12 Debating Culture across Distance: Transnational Families and the Obligation to Care¹

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Introduction

This chapter explores some of the transnational dimensions of debates within and about families, in particular the way kin who are separated by distance and national borders construct and negotiate cultural notions of obligation about aged care.² I argue that debates about migration and caregiving concerning transnational families, both internal (at the micro level of everyday practice) and external (at the generally more meso and macro levels of policy and service provision), must be understood not as an attribute of individuals or families alone, but as a function of relationships between agents and social institutions within and across both home and host settings. In other words, a focus on transnational caregiving shifts attention from the behaviour of individuals to the pattern of relations between people, social units and institutions. In this way, internal debates concerning migration and care within the transnational domestic sphere (Gardner & Grillo 2002) provide a link between micro, meso and macro levels of analysis locating the practices of individuals and families in the context of local and transnational communities and states.

This examination of migration, family, culture and caregiving is explored ethnographically using case studies of transnational families comprising ageing parents from Italy, New Zealand and Afghanistan (the latter living in transit in Iran) and their adult migrant children living in Perth, Western Australia, the most (geographically) isolated capital city in the world. While these countries, aside from Italy, might appear to have only limited relevance to a volume exploring immigrant families in Europe, the practices and processes of transnational caregiving that are documented are pertinent to the global care chains (Yeates 2004, 2005) which are increasing in scope and complexity and which affect all areas of the world, not least Europe with its increasing immigration. Furthermore, the examples not only represent the traditional focus on migratory relationships between developed and developing nations but also the much less common focus on migration between developed nations (Brijnath forthcoming 2008). Hence, the discussion involves an analysis of both formal and informal care provision, includ-

ing the development of social capital, in local, national and transnational contexts. The emergent patterns are pertinent to Europe with its diversity of socio-cultural groups, forms of migrant interaction and the multifarious discourses of power that help define them, including state legislation, transnational agreements, access to resources and historical context. While the examples are not all European, the approach of linking the micro-levels of people's lives to the macro structures that influence them is arguably of great relevance to one of the key aims of this volume: understanding the tensions surrounding family, community and nation so evident in Europe today.

The 'transnational family' in this context is best understood, following Grillo (*supra*), as an 'iconic cultural, social and ideological "site"'. Under examination here are the interrelations between the family as 'moral order', albeit one that is socially constructed and contested through internal debates, and the external debates and constraints that impact upon the institution of 'the family' and its members, in particular those relating to the provision of aged care and the associated notions of obligation to provide such care. The processes of transnational caregiving are negotiated at the intersections of individual choice within what might be called micro patterns of kinship and obligation as well as within the more formal structures and infrastructures (or absence of them) of relevant services, technologies and resources at macro-state and meso-community levels. A key question to arise from this discussion is the interconnectedness of these 'levels', how much influence they exert on each other, how they are influenced by transnational family contexts and what particular mix of support they in combination provide.

Distant Care across Borders

Transnational caregiving is primarily characterised by varying degrees and forms of communication and interaction. The most common ways people exchange emotional and practical care across distance is by regular telephone calls, faxes and letters and, more recently, email and mobile phone text messages. Financial assistance is also often exchanged. In addition, visits between migrants and kin are important avenues for caregiving and are the only way of delivering 'hands-on' personal care.

There is an argument for considering transnational families as people practicing caregiving in deterritorialised contexts. As Bryceson and Vuorela (2002: 10) argue: 'One may be born into a family and a nation, but the sense of membership can be a matter of choice and negotiation'. On the other hand, all migrants and their transnational family

members are located in particular places at particular times and their caregiving practices are variously affected by this 'territorialisation'. Transnational carers must negotiate the expectations and regulations of (at least) two nation-states, often including the complicated 'borders' created by language and culture. It is in accounting for this particular nexus between agency and structural constraints that the notion of internal and external debates about obligations to exchange care in transnational families is pertinent.

Baldassar, Baldock and Wilding (2007) argue that all family caregiving is mediated by a dialectic comprising the capacity (ability, opportunity), the culturally informed sense of obligation and the negotiated family commitments of individual members to provide care within specific family networks. As there are few transnational structures designed specifically to facilitate transnational caregiving (e.g. reciprocal health care agreements and access to dual citizenship), these practices are largely organised by the structures of kinship and community, in particular the sense of obligation to engage in reciprocal care exchanges. Notions of obligation are debated within families as well as more broadly within communities, both local and national, and are influenced by and in turn influence existing and historical patterns of social structures and service provision in the countries of relevance. Blackman, Brodhurst and Convery (2001: 3), for example, argue that the values and structures of diverse welfare regimes predispose societies towards particular configurations of social care for older people. This multifaceted approach to understanding caregiving resonates with Schuller, Baron and Field (2000: 20) who, drawing on Bott (1957), argue that family and social networks are best conceptualised as social systems rather than as aggregations of individuals each with their own psyches, and these social systems should be understood in terms of their place in external social systems. Networks (in this Bottian sense) mediate between the personal and the structural and are to be understood in their own right (Schuller et al. 2000: 21). Similarly, Chamberlayne and King (2000: 3) emphasise what they call 'the contextualised dynamics of caring' and distinguish between 'the private level of personal and family situations, the social level of informal networks, and the public level of structures and resources', which correspond broadly to micro, meso and macro levels of analysis.

