Examining transnational care circulation trajectories within immobilizing regimes of migration: Implications for proximate care

Laura Merla[1,2], Majella Kilkey[3], and Loretta Baldassar[2]

[1] University of Louvain. [2] University of Western Australia. [3] University of Sheffield

Address correspondence to: Laura Merla, SSH/IACS, 1 Place Montesquieu bte L2.08.01, 1348 Louvain-La-Neuve (Belgium). Email: laura.merla@uclouvain.be

Abstract

In this paper we argue that the current political context of restrictionist migration policies is dramatically affecting people's capacity to cross borders to engage in proximate care with their relatives, which is a central, yet often overlooked, feature of transnational care practices. We examine how the wider context of temporality, restrictive mobility, and heightened uncertainty about the future affect people's ability to be mobile and to move back and forth for caregiving. In examining the wellbeing effects of such restrictions, we highlight their variable impact depending on factors such as socio-economic positioning, life-course stage and health. The first sections of the paper present the care circulation framework and the particular meaning and function of proximate forms of care, as well as the main categories of care-related mobility that support this. We illustrate the dynamics and challenges faced by transnational family members, who engage in these care-related mobilities, through three vignettes involving care circulation between India and the UK, China and Australia, and Morocco and Belgium. In the final section, we discuss our vignettes in relation to the political, physical, social and time dimensions of current regimes of mobility that impact on care-related mobilities. We argue that the regimes of mobility that currently govern care-related mobilities are best understood as 'immobilizing regimes' with important and undervalued implications for ontological security and wellbeing.

Key words: transnational families, care circulation, regimes of mobility, proximity, wellbeing

1. Introduction

In today's world, more and more people are confronted with what Turner (2007) has called the 'immobility regime'. Motivated variously by a desire to assert their nation-state sovereignty, to protect their labour markets and welfare states, to exclude the 'terrorist' or racialized 'other', and to get (re-)elected, governments are responding to (potentially) mobile populations with the policies and rhetoric of 'closure, entrapment and containment' (Shamir 2005: 199). While borders are closed for some, resulting in immobility, others are positively selected for entry in the national interest of the receiving country, a process that has been described as 'picking winners' (Hawthorn 2005). Yet, even then, entry is highly conditional, and migrants face increasingly complex bureaucracies to 'manage' their compliance with an ever-shifting array of rules and obligations governing entry and residence. Many of those selected, therefore, are restricted to temporary sojourns, with their access to mobility and socio-legal rights severely curtailed. This trend has led scholars to think in terms of 'regimes of mobility' (Glick Schiller & Salazar 2013) in order to capture the increasingly complex patterns of differentiation in mobility rights within industrialised societies. A regimes-of-mobility approach requires that we 'interrogate the situations in which certain kinds of mobility, or certain types of mobile individuals, become the subjects of praise or condemnation, desire, suppression or fear' (Glick Schiller & Salazar 2013: 196).

Understanding the consequences of mobility regimes for the lived experiences of (potential) migrants is also crucial; studies have shown these to be corrosive on people's sense of wellbeing, belonging, security, identity and hope for the future (for example, see Axelsson 2017). In order to do this, however, it is imperative to understand migrants as 'individuals-in-relation' (England 2003). From this perspective, the consequences for family relationships and support networks, especially those that are lived across territorial borders – in transnational family relationships – become a pertinent focus of enquiry, as a growing body of literature exploring the intersections between mobility regimes and family relations illustrates (Bonizzoni 2018; Kilkey 2017; Kofman & Raghuram 2015; Van Walsum 2013).

In this paper, we argue that the current scenario of either immobility or highly conditional mobility, particularly in Global South-North migration flows, is dramatically affecting the contexts under which members of transnational families maintain their kinship and caregiving relationships across distance and territorial borders. We focus more specifically on people's capacity to cross national borders to exchange proximate care. Compared with distant care practices – financial, practical and emotional support that is exchanged across borders with the use of communication and other technologies (Baldassar et al. 2007) – the role of proximate care, which requires physical co-presence through visits, has arguably received less attention in the transnational family literature. The current political climate of restrictive mobility, permanent temporality and heightened uncertainty about the future, highlights the need to interrogate the consequences for proximate care, which remains an enduring and integral element of transnational care relationships, simultaneously complementing and reinforcing distant care. How do mobility regimes affect the ability to cross borders for short or longer term periods of care, and with what consequences?

In addressing these questions we focus predominantly on policies around visit visas, family reunification, residency and naturalisation / citizenship, and the intersection between these migration-related policies and policies in other fields such as those relating to welfare, labor and care. We begin by articulating the continuing relevance of physically proximate forms of care within transnational family networks, applying the broader framework of 'care circulation' (Baldassar & Merla 2014). Drawing on three vignettes involving care circulation between India and the UK, China and Australia, and Morocco and Belgium, we illustrate the main dynamics and challenges faced by families in accessing and managing the mobility required for proximate care. In the final section, we analyze the political, physical, social and time dimensions of current regimes of mobility that impact on care-related mobilities. We contribute to the increasingly important analysis of regimes of mobility that govern care-related mobilities by re-defining them as 'immobilizing' regimes, in order to highlight their effects on transnational families, as well as on people's sense of wellbeing.

2. Transnational care circulation trajectories and proximate care

As our previous work highlights, members of transnational families are connected across space and time through their engagement in processes and practices of 'care circulation', defined as the 'reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies' (Baldassar & Merla 2014: 22). Care is defined here as hands-on or physical (feeding, bathing), practical (advice, assistance), emotional, financial and material (remittances or goods) and accommodation (providing shelter). All these forms of care can be exchanged directly under conditions of physical co-presence during visits or reunification, across distance through the use of information and communication technologies (ICTs), as well as provided indirectly, through coordination from a distance or delegation to third parties or proxies. Most of our work to date has focused on highlighting how care circulates across distance between members of transnational families. While proximate forms of care, through visits and reunification, have always been an integral part of our analysis of transnational care, the immobilizing and conditioning processes of current migration policies lead us here to feature this dimension more specifically.

The concept of care circulation highlights the importance of 'situating' transnational caregiving processes in the specific migration, welfare, employment and gendered care regimes of the places where family members are located (Kilkey & Merla 2014). In conjunction with gender, ethnic, class, and power hierarchies, local institutional contexts influence the form and intensity of transnational care circulation, including the capacity of family members to participate in these flows. Participation in transnational care circulation depends on people's capacity to access, and mobilize, a series of resources (or capabilities) that are constituted within institutional contexts (Merla & Baldassar 2011; Merla 2012; Baldassar & Merla 2014; Kilkey & Merla 2014; Merla 2015). These resources include mobility (being able to travel and cross borders) and communication (being able to com-

municate and send items across borders), which are the two main channels through which family members circulate care across distance. These rely in turn on other resources, namely: time (capacity to take time to care); education and knowledge (knowing how to use ICTs and how to navigate one's way through airports, for example); finances (having access to a satisfying employment position and, if unemployed, to sufficient benefits to access the necessary funds to invest in giving care); appropriate housing (a crucial resource for settlement and access to reunification programmes, for accommodating visiting relatives and for providing adequate physical care to dependent relatives); and social relations, or having access to a social network of mutual support in the destination and home country, that can in turn help people access time, finances, knowledge and appropriate housing.

