

Caring about migrant care workers: from private obligations to transnational social welfare?

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Abstract

This article makes a case for investigating the needs of migrant women as transnational mothers, and the sources of social support accessible to them. Much has been written on migrants' home-bound commitments and obligations in terms of transnational caregiving, care chains, and the like. Less analyzed are the consequences on their personal needs and demands, which are out of synch with the territorially-based social welfare provision of either sending or receiving countries. Building on my fieldwork with Ecuadorian care workers in Italy, I explore migrant women's constructions of their care needs and the limited social support they rely upon in host and home societies, as well as in the 'intermediate space' of their cross-border care practices. Overall, the prospects for their indirect needs for care to emerge as a public issue are contentious and uncertain. By delving into them, though, critical light is shed on the ambivalences and tensions inherent in migrants' practice of care, at many levels: concerning its gendered bases, its elusive boundaries and the overload of affections and expectations which it typically bears.

Keywords: Migration, Transnational caregiving, Gender, Remittances, Transnational social support, Ecuador.

Introduction

Caring, as an interpersonal need, commitment and day-to-day social practice, concerns a large number of people on a worldwide scale – inside and, more often, outside the labour market. In the latter case care tends to be a tacit, possibly naturalized practice – especially if it involves women, as it mostly does. When these women are migrants, the chances of its low public salience and high “naturalization” are arguably higher, while the arena of care claimants and recipients becomes more diverse and contentious, both in host and home societies. If the focus moves another step further, on migrants' own needs for care, public recognition is still weaker, while a new and less obvious form of vulnerability arises. A case could then be made – as is my aim here – for critically exploring the actors, the contents and the prospects associated to *caring about (migrant) care workers*, as an emerging “transnational social question” (Faist, 2009).

This article investigates migrant women's constructions of their social needs and of the resources accessible to meet them, at the interface between their paid care work (“here”) and their unpaid transnational caregiving (“there”). It primarily builds on my case study on the caring relationships between a group of Ecuadorian migrants in Italy (several of them women employed in home-based care work to the elderly), and their significant others left behind. Based on this source, and on further investigation on the topic,¹ I will

¹ The main empirical source of this article is my PhD fieldwork on the transnational social ties between a group of Ecuadorian migrants in Northern Italy (most of them women), and their family members in Southern Ecuador (Boccagni, 2010). Care, as a matter of long distance attachments and obligations, figured prominently in the 55 biographic interviews I collected overall (even beyond those, about 20, with migrant women employed in live-in paid care to the elderly). In terms of family ties and obligations, moreover, care was an inescapable background for my ethnography of migrant social initiatives in their

explore how migrant women' practices of cross-border care, while being shaped by the social welfare arrangements of their host and home societies, are in turn a source of increasing and hardly visible social needs.

Generally speaking, migrant care workers' personal needs are peripheral from the emerging debate on international migration and care. This holds even more, in my view, concerning their transnational kin-doing practices, which are often enacted under tight economic, socio-cultural and moral constraints. Much literature exists, of course, on transnational caregiving at a micro level, and on its aggregate "care chains" effects at a systemic level (see, for a synthesis, Bonizzoni & Boccagni, 2013). Less analysed, though, is the need for social support and recognition which stems from the daily, gendered exercise of migrant home-bound commitments and obligations. In the institutional arena of social welfare this point is typically neglected, whether in host or sending countries, for reasons irreducible to migrants' limited bargaining power on either side. In fact, their transnational needs and demands are simply out of the ordinary scale and reach of state-led policies. Put differently, their "in-between" status challenges the territorially bounded understandings and rationales of traditional care arrangements. Unsurprisingly, then, migrants' transnationally-related needs are difficult to be collectively visibilized and claimed, let alone met. Nor is it obvious which institutional actors they should involve, if recognized as relevant to the public sphere.

Against this background, I will explore the caring needs and resources which emerge in the life trajectories of the migrant women I studied, at three levels: in Italy, in Ecuador and in the intermediate, non-geographic space of their transnational caregiving practices. As I will argue, various measures relevant to such needs could be developed, or already exist in embryonic forms, in each of these domains. Instances include work-family reconciliation, emotional support, transnational communication enhancement and empowerment of co-ethnic networks as a source of mutual identification and support. After reviewing the scope for implementing these measures, and the actors involved, I will discuss some major ambivalences which emerge in a policy-oriented approach to the care-migration nexus: to begin with, the gendered assumptions and inequalities that shape migrant social reproduction tasks; second, the commodification processes to which transnational care is exposed, as well as the often problematic distinction between formal and informal caring arrangements; last, the promises and dilemmas of recognizing care as a public, transnationally relevant issue, as far as migrant care workers – and more specifically, transnational mothers – are concerned.

