

Transnational caring activities challenging national care policies

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Abstract

This paper addresses social policy institutions that govern the care of children and older persons. These care policies are analysed in the light of transnational caring activities of migrants living in developed welfare states. Transnational caring refers to caring activities that are performed across the borders of nation-states where migrants take some degree of responsibility for organising or taking direct action aiming to meet the physical and emotional needs of children and elders.

Care policies have been under change during recent decades so that in both child and elder care public responsibility has been increasing, but to a varying degrees and ways. Still, majority of policy responses to care may be divided to four categories: monetary and in-kind social security and taxation benefits, employment-related provisions, services and incentives towards employment creation. In addition, welfare policies are predominantly national. These four kinds of care policies shall be tested if they have elements that support or hinder transnational caring.

Transnational care

Family responsibilities, like care, do not fade away when family members live dispersed in various countries (Alicea, 1997; Bryceson & Vuorela, 2002; Zechner, 2008). Instead new ways to provide emotional, practical and economic care and guidance emerge in these transnational families. One of these new ways is transnational care, which refers to caring activities that are performed across the borders of nation-states (Baldassar et al. 2007: 3; Zechner, 2008: 33). Care and more specifically social care is here understood as activities and relations involved in meeting the physical and emotional needs of children and elders who are not able to do it themselves (Daly & Lewis, 2000: 285). Care is a gendered activity, performed to great extend by women. Care is also often a pivotal issue in migration. For example the moves and migrations and especially their timing amongst migrant groups from Bangladesh to United Kingdom is very much influenced by care. More specifically the decisive factor is when female labour is needed for care reasons. Husbands leave wives behind so that they care for children

and parents-in-law. In addition wives are called for to join the husbands in United Kingdom when the husbands become frail and ill (Gardner, 2002: 122, 124).

Child and elder care are both individual and societal activities. It means that giving care produces welfare both at an individual as well as at a societal level. Care activities are framed, defined, controlled and supported by various kinds of social policies. The care of family members is generally understood as a family responsibility, but processes such as ageing of the population, low birth rates and the rising numbers of women in the labour market have paved the way for social care to be collectivised to some extent. Still, averaging across the fifteen EU countries and Norway, informal care of older people in 2000 was five times more prevalent than formal care which comes through services of various kinds (Daly and Rake, 2003: 54). In some countries such as mainland China, Israel, Spain, Taiwan and over half of the US states there is a legislation defining the responsibilities of families in providing care for elders (Izuhara, 2010a: 155).

Since social care has become a societal issue, a vast number of policy responses have been designed to provide and support care activities especially in developed welfare states. Despite the increasing impact of transnational organisations, such as European Union (EU) or Organisation for Economic Co-operation and Development (OECD), on national social policies, especially elder care policies have generally stayed predominantly national. Still there is certain degree of convergence in welfare policies either offering cash benefits or services (Starke & Obinger, 2009: 123). Also during the past decades states have increasingly pursued a social investment approach in social policies hence linking employment and social provision more closely together than before (Lewis, 2006: 2).

Care policies are under change but their national character has remained even though transnational caring has become a common practise. In this chapter I aim to tackle following questions by looking at different types of mainly European care policies through the lens of transnational child and elder care activities. The questions include: What happens when the transnational care activities meet the care policies that are mainly national? What kinds of care policy responses support transnational care and which ones may even hinder such activities? And finally, are there differences in child and elder care policies in this relation?

Policies are scrutinized mainly from the migrant's point of view, where a migrant is giving care across transnational social space. Migrants and their close ones are seen as actors who may make use of various national care policies in an innovative way. Even though care policies are designed to support care provision within the nation-state, they may additionally include elements that can be of assistance when giving care also transnationally at the same time.

This means that when migrants or their close ones living in a developed welfare state are targets to child or elder care policies, they may at the same time make use of these policies while giving or receiving care across nation-state borders. Transnational caring is an activity which has been documented in various studies and my data consists of research analysing transnational care and of ones that present various care policies.

