

## **A regimes-of-mobility-and-welfare approach: The impact of migration and welfare policies on transnational social support networks of older migrants in Australia**

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### **Abstract**

In this paper, I examine the implications of welfare and migration policies on transnational aged care arrangements of older migrants in Australia. The paper draws on the results of an ethnographical, biographical and network analytical study of transnational social support networks of older migrants in Perth. I present the developed typology of older migrants and their possibilities of transnational care through three case studies that exemplify each type, namely ‘retirement migrant by choice’, ‘financial obstacles of traditional labour migrants’, and ‘mobility and welfare regime restrictions of refugees’. The case studies show, first, that the maintenance of social ties across national borders through which different forms of care are organised is constrained by the Australian mobility regime, where temporary migration schemes prevail and migration policies are increasingly restrictive. Second, transnational social support is affected by a welfare regime that is increasingly linked to the mobility regime, as the rights to social welfare and long-term care are often linked to citizenship. Third, inequalities in the possibilities of transnational care and inaccess to mobility are linked to migrants’ legal and socioeconomic status in the country of settlement and the position of their country of origin in the global geopolitical hierarchy. Based on these findings, I propose a ‘regimes-of-mobility-and-welfare’ approach for the study of transnational social support and family care, which considers the effects of ‘sedentary’ policies and the intertwinement of mobility and welfare regimes.

**Key words:** mobility regime, social support, transnational care, welfare regime, transnational ageing, social inequalities, migrants in Australia



## 1. Introduction

Ageing and migration are two important sociodemographic trends currently presenting challenges to policymakers in the Global North (King et al. 2017, 194), raising questions about the interrelated processes of ageing, care and migration. An increasing number of older people have to organise their aged care across national borders. However, distant support networks and mobility of older people are invisible to most care-related policy, which tends to focus on local or 'in place' support organized within the nation-state (Baldassar et al. 2017; Brandhorst, Baldassar & Wilding 2019). In research and policy older people are conceptualized as immobile, confined to an aged care facility, the neighbourhood or family living nearby. This especially affects older migrants with support networks that are not only located in one country. Furthermore, in many countries an increasing differentiation of migrants by legal status can be observed, resulting in differential access to mobility and welfare. In Australia there is a shift in focus from family reunion schemes to a rising number of skilled and Temporary Working Visas (Castles, Vasta & Ozkul 2014), which expect migrants to return to their countries of origin after their contracts are completed. The migrant intake depends on the demands of the labour market with 'Skilled Entrants', determined by a points system, being the largest category (Department of Home Affairs 2020a). The intertwining of the right of immigration, residence and citizenship with demands of the labour market and economic criteria, exemplifies the utilitarian perspective of Australian immigration policies. This includes stricter parent migration regulations and controls for people who wish to visit family in Australia (Department of Home Affairs 2020b). These are impediments to the immigration of relatives, who are often an important source of informal care. Hence, in order to understand older migrants' aged care arrangements in Australia and elsewhere, we need to consider their position within a (im)mobilities and welfare regime.

This paper focusses on the impact of mobility and welfare regimes on transnational social support networks of older migrants in Australia. It draws on a comparative biographical, ethnographical and network analytical study of older migrants from Italy, the UK and Vietnam living in Perth. I introduce a typology of older migrants and their social support networks through three case studies which highlight the importance and simultaneously the multiple restrictions in transnational caregiving, linked to a specific configuration of the (im)mobility regime and the welfare regime.

The first section of the article discusses the scarcity of transnational ageing research in both migration studies and social gerontology, and presents the body of research on transnational ageing. Furthermore, it points out obstacles to transnational care, referring to the mobility regime scholarship. Section 3 outlines the research design. The fourth section presents three case studies of transnational social support networks of older migrants in Australia in order to (1) explore how ageing and migration are currently configured within mobility and welfare regime and (2) show the socioeconomic and demographic stratification amongst older migrants in Australia reflected in the differential access to mobility. The article closes by suggesting a 'regimes-of-mobility-and-welfare' perspective in the study of transnational families and aged care.

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## 2. Transnational care in a mobility and welfare regime: Theoretical framing

Transnational ageing and care are a relatively new field that until the last decade “remain(ed) marginal in both migration studies and social gerontology” (King et al. 2017: 185). On one hand, migration studies mainly focused on younger adults, with little attention paid to the experiences of older people. This is linked to the tendency of the naturalization of mobility within the ‘new mobilities’ paradigm, focusing on the hypermobile and leaving aside the less mobile (Hannam 2011). In addition, the emphasis of migration research on labour migration tended to neglect the domestic sphere and reproductive tasks like family and aged care. This applies also to some scholarship on transnational migration (Baldassar et al. 2007: 218).