1. Caring about (migrant) care workers: a latent and multi-sited field of social needs

This article aims to contribute to the debate on migration and care (Razavi, 2007; Kofman & Raghuram, 2009; Doyle & Timonen, 2010), by exploring the elusive intersections – and the resulting needs for social support – between three "care segments" associated to female migration: domestic care work in Italy, migrants' transnational caregiving for left-behind kin, and the hands-on care enjoyed by the latter,

leisure time. I complemented this source with 30 interviews to key informants on the social consequences of emigration in Ecuador, and with two focus groups including 20 Ecuadorian care workers overall, in Northern Italy. Here, though, rather than revisiting my fieldwork I will expand on the insights I collected across it, with a view to triggering off the debate on migrant caregivers' needs for care.

thanks also to emigrants' transnational support. The "chain" metaphor (Hochschild, 2000; Yeates, 2004) is often used for highlighting this care interdependence and its downsides, as "the increasing flow of migrant women moving transnationally to provide caring labour" is "often accompanied by diminished levels of care in the lives of the migrating workers" (Pyle, 2006: 306), and sometimes of their non-migrant kin.

In the expectations of the immigrant women I met, these distinct care segments were indeed connected by a communal rationale: providing well-being *there*, while staying *here*. Far less visible were, however, migrants' own needs for care – that is, their wellbeing as an issue in itself, although interdependent with the life conditions of their significant others. Migrant care workers' personal needs for social support, in Italy at least, have not so far coalesced – for a range of reasons – in any significant form of collective claims-making. Even so, a case can be made for such needs to be irreducible to the local contexts of settlement. As long as migrant women maintain significant familial responsibilities in home societies, a "transnational political economy of care" perspective (Williams, 2011) looks more suitable to make sense of their needs and aspirations.

Within host societies, care policies in support of migrants, or – even less – of their transnational attachments are typically undeveloped. Limited public awareness and recognition, if any, exist in the respect. Significantly, theoretical elaborations also seem to lag behind – witness to this, the limited academic relevance of notions such as "transnational welfare" or "cross-border welfare" (with some recent exceptions in social work [Negi & Furman, 2010] and social support [Chambon et al., 2011]). Even the global social policy literature, with important exceptions (mostly related to migrant health workers – cf. Yeates, 2009), does not seem to have much to say on the topic.

Reflecting on migrant workers' need for transnational support does not require only a shift of focus in research on care provision – from a North-centric framework to the so-called Global South (Razavi, 2007; Kofman & Raghuram, 2009). It also entails coping with a non-territorial "space", one often highlighted in ethnographies of transnational migration (e.g. Baldassar et al., 2007): the aggregate of the micro flows of remittances and other transnational caregiving practices whereby migrants negotiate their commitments, obligations and communal life projects with left-behind kin. This interstitial space does not overlap either with receiving or host societies, nor with the reach of their respective welfare arrangements. As Williams (2011) sums it up,

Migrant workers and their families' needs challenge nation-based eligibility to care support services, financial supports for caring, pension entitlements, as well as provisions for flexibility of care responsibilities at work where these may require, for example, someone to cross continents to care for a dying parent. These care needs are often exacerbated by migration rules.

Care itself, as a notion, reflects a spectrum of meanings and expectations. For my own purposes, I found of particular interest the view of Kofman and Raghuram (2009), who broadly define care as

[T]he work of looking after the physical, psychological, emotional and developmental needs of one or more people... [embracing] a range of human experiences and relationships of obligation, trust, loyalty and commitment concerned with the well-being of others. (Kofman & Raghuram, 2009: 3)

I attempted to contextualize this definition, which applies to a variety of wellbeing-oriented personal relationships, on the life experiences of the migrant care workers I had met. What does caring mean to them – I wondered –, in relation to the vulnerable people

they look after; to their family members left behind; and, interestingly, to themselves? While interviewing migrant women and participating in their informal sociability events, I found a major commonality in the tensions between these three forms of care, their underlying justifications and the resources accessible to express them.

Empirically speaking, my case study selectively focused on a “transnational mothering” profile (e.g. Avila & Hondagneu-Sotelo, 1997; Parreñas, 2005; Bernhard et al., 2009) which need not apply to most immigrant women from Ecuador or, for that matter, from elsewhere. Such a profile, though, bears striking resemblances across a variety of migration systems, and raises similar issues in home communities on a widespread scale – as emphasized by research on care drain and the stigmatization of transnational mothers (e.g. Hochschild, 2000; Isaksen et al., 2008; Boccagni, 2012).

