Transformations of transnational care in times of the pandemic: spotlights and future prospects

Anna Amelina, Karolina Barglowski & Başak Bilecen

ETHNIC
AND
RACIAL
STUDIES

R Routledge
Taylor & Francis Group

Check for updates

Transformations of transnational care in times of the pandemic: spotlights and future prospects

Anna Amelina[a], Karolina Barglowski [b] and Başak Bilecen [c]

[a]Institute for Philosophy and Social Sciences, BTU Cottbus-Senftenberg, Cottbus, Germany; [b]Department of Education and Social Work, University of Luxembourg, Esch-sur-Alzette, Luxembourg; [c]Department of Sociology, University of Groningen, Groningen, the Netherlands

ABSTRACT
The COVID-19 pandemic has exacerbated existing inequalities in care between mobile and immobile populations. It has highlighted the precarious situation of many migranticized individuals and their families worldwide, but it has also brought their situation into the public eye, providing opportunities for advances in social science understanding and policy reform. This Special Issue explores the interplay between transnational care arrangements, cross-border movement and mobility, and the production of social inequality in the post-COVID-19 world. The collected articles provide a comprehensive picture from different countries and fields, revealing three interrelated processes that reflect the complex dynamics during the pandemic: (1) the interruption of transnational care arrangements; (2) the reorganization of these arrangements; and (3) coping strategies to adapt to (post)pandemic immobilizations, restrictions, and modified patterns of care. In sum, this issue aims to contribute to the advancement of social science understanding and to benefit vulnerable populations.

Introduction

Transnational care is becoming an increasingly common phenomenon as families and care workers move across borders to provide and receive care (Merla et al. 2020). As global mobility increases and populations in many countries age, transnational care has emerged as a vital and expanding sector of the global economy (Williams 2011; Yeates 2012). As the world becomes more interconnected, transnational care is likely to continue to grow in importance, creating new challenges and opportunities for policy-makers, researchers, and caregivers alike.

CONTACT Anna Amelina ✉ anna.amelina@b-tu.de

In this context, the COVID-19 pandemic posed significant challenges to transnational care arrangements, in particular through travel restrictions and distancing measures that affected individuals accustomed to flexible and accessible international travel (Simola et al. 2023; Triandafyllidou and Yeoh 2023). In addition, the pandemic has underscored the untenability of viewing migrant workers as merely expendable labor resources in essential sectors such as care, construction, and agriculture. It challenges the idea that these individuals can be easily returned to their home countries when they are no longer needed, and that the continued presence of these essential workers can still be assured to sustain critical sectors (Triandafyllidou and Yeoh 2023). This Special Issue is timely: the pandemic appears to be largely over, as many believe, although the medium – and long-term consequences remain to be seen.[1] Most importantly, for most people around the world, some of the changes and adaptations are linked to broader socio-political dynamics related to care and migration. These dynamics relate to the intersections between physical proximity and emotional bonds in family life, as well as the ways in which increasing international connections affect the lives of individuals and communities (Kara and Wrede 2022).

The COVID-19 pandemic has raised conceptual questions about the understanding of care. According to Mary Daly (2021), the pandemic has highlighted the importance of "care" to society, leading to an increased recognition of its importance. However, the breadth of the field presents challenges in clarifying the notion of "care" (Daly 2021). While some scholars approach "social care" and "long-term care" as "highly abstracted philosophical matters" and "minutes of daily life" (Daly 2021, 109), others use terms such as "intergenerational support" (Brandt et al. 2021), "reproduction" (Kofman and Raghuram 2015) or "affinities" (Mason 2018). The common denominator of these different understandings of care relates to affectivity and gendered logics of reciprocity and support, which include not only care repertoires of hands-on and practical care for children, the sick or the elderly, but also emotional, informational and financial practices of care that can occur in the informal (e.g. kinship), semi-formal (e.g. associations, initiatives) and formal (e.g. day care or elderly centers) settings (Amelina and Bause 2020). It can be argued that the COVID-19 pandemic drew attention to the politics of migration and the precarious situation of many "key workers" (Koinova et al. 2023). Thus, migration scholars agree that "the pandemic has exacerbated existing securitisation of 'migrants' and migration controls and created simultaneously more visibility for migrant workers, [their] rights, and diaspora connectivities to countries of origin" (243). As a result, the pandemic not only negatively changed the situation of many migranticized actors and their families around the world, but has also brought their situation to public attention, with the potential to improve migration and care policies.

