

Defamilialization of whom?

Re-thinking defamilialization in the light of global care chains and the transnational circulation of careⁱ

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INTRODUCTION

While migrant care workers have been recognized as playing a crucial role in supporting defamilialization in the North, the social risks to which these workers themselves are exposed in the era of global mobility have hardly been examined through the defamilialization lens, nor have migrants' defamilializing issues been seriously considered. This chapter aims to highlight defamilialization issues from the perspective of migrant women's experience as care workers, by bringing together two separate literatures: the literature on the mobilities of care and the literature on the emancipating potential of welfare states. The European context – and more particularly Belgium- is the background on which we have built our argument in this chapter. We focus on the experiences of Third Countryⁱⁱ female migrants employed in low qualified jobs in the formal and informal care sector (including domestic work), and who are engaged in transnational flows of care. The first section traces the controversial history of the concept of defamilialization. In the second section, we illustrate how defamilialization in Europe relies on important female migration flows in combination with new measures –like cash for care- that 'attract' the migrant workforce into caring. The third section highlights that

defamilialization is not fully accessible to migrant care workers themselves. After briefly presenting in the fourth section the situation of Natalia and Yasmina, two migrant care workers from El Salvador living in Belgium, we show that defamilialization, usually defined as a universal women's issue and conceived within the borders of specific Nation States, does not sufficiently take into account the specific situation of migrant workers who continue to assume care responsibilities for relatives in the 'South', whose care needs are shaped within highly familialistic regimes. Our key argument here is that migrants are located at the intersection between the welfare regime of the receiving country, which shapes their caregiving capacity, and the welfare regime of the sending country, which shapes their relatives' caring needs. The theoretical and political implications of this situation are discussed in the conclusion. We raise in particular the importance of critically addressing the (overestimated) defamilializing potential of European social policies and we advocate for a more substantive and open definition of defamilialization as a trigger for inclusive and gender-friendly social policies.

FEMINIST CONTROVERSIES

Second wave feminist scholars contributed, in Europe, to the conceptualization of women's unpaid reproductive work and to the critique of family care as a 'taken for granted' and free resource for capitalism (Leira and Saraceno, 2002). The state was considered by many women's movements of the 70's as playing in favour of the 'system', thus hindering women's emancipation. It is the dissatisfaction with this somewhat monolithic interpretation of the role of the State –in particular by Scandinavian feminist scholars- as well as the growing comparative literature that recognised varieties of capitalism and varieties of outcomes on people that led feminists to investigate another perspective on state's intervention (Orloff, 1993; Waylen, 1998: 221). An important strand of studies emerged, exploring new

dimensions of welfare states and how they affected the public-private divide. Feminist research started to explore to how far public policies supported women in paid and reproductive work (through public employment or social services for example) and the degree of familialism underpinning state's interventions towards women (Sainsbury, 1994). Critiques were raised towards mainstream comparative literature on welfare state regimes which had forgotten the importance of family in women's life and had failed to see how gender influenced welfare states in their *substance* and vice versa (Kilkey and Bradshaw, 1999). Feminist analysis of welfare policies moved the debate away from the state-market nexus, central to Esping Andersen's *Three worlds of welfare capitalism* (1990), towards the family-state- and market nexus, with special attention to women's social rights as spouses, workers *and* as mothers and citizens (Sainsbury, 1994). Knijn and Kremer (1997) advocated for centring welfare state analyses on care, and more precisely on the social citizenship right to provide and receive care. Indeed, Knijn and Kremer (1997: 331-2) explained that de-gendered, inclusive citizenship should be based on the assumption that every citizen, male or female, '*at some time or another has to take care of people they care about*' and will also '*need care when they are ill, handicapped, or frail and old*'.

For feminist analysts of the welfare state, a public recognition of care as 'work' would have emancipatory effects on women, as care would be considered a public good and caregivers supported in their caring activities. This emancipatory potential of welfare states for women, including through 'wages for housework' was first grasped by Lister (1997, 2003) through the concept of 'defamilialization', which captures '*the degree to which individual adults can uphold a socially acceptable standard of living, independently of family relationships, either through paid work or through social security provisions*' (Lister, 1997:173). The concept was applied to the status of lone mothers by Hobson (1994), Hobson and Lewis (1997) and Kilkey

and Bradshaw (1999: ???) who considered lone mothers as a proxy of '*individual adults upholding a socially acceptable standard of living independently of family relationships*' when not in poverty. Following the spirit that gave birth to this concept and according to the authors, being able to care is as important as performing remunerated work. Defamilialization is only achieved when lone mothers avoid poverty via paid work *or* via financial support for full time care.