On the other hand, the literature on aged care and ‘ageing in place’ remains focused on the assumption that social support networks of older people are necessarily geographically proximate, despite the fact that migrants are becoming a substantial component of the older population in the Global North and the reality that an increasing number of families have to organize care across different nation states. Transnational aged care has been until recently, to a great extent, neglected by the scholarship on care in sociology, social work and gerontology (Fine 2005; Williams 2004). This correlates with the organization of social work, gerontology and nursing within the nationally bounded welfare state (Baldassar 2014; Homfeldt, Schröder & Schweppe 2008), which historically has “tended to be organized according to a logic of solidarity among nationals and permanent residents of a given state territory” (Böcker & Hunter 2017: 353). Furthermore, care is associated with physical co-presence and hands-on care in a geographically close place. This notion is informed by ‘methodological nationalism’ (Wimmer & Glick Schiller 2002). Hence, social organizations and support networks for improving the opportunities of participation and the wellbeing of older people are predominantly conceptualized in the context of the nation-state.

A relatively new body of work deals with the intertwined processes of *ageing* and *migration* (King et al. 2017; Ciobanu & Hunter 2017; Horn & Schweppe 2016), as well as transnational family care (Baldassar et al. 2007; Baykara-Krumme 2013; Brandhorst 2015; Bryceson & Vuorela 2002; Gardner & Grillo 2002; Kilkey & Merla 2014; Wilding 2006). Following a transnationalism paradigm (Faist 2010; Glick Schiller et al. 1992), which encourages analysis beyond the sedentary territorial and national concepts of society to consider the flows of people, information and resources that produce transnational social spaces (Pries 2000), this body of research explores how people manage care across distance and stresses that social life and reproductive tasks do not necessarily take place in strictly defined geographical places within a national territory.

The study on transnational social support networks links the research on informal family care with the analysis of formal social protection structures (Amelina et al. 2012; Chambon, Schröder & Schweppe 2011). Social support here is defined as encompassing “measures, interventions, and social relationships that help ease burdensome and impairing life events, situations or trajectories” (Chambon, Schröder & Schweppe 2011:10), promoting social embeddedness and wellbeing. Transnational social support networks

hence are defined here as the social ties across national borders through which different forms of care are organised.

The research on transnational family care examines the exchange of different forms of care across geographical distance via phone or video calls, emails and text messages. These include financial and material, practical, emotional and moral, personal hands-on care and accommodation. The reciprocally exchanged care between members of a transnational family is defined as 'care circulation' (Baldassar & Merla 2014). Transnational and distant care is facilitated by the increasing simultaneity afforded by information and communication technologies (ICTs), which allow people to experience new forms of co-presence (Wilding 2006; Baldassar et al. 2016). The practices of transnational care and the embeddedness in social support networks are thus influenced by the possibilities to stay connected across distance through ICTs (Madianou & Miller 2012). The transnational lens is especially useful when studying social support networks and different forms of care of older migrants, as it does not only focus on physical movement, but also on remittances and the circulation of care across national borders.

Despite the possibilities of transnational care and the changing experience of ageing through ICTs and mobility, research (Baldassar 2008; Brandhorst 2015; 2017; Ciobanu & Hunter 2017; Kilkey & Merla 2014) cautions that the conceptualization of 'deterritorialized' care runs the risk of 'hypertransnationalism' (Kilkey 2010), and points to the obstacles to transnational care. This correlates with the criticism that structural constraints and (im)mobility regimes, to which migrants are especially subjected, are under-analysed in some globalization and 'mobilities paradigm' scholarship (Glick Schiller & Salazar 2013). Indeed, it has been acknowledged that some studies of the 'new mobilities paradigm' focus on the archetypically mobile, leaving aside the less mobile (the poor, older people) (Hannam 2011), thereby eliding social and global inequalities.

The (im)mobility regime approach (Glick Schiller & Salazar 2013; Shamir 2005; Turner 2010) considers immobility within globalization, highlighting the power relations that govern access to mobility and migration. The term 'regime' calls attention to the role "both of individual states and of the changing international regulatory and surveillance administrations that affect individual mobility" (Glick Schiller & Salazar 2013: 189). 'Regime' according to this definition is structured by governmentality and hegemony, within global power relations. By analysing the "on-going dynamic between situations of settlement and those of mobility within situations of unequal power", the regimes-of-mobility approach neither normalizes sedentarism nor naturalizes mobility (Glick Schiller & Salazar 2013: 188f.). Furthermore, it considers the significance of territorially-based governmental powers:

“...to adequately theorize mobility, scholars must examine the role of nation-states and the influence of national identities in shaping the experience of migrants without confining their study (...) within the parameters of the nation-state,” (Glick Schiller & Salazar 2013:192).

