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<ct>Transnational families, care and wellbeing

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<a>Transnational families and care circulation[1]

<text>Increasing numbers and types of migrants are separated from their family by distance and national borders. Even those family members who 'stay behind' become part of social relationships stretched across time and place, although they might never actually move at all. The notion of 'transnational families' emerged at the beginning of the twenty-first century to designate these new family forms, defined by Bryceson and Vuorela (2002: 18) as 'families that live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely "familyhood", even across national borders'.

The challenge of maintaining the feeling of collective welfare and unity in transnational families, friendships and support networks must be at the core of any discussion of migration and its impact on wellbeing. How do family members (broadly defined) support each other across distance? How do they perform their roles and duties as supportive friends, mothers and fathers, children, sisters and brothers, aunts and uncles, grandparents and so on? Our research leads us to argue that the exchange of care is one of the central processes (practices and performances) that maintains and sustains migrant family relationships – indeed all family relationships. For the purposes of this chapter, we focus on the ability of transnational family members to practise caregiving as a key feature of migrant wellbeing.

It must be noted that transnational families are not new. Throughout history there have been many and varied forms resulting from all types of mobility including emigration and immigration, (for example, of wet nurses and artisans), colonial expansion and exploration and the separation of family members through entry into religious orders, the custom of

apprenticeship and even the use of boarding schools (Yeates 2009). Rather, it is the scale and pattern of mobility that has been radically transformed (Castles et al. 2014). Contemporary forms of mobility include a diverse and overlapping set of population flows including:
<bl>The large-scale flows of labour migrants, including the important phenomenon of migrant female domestic and care workers, which has radically feminised migration (see, for example, Parreñas 2001; Willis and Yeoh 2000).
'Forced' migrations, including of refugees and persons trafficked across international borders against their will (see, for example, Kneebone et al. 2014).
The movement of skilled and professional migrants, often on temporary visas, including highly paid consular executives and expatriates as well as more middling professions such as nursing and trades (see, for example, Walsh 2008; Iredale 2002; Conradson and Latham 2005).
The mostly rural–urban flows of internal migration are a feature of the so-called developing world. This form of migration in China today constitutes one of the largest movements of people in human history (see, for example, Cai et al. 2012).
The movement of young people, both as working holiday visa holders and international students (see, for example, King and Raghuram 2013; Cairns 2010).
The movement of people for lifestyle reasons, including so-called 'sunset' migrants, relocating in the retirement phase of the life-course (for example, Benson and O'Reilly 2009).
The movement of people to form families via marriage migration (for example, Kim and Kilkey 2016).
The category 'migrant' also blurs with other forms of mobile persons including commuter and fly-in/fly-out workforces that reflect the full spectrum of workers, from professionals to low-skilled (for example, Ralph 2014).

<text>This complex range of migrant types has resulted in a tendency in the recent literature to refer to ‘mobility’ rather than ‘migration’ to better reflect this diversity (Urry 2007). What all these mobile types have in common, in terms of their wellbeing, is the desire and need to sustain their caregiving and receiving relationships across distance. The way people manage distance and its impact on family and friendship relationships has been revolutionised by the plethora of new communication technologies. Whereas in the past, transnational family members would stay in touch only by long-awaited letters that travelled by sea, today people can be ‘virtually’ constantly present in each other’s lives. As Baldassar, Baldock and Wilding (2007: 13) write, ‘the resulting idea of the “transnational family” is intended to capture the growing awareness that members of families retain their sense of collectivity and kinship in spite of being spread across multiple nations’.

<b>Definitions and key concepts

<text>Our definition of transnational families includes both nuclear and extended types whose members are actively engaged in family survival and maintenance, ranging from those whose involvement is extensive and constant to those whose roles are more marginal. We recognise too that these roles and the extent of engagement can change over time and across the life-course. For this reason, our definition of transnational caregiving includes a wide variety of care exchanges (Baldassar et al. 2007). Drawing on Finch and Mason’s (1993) model of family support, five dimensions of care are distinguished: financial and material (including cash remittances or goods such as food and clothing, and paying household and other bills); practical (exchanging advice and assisting with tasks); emotional and moral aimed at improving psychological wellbeing; personal care (such as feeding and bathing); and accommodation (providing shelter and security). This multidimensional definition of care enables distinctions between caring practices that can be exchanged across borders through the use of communication technologies (typically financial and emotional), proximate caring

practices that occur during visits, and proxy caring practices, involving the coordination of support provided by others (Baldassar 2008; Kilkey and Merla 2014; Wilding 2006). All these types of care can be exchanged in transnational settings, but to varying degrees and subject to a variety of factors, including gender, ethnic, class and power hierarchies, as well as national and international policy provisions in fields such as migration, care, communication and transport.

Transnational caregiving, just like caregiving in all families (whether separated by migration or not), binds members together in intergenerational networks of reciprocity and obligation, love and trust, that are simultaneously fraught with tension, contest and relations of unequal power. Baldassar and Merla (2014) point out how the exchange of care in families is inherently reciprocal and asymmetrical, governed by the 'norm of generalised reciprocity' – the expectation that the giving of care must ultimately be reciprocated, although it may not always be realised (Finch and Mason 1993). People may give care without measuring exactly the amount they receive, but with the expectation and obligation that care will be returned to them. This said, family members often carefully monitor these exchanges and they are governed by the multiple and constantly 'negotiated family commitments' and intimate and unequal power relations that characterise family life. For this reason, Baldassar et al. (2007) argue that all family caregiving (both proximate and distant) is mediated by a dialectic comprising the capacity (ability, opportunity), the culturally informed sense of obligation and the negotiated family commitments of individual members to provide care within family networks that are influenced by broader social and political contexts.

As care is given and returned at different times and to varying degrees across the life course, Baldassar and Merla (2014) argue that care could be described as circulating among family members over time as well as distance. This care circulation framework helps to capture all the actors involved in family life as well as the full extent of their care activity, including

practical, emotional and symbolic, that defines their membership in a family. The care circulation framework helps to expand the more common focus on gendered dyads of care (e.g., mother–daughter) to consider multidirectional flows of care across more diverse kin, friendship and service networks. Relevant here are Kofman's (2012: 144) notions of social reproduction and global householding, which help to 'place care work within a wider landscape of activities … and to connect supposedly disparate circuits of mobility and migration, [labour, family and education], which are usually analysed separately'. Looking at migration and transnational family life through the lens of caregiving helps to sharpen our focus on wellbeing.