In the following sections I revisit through my case study the three “care spaces” outlined above: migrants’ context of settlement overseas, their home society and the “in-between” space constituted and reproduced by their transnational practices. The shifting roles and responsibilities migrants exercise in these spaces – with the attendant dilemmas and inequalities – will be appreciated in the light of their access to the resources available for the care of themselves and their significant others. Broader implications for the prospects of care commodification, for negotiating gender(ed) roles and ideologies and for the public recognition of care will be discussed at last.

2. Migrant women’s constructions of their care obligations (and needs): here, there, in-between

2.1 Care needs in Italy: “I just need health and a job – I’ll get the rest on my own”²

Migrant women’s growing employment in co-residential home care to the elderly, in Italy, has been one of the markers of the transition from a “family welfare” to a “migrant in the family” welfare model (Bettio et al., 2006). Much has been written on the “fragmented institutionalization” of immigrant live-in care work (van Hooren, 2008) and on its major, if little visible contribution to family social reproduction (e.g. Colombo, 2007; Da Roit, 2007). Widespread awareness exists also, at least among researchers, about the mixed relationships between migrant live-in workers and their employers – well beyond the power asymmetries which do mark them. Such relationships, apart being from labour (and emotionally) intensive, are strongly contingent on micro-level negotiations within each household. They also tend to be poorly supported by formal welfare institutions and may be distressing for workers themselves, in the long run (Ambrosini, 2012).

Far less explored are the subjective perceptions of those on the “supply-side”: put differently, migrant women’s constructions of care *working* as an adaptive option to enter the local labour market, but also – and consequently – of care *giving*, based on their ongoing social relationships with home communities.

Approaching migrant women’s self-defined primary needs, during my in-depth interviews, was no easy task. Mirroring the influence of their transnationally-spanning moral obligations (Carling et al., 2012), my Ecuadorian respondents tended to frame themselves exclusively as those responsible for *providing* care to a variety of “others”.

² From my interview to C. (42), an Ecuadorian care worker in Italy for six years. Both this quote and the following ones are extracted from specific interviews. I selected them, though, for their broader sociological relevance to the issues I will discuss.

The overlapping of an often unprecedented breadwinner role with traditionally “female homemaker” identities (Kofman & Raghuram, 2009: 13) – which, far from home, were possibly reshaped but by no means denied – was a source of greater reticence and distress. Equally striking was, however, their reluctance in admitting any distinctive need for support.

As I found out, this attitude was not reducible to their distrust of mainstream social services, or to the fear of being treated in repressive or discriminatory ways by the latter. Less obviously, migrant women’s inclination to relativize the difficulties encountered in Italy had also to do with the pervasive expectation of an impending return home. Their narratives were replete with references to “Ecuador” less as a physical place, than as a discursive construction which combined their emotions and reminiscences of family, home and the past overall. Within the subtext of migrants’ narratives, “Ecuador” seemed to be primarily a cognitive, affective and moral framework, still vivid enough for helping them to relativize – hence, to make sense of – the ordinary struggles of immigrant life.

Apart from their objective vulnerability, and their truly transnational commitments and obligations, this short-term homebound orientation discouraged, in turn, strong investments in improving their life conditions abroad. The marginality, within their narratives, of more “sophisticated” stances – such as claims for public recognition, gender equality, non-discrimination, etc. – depended also on migrants’ weak contacts with the broader social environment and on their limited length of stay. Yet, all these needs were, potentially at least, well in the reach of the host society’s welfare services. This was far less the case for the transnationally-oriented needs and stances which I will address in the rest of the article.

Ironically, an apparently neutral question such as “why should anybody take special care about them?”, typical of nativist stances, touched some deep chords in migrant women’s self-accounts. It was consistent with the image of highly self-reliant persons they tried to negotiate, if only for a lack of alternatives, both with natives and left-behinds. Any time their own needs for social support were indeed articulated, this was typically in basic guises: “To get a job... and be healthy”.

That such a job was in a heavily ethnicized and precarious niche, with high emotional (and possibly physical) costs, was not a major issue per se; not, at least, during their early life experience abroad. Far from denying the relevance of such problems, this suggests that their asserted hierarchies of needs – as newcomer immigrant women – need not overlap with those an outsider might expect. Altogether, the label “domestic servants” (e.g. Lutz, 2002) was apt to describe the working conditions of the Ecuadorian care workers I met, and their over-exposure to stereotyping and discrimination along gender and ethnic lines. Yet, the servant label did not do justice to *their* self-framing. Live-in care work, in their eyes, basically amounted to no more than a means – one more accessible and safer than others – to realize aims and interests expectedly alien to the context of immigration, and associated with the wellbeing of left-behinds in Ecuador.