This paper is in a way testing different types of care policies in relation to transnational care. I will demonstrate how transnational care stretches the boundaries of national welfare policies and that individuals sometimes use the care policies in ways that are different from what the policies are originally designed for. As a result national policies may be changed. What has to be kept in mind is that migrants in developed welfare states do not form a homogenous group. Instead they vary from refugees and asylum seekers to high rank expatriate workers and other professionals. Based on their different statuses officially defined as illegal and legal immigrants with varying types of residence and working permits, some of them have full access to publicly provided social welfare whereas others have very limited or no access at all. In addition there is always a need to pay attention to the possible barriers for international move such as requirements for visas, passports as well as political instabilities, wars and natural disasters. Some families are also dispersed to more than two locations but for simplicity I am referring to two localities: migrant's country of residence and the country of departure only. Finally, care of children and older people has traditionally and predominantly been a female activity, thus care policies shape especially the transnational activities of women. Next I shall put forward some issues related to social care policies and their changes in recent years.

Care policies

Before going to national care policies, it must be reminded that since the majority of European welfare states are members of the European Union, the role of EU must somehow be taken into account. European Union has some degree of power to shape national policy responses. Free movement of labour, capital, goods and services amongst the member states, is one of the main motives for the European Union. The right of citizens of the Union and their family members to move and reside freely within the territory of the Member States is also granted to their family members, irrespective of nationality (Directive 2004/38/EC). These issues have an essential impact on transnational care activities.

Regarding child care, member states committed 2002 in Barcelona meeting to step up provision of child care so that by 2010 it would be available to 90 per cent of children between three and six years of age and 33 per cent of children under three years of age (Commission, 2006: 10). In addition there are two directives that explicitly sets requirements for member

states regarding child care policies. The first one offers working mothers minimum of 14 weeks of continuous maternity leave with pay. The second directive gives both working mothers and fathers the right for three month child care leave separate from maternity leave (Deven & Moss 2002).

The impact of EU on elder care policies is less direct than on child care policies. Anyhow at least two main EU impact areas are worth mentioning. Firstly there has been a gradual move towards applying internal market and competition law in the field of social protection (Saari & Kvist, 2007: 2). Hence EU sets guidelines on how public entities are supposed to do their procurement and set out tenders for certain services that are open for outsourcing. Secondly a common European Union policy on legal and illegal immigration is under way (Council of the European Union, 2008). This means that the international movement of essential actors in care, namely family members and care workers is to become standardized across the European Union member states. Generally within EU there is a freedom of movement and residence. For retired people freedom of residence is applicable when they have pension, health insurance and sufficient resources to prevent them from becoming dependent on the host country (King et al. 2000: 175). Freedom of movement is also determined by the definition of family members, which usually refers to spouses and minor children (Kofman, 2004). In Spain and Denmark instead older generations may be included in family reunification measures if they are dependent, in Germany for humanitarian reasons and in Netherlands if they are in serious difficulties (Kofman 2008: 75).

Social care encompasses various stages as well as spheres of life. For example matters like housing, public transport and barriers in the nearby environment essentially shape the possibilities of people to give and receive care and to live an active and fulfilling life. From that point of view majority of social policies have a role in shaping people's activities in social care. However in this paper only policies that are directly aimed at shaping child or elder care are considered. Also it is assumed that children are generally healthy, not with disabilities or long-term illnesses.

Social policies supporting care activities basically meet three needs, the ones of time, services and finances (Daly, 2002: 255). Meeting these needs can be translated to four different types of policy responses:

1. monetary and in-kind social security and taxation benefits,
2. employment-related provisions,
3. services and
4. incentives towards employment creation (ibid. 255).

Monetary and in-kind social security and taxation benefits take often the form of cash for care where people are given money for not using services and/or for doing the care work themselves usually at home. Benefits may be paid for the carer or for the person in need of care (if an adult) and the amount and type of control related to the use of a benefit vary substantially. Reimbursement may also be other than cash, for example assisting devices, diapers or house renovations. Monetary benefits related to taxation are often given to families with young children in a form of a family taxation. Lower levels of income tax are paid if the taxpayer has so called dependent family members.

Employment-related provisions are only available for those who are active in the formal labour market. A common version of such a provision is care leave, which allows parents and those giving care to an elderly person to take time from employment for caring. Other forms of provision may be career breaks, flexible working times and reduction of working hours. Each of these policy responses frees individuals temporarily from employment responsibilities in order to give care.

Services are generally divided into institutional or community-based ones. Institutional care services offer to elders 24-hour care when care needs are extensive. For children institutional services in the form of day care are usually offered for the time their parents are busy with work or study. Community-based services are mainly supporting elders with everyday activities such as eating and bathing and giving them a space for socialising. For children community-based services are at times to be consumed with parents or other adult who has the main responsibility for the child during the service use. An example of such a service is a meeting point for parents with young children or an afternoon club for primary school children.