Macro factors which influence transnational caregiving include access to telecommunication infrastructures, travel visas and health insurance, the social and migration policies governing settlement and immigrant integration including welfare services and employment, and state provision of aged-care services in both home and host countries. Meso factors include the community and voluntary associations that support (or impede) practices of transnational caregiving, the rele-

vance of networks of co-nationals over time, and the trajectories of 'community' settlement. Micro factors refer to family and personal histories and life cycles, including the changing ways in which migration is understood. All these levels are informed by cultural notions of appropriate care which influence kin relations as well as community and state provisions (and vice versa).

One concept that is often employed to identify the links between networks of exchange that mediate between individuals, communities and states, is social capital. Chamberlayne and King (2000: 9), for example, employ Putnam's (1993: 167) definition of social capital 'as the capacity to mobilise support and resources in the informal sphere, based on norms of reciprocity and networks of civic engagement'. Similarly Loizos (2000) defines social capital as social networks, shared values, and emergent trust. The following section presents some of the heartfelt internal debates about aged care that are played out within transnational families. These debates might be summarised as centring around notions of obligation to give and receive care. The relationship between notions of obligation and the production of social capital is examined as they are played out through particular configurations of micro, meso and macro practices of transnational caregiving in three migrant and homeland settings.

Debating Cultures of Care

Afghan Refugee Case Study

Mina and her husband, Seyyad, who migrated to Perth in the 1990s, were born and lived in Kabul where they owned a fruit and vegetable shop.³ Neither have any formal educational qualifications. They fled Afghanistan in the mid-1980s with their children and many of Seyyad's relatives to Pakistan where they lived for four years. In Pakistan, Seyyad was the main breadwinner for his large extended family. He could only find heavy physical work and life was very difficult. In their third year in Pakistan, Sayyed's father died. Seyyad's brother travelled to Pakistan for the funeral from Perth where he had been accepted as a refugee. According to Mina:

He came from Australia and saw for himself how bad our situation was. When he was back in Australia, he sent us some money monthly. Then he sent us a sponsorship form to migrate to Australia ... After [several months] our refugee application was accepted. It was supposed to be a happy occasion ... But I felt immediately very sad ... I thought I would be very far away from

my parents if I go to Australia ... I had not seen my parents for four years ... Having your own family members close by is a different feeling. My husband had his mother, four brothers and their wives and his sisters. My husband was very happy with the news but I said to him that I should first write a letter to my parents and ask for their opinion and advice ... They answered me, 'Don't hesitate and just go to Australia. Our country Afghanistan is still full of trouble and you better not think of going back' ... My parents wanted me to accept the offer and so we came to Australia.

Mina explained that she had no idea what Australia was like. The couple were eventually offered a state housing commission home for people on low incomes. Although Mina had a number of her husband's relatives living in the same suburb whom she met regularly, she felt that they did not replace her own relatives, who would have offered her more support and compassion. Mina's parents and six brothers live in Iran and her only sister lives in Afghanistan. Mina worries about her family constantly. Her father is unwell and unable to care for himself. Her mother also has health problems. They live with their sons who manage to get day labour occasionally. Afghan refugees have no formal entitlements in Iran (Strand, Suhrke, & Harpviken 2004). They are not permitted health benefits and must pay up-front fees for medical care. Many do not have valid work visas and are forced to accept exploitative work conditions. They do not have access to public schools and private schools are prohibitively expensive; consequently many Afghan children do not attend school. They are generally not well accepted by Iranians and are often forced to pay exorbitant rental rates making overcrowding and poor living conditions common. In addition, their future in Iran is uncertain and many anticipate being forcefully repatriated to Afghanistan.

Mina's parents and brothers contacted her soon after she arrived in Perth: 'they told us about their situation and how desperate they were and requested money'. Seyyad interrupted his wife to explain:

You know we have our own family and children to take care of in Australia. We have a lot of expenses ourselves. Australia is also getting more and more expensive. We are in a situation where we are not able to support other family members.

The distribution of meagre funds is a common dispute between Afghan couples. Men generally want to spend money on their families as it is the duty of sons to care for their parents. Mina manages to phone her family once a month but is not able to send them any money, a situation which weighs heavily on her.

During the interview, Mina introduced her eldest daughter (sixteen years of age) who was recently engaged to her (eighteen-year-old) cousin (Seyyad's sister's son). Mina was particularly delighted with the amount of help she received with the engagement ceremony from the local Afghan community, most of whom also came from Kabul. She likes the groom very much and since the event, her in-laws have been nicer to her: 'Now my husband's family likes me more than before'.

Mina was happy for Zahra (the interviewer) to visit and interview her family in Iran and entrusted her with several gifts to give them including velvet fabric, children's toys and a video of her daughter's engagement. Gifts are commonly exchanged via travellers, particularly as the postal services are not always reliable. Without Seyyad's knowledge, Mina also gave Zahra some Australian dollars (saved from her house-keeping budget) to give to her mother so that she could buy a gold ring for her granddaughter's engagement. Gold is traditionally gifted to brides from their families. Mina knew that her parents would want to buy such a gift but would not be able to afford it.