This Special Issue aims to comprehensively examine the interplay between transnational care arrangements, cross-border migrati(cizati)on and mobility, and the production of social inequality in the post-COVID-19 world. Transnational care arrangements that include networks, families, kinship groups, public and private organizations, and labor markets, have long been associated with the production of unequal social relations (Hochschild 2000; Lutz 2008; 2018). The COVID-19 pandemic has further widened the gap between rich and poor countries, thus reinforcing the unequal social relations associated with transnational care arrangements (Narayan et al. 2022). Care workers in health facilities and households are crucial in the fight against COVID-19 infection, but they often have precarious contracts, low wages, and low social status due to the perception that much of their work is an extension of unpaid care work. Domestic workers are particularly vulnerable to exploitation due to the lack of labor or social protection policies, and because these roles are often filled by women from marginalized backgrounds. Despite being classified as "essential", these workers continue to face significant challenges in terms of recognition and support (Camilletti and Nesbitt-Ahmed 2022). Therefore, scholars argue that patterns of inequality based on gender, ethnicity/race, and class have been exacerbated during the pandemic, disproportionately affecting vulnerable populations, particularly migrant(icized) workers in precarious care settings, whether formal or informal (Gottardo and Cyment 2020; Maestripieri 2021).

Transnational care in pandemic times: interruption, reorganization and coping

In order to unravel the complex interdependencies between cross-border movements and transnational care arrangements with different degrees of (in)formality, the Special Issue focuses on reconfigurations of "transnational care circulation" within interpersonal networks and kinship groups and transnational families (Baldassar and Merla 2014; Barglowski 2023; Bilecen 2020; Brandhorst, Baldassar, and Wilding 2020; Kordasiewicz, Radziwinowiczówna, and Kloc-Nowak 2018; Yarris 2017). Therefore, in this editorial we would like to distinguish between three interrelated processes to reflect on the complex dynamics during the COVID-19 pandemic: *(1) interruption* of transnational care arrangements, *(2) reorganization* of these arrangements and *(3) adaptation and coping strategies* that take into account the multiple inequalities that shape care arrangements.

First, restrictions on international mobility imposed at the onset of the pandemic have contributed to the *interruption of transnational care arrangements*, especially for those who relied on flexible and easily accessible international travel (Simola et al. 2023). To put it bluntly, these restrictions were based on the political imagination of populations composed of working,

genderless and self-sufficient adults without emotional and kinship ties and care obligations (Dowling 2021; Kabeer, Razavi, and van der Meulen Rodgers 2021; Maestripieri 2021). Given the large-scale quality of constraints – from local lockdown measures to long-term barriers to international mobility – caregivers and care recipients experienced limitations in the frequency, scope, and quality of the formal and informal care resources that they exchanged (Brandt et al. 2021; Möhring et al. 2021). In other words, the COVID-19 pandemic has brought to the forefront the relationship between the governmentality of borders, and the need to address public health concerns. In response to the pandemic, many nation-states have implemented measures to restrict the movement of people across borders, including suspending international travel and closing borders. These measures have been justified on the grounds of public health and have been framed as necessary to protect the population from the spread of COVID-19 (Kirk and McDonald 2021). Such measures can also be seen as an extension of migration governmentality, as states have used their power to regulate and control the movement of people across borders in the context of the "politics of exceptionalism" (Kirk and McDonald 2021). It is therefore not surprising that both immobilized caregivers and care recipients (Beach et al. 2021; Kasar and Karaman 2021) have expressed feelings of loneliness and insecurity in the context of the pandemic. Thus, the interruption of transnational (and local) care arrangements (that are an essential part of the reproductive work, Federici 2012; 2014) has contributed to major losses in subjective and collective well-being, as argued for example in the paper by Conely de Leon and Jenna Blower-Nassiri (2024).

