of the organisations that seek to maintain or eliminate them (Moulier and Papademetriou 1994).

31. The Dominican international migrants in the study participated in three migratory systems: from Latin America to Spain (European Union), from Latin America to the United States and within Latin America (flow between Dominican Republic and Venezuela).
32. Agreements have been signed with Ecuador, Colombia, Morocco, the Dominican Republic, Poland, Rumania and Bulgaria (San Martín, 2006).
33. Some of the technology that forms part of the 'concentrated border enforcement' strategy along the Mexico–U.S. border such as the infrared night scopes that detect migrants by their body heat dates from the Vietnam War (Cornelius 2001, 663). Measures with a negative effect on the U.S. Latino community after 9/11 include: (1) new changes of address requirements, (2) state and local police enforcement of federal immigration law, (3) restrictions on identification documents, and (4) worksite enforcement (Waslin 2009).
34. Of the 946,142 permanent residence visas granted in 2004, 65.6 percent involved family links. According to Wasem (2005), four main principles govern U.S. policy on permanent residence: (1) family reunification, (2) admission of immigrants with particular skills for which there is a demand, (3) protection of refugees, and (4) diversity of admissions requirements by country of origin.
35. Mexico is the country with by far the largest number of relatives on the waiting list: 1,381,896 in the 2010 tax year, followed by the Philippines with 535,750. For that year, the number of annual visas per country was 25,620 (http://travel.state.gov/pdf/waitinglListItem.pdf, last retrieved on 5 August 2011).
36. Vertovec (2004: 219–220) notes that , between 1995 and 2001, calls from Mexico to the United States grew by 107 percent, calls from the United States to Mexico grew by 171 percent and calls from United States to the Dominican Republic grew by 189 percent. The overall volume of international calls climbed from 12.7 billion in 1982 to 154 billion in 2001 (Vertovec 2004).

# 5 A Macro Perspective on Transnational Families and Care Circulation

## Situating Capacity, Obligation and Family Commitments

*Laura Merla*

Nacho migrated to Perth, Western Australia, in 1989 under a political refugee program together with his pregnant wife and three children aged seven, five and three. In El Salvador, Nacho had worked as an anaesthesiologist in a children's hospital, and his wife had managed a small coffee shop. The refugee program included financial and practical support from the Australian government, in the form of housing, unemployment benefits and English classes. Nacho was informed that he needed to go back to university and pass English tests as a prerequisite for the recognition of his qualifications. Because his English was too poor and he needed money, Nacho renounced his profession and took a low-paid cleaning job while his wife stayed at home to look after the children. Later she also took a low-paid, part-time cleaning job that allowed her to care for her children after school, and Nacho became the (unpaid) pastor of a Spanish-speaking Church while still working as a part-time cleaner. His mother still lives in El Salvador and only receives a small pension that does not cover her expenses, and he manages to send her monthly remittances despite limited financial resources. Nacho is one of the few Salvadorans that I interviewed who communicates with his mother on the Internet. He chats with her every single day, and he also calls her on the phone three times a week because he likes to hear her voice. Mother and son exchange advice and emotional support at a distance. Nacho has never been able to visit or invite his mother and his half-brother. The reasons for this include, among other things, prohibitive costs, visa issues, and an inability to access long paid leave.

In 1999, Natalia, a single mother who worked as a receptionist, accepted the invitation from her Belgium-based aunt to move to Belgium. She travelled alone, leaving her three children (ages ten, seven and five) in the care of her mother Josefina. She didn't require a visa to enter the Belgian territory, but after ninety days, she became an irregular migrant. She found an undeclared job as a domestic worker that allowed her to send weekly remittances back 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 couldn't stand living apart from her children, but she travelled back to Belgium two months later with the intention of saving enough money to bring them to Europe. Over the years, she has been able to bring her children to Belgium, as well as two of her brothers, who occasionally work in the building sector. Natalia continued to send regular remittances to her mother and call her every week. Because of their lack of employment, her brothers Marco and Arturo were unable to regularly send their mother money. Arturo called her several times a week, while Marco only called her once a month mainly because he felt guilty for not playing a substantial role in her financial well-being. In 2009, Gloria, Josefina's eldest daughter who lives in the United States, financed her mother's visit to Belgium. Josefina was meant to spend only a few months with her family, but she had been in Belgium for more than a year when I interviewed her. She was staying at Marco's apartment, providing and receiving personal, practical and emotional support to and from her children. Josefina wanted to move back home, but Natalia, who was granted a five-year visa in 2006 as a result of marrying a Belgian, was trying to get her a visa, which would also grant her access to social security and public health services in Belgium.

