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Conditioning grandparent care-labour mobility at the care-migration systems nexus: Australia and the UK

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ABSTRACT

A 'transnational turn' in welfare regime theory has disrupted methodologically nationalist analyses of care regimes generating analytical frameworks that capture the interdependencies between care and migration regimes. Those frameworks share a focus on migration for paid care labour as the vehicle connecting care and migration regimes transnationally. In this paper, we highlight familial care-labour mobility as an additional mechanism connecting care and migration regimes across borders. Drawing on the care circulation framework, we argue that a focus on these informal global care chains helps to bridge macro structural level approaches of the frameworks that focus on paid care labour with the more micro-level transnational family care approach. We focus on grandparent care-labour mobility, arguing that while it is 'familial', 'informal', 'private' and 'invisible', its dynamics and the lived experiences of those entwined within it, are mediated at the care-migration systems nexus. Through case-studies on grandparent care-labour mobility between China and Australia and India and the UK, we examine how the care-migration systems nexus is shaped by the prevailing logic of neoliberalism and ensuing patterns of stratification within care and migration systems. We conclude by highlighting the need for a transnational ethics of *family* care to govern the care-migration systems nexus.

KEYWORDS

Informal global care chains; grandparent care-labour mobility; care-migration systems nexus; transnational ethics of family care; composite vignette approach

Introduction

The notion of *care regimes* (Bettio and Plantenga 2004) captures the societal organisation of care, and its underpinning norms and values on what constitutes appropriate care (Williams and Gavanas 2008). With roots in welfare regime theory (Esping-Andersen 1990), care regimes were initially analysed in methodologically nationalist terms, that is, as contained within the boundaries of nation states (Wimmer and Glick-Schiller 2002). Care regimes are nowadays, however, widely characterised as *transnational*, simultaneously positioned within and beyond nation states. This transnational

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understanding entails a reframing away from a multitude of bounded and discrete national care systems towards a global care system that links places and people in different parts of an unequal world, and comprises various global and sub-global hierarchies and networks of border-spanning connections, interactions and effects. Understanding care regimes within a transnational framework requires recognition of their intersections with *migration regimes* – ‘the migration policies and their outcomes that collectively reflect the admission and settlement of foreign-born people over time’ (Boucher and Gest 2018, 4). The parameters of migration regimes are multi-faceted and extend beyond exit, entry, residence and settlement rights, additionally including for example, the conditions for migrants’ incorporation into the labour market and welfare systems (Kilkey and Merla 2014). Migration regimes are also transnational, composed of bilateral and multilateral agreements that govern the movement of people between nation states, and shaped by the historical and contemporary connections countries have with each other, through colonial and postcolonial ties, trade arrangements, and other economic and political associations. As with care regimes, the transnational relationships shaping migration regimes are hierarchical and rooted in unequal geopolitical positionings.

The intersections between transnational care and migration regimes have been analysed through various lenses, including the transnational political economy of care (Williams 2018), the global care chains (Hochschild 2000) and the international division of reproductive labour (Parreñas 2001) frameworks. Within those frameworks, one way that care and migration regimes are recognised as being connected transnationally is through the phenomenon of migration for care labour. In the above frameworks, mobile care labour is implicitly understood as *paid* care labour; an understanding that leads to migrant care workers becoming the main empirical concern (see Hussein, Kilkey & Tawodzera, 2023 in this Special Issue). *Unpaid* care labour is also recognised within these frameworks, but it is positioned in the sending countries, embodied in the ‘non-mobile’ family members ‘left behind’ following the outward migration of the migrant care worker. The departure of predominantly female migrant workers to provide paid care in the global north results in kin having to pick up any care obligations migrants leave behind in the global south.¹ This is the process described as a classic care chain, where paid care labour in the form of migrant care workers moves in one direction, and earnings from that labour move in the other direction, to provide for ‘left-behind’ kin and communities (Hochschild 2000).

In this paper, we depart from that dominant focus on the global movement of paid care labour by centring on the international movement of *familial* care labour – that is migration to exchange unpaid care with family members. Like all unpaid care, what we term *familial care-labour mobility* or *informal global care chains* (Nguyen, Stevens & Baldassar forthcoming), is as ubiquitous as it is invisible; located in the private sphere of the family, and predominantly the responsibility of women, its societal contribution is unrecognised and undervalued. There is currently a gap in the literature that focuses on highlighting, conceptualising and understanding the processes of *informal global care chains*, including how they are conditioned by the ‘power geometries of migration’ (Bélanger and Silvey 2020), and the resultant need for a transnational ethics of informal care. In this paper, we focus on a growing trend in familial care-labour mobility: the informal global care chains created by grandparents –

predominantly grandmothers (Nguyen, Stevens & Baldassar [forthcoming](#)) – migrating to care for their grandchildren. We understand *grandparent care-labour mobility* as another vital element of familial care-labour mobility that remains largely neglected in the transnational political economy of care, global care chains and international division of reproductive labour frameworks (Zhou [2013](#)).

In line with the focus of this Special Issue (see Tagliacozzo, Pisacane & Kilkey, [2023](#)), the paper adds to the literature on grandparent care-labour mobility by contributing to understanding of how the process is shaped at the intersection of transnational care and migration regimes, including both macro and micro dimensions – what we call the *care-migration systems nexus*. Informed by Bilecen and Barglowski ([2015](#)) and Amelina and Bause ([2020](#)), we define the care-migration systems nexus as complex and dynamic assemblages of care and migration policies and practices, both formal and informal, and macro and micro, that shape the transnational social fields of migrants' lives. We are interested in developing understanding of how the care-migration systems nexus simultaneously cultivates and interrupts demand and supply for grandparent care-labour mobility, of how it conditions the characteristics of grandparent care-labour mobility, including its temporalities and the distribution of economic risks and responsibilities, and of the patterns of stratification and inequalities among different types of migrants that are produced and reproduced at the care-migration systems nexus. We are also interested in the impacts that the care-migration systems nexus has on the aspirations, agency and needs of grandparents who are navigating their own ageing futures 'on the move' (Baldassar, Stevens, and Wilding [2022](#)).