Apart from the real variety of their job circumstances, this instrumental approach to the labour market, and their systematic reference to life projects and aims to be achieved elsewhere, did not leave much room for victimizing and unilateral accounts. The expectation of a “perceived enhancement” in children’s “long-term life chances” (Doyle & Timonen, 2010: 10) seemed to matter more, in a transnational mother view, than their personal job trajectories and opportunities. A focus on the changing needs for care in

their home society, therefore, is critical to a balanced understanding of migrants' needs for care and support (sect. 2.2). Based on this, I will argue that caring about migrant women entails also facilitating the exercise of their transnational caregiving commitments and obligations (sect. 2.3) – a prospect with its own ambivalences, though, to be discussed further (sect. 3).

2.2 Care needs in Ecuador: “there are a lot of parentless children in need...”³

Consistent with the argument above, the caring needs of the migrant women I met turned out to be irreducible to their context of settlement, and to their personal needs. As central was the social protection of their family members left behind, in particular of their dependent children, as a paradoxical result of emigration itself. Approaching migration-related caring needs in Ecuador, during my fieldwork, required first of all a focus on the social representations of emigrant mothers in the domestic public discourse – more often than not, in the stigmatizing terms of “bad mothers” and the like (Soruco et al., 2008). After all, this was just a local variant of a widespread gendered reaction to the care-related increase in women-led migration (Ozyegin & Hondagneu-Sotelo, 2008; Parreñas, 2010). The predominance of this discursive framework, albeit mitigated by the opposite rhetoric of the current Ecuadorian government, showed how precarious were migrant women's attempts to negotiate from a distance, mostly via remittances, their loyalties and attachments to the communities of origin. While interviewing migrants' kin, I often sensed a communal subtext: female emigration – no matter how understandable, if not justifiable, in its driving factors – was ultimately a major social anomaly. Mothers' homecoming, or a reunification of their “whole family” abroad, were perceived as necessary to repair the pre-existing family and moral order.

In common wisdom, as a matter of fact, (female) emigration was the culprit for the number of children left behind and apparently “parentless”, although mostly looked after – in terms of day-to-day social reproduction – by their grandparents, fathers, or other close kin. Interestingly, the “parentless” label entails fathers' abdication to their paternal responsibilities. Although this is not automatically the case, judging from my fieldwork and from the literature available, the subtext of this view is clearly that mothers' parenting responsibilities and skills would be simply not comparable to the paternal ones. As interestingly, the notion of parentless translates, in day-to-day language, what academics would call care drain. However, it sounds remarkably pejorative – indeed, blaming.

As I found out, the assumption that children left behind typically have “severe psychological problems” – although devoid of strict empirical evidence – was shared by several migrant women, including those still involved in transnational mothering. Sensing the suffering that emanated from their narratives, I found myself unable to read their attitudes as merely a reflection of gendered ideologies they had been socialized to. Such understanding would seem patronizing and disrespectful of their agency and emotions. The latter, however, had indeed been socio-culturally constructed (and constrained) in ways that legitimized, firstly, strong gender asymmetries in care labour; secondly, a tacit framing of such labour as a narrowly private-domestic issue (cf. Williams, 2009).

³ This is a sentence I heard so many times, while interviewing migrants' family members in Ecuador, that I am unable to attribute it to any single informant. It sounded like a commonsense reaction, every time I focused on the needs for care deriving from emigration.

Apart from all stigmatization, the condition of migrants' kids at home epitomizes the mixed social consequences of migration on the communities of origin. A greater potential for meeting their welfare needs, and achieving better life standards, coexists with higher affective and educational vulnerability (Pribilsky, 2007; Herrera & Carrillo, 2009).

Against this background, a variety of local welfare schemes in favour of migrants' left behind children has taken roots in Ecuador over the last two decades. Education and psycho-social support, as well as legal assistance or (less often) capacity-building of family associations, have been the main fields of development for such initiatives – most of them supported by international NGOs or cooperation agencies, and increasingly facilitated by the Ecuadorian government itself (Hall, 2008; Genta & Contreras, 2010). Minor and mostly symbolic has been, so far, the role of immigrant associations in this respect.