These case studies are drawn from comparative research on transnational care practices of Latin American migrants living in Australia and Europe.[1] The study focused on migrants who occupy a low qualified and/or low remunerated position in Australia and Europe despite coming from a mix of working-class and professional backgrounds in their homeland. Data collection in Australia and Belgium comprised forty-four life-history interviews in the participants' native language and participant observation with Salvadoran migrants living in Perth, Western Australia and Brussels, Belgium (nineteen men and twenty-five women). One of the main aims of this project was to analyse and compare the impact of the institutional context of two different receiving societies (Belgium and Australia) on migrants' capacity to care for ageing parents across borders.

In this chapter, I will discuss the usefulness of situating the care circulation framework (Part A, this volume) in a migratory context by discussing the interconnections between institutional contexts and capacity, obligation and negotiated commitments (Baldassar et al. 2007). I will show that care arrangements that result from a dialectical relationship between these three elements are influenced by migrants and their kin's respective positioning in the migration, welfare, gendered care and working-time regimes of their societies of origin and destination.



## UNDERSTANDING THE IMPACT OF INSTITUTIONAL CONTEXTS: A FRAMEWORK

The various contributions to this book highlight that the circulation of care within transnational family networks is a key element for the maintenance of 'familyhood' (Bryceson and Vuorela 2002a, 2002b) and cultural belonging. In the context of globalisation and increased geographical and virtual mobilities, combined with population ageing, transnational caregiving is becoming a common feature of a growing number of families. Once we recognise that transnational families represent a significant category in typologies of contemporary family forms, it becomes necessary to address the implications of mobilities and care circulation for social policy. The idea of a 'situated transnationalism' (Kilkey and Merla 2013) highlights that the specific contexts of both receiving and sending societies play a major role in shaping actual and potential care circulation.

Bonizzoni and Boccagni (Chapter 3, this volume) underline the importance of understanding the constraints and resources available to transnational family members, in both their home and host countries. According to the authors, these details help explain variations in the shape and outcomes of long-distance caregiving arrangements, as well as their evolution over time. Bonizzoni and Boccagni identify several factors of key importance, including infrastructures and technologies, immigration policies, migrants' integration in the labour market as well as cultural constructions based on age and gender, to name just a few.

Research has indeed shown that the institutional contexts of both the home and host societies play a key role in shaping the resources and constraints of transnational family caregiving (Al-Ali 2002; Baldassar 2008a; Baldassar, Baldock and Wilding 2007; Fresnozat-Flot 2009b; Zechner 2008). In collaboration with Loretta Baldassar, and in order to provide a framework for understanding the inequalities that arise from different institutional contexts and their influence on migrants' capability to care for their relatives, I have conceptualised care within transnational families as a capability that is affected by three sets of factors (Merla 2012a; Merla and Baldassar 2011). The first set includes mobility (being able to travel) and communication (being able to communicate and send items across borders), which are the major channels through which care circulates within transnational families. The third set comprises paid work, later renamed 'finances' (Kilkey and Merla 2013) (having access to sufficient financial resources), education and knowledge (for instance, having the opportunity to learn how to use ICT and having one's qualifications recognised in the host country) and time-allocation (being able to dedicate time to caregiving exchanges), which provide the necessary resources for mobility and communication.

Social networks (having access to social networks in the home and host societies) play a mediating role between the first and third sets of factors, as networks of friends, relatives, neighbours and so on can help migrants and their kin overcome difficulties related to limited access to resources for mobility and communication (Merla 2011). Access to and use of all these resources are strongly influenced by the host and home countries' formal and informal policies, such as visa regulations, leave policies and development of infrastructures.