Furthermore, we reflect on the implications for people's lived experience of grandparent care-labour mobility during Covid-19. As is argued in the Introduction to this Special Issue (Tagliacozzo, Pisacane & Kilkey, [2023](#)), the pandemic illuminated and intensified the links between societal systems. Of specific relevance to this paper is that the pandemic greatly increased the call on, and societal visibility of, familial care labour, for both child-care and eldercare, which were effectively 'reprivatized to the family' (Daly [2021](#), 115) as schools, nurseries and community aged-care services in many countries shut their doors, and as people became reluctant to use residential elder-care (Grabowski and Mor [2020](#)). Concurrently, the pandemic dramatically re-configured patterns of international mobility, including for care, through a range of bordering policies and practices, such as border closures, shutting of visa application centres and compulsory hotel quarantines, as well as through creating a global societal narrative that international travel is a public health hazard (Simola et al. [2023](#)). We highlight how Covid-19's impacts on the care-migration systems nexus spilled-over into other societal systems, specifically health care (for other articles in this Special Issue concerned with Covid-19; see Anderson, Khadka & Ruhs, [2023](#); Cheng et al., [2023](#); Corrado, Pisacane & Ferrari, [2023](#)).

The paper continues by providing a brief overview of the rapidly burgeoning literature on grandparent care-labour mobility, highlighting the need for more research to explore familial care-labour mobility, particularly from and to a diversity of sending and receiving countries, and to more fully interrogate the notion of informal global care chains. It then moves on to describe the two case-studies selected for analysis: grandparent mobility between the UK and India and between Australia and China. The paper adopts a composite vignette approach, and following an explanation of this method, two composite vignettes are presented. These vignettes illuminate common patterns in the lived

experience of grandparent care-labour mobility for each case-study, which are then analysed to explore how a focus on informal care mobility can deepen our understanding of the care-migration systems nexus. The discussion section explores the ways in which the opportunities and constraints for grandparent care-labour mobility are mediated through the care-migration systems nexus, including what the pandemic illuminated about this relationship. It also examines the consequences for how migrant families arrange care in the here and now, as well as how they imagine their care futures (Ho et al. 2022). The paper concludes by arguing for a transnational ethics of family care to address the challenges experienced by transnational families.

Grandparent care-labour mobility

Grandparent caregiving (involving both migrants and non-migrants) is a major source of unpaid childcare in the global north (where paid childcare is often unaffordable and its provision poorly aligned with increasingly flexible working patterns), as well as in the global south (where multi-generational households are common and non-familial care provision is under-developed) (Timonen 2019). Grandparent mobility involves ‘parents of migrant children who follow [or aspire to follow] their adult children in migration or engage in back-and-forth mobility [visits] at a relatively old age as a family strategy to exchange both downward and upward intergenerational support’ (Ciobanu, Fokkema, and Nedelcu 2017, 167). This is a category of older migrants, variously referred to in the literature as, ‘zero generation migrants’ (Nedelcu 2009), ‘late in life family joiners’ (Horn 2019), ‘follow-the-children migrants’ (King et al. 2014) or ‘seniors on the move’ (Treas and Mazumdar 2004). While the literature acknowledges that mobile grandparents may be givers *and* receivers of care, either sequentially or simultaneously, in this paper we focus on their care-*giving* role, including its impact on their agentive futures. Here we draw on emerging research that examines ‘how older adults’ experiences of ageing and perceptions of ageing futures impact both their life plans as well as those of their caregivers before, during or after migration’ (Ho et al. 2022, 1820).

We understand grandparent care-labour mobility as a component of the more generalised global societal dynamic of grandparent caregiving. Grandparent caregiving is often elided in social policy not only because of its location in the private sphere, but also because of ageist constructions of older people as ‘inactive’ and ‘dependent’, void of aspirations for their futures (Ho et al. 2022). Such ageism exacerbates the elision of grandparent care-labour mobility, including in migration policy, since prevailing norms about older age in Western societies are based on an assumption of sedentarism as opposed to mobility. Migration studies, however, increasingly challenges assumptions of sedentarism in later life, pointing to ‘transnational ageing’ – ‘the process of organizing, shaping, and coping with life in old age in contexts which are no longer limited to the frame of a single nation state’ (Horn, Schwegge, and Um 2013, 7). While retirement migration has constituted the dominant focus in studies of transnational ageing, with studies of transnational grandparenting remaining relatively scarce, despite some early explorations (Da 2003; Plaza 2000), Nguyen, Stevens & Baldassar’s (forthcoming) systematic scoping review identifies grandparent care-labour mobility as a burgeoning field of research.

Existing research reveals the varied nature and purpose of care provided through grandparent care-labour mobility. Wyss and Nedelcu (2020) identify four types: ‘trouble-shooting’ – to plug short-term gaps in childcare arrangements due to for example, school holidays, child illness and intensive periods of parental work; ‘substituting mother at home’ – to take on the childcare and domestic chores of migrant children as a more sustained strategy for the reconciliation of work and family life; ‘mobilising at the time of childbirth’ – to ‘mother the mother’ and take over domestic chores and childcare responsibilities for other children; and ‘intergenerational sharing and transmission’ – to foster intergenerational relationships and transmit ‘home culture’ to the younger generation through the provision of emotional and associational solidarity. Drawing on the care circulation framework (Baldassar and Merla 2014), we argue that these types of care labour form part of generalised systems of reciprocity that characterise what gerontologists call the ‘generational contract’ evident in the uneven circulation of care in transnational families that ebbs and flows in part in response to the care needs of family members over the life course.

