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AGED GLOBAL CARE CHAINS:
A SOUTHERN-EUROPEAN CONTRIBUTION TO THE FIELD

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Preface

My talk today is based on a working paper I wrote a year ago, titled "Securing care and welfare of dependants transnationally. Peruvians and Spaniards in Spain" (http://www.ageing.ox.ac.uk/publications/oia%20wp%20404.pdf).
However, when preparing my speech for this event and trying to organize the main ideas I wanted to discuss with you, I realized that more than just reproducing what I said there from the Peruvian-Spanish study case, basically: a) the multiple interdependencies in care needs and care arrangements between people located in different and often distant places, and b) the important though often overlooked role of the aged (especially aged woman) in care chains, I also wanted to take this great opportunity to contribute theoretically to the novel concept of "global care chains" from a Southern-European experience and get some feedback from you. Thus, my presentation is divided into two parts. Firstly I will discuss some points of the theoretical framework and secondly I will argue in support of the decision to add the adjective "aged" to characterize current and forthcoming "global care chains".

WHAT WE KNOW THUS FAR ABOUT "GLOBAL CARE CHAINS":
American and European contributions

Discussing the theoretical framework

Drawing upon Hondagneu-Sotelo and Avila (1997) and Salazar Parreñas' works (2001), among others, Arlie Hochshield (2001) and Ehrenreich and Hochschild (2003)

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introduce the concept of "global care chains" in the literature on the geography of reproductive labour.

The concept of "chain", borrowed from other fields of social analysis, found fertile ground in which to develop as research on migrant networks expanded from the late 70´s into the 90´s (Hugo 1981, Mines 1984, Massey 1987, Boyd 1989, Gurak and Caces 1992, Tilly 1997). "Chain migration" went on to designate the process by which families and communities migrate in stages; a process most frequently associated to the reality of men moving abroad for (productive) labour purposes. Following this male-gendered focus, a thrust of (female) research on the international migration of women and its connections with the spheres of reproductive labour and social development, from the 90´s to our days, paved the way for a new concept (expressing a new concern) embodied in a compound metaphorical phrase.

The term "global ... care ... chains" is a vibrant image full of fashionable words and is thus easy to engrave upon one's mind. As in other kinds of social chains, a "care chain" can be used as a descriptor and is regarded as a mechanism which facilitates achieving one's own and collective purposes. In this sense a care chain brings to mind the idea of motion; the movement of people enabled by a system in which everything is connected and therefore affected by the action of its parts. But "a care chain" can also be regarded as a constrainer, a contextual factor for limiting women's living experiences and aspirations. Thus, from a feminist perspective the "chain" is interpreted as a burden, recalling the dominant discourse that "care work" is women's work and their highest priority wherever they live and no matter how far they move away from their dependants. Like a heavy and indivisible chain that crosses lands and oceans, women are attached to care and domestic work within and outside of the frontiers of a given nation. This activity entails a low social worth and indicates not only the divide between men's and women's worlds but also between richer and the poorer nations through the transfer of care and domestic work to immigrant populations.

Hochshild´s definition of "Global care chains" as "a series of personal links between people across the globe based on the paid or unpaid work of caring" in principle sounds like a neutral statement. However, in order to grasp the implications of these chains at the individual and societal levels, the definition requires further clarification. We need to know, first, what links the author is referring to and what the difference is between paid and unpaid care work. Secondly, we need to know how to evaluate these links and different modalities of care work. Although Hochshild does this to some extent in her writing, I would like to contribute here with some further observations.

Let me begin with the question of the modalities of care work. I must say that the author's distinction between paid and unpaid care work has drawn my attention because it is based on classic economic principles that many of us reject. Is the fact that the work is monetarily rewarded or not an important point to take into account, considering that other kinds of rewards are also commonly at play? Should we limit our understanding of the processes and consequences of care transfers to its mercantilist sphere? Instead of talking about paid and unpaid care work, I find it more accurate to differentiate between formal and informal care with its nuances, too. In what follows I will briefly show some

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examples of how careful we should be when using the opposing terms of paid/unpaid, formal/informal and how wrong we may be in automatically assigning the attributes of formal (paid?) and informal (unpaid?) to describe the situation of care work in the North in contrast to the conditions of care work in the South.

As you know, formal work refers to a labour relation regulated by law which is usually set up by contract, while informal work refers to a labour relation that is not legally formalized. Now, a lot of formal care work in the North and in the South is not remunerated. For example, the Spanish legislation on domestic service stipulates that home workers – including home care workers - can be paid about half of their salaries in kind. What this does in effect is to justify - in the eyes of employers and authorities - the low salaries paid to domestic workers. On the contrary, much domestic care work done in the North is not recorded and thus not protected by labour laws, though it may be paid for in the form of money. Moreover, if we consider the labour standards (conditions and protection levels) of domestic work as regulated by law, we clearly see that this type of work is of a much lower status than other labour regimes. Therefore, domestic work can be termed "formal" only in part.