Incentives towards employment creation include policies such as tax rebates for buying services from the market. Also vouchers that may be used for buying market-based services can be understood as an incentive towards employment creation. Mainly these incentives aim to encourage people to consume services at home and to buy them directly from the market. This way service sector employment is also boosted. Policies predominantly aim to assist caregiving within the national borders, not for somebody residing abroad. This is taken as given here since the transferability of welfare benefits is generally very limited, especially related to social care.

Policies on care have during recent years been under change. Public responsibility of child care has been increasing in European countries (Anttonen & Sointu, 2006: 118). Parental leave schemes have spread across countries even though entitlements still vary significantly. United States and Australia are one of the few welfare states that do not have any form of paid

parental leave (Himmelweit, 2008: 257). Nordic countries have transferred many child care tasks to social services. Most Continental European and English-speaking countries instead support family income through transfer payments or tax benefits (Starke & Obinger, 2009: 133). Child care is increasingly understood as a shared responsibility where women, men and the state are involved, even though the main responsibility is still held by parents (Anttonen & Sointu, 2006: 119).

Public responsibility on care for older persons has also been increasing in European countries (Anttonen & Sointu, 2006: 121). Policies aim to recognise and sustain familial care by combining the transfer of money to families with the provision of services. At the same time new social care markets have been started up, based on the distinction among financing, purchasing and management of services. Social care markets include competitive procedures and market mechanisms and aims to empower the users allowing them freedom of choice through more purchasing power (Pavolini & Ranzi, 2008: 18).

Welfare states have put different emphasis on children and elders. Looking at the direct public expenditure it is possible to divide welfare states into ones that are either oriented towards youth or towards elderly. In these terms consistently elderly-oriented countries are Austria, Greece, Italy, Japan, Spain and United States. The most youth-oriented welfare states are the Netherlands, Scandinavian countries and the English-speaking countries other than United States (Lynch, 2006: 16). Social expenditure does not of course reveal it all since intergenerational transfers, spending in the market and other groups of people benefiting from policies not targeted to them takes place as this chapter will point out.

Now having described the variation of social care related policy responses as well as some broad policy changes, I shall evaluate them by paying attention to how care policies support or hinder transnational caring activities within and from developed welfare states to other countries. I start by looking at care services, then move on to incentives towards employment creation after which employment-related provision and finally monetary benefits are considered.

Care services

The underlying idea of welfare policies is to secure the citizens or inhabitants of a nation-state territory from certain social risks. It has been claimed that the construction of the national welfare has been an integral part of nation-building as well. Social policies, including care policies have indeed explicit and implicit goals such as socialising people into desired patterns of action as well as sorting out and regulating so called problem populations (Clarke, 2004: 1).

The main function of publicly provided or organised care services is to either support or replace informal care given by the close ones, mainly family members. In transnational families those who give and those who receive care are living in a territory of another state. Since public care services are mainly offered within the territory of a given welfare state, they do not give much support for transnational caring activities, unless those in need of care migrate. In such case it ceases being transnational care. In many countries it is very difficult for older persons with care needs to enter the country where for example members of younger generations reside. For example entry to Britain to join families is feasible only if the potential entrée can demonstrate that the stay would not entail recourse to public funds (Mand, 2008: 189).

However, there are some exceptional cases where a welfare state has taken measures to produce or support the local production of care services in another nation state. Certain Norwegian municipalities have set up nursing and care institutions in Spain providing elder care. These institutions serve mainly Norwegian pensioners who have migrated to Spain as retired migrants either on permanent or seasonal basis (Migration and health, 2009: 81). The problem with these institutions is that they only provide for those who originate from Norwegian municipalities that have contributed to the provision of these services. A group of Norwegians have started to lobby and campaign for a coherent and fair treatment of Norwegians living in Spain and in need of care (ibid. 86).

Similar trends are visible in schooling, for example German state has a long history of supporting German schools (Deutsche Auslandsschulen) all over the globe. Schooling is in this article understood as education and not as care therefore it is not discussed further. I just wish to make a point that public bodies providing services for own nationals and other target groups abroad is not an unheard activity.