Progressively however, while women's reproductive role in the private and public sphere lost its value and visibility in a large part of the feminist literature (Bähr and Degavre, 2005), the defamilialization debate started to be less interested in sustaining women's reproductive work. Rather concerns expressed at the European political level about women's insufficient labour participation rates (Lewis, Campbell and Huerta, 2008,) as well as a strong assumption – coming from a certain interpretation of Western women's history –, that women's autonomy can be sustained only through participation in paid employment were taken over by a large part of the feminist movements and contributed to a negative perception of care and family obligations in its most mainstream tendencies. The literature focusing on work-family arrangements partially reflected this shift by retaining only the domestic component of care work at the expense of its social reproductive nature. What was first conceived as a trigger for any adult's ability to choose between care or paid work became a synonym for women's sole access to paid work. Considering the centrality of paid work to social citizenship, this shift reinforced women's position as second-class citizens, as the intensity of their labour market participation is affected by their caring duties (Knijn and Kremer 1997). Esping Andersen's definition of defamilialization (1999) followed this move through reflecting only the interest of women as paid workers *constrained* by caring responsibilities (Kilkey and Bradshaw, 1999). Bambra also brought the discussion clearly away from reproductive issues when she

defined defamilialization ‘as *the extent to which the Welfare State enables women to survive as independent workers and decreases the economic importance of family in women’s life*’ (Bambra, 2007: 327).

Defamilialization represented an important response to the corpus of gender-blind concepts in social policy by placing women’s interest and their corresponding welfare needs at the forefront. But it remains a controversial concept. ‘Women’s interest’ is difficult to identify because women can have competing interests and different welfare needs at different stages of their own lives. And the fact that defamilialization in Europe now largely depends on the employment of migrant care workers with a sometimes very precarious status is also problematic from the normative point of view of emancipation. A more substantive approach is needed to better grasp whose defamilialization is at stake when reflecting on social policies.

Defamilialization was built and mobilized in the European contexts of the 1990’s where no social policy theorists had yet taken the full measure of the crucial role that female migrant carers would soon play in national care systems. Yet, ‘global care chains’ (Hochschild, 2000; Hochschild, 2005; Yeates, 2012), which ‘describe the growing trend of women migrating to perform care and socially reproductive work’ (FitzGerald Murphy, 2014: 191) and the transnational ‘circulation of care’ⁱⁱⁱ (Baldassar and Merla, 2014b), which highlights care flows between migrants and their geographically distant relatives, are inescapable elements, and very challenging for the belief that social policies are still national and impervious phenomena (Bode and Champetier 2012; Van Hooren, 2011). Despite Williams’ (2011: 30) warning that ‘migrant care workers and their families’ care needs challenge nation-based eligibility for care support services, financial supports for caring, pension entitlements, and provisions for flexibility of care responsibilities at work’, the defamilialization literature has

largely failed to address the reality of migrant care in Europe (but see Sainsbury, 2006). At the best, migrants are considered only on the supply side of care but hardly as potential care receivers themselves, nor as care providers for their distant relatives: female migrants are recognized as rendering defamilialization possible in Europe but the question of their own defamilialization-related needs as well as their own access to defamilializing measures is worth considering too. In contrast with the ‘global care chains’ and ‘transnational care circulation’ approaches, defamilialization is still understood in relation with ‘nationals of the global North’, and does not take into account the realities of both the ‘global north’ and the ‘global south’ – as well as East-West connections - in contrast with the global care chains and transnational care circulation concepts. Those three concepts need to be better bound together, as their objects of study are tightly connected empirically.

MIGRATION: A PILLAR OF DEFAMILIALIZATION IN EUROPEAN WELFARE STATES

In the early 2000s, the global care chains literature uncovered a globalized economic system that drains migrants from the ‘South’ to the ‘North’ to overcome the so-called ‘care crisis’ in receiving countries (Hochschild, 2000; Parreñas, 2000; see also Hochschild, this volume).