In order to get a fuller picture of the policies involved and highlight the critical role of national contexts, Majella Kilkey and I (Kilkey and Merla 2013) have drawn on the various strands of 'regime' scholarship to specify the institutional contexts within which the resources necessary for caregiving exchanges within transnational families are in part constituted. We have identified four regimes as relevant. First, the migration regime, 'characterised by immigration policies—rules for entrance into a country (quotas and special arrangements), settlement and naturalisation rights, as well as employment, social, political and civil rights' (Williams 2010, 390) and which also includes migration cultures in home and host societies. Second, the welfare regime, which defines a system of welfare provision (Esping-Andersen 1990). Third, the gendered care regime, which aims at capturing who is responsible for care, the nature of state support for non-familial care, and provisions for care leave (Williams 2010) as well as dominant national and local discourses—'care cultures'—on what constitutes appropriate care (Kilkey and Merla 2013; Williams and Gavanas 2008) and gender equality expectations and outcomes associated with care arrangements (Pfau-Effinger 2000). Finally, the working-time regime defined to 'include the set of legal, voluntary and customary regulations which influence working-time practice' (Rubery, Smith and Fagan 1998, 72). Policies around the regulation of cross-border transport, including its availability and affordability and around the quality and accessibility of the communication infrastructure, are also important.

For each regime, we have identified relevant parameters for the circulation of care in transnational families. These are specified in Table 5.1.

These different regimes and policies, which have specific features in different home and host countries, interact to create particular contexts that facilitate or hinder the circulation of care within different types of transnational families. The level and form of involvement in caregiving—and receiving—of each member of a transnational family network, and the ease with which they are able to participate in these exchanges, are partly shaped by their position within the migration, welfare, gendered care and working-time regimes of their home and host societies, as well as their access to transport and communication technologies. Regimes influence people's migratory status, insertion in the labour market, social entitlements, access to education, rights to take time to care or be cared for as well as cultural



*Table 5.1* Care Circulation: Institutional Contexts*

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

* This is a short version of the table that comes from Kilkey and Merla (2013).

and gendered norms regarding the definition of appropriate care and of who should perform this care. These impact on their freedom to circulate within transnational family networks for care purposes and to participate in caring from a distance. People's 'situations' within these regimes also vary according to key factors such as gender, class, ethnicity, age and position in the migration and family cycles (see Chapter 4, this volume).

Baldassar et al. (2007, 204) define transnational caregiving as 'a dialectic encompassing the capacity of individual members and their culturally informed sense of obligation to provide care, as well as the particularistic kin relationships and negotiated family commitments that people with

specific family networks share'. This dialectic is equally pertinent to an analysis of care circulation. In this chapter, I will discuss the usefulness of the situated caregiving capabilities framework presented above for understanding the influence of institutional contexts on the three aspects of this dialectic, drawing on my own research and on the various contributions to this volume.

## INSTITUTIONAL CONTEXT AND CAPACITY

As I mentioned earlier, for members of transnational families, being able to be mobile and communicate with kin are the main conditions that allow participation in care circulation. The framework helps better understand the relative lack of physical mobility that is characteristic of Nacho, Natalia and their kin's caregiving exchanges. The impact of the migration regimes is clear. The mobility of Natalia's family arises from the absence of a visa requirement for El Salvador citizens who enter Belgium with the intention to stay a maximum of ninety days. Those who stay for longer periods of time and who can apply for family reunion because their relative holds a valid permit must prove that they are dependent on the person with whom they wish to reside. Since 2006 and 2007, they must also prove that their sponsors can accommodate them, have sufficient means of subsistence 'to ensure that they do not become dependent on the Belgian welfare system' (SPF Affaires étrangères 2011) and have obtained a health care insurance policy. If family reunification represents the main source of migration in Belgium, family members other than spouses and children only represent a minor proportion of beneficiaries (Lodewyckx, Timmermans and Wets 2011). In their study of a sample of 9,298 beneficiaries of family reunification in Belgium between 2000 and 2005, Lodewyckx et al. found that only 4 percent were older than age fifty-five, and fewer than 1 percent was reunited with a daughter or son (including in-laws) (Lodewyckx et al. 2011). Those who cannot apply for family reunification because their relative is an irregular migrant become irregular migrants themselves, which means that they will have no access to public health and social security in Belgium. Irregular migrants who wish to visit their families back home face the risk of not being able to return to Belgium.