There is by now an important body of work showing that transnational care regularly takes place across distance, and without the physical mobility of family members, via the use of communication technologies (for example, Baldassar et al. 2016a; Baldassar et al. 2016b; Barbosa Neves & Casimiro 2018). The ability to be physically mobile, however, is integral to transnational care practices, providing important opportunities for physical co-presence that bolster and recharge transnational ties (Ariza 2014; Baldassar 2016). There are, in addition, particular times and circumstances in the life course when proximity may be prioritised in transnational caring relationships. These include significant life events, such as births and marriages (Ryan et al. 2014), as well as moments of crisis or acute and chronic illness, death and dying (Baldassar 2014). These are times when 'distant kin feel they need [physically] to be there', including for their own sense of wellbeing' (Baldassar 2014: 394). More generally, however, there are particularly care-intensive points in the life course – when children are young or when parents become more care-dependent as they age – which, when combined with a moral, cultural or normative orientation for direct and hands-on familial care provision, may lead families to prioritise proximity in their care-giving practices (Kilkey 2018). When also combined with strong norms and expectations of intergenerational solidarity, the pull of physical proximity may be particularly strong (Baldassar et al. 2007). It is important, therefore, not to conceive distant and proximate care as either or scenarios; rather, over-time, and in the life of any one family network, they each play a particular, and complementary, role in the trajectories of transnational care circulation.

Kilkey and Merla (2014: 212) propose a categorization of transnational family members' involvement in proximate care exchanges according to the temporality of each type of care-giving arrangement (see Table 1). First, those who engage in short-term visits to give or receive care, including: 'Reappearers', migrants who exchange care during visits to their country of origin; and 'Visitors', family members who travel to exchange care with their migrant relatives during visits. Second, those who return home or expatriate in the long-term for caring purposes, namely 'Returners', migrants who repatriate to their country of origin for care purposes; and 'Relocaters', family members who, for the same purposes, move permanently to join their migrant kin in the receiving country. Third and finally: 'Flying kin', who physically circulate within their transnational family network to provide and/or receive care. These categories are not mutually exclusive over time; rather, they may represent different stages of a continuum, planned or not, with visits and circulation evolving into mobility for periods of more permanent physical co-presence.

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

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

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

These various categories represent elements of transnational care circulation trajectories that are particularly sensitive to migration policies, as they involve the physical crossing of borders and, for some, settlement in the country of destination or return to the country of origin. To what extent and in what ways are these care arrangements challenged and transformed under current mobility regimes? What happens when caregivers' and receivers' rights to cross borders for short-term periods and/or settlement / return, are severely limited or curtailed?

To address these questions, we present three vignettes involving care circulation between India and the UK, China and Australia, and Morocco and Belgium. As Jarzabkowski et al. (2014: 280) note, 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'. Our vignettes are what we term 'composite cases', as they are informed by both qualitative empirical data and textual analysis, collected from a number of relevant research projects, and employing a range of methods.[1] The textual analysis is derived from literature and documentary reviews of official sources such as the visa and immigration rules in Belgium, UK and Australia, including, where available, accompanying guidance notes, government statistics and the proceedings of judicial reviews / rulings, as well as newspaper articles and NGO and academic reports. The analysis of these data is informed by the Interpretive Policy Analysis approach, leading us to focus on the meanings policy regulations attach to the social world, and the ordering / categorising / arranging consequences of those meaning ascriptions (Yanow 2000). The qualitative empirical data comprise the transcripts and field notes from interviews and participant observation. Our treatment of these two data sources introduces a second way in which our vignettes are 'composite cases'; rather than presenting individual participant accounts, we combine multiple interviews from our respective empirical research, with our text-based data, and present them as a single indi-

---

vidual's vignette (Jarzabkowski et al. 2014; Willis 2019). Our aim in doing so is to illuminate common patterns found across multiple cases and data sources, through one unified story, which is more conceptually generalizable 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). While we each felt we possessed the breadth and depth of understanding to allow us to work in this way, our confidence was strengthened by the collaborative approach adopted in the writing process, which facilitated ongoing critical reflection on the meaningfulness of our composite cases.

3. Constrained trajectories of proximate care: Between immobility and highly conditional mobility

From the typology outlined above, our three vignettes include 'Visitors', 'Reappearers', aspiring 'Relocators' and 'Flying kin'. Although these cases concern multi-generational care dynamics involving both male and female kin, female caregivers are located center-stage. This reflects the widely acknowledged prominent role globally that women play in care exchanges (Williams 2018), particularly when it comes to hands-on physical care – a form of care that, in addition, cannot be provided directly without physical co-presence.

The vignettes feature Indian, Chinese and Moroccan migrants respectively in the UK, Australia and Belgium. Among the UK resident population, those born in India represent the most common group of non-EU born residents – 862,000 in 2017-18. With just under half holding British nationality (482,000), they represent the largest group of non-UK born nationals in the UK (ONS 2018: Tables 1.3 and 1.6). Their presence reflects colonial and post-colonial relations between the UK and South Asia, but while there are also high numbers of Pakistani- and Bangladeshi-born residents in the UK, Indians have a stronger socio-economic position than their South Asian counterparts (Demos 2015), albeit constituting a racialized minority, even when highly skilled (Adams 2019).

Like South Asians in the UK, Chinese in Australia have long constituted a racialized minority. Chinese migrants have been arriving in Australia since the beginning of colonial settlement, and much of this history was characterised by exclusionary policy that limited access to long-term settlement and citizenship under the 1901 Immigration Restriction Act, colloquially known as the White Australia Policy, which was not rescinded until 1972 (Jayasuriya et al. 2003). Today, the Chinese-speaking population in Australia is very diverse, with the largest groups of people from China, Singapore, and Malaysia. Asia is currently Australia's largest source of permanent migrants, and the China-born are the second most numerous country group after India and ahead of the UK (ABC 2018). Chinese are also among the largest groups in the temporary migration streams. There are six streams for temporary migration and the largest comprises visitors, including from China.

Moroccan migration to Belgium began in 1963 with the signing of a labor recruitment agreement (which ended in 1974), and has continued consistently until today, although family reunion has become the main mode of access to the Belgian territory since the mid-1980s (representing more than 70% of all entries). It is estimated that 430,000 people

of Moroccan origin lived in Belgium in 2012 (Schoonvaere 2014) and in 2017, Moroccans represented the most common group of non-Belgian born residents (13%). However, migratory flows diminished between 2011 and 2017, reflecting an increasingly restrictionist and selective Belgian migration policy, largely fueled by anti-North African migration discourses. Moroccans and their descendants face substantial difficulties in access to education and employment, reflecting their unfavorable socio-economic positioning in Belgian society (Schoonvaere 2014).

