"Transnational caregiving between Australia, Italy and El Salvador: the impact of institutions on the capability to care at a distance"

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ABSTRACT

This paper applies the capabilities approach to examine transnational family practices and the exchange of care between adult migrant children and their ageing parents living at a distance. An aim of the paper is to raise awareness about the importance of transnational caregiving to migrant well-being. Using qualitative oral history data, we highlight the role of the state in facilitating caregiving across distance between the countries where the parents are living, in this case El Salvador and Italy, and the country where the children reside, in this case Australia. We define the ability to practice transnational caregiving as a ‘capability’ that is influenced by a further set of ‘capabilities’ including mobility, social relations, time-allocation, education and knowledge, paid work and communication. Access to, and use of, these capabilities is strongly influenced by both home and host country formal institutional and informal policies. The family, considered here as a social institution, plays a key role in mediating access, of both migrants and parents, to transnational caregiving-related capabilities.

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Chapter 7

Transnational Caregiving between Australia, Italy and El Salvador: The Impact of Institutions on the Capability to Care at a Distance

Laura Merla and Loretta Baldassar

Research on transnational caregiving relations (Baldassar et al. 2007a; Baldassar et al. 2007b; Merla 2010; Merla 2011) has shown that, despite living at a distance, migrant family members and their homeland kin exchange all the forms of care and support that are exchanged in proximate families (Finch 1989). Transnational care incorporates the provision of different ‘types’ of care, including moral and emotional support, financial assistance and practical support, all of which can be exchanged transnationally through the use of various communication technologies, as well as personal care and accommodation, which require co-presence and can only be exchanged during visits. Baldassar et al. (2007a) describe transnational caregiving practices as mediated by a dialectic encompassing the capacity of individual members to engage in caregiving and their culturally informed sense of obligation to provide care, as well as the particularistic kin relationships and negotiated family commitments that people with specific family networks share. This model illustrates the complex mix of motivations that inform transnational caregiving between migrant and ‘homeland’ kin. In this chapter, we will attempt to extend this analysis of transnational care dynamics through an application of the capabilities approach. Based on a comparison of transnational care practices of Australian migrants from El Salvador and Italy, we conceptualise the ability to exchange care across distance as a set of capabilities. We examine the role institutions play in providing access to these capabilities.

Our use of the term ‘capability’ draws on Sen’s work (Sen 1980; Sen 1985; Sen 1987; Sen 1999) and on Robeyns’ interpretation of his work (Robeyns 2003; Robeyns 2007). The capabilities approach proposes a multi-dimensional approach to well-being that attempts to account for both non-financial and non-material constituents (Robeyns 2007). Quality of life is defined as one’s freedom to live the kind of life which, upon reflection, one finds valuable. Capabilities refer to ‘what real opportunities you have regarding the life you may lead’ (Sen 1987, p. 36). They represent people’s potential functionings, or freedom to be and do what they want to be and do. These functionings constitute what makes a life valuable.
Examples of capabilities include being well fed, taking part in the community, being sheltered, relating to other people, working in the labour market, caring for others and being healthy (Robeyns 2003, p. 63). This approach acknowledges that people differ in their capacity to transform capabilities into functionings, depending on personal, social or environmental factors, such as physical and mental handicaps, traditions, social norms, public infrastructure and so on. It is also important to note that people exercise considerable choice in their management of resources and capabilities. For example, the competing demands for time and finances of the local family versus the transnational family (private school fees or trips to the homeland). This tension led Singh (2006) to argue that the existence of a special kind of transnational family money needs to be acknowledged (Wilding and Baldassar 2009). These concerns further highlight the value of considering transnational family caregiving as a set of capabilities. Sen’s capabilities approach is a framework of thought rather than a fully specified theory, and does not provide a definitive list of capabilities. It thus allows for the design of context-sensitive definitions of the criteria that influence people’s well-being.

In this chapter, we wish to underline that the ability to exchange care with one’s ageing parents, especially when these parents live in a distant country, significantly impacts on migrants’ well-being. In her attempt to apply the capabilities approach to gender equality, Robeyns (2003, pp. 71–3) acknowledges the importance of care. Her list of capabilities includes elements such as domestic work and non-market care (that is, being able to raise children and to take care of others), time-autonomy (being able to exercise autonomy in allocating one’s time), mobility (being able to be mobile) and social relations (being able to be part of social networks and to give and receive social support), all of which are closely related to the exchange of care between migrants and ageing parents in the two studies that inform this chapter.