Public services are anyhow predominantly offered within the territory of a given welfare state. If a child or elderly person in need of care resides in a country where care services are not available, they offer very little support to those who give or organise care across the transnational social space. Transnational social spaces refer to "...a densified and institutionalized framework of social practices, symbol systems and artefacts that span pluri-locally over different national societies" (Herrera Lima, 2001: 77). On the other hand, when children or elders in need of care reside in a country where services are available, family members and close ones from abroad may find these services useful when making an effort towards transnational caring. For example Albanian migrants in Greece, United Kingdom and Italy are involved in transnational care of older family members since it is the duty of the son to look after the parents. In addition the Albanian welfare system is weak; pensions are not

high enough to secure livelihood and social services are a rare phenomenon, especially in the countryside (King & Vullnetari, 2009: 29, 31).

New Zealand and Australia are societies that are structured by large-scale migration flows both into and out of the country. The adult children of many middle-aged and third age parents live and work overseas and, consequently, many people in these countries end up lacking close family support in their old age. In this situation social service staff may have to communicate with relatives outside national borders in order to keep them informed and involved (Baldassar et al. 2007: 180; Lunt, 2009: 240). A study from Australia on transnational elder care shows that the most successful encounters between migrants and professionals where the older person in need of care resides seem to be when the migrant has training in medicine or nursing. Availability and lack of care services may also influence the frequency and length of visits to the country where older person in need of care resides (Baldassar et. al. 2007: 180–181). At times older generations choose to return to the country of departure at the time of retirement. When returned parents start to need care, this may evoke the unwilling or willing return of younger generations in order to support and give care as has happened with some Pakistani families living in United Kingdom (Harris & Shaw, 2006: 269–270).

Public services offer little help in transnational caring, depending on the direction of caring: between the developed countries or between less and more developed countries (in terms of welfare state and social services). Transnational caring from a state that offers a wide variety of social services into a country where care policies and services are scarcely available, demonstrates the differences between countries in a very concrete and often negative way (Zechner, 2008). Since the direction of international migrants is often from less developed countries towards the more developed ones, this kind of a setting is not unusual. Migrant families who are aware that there are only few services available for those in need of care in the country of departure, provide economical and practical support across national borders as to compensate the lack of services (Baldassar et al. 2007; Zechner, 2007; 2008). The strength of filial piety has a role to play here as well and for example Chinese and Indian migrants living in United States at times choose to bring their older parents to live at least part of the year in US (see Lamb, 2002; Lan, 2002).

A comprehensive service provision in the migrant's country of residence may be of importance as well in transnational caring. When the care of children and elders residing in the same country with the migrant is arranged in a satisfactory way, the migrant is able to put more effort in transnational caregiving. Also individuals may gain insights from both countries regarding care provision and arrangements. For example in Finland and Norway children are all equally entitled to daycare services whether the parents are active on the labour market or not

(Rantalaaho, 2010: page). This means that migrants outside the labour market can place their children in public day care and dedicate their time for transnational care, if they wish. A study of Ukrainian immigrants in Germany on the other hand demonstrates how the German day care system, which often does not accept children younger than three years of age, may limit transnational caring possibilities of the parents. Working immigrant mothers have very few possibilities in finding day care solutions for children under the age of three years (Amelina, 2009: 20, 25). Having a well-functioning child care and schooling provision in the country of residence lessens the need for child-shifting. Child-shifting is a practice of shifting the responsibilities of childrearing between parents and other relatives, close friends, or neighbours. The shift may be permanent or temporary and it may last from few days to several years. With Caribbean families it usually occurs when parents are unable to take care of their children (Russell-Brown et al. 1996). Children are left for example to grandmother when the mother migrates (Toro-Morn, 1995). Affordable and available day care services and schooling lessen generally the need for international moves motivated by child care (see Zontini, 2006).

If parents are not content with the quality of the services or with the fact that children become socialized to the local mainstream culture, they may want to send their children abroad to be cared for or for schooling (see Toro-Morn, 1995; Orellana et al. 2001). Indian migrants in Australia also send children to India for extended holidays in order to learn about their ancestral culture (Voigt-Graf, 2005: 380). At times children are specifically sent abroad for the reason of high standard school services (see Harriss and Osella in this book). For example a number of Korean and Chinese parents have been sending their children to United States to attain local schools for the purpose of later gaining entrance to an American university. Children may reside either with a paid caretaker, in boarding homes or with locally residing relatives and friends (Zhou, 1998, Orellana et al. 2001). These children are often referred as parachute kids. Also Bangladeshi children are at times joined with their families and relatives residing in United Kingdom at early age so that they, especially boys, can benefit from the educational system. If biological mother of these children are unwilling or unable to move to Britain, children may be brought by co-wives of their mothers or other female relatives (Gardner, 2002: 126). As a reversed practise, certain group of Indian migrants in Australia have a habit of sending their children to be raised by the grandparents in South India (Voigt-Graf, 2005: 373).