On the other hand, much of the care work done to substitute the principal functions carried out by women (migrant and non-migrant) in the North and the South is transferred to other women. Although usually no formal contract is signed and therefore no salary stipulated, these substitute caretakers gain certain benefits from this type of set-up. These benefits may be in the form of profiting from remittances or promises to be helped to migrate in the near future as in the case of substitute care arrangements in migrant families in the South, or in the form of reinforcing the role of grandmothers and grandfathers in the family by giving them more decision-making power and more influence on grandchildren. But many other benefits are also expected to come later, most often during old and very old age in the form of material and non-material support.

In conclusion, when evaluating the links, gains and losses, we find that "paid" (or formal) and "unpaid" (or informal) are not necessarily decisive variables.

With regard to the question on the nature of the links established between people, I think that the metaphor of "care chains" illustrates the interdependencies existing between people in different positions and places quite well. In the context of international migration from which the notion of "global" emerges, "chain" stresses the idea of simultaneity and that of what happens here has an effect there, thousands of miles away. It is an unquestionable fact that almost no one is free of care obligations towards others during their lifetimes, especially women, even the under-aged and the elderly. But I argue whether the care arrangements sought in substitution of "natural" care (in both the North and the South) are truly embraced in the term "chain"; a term which could implicitly lead us to think that there exists some kind of agreement and joint collaboration between the parties. If we are to keep the term "chain" in our specialized lexicon in this field, we should not overlook the variety and autonomous nature of the care arrangements involved.

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I pose another question on the impact that "care chains" have on cared people, be they children, the elderly, the sick or the handicapped, and on the whole system of care provision both locally and globally. In Ehrenreich´s and Hochshild´s theoretical analysis of "care chains" they adduce that the demand for paid care services in a country in the North and the subsequent emigration of a female caretaker to provide it from the South, usually cause another care deficiency and most probably a current or future demand for care services in the caretaker's family of origin.

In this way, the portrait analyzed by Hochshild and others is grounded on neo-Marxist-based dependency theories that have explained the mechanisms that support the North-South economic inequalities during and after the colonization period (Cardoso and Faleto 1971, Wallerstein 1979). They do so by introducing the economic notions of "care surplus" and "care drain" in the now mercantilized sphere of reproductive work, to respectively qualify the situation of family well-being in the North and in the South. However, like the analysis of world dependency theories on development and underdevelopment, this analysis fails in so far as it disregards internal mechanisms that include variations and nuances. Furthermore, this analysis victimizes a whole portion of the world by dividing it into two (the good and the bad, the winners and the losers) based on dichotomous visions of reality. As I suggest, would it not be better if these analyses were accompanied by deeper views on people's lives, conceptions and sentiments in order to capture the diversity and complexity of the situations?

Five, in addition to the dimension of place in care chains, there is also one of time (realities plus expectations):

Besides the macro analyses of the conditions of receiving and sending societies, in-depth analyses that follow some case studies longitudinally (such as the ones I describe in Escrivá 2004) would paint a more dynamic picture that would serve to clarify our understanding of the whole process.

A lifecycle perspective, such as the one Gamburd uses in her research on Sri Lankan maids (in this Conference) and I myself have used on Peruvians in Spain following more than ten years fieldwork, shows that the logic of care chains is that people move in their lives from different positions: a) from a position of care receivers (as children), b) to one of caretakers (of children, of the elderly or sick members of a family or community or in the formal care market) c) to one of care receivers again (from formal and informal sources) when they get old or sick. Research shows that today these role changes are increasingly accompanied by geographical displacements.

On the other hand, the label "care drain" attached to the South and the label "care surplus" to describe the North can be contested from another point of view. People lose closeness when "natural" carers are substituted by another person (either formally or informally in charge), but this also happens in wealthier countries with established state-regulated schemes for employing foreign domestic workers. What I mean by this is that substitutions occur at any link of the chain. Whether or not these substitutions entail a drain "in emotional value and love" will largely depend on the person in charge, who, in the worst of cases may be dishonest and unkind, either in the sending or in the receiving society.

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Rather than just understanding this as a cumulative process based on a neo-Marxist analysis, the evaluation of the love and care lost or gained depends on subjective perception. Thus our evaluation can be more positive or more negative in the economically richer than in the poorer countries. Let me give two examples to support this idea from a qualitative approach: 1) during our fieldwork many of the elderly in Spain expressed that they feel that they are cared for better by people from third world countries (based on their perception that people from these countries are more caring and helpful) than by their own children; 2) many migrant women who have reunited or given birth to children abroad express their longing to raise their children with the care and added emotional value they would receive if they were living in their place of origin (contradicting Ninna Sorensen´s records for the Dominican case, 2004). Nevertheless, because they perceive their children will have more educational and jobs opportunities in the future in the North, most of them decide to raise their own children in the country to which they have immigrated after acquiring legal status, even though this means sacrificing the emotional value of living in the South.