In this context, migrant children tend to remain in Belgium and engage in long-distance caregiving, whereas ageing parents who can afford to travel with the support of their extended family networks regularly visit their children in order to give and receive care. This is very different from the Australian case, where the mobility of all the actors involved is extremely limited. The lack of mobility of Nacho's relatives is explained in large part by restrictive visa regulations. In the Australian migration regime, El Salvador citizens require costly visas and health insurance, both of which are more expensive for elderly people in particular (for more details, see Chapter 12, this volume).



Many contributions to this volume confirm the primary importance of migration regimes for the lives of transnational families in general and for the circulation of care in particular. The conditions under which kin circulate within family networks—and the possibility of such movements—are highly dependent on visa regulations and family reunion schemes. Needless to say, border crossing and settlement represent different experiences depending on whether one is an undocumented or a legal migrant. Ariza (Chapter 4, this volume) shows that undocumented Mexican migrants living in the United States face greater restrictions to mobility and family solidarity compared with Dominican legal migrants in Spain, a situation that she partly attributes to differences between the migratory systems of the two host countries. Spain's relatively friendly migration policies towards Latin American migrants, based on positive discrimination, involves easy access to citizenship, freedom to cross the Spanish border and easier access to family reunion schemes than the much more hostile attitudes predominant in the United States towards Mexican migrants, who often have no other choice than to cross the border illegally and have no access to family reunification.

There are also important differences between legal migrants. Each type of visa entails a particular series of rights and obligations that can facilitate or hinder the circulation of care and impact the type and direction of flows of support within transnational families. In the case of Indian students in Australia (Chapter 11, this volume), not having access to welfare benefits means that they must rely on their distant families for financial support. Not knowing whether they will get a job and be able to successfully apply for family reunion in Australia also makes it difficult for them to make future plans. The interrelation between migration and family is vividly illustrated by the case of a former student who has a permanent visa in Australia but who considers migrating to Canada where family reunion is easier. These examples contradict the assumption, commonly found in migration literature, that geographic mobility is predominantly triggered by 'rational economic', profit maximisation motives, by showing the existence of other motives such as the need to give or receive care—a point made by Baldassar, Baldock and Wilding (2007) and Ackers and Dwyer (2002, 152; see also Merla and Baldassar 2010b).

As a refugee, Nacho was immediately granted a permanent visa and faces no legal restrictions to borders crossing. What comes into play here is his positioning in the welfare/labour market nexus. In Australia, Nacho faced downward social mobility because of a lack of proficiency in English and of recognition of his qualifications. This resulted in being downgraded to low-qualified, low-paid jobs in the cleaning sector, and it also led Nacho's wife to postpone her return to the labour market to look after their young children. As irregular migrants, Natalia and her brothers had to accept low-paid and time-demanding jobs, and she struggled to improve her situation after gaining a temporary visa. Martens and Verhoeven (2006) point to the ethno-stratification of the Belgian labour market where foreign-born

workers, and non-Europeans in particular, have lower opportunities for good employment conditions and access to certain types of professions and sectors, a stratification that can also be observed in the Australian labour market (Colic-Peisker and Tilbury 2006). Since the late 1990s, the demand for migrant workers in Belgium has increased in highly flexible, illegal and low-paid jobs in the construction industry, catering and domestic services (Bribosia and Rea 2002; Caestecker 2006).

Mobility is also restricted due to a difficulty to set aside time for travel, which is also related to a migrant's positioning within working-time and gendered care regimes. In both countries, irregular and short-term workers like Nacho, Natalia and her brothers are excluded from policies that regulate working hours and holiday entitlements. Their labour market positioning also excludes them from time to care provisions such as long-service leave (a three-month paid leave accessible to employees with ten years of continuous service) in Australia and time credit (a one-year paid leave accessible to employees after working at least twelve months for the same employer) in Belgium. In Australia, working migrants can accumulate their annual paid vacations and travel once they have saved enough time to make a long visit home, an option that is not available in Belgium. As Palmas and Ambrosini (2008) outline, it is particularly difficult for domestic workers who bring their children to Europe to balance their child-rearing and working obligations. These tensions also reduce the possibility for women like Natalia to make visits for eldercare purposes.