Generally speaking, such schemes have proven discontinuous, uncoordinated, under-resourced and highly variable in their reach and impact (Herrera & Carrillo, 2009; Boccagni & Lagomarsino, 2011). Some criticism has also been made to their predominant focus on individualized psychological assistance, at risk of neglecting children's social isolation and over-exposure to discrimination (Camacho & Hernández, 2008; CeSPI, 2009; Herrera, 2010). Furthermore, this dedicated service provision has been questioned in terms of equity and legitimacy. Migration-related social welfare schemes are amenable to a fundamental criticism: that of unduly privileging the caring needs of a share of the population that does not overlap, unless in a minor part, with the most "needy" of the Ecuadorian citizenry. The limited capability for claims-making of the highly dispersed and fragmented Ecuadorian "diaspora", and the pressures of a range of competing *local* actors and needs, likewise contribute to this state of things. In principle, the need for relational, psycho-social and legal protection of migrants' family members left behind – children and not – is often remarkable (but by no means unique). Yet, migrants' typical argument for claiming dedicated welfare measures – i.e. the significance of their continuous contribution, via remittances, to the whole of Ecuadorian society (Hall, 2008) – is unlikely to make much difference in this respect.

More recently, a major step ahead has been discursively marked by the recognition, within the new Ecuadorian Constitution (2008), of the relevance of "transnational families" and of the duty for the state to "protect them and the rights of their members" (art. 40.6). What this should mean in practical terms, however, is both uncertain and contentious. Despite the parallel institution of a special Migrant ministry (Secretaría Nacional del Migrante - SENAMI), the social assistance provision to migrants' kin in Ecuador – especially to their dependent children – does not seem to rely on sound institutional bases (Boccagni, 2011). This outcome should be read in the light of the residual and familist arrangements of the Ecuadorian welfare regime, which is strongly unbalanced on money transfers, as opposed to service provision. Despite a recent increase in social expenditure (Weisbrot & Sandoval, 2009), the standards of the Ecuadorian welfare system are still much below the LAC average – the rate of social expense on the GNP being at 7.4% in 2008, against a Latin American average of 15.9% (Genta & Contreras, 2010). Migrants, in turn, have only recently been enabled to join (on voluntary bases) the main social insurance scheme of the country – which may well mark a step ahead for the portability of their social rights. Yet, the scheme itself is estimated to cover no more than 22% of the active population in Ecuador (Herrera, 2010). And importantly, "about half of the working population" in Andean countries,

including Ecuador, is estimated to be “engaged in informal” and mostly “marginal subsistence activities” (Benería, 2010: 7).

Moreover, most social welfare initiatives dealing with the social costs of emigration have been addressed to migrants’ dependent children. Far less attention has been dedicated to their caregivers, most of them family members who, while benefiting from migrants’ remittances (Genta & Contreras, 2010), may turn out to be almost as vulnerable. Deputy caregivers cannot rely on any dedicated public welfare provision in terms of, say, training, respite care, counseling or work-family reconciliation. Their supposedly natural obligations towards migrants’ children – by virtue of kinship – makes their personal needs and aspiration little visible or salient. Put differently, pro-emigrant initiatives in place in Ecuador reflect a cognitive framing well distant from a “caring about care workers” one. Direct assistance to children left behind prevails over attempts at network-building with their caregivers or, for that matter, with emigrant parents. The emphasis is unilaterally placed on the needs of care recipients, rather than on the unequal opportunities and discrimination they are overexposed to. Even from the Ecuadorian side, then, a new form of indirect dependency on care is socially widespread, but publicly and institutionally invisible (Herrera, 2010).

In the same vein, Kofman and Raghuram (2009) argue that the needs of caregivers are the most neglected element in the “diamond” of care relationships and responsibilities. Ironically, such invisibilization applies in Ecuador for migrants themselves, regarding any aspect of their transnational engagement that exceeds money remittances. In order to appreciate this, our focus on caring practices, and on the attendant balance of needs and resources, should shift onto a transnational scale – one irreducible to the physical boundaries of Ecuador as a country.

2.3 Migrant women’s care needs in-between: “Nothing has changed for us”⁴

Migrant-addressed social welfare schemes, involving them or their kin left behind, are quite visible, if mostly residual. Migrants’ informal practice of transnational caregiving, in turn, is far from residual. It is however virtually invisible in the policy discourse and the public sphere of both home and host societies. Yet, it is arguably worth discussing as an issue in itself, as a matter of materially-based, relational and emotional transactions embedded in gendered and asymmetric morality regimes (cf. Bonizzoni & Boccagni, 2013).