Mina's family in Iran were living in a two-bedroom half-built house. Zahra was invited into the front room where they sat on large cushions. Mina's father explained that they did not want to waste money on furniture when they might be sent back to Afghanistan any time. Mina's mother began by lamenting 'What kind of world is this, having only two daughters and none of them living with me?' Their rent is relatively cheap but the house is in bad condition and a long way from the city and day labour: 'It is not a good place for us to live, but what can we do?' Mina has attempted to sponsor her parents twice with no luck. The whole family has temporary visas which they must pay to renew every three months. Zahra met Mina's mother again at a bazaar where she bought a gold ring for her granddaughter which Zahra brought back to Australia. Mina's mother is pleased her daughter is living in Australia but she misses her. Mina was able to visit them three years ago and they are all waiting for her next visit. They hope that if one of their sons gets married she will come for the wedding ceremony.

The Afghan sample is comprised of people from ten families who arrived in Perth in different periods and who have different ethnic and religious backgrounds. Refugees, like Mina and Seyyad, from the early waves of forced migration are a mixture of professionals and labourers from large cities in Afghanistan and belong to the ethnic groups of Tajik and Pashtun. They generally arrived under the auspices of the UN Special Humanitarian Program and have lived in Australia between nine and fifteen years. Notwithstanding this length of time, most have not been able to gain employment commensurate with their level of expertise and education. Some of these families, like Seyyad's, were able

to gain entry into Australia as an extended family, including siblings with their spouses and married children.⁴

Parents and other relatives of the Australian-based Afghan refugees are themselves also refugees. Zahra was only able to interview parents and other members of extended families who live as refugees in Iran, about two-thirds of whom had been there for many years. Several Afghan refugees living in Australia have parents, siblings and other relatives scattered throughout other countries including Pakistan and India, and many have applied from these countries for refugee status in Europe and America. Extended networks of these refugee families are 'plurinational', stretching between various countries, rather than mainly between home and host countries, as is the case of the majority of migrants in the study.

At the micro level, the Afghan refugees in the sample have restricted capacity (agency and resources) but a great sense of obligation to provide transnational care. This includes 'survivor guilt' as well as a felt obligation to support parents which many describe as 'cultural'. At the macro level, refugees experience the greatest state impediments, having no rights and few services, including often no passport. Their limited ability to afford and access communication technologies in Australia is mirrored by the relative absence of these technologies among their family in Iran. At the meso level, families and communities have extensive transnational ties that operate across borders to provide traditional caring practices, for example, through financial support, finding marriage partners, providing sponsorship and by visiting. Women, particularly those who are not formally educated, often rely on kin to negotiate social and public activities (Kamalkhani 2004).

To some extent, the community attempts to fill these kin roles. Mina's story reveals how marriage arrangements can bolster family and community networks of support. Through the betrothal of her daughter to her husband's nephew, Mina's position in the extended family was further consolidated and she felt more secure in these family networks. Peter Loizos (2000: 126) develops this line of argument further, showing how refugees who would appear to lose everything, rarely lose their kin and network relations:

Because although refugees very often lose their economic and material capital, they rarely lose nearly as much of their human and social capital ... It is ... their characteristics as 'social capitalists', which assist significantly in the issue of their longer-term adjustment, and government policies which ignore or disrupt such processes inflict additional penalties upon them.

Loizos (2000: 141) is careful to point out that social capital can never substitute for basic economic support and concludes that while 'social capital is a useful reminder that there is more to life than market or Marxist economics ... we should [not] forget the priorities of economic life'. In Loizos' sense, social capital is pertinent to the notion of obligation. The dire economic circumstances of the Afghan refugees results in keen expressions of caregiving obligation as refugee families regularly restrict their own meagre subsistence in order to be able to support family abroad (one man mortgaged his house so that he could afford to help his parents in Iran). However, the limits of obligation and the pressures of economics are also evident. In cases where demands and obligations exceed capacity, a breakdown in networks can result as individuals attempt to shield themselves from obligations they cannot meet. One family, for example, had lost touch with their kin in Iran and were surprised when Zahra managed to locate them. They warned Zahra that although they were very keen to hear about their welfare, they had no money to give them and they knew that this would be a source of tension. This Iran-based family expressed anger that their Australian kin had 'abandoned' them and were keen to re-establish contact. They were very upset that Zahra had not been given any gifts for them.

Not surprisingly, a common complaint among Perth-based refugees was that their families (back home or in transit countries) did not understand the level of difficulty they faced in earning money. As Seyyad explained, 'They assume that we are wealthy because we live in a wealthy land'. Unsustainable obligation appears to result in a breakdown in social networks and obligation, although this may be temporary. Despite the precariousness of transnational caregiving practices, the refugee case would, in general, appear to be characterised by high individual (micro) and community (meso) support, sense of obligation and social capital in the face of limited, if any, state (macro) support.

Italian Case Study

In providing an overview of the Italian sample, the case of Sara, a recent professional migrant I first interviewed in 2000, is instructive. Sara originally came to Australia on a scholarship in 1987 with the full support of her family. She had been unhappy in her job in Italy and wanted to pursue a higher degree. Sara had no connections with the large post-war Italian-Australian community.

Absolutely nobody, and for the first year I avoided them like ... like hell, ... Because the last thing I wanted to do was to be here for a year and speak Italian and eat spaghetti and you know, be nostalgic about Italy. I said, 'I am here, I am going to learn Eng-

lish. I am going to stick with the people I work with, if there are no Italians, who cares'.