While the purpose of grandparent care-labour mobility extends beyond instrumental care, research emphasises the overwhelming economic benefits to migrant parents who are able to contribute more hours to the labour market and save on childcare costs, as well as to migrant-receiving societies which benefit from migrant parents’ labour market contribution without having to plug the familial care deficit that ensues and without incurring the social welfare costs of the migrant grandparents (Nguyen, Stevens & Baldassar *forthcoming*). Grandparents themselves may be active agents, driving their care-labour mobility as they seek to realise their own aspirations. Nedelcu and Wyss (2020) for example, highlight the potential benefits to women in particular for whom the care of grandchildren may be intrinsically related to care of self. More broadly, however, the research highlights complex patterns of advantages and disadvantages of care-labour mobility from older people’s perspectives. For example, overtime there may be unfulfilled expectations on the part of grandparents around intergenerational reciprocity (Nguyen, Baldassar, and Wilding 2023); grandparents also risk being locked into dependency on their children for finance, housing, social life and future plans (King et al. 2014); and they may experience harms to their own physical and mental wellbeing due to excessive care responsibilities (Braedley, Côté-Boucher, and Przednowek 2021). Micro-level intergenerational family power dynamics and individual circumstances, including grandparents’ ability to speak the receiving-country language (Hamilton, Hill, and Kintominas 2022), mediate experiences and help shape the opportunities and constraints grandparents have to develop strategies to manage such challenges (Nguyen, Stevens & Baldassar *forthcoming*). Access to new technologies and the ability to use them is emerging as a key dimension of grandparent migrants’ ability to maintain their own support networks and increased independence. Ho and Chiu (2020) for example, highlight how access to these technologies and the migration regimes that inspire their use also contribute to positioning migrant grandparents as ‘transient’ older carers. The rights afforded migrant grandparents within migration regimes in destination countries is also an important, but still relatively underexplored, factor mediating experiences (Askola and Baldassar 2023). The paper continues by addressing that gap specifically through a comparative lens of two case-studies, which following Wyss and Nedelcu (2020, 345), we argue can offer ‘a heuristically richer

comprehension' of the grandparent care-labour mobility phenomenon than single case-studies.

Case studies and method

Case studies

We focus on Australia and the UK as destination countries for grandparents migrating to provide familial care labour. While the phenomenon has received some scholarly attention in Australia, there remains much less research on the UK context (Nguyen, Stevens & Baldassar *forthcoming*). Both countries, however, are traditional countries of immigration in which family migration has been an important form of migration historically. Migration policy in both countries, though, has undergone radical transformation since the 2000s, reflecting global transitions towards more restrictive (De Haas, Natter, and Vezzoli 2018) and competition-driven (Shachar 2011) logics. These countries are at the forefront among Western liberal democracies in this global trend. Characterising them as 'neoliberal' migration regimes, along with Canada and New Zealand, Boucher and Gest (2018, 141) argue '[O]nly Kafala and quasi-Kafala regimes more actively select and exclude immigrants in the interest of maximising their economic contribution and minimising the risk of their financial dependence on state resources'. Neoliberalism also prevails in the Australian and UK care regimes, which have shifted significantly since the 2000s away from a 'male breadwinner model' towards an 'individual adult worker model' (Lewis and Giullari 2006), but without the necessary state support for the reconciliation of work and family life (OECD 2020).

We zone in on two South–North migration corridors – India and the UK and China and Australia. People born in India represent the largest group of overseas-born among the UK resident population – 920,000 in England and Wales, and more than half of them (551,000) hold UK nationality (ONS 2022). Their presence reflects (post)colonial relations, which shape contemporary migration flows, such that in 2021, Indian nationals were the top group in the UK for the granting of Skilled Worker (64,839) and Visitor Visas (84,743). In the same year, they were the second top group for the granting of Student (98,747, behind China) and Family Visas (2829, behind Pakistan) (UK Government 2022). Typically, recent migrants from India occupy highly paid roles in the UK (Migration Observatory 2022), including in the National Health Service (NHS) where in March 2021 more than 32,000 Indian nationals formed the largest foreign group of staff in the English NHS, including 8425 doctors and 14,777 nurses (HoC Library 2021).

Similar characteristics are evident among the China-born in Australia. During the nineteenth Century, the China-born population was the second largest migrant group after those from the British Isles, with 38,258 China-born reported in 1861. However, the introduction of the Immigration Restriction Act in 1901, amid growing animosity towards the Chinese, resulted in a decline in Chinese immigration, and by 1947 the China-born numbers were only 6,404. The rescinding of the 1901 Act in the 1970s saw numbers climb, and by 2019, people born in China represented the second largest group, after England, of overseas-born among the Australian resident population – an estimated 650,640 people (ABS 2021).² Of the top 10 countries of birth in 2016 in Australia, five are located in Asia (China, India, Vietnam, Philippines and Malaysia). The

latest Census in 2016 recorded 509,555 China-born people in Australia, an increase of 59.8 per cent from the 2011 Census (ABS 2018). The active marketing of educational services in Asia by Australian Universities in the mid-1980s contributed to a rapid increase in the number of China-born private overseas students coming to Australia. In 1983 there were 38 China-born overseas students and by 1990 this number had increased to 16,642. Of overseas student enrolments in 2020, 38.4 per cent (160,430) were from China, and 19.0 per cent (79,410) were from India, with the remaining top ten nationalities being Nepal, Vietnam, Malaysia, Pakistan, Indonesia, Sri Lanka, Hong Kong and Singapore (Parliament of Australia 2021).