The first three sections of this chapter are dedicated to a description of our methodology, the migration histories of Italian and Salvadoran migrants in Australia, and the welfare structures of those migrants’ home countries: Italy and El Salvador. We begin our results section with case studies of an Italian and a Salvadoran migrant’s experiences of transnational care. We conclude with an analysis of the capabilities that influence the exchange of care across borders, and discuss the influence of institutions on these transnational caregiving-related capabilities.

Methods

The data for the El Salvadoran case are drawn from Merla’s comparative research on transnational care practices of Latin American migrants living in Australia and Europe, financed by the EC 6th Framework Programme – Marie Curie Oulgoing International Fellowships (MOPF-CT-2006-039076 Transnational care) (Merla 2010; Merla 2011; Merla forthcoming). The study focuses on migrants who occupy a low-qualified and/or low-remunerated position in Australia despite coming from a mix of working-class and professional backgrounds in El Salvador. Data collection in Australia comprised 27 life-history interviews and participant observation with Latin American migrants living in Perth, Western Australia. Among the 22 Salvadoran migrants interviewed, 17 were professionals in their home countries. The main aim of this research is to analyse the impact of low levels of social, economic and/or cultural capital on migrants’ ability to exchange care with their elderly parents who live in their home country.

The discussion of the Italian case study is based primarily on data drawn from a larger collaborative study by Baldassar et al. (2007a), for which data collection comprised approximately 200 life-history interviews and participant observation with migrants and refugees in Perth, Western Australia, and their parents and other kin in Italy, the Netherlands, Ireland, Singapore, New Zealand and in the transit country of Iran. This research examines the dynamics of long-distance family relations, highlighting transnational caregiving as an important phenomenon of the migration process. Additional data are drawn from Baldassar’s previous ethnographic research, including approximately 50 interviews with families in Italy and Australia (Baldassar 2001).

Migration Histories

The majority of Salvadorans began arriving in Australia in 1982, under the United Nations Refugee Programme. Refugee status was granted to people who were identified by the UN High Commissioner for Refugees as being subject to persecution in their home country and in need of resettlement. The migration flows continued until the signing of a peace treaty in El Salvador in 1992, which put an end to the civil war that started in 1979. Between 1982 and 1993, a total of 9,993 Salvadoran refugees migrated to Australia, the majority arriving between 1988 and 1992 (Santos 2006, p. 80). In 2001, 1,200 Salvadoran lived in Western Australia (Office of Multicultural Interests 2005, p. 8). Salvadoran refugees included semi-skilled and unskilled workers, as well as professionals such as engineers, agronomists, doctors and teachers, but few of them were able to find a similar position in Australia. As Santos points out, for Salvadoran migrants: 'the need to learn the English language and to have their qualifications recognised in Australia proved insurmountable. Often this [need] results in [their] being downgraded in
their employment or becoming unemployed/underemployed for long periods of time (Santon 2006, p. 83)). Italian migration to Western Australia has a considerably different history. Italians began arriving in significant numbers in the immediate post-Second World War period, although migration chains date back to the early 1920s (Baldassar 2004). The earlier and most numerous waves overwhelmingly comprised voluntary labour migrants. These migrants tended to congregate in certain occupations, including agriculture, small business, construction and food industries. On the whole, Italian labour migrants have obtained high levels of financial security, with some of the highest rates of home ownership in Australia. Their children and grandchildren have enjoyed increasing social mobility, with high rates entering the professional classes. The vast majority (91 per cent) of the 23,000 Italian-born people currently living in Western Australia arrived before 1986. Professional migrants from Italy have been relatively few in number, and most have arrived since the 1980s under the skilled migration scheme. These migrants tend to find jobs in Australia commensurate with their pre-migration employment.

Welfare Structures: Familialism in Italy and El Salvador

Blackman (2000) defines the Italian welfare regime as a family-oriented system, in which caregiving is largely provided within the family and community (see also Blackman et al., 2001). For families in Italy, there is a general expectation that elder care be provided within the family, such that public service provision of aged care is limited, though growing as neo-liberalism informs the development of the sector.