3.1 Geetha: from 'visitor' to blocked 'relocator'

Geetha, a 69 year old widowed woman with Indian citizenship, arrived in the UK in 2015 on a 6-month Visitor Visa. She had come to provide emotional support to her daughter on the sudden death of her daughter's husband. Geetha had not made it to the funeral because she could not get her Visitor Visa processed in time. For a while she made do 'face-timing' her daughter, but she always worried that her daughter was hiding her true emotional state. She wanted to 'look her daughter in the eye' and to 'touch her heart' to understand her true state. Geetha's intention had been to stay only for the maximum 6 months permitted by her visa, and then return home. However, Geetha's physical health deteriorated while in the UK (she had a longstanding heart condition), and she did not feel well enough to travel back home. In any case, all her children were in the UK, and as her health worsened and she contemplated her future, she began to feel that she wanted to spend the 'end of her days' with them. As the 6-month visa expiry-date approached, her family decided to apply to allow their mother to stay permanently; after all, bringing their mother to live-out her old age with them in the UK had been the family's long-term intention, and they knew of other Indian families who had done this previously. The Adult Dependent Relatives (ADR) rule – the scheme which could allow Geetha's children, who had all become UK citizens, to keep their mother with them in the UK – had been radically reformed in 2010, however, along with wider changes to the family migration route. The wider changes were introduced in the context of a government target to reduce net migration, and were specifically designed to 'stop abuse' (e.g. so-called 'sham marriages'), 'promote integration' and 'reduce the burden on taxpayers' (Home Office 2011). Changes to the ADR rule meant that after 2012, people could no longer apply from within the UK; in other words, there could be no switching from a Visitor Visa to the ADR route. Geetha, therefore, needed to return to India and apply from there.

Geetha's case illustrates the importance of physical proximity in transnational care relationships, such as at times of crisis like bereavement (Baldassar 2014). In these moments, rights to visit play a critical role in the circulation of care within transnational family networks. But, these rights come with strict time-limits – 6 months in the UK – thereby conditioning care as a discrete singular and temporary situation. However, as Geetha's case shows, in reality care needs are far from fixed, and the requirement for short-term proximate care in one direction (mother to children) can evolve into a more permanent need in another direction (children to mother). While the UK migration regime clearly does not facilitate a seamless evolution of transnational family care trajectories, requiring Geetha to leave the country as a 'visitor' to then re-apply from India as a 'relocater', an ad-

ditional question is whether it permits entry for the purposes of long-term relocation to older people, such as Geetha, to be cared for by family members?

Geetha returned to India, accompanied by her daughter because she was too unwell to travel alone. Once there, they began the application for the ADR visa, but they soon realised that Geetha did not meet the criteria. Had she applied under the pre-2012 rules, she would have been eligible. Then, parents or grandparents aged 65 and over could apply if they were wholly or mainly dependent on the UK-based family member for money, did not have other close relatives in their country who could support them, and could be adequately maintained in the UK without recourse to public funds and housed in the accommodation of the UK sponsor (Kilkey 2017). These rules were certainly not unproblematic, on the one hand, constructing older people as the private responsibility of the sponsoring family member, and on the other hand, locking the older person into economic, social and emotional dependency on the sponsor. The rules, however, did not block the physical mobility of older people for care purposes, as the post-2012 rules now largely do (APPGM 2013: 17). Since 2012, the older person is required to demonstrate that they 'as a result of age, illness or disability, require long term personal care to perform everyday tasks, e.g. washing, dressing and cooking . . . [and are] . . . unable even with the practical and financial help of a sponsor to obtain the required level of care in the country where they are living because either it is not available and there is no person in that country who can reasonably provide it or it is not affordable' (Home Office 2012). Geetha did not meet the 'impairment' criterion at the time of her return to India. But, even if her health deteriorated further, as it was expected to, her children, all white-collar professionals, would be deemed financially able to pay for substitute care in India. The new rules, therefore, completely blocked Geetha from relocating permanently to the UK for care purposes, and her daughter was forced to turn her attention to making alternative arrangements for the care of her mother in India, despite the family's longstanding aspiration to have their mother live her old age with them.

3.2 Meng and Li Wei: trapped into flying grandparenting with fears for the future

Due to the high cost of formal child care in Australia, most people rely on informal (unpaid) care provided by family members, in particular grandparents (Australian Government 2015). Informal care provided by family permits both parents to enter the workforce and dual incomes are often necessary for families to make ends meet, particularly for those employed at the lower end of the labour market. This practice poses a particular challenge for migrants, especially those with young children, and with all of their extended kin living overseas. The increase in temporary visa migration streams, and the reduction in family reunion stream entries, limit the ability of entrants to bring their parents and dependants with them, increasing the likelihood of transnational care arrangements in these families (Askola 2016). Like many other country groups, Chinese grandparents often take up the role of primary carers for their grandchildren to allow their adult children to move away for work. This is a major phenomenon in China (Da 2003), but it also extends to adult children who move overseas for work. Joining the ranks of 'follow the

children' older migrants (King et al. 2016), these Chinese grandparents make regular extended visits to their adult children overseas to provide informal care and support.

Many of the challenges faced by 'flying kin' are evident in the case of Meng and her husband Li Wei, who travel regularly to Australia to care for their two small grandchildren (both under the age of 4 years) so that their daughter-in-law could return to her career as a lawyer once she had used up all her parental leave. Their son is employed as an engineer in a Fly-in Fly-out (FIFO) job in the mining industry. FIFO jobs require workers to fly to their work site, where they work for between 5 and 20 days, and then fly back to their hometowns for a period of rest, usually between 2 and 7 days. Meng and Li Wei's son usually has a three weeks on, one week off roster, so he is absent from home for three weeks each month. These work schedules create significant child care needs, and Meng and Li Wei would prefer to look after their grandchildren themselves rather than have them attend long hours in child care, which is also very costly.

In order to support their son, Meng and Li Wei take turns with their daughter-in-law's parents who also live in China, to spend extended visits of one year in Australia. Meng and Li Wei report that this complex circulation and mobility arrangement has both benefits and drawbacks. The benefits are that they develop strong relationships with their grandchildren and they both really feel they are helping their son out in an important way, dispensing their parental duty and supporting his family, his marriage and his career. While the benefits are substantial, the biggest challenge reported by Meng and Li Wei is the disruption to their own lives that the extended visits create, including the time and money costs, as well as the impact on their own social and care support networks. While they are in Australia, both Meng and Li Wei experience a great sense of isolation because neither can speak English and they live in their son's house, which is located in a suburban neighbourhood that is not in walking distance from any amenities, besides a local park, so they lack opportunities for social interaction with others. As a result, Meng and Li Wei rely on regular exchanges with their friends and family back home via social media and phone apps, in particular WeChat, to sustain their ongoing care and support network obligations in China. Both are apprehensive about the future, as they are very conscious of becoming increasingly frail and eventually requiring care themselves. Li Wei often ponders their predicament, questioning whether they made the right decision to send their son to Australia for better opportunities, which, while successful in providing his son with a well-paid job, has resulted in the need for the couple to undertake 'circular mobility' between China and Australia.

Even if they feel isolated in Australia and consider their presence as a (necessary) sacrifice, the couple sometimes wishes they could migrate permanently to Australia, to remove the costly and exhausting travel. However, this is not an option given the limited parent migration streams available in Australia. Currently, there are two types of visas for parent migration and both include the conditions of balance of family test[2], the applicant must be old enough to receive the Australian pension (65 years) and be sponsored by a child who is an Australian citizen, permanent resident or an eligible New Zealand citizen.