Vignette as method

Vignettes are ‘short evocative stories’ that ‘enable balance between the presentation of particularly vivid and rich examples ... alongside more interpretative explanatory text ... show[ing] that, despite their specificity and particularities, the vignettes are not isolated or unique in terms of the dynamics they illustrate’ (Jarzabkowski, Bednarek, and Le 2014, 280). The vignettes developed for this paper are ‘composite cases’, as they are informed by both qualitative empirical data analysis and textual analysis, undertaken by the authors across a number of research projects.³ The textual analysis is based on literature and documentary reviews of official sources, such as immigration and border rules (including during Covid-19) in the UK, Australia, China and India, and accompanying guidance notes, government statistics and the proceedings of government enquiries, judicial reviews / rulings, as well as newspaper articles and NGO and academic reports. The qualitative data analysis is based on a mix of transcripts and field notes from interviews and participant observation with ten Chinese families in Australia and from fieldnotes and interviews with eight Indian families in the UK.

Our treatment of the two data sources introduces a second way in which our vignettes are ‘composite cases’; rather than presenting individual participant accounts, we fuse multiple interviews from the qualitative empirical research with the text-based data and present them as one single story (Crocker, Chard, and Duncan 2021; Jarzabkowski, Bednarek, and Le 2014; Merla, Kilkey, and Baldassar 2020; Willis 2019). The aim is to illuminate common patterns found across multiple cases and data sources, through one unified story, which is more conceptually generalisable in revealing the dynamics at work. This approach requires a ‘level of understanding and familiarity with the context of the study, in order to judge what makes a meaningful composite’ (Willis 2019, 478). Following other examples of the approach (e.g. Crocker, Chard, and Duncan 2021; Merla, Kilkey, and Baldassar 2020), as authors, we worked collaboratively to discuss the data, identify themes and determine the vignettes’ structure. Specifically, analysis followed a two-stage process focused on addressing three research questions: what processes drive grandparent mobility?; what are their lived experiences of mobility?; and what role do migration and care policies play in shaping those experiences? In the first stage, all empirical and textual data were collated and read by the authors. Following an inductive approach, and building on our previous research on transnational families, as well as other relevant conceptual work, we coined the notion of ‘informal global care chains’ to answer our research questions. The second stage of analysis involved testing for the evidence of, and explanation for, informal global care chains across the empirical and

textual data. After confirming that informal global care chains were ubiquitous across the sample, we identified common themes that then informed the composite vignettes, which are featured below.

Grandparent care-labour mobility vignettes

India-UK grandparent care-labour mobility: Uma and Ganga

Uma is an Indian-born doctor working in the UK NHS. She obtained her primary medical qualification in India and moved to the UK in 2010, joining almost 6,500 overseas-qualified doctors recruited by the NHS that year, 49 per cent of whom were supplied by middle – or low-income countries, with India the single largest supplier (Brennan et al. 2021). That scenario represented a continuation of the long-standing dependence of the UK NHS on South Asian doctors, bound up in colonial and postcolonial relations (Simpson 2018). By the time the pandemic hit Uma was married to another Indian migrant, also a doctor, with two pre-school aged children, and she had become a UK citizen. Prior to the pandemic, Uma had relied heavily on her mother, Ganga, for support with reconciling work and family life. Ganga visited annually, staying for up to six months on a Visitor Visa, providing support with childcare and household chores. Ganga, a widow, with her only other child recently migrated to the UK, aspired to re-locate permanently to the UK, as other Indian parents she knew, had done previously. Repeated Visitor Visa applications were time-consuming and stressful because in the context of the UK's 'hostile' immigration environment (Griffiths and Yeo 2021) frequent or successive visits are likely to result in visa rejections (HoL 2023; Tu 2023). Moreover, since her husband's recent death and her son's emigration, she was lonely during her return periods to India. Ganga who turned 67 in 2020, while currently in good health, was imagining a time when she would be too old to travel frequently to the UK, and she had begun researching the process for permanent re-location.

When the pandemic seriously hit the UK in March 2020, Ganga was in India to renew her Visitor Visa. Unfolding events would prevent her return to the UK, however, for some time. Commercial flights between the UK and India ceased with India's decision to close its borders, and did not resume until March 2022. In that two-year period, the Indian border was not completely impermeable⁴: in the first wave of the pandemic, the UK government chartered flights to India for the repatriation of British nationals who normally reside in the UK and their direct dependants; Ganga was ineligible. In the second wave, against a continuing lack of commercial flights, India was put on the UK's 'red list', meaning that only those British nationals who normally reside in the UK and their direct dependants were able to enter; Indian nationals like Ganga, without residency rights in the UK, were banned from entry. While the ban was lifted in August 2021, the testing and quarantine requirements on the one hand, and India's continuing prohibition on flights on the other, prevented Ganga from visiting. And, while in January 2022 the UK government lifted all restrictions for the fully vaccinated, this did not benefit Ganga who, like the majority of India's population (Our World in Data 2021), was still awaiting her second vaccine. Ganga would need to wait until March 2022 when the UK government removed all Covid-related entry restrictions and India resumed regular international flights, before a return visit to the UK was

viable.⁵ Meanwhile in the absence of her mother's childcare support, and with no alternatives due to nursery closures, Uma and her husband struggled to meet the demands of work, and were forced to use up their annual leave and reduce their working hours, in order to reconcile work and family life (BMA 2020; IFS 2020).