## INSTITUTIONAL CONTEXT AND OBLIGATION

Building on Blackman, Brodhurst and Convery's (2001) argument that welfare regimes predispose societies towards particular configurations of social care for eldery people, Baldassar (2008a, 271) states that cultural notions of obligation in transnational families 'are influenced by and in turn influence existing and historical patterns of social structures and service provision in the countries of relevance'.

This statement invites us to consider the interrelationships between culture, institutions and practices, which particularly come to the fore in the migratory context. Grillo's (2010) work on diversity regimes in multicultural societies, in particular his discussion of the interrelationships between moral orders and the politico-jural domain, is particularly helpful. He proposes to consider (diversity) regimes as politico-jural domains (or sets of formal and informal rules and regulations) informed by, backing up and (re)producing moral orders, defined as 'beliefs and values that provide guidelines (or imperatives) for right and proper conduct' (Grillo 2010, 26). Although this conceptualisation derives from a discussion of cultural diversity, I would argue that it can also be applied to other types of regimes. Indeed, the migration, welfare, gendered care and working-time regimes are all informed by, back up and (re)produce dominant (hegemonic) moral orders. Norms and values represent a central element of these regimes, together with policies and regulations. The four regimes that influence the circulation of care within transnational families are informed by particular notions of the family as a moral order that 'provides guidelines or rules for constituting relations between kinsfolk and affines, and between men and women (across gender and generation), and for identifying their transgression' (Grillo 2010, 27). Hegemonic—and patriarchal—normative conceptions of the family set guidelines for the gender division of paid and unpaid work and the form that this division takes. This normative vision is reflected in the various regimes—for instance, the working-time regime may include formal and informal regulations that encourage part-time work in highly feminised sectors/professions, thus reflecting and (re)producing what Lewis calls a 'male full-time earner–female part-time carer' model (Lewis 2001). The interrelations between moral orders in the family domain and institutionalised sets of regulations are captured by the notion of 'gendered care culture', which form an integral part of gendered care regimes, and by the notion of 'migration cultures' in migration regimes. The latter are informed by, and (re)produce, normative conceptions of the family that influence, between others, acceptable/desirable migration strategies in sending societies and construct acceptable/problematic migrants in receiving societies.

It is important to keep in mind that various moral orders coexist in a given society and vary across time and space (at the local, regional, national and international levels) as well as across social classes, ethnic groups and so on (Grillo 2010). The migratory experience exposes individuals and families to different and sometimes contradictory notions of obligation to care, which are informed, and sometimes constrained, by the welfare/gendered care regimes of both home and host countries.

The idea that children should support their parents financially, practically and emotionally is widespread among the Salvadoran population, all classes and genders included (Benavides et al. 2004). Sons and daughters have a strong sense of duty to care for their ageing parents, and this sense does not fade with distance (Merla 2010). This is related to the characteristics of El Salvador's informal-familialistic welfare regime, where the state is absent and extended families carry the full burden of care duties and play the role of production units and social protection networks (Martínez Franzoni 2008). Only 20 percent of the population has access to state-sponsored health care services (Martínez Franzoni 2008), and 50 percent of Salvadorans ages sixty and over entirely rely on family and community support (Guzmán 2002, 14). Institutional care in El Salvador is not available, nor is it considered a desirable option by Natalia and Nacho's mothers, in either their home or their children's host countries. Nacho's rapid acceptance of professional downgrading is also related to a reluctance to become dependent on social benefits (also noted by Santos 2006), which in

turn is related to the low level of social protection offered by El Salvador's welfare regime.