Let me finally add that the theoretical framework of "global care chains" only partially captures the manifold transnational arrangements that occur in these processes; aspects which have been poorly reviewed in the literature, perhaps because it has mainly focused on a few cases in the world. As I have verified in the literature and in my own research, transnational attachments often develop in an attempt to secure care needs when the main resource is located somewhere else; attachments that translate into at least the following five types of arrangements:
   a) periodic telephoning and sending of goods and monetary remittances,
   b) employment of a foreign domestic worker in the emigrant's home of origin (Sørensen 2004),
   c) employer's adjusting to the immigrant employee's family needs, for instance, by allowing employee's dependants to stay or even reside continuously in the same house where she works,
   d) family chain migration or return and re-migration aimed at substituting the live-in domestic worker for a newly arrived close relative, for example after retirement or the reunion or formation of a family (Sørensen on the case of Dominican daughters substituting Dominican mothers, 2004), and
   e) short-term or seasonal arrivals of a family member (a sister or most commonly a grandmother) to care for the dependants while the adult migrant men and women work outside the home.

In conclusion, more multi-sited and longitudinal research as well as more geographical contributions are needed in order to theoretically and empirically enrich this promising field that has brought us together today.

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THE UNTOLD STORY:
Missing actors in multiple scenarios

Much of the literature in the field of transnational migration emphasizes the participation of the under-aged, either as those who are left behind, those who are reunited or circular dependants, or even as independent migrants who may reunite and support their parents at a later stage (Thorne et al. 2003, Hondagneu-Sotelo 1995, Menjívar 2002, Olwig 1999, Portes and Zhou 1993, Rumbaut 1994, Salazar Parreñas 2002). Increasingly, childhood is shown as neither a synonym of passiveness nor of victimization and, consequently, we cannot conclude that the under-aged may be better or worse off when involved in a context of international migration (see Gamburd in this Conference). As Orellana et al. (2001) state, children have a say in the decisions of others and in their own lives and often become central to shaping migration stories. In spite of the progress, many adult researchers still tend to overlook or misjudge the role of people in age groups to which the researchers do not belong. This is synonymous with what has commonly happened when men have overlooked, simplified or even overemphasized an aspect of women's roles in a certain domain.

Although the process of population ageing is taking on global dimensions (Population Division 2002), much less work in transnational migration focuses on the aged from different perspectives (exceptions are Blakemore 1999, Gustafson 2001, Escrivá 2005). In spite of all the accounts on migration flows from South to North America or from East to West Asia or Europe that report the important role of grandmothers and grandfathers in keeping things running smoothly, no specific effort has been devoted to elucidating the increasing participation of the elderly in transnational migratory spaces; a question that is of special interest to us here given their involvement in care work. Ironically, the growing importance of the elderly care market worldwide has not attracted the attention of researchers on global care chains, neither in the aged European societies nor in Southern-European countries where the aged tend to live out their lives in their own homes.

Let me now turn to the task at hand, profiting from the Spanish-Peruvian experience I want to present to you.

South-western Europe provides an outstanding setting for research into global care chains and transnational migratory spaces. It is an area that has experienced rapid demographic, economic and social change in recent decades. In countries like Spain and Italy, where fertility rates are the lowest of all Europe, the replacement of current populations, as well as support for the increasingly large numbers of those reaching old age, are under serious threat (Walker 1999). On the other hand, the traditional family support systems for the care of dependants and the sick that characterize these southern countries are quickly being dismantled as more and more women enter the job market and families become ever smaller generation after generation (Garcia et al. 2004).
As a result, the area has become a principal destination mainly for women of less affluent societies who accept employment in the so-called "proximity services" (Parella

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2003). Many of these jobs involve elder caretaking in private homes in a live-in working regime. Originally, these households were located in the big cities of Madrid, Barcelona and the like. However, live-in elderly care has increasingly spread to all spots of the country (INE 1999). In some cases live-in domestic employees share homes with other relatives besides the aged for whom they are caring, but more often than not live-in employees are the sole companions of the elderly, and relatives, if they do exist, call or visit their elderly from time to time to ensure that the employee is doing her job.

Live-in elder care usually entails not only tasks related to the physical needs of the elderly (cooking and feeding, bathing and dressing, going for walks, giving conversation and reading), but also others having to do with the space which they share (cleaning the house, washing dishes and clothes plus ironing, caring for pets and plants, shopping, and sometimes even managing the household finances).

