

Situating transnational families' care-giving arrangements: the role of institutional contexts

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Abstract *Scholars sometimes conceptualize migrants and their kin as 'transnational families' in acknowledgement that migration does not end with settlement and that migrants maintain regular contacts and exchange care across borders. Recent studies reveal that state policies and international regulations influence the maintenance of transnational family solidarity. We aim to contribute to our understanding of how families' care-giving arrangements are situated within institutional contexts. We specify an analytical framework comprising a typology of care-giving arrangements within transnational families, a typology of resources they require for care giving, and a specification of institutions through which those resources are in part derived. We illustrate the framework through a comparative analysis of two groups of migrants – Salvadorans in Belgium and Poles in the UK. We conclude by arguing that while institutions matter they are not the sole factor, and identify how future research might develop a more fully comprehensive situated transnationalism.*

Keywords TRANSNATIONAL FAMILIES, TRANSNATIONAL CARE GIVING, SALVADORAN MIGRATION, POLISH MIGRATION, REGIME ANALYSIS, INTERGENERATIONAL SOLIDARITY

To acknowledge that migration need not necessarily end with settlement and that migrants often maintain regular contacts with their dispersed kin, more and more researchers (Baldassar et al. 2007; Bryceson and Vuorela 2002; Zontini and Reynolds 2007) now conceptualize some migrants and their kin as 'transnational families' (TNFs). Family care is central to Bryceson and Vuorela's (2002) definition of TNFs as 'families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely "familyhood", even across national borders' (Bryceson and Vuorela

2002: 18). Baldassar (2008) noted that the recognition of 'deterritorialized' family care-giving runs the risk of 'hyper-transnationalism' (Kilkey 2010a), in which transnational spaces are accorded a privileged analytical position at the expense of the 'territorialized' (Baldassar 2008) spaces of nations, regions and localities within which families are materially and culturally situated (see also Ryan 2011). A recent body of work attempts to safeguard against that risk by highlighting the significance of the institutional context in which TNFs operate, arguing that state policies and international regulations play a major role in facilitating or hindering the maintenance of family solidarity across borders (Al-Ali 2002; Baldassar 2008; Merla and Baldassar 2011). This development is also important because it draws attention to the potential for geographical/cross-national variations in the ways in which TNFs are able to 'do' care. The research though remains under-developed, with only a limited specification of the relevant institutions and their parameters. Moreover, it focuses predominantly on the care of the elderly. While there is a parallel literature on transnational childcare (Hochschild 2000; Hondagneu-Sotelo and Avila 1997; Parreñas 2001), this tends to consist of case studies of a single migrant group in a single receiving country, with the result that the role of institutional contexts is insufficiently illuminated.

The aim of this article is to help situate TNF care arrangements in their institutional contexts in a way that acknowledges the potential for cross-national variations and that captures multi-directional and multi-generational care flows. We begin by specifying a triadic analytical framework consisting of a typology of care-giving arrangements within TNFs. The typology specifies the resources they require for care giving and the institutions through which they partly derive those resources. We then illustrate key elements of the framework through a comparative analysis of the findings from research on two groups of migrants – Salvadorans in Belgium and Poles in the UK. Here we seek to demonstrate how institutional arrangements in the home and host societies configure TNF care-giving arrangements. In focusing on institutions, we do not mean to imply that they are the only relevant factor. Baldassar (2008) noted the importance of cultural expectations to care-giving obligations and practices; our framework captures culture insofar as it relates to institutional arrangements. We conclude by identifying the specificities and limitations of our framework and illustration and then suggest ways in which future research might contribute to developing a more fully comprehensive situated transnationalism.

A typology of care-giving arrangements within TNFs

We begin by mapping care-giving arrangements in TNFs. This is an analytical exercise designed to capture the full range of care-giving arrangements possible within TNFs. We have sought to develop a typology that acknowledges that TNFs engage in proximate *and* transnational care giving, that care flows are multi-directional and that care relations are multi-generational. Table 1 provides an overview of the range of care-giving arrangements, which we conceive as varying according to the caregivers and care receivers' geographical mobility or immobility. The first two types of care-giving arrangements include situations in which proximate

care is provided, via the mobility of the caregiver (Type 1) or the care receiver (Type 2). In the third and fourth, care is provided (Type 3) or received (Type 4) across borders, in the absence of geographical proximity. Developing Lunt's (2009) typology of older migrants, the typology categorizes transnational family members involved in care exchanges according to specific spatial and temporal dimensions within each type of care-giving arrangement. 'Reappears' are migrants who provide or receive proximate care during short-term visits to their country of origin. 'Visitors' are family members who travel to the host country to provide or receive care to or from their migrant relatives during short-term visits. 'Returners' and 'relocaters' move permanently to provide or receive care: the former are migrants who repatriate to their country of origin; the latter are family members who move, including via reunification schemes, to join their migrant kin in the receiving country. 'Flying kin' circulate within the TNF network to provide and/or receive care. Finally, 'remainers' are migrants and family members who remain in their country of residence and exchange care from a distance.