Sara defines herself as a very different type of migrant to the earlier (1950s) Italian migrant cohort:

For them [post-war migrants] it must have been really hard. For me it was really a piece of cake. I mean I have been back almost every year ... I had a permanent job held for me in Italy, so at anytime I could go back and that's what made it really clear that this was a choice ... also because my parents had the economical capacity of coming here whenever they liked.

Her parents were initially delighted that Sara had the opportunity to study in Australia: 'They thought I would see something new, then come back'. But when Sara successfully applied for permanent residency, her parents were 'devastated' and 'their attitude changed dramatically'.

As soon as they learned that I was going to stay, every subsequent visit ... they described what they saw here in derogatory terms ... I guess they missed me ... I remember saying, 'I am thirty and I am not coming back, this is it, I am staying' ... Their attitude is still ... 'We don't understand your choice, we don't think it is a good place to live'.

These debates about migration, settlement and where to live involved Sara's extended family.

I remember clearly one visit ... during Christmas ... being questioned by a bunch of relatives, not just my parents. In fact, I think that my parents instigated the whole thing, and I was questioned quite harshly. You know, people saying, 'What the hell are you doing there?'

Sara confided that part of her motivation to emigrate was to be free of the restrictions her family imposed on her.

Sara was pregnant with her first child at the time of interview and she explained that the tensions about her migration have in some ways been increased by the arrival of her baby:

I think they were delighted that I am pregnant ... I have been teasing them and saying, 'Oh you are happy only because you wanted to be grandparents'. And they were saying, 'Well we are

not bloody grandparents because, you know, we don't live there and ... we are going to hardly see this grandchild'.

Sara's parents wanted to visit for the birth and on the advice of a colleague Sara suggested they come a few weeks later to avoid the increased stress of house guests. This attempt to balance her needs with those of her parents left Sara feeling 'very guilty': 'I cannot keep them away, in fact I am feeling already guilty, I am saying maybe I should let them come for the birth'. Despite these tensions, Sara wants her parents to migrate to Australia or to visit and stay in their own place for six months each year. Her parents' refusal to consider this option upsets Sara.

The guilt that Sara feels about not being able to provide adequate support for her parents as they age is something which concerns her parents. For example, they have attempted to hide any episodes of serious illness from both Sara and their other (local) daughter in Italy. Unlike in the refugee sample, this type of secrecy appears to be a common response to dealing with illness in transnational migrant families in which homeland kin have access to adequate health care (see Baldassar 2007b). Sara explains:

They didn't tell me [about Mum's serious illness], because they didn't want to worry me. It is scary for me ... I don't have an option ... I mean they managed to keep it hidden from my sister! They tricked her completely, my Mum was in hospital with a very serious heart condition, and my sister would ring them up and ... say, 'Where is Mum?', and my Dad would say, 'oh she is ... with the next door neighbour, I will get her to call you'. So then ... She'd ring from the hospital ... So they tricked her, and we got so upset ... so angry because [we] felt that [we were] being excluded and all that.

Sara's parents explained that they chose to hide the hospital stay from their daughters so as not to worry them. 'Given the large distance, she cannot possibility help so what is the point to worry her? Therefore, we decided that we should also not tell [our local daughter], because it is not fair to worry her either, just because she lives nearby'.

The potential future aged-care needs of Sara's parents fills the whole family with dread. Sara's parents can afford to pay for a full-time live-in carer if needed. This care arrangement is preferred over residential care in Italy, although the most preferred option is being cared for by family (Blackman et al. 2001), a scenario Sara and her sister are not sure they can provide:

I guess [it will be] a disaster ... because it would fall all back on my sister, and that is a worry that I have. If that happens, ... there is no way that I could go back and care for them. I guess that I would have to ...visit ... Nursing homes exist, but we have had two grandmothers dying with us, and the Italian philosophy and attitude is that if the relative needs care, you care for them ... Well, I would feel guilty. Because I feel ... they have cared for me and I should care for them. I feel that's why they lived all their lives – for their children.

Despite the constant internal family debates and the lack of 'license to leave' afforded to Sara by her parents, they continue to maintain very close contact with daily email exchanges, weekly phone calls and regular visits. Sara describes this level of 'staying in touch' as the only way she can assuage her sense of having disappointed her parents. Recently she bought her parents a computer and taught them how to use email: 'That's been what relieved me of the guilt, actually, I was feeling so guilty that they were lonely, they were missing me, and I had left them and all that and then I gave them the gift of communication'.

I have argued elsewhere (Baldassar 2007a) that it is useful to differentiate separate cohorts of Italian migrants in Australia. The most numerous cohort is also the oldest, having arrived in the decades immediately following the war. I describe these immigrants as proletarian 'communal-oriented' migrants. They initially had limited capacity to practice transnational caregiving in terms of access to time, finances and resources, but in recent years this capacity has increased significantly (and for some people matches the regular and frequent transnational communication exchanges of the most recent arrivals). Through their significant remittances, the act of migration itself was a form of family and community caregiving for the post-war group. They enjoyed 'license to leave' because their migrations were sanctioned by their families, communities and nation as the only means to a viable future. In contrast, the more recent migrants, like Sara, are professional and business people and can be defined as more 'individual-oriented' (Blackman 2000). Unlike the post-war group, these migrants tend to have greater difficulty negotiating both license to leave and to settle. Many of their parents (like Sara's) are mortified at their decision to live in Australia. As a consequence, they experience tensions, often manifesting as a strong sense of guilt, associated with their decision to leave Italy.