Women and some men - especially from Latin American countries – have responded to this call (or need) for elderly caretaking in Spain. As I pointed out in a previous paper (Escrivá, 2000), in the 90´s the live-in elderly care market was eclipsed by Peruvians, at least in the metropolitan area of Barcelona. Other groups included the Dominicans and emerging groups from Latin America such as Ecuadorians and Colombians or Eastern Europeans, who, in this century, have come to predominate the sector.

On the other hand, Peru provides an excellent observatory of the processes that have led people of different ages to migrate to foreign countries in the last two decades, either as the first members of a family to do so or following upon the footsteps of other close relatives already abroad. Because of the economic, social and political instability in Peru, increasing numbers of Peruvians have headed towards countries perceived to be wealthier, both nearby or far away (Berg and Paerregaard 2005). In this context of migration for socio-economic and political reasons, I want to highlight that those aged 50 or above have been central to this process in different ways: a) as active promoters of their own migration or that of others, b) as those staying behind in charge of migrants´ belongings, including their children, and c) as those in need of better or worse social and health care provided before and after migration.

But how has the situation of the aged or the poor prospects of life at old age prompted younger and older people to migrate? The collapse of the Peruvian economy, which brought with it the unsustainability of the public pensions system that reached its peak around the end of the 80´s, translated into a deterioration of everyone's, but especially the elderly´s, purchasing power and prompted the State to partially privatize the existing schemes by undertaking a full pensions reform (Gill et al. 2004). As these authors note, in the year 2000 the vast majority of Peruvians still felt an enormous distrust in both their domestic public and private institutions that support the aged (no doubt there are reasonable grounds for this). Instead, those getting older pin their hopes on their children for their care and on investments such as housing.

People's preferences on sources of protection against illness and in old age serve to explain why a significant portion of Peruvian middle and working class men and women - who view their future well-being and that of their loved ones with great concern - have seen in international migration a solution for securing income for times when no or insufficient income can be earned (Escrivá 2005). Once migrated, however,

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the strategies adopted by international migrants have been diverse depending on the course that their migratory project has taken or the opportunities had. These include: a) saving money in foreign banks, b) investing in such things as housing, land or vehicles that can be rented and later sold to produce an income, or even c) qualifying for a public or private pension or social welfare abroad.

Other realities – different focuses on global care chains and their main actors:

As I have argued, the fact that the aged play a central role in shaping transnational migratory spaces built around global care chains justifies a call for a different or complementary focus, at least in countries like Spain.

For an analysis of care chains sustained by the elderly to be complete, it must include the following three perspectives, that is: a) the aged migrant, b) the aged in the receiving society, and c) the aged in the society of origin. Again, when placing people in any of these three groups, we must not overlook the dynamics of people's spatial and temporal attachment to the categories cited above. After all, an aged person performing a caretaking role in the society of origin may become an aged migrant tomorrow, who in turn will perform formal or informal caretaking in the new society for a time, and might later need some care from others when staying abroad or back in the country of origin.

The complexity of the Spanish-Peruvian migration and care scenario is conveyed in the five-case typology of aged populations who take part in the making of transnational migratory spaces as follows:

1. The Spanish aged who make use of foreign domestic workers.
2. The Peruvian aged who prompted or were a main motivation for others to migrate.
3. The Peruvian aged who stay behind while their relatives leave.
4. The Peruvian aged who (increasingly) migrate to Spain for their own sake and/or for the well-being of others.
5. Peruvian migrants who have aged in Spain and become 70 years or older (still very low numbers).

Let me now give some details on the four first cases.

1. The Spanish aged who make use of foreign domestic care workers sometimes have a say in who to employ and under what conditions. Other times, because of their poor physical and/or mental health, these issues are left up to their adult children.

Given the high cost or inexistence of other solutions, employing live-in or per-hour foreign domestic workers as caretakers has become a resource for caring and accompanying the elderly who increasingly live alone in their own homes in Spain.

While this is a solution for elderly natives and a source of income for foreign employees, the question of whether or not the employee suffers equally or more from the separation and neglect of their own loved ones is irrelevant in this new mercantilist

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care arrangement and not posed in principle. First, this is because most newcoming domestic workers have made short-term migration projects and second, because their initial priority is to earn and save as much money as possible; a difficult task if family members are around. Live-in care work does not appear to be especially hard or difficult (and is suitable for most women) and allows workers to save on food and lodging whilst affording them a certain amount of 'invisibility' from immigration controls. Therefore, employers and employees understand that a live-in arrangement requires that domestic workers be free from family responsibilities that may hinder them from being available on a full-time basis. If they do have dependants and spouses, they must sacrifice this side of their lives while they are in the employer's household.