---

2 At least half of your children must be living in Australia or more of your children live in Australia than in any other country:

In addition, each parent must satisfy certain public interest requirements, including meeting the health and character requirements.

The alternative route is the non-contributory parent visa, which has a current processing time of over 30 years.[3] Statistics on numbers of applicants are not available due to the 'low volume of applications', an indication of the newness of the scheme, but also the costs, which are beyond the affordability of most families. As a result, most older parents, like Meng and Li Wei have no alternative but to enter Australia on visitor visas, which must be applied for from outside of Australia. Of the several types available, the most common visa used by people like Meng and Li Wei are 3-year parent visitor visas (subclass 600), with condition 8588, which requires them to be outside of Australia for 6 months in every 18 months. For those who can afford it, the preference seems to be to return to China every three months, in order to remain connected to life there as well get regular breaks from the hard work of looking after the grandchildren and home life in Australia. But for many, like Meng and Li Wei, this mobility routine is too costly financially and the travel is a physical and emotional strain, hence their much longer, 12-month 'shifts' routine.

3.3 Saliha: Reappearances as unexpected obstacles for citizenship and family reunion

Saliha, a widow then aged 30, migrated from Morocco to Belgium in 2009 on a tourist visa, and was quickly hired by a cleaning company. She was granted a one-year work visa, which she had to renew every year. Saliha had left her children (aged 8 and 9) in the care of her mother in Morocco. During those 5 years, she only visited her family twice, during summer holidays. Her income was low and partly sent home in the form of remittances, which made it difficult for her to be absent from work (she topped up her official income with undeclared extra work hours). In addition, Saliha invested a lot of energy and time in going through the complex and often changing administrative procedures to renew her visa, living with the constant fear of not getting the right papers on time and being deported. She also avoided visiting her relatives around the time of her visa renewal, as she sometimes fell into 'irregular stay' status for short periods due to delays in the administrative procedures, and could thus not take the risk of being denied re-entry to Belgium. Saliha prayed that no major family crisis or accident would happen during those particular times. She was, however, in constant communication with her children and mother, as well as her extended family dispersed in several countries, exchanging emotional support, and doing her best to participate in her children's education from a distance.

To her great relief, Saliha was granted permanent residency in 2014. Since then, she has worked for various employers, alternating periods of unemployment and periods of declared and undeclared work. Each summer holiday, she spent two weeks in Morocco with her children and mother, but she could not afford to visit them more often and for longer periods of time. However, when her mother had a stroke in 2016, Saliha had just lost her current job and was the only person in the family network in a position to travel

---

3   https://archive.homeaffairs.gov.au/about/corporate/information/fact-sheets/29overview-family;
     https://archive.homeaffairs.gov.au/trav/visa-1/884.

back home. She was thus able to fly at short notice to spend several months at her mother's bedside, caring for her with the help of her teenage son and daughter. She was happy to be reunited with her family and able to return to her mother the support she had received from her. But Saliha could not stay longer, and bringing her mother to Belgium was out of the question, as family reunion of an ascendant in Belgium is forbidden to third-country nationals[4] (and Belgian nationals, but not European Economic Area citizens), as a consequence of the revision of the law in 2011. With the financial support of her siblings, Saliha thus hired a local live-in nurse who cared for her mother until she recovered.

During the years that followed, Saliha kept in regular contact with her geographically distant family. But her own health started to deteriorate, and she was diagnosed with an extremely painful chronic disease that reduced her capacity to work. She longed to be permanently reunited with her children, especially now that her mother had passed away, and also felt that it was time to get some hands-on support from them in return for all the sacrifices that she had made. Her now 18 and 19-year old children were also keen to migrate to Belgium. However, Saliha did not want them to go through all the uncertainties and painful procedures she had experienced. Her only chance to bring them legally (and permanently) to Belgium was to apply for Belgian citizenship, and then family reunion. Indeed, third-country nationals can only reunite with children under 18, while Belgians can apply until the child is 21 (without any need to prove that this child is dependent). Saliha had now been living in Belgium for 10 years, had a permanent stay visa, had successfully passed French language tests, and was able to document evidence of participation in her local community. She thus thought she met all the criteria established by the new code of nationality, which had been reformed in 2013 to restrict access to citizenship. But things did not turn out as expected. The authorities notified Saliha that her 7-month visit to Morocco in 2016 to care for her mother exceeded the maximum legal limit of 6 months outside the Belgian territory (established by a reform of the law in 2018), and therefore represented an interruption of her stay. She could therefore not claim 10 years of continuous stay, but only the three years that had passed since her return from Morocco. Her application was rejected.

4. Interrogating regimes of mobility through the lens of trajectories of transnational care circulation

The trajectories of transnational care circulation featured in the three vignettes are strongly affected by the restrictionist shift of current regimes of mobility. As we demonstrate below, such impacts on care are produced through the intersecting physical, political, social, and temporal dimensions of current regimes of mobility.

---

4   Nationals of non-European Economic Area countries.

4.1 Physical, political, social and temporal dimensions of regimes of mobility

Regimes of mobility (Glick Schiller & Salazar 2013) and immobility (Turner 2007) can to a large extent be seen as interlinked; through a focus on the governmentality of migration, taken together they offer a conceptualization of the 'constant and reconstituting interrelationships' (Glick Schiller & Salazar 2013: 193) between mobility and stasis, movement and settlement, openness and closure, freedom and entrapment. As Glick Schiller & Salazar (2013: 189) note, '[T]he term 'regime' calls attention to the role both of individual states and of changing international regulatory and surveillance administrations that affect individual mobility. At the same time, the term reflects a notion of governmentality and hegemony in which there are constant struggles to understand, query, embody, celebrate and transform categories of similarity, difference, belonging and strangeness'.

Geetha, Meng, Li Wei, and Saliha's, (as well as their relatives'), physical mobility for care purposes are all constrained by current shifts towards restrictive and increasingly selective migration policies. The vignettes feature the plight of racialised migrant groups and older people, two categories that have been constructed as unwanted and/or problematic in each of the three receiving countries, as is evident in the qualitative empirical data and textual analysis informing our construction of the vignettes. Like many other countries in the Global North, Australia, Belgium and the UK have all closed or reformed visiting and migratory pathways for older people. The suppression of third-country nationals' right to family reunion with ascendants in Belgium was a policy shift largely embedded in anti-North African migration political discourses. The tightening of access to the ADR route in the UK was driven by the construction of (migrant) older people as a public burden, as well as a more generalized problematisation of the 'migrant family', particularly those of South Asian origin. The significant reduction to the family reunion migration stream in Australia, and limits on dependent relatives who can join temporary skilled visa holders, are similarly driven by fears about the drain older migrants and dependants might have on the public purse. This comes together with increased difficulties to switch from one visa category to another, for instance, from Visitor Visa to ADR in Geetha's case, as well as the unobtainability of the Australian parent visa, either in terms of wait times or cost. Restrictions also concern reunification with children and access to citizenship, as exemplified by Saliha's case. Restrictions targeting family reunion with elders or minors reflect a general tendency of receiving countries to apply double-standards to 'migrant' versus 'local' families, with the former being defined in a more narrow and conservative way than the latter for whom diversity of family forms is increasingly recognised (Sarolea & Merla forthcoming). They also reflect the implicit assumption that these 'dependants' and older parents represent potential costs rather than important contributors in terms of care and support (Askola 2016).