Table 1: A typology of care-giving arrangements within TNFs

Care-giving arrangement	Spatial and temporal configuration	Kin category
Type 1 and 2 Mobility of caregiver or care-receiver	Short-term visits Long-term re/expatriation Circulation within family network	<i>'Reappears' or 'visitors'</i> <i>'Returners' or 'relocaters'</i> <i>'Flying kin'</i>
Type 3 and 4 Immobility of caregiver and care-receiver	Geographical distance	<i>'Remainers'</i>

It is important to note that while the typology distinguishes between caregivers and care receivers, in reality the distinction is often blurred. The literature on the care of the elderly within TNFs, for example, has shown that elderly parents can simultaneously receive and provide care (Baldassar 2007; Merla 2011). It is also important to acknowledge that the roles of givers and receivers of care, as well as the different types of care-giving arrangements and kin categories attached to them, are dynamic and will vary over life, family and migration cycles (Gherghel and LeGall 2010; Merla and Baldassar 2010).

A typology of resources required for care-giving in TNFs

Each specific care-giving arrangement identified in Table 1 may depend on a particular configuration of resources. In Table 2, we outline a typology of the resources required to give care in TNFs. The typology acknowledges that recognizing the importance of family solidarity in TNFs is related to a definition of care that goes

beyond the provision of 'hands on' care. Implicit in the typology, therefore, is Baldassar et al.'s (2007) conceptualization of transnational care as multi-dimensional, comprising personal support or 'hands on' care; practical support (for example, exchange of advice); emotional support; financial support; and accommodation.

Table 2: Type of involvement in care by resources required

Direct provision with physical co-presence requires ...	Coordination and/or direct provision at a distance requires ...	Delegation of support requires ...
Mobility	Communication	Finance
Time allocation	Time allocation	Social relations
Finance	Finance	
Education and knowledge	Education and knowledge	
Social relations	Social relations	
Appropriate housing	Appropriate housing	

Baldassar et al.'s (2007) conceptualization also introduces a distinction between virtual caring practices, exchanged across borders through the use of communication technologies, and proximate caring practices requiring geographical propinquity. We develop this distinction by identifying four types of involvement in care provision – direct provision with physical co-presence, direct provision at a distance, coordination of support, and delegation of support. Those four types acknowledge that *direct provision* of care is only one way of contributing to someone's wellbeing. Scholars working on (geographically proximate) family care giving suggest we move beyond a focus on the primary caregiver and show that members of family networks also provide different levels of support to their kin (Bonvalet and Ogg 2006; Finch and Mason 1993). *Coordination* is essential to the smooth functioning of family networks, for people's involvement can range from participating in coordination activities (for example, exchanging information with siblings about institutional care options for a disabled nephew), to taking on the main organizing role to provide a particular type of support. Family members can also *delegate* the provision of care to a third person (relative, friend or paid carer). Delegation can range from complete withdrawal to 'caring about' (Fisher and Tronto 1990) the dependent person, or staying informed about the level and quality of the care that he or she is receiving.

The final element in our typology is the specification of the resources themselves, and here we draw on and modify Merla and Baldassar's (2011) care-giving capabilities framework, in which they identify a non-exhaustive list comprising six interconnected transnational care-giving related capabilities that includes mobility, communication, social relations, time allocation, education/knowledge and paid work. For Merla and Baldassar, mobility refers to the ability to travel to receive or give care. Communication means being able to converse at a distance and to send items across borders; it includes having the physical ability to communicate. Social relations refer to access to a social network of mutual support in the host and home country, which

can represent a useful resource for the exchange of information about travel and accommodation, as well as provide financial and practical support to carers and to those for whom they care. Time allocation involves having the capacity to take time to engage in care. Education and knowledge refer to opportunities to learn how to use communication technologies and to master the local language. The category also includes having one's qualifications recognized, which can influence access to paid work and thus indirectly affect the ability to exchange care. Finally, paid work encompasses having access to a satisfying employment position and, if unemployed, to sufficient benefits to access the necessary funds to invest in giving care. In our typology, we modify Merla and Baldassar's list slightly, replacing paid work with the more generic resource of finance and adding appropriate housing. The latter is crucial for the settlement of immigrant families and can be a prerequisite for eligibility to family reunification (Zontini 2004). Moreover, adequate housing is important for family members who travel to provide or receive proximate care, as issues such as lack of space and privacy can create tensions between visitors and their hosts. Appropriate housing, including if relevant appropriate institutional care, is also essential for care receivers who remain in their home country. As Table 2 indicates, each type of involvement in care requires a different set of resources.