Also older people may migrate after care services, so far mainly medical services are sought after in foreign countries. This activity evokes mainly temporary international mobility in the form of medical tourism, which typically refers to patients travelling abroad for surgical operations. Popular destinations for medical tourism include countries like Thailand, Singapore,

India and South Africa. The direction of movement in care migration and medical tourism is from more to less affluent countries (Connell, 2006; Kröger & Zechner, 2009). These examples that go beyond public policies show that child and elder care services, public or market-based, are influential in international moves and in transnational activities.

Employment creation

The rationale behind incentives towards care employment creation is that when individuals employ somebody to do care work or buy care services from the market, the demand for public services diminishes. In addition any state is eager to increase the number of people in employment. It may also be so that supporting employment creation is cheaper for the public purse than offering public care services which often are heavily subsidised by the public monies. For example in 2007 in public Finnish elder care customer fees covered about 16 per cent of the actual nursing home expenses and 14 per cent of the home care expenses (Sjöholm, 2009).

One obvious reason for employment creation is that labour market activity brings tax revenues usually only if the work is performed within the national borders. The policy means to create employment in the care work sector are mainly cash benefits, tax deductions and vouchers. Tax deductions often allow lower social charges for employing somebody to do the work. Vouchers on the other hand cover either completely or partially the costs of buying services. Also cash benefits may be used to cover the costs of employing somebody but I will cover the issue of cash benefits later under the heading of monetary benefits.

In France subsidised childminders, allowances and tax deductions are widely used tools of family policies. An allowance is paid to families with children under six years of age and who are cared for at the home of a registered childminder. Another allowance is paid to families employing nannies to look after their children in the family home. In addition, parents may deduct half of the costs incurred from their income tax and as a result up to 70 per cent of the total cost of child care may be covered with these benefits and deductions. Families, who employ someone to look after their children after school or on Wednesdays when there is no school, may claim tax deductions with a pre-financed voucher to simplify formalities when employing home help services (Pailhé et al. 2008: 153–154).

Since taxation is predominantly national, vouchers usable in the domestic markets and support employing a childminder or a nanny is mainly for hiring them in the country of residence, policy responses that aim at employment creation in the care work sector give little help in

transnational caregiving. They may be useful in arranging care in the country of residence and hence give space for transnational care activities indirectly.

Time for care

The main forms of employment-related provision for care consist of leaves and adjusted working hours. Choosing part-time work for care reasons (done mainly by women) can be considered as an individual choice, even if restrained by policy responses such as unavailability of full-time day care for children. Still, for example in Sweden and Norway parents have the possibility to take part-time parental leaves. In Austria parents may after fulfilling certain requirements, work part-time and have flexible working hours until the child turns seven (Kreimer, 2006: 144). Care policies thus may have a profound effect on the working time of the parents. In Sweden parents may use parental leaves until the child turns eight whereas in Norway leaves are to be used by the time the child turns three (Rantalaiho, 2010: page).

The majority of European countries offer care leaves for parents with young children (Bettio & Plantega, 2004: 91). European Union has been driving this development from early on and in 1996 a directive on parental leave gained legal force (Hall, 1998). The incentive for elder care leaves has been much less vigorous and generally only short term breaks from employment are offered for elder care purposes. Sweden with 60 days and Denmark with three months offer longest periods of leaves at times of an adult relative facing a severe illness (Bettio & Plantega, 2004: 96). In United Kingdom as well as in Finland there is no specific provision for leave for carers of adults, only unpaid leave for temporary emergencies (Himmelweit, 2008: 357; Zechner, 2010: page). It means that contrary to child care, time for long-term elder care is not generally being offered for employed individuals.

Time for care would be a valuable asset in transnational care since in many cases the distances between the carers and those in need of care are long. Anyhow this is not always the case since many persistent patterns of international migration take place between neighbouring countries such as from Mexico to USA and from Poland to Germany.