Second, the articles in this Special Issue also address the *reorganization of transnational care arrangements* as a crucial aspect of the COVID-19 pandemic. The interruption of cross-border care chains and the transnational circulation of care has been accompanied by changes in the selectivity of migration and mobility regimes (Simola et al. 2023) and subsequently the change in collective movement patterns (IOM 2021; WHO 2020). This has led to what Tazzioli and Stierl (2021) have termed as the restructuring of "the security-humanitarian rationale that underpins migration governmentality […] by and inflected in light of hygienic-sanitary borders which enforce racialised confinement in the name of both migrants' and citizens' safety from infection by Covid-19" (539). The reorganization of care arrangements involved the adaptation of immobilized populations to recently emerging biopolitical strategies of state and non-state actors such as regular testing, vaccination and the use of QR codes, which were incorporated into (im-)mobility regimes both within and beyond Europe (Leese, Noori, and Scheel 2022). The changes and uncertainties during the COVID-19 pandemic had a significant impact on the lives of family members who are separated by international borders. This situation created emotional and financial

hardships for transnational families, as well as complicating caregiving responsibilities among (distant) family members, as argued, for example, in Kloc-Nowak and Ryan's article on Polish transnational family-making argue. These dynamics of reorganization were influenced by constant social uncertainty about the planned COVID-19 measures and different regional waves of the pandemic, which required transnationally networked care actors to constantly adapt to changing conditions (Simola et al. 2023).

Third, reflecting the above dynamics, the articles in this Special Issue also provide a fresh account of the different *coping strategies* developed by actors (individual, collective, state) to deal with care voids, care interruptions and care reorganization within and across borders. The collected articles show that women have shouldered the greatest burden of care work, often reducing their working hours or quitting work with serious consequences for their health, well-being, and future life chances. This gendered exploitation is linked to the fact that during the pandemic nation-states around the world regressed to gendered patterns of care work in private households (Dias et al. 2020). The paper by Susanne Willers addresses this very issue, drawing on a study with migranticized women from different backgrounds in Berlin to represent their views and strategies for coping with the pandemic. Another highly affected group were transnational workers, especially care workers. One of the key lessons of the pandemic is, thus, the irreplaceability *of the figure of the migranticized[2] women* as an essential caregiver in formal and informal settings. Thus, the naturalization of the "feminine traits" in coping strategies goes hand in hand with different types of resources available to mobile and immobile populations as Kristin Noack and Başak Bilecen argue in their paper on gender-mixed care worker teams in Germany's formal care settings. However, not only gender, but also class, race, ethnicity, and age shape the coping strategies developed (Swan 2020). The articles in this issue show that while highly skilled, privileged groups have partly benefitted from teleworking and reduced mobility pressures, less privileged groups including migranticised and racialised workers in essential care sectors, have not had the opportunity to work from home and reduce their face-to-face contacts (see e.g. Willers and Barglowski 2023). Moreover, less privileged migranticised actors have experienced difficulties in coping with restrictions on international mobility, which, in turn, have exacerbated the economic vulnerabilities of those in the emigration countries who rely on the income earned by their (female) family members through (care) work abroad (Foley and Piper 2020). In this sense, social science reflection on the welfare measures adopted during the pandemic to cope with the new vulnerabilities is of great importance, especially because of their ambivalent outcomes. Although measures such as part-time work, insurance-funded treatment, and additional social benefits were introduced,

they were based on the idea of the normality of a sedentary way of life. Furthermore, they largely ignored existing local and transnational care relations, not to mention the gendered and racialised nature of (some types of) these relations (see the critical reflection on current data and concepts by Brandt and Kaschowitz 2024).

Contributions in this special issue

The papers collected in this Special Issue provide an insightful picture of different (European and non-European) transnational contexts, revealing multiple transformations of transnational care during the pandemic. In essence, the papers address a number of relevant questions such as: How have transnational care arrangements at different levels (networks, families, institutions, labor markets and organizations) adapted to the constantly changing pandemic context? Which new inequalities can be observed at different temporal and spatial levels in the individual and family life-courses of migranticised groups? What were the dynamics or precariousness and uncertainty associated with the regulations to combat the spread of the COVID-19 virus in the context of transnational care arrangements? To answer these questions, the papers collected in this issue relate to three above mentioned processes such as (1) the interruption of transnational care arrangements during the pandemic; (2) the reorganization of these transnational care arrangements; and (3) coping strategies for adapting to (post)pandemic immobilisations, restrictions and changed patterns of care.