Regimes of (im)mobility also show that the interrelationships between physical mobility and stasis are far from straightforward. Mobility can produce both freedom and entrapments, as in the case of irregular migrants confined in their living space by fear of deportation, or migrant workers on fixed contracts restricted to a specific employer or residence as a condition of their mobility (Glick Schiller & Salazar 2013). In addition, these examples of entrapment in the context of mobility point towards the complex linkages between physical and social mobility/stasis (Kalir 2013; Pelican 2013). In the work of Kalir

and Pelican, the focus is on upward and downward social mobility from a social class perspective. Motivations for migration are diverse, but more than one-third of all migrants globally follow an economic gradient from poorer to richer countries, seeking to improve their livelihoods (Kilkey et al. 2013: 5). Like Meng and Li Wei's son, increasing numbers of young people are also migrating, including from the Global North to South, in search of social mobility through better job prospects (Robertson 2013). While relative to life back home the economic positioning afforded by migration may be an improvement, migrants may simultaneously experience downward occupational and social mobility, and/or may be trapped for the long-term in low-paid and precarious jobs (Anderson 2010; see also Bonjour & Chauvin 2018 for a broader discussion of the intersections between social class and regimes of mobility). This complex relationship between physical and social mobility/entrapment is exemplified by Saliha's case. She personifies the struggles of the female migrants from the Global South who are formally and informally employed in the domestic, care, and cleaning sectors of the Global North, widely featured in the global care chains literature (for example, Parreñas 2001). Her mobility from Morocco to Belgium results in her entrapment in a precarious situation, where she alternates (and sometimes combines) short-term, low-paid formal and informal jobs, both before and after accessing permanent residency. This entrapment is not only socio-economic, it is also physical, evident in the difficulties she faces in crossing the border to visit her children and mother on a regular basis. The barriers she faces result from her positioning in the Belgian institutional context, which limits her access to the necessary resources to provide proximate care. Throughout the years she has faced financial and temporal barriers: her low-paid and often undeclared jobs did not offer sufficient means to send remittances and finance regular, long-term visits, nor grant her access to long-term, paid leave schemes. In addition, her occupational precarity negatively impacted on her visa security, adding further risk to her mobility choices.[5]

Beyond the capacity to put time aside to travel for care purposes, time represents a key dimension for our discussion of care circulation under restrictionist migration policies. Regimes of mobility incorporate what can be termed 'chronopolitics' (Fabian 1983) – the use of time as a political device for controlling the time of the 'other', in this case, the 'migrant'. The concept of chronopolitics has been applied particularly to refugee and asylum-seeking populations. Van Hotum (2010), for example, has explored chronopolitics in relation to EU border regimes and suggests that waiting time and temporary protections can be used to control, manage and immobilise populations. Whilst Van Hotum's work refers specifically to the camp-like spaces now common within and beyond Europe to contain refugees and asylum seekers in transit, the use of chronopolitical strategies pervades many aspects of mobility regimes. Recent studies have approached this issue from two perspectives. Starting from a macro perspective that focuses on migration politics, Horvath (2014) shows that the securitization and economization of migration increasingly confronts migrants with situations of enforced temporariness, exemplified by seasonal

---

5   According to Kofman and Raghuram (2013), work in the domestic and care sectors has indeed been associated with under-valued, 'embodied' forms of knowledge that are accorded far fewer mobility, economic and social rights than more valorized 'embrained' knowledges. Saliha's case also illustrates the role played by intersecting hierarchies of knowledge and gender in how regimes of mobility influence social reproduction (of which care represents an important facet) (Kofman & Raghuram 2015).

work and various forms of temporary work visas, that also deprives them of fundamental civil, political and social rights, including 'the right to free settlement and labour mobility, the right to organize and mobilize, voting rights and social security entitlements' (p. 157). Another body of literature has approached temporary migration and enforced temporariness through the lens of migrants' lived experiences of time under such conditions (Baas and Yeoh 2019). Robertson (2019: 170) for instance argues that 'staggered migration' stemming from the complexification of migration pathways, and involving contingent and multi-directional shifts between various forms of temporary visas, produce 'specific experiences of time for migrants that interrupt teological imaginaries of both life transitions and migration outcomes'. These experiences of time are produced at the intersection of institutional, biographical and everyday timescales, and can take the form of 'contingent temporality' (Roberston 2019: 174), experienced as 'constant juggling of futures on the biographic timescale – namely life, career and migration goals – across a dynamic institutional timescale in which migration policies and criteria shift rapidly'.

Let us consider how the time-related elements highlighted thus far play out in our three vignettes. Because they can only access temporary, visitor visas in Australia and the UK, Geetha's and Meng and Li Wei's care-related transnational mobilities are all taking place under conditions of temporariness, '... enforced by sophisticated state regulations' (Horvarth 2014: 155) resulting from the securitization and economisation of migration. The political rationale behind older migrants' exclusion from long-term, permanent stay pertains to this double register: older migrants are constructed as a 'threat' to the security of nations through the anticipated burden they will place on welfare systems (securitization logic), and do not fit into the categories of migrant that governments consider to be of economic and demographic utility (economisation of migration logic) (for a literature review of this theme, see Bonizzoni 2018). Such constructions of older migrants also play out in highly racialized ways, such as the problematisation of the extended Indian / South Asian family in UK discourse (Shaw 2003), and the long-running concerns about the threat of Asianisation in Australia (Hage 2012).

The transnational care circulation trajectories featured in our three vignettes are also strongly influenced by frictions between institutional, biographic, and everyday timescales. For example, Saliha experienced her first five years in Belgium as a constant race and struggle to deal with the institutional timescale of demanding and shifting administrative procedures and unpredictable processing time, which largely prevented her from visiting her young children and ageing mother back home, thus entrapping her in a role of long-distance care receiver and provider. The institutional timescale and its shifting rules also clashed with her willingness (and need) to move forward along her family life course – in this case, from a position of care-provider to her young children, to care-receiver from her children, following her chronic illness. Wall and Bolzman (2014) argue that contextualising transnational family life within the dynamics of the life course is crucial to understanding the linkages between the migration project and the exchange of care across borders, including the preferred and necessary configurations of care at any point in time. Thus, the experience of physical separation is not static, but changes over time, depending on the particularistic situation of the migrant and his or her relatives and support networks, as well as subjective aspects including changes in migration and settlement projects and mutual expectations of appropriate care-giving at different stages of the life

course (Kilkey 2018). Sadly, Saliha's hopes to be reunited with her children and receive their care and support were abruptly broken. Not only was she denied access to citizenship, and subsequently to the right to apply for family reunion with her children; she was further *penalized* for providing proximate care to her ageing mother.