Yet as time goes by, things change. What was once viewed as a short-term project, turns into a longer endeavour. After money has been saved and debts paid off, or somebody else in the family has been able to follow in the family chain migration, or something small has been bought that justifies in the eyes of others that migration has been successful, aspirations soon turn towards reuniting the family; mainly spouses and young or aged dependants. It is at this point, which will happen sooner or later depending on the circumstances, when live-in arrangements become problematic. In most cases women leave their live-in domestic employment and look for a per-hour job in the same sector or in a different activity.

In spite of everything, on occasions when the relationship between the employer and the employee is good, I have run into cases in which the employee is allowed to lodge with her children, spouse, sister or mother in the elder's home in order to prevent her from quitting her job because of family reunification. Nonetheless, these are usually temporary solutions, bearing in mind that the position of elderly caretaker is often transitory due to the high mortality rates of the aged. In any case, it would be interesting to research these new household arrangements; a phenomenon that will probably be on the rise in years to come.

While living together, the relationships between the Spanish aged and their foreign domestic help depend on both people. It is not an exception for strong relationships to be built. Often, mentally healthy elders become involved in the migrant caretaker's transnational living situation and are observant of their maid's needs and those of their loved ones. As I pointed out in a previous account (Escrivá 2004), I have recorded examples of "transnational love chains" built on bonds to the elderly for whom a migrant cares. These strong attachments have often led to close, long-lasting relationships between the elder/s and even their adult children and the caretaker and maybe also his/her family of origin. As a result, they send each other letters, small presents and even make visits. In exceptional cases, the relationship with the caretaker becomes so rewarding that the immigrant worker is named heir and, for example, inherits the elder's house upon his/her death. But, of course, not all that glitters is gold. Many of the experiences publicized have been of exploitation and/or physical and psychological abuse by both sides, but especially by the elders (who often are not fit) or by other members of the employer´s family, or simply disinterest or misunderstanding by one or the other.

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2. <u>The Peruvian aged may play the role of conscious or unconscious promoters of the migration of others</u>. It is here where we may see some differences when comparing the role of the under-aged who exercise less authority than the elders or are subject to more family and social protection than them.

Regardless of the comparisons between these two age groups at the opposite ends of the age range, it is unquestionable that the older members in a family context usually have a greater say in the decision of others to migrate and in some cases may even actively encourage them to do so. For instance, in the unfortunate events too often reported to me in which adult daughters are abused or mistreated by male partners, older parents may compel their adult children to escape from that spiral of violence by moving abroad, while they stay on to take care of their grandchildren until daughters can reunite (all of) them.

On the other hand, the dire economic situation of the elderly in the family; a situation which is often accompanied by poor health, becomes a prime incentive for younger members to migrate in order to contribute economically to their parents´ well-being. As more and more people age, in the South too, the burden of their sustenance falls on their children (rarely on other close relatives) who may be compelled to leave the country because of their current and their foreseeable future obligations.

Like the first case, in the second the aged and (usually) their children maintain close transnational links that place the elderly in the centre of the migratory project.

3. There are also cases of <u>elderly</u> lacking material and emotional resources <u>who are left behind</u>. These situations are linked either to a previous context of poor family relations, childlessness or the inability of migrant adult children to support their parents because of imprisonment (or fear of it), beggary, the jealousy of new in-laws, overwork or many other burdens that place distant older parents at the bottom of the list.

Nonetheless, the experiences of the Peruvian aged within the context of migration are diverse and should not be viewed solely from the point of a "care drain". While it is true that the elderly often stay behind in their country of origin while other relatives reunify in their new country of settlement, these elderly experience situations that differ according to their health status and family circumstances (Tamagno and Escrivá 2006). To sum up, at times they are the ones who take care of the youngest left behind by emigrants; other times they are cared for by other relatives or formal carers while their migrant children send remittances; or thirdly, they may also be left alone to their fate.

Substitutive care arrangements are subject to mishaps and changes through time. When an adult or a couple migrate long distances, they may leave – usually only for an intended short period of time – relatives behind who are dependent on their economic remittances but also on the "care and affection" that goes with them. In their absence, emigrants or the remaining family look for a substitute solution, especially in the case of children and ailing elderly.

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Leaving them in "good hands" when the stay abroad is long is a hard job because designated care takers may become disenchanted with their long-term duties or unable to continue them. This is the case for example of ageing grandparents or newly emigrating relatives. For this reason, many emigrants rush to start the process of family reunion as soon as they qualify for it, albeit long-term illegal status and tough living and working conditions make this a difficult task for many (not an impossible, but certainly a more expensive one). Even when the process is formally underway, aged relatives may be the last in the queue, because family reunion schemes in receiving countries are mainly meant for children and spouses and disregard the role and needs of elderly ascendants. However, the older parents are the first to reunite when the migrant is single and has no children, a demographic feature that is not so uncommon in the Peruvian community in Spain.