Martínez Franzoni (2008) characterises El Salvador as an informal-familialist welfare regime, in which families not only carry the full burden of care duties, but also turn on production units and social protection networks to compensate for the absence of the state and the weakness of formal labour markets. This not only includes the provision of personal ‘hands-on’ care, but also financial support, as pension benefits and free public health services are only available to a small proportion of the population. Remittances and extended family support are critical strategies to increase income and manage unpaid work.

Both in Italy and El Salvador, women assume the quasi-exclusive responsibility of unpaid work in general, and care in particular (Martínez Franzoni 2005). This is reflected in our study. Italian migrants (from both the earlier labour and more recent professional cohorts), particularly daughters, report a very high sense of obligation to provide care, including personal ‘hands-on’ care, to their kin. Many openly describe themselves as ‘bad’ daughters who have failed to live up to their parent’s expectations because, by migrating, they are unable to provide the level of personal care that is culturally expected (Baldassar 2007b). The same sense of obligation to provide personal care is reported by Salvadoran daughters. Because of their difficult political and economic circumstances, all the Salvadoran migrants that were interviewed expressed a keen sense of obligation to provide financial and emotional support to their parents, especially to their mothers, with whom the majority reported sharing a special relationship (Merla 2010). More recent Italian professional migrants, in contrast, are more likely to be the recipients of financial support from their parents than vice versa (Baldassar 2007a).

Results

In this section, we propose to consider the following questions:

1. Which capabilities influence the capability to exchange care with parents living in a distant country?
2. What role do institutions play in facilitating access to these capabilities?

Our arguments will be based on the comparative analysis of our two samples, and we begin with two case studies in an effort to highlight the differences and similarities between Italian and Salvadoran migrants’ experiences of long-distance care.

Case Studies

Amparo, Roberto and their three children had enjoyed a good socio-economic position before leaving El Salvador to go to Australia in 1989 under a political refugee programme. As their qualifications were not recognised in Australia, Roberto took the first jobs he could find, including distributing magazines to mailboxes and night cleaning in a shopping centre. Amparo stayed at home to care for the children. The family could not rely on the support of their kin back home, who were not happy about their decision to move to a far-away country. Also, Amparo did not want to worry them, so she kept her problems secret. She also felt bad about leaving her ill mother Selena behind, with whom she shared a particularly close relationship. Selena had refused to migrate with Amparo as she did not want to leave her other children. Migration did not prevent Amparo from staying in regular contact with her mother, mainly through telephone conversations. She could only afford to call Selena once a month, as she did not have access to cheap international telephone cards at that time. Telephone calls only went one way, from Australia to El Salvador, as the family back home could not afford them. Like the majority of Salvadoran elderly people, Selena relied entirely on her children’s economic and practical help. The financial support Amparo provided to her mother did not stop with migration, and included the money from the sale of her house. She also sent money on birthdays and at Christmas, and began to
send AU$200 every month once the money from the sale of her house had been spent. Amparo only saw her mother once again before she died. In order to cover her travel expenses of AU$3,100, Amparo had to take a cleaning job and Roberto worked extra hours. Roberto’s brother lent her the AU$2,500 he had saved for his own trip to El Salvador. Travelling on her own was a real challenge because of her poor English. Amparo stayed in El Salvador for a month, spending all her time with her mother, caring for her at home and taking her to the doctor. Selena died a year after her daughter’s visit. Amparo could not afford to attend the funeral.

Cecilia came from a wealthy Italian family. She has a university degree, and she was an only daughter, with brothers. She migrated to Australia with her husband in the mid-1970s to take up a well-paid position. Cecilia’s parents were devastated at her decision to leave Italy and the passing of years did not bring acceptance of this decision. In fact, as her parents aged, she experienced an increasing sense of guilt at not being able to care for them in person. This sense of obligation was exacerbated by her parents’ expressed wish that she return to Italy to care for them. As a result, Cecilia travelled frequently to Italy to be with them. Cecilia also benefited from financial assistance from her parents, not just in paying for all her regular return trips with her children, but also for the purchase of expensive items like her home and car. Her parents chose never to visit her in Australia, explaining that they found the prospect of air travel too frightening. Cecilia stayed in constant contact with her parents, even though their relationship was often fraught with tension. Regular phone calls, and more recently email and Skype contact, characterised this communication. When her father died, Cecilia was able not only to attend his funeral, but also to spend an extended period helping her mother adjust. In recent years, as her mother has become more frail, Cecilia and her brother, who lives near to her mother, have overseen the employment of a live-in carer. Cecilia and her parents refused the option of an aged care home. These have a negative connotation in Italy, and are viewed as a last resort for elderly people who have no family to care for them. A key issue for Cecilia was juggling her obligations of care to her parents with her obligations to care for her family in Australia, as well as her desire to have time for herself.