Notwithstanding the length of distances, time is an essential resource in care since giving care means doing something for somebody who can not do it for him or herself. Especially personal care, such as helping with dressing up, bathing, eating, moving and personal hygiene is not possible from a distance. Personal care thus demands that people are in a same place at the same time. Other types of care and assistance are possible from afield. For example sending money or goods, giving emotional support, organising services or other kind of help is possible from afar. There is still one kind of care-related activity that may not be done from a distance,

but does not require that the care receiver and the care giver are present at the same time. For example cleaning, shopping, cooking and going to the bank or library are these kinds of activities. Here child and elder care differ greatly since young children usually require constant attendance while elders often are able to stay alone for longer periods of time, depending on the care needs they have. On the other hand young children are many times easier to take along when running errands than older people who may have difficulties with their mobility.

All of the above mentioned activities that can be part of care require time. Care leaves, especially if they come with an allowance, allow people to use time for organising and giving care transnationally. If leaves come with monetary benefits, they can also help to cover the costs of care. The money can be used for buying services, either from the formal or undeclared market. Also friends, neighbours and relatives can be reimbursed for their care activities. Person using the leave can use the benefit to visit the care receivers abroad, providing that travel is not prohibited due to passport or visa requirements or due to political or other instabilities of the countries. Depending on the citizenship of the traveller, people have different possibilities to enter countries. Generally citizens of Western countries have better access to majority of countries than citizens from countries in Africa, Asia or Middle-East. In addition return to the country of residence may be a risk for refugees and especially for immigrants without required permits (Baldassar et al. 2007: 181–183).

Full-time care leaves give more flexibility for transnational caregivers than shortened working hours or part-time work. Shorter hours may also be used for similar purposes, for making extended weekend visits if the distance between the care receiver and the care giver are not too long. Nordic countries offer longer periods of child care leaves and higher levels of compensation than most of the other European welfare states (Himmelweit, 2008) giving implicitly stronger support to transnational caring as well.

Like many other benefits, care leaves may not be very easily transferred to abroad. When the right for leave has been gained, restrictions for travelling abroad are not very common. For example Norwegian mothers who are on maternity or on parental leave and who have parents or parent-in-laws residing in the Sun Belt of Southern Europe have spent longer periods of time with the grandparents abroad. The arrangement is temporary and may be of mutual benefit so that mothers receive help with child care and grandparents are assisted by the mother of children.

Monetary benefits

Cash benefits have become increasingly common in Europe as a policy response especially in elder care. For example Austria, Germany, England and the Netherlands have introduced direct payments and/or individual budgets. These are to some extent replacing directly provided public services for children and older people needing care. Money is a flexible benefit since it can be used in a variety of ways. The negative effect is that it also contributes to feminisation of care work as well as creation of low paid care work occupations often at the undeclared labour market. In addition care work tends to become less professionalized.

Many cash benefits include restrictions on the use of it. For example there are differences between these schemes in relation to whether or not they allow the payment of migrant care workers and co-resident relatives (Ungerson, 2004:190). Cash benefits to child care are paid to parents, but for elder care they may be paid either to the person in need of care or to the one who is giving care. Child benefits are not specifically paid for care purposes, but they are an example of a universal and non means-tested monetary benefit paid in many European countries such as Denmark, Finland, Germany, Norway, Netherlands and United Kingdom (Björnberg, 2006: 93–94). Cash benefits for child care are paid for example in Finland and in Norway. In both countries the main requirement besides being covered by the social insurance system and having a child under three is the non-use of public day care facilities. The benefit is accompanied with an optional leave and the money may be used freely (Rantalaiho, 2010: page). The Norwegian cash benefit for child care may be exported. The requirement is that one of the parents lives and works in Norway, pays taxes and social insurance fees. The other parent and the child under three may be living outside Norway but within the European Economic Area. The child ought not to be in a publicly provided child care facility and should be under three. The number of beneficiaries is small, but increasing. In 2008 there were 700 beneficiaries of this exported benefit outside Norway. Majority of them reside in the new European Union countries, mainly in Poland (Bjørnstad & Ellingsen, 2008: 24–26).

This is one of the very rare benefits that explicitly support transnational care of immigrant family members. The residence and employment of an immigrant in a developed welfare state gives eligibility to a benefit that may be used for child care in the country of departure. In Finland the cash benefit for child home care is understood as a reward for not using publicly organised day care services to which parents with children under school age have a subjective right. Still, the European Court of Justice has decided in 2002 that Finland is obliged under certain conditions to pay the benefit for family members abroad (Ministry for Health and Social Services, 2002). For example when a Finnish company sends employees abroad or when an employee comes to Finland to work from another EU or EEA country. The court case

demonstrates that at times transnational families shape care policies and their application through official means.