This brings us to a key issue, that of ontological security and wellbeing. The circulation of care in transnational families is strongly connected to the wellbeing of migrants and their relatives, as it significantly impacts on 'the provision of their care needs, of reciprocal care obligations and practices, and of identity recognition' (Baldassar et al. 2016a: 481). Indeed, as Daly points out, 'key elements of people's welfare inhere in their relations with others and the reciprocity around responses to need and the receipt of recognition and value for who people are' (Daly 2011: 47-48). Enforced temporariness, shifting rules, and unpredictable and arbitrary institutional timescales, place care-givers and -receivers in a situation of ontological insecurity that undermines their capacity to make plans for the future, and to trust in the present and in their past actions. As Saliha's case shows, care-related visits home that were possible under the migration rules of the time when they happened can suddenly become a 'mistake' that jeopardizes people's plans (and need) to access citizenship and reunite with their children. Likewise, the expectation long held by Geetha's family that they would bring their mother to live with them permanently in the UK when she was no longer able to care for herself had grown out of the relatively open ADR route in existence at the time of their migration to the UK. Their expectations failed to materialise, however, in the context of rule changes that they could not have predicted. The lack of an option for permanent parent migration for Meng and Li Wei have entrapped this couple in year-long extended visits to Australia every two years, which in the long term are unsustainable, and which negatively impact their wellbeing. This situation of ontological insecurity also affects people's trust and faith in their continued capacity to access care-related resources, as they may suddenly, because of policy shifts or new / delayed administrative procedures, not be able to cross borders, to keep the job that allows them to send remittances or finance their own care-related travel, and to access paid-leave schemes that will help them set time aside for proximate care purposes.

4.2 The care-related immobilizing effects of mobility regimes

The above discussion has demonstrated that regimes of mobility provide a compelling lens to help us analyze the effects of restrictionist policies on care-related mobilities, particularly at the macro-level of the governance of migration through its intersecting physical, political, social and temporal dimensions. Our discussion identifies additional aspects, however, which are highlighted when focusing on the micro-level of people's lived experiences of macro-politics. For this reason, we argue that the regimes of mobility that currently govern care-related mobilities are best understood as 'immobilizing regimes'. We term these regimes 'immobil*izing*' to draw attention to the *effects* of current regimes on people's lived experiences, including their sense of wellbeing. The notion of 'immobilizing regimes' refers to the combination of state immigration policies around migrants' entry, settlement and social, economic and political incorporation, as well as hegemonic constructions of migrants and migration. These immobilizing regimes block the physical mobility of some, while granting highly conditional mobility to others, resulting in situa-

tions of enforced and permanent temporariness and ontological insecurity. These have immobilizing consequences for the trajectories of transnational care circulation over time, in particular the capacity for short-term visits, long-term re/expatriation and circular mobility within family networks (e.g. flying kin).

The effects of immobilizing regimes on transnational families' own care-related physical mobility involve various combinations of immobility/mobility and entrapment. Saliha and her children find themselves currently entrapped in physical immobility precisely because she was 'guilty' of crossing borders for a care-related visit in the past, even if this was allowed at the time. By being deprived of the possibility to 'relocate' to their children's new country of residence to exchange care, Geetha and Meng and Li Wei are also experiencing forms of entrapment. Geetha's case reflects a combination of physical immobility and entrapment in long-distance care: she is forced to return to India, and her family has no choice but to coordinate and delegate her hands-on care from a distance. Meng and Li Wei's case could have had the same effect, but instead results in a form of entrapment into circular mobility. Because they possess the physical (good health) and material resources to bear the costs of expensive and exhausting temporary visa applications, combined with a strong sense of duty to provide proximate care to their son and grandchildren, Meng and Li Wei are forced to remain 'flying grandparents' who move back and forth between China and Australia, traveling to the rhythm of the Visitor visas they can best afford. These examples highlight the unevenness of immobilizing regimes in terms of their variable impact on people depending on their access to resources, social economic status, age and health status, and life-course stage. Our vignettes indicate clearly that less affluent and more marginalised groups are more significantly impacted by these regimes.

5. Conclusion

In this paper we have sought to illuminate the impact of mobility regimes on the capacity of migrants to exchange proximate forms of care and the consequences of limiting these practices, arguing that viewed in this way, these regimes are more precisely 'immobilizing regimes'. The bulk of work on transnational families and care circulation to date (including some of our own) has been focused on 'de-demonising' distance and highlighting the important role of the reciprocal exchange of care across national borders using ICTs and new technologies. It is important that the opportunities to care across distance provided by new technologies are not directly or indirectly used to under-emphasise the important role of physical proximity, and the related mobility rights required to support it, in the practices and processes of transnational care circulation trajectories. As Urry (2003) has so convincingly argued, moments of physical co-presence and 'degrees of meetingness' are integral to the maintenance of relationships. While the role of the visit and reunification / repatriation in migration processes has always been a feature of our research, its importance has been magnified by the current trend to limit and condition mobility rights as discussed above. As Bonizzoni (2018) argues, restrictive migration policies target intergenerational care relationships, seen as 'dangerous dependencies' that should not cross the border, but rather remain a private, transnational, family matter. Of particular concern

to us are arguments that use the potential of transnational care practices afforded by ICTs as an excuse to limit and condition mobility rights. For example, in places such as the Philippines with high rates of outward labour migration, a discourse on ICTs and transnational care circulation has emerged, including within government, that is legitimising a gradual transformation of short-term migration into long-term transnational migration (Madianou 2016). There is a risk, therefore, that as the capacity for 'connected presence' through ICTs becomes taken for granted, so too the physical separation of families through migration is normalised, and the need for physically proximate care opportunities is considered redundant (Kilkey & Palenga-Möllenbeck 2016).

Our vignettes highlight the serious gap in the regimes of (im)mobility literature, which does little to address the issue of care-related mobilities within transnational family networks, and how these are impacted and reshaped under restrictionist policies. Our stance in this paper has been to combine the macro-level of governmentality with the micro-level of migrants' lived experiences of migration policies and regulations. In doing so, we have contributed to the growing body of literature that explores the intersections between mobility regimes and family relations (see Bonizzoni 2018 for a literature review) by highlighting the necessity of addressing the issue of care-related mobilities within transnational family networks. This leads us to propose the notion of 'immobilizing regimes', which we argue draws attention to the consequences of state immigration policies and hegemonic constructions of migrants and migration, which block the physical mobility of some, while granting highly conditional mobility to others, impacting the trajectories of transnational care circulation over time. As illustrated through our composite vignettes, the capacity for short-term visits, long-term re/expatriation and circular mobility within family networks is constrained, albeit in uneven and differentiated ways.

References

Askola, H. (2016). Who will care for grandma? Older women, parent visas, and Australia's Migration Program. *Australian Feminist Law Journal*, 42, 2, 297-319.
https://doi.org/10.1080/13200968.2016.1258750

Australian Broadcasting Commission (2018). Chart of the day: Where do migrants to Australia come from.
https://www.abc.net.au/news/2018-08-20/where-do-migrants-to-australia-come-from-chart/10133560 [retrieved November 11, 2019]

Australian Government (2015). Intergenerational report: Australia in 2055.
http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report/HTML

Adams, S. (2019). Law and the construction of highly skilled migrant identity in the UK. Ph. D. Thesis, Kings College London.