To be sure, transnational caregiving is not without its costs: as Bernhard et al. remark, an “enormous amount of care-work” is necessary “to maintain family relations across space, as well as the largely invisible social and emotional costs associated with family separation” (2009: 5). A focus on care circulation across borders, though, is helpful to highlight migrants’ potential for the well-being and even the daily care of those left behind. A case can be made for transnational families to (be able to) enact almost all the forms of care exchange that are typical of proximity-based family life (Baldassar, 2008; Mazzucato & Schans, 2011). Judging from my case study on Ecuador, this primarily holds for money and in-kind remittances, as a way of contributing to non-migrants’ livelihood and demonstrating homebound obligations, attachments and belonging; second, for visits back home as a periodical recovery of physical co-presence, hence as an opportunity to provide also hands-on care; third, for the communication flows which

⁴ From my interview with S., a care worker living in Italy for 5 years, with two adolescent children left behind in Ecuador. The same affection-laden and prescriptive stance emerged, once again, in most interviews.

are increasingly (if selectively) supported by the new ICTs – the challenge being, in terms of “care quality” over time, to keep communication non-formulaic and affectively engaging, even if disembodied from daily shared points of reference (Bernhard et al., 2009; Merolla, 2010). The commonality between these practices lies in migrants’ attempts at enacting a sense of biographical continuity, somehow bridging physical distance by cultivating future-oriented life projects based on communal references to the past.

No doubt, migrants’ cross-border practices of informal care are highly variable in their effectiveness and aggregate impact. Their prevalence, however, seems enough to question the assumption of single-sidedness – indeed, physical proximity – as a necessary precondition for care relationships. “Caring”, as Kofman and Raghuram (2009: 6) have it, “requires a setting or physical space to embody caring tasks”. Yet, when it comes to transnational caregiving the settings at stake are more than one, and the embodiment of caring tasks may require the interaction of a plurality of actors – for instance: migrant parents, children left behind and the caregivers replacing the former –, rather than a provider/recipient dyad.

Likewise, the recognition of transnational caregiving is helpful to relativize the one-sided accounts of female migration as tantamount to care drain. Having said of the attendant material, emotional and affective costs, the mainstream care drain narrative still risks underestimating migrants’ endeavours to provide care even under adverse conditions, including physical distance. Once again, such efforts are tacitly constructed as a private matter, relevant only to those who do enact them.

3. Bringing institutional support back in?

Against this backdrop, I found it critical to interrogate, all over my case study, the scope for “de-privatizing” migrants’ caring efforts, or for reframing them as worthy of public support. What is the potential of the social welfare institutions reviewed above, not only for migrants’ social protection (which is obviously critical), but also for facilitating their informal caregiving practices? Enacting their wishes and obligations for cross-border care is typically a form of intra-family solidarity – one developed independently of any institutional, top-down action. The latter, though, is not irrelevant to the point.

On the side of Italy as a receiving society, local integration policies – themselves residual and under-resourced (Zincone, 2011) – have been generally blind to migrants’ exercise of care in a transnational setting. Institutional facilitation of such practices has only resulted, so far, in some local initiative of co-development – typically involving European countries where circular migration is more feasible, rather than long-distance migration flows such as the Ecuadorian one (CeSPI, 2009).

A case could be made, of course, for “good” integration policies to facilitate also migrant transnational engagement (e.g. Snel et al., 2006); indeed, to make transnational caregiving practices less impelling, once family reunifications are facilitated. While Italian immigration policies leave much to desire in that regard (Bonizzoni, 2009), less formal measures would positively affect cross-border care processes with lower economic and political costs: first, dedicated psycho-social support (Falicov, 2007; Bacigalupe & Lambe, 2011) to migrant care workers as “transnational mothers” (despite the risk of reifying their role and “psychologizing” an issue with deeply socio-structural roots); second, facilitation in their access and use of ICTs for transnational

communication; third, a provision of better infrastructures and recognition for co-ethnic associations and informal networks, as a potential source of mutual support.

On the Ecuadorian side, several plans of action of the dedicated ministry (SENAMI) have a potential to sustain migrants' homebound caring practices. This applies, for instance, to the governmental social networks which (try to) have migrants among their privileged interlocutors; to the legal and social support provided in the immigration contexts with greater Ecuadorian communities; more broadly, to the positive and sympathetic representation of migrants, including transnational mothers, now asserted in the Ecuadorian domestic discourse and in international campaigns – in a singular mixture of patriotic and human-rights based claims (Boccagni & Lagomarsino, 2011). That said, none of such measures can really question the structural position of migrants in the labour (including the care) markets overseas, and its further deterioration following the global crisis. Nor, for that matter, are they likely to affect the gender asymmetries in social reproduction responsibilities that emerge in transnational care exchanges, no less than in the proximity-based ones.