This literature triggered joint analysis of migration and new care policies in several European countries, which revealed the systemic and quasi-market nature of measures facilitating the employment of migrant workers for the purposes of care (with or without regular status and work contract, including care to dependent persons) (Bettio, Simonazzi and Villa 2006; Shutes and Chiatti, 2012; Simonazzi 2009; Yeates 2009; Williams 2012). Commodification made possible by the introduction of untied cash-for-care measures (i.e. with no specific control on how the money is spent) increased the ethno-stratification of the European labour market, as a significant proportion of migrant women entered the formal and informal care

and domestic work sectors (Williams 2012). In the specific field of elder care, Italy, Britain and Germany opted for cash-for-care systems that facilitated the development of a largely deregulated 'grey' housework and care market, where families become direct employers (Da Roit and Le Bihan, 2009; Degavre, Gambaro and Simonazzi, 2014; Degavre and Nyssens 2012; Rummary 2009).

Thus, a significant and increasing part of social care workers in Britain are born outside the British territory (18 per cent in 2008 against 8 per cent in 1998) (Cangiano et al., 2009; Eborall, Will and Woodrow, 2010). Untied monetary transfers like the Attendance Allowance, the Disability Living Allowance and the Carers' Allowance encouraged migrants' employment as carers. Restrictive work permits trap these sometimes highly qualified workers in low paid, unsatisfactory positions. Germany counts approximately 100,000 foreign care workers, most of which operate on a very short term, without a legal contract, or with a tourist visa. The 2005 reform of immigration laws (*Aufenthaltsgesetz*) allowed foreigners to provide full-time domestic work for up to three years when no European citizens are available. Undeclared work is relatively tolerated as controls or reports are uncommon (Palenga-Möllenbeck, 2010). In Italy, the '*assegno di cura*' contributed to the development of an informal care market (Simonazzi, 2009) with a predominantly female and immigrant staff in elderly care (Pasquinelli and Rusmini, 2008). 90 per cent of registered migrants working in the care sector are women (Di Santo and Ceruzzi, 2009). The demand for migrant staff in flexible, irregular and low paid jobs has also increased in Belgium, particularly in domestic work (Bribosia and Rea, 2002; Caestecker, 2006). The absence of quantitative studies measuring the phenomenon makes it very difficult to locate Belgium in the European context, but care-related migration is '*expected to grow due to growing needs and budgetary constraints on the development of formal services in the future*' (KCE, 2011). Safuta and

Degavre's qualitative study (2013) also suggests that migrant workers fulfil a demand for a 'top up' to existing social services that do not operate on night shifts, or for the simultaneous provision of domestic *and* care work, which cannot be covered by vouchers (called '*titre-service*') focusing on domestic work only. Live-in situations seem less common in Belgium than in Italy for example, but cash-for-care formulas that finance this type of work are also more limited (Degavre and Nyssens, 2012), and obtaining a work permit for migrant staff is so difficult that few families resort to this option (Safuta and Degavre, 2013).

Cash-for-care measures undeniably supported the market's presence in the migration system and made cheap migrant work available on a large scale. In return, the experience of migrant domestic workers itself is now strongly embedded in defamilialization processes through the commodification of care in European public policies. As Kofman (2012:147) rightly says: 'the provision of reproductive labour for wealthier professional women in turn shapes the ability and modalities of different categories of migrants to reproduce their own families'. This is where migrants care workers' level of (in)dependency and own access to services or monetary transfers for care established by the same defamilialization policies, become relevant.

MIGRATION: A PATHWAY TOWARDS DEFAMILIALIZATION ?

Defamilialization issues are not only financial as migration in itself can be interpreted as a way to increase women's autonomy from family. Women migrate for a series of reasons that are not purely economic, such as difficult family relations and in particular violence and sexual abuse or discrimination related to gender and/or sexual orientation, a desire for empowerment and adventure, or the necessity to flee from an unstable political context (Jolly and Reeves, 2005). Female migration can be a family survival strategy, but may also result

from a desire to escape from family obligations deemed too heavy (Baldassar, 2008). These flows can thus be understood as a process of defamilialization in itself, interpreted here both as a path towards financial independence and as a desire for change at the individual level through the insertion in an internationalized care market (see for instance Yépez del Castillo and Merla, 2013). Even if it can be emancipatory, the simple fact of migrating does not lead to a disintegration of women's reproductive work. New communication technologies and the possibility they offer to stay in touch have the particularly paradoxical effect of reinforcing, in some cases, the burden of family obligations by giving the illusion of a permanent and almost immediate availability of the migrant (Merla and Baldassar, 2011; see also Baldassar, this volume; Madianou, this volume). The initial desire for emancipation can also evolve over time into a renegotiation or reinvestment in family solidarity. Geographical distance can help (re)build and revise migrants' role and family identity (Bryceson and Vuorela, 2002). Finally, precarious legal and employment statuses and social isolation in the destination country can encourage migrants to reinvest in long-distance kinship ties (Merla, 2010).