China-Australia grandparent care-labour mobility: Hao and Mrs Li

Hao is a China-born accountant working in a Private Accounting and Financial Advice Firm in Melbourne. She first came to Australia in 2010 on an international student visa where she completed all her university studies, graduating in 2015. While Hao's intention, along with the vast majority of her peers, was to return to China after the completion of her degree, a significant minority, like Hao, remain in Australia and eventually gain Permanent Residence (PR), often after an obstacle-course of visa hopping (Robertson 2019). For example, 55,000 of the PR visas granted in 2017–18 were to former student visa holders (Betts and Birrell 2019), and approximately a third of these former students are China-born. The main routes to PR for these international students are through Partner visas or Sponsorship visas, and this is reflected in Hao's case: she is currently applying for a Partner visa through her husband, Jie, who is on a sponsored visa pathway to PR. Hao and Jie met at university in Melbourne where he was studying engineering IT.

Like Uma in the UK-India case, when the pandemic hit, Hao was still in Australia and her first child was nearly a year old. Like most new parents in Australia, Hao and Jie turned to family, in particular mothers and mothers-in-law, to help them with childcare, only their mothers live in China. Hao's mother, Mrs Li, had flown in from China to support them just before the birth, motivated by a keen sense of obligation to support her daughter and new grandchild. Mrs Li had sacrificed a great deal to pay for Hao's – her only child – Australian university education, and sometimes she bemoans the fact that Hao has chosen to settle there and plans to obtain PR. However, she is proud that her daughter found a well-paid professional job and a good husband.

Prior to the birth of her grandchild, Mrs Li enjoyed frequent visits from Hao to China. As she was still working full-time, she had only visited Australia twice, for her daughter's graduation and wedding. The Chinese policy of mandatory retirement at 55 meant that Mrs Li had the time to visit Australia to provide unpaid support when her grandchild was born. Mrs Li cannot speak English and feels relatively isolated in Australia as she cannot drive and her daughter and son-in-law work long hours and she relies on them for all her social activities. She was keen to return to her active social life in China but was barred from returning due to the closure of Australian borders. The plan had been that Mrs Li would swap grandparent care duties with Jie's parents, who were due to travel to Australia around the time she was due to depart. Lockdowns delayed this plan. Although Mrs Li has now returned to China, she is still not able to move as easily between these two places as she could before the pandemic. Australia has open borders but China, at the time of writing in November 2022, still maintains strict quarantine procedures for international arrivals. This scenario has left Hao and Jie without family care for significant periods, putting added pressure on them. Mrs Li currently has no plans to settle permanently in Australia because she enjoys her life in China. She invests time and effort into maintaining her independence, albeit within the constraints of her care obligations and the

migration regimes that order them. While Australia permits dual citizenship, China does not (Tu 2023), and Mrs Li worries that her daughter's plans to become an Australian citizen will limit her capacity to stay extended periods in China. Should there come a time when Mrs Li becomes frail and dependent in old age, the option of parent migration, notwithstanding its significant costs, is something she is prepared to consider.

Situating grandparent care-labour mobility in the care-migration systems nexus

Returning to Wyss and Nedelcu's (2020) four-fold typology, Ganga and Mrs Li provide 'substitute mother at home' care, taking on the childcare and domestic chores of their daughters for sustained periods of time in order to help them reconcile work and family life. In this section, we explore how the need for such care-labour mobility, and how it is configured and experienced by internationally mobile grandmothers as a kind of informal global care chain, is shaped by intersecting care and migration systems in the UK and Australia.

Locating demand for grandparent care-labour mobility in care regimes

Both Australia and the UK are subjected to neoliberal modes of governance entailing a global set of processes at work since the 1980s designed to shape societies according to market logics. In the area of care, this has entailed states shedding previously collectivised welfare state responsibilities, and actively promoting the commoditisation of care through a range of privatisation and marketisation strategies (Hoppania and Vaittinen 2015). Globally, care remains undervalued, and public investment in care provision in most countries is insufficient (Tronto 2017). In the global north, the care deficit is particularly acute in countries such as Australia and the UK. These are historically 'strong male breadwinner' states, which since the 2000s have been shifting towards an 'individual adult worker model' with an expectation that all who can work will do so (Lewis and Giullari 2006). The result is an increasing rate of employment among women, especially mothers with young children (OECD 2020). This is happening, however, without the support to help families (mothers) reconcile paid work with care responsibilities, which is characteristic of countries such as Sweden – historically 'weak male breadwinner' states (Lewis and Giullari 2006). In this context, meeting childcare needs plays a central role in the demand for grandparent care-labour mobility, precipitating informal global care chains. Such mobility can be understood as representing an individualised transnational solution to the challenges migrant families face reconciling their paid work and their care responsibilities for young children.

Australia has a relatively expensive privatised childcare system, which requires payments by parents (and only provides means-tested subsidies to low-income families), and has significant gaps in access, flexibility and suitability for the care of children of parents working irregular hours (Hamilton and Jenkins 2015). In addition, many migrant parents are either initially or permanently ineligible for work/care reconciliation policies available to non-migrant families (Hamilton, Hill, and Kintominas 2022). As a result, migrant parents such as Hao, look to grandparents, in particular grandmothers, for childcare, and encourage them to travel from the home country to provide care so

that the parents (especially mothers) can work (Hamilton, Hill, and Kintominas 2022; Nguyen, Baldassar, and Wilding 2023). Migrant grandparents, therefore, make significant contributions to informal care and gender equality in Australia (Askola 2016). However, as with grandparent contributions (and gendered care work) in general, they remain unrecognised and undervalued (Hamilton and Jenkins 2015; Parkinson, Howe, and Azarias 2023).