Reflecting the *interruptions of transnational care*, the contributors to this Special Issue provide two important sociological accounts. The first account concerns the rapidly changing perceptions of time, space, and mobility resources during the pandemic. Lena Näre and Isaksen (2024) point to a very peculiar situation on a global scale, namely the simultaneity of "time–space compression" and "time–space expansion" generated by the constraints of the pandemic. "Time–space compression" refers to the collective perception of a "shrinking world" due to the global reach of the pandemic and the increased use of the information and communication technologies in everyday life. "Time–space expansion" arises from national, regional, and local lockdowns, resulting in an unexpected collective experience that more time seems to be available, but previously accessible locations become inaccessible due to travel restrictions and other pandemic regulations. Kloc-Nowak and Ryan (2024), for example, analyze this effect noting that while family visits abroad are impossible, the pandemic has increased the time for some groups to practice co-presence communication using ICTs. This oxymoronic situation has specific implications for the interruption of transnational care-arrangements in several ways. The articles in this issue point to a common theme of access to restricted mobility resources,

whether international or domestic, for the purpose of providing transnational (and local) care. In this context, interruptions can be understood as an obstacle to cross-border care chains and the cross-border circulation of care, as both movers and non-movers have been affected by lockdown measures, resulting in restricted local and international mobility. These topics are covered in this issue by Brandt and Kaschowitz in their conceptualization of caring for migrant populations during the pandemic, by Sime, Käkelä and Behrens (2024) in their research on European youth in Britain, by Noack and Bilecen on "migrant" caregivers in Germany, and by Willers in their analysis of (international) mobility in the city of Berlin.

The second account related to the interruptions of transnational care is the Special Issue authors' observation of *the reinforcement of dominant patterns of social inequalities within both transnational and local care arrangements*. The deficit of various forms of care (such as childcare, eldercare, medical care, and emotional support) has become strikingly visible through the lockdowns and restrictions. As a result, what was once a hidden and "private" issue, "care" became a "fundamental social infrastructure" that was publicly desirable by all, as noted by Näre and Isaksen in this issue. Despite variations across countries and transnational settings, a common feature of this reinforcement of pre-existing inequalities is the exploitative and gendered nature of (transnational) care relationships. The multiple care burdens of female caregivers (both within formal and informal care settings) during the pandemic have been highlighted in several articles (Näre and Isaksen 2024; Noack and Bilecen 2024; de Leon and Blower-Nassiri 2024; Willers 2024). These articles critically expose the problematic everyday assumption that women are a naturally available "caregiver pool" (Näre and Isaksen 2024). For example, Susanne Willers' research on migrant mothers in Berlin shows that these women, who were not classified as "system-relevant", had multiple experiences of discretion in using the formally available right to public kindergarten care during the pandemic. This finding also suggests that pathways of access to kindergarten care are implicitly based on ideals of the heterosexual family, which in turn limit these mothers' options to participate in the formal labor market. Another common observation regarding the exacerbation of existing inequalities concerns the impact of age and/or life course on vulnerability during the pandemic. Interruptions to existing intergenerational relationships in transnational families have been reported, such as those experienced by Polish grandparents caring for their grandchildren across borders (Kloc-Nowak and Ryan), and the immobilization of transnational youth lifestyles (Sime, Käkelä and Behrens for the UK-EU context) and the older population (de Leon and Blower-Nassiri for the Canadian context). Articles also point to the process of social translation of (international) mobility restrictions into the "consolidation" of national membership boundaries (such as the interruption of transnational British-Polish and British-EU

spaces as analyzed by Sime, Käkelä and Behrens and Kloc-Nowak and Ryan) and into ethicized/racializedsed patterns of vulnerability (Willers in the German context).