Migrants' working conditions as obstacles for defamilialization The emancipatory potential of migration does not, however, capture the whole picture of defamilialization for migrant care workers, which must be formulated in the first place in respect to their particular working conditions. In the case of Third Country migrants employed in low qualified jobs and which represent the focus of this chapter, these are often characterized by low wages, unstable or irregular contracts, long working hours, and/or long term absence from family left behind (Queirolo Palmas and Ambrosini, 2008). Migrant care workers' level of financial (in)dependence and their own access to services or monetary transfers for care in the North, established by defamilialization policies, are highly dependent on their legal and employment status. Access to a socially acceptable standard of living –one indicator of defamilialization–

is far from being guaranteed. In the absence of large-scale studies, it is difficult to estimate the income of migrants with precarious status of work or residence. In Belgium, amounts seem to vary between a minimum of 500 USD for an au pair (ORCA, 2011) and a maximum of 1220 USD per month for full time work in an illegal status (Degavre and Langwiesner, 2011: 82)^{iv}.

Migrants' intra-familial care duties in the North

Access to public or social services or transfers like work-family arrangements is another key issue for defamilialization. Care workers with children or dependent relatives established in the receiving country may struggle to access defamilializing measures such as crèches or time-credit, as they cannot meet eligibility criteria such as stable employment. Access to work-family arrangements can also be problematic for migrant workers with a regular status. Wall and Sao José studying established migrant families in European countries conclude that there is 'still weak regulatory function of the different welfare states in the protection of these families' (2004: 591). Migrant workers in an irregular situation have been less studied, yet these migrants do cope with the fundamental issue of work-family arrangements as well.

Transnational intra-familial care beyond the radar

Transnational care for left-behind family members is another defamilializing issue for both regular and irregular migrants. Lutz and Palenga-Möllenberg's (2012) study of work-family arrangements in the case of the long-term absence of Ukrainian mothers and wives residing in Poland highlights a lack of access to work-family arrangements in both the sending and receiving country where public arrangements are simply not available. In the absence of public or private alternative arrangements in the Ukraine, migrant mothers must rely on local family members for childcare (Lutz and Palenga-Möllenberg, 2012: 32). In addition, in post-socialist countries where care responsibilities have been 'shifted back to families' (Lutz and

Palenga-Möllenbeck: 2012, 28; and Lutz and Palenga-Möllenbeck, this volume), these migrant carers have to deal with re-familialized conceptions of caring as much as with the absence of work-family arrangements. And in receiving countries where such arrangements are available, these are generally not adapted to the specificities of their migration status or to the needs arising from transnational care duties, as we shall see in the next section.

Before turning to those specific transnational care needs, we now turn to the case studies of two Salvadoran migrant domestic workers in Belgium. Our thinking on the challenge that migratory flows pose to defamilialization is indeed strongly rooted in the observation and analysis of the lived experiences of migrants themselves. We thus believe it is essential to give ‘flesh and bones’ to the concrete implications of the connection of defamilialization, global care chains and the transnational circulation of care.

CASE STUDIES

When she lost her cleaning job in 2001, Yasmina migrated from El Salvador to Belgium, leaving her two daughters in the care of her mother Carlita. She travelled with a tourist visa, and became an irregular migrant after three months. She stayed at the house of her aunt, who financed her travel expenses, and she cooked and cleaned the house in repayment for her debt. She remained involved in her daughters’ education through regular telephone calls and the sending of remittances. The money was essential to support both the children and Carlita, who did not receive any pension benefits, and did not have access to public health care in El Salvador. After a few months, Yasmina was recruited by an Anglo-Belgian couple of lawyers, who offered her a stable, undeclared job of live-in domestic worker. She cleaned, cooked and looked after their two children six days a week, and during her day off, she continued to clean her aunt’s house. Her irregular status and lack of free time made it impossible for her to visit

her family back home, but after a year, she was able to finance her 13 and 16 years-old daughters migration to Belgium on a tourist visa. The girls planed to live in the aunt's house. But when their visa expired, the old lady reported them as irregular migrants to the local youth services, who placed the two girls in a residency for unaccompanied minors. At the time of the interview (January 2010), Yasmina was still an irregular migrant, but her daughters had gained permanent residency. The three women were in permanent contact with Carlita, who had established herself in the USA where she lived with her eldest daughter, and they continued to send her remittances. Yasmina would have liked to reunite with her mother in Belgium, and deeply regretted not being able to visit her – unfortunately because of her irregular status she was not entitled to paid holidays, her employers did not allow her to take more than two consecutive weeks off work, and she could not afford to travel for such a short period of time.