The latter issue deserves a few remarks. Despite every downside, Ecuadorian women's participation in the care labour market – as pioneer immigrants – has factually enlarged their autonomy vis-à-vis their male and family counterparts. At least in the short time, however, this has not affected much the gendered, unequal bases of their care-related responsibilities. Although migration does challenge, in practical terms, long-standing “normative understandings of gender roles and ideologies” (Mazzucato & Schans, 2011), significant changes in underlying cultural representations would arguably entail a more extended time horizon.

That said, even the residual policies in support of migrant care workers implemented so far have been almost gender-blind. In Italy, as a country of destination, reconciliation policies are relatively underdeveloped – and targeted nearly only at native workers. Migrant care workers themselves have acted as a means of reconciliation for the benefit of native women. The partial outsourcing of domestic work (Lutz, 2008a) has occurred along ethnic rather than gender lines, leaving unquestioned the deep-rooted construction of care as a naturally woman chore. On the Ecuadorian side, in turn, reconciliation policies are virtually non-existent as a result of weak welfare arrangements, high incidence of an informal labour market and women over-participation in the latter (Genta & Contreras, 2010; Benería, 2008). No wonder if such policies are hard even only to be discussed, let alone implemented, in the intermediate space shaped by migrants' caregiving practices, between the two sides of their social lives.

4. To complicate matters further: care commodification and its shifting boundaries

At the end of this “multi-sited” review of the migration-care nexus, at least two more issues are in need of discussion: the mixed consequences of care commodification and the uncertain boundaries of care as a social practice. Both topics are critical, in my view, to the visibilization of migrants' needs for care, and to fuel a transnational debate about this.

4.1 Remittances and care: affection from a distance and commodification

Virtually all the immigrants with dependent children in Ecuador that I met, or heard of, used to enact some form of transnational caregiving. While doing fieldwork in their

local communities of origin, however, I often happened to hear a version of the following: “They think the money they send is enough... and it is not”. That migrants really thought so, as I found out, was highly questionable. This did not affect much, though, the overwhelming weight attributed to money remittances as the major conjunction between migrants and their home societies.

Remittances are typically a terrain for ambivalence. To the migrant women I met, the fear of being perceived by those left behind – including kin – simply as money providers mattered much more than the low social status attached to their care work in Italy (or for that matter, in Ecuador). The money they used to send home was expected to signify well more than a means for family social reproduction. In fact, their remittances were overburdened with affective and moral expectations, related both to their instrumental value and to their performative function. Remittances were to simultaneously convey several messages: that emigrant parents were working hard, were loyally complying with their initial commitments, and were indeed paving the way for better life conditions – at least for those left behind.

All this notwithstanding, remittances were still basically a matter of money – for how intended to “show feelings” (McKay, 2007). Their impact was irremediably dependent on the more or less fair and collaborative attitudes of recipients. From the migrant side, “mixing the realms of ‘love’ and money” (Razavi, 2007: 15) was inescapably a precondition to make their care from a distance effective. From the left behind side, however, the non-gained (and non mediated by vis-à-vis relationality) emigrant money was primarily a resource to activate, and even legitimize, broader processes of care marketization; and possibly commodification, although there is no necessary overlapping between the two notions, as Folbre and Nelson (2000) have argued.

In a way, personal care – typically involving children and elderly parents – was only one among the several local markets revitalized, provisionally at least, by migrants’ monies. As a partial surrogate to migrants’ personal love and care (Isaksen et al., 2008: 416-7), however, remittances had also a huge potential for manipulation of the mutual wishes and expectations of their senders and receivers. More fundamentally, they risked conveying a colonization of intimate care relationships by codes, symbols and values that were far from “caring” or supportive. Against this background, I perceived a pervasive need for migrant women to be facilitated in any form of caring from a distance that would allow them to avoid a merely “cash dispenser” function.

4.2 Coping with the shifting boundaries of care

Remittances, as discussed above, are typically a bridge between the two spheres in which care is ambiguously embedded: “the sphere of market-based capital accumulation (the commodity economy)”, and “that of non-market based social reproduction (the unpaid care economy)” (Razavi, 2007: 8). As I realized, this mixed embeddedness, far from being a merely academic concern, was very much an issue in migrants’ life experiences.

As I listened to the Ecuadorian transnational mothers’ self-accounts, I often happened to sense an uneasy coexistence between their role as care *workers*, applying to their paid employment in some domestic job in Italy; and their role as care *givers*, involving their commitment to care from a distance for those in Ecuador. In fact the distinction between the two roles, and the meanings attached to each of them, was far from clear.