However, as argued above, the interruption of transnational care arrangements has been accompanied by a *reorganization of care provision*. The collected articles provide a detailed analysis of these reorganizations in both formal (Noack and Bilecen 2024) and informal (Willers 2024) care settings. With respect to formal care settings, Noack and Bilecen note an increase in workload (particularly in residential care for the elderly), and, as a consequence, to the formation of new forms of solidarity between migrant(cized) and non-migrant(cized) care workers in Germany. Susanne Willers also highlights the work overload and work pressure faced by kindergartens in Germany, which has led to an overload of informal care by migranticized mothers in Berlin. Willers explains that migranticized mothers' strategies for coping with increased care responsibilities are influenced by limited access to the labor market and kindergartens, which were already problematic before the pandemic. Another important observation concerns the *reorganization of intergenerational care patterns* within transnational families whose physical mobility was restricted by local and international (im-)mobility measures. For example, the article by Daniela Sime and colleagues describes "new constellations of care" of young EU citizens living in the UK that emerged after the beginning of the pandemic. These constellations include not only distant family members of young EU citizens, but also peer contacts with local initiatives in the place of residence through roles in support initiatives or volunteering. The article by Kloc-Nowak and Ryan shows the challenges of dealing with such a reversal of intergenerational obligations, as Polish grandparents caring for their grandchildren in the UK had to become more familiar with the internet and communication technologies than before the pandemic. Similarly, de Leon and Blower-Nassiri address the experiences of elderly Filipina, particularly care workers and retired nurses living in Canada with transnational ties to the Philippines, "who were prevented from seeing loved ones and being present for end-of-life events, such as funerals" of their distant relatives (ibid.). Thus, this group had to reorganize the cross-border circulation of emotional resources, self-care practices, and meanings of proximity.

In terms of coping and adaptation strategies, transnational families and interpersonal networks of (non)migranticized persons, digitization has become a common informal practice to overcome mobility barriers, and this has become relevant also for non-migranticized populations as well. De Leon and Blower-Nassiri argue that in terms of digital media use the pandemic has become a "great equalizer" between "migrants" and "non-migrants". Similarly, Näre and Isaksen emphasize that the "translocal" or "virtual" care has become a common experience for the non-migranticised

citizens in Finland. However, despite the multiple articulations of the agency of female caregivers during the pandemic (in terms of virtual co-suffering in co-presence with the "significant others"), the ability to accumulate and transform care resources seems to depend on the pre-pandemic positioning of caregivers, as Susanne Willers argues in her study of the gendered arrangements of migranticized mothers in Berlin. At the same time, all the articles suggest that digitized ways of caring are perceived as inadequate by their respective groups. In other words, the experiences of physical vulnerability of (non)migranticised families, young and old people, including the associated feelings of isolation, could not be fully compensated for by virtual coping strategies. While these strategies are supportive, they cannot fully replace face-to-face co-presence.

Conclusion

In conclusion, this special issue has highlighted the complex interactions between transnational care arrangements and social inequalities that have been exacerbated by the COVID-19 pandemic. The crisis has not only exacerbated pre-existing inequalities, but has also posed significant challenges to the care sector, which is central to the management of global health emergencies. We have observed that restrictive immigration systems, compounded by the barriers and challenges posed by the pandemic, have exacerbated these existing intersectional inequalities and further strained transnational care arrangements. The articles in this issue have collectively underscored the urgent need for comprehensive reforms to improve the conditions and recognition of care workers, particularly those from migrant and marginalized communities.

The COVID-19 pandemic has thus taught important lessons about transnational care and families. It has highlighted the critical role of migranticised care workers in the care for young, old, and vulnerable individuals and the importance of ensuring their safety and protection during health crises. The pandemic has also underscored the critical importance of unpaid kinship – and friendship-based care arrangements across borders, especially given that migranticised and diaspora communities have been disproportionately affected by the virus. In essence, the pandemic has also underscored the critical importance of informal care networks, particularly in transnational families, as families have had to rely more heavily on each other for social support during periods of lockdown, quarantine, and social isolation. In our reading, it becomes clear that the solution lies in building immigration systems and institutions based on an ethic of care and responsiveness to intersectional inequalities. Such systems would not only address the vulnerabilities and inequalities inherent in public health and social protection systems but also foster a more inclusive and supportive environment for

transnational care arrangements and families. This approach would promote the mental and physical health and well-being of all individuals, regardless of their migration status, and ensure access to health care and social protection for all.