In United Kingdom a Working Tax Credit may provide up to 80 per cent of childcare costs to low- and middle-income lone parents in employment and dual-earner couples (Himmelweit, 2008, 362). It is possible to apply Working Tax Credit also when the child lives outside UK. The prerequisite is that the parents come from a country in the European Economic Area (EEA) and are working, or are actively looking for work, in the United Kingdom (HM Revenue and Customs).

For elder care purposes Italian care allowances are paid to the elderly in need of care according to the invalidity of the person. In Austria the level of benefit is tied to the number of hours for which help is needed (Kreimer, 2006: 147). It is not very likely that a person with high level of invalidity can give care transnationally or use the money for arranging transnational care. To receive the benefit the level of invalidity must be high but there is no means-testing (Österle & Hammer, 2007: 16–17; Gori, 2000: 262–263). Elders receiving the benefit can of course give economic support to caregiving children residing abroad. In Austria, Germany, Italy, United Kingdom and USA cash allowances for people with disabilities to spend on employing carers directly come with little regulation (Glendinning, 2006: 131; Himmelweit, 2008: 363). They tend to boost grey economy mainly consisting of immigrant care workers. For example in United Kingdom there is minimal regulation on the employment of personal carers (Himmelweit, 2008: 363). In Holland instead the personal budget holders have to make formal contracts with their employees and adhere to regulations concerning wage levels, social security charges and taxation (Glendinning, 2006: 131). A common problem with these cash benefits is that their levels tend to be fairly low. If paid to the person in need of care, the levels are not equivalent to the costs of institutional care or home care services. When the benefits are paid to the carers, they often fail to secure adequate standard of living and they do not compensate the effort that caregivers put to care work (Glendinning, 2006: 133–134).

The direction of intergenerational transfers is usually from older generations to younger generations. It seems that when older parents live in different country, at least in France, the flow is almost as common the other way around: migrant children paying remittances to their parents, especially if parents live in a developing country. The reason to send remittances to parents is generally parents' lack of economic resources (Attias-Donfut & Wolff, 2008: 267). For example in Cape Verde, older women whose children have migrated abroad and who do not have an income, take it for granted that their children send them money (Åkesson, 2007: 102). It is thus possible that Cape Verdean women with young children in developed welfare

state may use cash benefits that are destined for child care, also for supporting their parents in the country of departure.

Money can be used for travelling as well as for buying services and assistance. Often monetary benefits are received only after a strict needs or means testing. Also the use of these benefits may be restricted or controlled in various ways. Finnish carer's allowance for example requires a written contract between the carer and the municipality paying the benefit. Care performed by the carer is described in the contract in detail. In contrast, the Finnish as well as the Norwegian child care allowance is free to be used as the beneficiary wishes (Zechner, 2010; Rantalaiho, 2010). In addition recipients are entitled to a leave that may be extended until the child turns three. Together the fairly long period of leave and the cash that may be used freely give parents of young children resources that are possible to be used for transnational caregiving even though this is not necessarily the original aim of the benefit.

In developed welfare states old age pension systems have secured the economic situation of elders and they have changed the circulation of private economic support from parents to children (Attias-Donfut & Wolff, 2008: 282). The direction of private transfers flows in the opposite direction of public transfers of the welfare states (Kohli, 1999). In Sweden on the other hand, immigrants from Africa, Asia and Latin America give more often economic support to members of older generations than Swedish-born residents in Sweden (Björnberg & Ekbrand, 2008: 254).

In Germany, the middle generation of migrants give their parents more often economical support than non-migrants of the same generation. Non-migrants in the same position give much more practical help than economical help to their parents. The reason for migrants giving so much economical support is distance. When elders live in another country, migrants are not able to give much practical help. Money substitutes practical help and it may be also given to siblings living near the elders and actually caring for the parents. Also migrants in Germany are mostly from less well-off countries and parents living in these countries need remittances (Baykara-Krumme, 2008: 298–299). Some Indian parents whose adult children are residing in US feel that they have invested in their children and by moving to or close to them from India, the elders are able to reap the rewards of their investment. Children also are given a possibility to reciprocate towards their parents (Lamb, 2002: 307).