While doing care work in Italy, migrants systematically discovered that a non-contractual (indeed, meta-contractual) *giving* dimension – a deep emotional

involvement, however ambiguous and exposed to manipulation – was inherent in their everyday practices. Emotional labour (Yeates, 2004) was very much at stake in the practice of paid care (cf. Lutz, 2008a). On the other side, their actions aiming at improving the livelihood of the significant others in Ecuador, and at building “long distance intimacy” (Parreñas, 2005) with them, were much more than a private exchange of care resources. A commercial dimension was critical to the success of their cross-border relationships, which had necessarily to be mediated by the money sent home, and then by its redistribution to different care providers (family members as well as providers of better health, social, educational services); the latter step being, however, often out of their control.

While migrant mothers would have probably liked to maintain a neat and meaningful distinction between their work and private lives, they had to discover that this was by no means the case – not only for the predominance of work, or of the need to look for more of it, over any other concern. More deceitfully, care – as an indefinable mixture of physical and emotional work – pervaded both life spheres and there was no way to strictly reduce it to profession in one case, or to affection in the other (Williams, 2009). After all, the impossibility to make care fit neatly into a single category – along conventional divides such as professional/informal, production/reproduction, public/private, commercial/altruistic – tells much of the sociological relevance of this topic. It also contributes, however, to the emotional burden of those who practice it – in proximity or, even more, from a distance.

Conclusion

Transnational migration for care, at least from Ecuador, has typically developed as a private and individualized option – or at most a “familized” one. It has also demonstrated the importance of migrant women’s agency, for how “constrained and often embedded in kin obligations” (Williams, 2009: 387). Yet, overall, this myriad of individual micro-initiatives has had so remarkable social costs – if little visible from the viewpoint of receiving societies – that its public significance is increasingly hard to deny:

Migration has... become a private means of coping with the global wage gap, and the costs of migration are mainly counted as private costs. But, when enough people – adults and children alike – become part of a private problem, it becomes a public issue to which we need thoughtful public answers. (Isaksen et al., 2008: 408)

In all the social spaces analyzed in this article, however, caring about migrant care workers – as a political option, rather than “only” an ethical urge – has proved highly contentious. After all, migrant women’s needs for care and support are just one of the many stances which vie with each other for recognition, and for the (re)distribution of decreasing public resources. Ironically, the sensitive and intimate nature of transnational caregiving – which is typically framed by migrant women as pertaining only to their private life sphere – is another obstacle for recognizing its public relevance, hence the need of migrants (and of their kin) to be facilitated in enacting it; and possibly in questioning its traditional bases.

Why migrant care workers’ needs should be specifically attended, even less at a transnational level, is a question with no straightforward answer in the ordinary

cognitive frames of migrant and care policies. After all, migrant women perceive themselves (and typically are) less as “needy beneficiaries” than “productive members of society” (Rezavi, 2007: 4). The last expression, however, is surprisingly revealing, since transnational mothers are substantively members of two societies, and poorly supported by either.⁵ What is more, their productive role keeps being also a reproductive one, and the transnational reach of this overlap makes it a still deeper source of tension, resentment and oppression. All this highlights, at the very least, a peculiar need for support and reconciliation. The issue lies less in enabling their access to social welfare, than in framing institutional support to their cross-border caregiving – as long as they wish to exercise it – as a public responsibility at some level.

That said, public recognition of migrant women’s needs for care is a remarkably tricky issue. As the feminist literature has revealed (Razavi, 2007), there is no obvious way to promote the public recognition of care without reinforcing the underlying gendered division of labour. Enhancing all welfare measures apt to facilitate work-family reconciliation, for migrant women as well, need not question the gendered bases of “their” care work. At the end of the day, a public recognition of migrant women over-exposure to care duties and obligations “here, there, in-between” – hence their need for some distinctive institutional support, for how elusive in its location – may turn into a reification of the status quo. Once again, the risk exists to legitimize the gender inequalities which underlie both care working and caregiving – hence the construction of care as a “matter for women” (native or alien), public policies being at most called to facilitate its enactment. Even so, highlighting the unfair and exhausting overburden of obligations, responsibilities and expectations associated to transnational care workers and givers – and exploring the potential for public action to meet their needs – may mark some progress, with a view to making “transnational welfare” something more than a buzzword in the latest migration-development jargon.

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⁵ Ironically, just while the early theorists of transnationalism celebrated migrants’ “double presence”, Sayad (1999) put the emphasis on their “double absence”. This notion looks all too relevant to the transnational mothers I met, in the light of their piecemeal social status – *denizens* on the one side, *external citizens* on the other –, and of the limited social protection accessible to them.

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