El Salvador's care regime is highly gendered: Women assume the quasi-exclusive responsibility of unpaid work in general and care in particular (Martínez Franzoni 2005). This explains why Nacho's wife postponed her entry in the Australian labour market in order to care for her young children despite financial difficulties. It also explains why Natalia asked her mother, and not her children's father, to look after her children when she migrated to Belgium.

Gender differences are less obvious when we look at Salvadoran men's participation in long-distance elder care. My study of Salvadoran transnational families actually challenges the assumption that women are the main actors of caregiving exchanges in transnational families (Merla 2010). Here, gender does not entirely determine variations in the form and degree of Salvadoran men's involvement in care exchanges with ageing parents, except for hands-on care during visits, which is more common among women than men. In Australia, some men are the main coordinators of the support provided to their ageing parents. They are in constant communication with their distant kin and provide important levels of emotional support (Merla 2010). Other factors come into play, such as birth order (being the eldest) or family structure (not having any sisters). These factors have also been acknowledged in the literature on geographically proximate family networks (Attias-Donfut, Lapierre and Segalen 2002; see also Chapter 8, this volume). In addition, the Belgian case shows that sons' involvement in financial support can be compromised by an increased difficulty to find paid work in the host society. As Natalia's brothers note, it is more difficult for men to find an undeclared job in Belgium than it is for women because the demand for domestic workers is higher, and controls are less frequent than in the building sector, where they unsuccessfully tried to get a job.

Legal frameworks play a decisive role in the definition and recognition of family obligations (Attias-Donfut et al. 2002). Different gendered care–migration regimes nexuses produce different types of transnational families. This is partly based on the definition of family that underlies migration regimes—a definition that is in turn influenced by a prioritisation of parenting over elder care obligations. Transnational motherhood is more common in Belgium than Australia because the latter country is characterised by a gendered care–migration regimes nexus that makes the importation of foreign live-in nannies difficult, and the migration regime 'tends to produce families in which migrants live with their children but are separated from ageing parents' (Chapter 12, this volume). None of the Australian migrants who participated in the study that informs this chapter has experienced transnational motherhood or fatherhood, except for one case where a father migrated to Australia with his second wife and left his children behind, but these children were already living in the United States with their mother, who had sole custody. But Australia and Belgium's migration regimes are based on a similar assumption that elderly migrants represent a burden for social security and health systems and largely exclude them from family reunion schemes. These schemes are based on a construction of family as a nuclear household composed of adult parents and their dependent children. Notions of obligation and filial duty towards ageing parents are not recognised (see also Merla and Baldassar 2011).



Migrants' culturally informed notions of obligation and appropriate forms of care for dependants are also challenged by the welfare/gendered care regime of receiving societies and the moral orders that underpin them. As Grillo (2010, 27–28) notes, 'migration is an important catalyst for changing perceptions of self and other and forces (re)interpretation of beliefs and practices', which the author partly relates to the pressure that receiving societies and their institutions exert on migrant families. The clash can be quite important for migrants moving from societies characterised by familialist regimes to more 'individual-oriented' welfare systems in receiving societies (Blackman 2000, 181). In this context, migratory projects can go through a tension between real or desired increased autonomy and the reaffirmation of family obligations and duties. People migrate for a variety of reasons, including family care obligations and duties (Merla and Baldassar 2010b). But the confrontation with a receiving society, where autonomy and individualism challenge family duties, can lead migrants to reconsider their own investment in the circulation of care. Research on Italian transnational families has shown that this confrontation can create tensions between the expectations of left-behind kin and first- and second-generation migrants' vision of familial interdependencies and appropriate/desirable responses to care needs (Baldassar 2007a; Zontini 2010; see also Chapter 10, this volume). Intergenerational tensions may also appear in situations where ageing parents who reunite with their children in the host society come to realise that their offspring are unable to care for them in person because their children's perceptions of appropriate care have changed, because they do not wish to prioritise caring over paid labour or because they do not have sufficient access to work/family balance measures (Wilding & Baldassar 2009).