Yasmina's cousin Natalia also arrived at their aunt's house in 1999 with a tourist visa, leaving her three children in the care of her mother Josefina. During two years she occupied various undeclared domestic jobs, and did her best to stay involved in her children's education from a distance. In 2002, one of her employers proposed to marry her to help her get permanent residency and reunite with her children and mother in Belgium. The three children established themselves in Belgium, but Josefina returned to El Savaldor after one month because she missed her country too much. Natalia continued to help her from a distance, providing her financial, emotional and practical support. Through her marriage, she gained access to a work permit that allowed her to work in declared jobs, but she only found short-term, precarious positions within the domestic and catering sectors, and her income decreased as the net hourly pay in the formal labour market was lower than in the informal market. Over the years she assisted her brothers and various friends to migrate to Belgium and re-created a strong

network of solidarity in her receiving country, which was particularly valuable to access information on job offers or cheap international telephone cards. Her relatives and friends also looked after her children when necessary. Natalia was extremely happy to be reunited with her children, but their arrival in Belgium also created a series of important financial and organisational constraints: raising children in Europe was more expensive than back home, and she now struggled to combine paid domestic work and caring for her own children. Her family and friends were very helpful, but she only saw her children in the late evening: her working time was not compatible with family life, and her short-term contracts did not give her access to parental leave, nor to paid leave that would have allowed her to pay an extended visit to her ageing mother. In 2008 Josefina travelled to Belgium to visit her family, and she was still there a year later – with an irregular status – caring for her grandchildren and receiving care from her relatives. Her children had recently introduced a request for regularization to allow her to remain with them permanently.

As shown earlier, migration can support women's defamilialization to a certain extent, but the issue of their defamilialization does not stop there. These case studies not only illustrate the legal and financial precariousness that domestic migrants face in the North, and their difficulties to combine (un)declared paid work and their own caring duties towards dependent relatives residing in their receiving country. They also show that migrants stand at the crossroads of two systems: the sometimes highly familialistic system of their sending society that makes their distant relatives highly dependent on family solidarities and places heavy duties on migrants' shoulders, and the system of their receiving country, which is potentially more defamilializing in general, but not for them. They also face the contradiction of defamilialization in the receiving country, where they must work as de-familialized,

‘independent individuals’, but with a precarious labour status that prevents them from benefitting from the social system.

This creates a context where the acknowledgement of the oppressive nature of the care obligation is crucial, and must go together with the acknowledgement that migrants’ dependent family members in the ‘South’ do not have access to the instruments that support the externalization of care for many families in the ‘North’. European social states cannot pretend to ignore that they deprive these migrants from their capacity to provide appropriate care to family members who entirely rely on family solidarity and cannot count on the State in their country of origin.

EMBEDDING DEFAMILIALIZATION IN A TRANSNATIONAL CONTEXT

Issues around the maintenance of family relationships at a distance and, in particular, migrants’ contribution to the material, personal and emotional wellbeing of their family members residing in the sending country lie at the heart of the transnational families and transnational care literature. Transnational mobilities of care have been analysed by two major streams: the global care chains literature and the transnational care literature that has given rise to the care circulation concept (see also Baldassar, this volume; and Madianou, this volume). According to the first stream, the global movement of (female) migrants creates a care drain (Hochschild, 2005) in the countries of origin, as remittances are the only means through which distant migrants can care for their relatives. This uni-directional and embodied vision of care mobility, which makes sense for the analysis of globalized labour markets, is based on a narrow definition of care and contributes to the guilt-inducing idea that mothers’ migration automatically negatively impacts children ‘left-behind’, who can only receive their mothers’ love in the form of money (Pyle, 2006). In contrast, the second stream (transnational