As we reflect on these findings, it is clear that many of the long-term consequences of the pandemic on transnational care dynamics and migrant communities are not yet fully understood. Future research and policy efforts will be critical in identifying and addressing these lasting effects, particularly as they relate to the stability and sustainability of transnational care networks. Ultimately, a comprehensive assessment of the long-term impact of the pandemic on transnational families and care systems will be essential for developing more resilient health and social protection frameworks in a globally interconnected world.

Notes

1. This Special Issue is based on a workshop held at the annual international IMISCOE (International Migration Research Network) conference in Oslo in July 2022.
2. This editorial doesn't have enough space to demigranticize the "figure of a migrant" (Dahinden 2016), but to avoid the naturalization of migration, this editorial uses the expression "migranticized" person or "mover" (cf. Anderson 2019; see also Amelina 2021).

Disclosure statement

No potential conflict of interest was reported by the author(s).

ORCID

Karolina Barglowski 🆔 http://orcid.org/0000-0003-0524-5595
Başak Bilecen 🆔 http://orcid.org/0000-0002-8545-9739

References

Amelina, A. 2021. "After the Reflexive Turn in Migration Studies: Towards the Doing Migration Approach." *Population, Space and Place*, 2368. https://doi.org/10.1002/psp.
Amelina, A., and N. Bause. 2020. "Forced Migrant Families' Assemblages of Care and Social Protection Between Solidarity and Inequality." *Journal of Family Research* 32 (3): 415–434. https://doi.org/10.20377/jfr-375.
Anderson, B. 2019. "New Directions in Migration Studies: Towards Methodological De-Nationalism." *Comparative Migration Studies* 7. https://doi.org/10.1186/s40878-019-0140-8.

Baldassar, L., and L. Merla, eds. 2014. *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*. London: Routledge.

Barglowski, K. 2023. "Transnational Parenting in Settled Families: Social Class, Migration Experiences and Child Rearing Among Polish Migrants in Germany." *Journal of Family Studies* 29 (2): 893–910. https://doi.org/10.1080/13229400.2021.2007786.

Beach, S. R., R. Schulz, H. Donovan, and A.-M. Rosland. 2021. "Family Caregiving During the COVID-19 Pandemic." *The Gerontologist* 61 (5): 650–660. https://doi.org/10.1093/geront/gnab049.

Bilecen, B. 2020. "Asymmetries in Transnational Social Protection: Perspectives of Migrants and Nonmigrants." *The Annals of the American Academy of Political and Social Science* 689 (1): 168–191. https://doi.org/10.1177/0002716220922521.

Brandhorst, R., L. Baldassar, and R. Wilding. 2020. "Introduction to the Special Issue: "transnational Family Care 'On Hold'? Intergenerational Relationships and Obligations in the Context of Immobility Regimes"." *Journal of Intergenerational Relationships* 18 (3): 261–280. https://doi.org/10.1080/15350770.2020.1787035.

Brandt, M., C. Garten, M. Grates, J. Kaschowitz, N. Quashie, and A. Schmitz. 2021. "Veränderungen von Wohlbefinden und Privater Unterstützung für Ältere: Ein Blick auf die Auswirkungen der COVID-19-Pandemie im Frühsommer 2020." *Zeitschrift für Gerontologie und Geriatrie* 54 (3): 240–246. https://doi.org/10.1007/s00391-021-01870-2.

Brandt, M., and J. Kaschowitz. 2024. "Care and Wellbeing Across Europe – A Research Frame for Studying Migrant Families." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351632.

Camilletti, E., and Z. Nesbitt-Ahmed. 2022. "COVID-19 and a "Crisis of Care": A Feminist Analysis of Public Policy Responses to Paid and Unpaid Care and Domestic Work." *International Labour Review* 161 (2): 195–218. https://doi.org/10.1111/ilr.12354

Dahinden, J. 2016. "A Plea for the 'De-Migranticization' of Research on Migration and Integration." *Ethnic and Racial Studies* 39 (13): 2207–2225. https://doi.org/10.1080/01419870.2015.1124129

Daly, M. 2021. "The Concept of Care: Insights, Challenges and Research Avenues in COVID-19 Times." *Journal of European Social Policy* 31 (1): 108–118. https://doi.org/10.1177/0958928720973923.

de Leon, C., and J. Blower-Nassiri. 2024. "Aging Filipina Migrants' Experiences of Transnational End-of-life Care and Loss Over Time." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351636.