Anderson, B. (2010). Migration, immigration controls and the fashioning of precarious labour. Work, *Employment and Society*, 24, 2, 300-317.
https://doi.org/10.1177/0950017010362141

APPGM (All-Party Parliamentary Group on Migration) (2013). Report of the Inquiry into New Family Migration Rules. http://www.appgmigration.org.uk/sites/default/files/APPG_family_migration_inquiry_report-Jun-2013.pdf [retrieved November 12, 2019]

Ariza, M. (2014). Care circulation, absence and affect in transnational families. In: Baldassar L. & Merla L. (Eds.), *Transnational families, migration and the circulation of care. Understanding mobility and absence in family life.* New York: Routledge, 94-129.

Axelsson, L. (2017). Living within temporally thick borders: IT professionals' experiences of Swedish immigration policy and practice. *Journal of Ethnic and Migration Studies*, 43, 6, 974-990. https://doi.org/10.1080/1369183X.2016.1200966

Baas, M. & Yeoh, B.S.A. (2019). Mobilities and temporalities. Special Issue of *Current Sociology*, 67, 2.

Baldassar, L (2016). Mobilities and communication technologies: Transforming care in family life. In: Kilkey, M. & Palenga-Möllenbeck, E. (Eds), *Family live in an age of migration and mobility: Global perspectives through the life course.* London: Palgrave, 1-18.

Baldassar, L., Baldock, C. & Wilding, R. (2007). *Families caring across borders: Migration, ageing and transnational caregiving.* London: Palgrave McMillan.

Baldassar, L. (2014).Too sick to move: Distant 'crisis' care in transnational families. *International Review of Sociology*, 24, 3, 391-440. https://doi.org/10.1080/03906701.2014.954328

Baldassar, L. & Merla, L. (Eds.). (2014). *Transnational families, migration and the circulation of care: Understanding mobility and absence in family life.* New York: Routledge.

Baldassar L., Kilkey, M., Merla, L. & Wilding, R. (2016a). Transnational families, care and wellbeing. In: Thomas, F. (Ed.), *Handbook of migration and health.* Cheltenham & Northampton: Edward Elgar Publishing, 477-497.

Baldassar, L., Nedelcu, M., Merla, L. & Wilding, R. (2016b). ICT-based co-presence in transnational families and communities: Challenging the premise of face-to-face proximity in sustaining relationships. Special issue of *Global Networks*, 16, 2.

Barbosa Neves, B. & Casimiro, C. (Eds.). (2018). *Connecting families? Information and communication technologies, generations, and the life course.* London: Policy Press.

Bonizzoni, P. (2018). Policing the intimate borders of the nation: A review of recent trends in family-related forms of immigration control. In: Mulholland, J., Montagna, N. & Sanders-McDonagh, E. (Eds.), *Gendering nationalism: Intersections of nation, gender and sexuality.* Cham: Springer International Publishing, 223-237.

Bonjour, S. & Chauvin, S. (2018). Social class, migration policy and migrant strategies: An introduction. *International Migration*, 56, 4, 5-18. https://doi.org/10.1111/imig.12469

Da, W.W. (2003). Transnational grandparenting: Child care arrangements among migrants from the People's Republic of China to Australia. *Journal of International Migration and Integration/ Revue de l'integration et de la migration internationale*, 4, 1, 79-103. https://link.springer.com/article/10.1007/s12134-003-1020-4 [retrieved November, 12, 2019]

Daly, M. (2011). *Welfare.* Cambridge & Malden: Polity Press.

Demos (2015). Why are British Indians more successful than Pakistanis.
    https://demos.co.uk/blog/why-are-british-indians-more-successful-than-pakistanis
    [retrieved November 11, 2019]

England, P. (2003). Separative and soluble selves: Dichotomous thinking in economics.
    In: Ferber, M. A. & Nelson, J. A. (Eds.) *Feminist economics today. Beyond economic man.*
    Chicago: The University of Chicago Press, 33-60.

Fabian, J. (1983). *Time and the other: How anthropology makes its object.* New York: Columbia University.

Glick Schiller, N. & Salazar, N.B. (2013). Regimes of mobility across the globe. *Journal of Ethnic and Migration Studies*, 39, 2, 183-200.
    https://doi.org/10.1080/1369183X.2013.723253

Hage, G. (2012). *White nation: Fantasies of white supremacy in a multicultural society.* London: Routledge.
    https://onlinelibrary.wiley.com/doi/abs/10.1002/j.1839-4655.1999.tb01087.x

Hawthorne, L. (2005). 'Picking winners': The recent transformation of Australia's skilled migration policy. *International Migration Review*, 39, 3, 663-696.
    https://doi.org/10.1111/j.1747-7379.2005.tb00284.x

Home Office (2011). Consultation on family migration: Ministerial statement.
    https://www.gov.uk/government/speeches/consultation-on-family-migration
    [retrieved November 11, 2919]

Home Office (2012). Immigration Directorate instructions, Appendix FM Annex 6.0, Adult dependent relatives (December 2012).
    http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/IDIs/
    chp8-annex/section-FM6.0.pdf?view=Binary [retrieved November 11, 2019]

Horvath, K. (2014). Securitisation, economisation and the political constitution of temporary migration: The making of the Austrian seasonal workers scheme. *Migration Letters*, 11, 2, 1, 54-170.
    https://doi.org/10.33182/ml.v11i2.235

Jarzabkowski, P., Bednarek, R. and Le, J.K. (2014). Producing persuasive findings: Demystifying ethnographic textwork in strategy and organization research. *Strategic Organization*, 12, 4, 274-287.
    https://doi.org/10.1177/1476127014554575

Jayasuriya, L., Walker, D. & Gothard, J. (Eds.) (2003). *Legacies of White Australia: Race, culture and nation.* Crawley: University of Western Australia Press.

Kalir, B. (2013). Moving subjects, stagnant paradigms: Can the 'mobilities paradigm' transcend methodological nationalism? *Journal of Ethnic and Migration Studies*, 39, 2, 311-327.
    https://doi.org/10.1080/1369183X.2013.723260

King, R., Lulle, A., Sampaio, D. & Vullnetari, J. (2016). Unpacking the ageing–migration nexus and challenging the vulnerability trope. *Journal of Ethnic and Migration Studies*, 43, 2, 182-198.
    https://doi.org/10.1080/1369183X.2016.1238904

Kilkey, M. (2018). Transnational families: Opportunities and constraints for caring across borders. In: Kapella, O., Schneider, N. & Rost, H. (Eds). *Familie – Bildung – Migration.* Berlin: Verlag Barbara Budrich, 335-345.

Kilkey, M. (2017) Conditioning family-life at the intersection of migration and welfare: The implications for 'Brexit families'. *Journal of Social Policy*, 46, 4,797-814. https://doi.org/10.1017/S004727941700037X

Kilkey, M. and Palenga-Möllenbeck, E. (2016) Conclusion. In Kilkey, M. & Palenga-Möllenbeck, E. (Eds.) *Family live in an age of migration and mobility: Global perspectives through the life course*, London: Palgrave, 337-370.

Kilkey, M. & Merla, L. (2014). Situating transnational families' care-giving arrangements: the role of institutional contexts. *Global Networks*, 14, 2, 210-229. https://doi.org/10.1111/glob.12034

Kilkey, M., Perrons, D. & Plomien, A, with Hondagneu-Sotelo, P. & Ramirez, H. (2013). *Gender, migration and domestic work: Masculinities, male labour and fathering in the UK and USA*. Palgrave Macmillan.