Like Australia, the UK operates a largely market-based childcare system, with state support in the form of cash benefits and tax concessions provided on an income-tested basis. Reliance on the market, combined with an absence of state regulation of fees, results in very high net childcare costs. The UK has the highest net childcare costs of any OECD country: in 2019, they represented 50 per cent of women's median full-time earnings for a middle-income two-earner couple; the OECD average was 17 per cent, and the equivalent figure in Australia was just over 30 per cent (OECD 2020). It is unsurprising, therefore, that 'many middle-income households in the UK report they cannot afford childcare' (OECD 2020, 4). Marketisation also results in uneven geographical coverage in the UK, with poorer, less profitable areas, characterised by childcare-deserts (OECD 2020). Moreover, services lack flexibility in scheduling, and are unsuited to parents with irregular and long hours of work. 20 per cent of 'key worker families' with pre-school children, therefore, routinely use informal care by grandparents (IFS 2020); including NHS doctors like Uma (BMA 2020). Challenges of affordability, availability and flexibility in childcare provision largely account for Ganga's pre-pandemic visits to the UK. The permanent temporariness of her care-mobility, however, is not of her or Uma's choosing, especially as she ages and she aspires for permanent relocation; rather, it is conditioned by the migration regime, to which we now turn.

The creation of informal global care chains and the conditioning of grandparent care-labour mobility through migration regimes

Neoliberalism is also driving migration regimes across the globe towards convergence around a 'market model' characterised by selectivity in the national interest (Boucher and Gest 2018). While stature and international reputation may constitute the national interest (Shachar 2011), it is the maximisation of the nation's economic competitiveness which is the prevailing concern in the context of globalisation. States are embroiled in a 'global race for talent' (Shachar 2011), selecting those perceived to contribute the most economically – the skilled and highly skilled, entrepreneurs, innovators and investors – and those believed to drain the economy the least – the richest and the most self-sufficient. States may allow entry to those with lesser skills and wealth in order to satisfy specific economic imperatives, such as filling labour market gaps at the lower end of the economy, but admission commonly comes with tight conditions and limited socio-legal rights, with consequences for the security and wellbeing of migrants (Boucher and Gest 2018). Neoliberalism further constructs the 'useful' economic migrant as an independent and non-relational actor, leading to restrictive rules around accompanying / joining family members. The overall result is an increasingly stratified international mobility market, in which grandparent care-labour mobility is positioned in the lower stratum.

Conforming to the market model, Australia's migration regime targets young workers (initially unskilled, now skilled) to fit its predominantly economic approach to facilitate the development of the national economy (Hawthorne 2005). Due to its geographical isolation, modest population, labour shortages and ageing population, migration policy has been used as a tool to recruit young and skilled migrants (under 45), and to control the migrant intake for family visa and other streams (Askola 2016). Older migrants and family migrants are a casualty of Australia's 'pragmatic calculations of national gain' (Mares 2011). Empirical studies and policy analyses indicate that since the migration policy changes to a temporary skills focus from 2000, grandparent migration has been increasingly framed in Australia as an economic burden (Askola 2016; Hamilton, Hill, and Kintominas 2022). In the 1980s, the family reunion rules introduced a 'family balance test',⁶ and 'assurance of support'⁷ requirement to restrict the numbers of parent migrants; followed by a cap on parent visas and the introduction of contributory parent visas in the 2000s (Betts 2003). The 2014 temporary elimination of non-contributory visas clearly showed that Australia's migration policy intended to limit older entrants. Although this type of visa was then resumed, there is an annual cap, which has been decreasing, and set at only 900 places in 2022–23, resulting in a waiting time of over 40 years (Parkinson, Howe, and Azarias 2023). Overseas grandparents, therefore, have virtually no opportunities to permanently join their migrant children under the non-contributory visa category. The main permanent migration option for grandparents is the contributory visa with a fee of \$AUD47,955 and a deposit of \$10,000 for 'assurance of support' and a current waiting period of 15 years for full welfare benefits (such as aged pension and other social benefits) (Parkinson, Howe, and Azarias 2023). However, this visa category has strict conditions, including a 'family balance test', and is affordable to only the very wealthy. It is also capped – just 3,600 places in 2022–23, down from 6,096 places in 2019–2021 – resulting in a waiting time of at least six years. The other parent visa categories (aged dependant relative, remaining relative and carer visas) also experienced a decrease from 562 places in 2019 to 500 places in 2021 (DOHA 2021). The recent review of the Australian migration system calculates the economic cost of permanent parent migration to be 'on average ... \$400,000 over their lifetime due to their high use of government-funded services and limited taxes paid', and compares this to the economic gain of the skilled migrant that they are 'likely' to displace at an estimated 'lifetime cost of approximately \$18 billion for each annual intake' (Parkinson, Howe, and Azarias 2023, 138). 'The Panel acknowledges that Parent migrants contribute in ways that are not reflected in Treasury's analysis', but it concludes nonetheless that parent visa holders come 'at a significant cost to Australia's fiscal position'. The report proposes consideration be given to 'completely removing access to permanent residence for parents while improving access to temporary migration' (p141), among other possible options.

Against the backdrop of increasing restrictions on permanent grandparent migration, in 2016 the Australian Government introduced the temporary parent visa subclass 870 which allows overseas parents to stay in Australia for up to five years with a maximum length of ten years. As a result, many older people have become 'fly-in fly-out' grandparents in order to practise transnational care (Hamilton, Hill, and Kintominas 2022). This forced circular mobility places older migrants in vulnerable and disadvantaged situations where they cannot access full social and health services in

Australia during their sojourns if their home country and Australia do not have reciprocal health-care agreements (Brandhorst 2020). They can choose to fly back to their homeland to use welfare services there; however, care responsibilities, costly air tickets, aspirations to stay nearby their migrant children and grandchildren and exhaustion of flying back and forth, are several factors constraining older migrants' return to the homeland to access welfare provision.