<a>Care circulation and wellbeing

<text>The concept of care is strongly related to issues surrounding welfare and wellbeing, both at an individual and collective level. As Daly (2011) points out, care relates not only to the servicing of the needs of those who cannot take care of themselves as well as those who are able-bodied, it also emphasises in a broader sense the relational foundations of all social life. In other words, '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).

The capabilities approach offers a useful lens through which we can link care circulation in transnational families and wellbeing (Merla and Baldassar 2010). The capabilities approach proposes a multidimensional approach to wellbeing that attempts to account for both non-financial and non-material constituents (Robeyns 2007). Quality of life is defined as one's freedom to live the kind of life that, upon reflection, one finds valuable. Capabilities refer to 'what real opportunities you have regarding the life you may lead' (Sen 1987: 36). They represent people's potential functionings, or freedom to be and do what they want to be and do. These 'beings and doings' (or functionings) together constitute what makes a life

valuable. Examples of capabilities include being well-fed, taking part in the community, being sheltered, relating to other people, working in the labour market, caring for others and being healthy (Robeyns 2003: 63). This approach takes diversity into consideration: it acknowledges that people differ in their capacity to transform the resources that are available to them into capabilities, depending on personal, social or environmental factors, such as physical and mental wellbeing, traditions, social norms, public infrastructure. Sen's capabilities approach is a framework of thought rather than a fully specified theory, and does not provide a definite list of capabilities. It thus allows for the design of context-sensitive definitions of the criteria that influence people's wellbeing. In her attempt to apply the capabilities approach to gender equality, Robeyns (2003: 71–73) highlights the importance of care. Her list of capabilities includes elements such as unpaid domestic work and non-market (also called informal) care (that is, being able to raise children and to take care of others), and social relations (being able to be part of social networks and to give and receive social support). In our own work on transnational families, we have linked the capability to circulate care in transnational families with a series of interconnected capabilities that include mobility (being able to travel and send remittances), communication (being able to communicate across distance), social relations (having access to a supportive social network across distance), as well as time, money, education and knowledge, and appropriate housing (Merla and Baldassar 2010; Merla 2012; Kilkey and Merla 2014).

Thus, we define the circulation of care in transnational families as a capability that is strongly connected to wellbeing, as the following vignettes show. These four short case studies of transnational family care will help us underline that the ability to give and receive care to and from geographically distant relatives significantly impacts on the wellbeing of transnational family members – in terms of the provision of their care needs, of reciprocal care obligations and practices, and of identity recognition.

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<a>Case study 1: Flying grandmothers: the circulation of care across the life-course

<text>Eleonora, a 76-year-old woman born in the Dominican Republic, raised her seven children alone and also took care of the children of her daughters Eva and Elisa when they respectively migrated illegally to Belgium and the United States. When these grandchildren left to join their mothers abroad, Eleonora still continued to provide support to her distant relatives. During several years she acted as a 'flying grandmother' (Goulbourne and Chamberlain 2001) who regularly travelled to care for her relatives when necessary. In 1986, she spent three months in Belgium to take care of Eva during her final stage of pregnancy. Eva suffered from severe back problems, and the old lady travelled to Belgium every time she needed to undergo surgery. Eleonora also spent two to four months in Belgium caring for her grand-daughters; cooking, ironing, cleaning the house and walking the children to school. Over the years the two women have been able to get permanent citizenship, which has made it easier for Eleonora to travel back and forth. She also regularly travelled to the US to provide similar support to her American grandchildren.

Eleonora's children do their best to reciprocate the love and care they receive from their mother, and to support her financially. In 2003, they all received terrible news: Enrique, the youngest son living in the Dominican Republic, was diagnosed with stomach cancer. He died in hospital only a few weeks later. Elisa and Eva made an emergency trip to their homeland but sadly, they arrived the day after he passed away. The whole family rallied around Eleonora, who was terribly affected by her son's sudden death, and Eva decided to bring her mother to Belgium, where she cared for her for the next year. Eleonora moved back to her house and the frequency of her travel decreased as she became older. Two years ago she suffered from internal bleeding. Her local son and daughter took care of her. Once again, Eva rushed to her mother's side. She didn't trust the diagnosis of the local hospital and travelled to

Belgium with her mother to undertake further medical examination. Eleonora soon recovered and moved back home a month later.

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<a>Case study 2: Migrant filial obligation: care circulation across distance over time

<text>Nacho left his native El Salvador in 1989 through a political refugee programme and migrated to Perth, Australia, with his wife and children. They had enjoyed a good socioeconomic situation in El Salvador. Nacho was an anaesthesiologist in a children's hospital, his wife managed a small coffee shop, and they had bought their own house in the capital, San Salvador. The decision to leave El Salvador was directly related to security: their lives were threatened because of their political activities. On arrival in Perth, Nacho was advised that, in order to have his qualifications recognised by the Australian education system, he had to pass English tests and repeat his university studies in medicine. Nacho did not have a good command of English and felt constrained instead to renounce his profession and take up a cleaning job, while his wife stayed at home to care for their four children. Later she took a cleaning job and he became the pastor of a Spanish-speaking evangelical church, while still working as a cleaner. The couple deeply suffered from their loss of social and economic status, and Nacho felt bad about leaving his ill mother behind.