Situating TNF care-giving arrangements: institutions and spaces

There are two dimensions to our approach to situating TNF care-giving arrangements. The first relates to the *institutional* contexts that partly provide the resources necessary for care. The second relates to the *spaces* in and through which the institutions themselves are configured. We need to consider each dimension – institutions and spaces – in relation to both the sending and receiving societies.

Institutions

The notion of a 'regime' provides a useful analytical tool with which to capture many of the institutional factors that help pattern TNF care-giving arrangements. Its origins lie in Esping-Andersen's (1990) cross-national comparative study of the quality of social rights, in which he identifies three distinct *welfare regimes*. Feminists have widely criticized his concept of welfare regimes because, with its focus on the relationship between the state and the market, it captures how states respond to labour market risks but not risks associated with the family, specifically those related to the provision and receipt of care (O'Connor 1993; Orloff 1993). Feminists, therefore, have supplemented welfare regimes with *care regimes* (Anttonen and Sipilä 1996; Bettio and Plantenga 2004). The concept is designed to capture who is responsible for care, the nature of state support for non-familial care and provision for taking care leaves (Williams 2010), as well as dominant national and local discourses – 'care cultures' – on what constitutes appropriate care (Williams and Gavanas 2008). Care-regime scholars have also sought to examine how diverse care arrangements are associated with different expectations and outcomes in terms of gender equality (Pfau-Effinger 2000), leading to a focus on

gendered care regimes (Kilkey 2010b). While the notion of a care regime draws attention to the links between family and state, it is less able to illuminate the third axis in the family–market–state triad, namely that between the family and the labour market. Thus, while it captures how care policies mediate the relationship between care and the labour market by giving workers time to care, it fails to illuminate how markets *per se*, directly and independently of care policies, influence the work–care nexus for individuals and families, and in particular how they impact on how much time is available for care. Here, the concept of a *working-time regime* – defined to ‘include the set of legal, voluntary and customary regulations which influence working-time practice’ (Rubery et al. 1998: 72) – is useful. A further development has been to examine how the care strategies of states, markets and individuals intersect with *migration regimes*. Characteristic of the latter are ‘immigration policies – rules for entrance into a country (quotas and special arrangements), settlement and naturalization rights, as well as employment, social, political and civil rights’ (Williams 2010: 390), which gender, ‘race’/ethnicity and class also inflect (Kilkey et al. 2010). This focus has emerged in research on transnational care-work migration (Bettio et al. 2006; Williams and Gavanas 2008; Yeates 2009) and, as such, migration regimes have been seen as relevant to the extent that they influence the scale and characteristics of the migrant carer workforce. Largely ignored in ‘regime’ scholarship, however, is the question of how migration regimes are implicated in the configuration of the care-giving arrangements of migrants themselves.

In Table 3, we draw on the various strands of ‘regime’ scholarship to identify the institutional contexts that partly produce the resources necessary for the array of care-giving arrangements that TNFs undertake. We identify three parameters within migration regimes. First, the exit/entry/residency rights that migration regimes confer influence the cross-border mobility of the givers and receivers of care, a resource essential for direct proximate care. In the context of the increasing differentiation of migrants by legal status within migration policies (Vertovec 2007), the analysis needs to attend to potential variability in this aspect within countries and within the same ethnic or national group. More complex still is the position of the migrant family within the migration regime. The question of who counts as ‘family’ for the purposes of entry and residency is legally defined (Ryan 2011) and can vary with the precise legal status and nationality of the migrant. The second parameter relates to the incorporation of migrants and their family members into the receiving country’s labour market and welfare system. In some countries, albeit not many, the migration regime intersects in ever-sharper ways with welfare and labour market policies (Bolderson 2011; Wills et al. 2010) and therefore contributes directly to the configuration of the temporal, financial and education/knowledge resources required by TNFs for the direct giving and coordination of care. Again, and in some contexts at least, this migration–welfare–labour-market nexus is one that is increasingly stratified, according variable rights to migrants and their families depending on their legal status (Bolderson 2011). The third and final element of the migration regime relates to the migration culture. On the one hand, this incorporates the norms around the sending

Table 3: Situating TNFs' care-giving arrangements: institutions

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

society's appropriate (family) migration strategies. On the other hand, however, it incorporates the receiving country's overarching approach to migrants, more specifically whether a multicultural or integrationist/assimilationist ideology prevails. In a range of ways, we might expect multiculturalism to offer more resources than integration/assimilation (see also Merla and Baldassar 2011). The former, for

example, may be conducive to recognizing the diversity of migrant care arrangements, which may lead to the development of appropriate institutional support throughout society. It may also encourage the burgeoning of migrant organizations, which then contribute to the social networks so critical to TNF care giving.