Despite Australia's restrictions on grandparent care-labour mobility, it performs considerably better than the UK on MIPEX's (2020) index for favourability to family reunion, ranking 12 out of 56 countries, while the UK is second from the bottom. Selecting the 'brightest and the best' has been a core mantra of successive UK governments since 2000, and provided the impetus behind the introduction in 2008 by the then New Labour Government of the Points Based System (PBS). Modelled on Australia, the PBS controls investor, labour ('skilled' and 'unskilled') and student migration, selecting according to wealth, income, skills / talents and language proficiency. Certain categories of migrants admitted through the PBS have the right to be accompanied by family members, but this is restricted to partners (spouse, fiancé(e) or civil / unmarried partner) and children; grandparents are excluded. A separate family-migration route provides the potential for entry to and settlement in the UK for those wishing to join a partner or family member (a parent or a child) who is living in the UK permanently – British citizens, settled persons or those who have asylum or humanitarian protection in the UK. In the context of the introduction of the PBS, the family-migration route, however, was increasingly problematised. Writing about parallel developments across Europe, Kraler (2010, 8) argues that family migration is perceived to be 'in contradiction with selective migration policies ... [appearing] as a form of unsolicited and by implication, unwanted migration'. In this vein, in 2011 the Conservative-Liberal Democrat Coalition Government launched a consultation on family migration. Despite an overwhelmingly critical response to the consultation (Home Office 2012), the government proceeded with most of the proposals it had set out, and in 2012, a series of changes took effect to the family-migration route.

Framed in the Consultation as a burden on the public purse, grandparent care-labour mobility has been a particular casualty of the 2012 reforms. Prior to the reforms, grandparents' entry and settlement was governed by the Adult Dependent Relatives (ADR) rule. This rule provided a route to family reunification for parents aged 65 or over who were financially dependent on their UK-based son or daughter, and whose son or daughter could afford to maintain and accommodate them in the UK without recourse to public funds (Kilkey 2017). Under the 2012 changes, the UK-based family member is required to prove that their relatives require long-term personal care to perform everyday tasks such as washing, dressing and cooking, *and* that they are unable to obtain suitable care in their relative's home country because it is not available and there is no person in that country who can reasonably provide it or because it is not affordable (Home Office 2022). Ten years after the reforms, a House of Lords enquiry concluded that the route is now 'essentially closed' (HoL 2023, 25), with just one visa granted since 2020. In defending this situation, the Home Secretary responded to the enquiry that 'a visit visa for six months ... is a great way for families and intergenerational relationships to be fostered and kept alive' (cited in HoL 2023, 52). Yet, the Visitor Visa route, the one used by Ganga, also became more precarious under the 2012 reforms, since they introduced

restrictions on family visit visa appeals, initially by narrowing the current definitions of family and sponsor for appeal purposes, and then by removing the full right of appeal against refusal of a family visit visa. In 2021, 20 per cent of visitor-visa applications from India were refused (UK Government 2022).

Discussion and conclusion

A ‘transnational turn’ in welfare regime theory has disrupted methodologically nationalist analyses of care regimes. The result has been the emergence of analytical frameworks that capture the interconnections and interdependencies between care regimes and migration regimes. Such frameworks hold in common a focus on migration for paid care labour as the main vehicle through which care and migration regimes are connected transnationally. These more macro structural level approaches feature global circuits of paid care labour and overlook the mobility of informal care labour. In this paper, we have disrupted the construction of the migrant care worker as the embodiment of migrant care labour and highlighted familial care-labour mobility as an additional mechanism for connecting care and migration regimes across borders. Drawing on a care circulation approach, which highlights the uneven, reciprocal obligations that characterise care exchanges within transnational families over time (Baldassar and Merla 2014), we have sought to bridge the macro structural level approaches with a more micro family care approach that makes visible informal global care chains. We focused on the circulation of care evident in grandparent care-labour mobility as a growing phenomenon in scholarship, arguing that while it is ‘familial’, ‘informal’, ‘private’ and ‘invisible’, its dynamics and the lived experiences of those entwined within it, are mediated at the system level, and particularly at the care-migration systems nexus.

Taking Australia and the UK as case-studies, we argued that the demand for grandparent care-labour mobility, as with grandparental care among non-migrant families, is cultivated in the context of a neoliberal approach to care, and childcare specifically, in which responsibility is relegated to individuals and markets, with the state playing a residual role. The result in both countries is a highly marketized childcare system with challenges of affordability, availability and flexibility. Just as grandparental care is a common individualised solution to those challenges for non-migrant families in Australia and the UK, so too is grandparent care-labour mobility for migrant families. It is a deeply asymmetrical solution, however, because it is conditioned by receiving countries’ migration regimes. Global North receiving countries, such as Australia and the UK, are at the apex of a hierarchical and unequal set of global geopolitical relationships that contribute to shaping the distribution of power in transnational migration and the migration regimes that govern it. One manifestation of their power is how they organise, condition and set limits on family life in migratory contexts, determining on the one hand the ability to form a ‘family of choice’ in terms of family / household membership and its spatial and temporal configurations, and on the other hand, the allocation of economic risk between the state and the individual (family) for forming a ‘family of choice’ (Kilkey 2017).