care) analyzes the mobilities of care through the lens of the economies of kinship and family relationships governed by the norm of generalized asymmetrical reciprocity (Baldassar and Merla, 2014a), and challenges the idea that migration automatically creates a care deficit in the family sphere (Baldassar, Wilding and Baldock, 2007; Baldassar et al., 2014; Mazzuccato, 2013). This body of literature is based on a multidimensional definition of care that includes a variety of elements such as physical, emotional, moral, practical (e.g. advice) and financial support, as well as accommodation. A ‘circulation of care’ operates within transnational family networks of solidarity, in multiple directions, with various levels of intensity over the life course, both intra-and inter-generationally, and in situations of physical or virtual co-presence (Baldassar and Merla, 2014a). Transnational ‘care circulation’ and ‘global care chains’ should be conceived as complementary rather than opposite concepts: while care chains adequately describe a system of global exploitation of migrant workers in order to fill care needs in the North, care circulation helps us understand the dynamics of intra-familial care flows and exchanges taking place *within* migrants’ families both transnationally and locally.

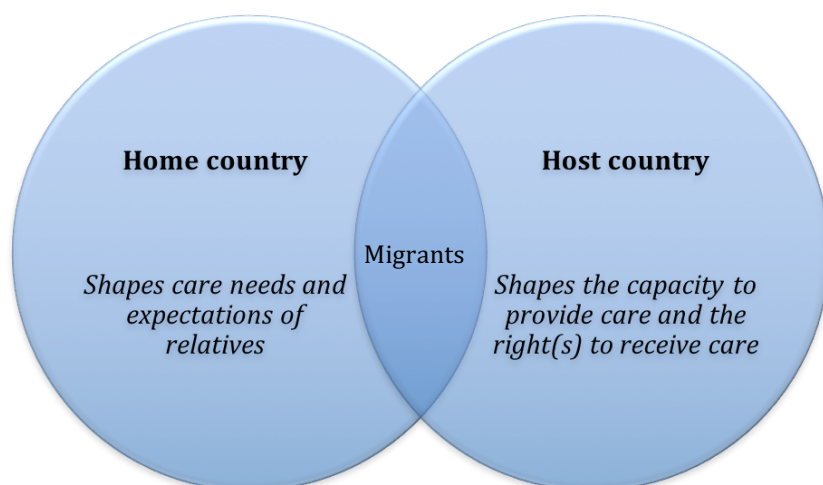
The involvement in the ‘circulation of care’ of various members of transnational family networks can take four different forms (Kilkey and Merla, 2014): direct provision in situation of physical co-presence (for instance, during visits in the sending or receiving country), direct provision from a distance through communication technologies, coordination from a distance, and delegation to a third person or entity – which can mean that the person who ‘delegates’ the provision of a particular type of support stays informed of her relatives’ situation and is ready to step in in case of need. These types of involvement require diverse resources, to which migrants may have variable access (Merla 2012a; 2012b) depending on their age, ethnic origin, situation in the migration and family cycle, etc.

The first set of resources includes mobility (being able to travel) and communication (being able to communicate and send material support), which are also the main ways through which care is circulated. The second set includes the resources that are necessary to be mobile and communicate, that is time (being able to spend time on caring activities), finances (having sufficient financial resources to invest in the circulation of care), education and knowledge (such as, being able to use communication technologies), and appropriate housing. Social relations (having access to a social network in societies of origin and destination) play a mediating role between the first and second sets: they can help migrants and their kin overcome obstacles related to a difficult access to mobility and communication, for instance, by financing travel or by assisting migrants or their relatives in the use of communication technologies (Kilkey and Merla 2014; Merla 2011; Merla 2012a).

Formal and informal policies in the sending and receiving countries strongly influence access to this range of resources and capacity to use them. According to Kilkey and Merla (2014), institutional contexts within which care circulation- related resources are in part constituted are characterized by the specificities of welfare and gendered care regimes, migration regimes, policies and regulations around transport and telecommunications, as well as the regulation of working time and, more broadly, the characteristics of employment regimes. These regimes and regulations interact to create particular contexts that facilitate or hinder the circulation of care within different types of transnational families, from all social categories. Migrants' level and form of involvement in care circulation and the ease with which they participate in these exchanges are in part influenced by their access to transport and communication technologies, as well as their positioning in the welfare, gendered care, migration and working-time regimes of sending and receiving societies (Merla 2014).