The second set of institutions fits into the category of the welfare regime. Even where the migration regime increasingly determines the migrants' access to social welfare, it is still important to analyse the welfare regime *per se* because the immigration–welfare nexus may not characterize all countries. Moreover, even in countries where it prevails, not only is the quality of migrant provision likely to be related to the overall quality of welfare, but there may also be elements of welfare provision that remain independent of migration policies. In the UK, for example, the authorities do not treat education and health as 'public funds' to which migrants are denied access (Bolderson 2011). In addition, because we focus on both migrant-sending and migrant-receiving societies, it is important to analyse the welfare regime that operates independently of the migration regime. One of the two parameters on which we focus in our examination of the welfare regime is the quality of the social entitlements to benefits and services in areas related to health, income, housing and education. Collectively, such entitlements influence a wide range of resources, including mobility, time, finance, appropriate housing, education and knowledge. The second parameter relates to the portability of social entitlements across national borders, which has an influence on the mobility of migrants and their family members.

Our third set of institutional arrangements, the gendered care regime, has three parameters. The first covers policies related to the right to time to care, which has a particular bearing on temporal resources. Rules on the geographical location of people recognized as entitled to care are a significant component of policies relating to TNFs. Among other things, the rules pertaining to time-to-care policies have a bearing on the ability of migrants and their kin to move around for the purposes of giving care. Policies on the right to receive care form the second parameter. Here we include services and financial support for those with care needs, including children, older people, the sick and disabled. The gendered care culture forms the third parameter. Of particular importance are the prevailing societal norms around the gender division of labour, which not only have a bearing on who is expected to take responsibility for care within TNFs, but also how much time they will have available to fulfil those responsibilities. Care cultures incorporate norms on appropriate forms of care (for example, familial versus non-familial) (Williams and Gavanas 2008) and influence the characteristics of the care regime in any country, as well as the arrangements deemed appropriate for different groups in the country.

The working-time regime incorporates a fourth set of institutional arrangements relating to policies on the regulation of working-time practice, including regulations on maximum working hours and holiday entitlements. Such policies sit alongside time-to-care policies in mediating an individual's relationship between care and paid work, and are important in configuring the temporal resources available for care in TNFs. Following Rubery et al.'s (1998) observation that working-time regimes are highly conditional on work status (for example, employed/self-employed), it is also

important to include an indicator of the coverage of regulations across labour market sectors and forms of work contract.

Merla and Baldassar (2011) and Merla (2012) demonstrate that, to capture the remaining elements of the institutional context that shapes TNF care arrangements, we need to go beyond the notion of welfare and related regimes. Those elements concern policies associated with transport and communication. The former includes regulations relating to the availability and affordability of cross-border transport. Communication policies include those associated with the development of the communications' infrastructure *per se* – post, telephone and internet – as well as those that influence access to communications, such as policies that tackle the digital divide.

Spaces

While our analysis of the institutional context draws heavily on the notion of regimes, we do not subscribe to the 'methodological nationalism' that tends to underpin regime theory (Yeates and Irving 2005). As Clarke (2005: 408) argues, processes such as globalization and Europeanization have 'unsettled' the nation-state, 'relocating it in new systems of governance, beyond and within the nation'. Our attempt to situate transnationalism likewise emerged from a rejection of a 'hyper-transnational' (Kilkey 2010a) approach to TNFs and care. As Ryan (2011: 87) argues, 'migrants may not be entirely bounded by the local but neither are they entirely free and unfettered within transnational spaces.' It is important, therefore, to acknowledge that the institutional contexts in which TNF care arrangements are configured are constituted in different levels and sites of governance. These include the global, regional, sub-national and national. Moreover, those spaces are not separate and mutually exclusive entities, but interconnect in a range of ways (Clarke 2005).

Illustrating a situated transnationalism: two case-studies

For the remainder of this article, we present our analytical framework through a comparative analysis of two groups of migrants – Salvadorans in Belgium and Poles in the UK. We drew the data on Salvadoran migrants in Belgium from a study undertaken between 2007 and 2010,¹ which included 22 life-history interviews and participant observation. The data on Polish migrants in the UK came from a study carried out between 2008 and 2009,² which included 20 in-depth interviews conducted in London with recent male Polish migrants. Before offering illustrative comparisons to demonstrate some key ways in which institutional factors affect the care-giving arrangements of migrants and their families, we present a case study from each set of data. We intend the application to be illustrative rather than comprehensive.