Kofman, E. & Raghuram, P. (2013). Knowledge, gender and changing mobility regimes: women migrants in Europe. In: Ilcan, S. (Ed.) *Mobilities, knowledge and social justice*. Montreal: McGill-Queen's University Press, 59-75.

Kofman, E. & Raghuram, P. (2015). *Gendered migrations and global social reproduction*. Springer.

Madianou, M. (2016). Polymedia communication among transnational families: what are the long-term consequences for migration? In: Kilkey, M. & Palenga-Möllenbeck, E. (Eds.) *Family live in an age of migration and mobility: Global perspectives through the life course*. London: Palgrave, 1-18.

Merla, L. (2012). Salvadoran transnational families, distance and eldercare: Understanding transnational care practices in Australia and Belgium. In: Geisen, T., Studer, T. & Yildiz, E. (Eds.), *Migration und Familie. Beiträge zu Bildung, Gender und Care*. Heidelberg: Springer VS, 295-312.

Merla, L. (2015). Salvadoran migrants in Australia: An analysis of transnational families' capability to care across borders. *International Migration*, 53, 6, 153-165. https://doi.org/10.1111/imig.12024

Merla, L. & Baldassar, L. (2011). Transnational caregiving between Australia, Italy and El Salvador: The impact of institutions on the capability to care at a distance. In: Addis, E, Villota, P., Degavre, F. & Eriksen, J. (Eds.), *Gender and well being: The role of Institutions*. London: Ashgate, 147-162.

ONS (2018). Population of the United Kingdom by country of birth and nationality. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality [retrieved November 12, 2019]

Parreñas, R. S. (2001). *Servants of the globalization: Women, migration and domestic work*. Stanford: Stanford University Press.

Pelican, M. (2013). International migration: Virtue or vice? Perspectives from Cameroon. *Journal of Ethnic and Migration Studies*, 39, 2, 237-258. https://doi.org/10.1080/1369183X.2013.723256

Robertson, S. (2013). *Transnational student-migrants and the state: The education–migration nexus*. Springer.

Robertson, S. (2019). Migrant, interrupted: The temporalities of 'staggered' migration from Asia to Australia. *Current Sociology*, 67, 2, 169-185.
https://doi.org/10.1177/0011392118792920

Ryan, L,. Klekowski von Koppenfels A. & Mulholland, J. (2014). 'The distance between us': A comparative examination of the technical, spatial and temporal dimensions of the transnational social relationships of highly skilled migrants. *Global Networks. A Journal of Transnational Affairs*, 15, 2, 198-216.
https://doi.org/10.1111/glob.12054

Sarolea, S., & Merla, L. (Forthcoming). Migrantes ou sédentaires: des familles ontologiquement différentes ? In: Fillod-Chabaud, A. & Odassor, L. (Eds.), *La famille et la nation. Pour une sociologie juridique des migrations et des circulations familiales.* Rennes: Presses universitaires de Rennes.

Schoonvaere, Q. (2014) *Belgique-Maroc: 50 années de migration.* Brussels : Centre fédéral Migrations.

Shamir, R. (2005). Without borders? Notes on globalization as a mobility regime. *Sociological Theory*, 23, 2, 197-217.
https://doi.org/10.1111/j.0735-2751.2005.00250.x

Shaw, A. (2003). Immigrant families in the U.K. In: Treas, J., Scott, J. & Richards, M. (Eds.), *Blackwell companion to the sociology of families.* Malden: Blackwell Publishing, 270-286.
https://doi.org/10.1002/9780470999004.ch16

Turner, B.S. (2007). The enclave society: Towards a sociology of immobility. *European Journal of Social Theory*, 10, 2, 287-304.
https://doi.org/10.1177/1368431007077807

Urry, J. (2003). Social networks, travel and talk. *The British Journal of Sociology*, 54, 2, 155-175.
https://doi.org/10.1080/0007131032000080186

Van Hotum, H. (2010). Human blacklisting: The global apartheid of the EU's external border regime, *Environment and Planning*, 28, 6. 957-976.
https://doi.org/10.1068/d1909

Van Walsum, S. (2013). The contested meaning of care in migration law. *Ragion Pratica*, 41, 451-470.
https://doi.org/10.1415/74941

Wall, K. & Bolzman, C. (2014). Mapping the new plurality of transnational families. A life course perspective. In: Baldassar, L. & Merla, L. (Eds.), *Transnational families, migration and the circulation of care: Understanding mobility and absence in family life.* New York: Routledge, 61-77.

Williams, F. (2018), Care: Intersections of scales, inequalities and crises. *Current Sociology Monograph*, 66, 4, 547-561.
https://doi.org/10.1177/0011392118765206

Willis, R. (2019). The use of composite narratives to present interview findings. *Qualitative Research*, 19, 4, 471-480.
https://doi.org/10.1177/1468794118787711

Yanow, D. (2000). *Conducting interpretive policy analysis.* London: Sage.

Information in German

Deutscher Titel

Transnationale Pflegekreisläufe innerhalb immobilisierender Migrationsregime: Auswirkungen auf die unmittelbare Versorgung

Zusammenfassung

In diesem Papier argumentieren wir, dass der aktuelle politische Kontext restriktiver Migrationspolitiken, die Fähigkeit der Menschen, Grenzen zu überschreiten, um eine unmittelbare Betreuung ihrer Angehörigen zu gewährleisten, dramatisch beeinträchtigt. Es handelt sich hierbei ein zentrales Merkmal transnationaler Pflegepraktiken, das oft übersehen wird. Wir untersuchen, wie der breitere Kontext von Zeitgebundenheit, eingeschränkter Mobilität und erhöhter Unsicherheit über die Zukunft die Fähigkeit der Menschen, mobil zu sein, sich für die Pflege hin und her zu bewegen, beeinflusst und welche Folgen dies hat. In den ersten Abschnitten des Beitrags werden der Rahmen für den Pflegekreislauf und die besondere Bedeutung und Funktion unmittelbarer Versorgungsformen sowie die Hauptkategorien der pflegerischen Mobilität, die dies unterstützen, vorgestellt. Wir veranschaulichen die wichtigsten Dynamiken und Herausforderungen für transnationale Familienmitglieder, die sich an diesen Pflegekreisläufen beteiligen, anhand von drei Vignetten, die sich auf den Pflegeverkehr zwischen Indien und dem Vereinigten Königreich, zwischen China und Australien sowie zwischen Marokko und Belgien beziehen. Im letzten Abschnitt diskutieren wir unsere Vignetten in Bezug auf die politischen, physischen, sozialen und zeitlichen Dimensionen der aktuellen Mobilitätsregime, die sich auf die pflegerische Mobilität auswirken. Wir argumentieren, dass die Mobilitätsregime, die derzeit die pflegerische Mobilität regeln, am besten als "immobilisierende Regime" mit wichtigen und unterbewerteten Auswirkungen auf die ontologische Sicherheit und das Wohlbefinden zu verstehen sind.

Schlagwörter: Transnationale Familien, Pflegekreisläufe, Mobilitätsregime, Wohlbefinden