Analysis of the Capabilities

As these case studies show, the ability to exchange care at a distance is influenced by several factors, including mobility, social relations, time allocation, education and knowledge, paid work and communication. After providing a description of these capabilities, we will analyse the role institutions play in accessing and using these capabilities.

**Mobility** All the migrants we interviewed emphasised the importance of being able to spend time with their parents during visits. The need for co-presence was represented by mobility, or the capability to travel between the home and the host countries, and to provide and receive accommodation during those visits. The mobility of the Salvadorans compared to the Italians represents one of the most significant differences between the two groups. The recent Italian professional migrants all enjoyed financial support from their parents, representing a flow of capital from home to host – the opposite direction to that normal for labour migration. The post-war Italian migrants, like the Salvadorans, sent remittances home, and this form of financial support was a central feature of their migration project, representing a family economic strategy. In more recent times, even the post-war Italian labour migrants have attained a level of wealth that permits them frequent visits home.

**Social relations** Social relations and access to a social network that facilitates the transnational exchange of care can be crucial. Community groups or neighbourhoods, for instance, can provide financial support in cases of emergency (for example, urgent travel to see a dying mother), give useful tips on low-cost travel options or communication technologies, provide access to communication technologies (like the Internet or telephone) and offer practical and emotional support (such as bringing presents to distant kin during a visit to the home or host country). This kind of community support was especially evident in the working-class post-war Italian migrant group, due to high levels of social capital developed through extensive community ties. Informal loan arrangements and other favours helped ameliorate the difficulties of settlement and transnational caregiving. More recent professional migrants, like all professionals, tend to develop friendship and support networks through their employment and career networks, which often provide support of a similar kind although perhaps with less intensity of relations, and financial support is usually not needed.

Salvadorans have not developed similarly intense community ties. The Salvadoran association that was created in the late 1980s to provide support to newly arrived refugees ceased its activities after a few years. The Salvadoran community is split into several subgroups, mainly organised around Spanish-speaking churches (Catholic and Baptist), and are mixed with Latin American migrants from various origins. Still, these groups can provide financial and practical help to their members, but in the majority of cases, this support is based on personal friendships.

**Time allocation** Time allocation refers to the capacity to take time to exchange care with one’s family. This means being available for virtual caring practices.
such as via Internet or telephone conversations, access to time off from paid work for travel, and having the time to investigate possible caregiving options (for example, migrants who arrange admission to a nursing home at a distance or oversee care arrangements with the help of local care aides). Choosing a part-time job in order to be able to enjoy extended visits home and have the flexibility to return home if and when required at short notice was a common pattern with Italian women in the sample, reflecting the broader gender pattern of women in part-time work in order to sustain caregiving needs of their families. Transnational caregiving is, in many ways, an extension of this family care duty. The research by Baldassar et al. (2007a) found that the greater ability to stay in touch provided by new technologies has increased the sense of obligation to stay in touch, and therefore the burden of care.

For Amparo, time allocation was less an issue, as she could not afford the cost of lengthy phone calls, did not use the Internet, and only visited her parents once. Also, like many of the Salvadoran wives who participated in this study, she stayed at home to care for her children, and only worked outside the home on a casual basis. In the Salvadoran case, time is more a concern for men who work long hours and have to negotiate leave with their employers. In addition, the precariousness of short-term employment contracts deprives them of certain leave options, such as long-service leave (three months' paid leave accessible to employees with ten years of continuous service). Most men accumulate their annual paid vacations, and only travel once they have saved enough time to make a one- or two-month trip back home.

As Amparo's case shows, not having access to a satisfying employment situation, and when unemployed, the possibility of employment benefits, can limit people's ability to send remittances and to cover the costs of long-distance care, such as those incurred by visits or by the use of communication technologies. Education and knowledge Education and knowledge cover two different dimensions. The first relates directly to the capability to exchange care at a distance, and includes the opportunity to develop one's knowledge of communication technologies and to learn the host country's language. In our case, this language is English, which is also essential for mobility, as it is the language used in airports. The second is indirectly related to transnational care. Having one's qualifications recognised, or having the opportunity to study, impacts on one's socio-economic situation through access to paid work and income, which in turn influences the ability to participate in transnational caregiving.