Polish migration to the UK post-2004 and the case of Michal

Since 1 May 2004, when Poland joined the European Union (EU), the UK has become the main destination country for Polish migrants in Europe (Fihel and Kaczmarczyk 2009). Likewise, Poles have become the single most numerically

dominant group of new arrivals to the UK (ONS 2009). The Worker Registration Scheme (WRS) indicates that there were over 730,000 successful applications from Polish nationals to work in the UK between May 2004 and April 2011. Their numbers peaked in 2006 and 2007 (162,495 and 150,260), but have been falling off since then to a low of 52,325 in 2010 (Home Office 2011: Table 4.4; UK Border Agency 2009: Table 3). The fall has been related to the 'global' economic recession and its differential impact on European economies (Perrons et al. 2010), a situation also linked to a reported return migration to Poland (Finch et al. 2009), though its scale is contested (White 2011). Several factors are responsible for the volume and speed of Polish migration to the UK since 2004. These include the high level of economic and social inequality between the two countries (Perrons et al. 2010) and the UK government's decision to adopt a relatively open-door approach to Polish labour migration following EU accession. The majority of existing EU member states introduced transitional arrangements, which can deny Polish nationals the full range of rights associated with EU citizenship, including residency, access to the labour market and social protection. The UK, Ireland and Sweden, however, immediately opened their labour markets to Polish workers, with the only proviso being that they register with the WRS. On entry, workers were immediately eligible for a restricted range of social benefits. Then, after 12 months of continuous employment as registered workers, they became entitled to European Economic Area (EEA) residency status, which extended their eligibility to the full range of social benefits, including child benefits. EEA residency status also conferred a right of residence in the UK on a worker's family members. Under EU law, family members include ascendant and descendant dependent relatives regardless of their nationality. The UK extended these favourable terms to Polish migrants because it needed to fill labour market shortages, particularly in the low-waged/unskilled sectors of the economy (Fihel and Kaczmarczyk 2009).

Michał, a 44-year-old university graduate who migrated to the UK from Poland in 2004 for economic reasons, started his working life in London doing night shifts in a food distribution warehouse. His employer was a decent person who helped him with the paperwork required to regularize his employment position in the UK. Almost four years after his arrival, Michał acquired formal certification as a self-employed worker in the property repair and maintenance sector. This sector had become a labour-market niche for Polish male migrants (Kilkey and Perrons 2010) who on occasions can reportedly earn as much in a day as they had in a month in Poland. Indeed, his typical weekly earnings positioned him in the top decile of male earnings in the UK. Michał believed that his excellent English and computer skills had been essential to his progress.

Michał has care responsibilities for two sets of families and, as illustrated in Table 4, their collective care-giving arrangements since his migration encompass almost all the scenarios mapped out in our typology (Table 1). Michał has two sons (aged 19 and 23) from a first marriage. They have remained in Poland with their mother and Michał contributes to their maintenance through remittances. His computer skills enable him to 'talk' to his sons at least once a week and, through these communications, he provides them with practical and emotional support. There are reciprocal

visits too. Michał has a house in Poland and, until recently, he has returned at least once a year to visit his sons. In the year we interviewed him, however, he had not visited Poland because his financial situation had deteriorated in the context of the economic downturn affecting the UK at the time of the study. His sons also visit him in London, where Michał rents a three-bedroomed flat – a significant progression from the one-roomed flat he had initially rented.

Table 4: Care-giving arrangements within TNFs – comparing cases

Care-giving arrangement	Spatial/temporal configuration	Kin category	Michał	Natalia
Type 1				
Mobility of caregiver	Short-term visits	<i>'Reappears' or 'visitors'</i>	✓	✓
	Long-term re/expatriation	<i>'Returners' or 'relocaters'</i>	x	✓
	Circulation within family	<i>'Flying kin'</i>	✓	✓
Type 2				
Mobility of care-receiver	Short-term visits	<i>'Reappears' or 'visitors'</i>	✓	✓
	Long-term re/expatriation	<i>'Returners' or 'relocaters'</i>	✓	✓
	Circulation within family	<i>'Flying kin'</i>	x	✓
Types 3 and 4				
Immobility of caregiver and care-receiver	Geographical distance	<i>'Remainers'</i>	✓	✓