When he lived in El Salvador, Nacho provided various degrees of financial, emotional, practical and personal care to his mother, and migration has not prevented him from continuing these contributions transnationally, in the form of regular and emergency remittances, as well as practical and emotional support. Nacho is very close to his mother, who suffers from diabetes and can hardly walk. His father died when he was a child, and his mother remarried and had another son. He had a difficult relationship with his mother when he was a teenager but they became very close when they both embraced Christianity – he was

17 at the time. He helped her financially and continued to help her after he got married, and shared all his worries with her. During the first year of his migration, Nacho called his mother three times a week from a public telephone. Later he bought a computer and mother and son chat every day on MSN, but Nacho still calls his mother on the phone, three times a month, because he likes to hear her voice. So far Nacho has not been able to visit his mother back home. When she had an accident in 2007, he wanted to visit her but she convinced him that it would be more useful to use that money to cover her medical expenses. Nacho deeply regrets not being able to hold his mother in his arms, but being a 'good' son who is 'there' for his mother, even from a distance, is particularly important for him, and partly helps him overcome the negative feelings arising from his social and economic downgrading in Australia.

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<a>Case study 3: Refugee transnational care experience: the limits of obligation

<text>Mina migrated to Perth in the 1990s with her husband, Seyyad. Like him, she was born and lived in Kabul, where they owned a fruit and vegetable shop. Neither have any formal educational qualifications. They fled Afghanistan in the mid-1980s with their children and many of Seyyad's relatives to Pakistan. They eventually successfully applied to Australia's humanitarian programme. Mina had deeply mixed feelings about this opportunity for a better life because it meant leaving her elderly parents and six brothers behind in Iran. Mina is constantly trying to scrape together money to send to her family back home. However, with limited income, most of what they earn is taken up by their family's needs in Perth. Following the custom of traditional households, anything extra is given to Seyyad's family, who are also very needy. The distribution of meagre funds is a common dispute between Afghan couples. Men generally want to spend money on their families, as it is the duty of sons to care for their

parents. Mina manages to phone her family once a month but is not able to send them any money, a situation that weighs heavily on her.

The dire economic circumstances of the Afghan refugees results in keen expressions of caregiving obligation as refugee families regularly restrict their own meagre subsistence in order to be able to support family abroad (one man mortgaged his house so that he could afford to help his parents in Iran). However, the limits of obligation and the pressures of economics are also evident. In cases where demands and obligations exceed capacity, a breakdown in networks can result as individuals attempt to shield themselves from obligations they cannot meet. Not surprisingly, a common complaint among Perth-based refugees was that their families (back home or in transit countries) did not understand the level of difficulty they faced in earning money. As Seyyad explained: 'They assume that we are wealthy because we live in a wealthy land.' Unsustainable obligation appears to result in a breakdown in social networks and obligation, although this may be temporary (Baldassar 2008).

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<a>Case study 4: Transnational fathers: the significance of borders

<text>We met David, a Polish national living in London, in 2010. He was one of the tens of thousands of Poles who had come to the UK after 1 May 2004, taking advantage of their newly found right, associated with membership of the European Union, to move and reside freely in the territory of any other EU member state (although, unlike the UK, most member states did not give this right in full until 2011). David had a long history of working irregularly in London prior to 2004; however, in order to support his wife and children back in Poland. David described migration in that period as 'sacrifice for the family', commenting 'I didn't really like England. In England I liked the pound.' Although he sent remittances home, he felt other aspects of his fathering and partnering role suffered because his irregular

status and ensuing precarious labour market positioning meant that visits back to Poland were rare. This was compounded by poor communication technologies in that period – 'there was a time when from London to Poland you had to call for four hours just to get through' – as well as by poor transport networks.

David described 1 May 2004 as his day of 'freedom' to reunite his family. At first his wife came. The children were left in the care of their maternal grandmother in Poland while David's wife found employment and they saved enough to rent a family-sized accommodation. Because of improvements in the quality, availability and affordability in communication and transport networks, as well as their freedom to travel, David and his wife had daily contact with their children and managed the occasional quick visit. Their children arrived in September 2006, accompanied by their grandmother. While her intention had not been to remain in London, after observing the long working hours of her daughter and son-in-law, she stayed to help look after the children; David and his wife would find childcare prohibitively expensive, and in any case, their preference is to have their children cared for by family members (Kilkey et al. 2013).

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<text>These four vignettes provide a sense of the variety of migrant situations covered by the literature on transnational families, as well as highlighting some of the commonalities that cross these various family configurations. They all bring to the fore the important role that care exchanges play in the maintenance of family ties across distance and time. Care circulation can also put family ties under strain when care duties become too heavy, as in the case of the Afghan refugees mentioned here. Health issues in particular act as catalysts for the reactivation of sometimes dormant family connections, pushing kin to engage in more intense communications, emergency visits and sometimes prompting them to relocate for long periods of time in order to provide care for a dependent family member (Kilkey and Merla

2014; Wilding and Baldassar 2009; Baldassar 2014a). Being able to participate in routine care (such as the exchange of emotional support over the phone) and/or in crisis care is closely linked with definitions of the self as a 'good son', 'good daughter', 'good mother' or 'good grandparent' who fulfils his/her family obligations in accordance with culturally defined notions of filial/parental duty (Baldassar 2014b).

It is important to note that none of those case studies specifically deals with the important phenomenon of transnational mothering of young children, even if it is present in the stories of Eleonora and her daughters, and David and his wife. As the cases above suggest, our own research has focused on transnational elder care (Baldassar, Wilding, Merla) and transnational fathering (Kilkey). However, there is a vast literature on this issue that we wish to highlight here.

<b>Transnational mothering: de-demonising distance

<text>The transnational mothering literature in particular has highlighted the negative consequences of mother–child separation in the context of migration, including in terms of health, emotional distress and feelings of guilt, and stigmatisation (Parreñas 2005; Bonizzoni and Boccagni 2014). In the case of 'left-behind' children in particular, these negative consequences can be linked with cultural constructions of biological mothers as the only persons able to provide adequate care for children – thereby leading to the general assumption that substitute care 'would result in poor support being provided for children in terms of affection, nutrition, medical care, schooling, disciplining and control' (Bonizzoni and Boccagni 2014: 81). As Bonizzoni and Boccagni (2014) have shown, the quality of care provided by substitute carers depends on a variety of factors, including the sociodemographic profile of carers, the stage in the family life-cycle and the quality of interpersonal relationships. They further highlight that the impact of mothers' migration on children's

wellbeing depends on two additional factors: the age of the child and the continuity and frequency of transnational practices.