These two cohorts differ mostly at the meso level. The post-war group have formed strong communities of support, including formal clubs and associations, often along regional and provincial or even town-based lines. This community formation is partly a response to the

historical hostilities of the general population, which resulted in residential and occupational segregation, and partly a result of migration chains and networks stemming from *paese* and province. This meso level of organisation includes and extends to transnational networks. For example, when a post-war migrant's parent dies in Italy, it is not uncommon for the community to participate in a kind of 'virtual funeral'. A mass is organised for the deceased and is attended by the migrant's family as well as townspeople, co-regionals and fellow club members, even if they are from other regions in Italy. When a migrant's kinsperson visits from Italy, they are often invited out by this same wider circle of friends and associates. Similarly, when these migrants visit Italy, they often engage in a 'postal run' delivering letters and well wishes to the kin of fellow migrants in Australia, even if this means travelling considerable distances and into other provinces and regions (Baldassar 2001: 37). This cohort continues to be heavily homeland-focused, despite the considerable passage of time, because the greater capacity to stay in touch brought about by the growth in personal wealth and communication technologies appears to have increased the obligation to participate in transnational family caregiving exchanges (see Wilding 2006).

The more recent, professional migrants tend not to be connected to the post-war group and do not identify along ethnic, town, regional, provincial or national lines but rather draw their social identities and friendships from their professions or work places. As a result, they are much less likely to rely on social networks at the level of community through, for example, formal clubs and associations. However, many have formed informal friendships and associations with other recent Italian migrants with whom they may socialise and exchange support.

There are less evident differences between the two cohorts at the micro level, particularly in terms of cultural notions of obligation. All interviewees defined being a 'good child' in cultural (and national) terms, a representative comment being, 'For Italians, being a good child means caring for your parents and not putting them in a home'.⁵ Both cohorts must negotiate a similar set of (contemporary) macro issues. There are currently limited state provisions for aged care in Italy. Care services have historically been built around a tradition of church and family support, and this history informs the cultural obligation and practices of family care. Notwithstanding recent developments to improve the provision of aged-care services in all sectors (Trifiletti 1998), for many migrants in both cohorts there is a strong sense of family shame associated with the use of institutional care, which is popularly characterised as 'locking' the elderly away. Older, more traditionally minded, parents are generally emphatically hostile to these institutions (Blackman et al. 2001). This view is reflected in the common practice in Italy of the elderly living out their final years in the homes of one of

their (Italy-based) children. These preferences and practices increase the pressure on migrants, particularly women, to visit in order that they might provide assistance with that care.

There is evidence that younger, relatively affluent and more mobile parents, like those of most of the recent migrants, have a more philosophical outlook on their older age. While most, like Sara's parents, have themselves nursed their own parents in their own homes, they are unsure whether their children will be able to do the same for them. A number indicated fatalistically that their children might place them in a nursing home, 'when their time came', although all fervently hoped this would not be the case. Elsewhere, I have discussed how older Italians desire a close relationship with their families, especially children and grandchildren, such that their perceptions about their health and well-being have been found to be associated with how close they feel they are to their children (Baldassar forthcoming 2008; see also MacKinnon & Nelli 1996: 74).

Like the refugee sample, both cohorts in the Italian sample seem to indicate strong family (micro) levels of social capital, characterised by a pronounced sense of obligation to care for ageing parents on the part of migrant children as well as a clear preference to be cared for by family expressed by parents. The post-war migrant cohort have more developed community (meso) networks of support due to the limited amount of state (macro) support services available in both the home and host settings in the post-war period. The recent migrant cohort reveals a comparative lack of community (meso) levels of support due to a combination of less difficult integration (they do not experience social exclusion), better English language skills and professional employment as well as the gradual increase in state-provided aged-care services and an increased ability of both parents and migrants to afford to purchase care support. Despite the relatively increased level of state support available today, migrants and parents alike (in both cohorts) experience a great deal of tension, characterised by feelings of guilt and concern associated with choosing state services over the more traditional practices of family and community care.

New Zealand Case Study

The New Zealand sample and, in particular, the case of Tom, who migrated to Perth in the 1970s, provides something of a contrast to Sara's, Mina's and Seyyad's notions of obligation.⁶ Tom's parents originally migrated from the United Kingdom and have been living in New Zealand for over 60 years. They have several children, most of whom live quite local to their parent's house. One lives in Europe and Tom lives in Perth. The parents are very elderly and in failing health.

The father is quite incapacitated and is prone to depression. The mother has had a series of illnesses that have required hospitalisation. Until recently they had one son living with them, but he had a falling out with his father and moved out. A daughter who lives close by gives the daily care support, in part, that this son provided. However, this daughter has limited time and, to use her words, 'emotional energy' to care for her parents as she has small children and a physically dependent family member.

The parents are adamant that they do not want to move out of their house. At the time of interview, the parents were managing their daily lives with a variety of home care support services including the preparation of evening meals and assistance with showering several times a week and a cleaner twice a week. The daughter assisted with shopping trips, hospital and doctor's appointments and trips to the swimming pool. She also received frequent phone calls from her mother and provided extensive emotional support. Her husband often visited her father, particularly when he was in 'one of his really bad moods', to help diffuse tensions. The other local children visited from time to time but, according to the local daughter, none could be relied upon to provide regular daily help. The sons had worked together to make the house more liveable, installing railing along the walls, a gate at the top of the stairs and a new shower. Despite all these forms of support, it was clear that the elderly couple were struggling to meet the challenges of daily life. Several times in the interview they stated that they did not expect their children to provide any further assistance.