Yasmina and Natalia's migration takes place within the global system of exploitation of cheap migrant domestic labour described by the global care chains literature. In Belgium, their own access to defamilialization is highly compromised by their irregular status and/or unstable and precarious working conditions. This makes it difficult for Natalia for instance to balance paid employment with caring for her own children residing in Belgium. Throughout their migration history, both women have remained largely involved in the transnational circulation of care by providing (and receiving) care and support to (and from) their geographically distant relatives, and the particular form that this circulation has taken has been partly shaped by their difficulties to access important resources such as mobility, time, and finances. Their capacity to care for their distant relatives is in large part constituted within the social policy context of their receiving country, where they live and work, and which does not recognize, alleviate or support their ongoing transnational family obligations. Their distant relatives' care needs are in turn largely influenced by El Salvador's welfare state regime, an informal familialist regime that provides extremely weak levels of social protection to its citizens (Martínez Franzoni, 2008). This lack of State support in the sending country creates heavy responsibilities for migrants like Natalia and Yasmina, who must fulfil transnational care duties for relatives based in a highly familialist regime, and who are working in a country that partly supports defamilializing measures, but where they are not in a position to make use of existing schemes or to access measures that adequately meet their transnational care obligations. As shown in Figure 1 these cases studies illustrate the double influence exerted by the care regime of the receiving country (which partly rely on migrant care workers) and the care regime of their country of origin (which is visible in Yasmina and Natalia's desire to care for their ageing mothers in person, and in the low level of social protection that characterizes El Salvador).

Figure 1. **Migrant carers at the crossroad of two systems :**



Several measures facilitate the transnational circulation of family care for mobile EU citizens, such as the portability of pensions allowing European retirees who move to another member state to look after their grandchildren to receive their pension benefits abroad, or parental leaves that allow workers to take time off to care for a child while residing in another EU country. In contrast, European migration policies do not favour the extension of Third Country migrants' social rights nor family reunion. The spirit of European public policies^v tends to promote temporary, seasonal, circular migration for low qualified jobs (see for instance McLoughlin and Münn, 2011). There is a strong link – which certain receiving countries totally assume – between, first, the precariousness of some areas of care through commodification, second, restricted access to defamilialization policies and, third, the imposed 'circular migration' of some immigrant workers. Public policies granting access to defamilialization instruments for migrants in the country where they work, and support to care practices within transnational families, still need to be defined, in particular for extra-European citizens – a project that seems difficult to realize within the current policy context of migrant workers' exclusion from social rights through temporary statuses (Cassarino, 2013). In addition, migrants can perceive destination countries as tending to devalue not only

family care but also the role played by extended families. The cultural constructions of family relations and intergenerational solidarity, which inform migrants' practices can enter in tension with the objectives of defamilializing policies as understood and conceived nowadays (Merla, 2014). For welfare states the challenge consists in recognizing that defamilialization should concern everyone based on the work that is performed, and needs to be adapted to the specificities of transnational caring.

CONCLUSION

Defamilialization is a recurrent subject of debate among feminist scholars and social policy specialists. This chapter has invited reflection on defamilialization through the experience of Third Country migrants working in the low qualified care sector as they play a key role in European Welfare State regimes by improving their defamilializing potential. This chapter pleads for a more substantive approach of defamilialization that simultaneously: firstly, articulates a macro-level social policy analysis of defamilialization with the micro-level of the individuals who actually support or benefit from defamilialization policies; and secondly, critically addresses the fact that the desire to give and receive care, present in a social reproduction approach, has been marginalised in the current dominant conceptualization of defamilialization, which instead conceives familial care as a burden women should be freed from in order to achieve individual independence in the labour market.

The micro-level relates here to the people who are concerned by defamilialization, that is, both its beneficiaries *and* those who are operating it as domestic and care workers. It is also the level where 'individual practices, identities and positions come into view' (Lutz and Palenga-Möllnbeck, 2011: 354). The transnational care perspective shows how migrant care workers secure daily living by using a broader set of resources and pathways than those

offered by welfare regimes, both in the sending and receiving country. In addition, defamilialization issues are not disconnected nor absent from transnational care flows. Global care chains and transnational care circulation reveal that the defamilialization of migrant care workers extends to at least two countries (sending and receiving). What follows from this is a multi-situated account of defamilialization that broadens the scale of observation in order to recognize that defamilialization should be achieved beyond national borders. The study of transnational care flows shows that family solidarity can support and sustain women's migration strategy but also that migrant women, as carers, continue to play a crucial role for their left-behind families: through migration, women become less dependent on their relatives' income, while their own economic role in the family becomes more important. The possibility of a reverse (financial) dependency of families on women thus pleads for a careful interpretation of defamilialization.