The idea that only biological mothers can provide adequate care to children does not prevail in every society. The notion of 'family' indeed 'covers a multitude of senses of relatedness and connections' (Sørensen and Guarnizo 2007: 161), both within Western societies and across the globe. This richness is hidden from view in the dominant Western imaginary that identifies family with nuclear households bound up in notions of proximity and intimacy. As Sørensen and Guarnizo (2007) note, the tendency to identify the family with the domestic household has led researchers to assume that separation automatically leads to family disintegration, particularly when mothers leave husbands and children behind. The argument about the relative absence of anxiety related to physical separation in African as compared to Western cases is particularly instructive. For instance, Filho (2009: 525) argues that because of the set of imperatives that define migration in Cape Verdean society, families experience separation as less painful and disruptive than in the West, and this is due to 'the ethos that emphasizes a lack of anxiety in regard to physical separation between those who stay and those who leave, and the maintenance of a strong feeling of relatedness, acting as a bridge for the physical distance, by means of continuity of material obligations'. Similarly, Madianou and Miller (2012: 10) refer to 'anthropological accounts of many regions, such as the Caribbean, where the nuclear co-present family has never been the norm'. According to Segal (1996), Caribbean migration 'should be understood as a form of extended kinship over space and time with frequent rather than one-time movements' (quoted by Nurse 2004: 4). The migration of women from the lower classes in Caribbean societies, for example, has been described as part of a system of circulation of care that is an integral and accepted aspect of family and kinship (Fog Olwig 2014).

Thus, the way transnational family members experience absence from loved ones is much more dependent on their interpretations of the quality of their relationships and on the socially constructed meanings of mobility and family than on the actual distance that separates them. This means that we need to revisit normative Western understandings of family, household, wellbeing, migration and the conceptualisation of human mobility more broadly.

Wall and Bolzman (2014) argue, for example, that the experience of physical separation and the feelings attached to having to deal with physical absence are not static, but change over time, depending not only on the objective situation of the migrant and his or her relatives, but also on subjective aspects including, among others, changes in migration and settlement projects, mutual expectations as well as the definition of self and of appropriate parenting at various stages. Drawing on extensive research data, they analyse the influence of life-stage on migration and transnational family life projects, including the impact on what they call 'care configurations'.

Different life-stages position migrants (both female and male) in a variety of caregiving configurations. Today it is not only young adults and couples who migrate and take on care responsibilities, in particular for spouses and young children left behind, but also middle-age migrants who care for close kin belonging to three or even four generations or elderly persons who migrate to be nearer their adult children. 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 (Wall and Bolzman 2014: 74).

Wall and Bolzman argue that, in early adulthood, couples without children are focused on setting themselves up and often draw on support from their extended kin without needing to put much effort into caring for others. In contrast, couples with young children have intensive responsibilities to their children and often need to call on as much support as they can muster from their friendship and kin networks. They thus identify several patterns of transnational

care within this category including caring migrant father, caring migrant parents and the caring young lone mother, who, within a short-stay and intensive-saving migration trajectory, leaves her young children with a close relative. In middle life, Wall and Bolzman identify the caring mother and caring grandmother, who migrates alone to support her older children and their families in the home country. As in proximate families, it is the absent long-distant father and the deprived lone mother who have the most precarious care networks. The latter are mothers who, in a situation of financial hardship in the host country, may develop weak care commitments in relation to the children left behind and they are therefore particularly at risk.

Clearly there are many factors that can facilitate and impede the ability of family members to exchange care across distance. In the final section of this chapter we consider the policy implications relevant to this issue. In the next section we go into some detail about how families actually manage to 'do' caring across distance.

<a>New media and transnational caregiving

<text>Transnational families rely on similar practices and processes of caregiving as non-mobile families, and include a similarly broad range of caregiving relationships, including those between spouses (Mahler and Pessar 2001), those between mothers and fathers and their dependent children (Gardner 2012; Carling et al. 2012; Kilkey et al. 2013), and those between ageing parents and their adult children (Foner and Dreby 2011; Zontini 2012). Like families who live in close proximity, families dispersed across long distances make use of a range of new communication technologies to support their strategies of familyhood. In the process, they are arguably transforming the very nature of relationships and the foundations of human relatedness, intersubjectivity, autonomy and interdependence (Ling 2008).

The extraordinary uptake of new media means that social activities, social interactions and a sense of belonging need no longer be limited to local, proximate networks and communities.

The emerging polymedia environment has transformed the ways in which caring relationships are experienced and practised, and not only by transnational families (Madianou and Miller 2012). For example, the unprecedented recent adoption of mobile phones indicates a desire to maintain a sense of continuous co-presence with family and friends, providing an important foundation for ongoing practices of exchanging support, including visits, remittances, gifts and advice (Lee and Francis 2009). Social (and even intimate) life is no longer conducted wholly 'in place', within neat physical and territorial boundaries, but rather must now be conceived of as incorporating distant ties and connections. Indeed, there is a burgeoning field that examines the plethora of virtual communities that can provide support as well as sites of activism and solidarity (see, for example, Karatzogianni and Kuntsman 2012; Kwan 2007). This does not mean that place has become irrelevant, or that distant or virtual care can replace proximate care. It is clear that mobile lives are still lived by physical bodies that are 'in place', within specific regional, state and national borders (Kilkey and Merla 2014), with differential access to material, political and social resources both locally and at a distance (Wilding and Gifford 2013).