Father: You have to allow for [the fact that] our children all have their own family and their own occupations. We can't expect a tremendous amount and we don't ... we keep in the front of our minds that we left our parents when we were coming over here and we were unable to give any support to them ... I think the main factor is that we brought our children up to stand on their own feet, to run their own lives ... if we could help them, we would. But other than that, we didn't expect them to wait upon us hand and foot and we accepted the fact that they are independent.

Mother: We've never looked on children as insurances [for our] old age.

Father: So we can't expect their help ... even though we are ...
[pause, did not finish sentence]

Tom explained that his parents were happy about his decision to leave New Zealand on a travelling holiday to Europe when he was 21: 'They were enthusiastic and encouraging and supportive about it'. In fact, his parents commented that Tom was a lot older than his siblings were (most had been sixteen or seventeen) to 'make the move away'. Like many of the New Zealanders interviewed, Tom's sister described his move to Australia (over thirty years ago) as 'not really a migration'.

New Zealanders and Australians tend to just travel backwards and forwards willy-nilly ... You sort of think Australia, it's close ... so I feel he's not far away really and I relate it to some of my other (local) brothers who I don't see for months and months.

Although he actually lives thousands of miles away, Tom is known in the family as the one who is 'closest' to his parents and siblings. Distance is not perceived as a great barrier to 'staying in touch'. A trained counsellor, Tom provides much appreciated emotional support to his parents and sister and now that his parents are ageing he tries to visit at least once every year. His sister explained:

[my parents] look to him as a counsellor ... They enjoy his conversation ... He ... counsels my father through some of his moods and he does the same with Mum. When he visits he ... give[s] them a lot of time and energy.

Tom sets aside time each week to phone his parents. He and his sister also support each other emotionally by email. His sister finds this form of communication ideal.

The last [email] I wrote to him ... was like an update ... I don't [want him to] feel that he's obliged to ... give me input or counsel or whatever. If he feels that he wants to ... then that's fine and that's open.

Tom's sister reflected on the freedom that distance provides Tom in his caregiving.

When you're away as he is away, he can control how much input he has and how much he receives ... I can't really because I'm so close ... Maybe that's part of his appeal ... Distance makes the heart grow fonder.

Tom, his sister and parents all commented on how the parents wanted to be independent in their own homes. When asked if they were satis-

fied with their level of independence, the father replied, 'we have no choice, we have to be'. The parents' expectation that their children would also be independent, 'that's the way we brought them up', together with their expressed view that they 'don't have a right to complain' because they did not assist their own aging parents appears to justify for them the level of support they now receive. In addition, all of these family members report being very happy with the government subsidised services provided. However, Tom and his parents did feel that it was unjust that these services are legally meant to cease if there is a visitor staying in the house. Tom explained that he did not want the services to clean and cook for him, just to continue for his parents so that he did not need to take on these duties and could concentrate on 'just being there for them and having time to really talk'. For their part, Tom and his sister did not mention any feelings of guilt about the amount of care they provided. In fact, it was quite the opposite. Tom's sister talked about her need to 'withdraw support' in order to 'look after' herself and her family. She was very clear that 'her family's needs came first'. Tom talked about how his parents must be responsible for their decision to continue living alone.

So you want to live on your own? It means you got to do your shopping, it means you got to get yourself where you want to go. If swimming is important, that they take themselves ... so those kinds of things have to be either reintroduced or let go of.

Ten migrants and their families in New Zealand are included in the study. Reflecting broader migration patterns (Wood 1980), the migrants are all relatively young and mostly male, having settled in Perth either for love or work opportunities. Given the youthfulness of this sample, most of the parents in New Zealand are in good health making much of the discussion about transnational aged care speculative. While Tom's parents represent a small minority in the sample who receive regular care assistance, they are also representative of a common pattern of aged care across New Zealand, which could be described as assisted home-care. Ashton (2000) reports that almost all respondents in a 1996 survey over the age of 65 and living in private dwellings indicated they were able to access the facilities they required.

New Zealand has a national program of elderly long-term health care which is means-tested but provided free to those who cannot afford to pay (Merlis 2000). Even so, state-provided care tends to be seen as a supplement to family and community care. Family members are expected to provide most day-to-day caregiving needs with only minimal state assistance until or unless this is not possible (Opie 1992; Uttley 1995; Ng & McCreanor 1999). Defining the limits of possibility is, of

course, a relative measure such that Tom and his sister, in their particular contexts of caregiving, arguably appear to view obligation to provide aged care in a more limited manner than either Sara or Mina and Seyyad. For example, Tom and his parents seem to make a clear distinction between emotional and personal care, preferring to leave the latter to state funded service providers. In contrast, Sara and Mina and their respective parents expect (and arguably prefer) family, not service providers, to give personal care.