Historically, migrants have been constructed as individual units of labour by Global North receiving states, and their family and care needs were accorded little or no recognition. The temporary recruitment schemes for low-skilled labour in parts of Europe and

North America in the middle of the twentieth century represent archetypal examples of this (Castles 2006; Hondagneu-Sotelo and Avila 1997). In the contemporary context of a selective and competitive turn, most pronounced in archetypal neoliberal migration regimes such as Australia and the UK, care is also elided. Boucher and Gest (2018) see the selective and competitive turn as part of a 'market model' of migration, which like its post-war predecessors, preferences economic-related migration over family migration, but which extends this preference to highly-skilled workers too. Driven by neoliberalism, the 'market model' radically commodifies migrants as 'pure labour power' (Oliveri 2012, 796). This leads to a desire on the part of states to exclude those deemed to have no economic value, such as migrant grandparents. Neoliberalism, however, also constructs the 'useful' economic migrant as an independent and non-relational actor, thereby eliding their care responsibilities, both for their own children and for their ageing parents.

Under those logics, grandparents migrating to provide care-labour are forced into a condition of permanent temporality and precarity, circulating between their home country and the receiving country according to the rules of visitor visas, which require them to be largely economically self-sufficient, putting at risk their independence and autonomy vis-à-vis their migrant children. The absence of realistic options for permanent reunification with their migrant children further into the ageing process jeopardises norms and expectations around intergenerational reciprocity, and fosters insecurity on the part of migrant grandparents (and their children) as they imagine their own care futures in a scenario of 'involuntary immobility' (Bélanger and Silvey 2020) and 'forced transnationalism' (Piper and Withers 2018). While migrant grandparents are certainly not passive victims of informal global care chains, their capacity to shape and re-shape their care-labour mobility as they and their family members move through the life course, is deeply contingent on time and place. Over-time, both Australia and the UK have developed ever more restrictive rules, narrowing the contours of the care-migration systems nexus open to navigation and negotiation by migrant grandparents and their families. Despite both being categorised as archetypal examples of neoliberal regimes, there are important differences, however, between these countries, as evidenced by their very different performance on the MIPEX index for favourability for family reunion (MIPEX 2020). Such place-based differences, even between countries with broadly similar logics governing the care-migration systems nexus, point to the importance in future research of including more diverse receiving country contexts. Future research should also attend to how the care-migration systems nexus in *sending* countries shapes informal global care chains (see Anderson, Khadka & Ruhs, 2023 in this Special Issue for a discussion of the importance of emigration and diaspora policies in shaping conditions for migrant workers). For example, we noted above how China's lack of recognition of dual citizenship presents constraints for visits to the home country for migrated children who have rescinded their Chinese citizenship (see also Tu 2023). While India also prohibits dual citizenship, its Overseas Citizenship of India status, available to Indians living in some countries, including the UK, provides holders with a permanent visit visa.

Future research should also incorporate a more diverse range of migrants. This should extend beyond labour migrants to include for example, asylum seekers and refugees. Differences within the labour migrant category, however, also need further exploration. The 'power geometries of migration' (Bélanger and Silvey 2020) are located within, and

intersect with, wider societal systems of inequalities that produce and re-produce patterns of stratification according to race, ethnicity, class, nationality and citizenship, among other axes of differentiation (see Tagliacozzo, Pisacane & Kilkey, 2023). Such differences position labour migrants unevenly within the care-migration systems nexus, producing cleavages in rights and entitlements and / or the agency to navigate them between migrants in terms of for example, 'high-skilled' versus 'low-skilled' and documented versus undocumented (Kilkey 2017).

While research has been paying increasing attention to informal global care chains, in Australia and the UK, as well as elsewhere, Covid-19 illuminated, in public and policy spheres, the dependence of migrant families, and of receiving societies' childcare systems more widely, on a hitherto invisible 'reserve army' (Chiu and Ho 2020). Border closures that immobilised grandparents in the home country, as in the case of Ganga, had spillover effects beyond individual families, into workforce supply, including for 'key workers' such as doctors, many of whom in the UK NHS have a migrant background and rely on transnationally mobile grandparents to enable them to work long and irregular hours. In other instances, border closures trapped grandparents in the receiving country, exacerbating the risks posed to their wellbeing as they undertook care labour and remained without home-country social networks of support for longer than planned. The exposure during Covid-19 of both contributions and risks associated with grandparent care-labour mobility points to the need to develop a 'transnational ethics of family care' to govern the care-migration systems nexus, akin to the 'transnational ethics of care' that has been advocated in the case of paid migrant care workers (Tronto 2017).

Notes

1. Migrant men are also part of the global north's migrant care workforce and the flow of migrant care workers can occur within regions of the global north from poorer to richer countries (see Hussein, Kilkey and Tawodzera 2023 in this Special Issue).
2. In 2020 people born in India became the second largest group of overseas born residents in Australia (Migration, Australia, 2019–20 financial year).
3. Ageing and New Media, an Australian Research Council Discovery Project (DP160102552); MIGRATE, a Jean Monnet Network co-funded by the Erasmus+ Programme of the EU (2016/2322/011-001); Migrants' decision-making in the context of shifting migration regimes, Worldwide Universities Network funded.
4. See also Corrado et al, this Special Issue who note the bilateral agreement between Italy and India, which allowed workers to travel from India during Covid-19 for the Italian agricultural season by private charter flights organised by farmers' organisations.
5. See [here](#) for history of travel restrictions in UK during Covid.
6. At least half of your children must be living in Australia, or more than in any other country.
7. An Assurance of Support (AoS) is required by migrants who enter Australia under certain visa types, including parent visas. An AoS is a commitment by an Australian resident to support the migrant and repay any recoverable Australian social security payments paid during their AoS period, which, depending on visa sub-class, can be 12 months, two years, four years or ten years.

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