As a result of the transformations in new media, distance can no longer be presumed as a barrier to care and social interactions. Rather, it makes more sense to think of distance as a factor, to be considered alongside other factors that facilitate or inhibit social support and interaction (Litwak and Kulis 1987; Hjalm 2012). The perception and experience of distance has been transformed by the availability of diverse means of negotiating its effects (Wilding 2006). Similarly, the availability of diverse communication technologies must also be taken into account as a factor impacting upon who is called upon to care and what and how care is provided. While geographic distance might tend to prevent personal (hands-on) care and support, it may present no obstacle to the coordination of that support by others (Baldassar and Merla 2014). Similarly, distance is not necessarily a barrier to the exchange of emotional,

practical (giving advice) or financial support on a daily basis (Baldassar and Wilding 2014). Furthermore, visits are often a feature of distant care relationships, providing the opportunity for intensive practical and personal care (Baldassar et al. 2007). Our past research questions assumptions that virtual forms of support tend to replace and therefore diminish proximate caregiving, instead demonstrating that virtual care practices may increase and expand proximate caregiving and vice versa. Indeed, new technologies can contribute to the possibility for geographic distance to actually bring people closer emotionally, by supporting the creation of the 'ideal distance for a relationship to flourish' (Madianou and Miller 2012: 146). Distance can encourage some people to put more effort into staying in touch than they would if they were living nearby (Baldassar et al. 2007).

This said, the ability to participate in distant care networks raises a number of equity issues surrounding capabilities (physical, economic, structural) and the uneven impact of the opportunities and costs of mobility and technologies on different sectors of the population (Cresswell 2010) in different parts of the world. Equally importantly, distant care is still profoundly gendered. It is mostly women who commit the time to do distant care, which is largely unpaid and often constrains women's choices to accept further employment (Wilding and Baldassar 2009).

<b>Portability of care

<text>Madianou and Miller (2012) provide an important reminder that all forms of communication are mediated, not just those that occur across distance. The same point is warranted for caregiving, particularly as all forms of care rely on communication. Recent research indicates a plethora of new forms of caregiving that facilitate its portability. For example, in contrast to the letters that were relied on in the past, new media now facilitate forms of co-presence that come much closer to communicating the 'actual' person/relationship than the ideal form. A new lexicon is developing to define these new

forms of sociality and to highlight their diverse features, including ‘continuous’ (Xu et al. 2011), ‘streaming’ (King-O’Riain 2014), and ‘ambient’ (Madianou 2015). In addition to these virtual forms of co-presence, which are delivered by social media and voice/video over internet platforms, Baldassar has proposed the notions of proxy and imagined co-presence. Proxy co-presence is provided by the ‘special transnational objects’ that are circulated, including photos and gifts, as well as the visits by family members who are a kind of proxy for the presence of other family members. Imagined co-presence refers to the sense of togetherness in all of the above and exemplified in ‘praying’ for family or ‘keeping them in my thoughts’ (Baldassar 2008; see also Davidson et al. 2012).

Contemporary transnational family members stay in touch through daily SMS and WhatsApp messages, regular email, Skype calls and Facebook posts. Visits home among the Italian post-war migrants Baldassar has researched have become annual or biennial events and these are practices that involve the second and third generations (Baldassar 2001). One of the most striking findings of our research has been the expansion of kinship networks that now often follows migration in families connected through new media. When in the past migration was characterised by the flow of information through key family members who formed a kind of hub, today it is a multiple and criss-crossing set of networks involving various and extended family members.

We now have conditions of polymedia (Madianou and Miller 2012) in which, for the first time in history, people have the choice of how and when to be in touch across distance such that the choices they make now become moral ones. A related finding is that the material means to be in touch across distance impacts on the cultural obligation to do so. The greater your level of access to the material world, the greater your moral obligation to reciprocate. In the past, it was perfectly acceptable to be in touch by occasional letters and very infrequent phone calls. Today, however, if you can afford to visit for a special anniversary or a funeral

and you choose not to, how is that choice interpreted by family? Transnational families quickly establish new patterns and expectations of care exchange and communication that can be routine, ritualised and/or responsive to crises. The phatic function of communication exchange is especially relevant, with acts of communication acting as 'an emotional reminder of the distant significant other'. Caring through the acts of communication, writing SMS and email, maintaining the Facebook page, etc., become themselves constitutive of the actual relationships. For example, a distant grandparent relationship with grandchildren is constituted by their Skype calls. Sibling and other kin-like relationships are constituted by their Facebook activity. The SMS traffic between family members is constitutive of their sense of being a family.

Elsewhere (Baldassar and Wilding 2014), Madianou and Miller's point about ideal distance is extended to argue that the conditions of polymedia make it possible to achieve a sense of satisfactory care, which might be defined as an ideal of shared co-presence, where your ideal of being there for each other is met with the actual practice of being in touch. The sense that you are in touch enough suggest that polymedia environments can provide the conditions for adequate 'distant co-presence' and adequate 'distant care' (Baldassar and Wilding 2014). This idea resonates with Madianou and Miller's argument that 'as polymedia becomes more present and taken for granted, the range of encounters, including very direct webcam conversation, may approach the nuance of traditional co-presence in which the "actual person" is confronted more directly'. The idea that polymedia environments allow us to know the actual person despite distance and the passage of time, contrasts enormously with the historical limitations of communication technologies of the past.

Of course, achieving adequate forms of distant co-presence requires a number of resources that are not evenly distributed or equally available. Certainly, not all families enjoy the conditions of polymedia. The portability of care relies on access to mobility (to visit) and

access to technology (to remain connected across distance); factors that social and other types of policies play an important role in mediating.

<a>Transnational families and the circulation of care: policy challenges

<text>Before examining more closely how policy mediates families' capabilities to care across distance, it is important to acknowledge the role they play in the formation of transnational families in the first place. Many migrants do not 'choose' to leave family members behind; rather they are forced to because migration policies create barriers for families to migrate together or to subsequently reunite. This is especially the case for labour migrants and refugees moving from poorer to richer parts of the globe. While migration policies vary significantly in rich countries, a common trend is to more tightly manage and control immigration flows. The motives for this vary too, but include a desire to restrict migration to only those persons seen as economically useful, a related desire to prevent 'welfare dependency' among immigrants and a desire to limit the long-term settlement of immigrants, especially among groups perceived to be difficult to 'integrate'/'assimilate' into the receiving country because of religious or 'cultural' differences. One result is that countries may permit the entry of a worker deemed instrumental to the economic needs of the country, but not allow (all) his or her dependants entry, or impose strict conditions on their entry that migrant workers find impossible to meet. In such cases, migrants and their families have little or no choice but to live apart.