4. There is increasing evidence that those beyond the age of 50, who undertake a process of <u>family reunion or migrate autonomously</u> (albeit joining other relatives abroad), comprise a considerable part of current migrants, as has been observed in the Peruvian migration to Spain and in other contemporary flows (Escrivá 2005).
There are so few written testimonies on this migrant age group worldwide that I have found no references to give here apart from the accounts on the "retirement migration" of wealthy Europeans and North Americans (Casado et al. 2004) or the return experiences of aged emigrants (Gualda 2004). But drawing on qualitative research on Peruvians I have verified that the aged play several active roles in transnational migratory spaces structured by care chains that lead them to Spain.

One under-researched role of the aged is their participation in the Spanish labour force; most commonly in family businesses, but also - and of special interest to us here - as caretakers in the (in)formal Spanish care market.
Migrant women in their fifties and sixties are often preferred to younger domestic workers for their maturity, resignation and low turnover rates (also noted by Colectivo Ioé). They may have decided to come to Spain with the aim of staying continuously due to their poor prospects in Peru or because of the financial responsibilities they have towards other relatives such as adult children and grandchildren or even towards older parents (aged 80 and above). Other times they take on temporary work assignments. By right of their children's Spanish nationality, they are entitled to enter and leave the country as they wish, thus enabling them to spend some time working in Spain (without a contract!) and to go back to their homes for the rest of the year with some savings.

Secondly, grandmothers constitute a resource for Peruvian migrant worker's childcare in Spain. This new role is linked to the demand for care services for migrant (and mixed) families that have been (re)composed in Spain and certainly necessitates further research. For that to happen, scholars and policy makers should start paying attention not only to domestic workers who leave dependants back home, but also to domestic workers who (re)compose a family in their new place of settlement.
Indeed, most domestic workers recruited either on the black market or with short-term contracts in Spain generally show no intention of returning to their places of origin after

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their work terminates, but instead express their wish to remain. The enormous number of applications for regularization and subsequent Spanish citizenship, especially by Latin Americans, clearly attests to this point.

The shift from a short-term into a long-term migration project usually evolves into the reunification of families that requires a reconstruction of domestic care strategies, combined with public and private outside services, when possible.

This constitutes the third link of our Spanish-Peruvian "care chain"; a link that consists of the reunion of family dependants under the migrant adult's charge and how to combine their care in the new place of settlement with domestic work or with any other job that demands that hours be spent outside of home during the week or at the weekends. Compared to the case of dependants that are left-behind, adult supervision is more direct in reunited families and diverse arrangements are made, bearing in mind that entwined short-term care strategies can be developed with the rest of the family or in the workplace with the employer's approval.

For example, in the course of our fieldwork on Peruvians who arrived to Spain ten to fifteen years ago, two interesting transnational collaborations have been recorded. One resort is to house the migrant domestic worker's family members in the employer's home. Normally this is the case of children, but sometimes also the worker's spouse, sister or mother. This has been possible in households inhabited by very few people, mainly the elderly and the caretaker. The establishment of a trusting relationship between employee and care receiver enables these special household arrangements to be made and prevents carers from having to quit their jobs after having or reuniting children, spouses or other close relatives.

A second resource that enables the care needs of dependants to be matched with the emigrant's job demands is to get a helping hand from close relatives who live nearby or to call for relatives who still live in Peru (sisters, mothers).

Relatives who come to care for dependants may do so full time or combine their duties with other activities. Young sisters, for instance, may be allowed to take university courses while taking care of the children. This may occur on a continual basis or just for a period of time as is the case of grandmothers who help out their emigrant daughters after they have given birth. In this last case, the grandmothers may return to their country of origin or any other city or country to spend time with other relatives. These come-and-go international travelling grandmothers have been given the name of "swallow grandmothers" because of their tendency to spend one season one place and another somewhere else.

Finally, a third role of the aged migrant is that of international care seekers. These migrants seek better medical treatments and social protection during illness, as well as proximity to relatives who have migrated before. Thus, for a portion of the aged who migrate and for a foreseeable number of current immigrants who will age in Spain, their new place of settlement is a place where they can find care services from public, private and/or family sources, too.

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Concluding remarks

The cases I have examined here today lead us to the question of the widespread and predominant use of the concept of "transnational motherhood" within the context of "global care chains". Clearly there is a significant process of transnationalization of motherhood through migration; a process in which women who move or who stay behind continue to hold most of the responsibility towards their children.