Communication Being able to communicate with distant kin and to send them gifts is essential for long-distance care. Italian and Salvadoran migrants have different levels of access to communication technologies, and different abilities to afford this access. These differences are even more pronounced in the two home countries, since access to communication technologies is far more limited in El Salvador than in Italy. Age is a factor in the communication divide, not only with regard to knowledge about how to use the technology, but also having the physical health to use it, to bear a phone call, to type an email, to read a letter and so on.

The Influence of Institutions on Transnational Caregiving-related Capabilities

Despite arguments in the literature that the role of the nation state is diminished in transnational settings, an analysis of transnational caregiving-related capabilities reveals very clearly that the capability of Italian and Salvadoran migrants in Australia to exchange care at a distance is strongly influenced by both home and host country formal institutional and informal policies. These include – but are not limited to – migration policies; employment; work-family balance, education and gender equality policies; airline and communication regulation, and the development of communication infrastructures. While the state impacts on all the transnational caregiving-related capabilities that we have identified, we only have space here to focus on mobility, time allocation and communication. We then compare the role welfare regimes play in differently organised states, such as those characterised by more communitarian structures and those defined by individualism.

It is worth beginning with a comment on overriding social policy. For decades, Australia has been dominated by various forms of multicultural policy. This has the advantage of facilitating all kinds of arrangements for the benefit of diverse social groups, particularly migrants, and is evident in proactive initiatives, including community building grants, bilateral country agreements (like reciprocal healthcare and dual citizenship) and an attempt to foster community cohesion and harmony. Unfortunately, the progressive possibilities implied in multicultural policy are not evident in Australia's language policy, which lags behind multilingual Europe. Multicultural policy in Australia has been proactive in offering English language classes to migrants, although their success is variable and most critics argue that the service is inadequate to the task. A related issue is recognition of overseas qualifications, and here we see many inequities, with preferences for certain countries reflecting legacies of White Australia policy and British colonial practices.

In contrast to multicultural Australia, Italy is currently experiencing enormous tensions about how to handle its growing immigration (including illegal) intake within a broader context characterised by a Fortress Europe (Marfleet 1999) mentality that is hostile to religious and cultural diversity. This said, Italy has a host of initiatives designed to assist its own migrants abroad, including provincial and regional associations that foster community and support through diaspora newsletters, tour groups and websites. As remittances are essential to El Salvador's economy, it is important that migrants remain in their host country and keep sending money to their relatives. As a consequence, the Salvadoran government has developed initiatives designed to assist its own migrants abroad, one of the most visible being the creation of a special office in the Ministry of Foreign Affairs to oversee expatriates and migrants (Benevides et al. 2004). Its
in El Salvador, compared to 47.8 per cent in Italy. Finally, only 5.1 per cent of the Salvadoran population had access to a personal computer, compared to 36.7 per cent of Italians. It is also interesting to note that the cost of the Internet is almost similar in the two countries (US$22.60 per month in El Salvador and US$24.80 in Italy in 2006), a figure which is particularly salient considering that 19 per cent of the Salvadoran population live on less than US$1 per day.

Baldasar et al. (2007a; 2007b) found that while the digital divide might affect the older generation negatively, limiting their access to technology, it had a positive effect on family communication in general by extending the networks of support to include extended family members of the younger generations like nieces and nephews and grandchildren who use the technology on behalf of the elderly and so expand the networks of care. There is some suggestion that this has transformed the older communication structure from a ‘hub’, where information flowed through key people (like mothers), to a new ‘star’ structure, where information flows in a crisscross pattern and involves many more people. These changes were evident in both the Italian and Salvadoran cases: migrants who still have their parents exchange information over the Internet with nieces, nephews or siblings who are equipped with a computer and play the role of key informants. Migrant children also play a determinant role in families where first-generation migrants are not familiar with computers and/or Internet technologies.

This brings us to another institution that plays a key role in transnational caregiving: the family. In particular, it is important to consider the changing role and structure of the family and how it differs across countries and how it impacts on transnational interactions. In both the Italian and Salvadoran cases, extended family solidarity partly helped migrants overcome the difficulties they faced in participating in their parents’ care. Transnational caregiving does not only flow from host to home country, as Cecilia’s case showed. Nor is it limited within the nuclear family. Given the strong family structures that characterize these two countries, Salvadoran and Italian migrants can count on the support and help of siblings, uncles and aunts, nieces and nephews, and even cousins. Apart from providing emotional support to the migrants when they need it, family networks contribute to the exchange of information between parents and their distant kin.