For those families separated by borders, a significant issue is whether and how policies facilitate or impede their exchange of care and support. This remains a relatively recent and challenging question for policymakers who in the main continue to work within social policy environments that are nationally bounded and that assume that 'normal' family-life is too. Among the first to acknowledge that there was a policy dimension to the growth in transnational families were Baldassar, Baldock and Wilding (2007: 204) when they identified

the capacity of family members to engage in caregiving as a key component of the dialectic mediating transnational caregiving practices (see above). Subsequent research has sought to unpack the 'capacity' component by identifying, first, the resources required for transnational caregiving, and second, the institutions through which those resources are in part derived. Merla and Baldassar (2011) have identified six interconnected resources needed to underpin transnational caregiving. First, mobility, which refers to the ability to travel to receive or give care. Second, communication, which means being able to communicate at a distance and to send items across borders, and includes having the physical ability to communicate. Third, social relations, which refers to access to a social network of mutual support in the receiving and home country, which can represent a useful resource for the exchange of information about travel and accommodation, and can provide financial and practical support to carers and cared-for. Fourth, time-allocation, which involves having the capacity to take time for exchanging care. Fifth, education and knowledge, which refer to the possibility to learn how to use communication technologies and to learn the local language. It also includes having one's qualifications recognised, which can influence access to paid work and thus indirectly affect the ability to exchange care. Finally, paid work encompasses having access to a satisfying employment position and, if unemployed, to sufficient benefits in order to have the necessary funds to invest in caregiving. According to Merla (2012), these resources are positioned at three interconnected levels: it is through access to paid work, time-allocation, education and knowledge that family members are in turn able to communicate and be mobile. Social relations play a mediating role between these sets of resources, as they can help kin overcome obstacles to mobility and communication through money loans or the sharing of information on cheap flights and telephone cards. Kilkey and Merla (2014) subsequently added a seventh resource located at the same level as paid work, time allocation and education – appropriate housing, which is crucial for the settlement of migrant families,

and can also be a prerequisite for eligibility to family reunification. Moreover, adequate housing is important for family members who travel to provide or receive proximate care, as issues such as lack of space and privacy can create tensions between visitors and their hosts. Appropriate housing, including appropriate institutional care, is also essential for care-receivers who remain in their home country.

The relevance of all seven of these resources to how families care transnationally is captured in the stories of Eleonora, Nacho, Mina and David set out earlier in the chapter. More or less explicit in those accounts was also the set of institutional arrangements, in both the home and the migrant-receiving societies that contribute to realising these resources. Here, the work of Kilkey and Merla (2014) is instructive. Starting with the premise articulated by the concept of 'care circulation' (Baldassar and Merla 2014) discussed above, that transnational families engage in proximate and transnational practices of care, that care flows are multidirectional, and that care relations are multigenerational, they develop the notion of a 'situated transnationalism' and draw on 'regime' theory, arguing that the capacity to care transnationally is 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. By migration regime they refer to '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. The welfare regime refers to the configuration of social protection for workers (Esping-Andersen 1990). The gendered care regime 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 (Williams and Gavanas 2008), and gender equality expectations and outcomes associated with care arrangements (Pfau-Effinger

2000). The working-time regime, finally, includes the set of legal, voluntary and customary regulations that influence working-time practice (Rubery et al. 1998: 72). Kilkey and Merla (2014) also highlight that policies around the regulation of cross-border transport, including its availability and affordability, and around the quality and accessibility of the communication infrastructure, especially telephone and internet, are also important. Moreover, they highlight that the institutional contexts within which transnational families' care arrangements are configured, are constituted in different levels and sites of governance. These include the global, the regional and the subnational, as well as the national. Moreover, those spaces are not separate and mutually exclusive entities, but are interconnected in a range of ways (Clarke 2005).

In addition to formal institutional structures, there are important areas of practice in the fields of health, social care and education that mediate the capacity for transnational care. Bacigalupe (2011), president of the American Family Therapy Academy, has drawn on some of our earlier research (for example, Baldassar et al. 2007; Baldassar 2008) to argue that new practice guidance is needed in medical settings to encourage and support medical staff to liaise with the distant kin of their patients (Bacigalupe and Lambe 2011). Currently, practice tends to privilege face-to-face communication, potentially discriminating against distant carers who may otherwise be integral to the support networks of patients. A similar argument could be made for social work and education practice, and in relation to transnational childcare, as well as transnational elder care.

<a>Conclusions: the mixed implications of family care on wellbeing in a transnational context

<text>An analysis of transnational caregiving activity must be sensitive to the unevenness of reciprocal exchange, including the withholding and limiting of care. While the circulation of care involves reciprocal exchanges between family members, both the transnational and local

care burdens fall most heavily on women, who generally receive less than they give (Ryan 2007). In this context, care and the ability to exchange it can be considered a form of social capital (or resource) that is unevenly distributed within families subject to cultural notions of gender and other roles, which intersect with and interrelate to the care regimes of the various nation-states and communities in which families reside. In addition, the care literature has rightfully highlighted how much care provision and heavy duties can be a burden and a source of high levels of stress. In the absence of other forms of support, and also often as a measure of the deep sense of obligation to care, some migrants make the decision to return to care for their ageing parents, despite the negative economic implications this might have (Baldassar 2014b).

What this growing field of research makes clear is that it is no longer possible to consider migration and health issues without paying attention to the dynamics of transnational family life. The wellbeing of migrants is no longer shaped only by the local care and policy regimes that are immediately visible to healthcare professionals and service providers. The everyday life of the migrant is also situated within non-local and transnational regimes that vary from family to family, depending on the country of origin, dispersal of kin, and life stages, resources and cultural contexts of family members. This represents a key challenge for social protection systems that have so far been largely conceived for citizens residing within the limits of a particular nation-state, and which need to be better adapted to the specific situations and needs of migrant workers who are engaged in the transnational circulation of care with relatives located in another country (Degavre and Merla, 2015).

<a>Notes

<note>[1] Some sections of this paper are drawn from Baldassar et al. (2014).