There is also a potential tension between the symbolic value that the transnational circulation theory attributes to care and the underlying suspicion around care and family that characterizes the dominant defamilialization theory. The recent revival of the social reproduction concept in feminist literature is an invitation to re-open the debate about defamilialization as access to social services and paid work versus freedom to arbitrate between care and work through access to 'time to care'. This brings the discussion back to the early demands of feminist movements: 'To have choices requires having time, and 'to have time' means to work less' (Dalla Costa and James 1973, 38 cited by Weeks, 2011: 125-6). This claim includes a more equal share of (unpaid) work and care. In a substantive approach and reflecting on migrant women's caring experience, one should be able to recognize its multidimensional character and underscore the importance, for any adult, of being able to

choose to care or not, at any time and without penalty, as performing care is crucial for achieving an ‘acceptable standard of living’.

This invitation to rethink defamilialization has implication for further research. It stresses the importance of deepening the connection between access to defamilialization and, more globally, to institutionalised solidarity in national contexts, and ethnicity and gender. At the macro-level, there is a need to highlight, for each national situation, how migration and welfare regimes intersect and how this is grounded in a more or less intense ‘double bind’ imposed on migrant care workers, who contribute to defamilialization without (fully) benefitting from it nor shaping its underpinning ideology. In this sense, the mere nature of defamilialization matters as much as its level of coverage (or uncoverage).

Connecting global care chains and transnational care circulation to defamilialization is both an intellectual *and* political challenge. In ‘Northern’ contexts, the specific situation and needs of these defamilialization ‘agents’ are still too often ignored both by defamilialization theoreticians and public authorities. The originality of their situation lies in the fact that the defamilialization of migrants themselves simultaneously depends on possibilities of financial independence and access to care services in the destination country, depending on their legal status and working conditions, and on the level of social protection and services offered to their relatives by their country of origin – a level which is often weak in the case of Third Country nationals, both in sending and receiving countries. The pursuit of defamilialization in a particular State can thus paradoxically lead, on the one hand, to a stagnation of gender inequalities and, on the other hand, to increasing differences and inequalities among women.

Migrant care workers who alleviate 'Northern' families from the burden of unpaid family care are themselves largely excluded from work-family arrangements instruments, and this is highly problematic. There is a need to think about new public policy frames that allow migrants to benefit from defamilialization and get support for their transnational care duties, wherever they work. Williams (2011: 36) advocates for the adoption of 'an expansive and transnational understanding of gender equality and of work/care arrangements'. This involves taking into consideration the migrant care worker who provides care in the North, his/her care responsibilities for left behind relatives, his/her care responsibilities towards relatives located in the receiving country; and his/her own care needs (Kofman and Raghuram, 2009). Tronto pushes this argument further by making the— claim that nations should extend citizenship not only to 'all those who are involved in substantive relations of care with citizens', that is, migrant care workers, but also to the family members of transnational care workers living in another country and who are also performing care work for them (2011: 175-176). Rather than choosing between increased defamilialization and support for care circulation at a transnational level, we believe it is necessary to think of the possibility to extend the coverage of defamilialization policies to migrant workers while facilitating their access to the resources that sustain family solidarity in a geographically 'non proximate' situation.

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ⁱⁱ That is, migrants who are not EU citizens.

ⁱⁱⁱ 'Care circulation' is defined as 'the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks subject to the political, economic, cultural and social contexts of both sending and receiving societies' (Baldassar & Merla, 2014a: 22). In this chapter we systematically talk about the *transnational* circulation of care, in order to reflect our focus on the transnational dimensions of these care flows.

^{iv} In the formal sector, the monthly wage (minimum amount without experience) is around 2000 USD in the voucher system and 2100 USD for professional care worker. However, full-time work is very uncommon in both sectors : http://www.cne-gnc.be/cmsfiles/file/NON%20MARCHAND/AIDE%20FAMILIALE/20130101_baremes_318_01_RW.pdf.

^v See for instance Commission. (2007). On circular migration and mobility partnerships

between the European Union and third countries COM(2007) 248 final.