In comparison with the refugee and Italian samples, the New Zealand respondents generally exhibit a greater degree of individualism on the part of both migrants and parents. At the macro level there is a far more comprehensive state aged-care support system including extensive home care and institutional services. At the micro level, families are generally willing and happy to rely on state services, particularly if this enables parents to remain in their own homes. Similarly, there appears to be a relatively limited level of meso, community network involvement except for those state services designed to assist with home care.

Some Reflections from the Data

The negotiations, capacities and obligations of transnational caregiving reflect the particular combination of micro, meso and macro factors and the resulting levels of social capital. Caregiving is exchanged according to 'negotiated commitments', within which context the providers and recipients of care understand their relationships to each other and to others (see Finch & Mason 1993). Factors which are considered in these negotiations include stage in family life cycle, history of relationships and individual skills and experiences. For example, although Tom's parents had access to several local children, it was expected and accepted that Tom would provide the bulk of the emotional and moral support because of his significant counselling skills. His local sister, who might normally be expected to deliver most of this kind of care because of her gender, was partly exempted due to her considerable (nuclear) family commitments, which included the care of a disabled dependent. The relatively limited care Tom's parents received from their children was sustainable because of the high levels of care support provided by the state.

In transnational contexts, negotiated commitments are often highly influenced by the particular histories of family relationships as they are played out over migration histories in specific contexts of care. So, for example, whether migrants are given 'license to leave' by their parents and kin may have a significant impact on the tenor of relationships as

well as the level and type of support provided (see Baldassar 2007a). Tom's move to Australia was hardly perceived as a migration and rather than create impediments to caregiving, this distance appeared in some ways to enhance his ability to provide focused and substantial emotional and moral support. In contrast, the obvious tensions associated with her decision to settle in Australia tended to exacerbate Sara's feelings of guilt about not being able to provide the care (including access to their grandchild) that her parents wanted. Sara's anguish was in no small measure fuelled by the limited aged-care services available in Italy, as well as the general perception that care should be provided by family. Different again was Mina's experience. Although she would have liked to have lived closer to her parents to care for them as is expected of daughters, they fully supported her move to Australia in the hope that she could have a better life. And while Mina would have liked to provide them with more financial support, her parents understood that her husband's obligations to his own family took precedence, even though this absence of support significantly diminished their quality of life.

Similarly, myriad factors impact on 'capacity' to engage in family caregiving exchanges including having the skill, physical and mental health, finances, time and resources. Transnational caregiving practice is further influenced by migration policy and visa restrictions, international relations between home and host countries, welfare services and infrastructure, and access to travel and telecommunication technologies. Tom and his parents, as New Zealanders, can travel freely between the two countries whenever and for as long as they wish and they have access to government-funded medical care in both places. Sara and her parents can easily afford the visitor visas required and as Italians they have access to free basic medical support in both countries under formal reciprocal agreements. In stark contrast, the refugees, depending on their visa status, may not be able to travel outside their country of residence without jeopardising their refugee status and they may not have any rights to medical help in Australia. In addition, many, like Mina's family, have to pay for all their medical care in Iran. When these refugees do scrape together enough funds to pay for a visit they may have great difficulty obtaining a visa because certain categories of person, including Afghani women over 60 (like Mina's mother), are on the Department of Immigration's high risk list of applicants who are likely to overstay their visitor's visa. Australia's high-risk list is similar to lists maintained in EU countries; people from African, Asian and Middle Eastern countries are singled out for specific scrutiny.⁷

Sense of obligation has a significant impact on the practice of all forms of caregiving, with people making decisions about how to orga-

nise their resources, mobility and time in order to accommodate obligations to care. As has already been noted, in transnational contexts, sense of obligation to care is bound up with levels (private, communal and institutional) of care support available to parents in the homeland. Elsewhere (Baldassar, Wilding & Baldock 2007) we have reported that our research found an overwhelming desire, on the part of elderly people, for independence as an ideal in old age and preferably throughout the remainder of their lives, regardless of cultural background or country of origin. However, ideas about independence and ageing are culturally constructed and reflect contextualised dynamics of caregiving, which in turn influence notions of obligation to provide and receive care. There are also apparent differences in perceptions about what are considered to be 'preferred' care scenarios. These notions of independence, preferred care and obligation are influenced by a combination of micro, meso and macro factors including historical patterns of care, the structural constraints on that care, as well as family circumstance, including the specificities of kin relations.

Unlike their New Zealand (and Dutch) counterparts for example, refugee and Italian parents in the study are less likely to define independence in old age as a state that does not require assistance from family (see Baldock 2003). Relying on state aged-care services is perceived by most Italian parents as not being adequately cared for by family, and in many cases there are no adequate state services to depend on. The refugee parents in Iran are even more dependent on family for aged care given the complete lack of services available to them at all levels, yet most parents are relieved that their children can migrate to Australia and so escape a life of deprivation in Iran, even if this means they are left without adequate care support.