However, as evidence from our case study has shown, not everyone has children and those that do, do not necessarily have them in their country of origin. Yet most people do have older parents who usually stay behind. Moreover, as more people age there are two ways in which the elderly become even more crucial actors in global care chains than their adult daughters: a) they need to secure their livelihood in old age and therefore migrate to work, especially to do care work, or they reunite with their family of origin from whom they expect reciprocity in the future, and b) they support their adult children in child rearing – either in the country of origin or in the country of destination.

In addition to the term of "transnational motherhood", the formal and informal care work that older people perform or receive obliges us to speak about two other prominent figures in the Southern-European scenario: 1) "transnational daughters" who are responsible for the fragile elderly in both origin and destination; a role they may or may not share with that of "transnational mothers"; and 2) "transnational grandmothers", who are prompted to move back and forth from one country to another where their children and grandchildren live - something that is relatively easy to do when family members have acquired the nationality of the receiving state -, or older women who are in constant touch with their adult children while staying behind at the family's place of origin.

Another question to take into account when talking about the aged in global care chains is the fact that we refer mainly to aged women. Clearly, a gender divide continues to exist in the daily tasks assumed by men and women. Nonetheless, it should be pointed out that some men also play the role of "transnational sons" and "transnational grandfathers" when taking part in global care chains. As more and more work shows, (Gamburd in this Conference, Colectivo Ioe, Tamagno and Escriva forthcoming...) both younger and older men are also obliged to a greater or lesser degree by their circumstances to engage in care work. Instead of giving mere numbers, which are undoubtedly helpful in understanding more about the scope and scale of men's engagement, I think it would be more interesting to observe just how this male "interference" in a traditional female sphere is experienced and interpreted individually and as a group. Indeed, this situation of men who are increasingly involved in care work

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in the context of international migration is not a unique one. A new trend towards a greater involvement of men in domestic work, including care, has also been observed in other contexts. This is the case of many Spanish grandfathers today who not only have to take care of their grandchildren in the absence of private or public resources to aid working parents, but who, at times, must also care for older spouses that are ill or handicapped (INE 1999).

In spite of everything, it is still true that when a woman of any age is available in the family, she is the one who wholly, or for the most part, takes on the role of caretaker. When I questioned adult Peruvians about why it is that older women and not older men come to Spain, they explained that their older mothers were more willing to migrate and more active once in Spain than their older fathers who could not bear the thought of staying in Spain and having to give a hand in domestic chores or look for a job as an elder companion.

Thirdly, going back to my earlier arguments, how can we evaluate the participation of the elderly (all types) in global care chains in terms of their own well-being in comparison to the well-being attained by others and by societies as a whole?
More research is needed to verify if what has been said here about the Peruvian case in Spain can be applied to other cases and what the differences and factors are that shape this specific study case. Whatever the outcome may be, there is an evident need to take the elderly into greater consideration in international migration. Although their roles and experiences often go unnoticed, they are, and will increasingly be, active participants of migratory strategies to cope with economic hardship, solitude and family reproduction needs.

REFERENCES

Berg, U. and Paerregaard, K. (2005) "Introduction" in Berg and Paerregaard (eds) El Quinto Suyo: transnacionalismo y formaciones diaspóricas en la migración peruana (The Quinto Suyo: transnationalism and diasporic formations in the Peruvian migration), Lima: Instituto de Estudios Peruanos.

Blakemore, K. (1999) "International migration in later life: social care and policy implications", Ageing and Society, 19: 761-774.

Boyd, M. (1989) "Family and personal networks in international migration: recent developments and new agendas" International Migration Review, 23 (3): 638-670.

Cardoso, F.H. and Faleto, E. (1971) Dependencia y desarrollo en América Latina (Dependence and Development in Latin America), Mexico: Siglo XXI.

Casado, M.A., Kaiser, C. and Warnes, A.M. (2004) "Northern European retired residents in nine southern European areas: characteristics, motivations and adjustment", Ageing and Society, 24: 353-381.

Ehrenreich, B. and Hochschild, A.R. (2003) "Introduction" in Ehrenreich and Hochschild (eds) Global women: Nannies, maids and sex workers in the New Economy, New York: Metropolitan books.

Escrivá, A. (2000) "¿Empleadas de por vida? Peruanas en el servicio doméstico de Barcelona" (Domestic workers forever? Peruvian women in the domestic service of Barcelona), Papers journal, 60: 327-342 , Universitat Autonoma de Barcelona.

(2004) Securing care and welfare of dependants transnationally. Peruvians and Spaniards in Spain, Working paper, Oxford Institute of Ageing.

(2005) "Late middle and early old age migration to Spain: underreported profiles of international migrants in Europe", Generations Review, forthcoming.