<a>References

<bib>Baldassar, L. (2001), *Visits Home: Migration Experiences between Italy and Australia*, Melbourne: Melbourne University Press.

Baldassar, L. (2008), Missing kin and longing to be together: emotions and the construction of co-presence in transnational relationships, *Journal of Intercultural Studies*, **29**(3), 247–266.

Baldassar, L. (2014a), Too sick to move: distant 'crisis' care in transnational families, *International Review of Sociology*, **24**(3), 391–405.

Baldassar, L. (2014b), Guilty feelings and the guilt trip: emotions and motivation in migration and transnational caregiving, *Journal of Emotions, Space and Society*, **16**, 81–89.

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

Baldassar, L. and R. Wilding (2014), Middle-class transnational caregiving: the circulation of care between family and extended kin networks in the Global North, in L. Baldassar and L. Merla (eds.), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*, New York and London: Routledge.

Baldassar, L., C. Baldock and R. Wilding (2007), *Families Caring Across Borders: Migration, Aging and Transnational Caregiving*, Basingstoke: Palgrave Macmillan.

Baldassar, L., M. Kilkey, L. Merla and R. Wilding (2014), Transnational families, in J. Treas, J. Scott and M. Richards (eds.), *The Wiley-Blackwell Companion to the Sociology of Families*, Chichester: Wiley-Blackwell, pp. 155–175.

Bacigalupe, G. (2011), Is there a role for social technologies in collaborative healthcare? *Family, Systems, & Health*, **29**(1), 1–14.

Bacigalupe, G. and Lambe, S. (2011), Virtualizing intimacy: information communication technologies and transnational families in therapy, *Family Process*, **50**, 12–26.

Benson, M. and K. O'Reilly (eds.) (2009), *Lifestyle Migration. Expectations, Aspirations and Experiences*, Aldershot: Ashgate.

Bonizzoni, P. and P. Boccagni (2014), Care (and) circulation revisited: a conceptual map of diversity in transnational parenting, in L. Baldassar and L. Merla (eds.), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*, New York and London: Routledge.

Bryceson, D. and U. Vuorela (2002), *The Transnational Family: New European Frontiers and Global Networks*, Oxford and New York: Berg.

Cai, F., Y. Du and M. Wang (2012), The largest migration in human history, *The Economist*, 24 February.

Cairns, D. (ed.) (2010), *Youth on the Move: European Youth and Geographical Mobility*, Wiesbaden: Springer

Carling, J., C. Menjivar and L. Schmalzbauer (2012), Central themes in the study of transnational parenthood, *Journal of Ethnic and Migration Studies*, **38**, 191–217.

Castles, S., H. de Haas and M. Miller (2014), *The Age of Migration*, 5th edn, New York: Palgrave Macmillan.

Clarke, J. (2005), Welfare states as nation states: some conceptual reflections, *Social Policy and Society*, **4**(4), 407–415.

Conradson, D. and A. Latham (2005), Transnational urbanism: attending to everyday practices and mobilities, *Journal of Ethnic and Migration Studies*, **31**(2), 227–233.

Cresswell, T. (2010), Towards a politics of mobility, *Environment and Planning D: Society and Space*, **28**(1), 17–31.

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

Davidson, J., L. Bondi and M. M. Smith (eds.) (2012), *Emotional Geographies*, Aldershot: Ashgate.

Degavre, F. and L. Merla (2015), Defamilialisation of whom? Re-thinking defamilialisation in the light of global care chains and the transnational circulation of care, in M. Kilkey and E. Palenga-Möllenbeck (eds.), *Family Life in an Age of Migration and Mobility: Global Perspectives through the Life Course*, Basingstoke: Palgrave-Macmillan.

Esping-Andersen, G. (1990), *The Three Worlds of Welfare Capitalism*, Cambridge: Polity Press.

Filho, W. T. (2009), The conservative aspects of a centripetal diaspora: the case of the Cape Verdean Tabancas, *Africa*, **79**(4), 520–542.

Finch, J. and J. Mason (1993), *Negotiating Family Responsibilities*, London and New York: Tavistock, Routledge.

Fog Olwig, K. (2014), Migration and care – intimately related aspects of Caribbean family and kinship, in L. Baldassar and L. Merla (eds.), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*, London: Routledge.

Foner, N. and J. Dreby (2011), Relations between the generations in immigrant families, *Annual Review of Sociology*, **37**, 545–564.

Gardner, K. (2012), Transnational migration and the study of children, *Journal of Ethnic and Migration Studies*, **38**(6), 889–912.

Goulbourne, H. and M. Chamberlain (2001), *Caribbean Families in the Trans-Atlantic World*, London: Macmillan.

Hjalm, A. (2012), 'Because we know our limits': elderly parents' views on intergenerational proximity and intimacy, *Journal of Aging Studies*, **26**(3), 296–308.

Iredale, R. (2002), The migration of professionals: theories and typologies, *International Migration*, **39**(5), 7–26.

Karatzogianni, A. and A. Kuntsman (eds.) (2012), *Digital Cultures and the Politics of Emotion: Feelings, Affect and Technological Change*, Basingstoke: Palgrave.

Kwan, M. (2007), Affecting geospatial technologies, *The Professional Geographer*, **59**(1), 22–34.

King-O'Riain, R. C. (2014), Emotional streaming and transconnectivity: Skype and emotion practices in transnational families in Ireland, *Global Networks*, **15**(2), 256–273.

Kilkey, M. and L. Merla (2014), Situating transnational families' care-giving arrangements: the role of institutional contexts, *Global Networks*, **14**, 210–229.

Kilkey, M., A. Plomien and D. Perrons (2013), Migrant men's fathering practices and projects in national and transnational spaces: recent Polish male migrants to London, *International Migration*, **52**(1), 178–191.

Kim, G. and M. Kilkey (2016), Marriage migration policy as a social reproductive system: the South Korean experience, in M. Kilkey and E. Palenga-Möllenbeck (eds.), *Family Life in An Age of Migration and Mobility*, Basingstoke: Palgrave.

King, R. and P. Raghuram (2013), International student migration: mapping the field and new research agendas, *Population, Space and Place*, **19**(2), 127–137.