Conclusions

Care policies offer people time, services and money for child and elder care. Care policies are national but a vast body of research has documented that people use the benefits policies

allow also for transnational caring activities. This does not necessarily mean that they are being used for purposes not intended. Instead getting support with care activities in the migrant's country of residence may also be helpful in giving care transnationally to close ones in the country of departure. Similarly comprehensive care policies in the country of departure also support care given transnationally.

On the whole, monetary benefits seem most useful in transnational care. Cash may be used for visiting the care recipients, paying for the travels of those in need of care, buying services or help and other care-related goods such as assisting devices. Time in addition to money is a valuable asset in care, since care work is very time consuming. In transnational care time is not only needed for actual care work, but also for travels covering the distance between the carer and the care receiver.

Caring across national borders may face obstacles due to travel restrictions. Visa and resident permit requirements are the most common ones. In addition political instability and natural disasters may make transnational caring more complex. Transnational caring includes short or temporary visits but not permanently intended relocations. Being a beneficiary to social insurance benefits such as unemployment or sickness benefits may also restrict the possibilities to international travel (Baldassar et al. 2007: 187; Zechner, 2008: 39). These kinds of benefits are generally not easily transferable, even within the EU.

People who have stayed behind often interpret the support that migrants give or fail to give as a sign of whether they care or not about those who have stayed behind (Åkesson, 2007: 107). Many of those who do not migrate, especially in the least developed countries, are dependent on the people, money, know-how and other resources that are far away from them (Åkesson, 2007: 93). The relations between migrants and those who have stayed in the country of departure are often asymmetric. Although social change has been detected for example amongst Chinese migrants in Tokyo who have older relatives in Shanghai. Older parents have become more independent in terms of residency and retirement resources and generations are growing away from the previously intensive and exclusive self-help approaches (Izuhara, 2010b: 92). Still, from the point of view of those who have stayed in the country of origin, the initiative for caring activities lies often in the hands of the migrants. When they can call, visit, send money and organise help (Åkeson, 2007: 111). Migrants on the other hand may feel that they have been forced to transnationalism. They have to keep contact and maintain relations to the members of kin the country of departure (Al-Ali et al. 2001).

Transnational caring activities of individuals have so far shaped national care policies only minimally. A distinct example is the establishment of Norwegian nursing homes in the Spanish

coastal region. Since the scope of transnational caring will be likely to increase in the future, it is likely that new pressure groups that aim to change care policies so that they support transnational caring as well will emerge. The European Union court case concerning the payment of Finnish cash benefit for child home care shows that transnational actors actively shape the national policies that seldom take transnational practices into account. Also Norwegian elders in the Spanish coastal area have actively been working to shape the policies to better fit with transnational patterns of life.

In certain countries there are fairly generous cash benefits for care with minimal or no regulation of how the recipients use them. These kinds of benefits allow most room for transnational caring since the money is freely usable. The Finnish and Norwegian cash benefits for child care where parents are entitled to a leave are prime examples of care benefits that give support for transnational caring allowing time and cash for parents to be used for arranging care transnationally either for children or elders living elsewhere. These benefits are also to some extent transferable within EU countries at least.

Austrian and Italian cash benefits for older persons with disabilities may also be used for transnational caring. The beneficiaries themselves although are not very likely to be able to do such activity. Therefore they support transnational care only if the money is circulated to those with abilities to give and arrange transnational care, such as migrated adult children of beneficiaries. The increasing emphasis on choice that has been given on care policy changes, when driven by means of cash benefits, is a trend that gives space for transnational caring activities. It has been estimated that since 1990's in both child and elder care cash benefits have been increasingly used in care policies (Yeandle & Ungerson, 2007: 2). If this continues to be the trend in the future as well, it means more possibilities for those involved in transnational care, even though the levels of benefits are not likely to increase. It is possible that since majority of cash benefits are not intended for transnational caring, there will be more monitoring on how they are used in order to prevent them being used for transnational caring. Also from the welfare state point of view the proliferation of cash benefits is not positive since it may hamper the development of care services. Cash benefits also tend to pull women from the labour market, or to create a pool of low-paid female care workers in working precarious circumstances. Since a majority of the beneficiaries of cash benefits are women the responsibility of ensuring appropriate care arrangements rest proportionally on women as elders in need of care, as daughters of these elders and as mothers in the case of children.

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