At the time of his migration, Michał had remarried and acquired a ten-year-old step-daughter. When he migrated, he left his wife and stepdaughter in Poland, but within three months, his wife had joined him in London. She, a university graduate, got a job as a cleaner in a hotel. She left her daughter in Poland in the care of her own mother, which allowed her and Michał to concentrate on getting paid work in London and her daughter to finish primary school. When the daughter was ready to transfer to secondary school, she joined them in London. Michał's mother-in-law came on a number of month-long visits to help the family manage its work and care commitments. Subsequently, the couple had a second child who, at the time of the interview, was 18 months old. By that time, Michał was earning enough as a single breadwinner to support his entire family, which was something that was not easy to attain in Poland. Despite his wife not working, his mother-in-law still came on extended visits to help the family out. Michał expressed gratitude for his mother-in-law's support. He referred to the pressures he felt in London because of the absence of extended kin, which he contrasted with life in Poland where, partly due to the housing shortages there, multi-generational households remain commonplace (Eurostat 2010). Michał felt that because his working regime often entailed evening and weekend work, there was a considerable amount of pressure on his time even although his wife was no longer engaged in paid work.

Salvadoran migration to Belgium and the case of Natalia's family

Massive international migration from El Salvador started during the civil war that ravaged this small central-American country during the 1980s. An estimated one million people (25 per cent of the population) fled the country (Santos 2006). The main destinations included neighbouring countries, the USA and, to a lesser extent, Canada, Australia, Sweden and Italy. Migration continued after the signing of a peace treaty in 1992. Approximately 25,000 Salvadorans still leave the country every year (Gammage 2007). Migration and remittances represent a major strategy for family survival. El Salvador's informal-familialistic welfare regime gives only 20 per cent of the population access to state-sponsored health-care services (Martínez Franzoni 2008) and 31 per cent of the population lives below the poverty line (CIA 2009). Salvadoran migration to Belgium is still limited. To date, 600 Salvadorans have registered at the Salvadoran embassy in Belgium, but it is likely that the total Salvadoran population living in Belgium exceeds this number. Salvadorans visiting for a maximum of 90 days have unrestricted access to Belgium and do not need a visa. Those who wish to spend more than 90 days in the country must apply for a working, au pair, study or family reunification visa. The majority of the participants in the study informing this article were migrants who had travelled during the last decade and settled irregularly. They formed part of a chain migration, defined as a movement in which aspirant migrants benefit from the support of previous migrants who inform them of migration opportunities and provide assistance with travel, initial accommodation and finding a job (MacDonald and MacDonald 1964: 82). Those unable to get temporary or permanent residency by September 2009 applied for a visa under the regularization campaign that the government had launched. At the time of the interviews, the procedure was still under way.

In 1999 Natalia, a lone mother struggling on a receptionist's job to provide for her mother and three children accepted an invitation from her Belgium-based aunt to move to Belgium. She travelled alone, leaving her three children (aged ten, seven and five) in the care of her mother, Josefina. She did not require a visa to enter the country, but after 90 days became an irregular migrant. With the help of Salvadoran friends, Natalia found an undeclared job as a domestic worker and this allowed her to send weekly remittances home. She remained involved in the emotional, practical and personal care of her children by calling her mother and children on the phone several times a week. Those discussions were also the occasion to exchange emotional support and practical advice with Josefina. In 2001, she repatriated to El Salvador because she could not bear living apart from her children. After two months, however, she realized she would not be able to provide for them and travelled back to Belgium with the intention of saving enough money to bring them to Europe. Several months later, she borrowed money from friends to finance a trip to Belgium for her brother, Marco. Marco looked for employment in the building sector, but because of his irregular status only managed to find occasional jobs. In 2003, Natalia was finally able to bring her children to Belgium, albeit as irregular migrants. They travelled with Josefina, who refused to settle there and returned to El Salvador after a month.

Marco's girlfriend travelled with them. In May 2007, the siblings invited their youngest brother Arturo to join them, hoping that he could take cooking classes and become a chef. His irregular status, however, denied him access to the programme and he occasionally works with Marco. Natalia continued to send regular remittances to her mother and to call her every week. She and her USA-based sister, Gloria, shared the coordination of long-distance support for Josefina and the two women kept in constant touch. Because of their lack of employment, Marco and Arturo were unable to send their mother money but they nonetheless remained in regular contact with her. Friends often brought money and goods to Josefina when they visited El Salvador.

In 2009, Josefina revisited her family in Belgium and, at the time of the interview, had been there for more than a year. She had left her partner behind, but called him every week and sent him money. She was staying in Marco's apartment, cooking for her relatives and providing childcare. Her children in turn looked after her by taking her to the doctor and paying for her consultations and medicines. Josefina wanted to move back home and spend part of the year with her El Salvador based son and his family, and part of the year with her Belgium-based children. Marco, Natalia and Arturo, however, want her to settle in Belgium because they believe it would be hard to look after her at a distance in her old age. Natalia, who acquired a five-year visa in 2006 after marrying a Belgian, was trying to get a visa for Josefina, which would give her access to social security and public health services. As Table 4 illustrates, this family's care-giving arrangements since Natalia's initial migration incorporate almost all the scenarios presented in our typology (Table 1).