Dias, C. M., R. Joyce, F. Postel-Vinay, and X. Xu. 2020. "The Challenges for Labour Market Policy During the COVID-19 Pandemic." *Fiscal Studies* 41 (2): 371–382. https://doi.org/10.1111/1475-5890.12233.

Dowling, E. 2021. "Caring in Times of a Global Pandemic. Introduction." *Historical Social Research/Historische Sozialforschung* 46 (4): 7–30.

Federici, S. 2012. *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*. Brooklyn, NY: PM Press.

Federici, S. 2014. "The Reproduction of Labour Power in the Global Economy and the Unfinished Feminist Revolution." In *Workers and Labour in Globalised Capitalism: Contemporary Themes and Theoretical Issues*, edited by M. Atzeni, 85–110. New York, NY: Palgrave Macmillan.

Foley, L., and N. Piper. 2020. *COVID-19 and Women Migrant Workers: Impacts and Implications*. Geneva: International Organization for Migration (IOM).

Gottardo, C., and P. Cyment. 2020. How COVID-19 affects Women in Migration. Friedrich Ebert Foundation, https://www.fes.de/en/e/how-covid-19-effects-women-in-migration-1-1.

Hochschild, A. R. 2000. "Global Care Chains and Emotional Surplus Value." In *On the Edge. Living with Global Capitalism*, edited by Anthony Giddens, and Will Hutton, 130–146. London: Jonathan Cape.

IOM (International Organization for Migration). 2021. Migration Data Portal: Migration data relevant for the Covid-19 pandemic. https://migrationdataportal.org/themes/migration-data-relevant-covid-19-pandemic.

Kabeer, N., S. Razavi, and Y. van der Meulen Rodgers. 2021. "Feminist Economic Perspectives on the COVID-19 Pandemic." *Feminist Economics* 27 (1-2): 1–29. https://doi.org/10.1080/13545701.2021.1876906.

Kara, H., and S. Wrede. 2022. "Love's Labour's Lost? Separation as a Constraint on Displays of Transnational Daughterhood." *Sociology* 56 (3): 522–537. https://doi.org/10.1177/00380385211043671.

Kasar, K. S., and E. Karaman. 2021. "Life in Lockdown: Social Isolation, Loneliness and Quality of Life in the Elderly During the COVID-19 Pandemic: A Scoping Review." *Geriatric Nursing* 42 (5): 1222–1229. https://doi.org/10.1016/j.gerinurse.2021.03.010.

Kirk, J., and M. McDonald. 2021. "The Politics of Exceptionalism: Securitization and COVID-19." *Global Studies Quarterly* 1 (3): 1–12. https://doi.org/10.1093/isagsq/ksab024.

Kloc-Nowak, W., and L. Ryan. 2024. "I am Afraid to fly There': Informal Care in Polish Migrants' Families Immobilised by COVID-19." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351634.

Kofman, E., and P. Raghuram. 2015. *Gendered Migrations and Global Social Reproduction*. Basingstoke: Palgrave Macmillan.

Koinova, M., F. Düvell, F. Kalantzi, S. De Jong, C. Kaunert, and M. H. Marchand. 2023. "International Politics of Migration in Times of 'Crisis' and Beyond the COVID-19 Pandemic." *Migration Studies* 11 (1): 242–257. https://doi.org/10.1093/migration/mnac039.

Kordasiewicz, A., A. Radziwinowiczówna, and W. Kloc-Nowak. 2018. "Ethnomoralities of Care in Transnational Families: Care Intentions as a Missing Link Between Norms and Arrangements." *Journal of Family Studies* 24 (1): 76–93. https://doi.org/10.1080/13229400.2017.1347516.

Leese, Matthias, Simon Noori, and Stephan Scheel. 2022. "Data Matters: The Politics and Practices of Digital Border and Migration Management." *Geopolitics* 27 (1): 5–25. https://doi.org/10.1080/14650045.2021.1940538.

Lutz, H., ed. 2008. *Migration and Domestic Work: A European Perspective on a Global Theme*. Aldershot: Ashgate Publishing.

Lutz, H. 2018. "Care Migration: The Connectivity Between Care Chains, Care Circulation and Transnational Social Inequality." *Current Sociology* 66 (4): 577–589. https://doi.org/10.1177/0011392118765213.