Conclusions

Comparing nation of birth sample groups, as I have been doing in this paper, treads the tricky ground of collapsing the important analytical distinction between the organisational features of the state, on the one hand, and the ideological processes of nation-building on the other (Blanc, Basch & Glick Schiller 1995: 685). I have attempted to eschew 'methodological nationalism', the false assumption that particular cultural traits or processes are 'unitary and organically related to, and fixed within, [geographic] territories' (Wimmer & Glick Schiller 2002: 305) by highlighting significant differences within each national group and by acknowledging their social construction in specific contexts (Eriksen 1991: 127). Following Chamberlayne and King's (2000: 5) argument, patterns of informal networks, including family networks, are

in many ways a response to public regimes: 'when structural determinants produce consequences for identities, everyday strategies and social relationships, then a cultural pattern has emerged, particularly if it has an enduring and reproducible character'. Despite the current emphasis in the literature on transnationalism as de-territorialising processes, the case studies here show that the nation-state remains a cogent means of understanding the caregiving exchanges of transnational families. People's constructions of their national, ethnic and cultural identities inform their sense of obligation to care and the care practices they choose to engage in. Equally importantly, nation-states provide the borders, replete with rules and regulations, which shape the caregiving practices that cross and are contained by them.

The remittance practices of the refugee sample and the practice of extended return visits by Italian migrants to provide personal care to parents partly reflects the limited possibilities for institutional care in the relevant home and transit countries as well as the cultural expectation that these forms of care be provided within the family. Are these examples of low state service provision creating the context for highly developed meso and micro networks? Maloney, Smith and Stoker (2000: 33), following current arguments about the nature of 'governance', argue that the state has a substantial role in creating the conditions for social capital: 'Social capital can thus be seen to focus attention on the dynamics of state institutions'. The refugee and Italian case studies suggest that states can create the conditions for social capital by not providing a service, (which is probably not what Maloney et al. had in mind). Similarly, recent neo-liberal policies in aged care which aim to bolster family and community networks in order to decrease, or at least defer, state institutionalisation have often resulted in increased pressure on families, particularly women, to provide care, and have been critiqued as a form of welfare retrenchment (Ackers 1999: 73; Blackman et al. 2001: 199; Chamberlayne & King 2000: 9).

At the same time, Blackman et al. (2001: 147) identify 'signs of a shift in social attitudes from family obligation and responsibility to individual responsibility and citizenship rights'. Evidence of this shift is especially clear in the Italian case study as traditional notions of family obligation are being challenged by rapid changes in employment, gender and family relations. The consequences for aged care can be grim particularly if adequate state and community services are not in place. An enduring image from my fieldwork is of lonely and barely adequately cared for elderly struggling to maintain their health, and in particular, their morale. Equally enduring is the image of the hectic and demanding schedules of their children as they struggle to cope with the various demands on their time, including those of their aging parents.

This is not to suggest that familism or communalism is preferable to individualism or vice versa. Blackman et al. (2001: 165) point out that 'all systems have strengths and weaknesses, and the possibilities for reform lie in building on the strengths and tackling the weaknesses'. For example, elderly people in familistic cultures (like Italy) may prefer to live apart from their children but have no option, citing the apparent ideal of 'intimacy at a distance' for elderly in countries that do offer adequate services (Blackman et al. 2001: 160). On the other hand, adequate services may still leave elderly people feeling socially excluded as the case of Tom's parents suggests. What seems to be clear from our study is that the absence of state structures at the transnational level places a greater onus on families to negotiate appropriate care at the micro and meso levels. The post-war Italians enjoy a high level of social capital at the micro level as do the more recent migrants. However, the older cohort has the additional benefit of well developed meso community structures, largely entirely voluntary and organised for Italian migrants by Italian migrants. These types of structures have been identified by Blackman et al. (2001: 188) as particularly important examples of preventative services promoting social interaction, both among older people and with the wider community. Historical patterns in the common arrangement of care in the home-country, closely related to the level and provision of relevant services provided by the state, and reflected in culturally constructed notions of independence and preferred arrangements of care, have a significant impact on the experience of caring of the distant (transnational) care-giver.

Notes

- 1 An early version of aspects of this paper was presented at the symposium, 'Sociability and its Discontents: Civil Society, Social Capital, and their Alternatives in European and Australian Society', in August 2005, convened by Dr. Nicholas Eckstein, Cassamarca Senior Lecturer in History, Sydney University. Many thanks to Ralph Grillo for his valuable input into this paper.
- 2 The ideas presented here are drawn from a larger collaborative study by Baldassar, Baldock and Wilding, funded by an Australia Research Council Grant A00000731, 'Transnational Care-giving: cross-cultural aged-care practices between Australian immigrants and their parents living abroad'. Data collection comprised approximately 200 life-history interviews and participant observation with migrants and refugees in Perth, Western Australia, and their parents abroad in Italy, the Netherlands, Ireland, Singapore, New Zealand and Iran. Details of the research and of a framework for analysing transnational caregiving between adult migrant children and their homeland-based parents have been described at length elsewhere (Baldassar, Baldock & Wilding 2007).
- 3 Mina and Seyyad – pseudonyms are used for all informants – were interviewed in Perth by Zahra Kamalkhani in 2004. Thanks to Zahra for her insights on this section.

- 4 More recent arrivals, like all refugees in Australia today, are seldom allowed entry as an extended family group unless they already have one family member with permanent residency in Australia. Among these later arrivals it is more common to find individual family members, particularly women, without their extended family.
- 5 Zontini (2007: 1112) and Reynolds and Zontini (2006: 21) report similar findings among Italians in Britain.
- 6 Tom was interviewed by Raelene Wilding in 2003. Thanks to Raelene for her guidance with this case study.
- 7 It is important to note that there are no applicants from Western Europe on such lists, even though, according to Australian Immigration statistics, the UK produces the highest number of people who overstay their visitor's visas than any other country.

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