Comparing TNF care-giving arrangements: an illustration of institutional contexts

The two case studies exhibit quite different patterns of family mobility or immobility and their ensuing care-giving arrangements. The differentiations we observed have clear implications for the migration regimes in question. The 'open door' entry and residency rights the UK granted to all Polish citizens after 2004 facilitated the high level of mobility in Michał's family of both givers and receivers of care. White (2011) argues that the situation helped create a shift in the dominant family migration model in Poland from one of 'incomplete migration', characterized predominantly by the migration of male breadwinners, to one of 'whole family migration', albeit staged and restricted to countries with migration rules that allow such an eventuality. Thus, Michał, the lead migrant, was able to come to the UK and to bring his wife and child with him. His wife's mother has an unrestricted right to visit and, if she so chooses, to reside in the UK to help fill the care gaps that Michał and his wife experience through the absence of extended kin in London. Likewise, Michał and his older sons are free to exchange visits. Natalia's family exhibits less mobility, partly because the majority of its members are undocumented. Their original mobility in migrating from El Salvador to Belgium arises from the absence of a visa requirement for Salvadoran citizens entering Belgium for no longer than 90 days. This relative freedom explains why Josefina was able to visit her children, but her current irregular status, achieved when she overstayed her 90 days, limits her future mobility. Her sons' mobility is

similarly affected, as they may not be allowed to re-enter Belgium if they travel back home.

The case studies reveal the importance of financial resources in the configuration of care-giving arrangements among TNFs – resources that partly relate to a migrant's position in the immigration–welfare/labour-market nexus. In this respect, Michał and his family seem to fare better than Natalia. Despite their unrestricted access to the UK labour market, post-2004 Polish migrants, many of whom are highly educated, are overly concentrated in low-paid jobs, especially in production and bottom-end service industries (Fihel and Kaczmarczyk 2009). Michał, however, has fared better than that through self-employment in a Polish immigrant occupational niche. His relatively high earnings have enabled him to help support his sons in Poland, have a further child in the UK, sustain a male breadwinner family and rent a big enough flat to host his visitors from Poland. By contrast, irregular migrants like Natalia and her brothers had little choice but to accept low-paid and time-demanding jobs in Belgium's construction and female domestic work sectors. Ethno-stratification characterizes the Belgian labour market: foreign-born workers and non-Europeans, especially, endure poorer employment conditions than local workers and have less access to certain professions and sectors (Martens and Verhoeven 2006). Since the late 1990s, the demand for migrant workers has increased in the highly flexible, illegal and low paid jobs in the construction industry, catering and domestic services (Bribosia and Rea 2002; Caestecker 2006). While Latin-American female migrants quickly find jobs in the caring and domestic sectors, the men struggle to find any stable employment at all (Queirolo Palmas and Ambrosini 2008).

The labour-market insertion of the two sets of migrants and their families has implications for their time resources, which in turn contribute to the patterning of their care-giving arrangements. Because the policies that regulate working hours and holiday entitlements in Belgium and the UK do not extend to self-employed, irregular and short-term workers, they exclude both sets of migrants. It is particularly difficult for domestic workers like Natalia, who bring their children to Europe, to balance childrearing and paid work (Queirolo Palmas and Ambrosini 2008). Male migrants employed to do male domestic jobs in the UK encounter similar difficulties (Kilkey et al. 2013). Their position in the labour market excludes these groups from the time-to-care provisions that form part of the gendered care regimes of the two host countries. Thus, when she was undocumented Natalia was ineligible for the Belgian time credit (a one year paid leave accessible to employees after working at least 12 months for the same employer) and, in her present situation, she says she could lose her job if she requested it. In the UK, which has a comparatively weak and highly gendered policy environment around work-life balance (Kilkey 2010b), as a self-employed worker Michał has no right to flexible working provisions. Because El Salvador is so much further away than Poland, it is a struggle for Natalia to get time off to care for her elderly relatives back home and this, combined with financial and other practical limitations, has led her to prioritize remittances and communication over travel.