Within multicultural societies, the interarticulation between 'alternative (subordinate) familial regimes and moral orders associated with immigrants and minority ethnic populations of migrant origin' and dominant (hegemonic) moral orders is constantly negotiated (Grillo 2010, 31). This means that globalisation and migration can in turn challenge dominant models in receiving societies, as is exemplified by current debates on care options for ageing migrants in Europe. There is a growing concern that service provision in receiving societies will not meet the expectations and needs of migrants and their relatives. For instance, a Belgian study highlights Moroccan migrants' reluctance to use institutional care, as this is considered a form of abandonment and a source of shame within this community (Moulin et al. 2006). The Salvadorans whom I interviewed in Australia and

Belgium were critical of their host countries' aged care cultures and did not consider institutional care as an acceptable option (Merla 2011).

Migration, globalisation and transnationalism have led to significant social transformations in both receiving and sending societies (Vertovec 2009, 158), which affect moral orders and practices. The circulation of care within transnational families influences these changes. Ariza (Chapter 4, this volume) conceptualises the circulation of care in the transnational space as a two-way flow between home and host communities that involves, among other things, the mobility of ideas, images and practices (Chapter 4, this volume). Members of transnational families who are engaged in reciprocal care exchanges participate in the circulation of norms around appropriate care, filial duty and family solidarity at a global level. These transnational exchanges provide family members who have never migrated with a 'personal repertoire comprising varied values and potential action-sets drawn from diverse cultural configurations' (Vertovec 2009, 69). Research still needs to fully address the transformative potential of the transnational circulation of care within families, not only on host communities, but also on home communities, in terms of practices, moral orders and policymaking (also highlighted in Chapter 8, this volume).

## INSTITUTIONAL CONTEXT AND NEGOTIATED FAMILY COMMITMENTS

Negotiated family commitments form the third element of Baldassar, Baldock and Wilding's (2007) definition of transnational care. This notion was developed by Finch (1989a) and Finch and Mason (1993) in their study of geographically proximate families living in the UK. Negotiated family commitments are the result of the gradual emergence of an understanding of what certain people in the family would do for other kin members, so that when a need arises, it becomes obvious that a particular person will be the one to provide the necessary support. As Finch (1989, 201) puts it, 'every negotiation between members of the same family, about whether a particular kind of support is to be provided, draws upon a history of relationships and commitments in that particular family, and anticipates a future'. Elements such as the history of the relationship, personal reputations developed over time and accumulated commitments play a central role in these negotiations.

Family commitments are not fixed but subject to constant (re)negotiations. Expectations, investments and practices change over the family, individual life and migratory cycle (see Chapter 2, this volume). Migration significantly impacts, and potentially disrupts, individual biographies and family relationships and can lead to renegotiations of family commitments and care arrangements. For the Salvadoran migrants I interviewed in Belgium and Australia, participating in care exchanges at a distance was



considered a way of continuing the role they had played before migrating. Nacho started contributing to the family budget when he was a teenager and continued to support his mother financially, but also practically and emotionally after he got married and left the house. The migration experience reinforced his sense of obligation to care for his distant mother, as he tried to compensate for his 'physical' absence by sending remittances and chatting with her every day. Several migrants said they would probably communicate less often with their ageing parents if they had not migrated. Geographical distance makes the need to keep family ties alive more pressing (Bryceson and Vuorela 2002), and exchanging care across boundaries is a key way of maintaining a sense of familyhood (Goulbourne et al. 2010; Baldassar 2008a).

Migration led to downward social mobility for the Salvadorans I met in Perth, and this impacted on their participation in the circulation of care, which led to renegotiations of family commitments. People who migrate are exposed to a new structure of opportunities and constraints that can modify their capacity to provide particular forms of care. Roberto, who had a comfortable situation in El Salvador where he worked as a manager, was the main provider of financial support to his mother, but he had to pass on this role to one of his brothers because his cleaning job in Perth did not provide him with sufficient funds to send regular remittances. Al-Ali (2002) notes in her study of Bosnian refugees living in the UK and the Netherlands that women (and, to a lesser extent, men) who struggle to find qualified jobs in their host country and/or to integrate new social networks tend to compensate a sense of isolation by strongly investing in maintaining a relationship with relatives and friends back home. The strong investment in the circulation of care of several Salvadoran migrants I interviewed can similarly be interpreted as a way of dealing with a feeling of isolation and loneliness, of compensating professional, material, social and/or personal problems (in both Australia and Belgium) and ultimately creating/maintaining a positive sense of self as a 'good' son or daughter who fulfils her or his filial duties (see Merla 2010).