Maestripieri, L. 2021. "The Covid-19 Pandemics: Why Intersectionality Matters." *Frontiers in Sociology* 6: 642–662.

Mason, J. 2018. *Affinities: Potent Connections in Personal Life*. Cambridge, UK: Polity Press.

Merla, L., M. Kilkey, and L. Baldassar. 2020. "Introduction to the Special Issue Transnational care: Families Confronting Borders." *Journal of Family Research* 32 (3): 393–414. https://doi.org/10.20377/jfr-420

Möhring, K., E. Naumann, M. Reifenscheid, A. Wenz, T. Rettig, U. Krieger, S. Friedel, M. Finkel, C. Cornesse, and A. G. Blom. 2021. "The COVID-19 Pandemic and Subjective

Well-Being: Longitudinal Evidence on Satisfaction with Work and Family." *European Societies* 23 (sup1): 601–617. https://doi.org/10.1080/14616696.2020.1833066.

Narayan, A., A. Cojocaru, S. Agrawal, T. Bundervoet, M. Davalos, N. Garcia, C. Lakner, et al. 2022. "COVID-19 and Economic Inequality: Short-Term Impacts with Long-Term Consequences." Policy Research Working Paper 9902, World Bank, Washington, DC. https://doi.org/10.1596/1813-9450-9902.

Näre, L., and L. W. Isaksen. 2024. "Transformation of Informal Elder Care Practices and Mobilities During the Pandemic." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351635.

Noack, K., and B. Bilecen. 2024. "Covid has Stopped us all": The Experiences of Migrant Care Workers in Formal Care Settings in Germany." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351633.

Sime, D., E. Käkelä, and S. Behrens. 2024. "New Constellations of Care: Between Local and Transnational Care Practices of Young Europeans Living in the UK During the (im)Mobility Regimes of a Pandemic." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351631.

Simola, A., V. May, A. Olakivi, and S. Wrede. 2023. "On not 'Being There': Making Sense of the Potent Urge for Physical Proximity in Transnational Families at the Outbreak of the COVID-19 Pandemic." *Global Networks* 23 (1): 45–58. https://doi.org/10.1111/glob.12382.

Swan, E. 2020. "COVID-19 Foodwork, Race, Gender, Class and Food Justice: An Intersectional Feminist Analysis." *Gender in Management: An International Journal* 35 (7/8): 693–703.

Tazzioli, M., and M. Stierl. 2021. "We Closed the Ports to Protect Refugees." Hygienic Borders and Deterrence Humanitarianism During Covid-19." *International Political Sociology* 15 (4): 539–558. https://doi.org/10.1093/ips/olab023.

Triandafyllidou, A., and B. S. A. Yeoh. 2023. "Sustainability and Resilience in Migration Governance for a Post-Pandemic World." *Journal of Immigrant & Refugee Studies* 21 (1): 1–14. https://doi.org/10.1080/15562948.2022.2122649.

Willers, S. M. 2024. "Navigating the COVID-19 Crisis: Exploring Care Arrangements and Gendered Inequalities for Migrant Women in Transnational Families in Berlin." *Ethnic and Racial Studies*. Advance online publication. https://doi.org/10.1080/01419870.2024.2351630.

Willers, S., and K. Barglowski. 2023. "The COVID-19 Pandemic and Labour Market Inequalities Experienced by Migrants in Germany, Policy Briefing 2, GEN-MIGRA Project." www.genmigra.org.

Williams, F. 2011. "Towards a Transnational Analysis of the Political Economy of Care." Feminist ethics and social policy: Towards a new global political economy of care, 21–38.

World Health Organisation (WHO). 2020. "COVID-19 Crisis Through a Migration Lens." *Migration and Development Brief* 32, April 2020.

Yarris, K. E. 2017. *Care Across Generations: Solidarity and Sacrifice in Transnational Families*. Stanford, CA: Stanford University Press.

Yeates, N. 2012. "Global Care Chains: A State-of-the-art Review and Future Directions in Care Transnationalization Research." *Global Networks* 12 (2): 135–154. https://doi.org/10.1111/j.1471-0374.2012.00344.x.