In the Salvadoran case, this extended family support is particularly critical, given the limited resources and economic conditions (Merla 2011; Merla forthcoming). Kin support not only helps compensate for the lack of communication infrastructures by family members offering to put their own computers and Internet connections at the service of transnational caregiving, they also help overcome financial difficulties linked to the prohibitive costs of telephone communication between El Salvador and Australia. A typical example is a brother living in the United States who relays information between his parents in El Salvador and his sister who lives in Australia. In emergencies, family members living in El Salvador know they can call family in the United States at a lower cost and ask them to call the migrants in Australia and inform them of the situation. This help is particularly important for the Australian migrants’ well-being: they feel reassured by their access to timely 5 Accessible on the World Bank’s website, <http://www.worldbank.org> (accessed 8 May 2011).
and reliable information, particularly about family members who are chronically or critically ill. Extended family networks also help migrants finance their trip to Australia, especially in cases of emergency. But in contrast to the more recently arrived professional Italians, this help is limited to visits home: not a single Salvadoran migrant reported receiving money to help cope with expenses that were not related to a trip back home. Even problems generated by visa regulations restricting the parents’ chances of visiting their children in Australia can be partly overcome by family solidarity. An example is a son living in the United States who invites both his parents and his Australian sister to meet at his house in the USA.

Conclusion

In this chapter, we wish to highlight an obvious though often invisible fact: that the ability to exchange care with one’s ageing parents across distance can significantly impact on migrants’ well-being. The capabilities approach proved particularly useful in examining this issue in two ways. First, it makes the link between transnational caregiving and well-being clear. By defining quality of life as one’s freedom to live the kind of life which, upon reflection, one finds valuable, it allows us to acknowledge that being able to exchange care across distance can impact on well-being. Second, it highlights the key determinants that influence people’s capacity to transform available resources into capabilities, and in particular the role of the state in facilitating or limiting well-being.

The capability of Italian and Salvadoran migrants in Australia to exchange care at a distance is strongly influenced by both home and host country formal institutional and informal policies such as migration policies, work–family balance, the development of communication infrastructures, as well as the institution of the family. A focus on the capability to be mobile, to have time to engage in transnational caregiving practices and to communicate with one’s distant kin reveals important differences between Italian professional migrants and Salvadoran refugees. Of particular significance is the unequal access to the Australian territory due to differing visa regulations, the uneven capacity to access a similar employment position to the one held in the home country due to differing migration statuses, and the significant limitation of Salvadoran migrants’ capability to communicate with their distant kin due to a lack of communication infrastructures in their homeland.

We highlighted the family as a key institution that influences transnational caregiving. This role is particularly important for countries which could be defined as familialist regimes, such as Italy and El Salvador. In both these countries, extended family solidarity partly helps migrants overcome the difficulties they face in participating in their parent’s caring. Family networks contribute to the exchange of information between parents and their distant kin, helping to compensate for the lack of communication infrastructure or the ageing parent’s inability to make use of new communication technologies; they provide financial support for travel, and can even help overcome problems generated by visa regulations restricting the parent’s ability to visit their children. A key finding of our study is that institutional policies, both in home and host countries, completely overlook the important impact transnational caregiving can have on the well-being of both caregivers and the cared-for. There is an absence of specific policies designed to support transnational caregiving. We recommend that states work together to identify and develop a set of policies that address the needs of transnational families and their caregiving obligations. This requires that policy makers think beyond the usual confines of the nation, which by definition results in domestic policy. Based on our findings, we would argue that transnational caregiving policy is particularly needed in the area of citizenship and visas (the rules that govern entry and residence) and related reciprocal country arrangements for health cover for travellers; employment and leave entitlements (to allow carers the time to travel for caregiving), and development of access to new technologies (the mode of transnational caregiving).

Most people have some personal experience of transnational caregiving, yet the issue is largely invisible. Identifying transnational care as an important capability for well-being seems a useful way to better acknowledge and draw attention to this important social phenomenon.

References


--- (forthcoming), ‘Salvadoran migrants in Australia: An analysis of transnational families’ capability to care across borders’, International Migration (accepted for publication).