García, MM., Mateo, I. and Eguiguren, A.P. (2004) "El sistema informal de cuidados en clave de desigualdad" (The system of informal caregiving as inequality), Gaceta Sanitaria, 18(1): 132-139.

Gill, I.S., Packard, T. and Yermo, J. (2004) Keeping the promise of old age income security in Latin America. A regional study of social security reforms. World Bank.

Gualda, E. (2004) "El retorno de los españoles: una nueva emigración" (The return of Spaniards: a new emigration) in Checa, F., Checa, J.C., and Arjona, A. (eds) Inmigración y derechos humanos, (Immigration and human rights), Barcelona: Icaria, 263-291.

Gurak, D.T and Caces, F. (1992) "Migration networks and the shaping of migration systems", in Kritz, M.M, Lim, L.L. and Zlotnik, H. (eds) International Migration Systems: a Global Approach, Oxford: Clarendon Press, p. 150-176.

Gustafson, P. (2001) "Retirement migration and transnational lives", Ageing and Society, 21: 371-394.

Hochschild, A.R. (2001) "Global care chains and emotional surplus value" in Hutton, W. And Giddens, A. (eds) On the edge. Living with global capitalism, London: Vintage.

Hondagneu-Sotelo, P. (1995) "Women and children first: New directions in anti-immigration politics", Socialist Review, 25: 169-190.

Hondagneu-Sotelo, P. and Avila, E. (1997) "I´m here, but I´m there: the meanings of Latina transnational motherhood", Gender and society, II (5): 548-571.

Hugo, G.J. (1981) "Village.community ties, village norms, and ethnic social networks: a review of evidence from the Third World" in De Jong, G.F. and Gardner, R.W. (eds) Migration decision making: multidisciplinary approaches to microlevel studies in developed and developing countries" New York: Pergamon press, 186-225.

INE (1999) Survey on disabilities, deficiencies and health status, Madrid: Spanish Institute of Statistics (www.ine.es).

Massey, D. (1987) "Understanding Mexican migration to the United States", American Journal of Sociology, 92: 1372-1405.

Menjivar, C. (2002) "Living in two worlds? Guatemalan-origin children and emerging transnationalism", Journal of Ethnic and Migration Studies, 28 (3): 531-552.

Mines, R. (1984) "Network migration and Mexican rural development: a case study" in Jones, R.C. (ed) Patterns of undocumented migration: Mexico and the United States, Totowa, N.J.: Rowman and Allanheld, 136-158.

Olwig, K.F. (1999) "Narratives of the children left behind: Home and identity in globalised Caribbean families", Journal of Ethnic and Migration Studies, 25(2): 267-284.

Orellana, M.F., Thorne, B., Chee, A. and Lam, E. (2001) "Transnational childhoods: the participation of children in processes of family migration", Social Problems, 48 (4): 572-591.

Parella, S. (2003) Mujer, inmigrante y trabajadora: la triple discriminación (women, immigrant and worker; the threefold discrimination), Barcelona: Anthropos.

Population Division (2002) World population ageing: 1950-2050, Department of Economic and Social Affairs, New York: United Nations.

Portes, A. and Zhou, M. (1993) "The new second generation: segmented assimilation and its variants", Annals of the American Academy of Political and Social Sciences, 530: 74-96.

Rumbaut, R.G. (1994) "The crucible within: Ethnic identity, self-esteem, and segmented assimilation among children of immigrants" International Migration Review, 28: 748-794.

Salazar Parreñas, R. (2001) Servants of globalization: women, migration and domestic work, Stanford: Stanford University press.

(2002) "The care crisis in the Philippines: children and transnational families in the new global economy" in Ehrenreich, B. and Hochschild, A.R. (eds) Global woman: nannies, maids, and sex workers in the new economy, New York: Metropolitan Books.

Sørensen, N.N. (2004) "Narratives of longing, belonging and caring in the Dominican Diaspora" in Bessen, J. and Olwig, K.F. (eds) Caribbean Narratives, Macmillan Caribeean.

Tamagno, C. and Escrivá, A. (2006) Paper to be presented at the LASA Congress in San Juan, Puerto Rico, March.

Thorne, B., Orellana, M.F, Lam, E., and Chee, A. (2003) "Raising children and growing up across national borders: Comparative perspectives on age, gender, and migration" in Hondagneu-Sotelo, P. (ed) Gender and U.S. Immigration: Contemporary Trends, Berkeley: University of California Press.

Tilly, C. (1997) Chain migration and opportunity hoarding, Columbia University.

Wallerstein, I. (1979) The capitalist world economy, Cambridge: Cambridge Univesity press.

Walker, A. (1999) "Ageing in Europe – challenges and consequences", Zeitschrift für Gerontologie und Geriatrie, 32(6): 390-397.