Migration can also challenge the balance of power within (transnational) families. Power relations are central to negotiation processes, and these cannot be understood without reference to structural conditions and moral orders, which affect the bargaining power of family members involved in formal or informal negotiations of care duties. Patriarchal power increases men's capacity to impose certain tasks on women, such as domestic and caring tasks (Finch 1989a, 200). Within many societies, family relationships are governed by structural models of power relations that link authority with masculinity and are interconnected with the sexual division of labour (Connell 1987). As Pessar (2005, 7) notes, access to paid work and state services can help immigrant women gain more control over household decision-making and expenditures, whereas men 'commonly experience a decrease in relative authority and privilege within households, workplaces,

and the wider community'. In my study, women's relatively easy insertion in the (informal) Belgian labour market as compared with men located them as key providers of financial support and gave them extra weight in care-related decisions, whereas men experienced their reduced capacity to send remittances as a source of shame that led in some cases, such as Marco's, to the adoption of a low profile in the family network.

Migrants also face new expectations that may not correspond to their real situation and place additional burden on their shoulders. Several male and female Salvadorans complained about left-behind family members who tended to overestimate their financial situation and place high expectations on them, which deprived them of the possibility of using financial problems as a 'legitimate excuse' (Finch 1989a, 210) for reducing or ceasing to send remittances (Merla 2010).

## CONCLUSION

As Baldassar (2008a, 270–271) notes, 'all migrants and their transnational family members are located in particular places at particular times and their caregiving practices are variously affected by this "territorialisation"'. In this chapter, I have tried to demonstrate the usefulness of 'situating' migrants and their kin's caregiving exchanges by discussing the interconnections between institutional contexts and capacity, obligation and negotiated commitments. I have shown that care arrangements are influenced by migrants and their relatives' respective positioning in the migration, welfare, gendered care and working-time regimes of their home and host societies.

The use of the term 'influenced' is by no means accidental. Institutional contexts can make it easier or harder for actors involved in transnational family networks to circulate particular types of support, but practices are not automatically determined by structures of opportunities and constraints. I would like to stress here the importance of combining an analysis of practices related to the circulation of care at the macro, meso and micro levels (also argued by Baldassar 2008a). I have shown elsewhere that social capital, in the form of social networks in both home and host societies, can help migrants and their kin overcome obstacles related to difficult access to caregiving related resources, such as finances, education or time (Merla 2011, 2012b). Natalia assisted several migrant families in Belgium, providing them initial accommodation and helping them find a job. Members of the network that she re-created in Belgium exchange useful tips on cheap communication, and those who travel back home regularly deliver gifts and remittances to their friends' relatives. Family networks also represent an important resource for migrants and ageing parents. Josefina could only be reunited with her children in Belgium thanks to her daughter Gloria, who financed her trip. Gloria had recently applied for a permanent visa in the United States and thought it would be easier to visit her relatives in Belgium rather than trying to reunite the whole family in El Salvador or the United States. This example attests to the capacity of migrants to circumvent obstacles to family solidarity that are specific to a certain institutional context by mobilising family members located in a more favourable environment (see also Merla 2012b). I would argue that actors can work the system a great deal precisely because different forms of care circulate in multiple directions within transnational families and provide them with the necessary resources to participate in these reciprocal exchanges of solidarity.



The experience of circulating care in a transnational context reveals that constraints coexist with agency and fluidity. The migration experience in particular challenges expectations, meanings and practices in the realm of families, affecting individual actors, wider kin groups as well as communities of origin and destination. The transnational circulation of care, that is, multidirectional flows of emotional, personal, practical and financial support via the circulation of people, ideas and material objects, has consequences that go beyond individual households and wider family networks: They can potentially play an active role in the 'creation, re-creation and transformation of cultures' (Herrera Lima 2001, 91, cited in Vertovec 2009, 64) as well as sociopolitical institutions.

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## NOTES

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