table 3)

Regimes of (im)mobility: conditioning proximity in transnational families

Of all those institutional arrangements, the migration regime is arguably the most important facilitator or constrainer of opportunities for proximity in transnational families. As a result of states' attempts to manage a range of competing concerns regarding migration, contemporary migration regimes around the globe are constituted by an array of different migration schemes, which allocate differential rights to different categories of migrants, resulting in complex hierarchies of statuses with varying attendant rights, entitlements and conditions (Morris 2003; Carmel/Paul 2013), including in respect of family rights (Kofman et al. 2011). Scholars now think in terms of 'regimes of mobility' (Glick Schiller/Salazar 2013) in order to capture these increasingly complex patterns of differentiation in mobility rights across industrialised

societies. A regimes-of-mobility approach requires, among other things, that we ‘interrogate the situations in which certain kinds of mobility, or certain types of mobile individuals, become the subjects of praise or condemnation, desire, suppression or fear’ (Glick Schiller/Salazar 2013: 196).

In the ‘global race for talent’, mobility regimes are increasingly economically utilitarian, designed to select the most skilled, wealthy and self-sufficient (Boucher/Gest 2017). Much research has focused on the implications of this for labour migrants, identifying the exclusionary effects on individual migrants along axes such as gender, class, ethnicity and other intersecting socio-economic characteristics (Kofman 2014; Paul 2015). Research has also examined how the logic of economic utilitarianism impacts the family rights of labour migrants, as well as its implications for non-labour migration streams, such as marriage migration and adult-dependant migration (Askola 2016; Block 2015; Kilkey 2017; Staver 2015). Kilkey’s analysis for example shows how the logic of economic utilitarianism has driven increasing conditionality in family rights within the UK’s migration regime since 2010. She examines three levels of conditionality: conditions of category, which are the categories of migrants that have rights to be accompanied/joined/visited by family members and the categories of overseas family members (of migrants and citizens) who have rights of entry; conditions of circumstance, which are the eligibility criteria, including those relating to self-sufficiency and access to social welfare, in respect of entry (including for visits), temporary residence and settlement as a non-UK-citizen family member of migrants and UK citizens; and conditions of conduct, which are the ‘types of behaviour, activity and relationships’ (Shutes 2016: 697) conditions of category and circumstance may indirectly require migrants and UK citizens to adhere to in respect of entry (including for visits), temporary residence and settlement in addition to non-UK-citizen family members. Kilkey concludes in respect of the UK, these conditions collectively organise and set limits on proximate care in transnational families, but in ways which are differentiated and mediated by a range of social divisions, including country of origin, socio-economic status, age and gender.

Conclusions

Transnational family research makes an important contribution to family studies, which has tended to conceive of families as geographically proximate. The research has broadened our understanding of care beyond hands-on direct provision, emphasising in particular how care can be exchanged virtually with the help of ICTs. It is important to bear in mind though the continued importance of proximity for sustaining ‘familyhood’. While an array of institutional arrangements is relevant in mediating the mobility necessary for proximate caring opportunities, those lying within the migration regime are particularly important. Migration scholarship, however, often overlooks the family rights embedded with migration policies because of its tendency to focus on labour migrants, whom it treats in quite individualised and non-relational ways. As migration policies increasingly commoditise migrants, research is beginning to identify that the capacity for proximate care in transnational families is one casualty of this. More research is required to understand both how this is experienced by different

groups of transnational families and how families navigate such constraints in order to care.

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