Kneebone, S., D. Stevens and L. Baldassar (eds.) (2014) ,*Conflicting Identities: Refugee Protection and the Role of Law*, London: Routledge.

Kofman, E. (2012), Rethinking care through social reproduction: articulating circuits of migration, *Social Politics: International Studies in Gender, State & Society*, **19**(1), 142–162.

Lee, H. and S. Francis (eds.) (2009), *Migration and Transnationalism: Pacific Perspectives*, Canberra: ANU E Press.

Ling, R. (2008), *New Tech, New Ties*, Cambridge, MA: MIT Press.

Litwak, E. and S. Kulis (1987), Technology, proximity and measures of kin support, *Journal of Marriage and the Family*, **49**(3), 649–661.

Madianou, M. (2015), Ambient co-presence: transnational family practices in polymedia environments, in L. Baldassar, M. Nedelcu, L. Merla and R. Wilding (eds.), Special issue on migration and ICTs: 'being together' and 'co-presence' in transnational family life, *Journal of Global Networks*.

Madianou, M. and D. Miller (2012), *Migration and New Media: Transnational Families and Polymedia*, London and New York: Routledge.

Mahler, S. J. and P. R. Pessar (2001), Gendered geographies of power: analyzing gender across transnational spaces, *Identities*, **7**(4), 441–459.

Merla, L. (2012), Salvadoran migrants in Australia: an analysis of transnational families' capability to care across borders, *International Migration*, published online.

Merla, L. and L. Baldassar (eds.) (2010), Les dynamiques de soin transnationales: entre émotions et considérations économiques, *Recherches sociologiques et anthropologiques*, **41**.

Merla, L. and L. Baldassar (2011), Transnational caregiving between Australia, Italy and El Salvador: the impact of institutions on the capability to care at a distance, in E. Addis, P. Villota, F. Degavre and J. Eriksen (eds.), *Gender and Well-Being: The Role of Institutions*, London: Ashgate, pp. 147–162.

Nurse, K. (2004), *Policy Paper: Diaspora, migration and development in the Caribbean*, New York: Focal.

Parreñas, R. (2001), *Servants of Globalisation*, Stanford: Stanford University Press.

Parreñas, R. (2005), *Children of Global Migration: Transnational Families and Gendered Woes*, Stanford: Stanford University Press.

Pfau-Effinger, B. (2000), Conclusion: Gender cultures, gender arrangements and social changes in the European context, in S. Duncan and B. Pfau-Effinger (eds.), *Gender, Economy and Culture in the European Union*, London and New York: Routledge.

Ralph, D. (2014), 'Always on the move, but going nowhere fast': motivations for 'Euro-commuting' between the Republic of Ireland and other EU states, *Journal of Ethnic and Migration Studies*, **41**(2), 176–195.

Robeyns I. (2003), Sen's capability approach and gender inequality: selecting relevant capabilities, *Feminist Economics*, **9**(2–3), 61–92.

Robeyns I. (2007), *Social Justice and the Gendered Division of Labour: Possibilities and Limits of the Capability Approach*, paper prepared for presentation at the Cost A34 Conference, Barcelona, 25–27 June.

Rubery, J., M. Smith and C. Fagan (1998), National working time regimes and equal opportunities, *Feminist Economics*, **4**(1), 71–101.

Ryan, L. (2007), Migrant women, social networks and motherhood: the experiences of Irish nurses in Britain, *Sociology*, **4**, 295–312.

Sen, A. (ed.) (1987), *The Standard of Living*, Cambridge: Cambridge University Press.

Sørensen, N. N. and L. Guarnizo (2007), *Transnational Family Life Across the Atlantic: The experience of Colombian and Dominican migrants in Europe Living Across worlds: Diaspora, Development and Transnational Engagement*, Geneva: International Organization for Migration, pp. 151–176.

Urry, J. (2007), *Mobilities*, Cambridge: Polity Press.

Yeates, N. (2009), *Globalising Care Economies and Migrant Workers: Explorations in Global Care Chains*, Basingstoke: Palgrave.

Wall, K. and C. Bolzmann (2014), Mapping the new plurality of transnational families: a lifecourse perspective, in L. Baldassar and L. Merla (eds), *Transnational Families, Migration and the Circulation of Care: Understanding Mobility and Absence in Family Life*, New York and Abingdon: Routledge.

Walsh, K. (2008), Travelling together? Work, intimacy, and home amongst British expatriate couples in Dubai, in A. Coles and A. M. Fechter (eds.), *Gender and Family Among Transnational Professionals*, New York and London: Routledge, pp. 63–84.

Wilding, R. (2006), 'Virtual' intimacies? Families communicating across transnational contexts, *Global Networks*, **6**(2), 125–142.

Wilding, R. and L. Baldassar (2009), Transnational family–work balance: experiences of Australian migrants caring for ageing parents and young children across distance and borders, *Journal of Family Studies*, **15**(2), pp. 177–187.

Wilding, R. and S. Gifford (2013), Forced displacement, refugees and ICTs: transformations of place, power and social ties: introduction, *Journal of Refugee Studies*, **26**(4), 558–575.

Williams, F. (2010), Migration and care: themes, concepts and challenges, *Social Policy and Society*, **9**(3), 385–396.

Williams, F. and A. Gavanas (2008), The intersection of child care regimes and migration regimes: a three-country study, in H. Lutz (ed.), *Migration and Domestic Work: A European Perspective on a Global Theme*, Aldershot: Ashgate, pp. 13–28.

Willis, K. and B. Yeoh (eds.) (2000), *Gender and Migration*, Cheltenham: Edward Elgar Publishing.

Xu, B., W. Zhang and D. Li (2011), Copresence and its social-relational antecedents in computer-mediated communication: the case of instant messenger, *International Journal of Human-Computer Interaction*, **27**(10), 991–1009.

Zontini, E. (2012), Care arrangements of elderly transnational migrants: between family, community and the state, in C. Rogers and S. Weller (eds.), *Critical Approaches to Care: Understanding Caring Relations, Identities and Cultures*, New York: Routledge, pp. 171–182.