Gendered care cultures also influence care-giving arrangements. In both Poland and El Salvador, women assume the quasi-exclusive responsibility for unpaid work in

general, but particularly care; albeit for different reasons, there is a preference for family care over institutional care (Martínez Franzoni 2005; Plomien 2009). In her home country, Natalia was a single mother and her mother, rather than the children's father, looked after her children during the first years of her migration – a tendency widely reported in research on transnational mothering (Parreñas 2001). However, gender inequalities in access to Belgium's informal labour market have increased the participation of Natalia's brother Marco in the care of his and his sisters' children. Al-Ali (2002) reported the same findings on Bosnian migrants. Michał's wife withdrew from the labour market because she distrusted non-family childcare, thus endorsing the preference for family-based care that is common in Polish society and that has emerged in the context of shortcomings in the public childcare sector in Poland (Plomien 2009).

Gendered care cultures intersect with welfare regimes and this evidently affected Natalia's available options and decisions about elderly care. A high level of familism and extremely limited state intervention characterize El Salvador's welfare regime (Martínez Franzoni 2008); 50 per cent of Salvadorans aged 60 and over rely solely on their family and community for support (Guzmán 2002: 14). Not only is institutional care unavailable in El Salvador, but also Natalia's mother did not consider it a desirable option. While her irregular status in Belgium denies Josefina access to institutional care, it is not an option she would consider even if she got a permanent visa. In the Salvadoran gendered care culture women predominantly provide 'hands on' care of the elderly, but the idea that all children should support their parents financially, practically and emotionally is widespread in the Salvadoran population (Benavides et al. 2004) and this does not fade with distance (Merla 2010). Moreover, Salvadoran men share this view and contribute extensively to the coordination and provision of care for their ageing parents (Merla 2011, 2012). Michał's ability to access child-related benefits mitigated some of his recent financial insecurity and facilitated both family building in the UK and a male breadwinner/female homemaker gender division of labour.

Conclusion

The central aim of this article was to situate TNF care-giving arrangements in their institutional contexts. The purpose of this was to contribute to the design of a framework for cross-national comparative analyses of how TNFs arrange care. While our framework demonstrates that institutions clearly matter in the configuration of TNF care-giving arrangements, it is important to acknowledge that they are not the sole factor involved. Michał's and Natalia's histories showed that families adopt a variety of care-giving arrangements over time, related for example to the position that an individual occupies within his or her familial, personal or professional life cycle. It is also important to bear in mind that, as Finch and Mason (1993) demonstrated, care-giving obligations and responses to these emerge from family histories, from the relationships that people develop over time and from the 'negotiated commitments' that ensue. Moreover, as Merla has shown elsewhere, transnational family networks

play a major role in helping Salvadoran migrants overcome institutional obstacles to family solidarity, such as restrictive visa regulations and a lack of communication infrastructures (Merla 2011, 2012). There is therefore a need to acknowledge the agency of migrants in configuring care arrangements.

While we specified our analytical framework quite systematically, our illustrations of it remain limited because we used studies on different ethnic groups in two different countries, which we did not initially intend to compare. To test and apply our framework properly we would need to undertake comparative research on either a single group of migrants in several countries and/or on several groups of migrants in a single country. Furthermore, the studies we used focused on transnational fatherhood and on transnational care of the elderly. To test its wider applicability, we would need to incorporate a fuller range of migrant family relations, including second-generation families and transnational motherhood. Our focus has also been on 'Western' receiving societies, so we would need to test the applicability of the framework on non-'Western' receiving societies in Africa, Latin America or other emergent economies. It is necessary to consider such countries to lessen the risk of 'Western' centrism. The framework and its illustration have also paid insufficient attention to the intersections between gender, class, ethnicity and variations in the influences of institutions by social class. In other words, we have not explored the relationship between gender (and ethnicity) and particular care-giving arrangements. Is, for example, mobility more likely when the carer or the person cared for is female? The answer may vary from culture to culture. For example, Kim (2010) shows that in South Korea, the eldest son is expected to accommodate his ageing parents, which means that if the eldest son migrates, so too will his elderly parents. It would be useful to address the above limitations in future research.

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Notes

1. The aim of the study, which Laura Merla undertook, was to analyse the impact of low levels of social, economic and/or cultural capital on the ability of migrants to exchange care with elderly parents who live in their home country. It focused on migrants in low skilled and/or poorly paid positions in Australia and Europe. A Marie Curie Outgoing International Fellowship (MOIF-CT-2006-039076 Transnational Care) financed the study.
2. The data came from a study led by Majella Kilkey in collaboration with Diane Perrons and with the research assistance of Ania Plomien. The study analysed gendered understandings of the relationship between globalization, migration and social reproduction through an empirical exploration of the commoditization of stereotypically male forms of domestic work in middle-class UK families, and its displacement to migrant, especially Central and Eastern European, men. The Economic and Social Research Council, grant RES-000-22-2590 financed the research.

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