The '(im)mobility regime' approach on global power relations that govern access to mobility is an interesting framework for the analysis of older migrants and their transnational support networks that are affected to varying degrees by barriers to mobility, based on physical and economic constraints and travel restrictions.

Furthermore, the study of transnational aged care requires particular attention to the entanglement of a mobility regime with a welfare regime. The existence of bilateral health and Long-term-care (LTC)-agreements influences the particular configurations of migrant aged care in a country (Blackman, Brodhurst & Convery 2001) and the possibilities of transnational care. Thus, in the same way as access to mobility is governed by national policies, the possibility to engage in care, as well as to receive LTC-provisions is linked to a 'welfare regime' (Kilkey & Merla 2014). The link between contributory LTC, healthcare, and citizenship exemplifies the entanglement of the welfare with the mobility regime. Proposing a 'regimes-of-mobility-and-welfare' perspective, this article highlights the significance of national migration and welfare policies in facilitating or hindering transnational caregiving.

### 3. Researching transnational ageing and care

This paper is informed by a study conducted from 2017 to 2019 on transnational ageing and support networks of older migrants from Italy, the UK and Vietnam living in Perth<sup>1</sup>. Transnational family and aged care are not only linked to the micro-level of individual behaviours but also to patterns of relations between people and institutions (Baldassar 2008: 269) and embedded in social structures. Consequently, in this research project, I aim to capture the interdependencies between the micro-level of the domestic sphere of transnational family caregiving in people's everyday lives and the meso- and macro-structures that influence the latter. Thus, I opted for the methodological triangulation of ethnography, biographical research and qualitative network analysis.

I conducted biographical-narrative interviews (Schütze 1984-2005), participant observation and network maps with seven persons per country-of-birth group, i.e. 21 in-depth case studies. The sample is composed of older migrants (65+) of the three country-of-birth groups, with different socio-economic background, living in home and residential aged care. Interviewees were chosen according to the theoretical sampling, following the procedure of minimal and maximal comparison (Glaser & Strauss 1967). At the end of the biographical interviews, older migrants were asked to map their local, distant or transnational support network in a concentric circles diagram (Kahn & Antonucci 1980). This included informal support by family and formal support by community workers. The network maps were analysed together with the interviews with the biographical reconstructive network analysis (BRNA) (Brandhorst & Krzyżowski 2020), that follows the procedure of the biographical case reconstruction (Rosenthal 2004) but includes analytical steps that focus on a life-historical perspective of the biographer's social network. In addition, I conducted ethnographic research in the older migrants' social network, visiting them in residential aged care or in their homes, accompanying them to frequented places

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1 The project was conducted by R. Brandhorst in collaboration with the Australian Research Council-Discovery Project "Ageing and New Media", DP160102552, led by Loretta Baldassar (University of Western Australia, Perth) and Raelene Wilding (La Trobe University, Melbourne).

and witnessing situations of care provided by the family. This included participant observation during videocalls with relatives in the home country.

This biographical approach enabled me to capture ageing, place and mobilities as ‘entwined becomings’ (Schwanen, Hardill & Lucas 2012). Adopting a case level of life and family histories made it possible to reconstruct the genesis of transnational care over the long-term and to analyse family and life history as they interrelate to the history of larger groups (Rosenthal 2012: 207). In addition, the network map enabled me to trace the ‘contextualised dynamics of caring’ (Chamberlayne & King 2000: 3) and bridge the private level of personal and family traditions and the meso-level of informal and formal social protection networks. Finally, participant observation allowed me to study social structures as they present themselves in individuals’ everyday lives and provided insight into the practice of care.

While I chose a sample of different country-of-birth groups, I avoided taking these groups for granted as separate categories in the analysis (Brubaker 2004: 8). I produced a typology based on the older migrants’ position within the ‘mobility-and-welfare-regime’– and not a on presupposed similarity of a country-of-birth.

#### **4. Transnational support networks of older migrants in Australia**

In this section, I present my typology through three case studies that best exemplify each type, namely ‘*retirement migrant by choice*’, ‘*financial obstacles of traditional labour*’, and ‘*mobility and welfare regime restrictions of refugees*’. The types show different positions in the mobility and welfare regime and ways of dealing with these. They were frequently found in the country-of-birth groups but are not necessarily indicative of older migrants of a specific country. The ‘retirement migrant by choice’ type, for instance, can be found among older Italy-born migrants as well. Furthermore, the ‘labour migrants’ type was found in all studied country-of-birth-groups. However, the types are linked to a certain position of the country of origin in the mobility regime; current Western European migrants, for instance, face fewer visa obstacles and less discrimination in Australia and are not asylum seekers and hence cannot be found in the ‘*refugees*’ type.

##### *4.1 Eric, the ‘retirement migrant by choice’*

Eric is a 75-year-old banker, born in the UK, who moved to Perth with his wife after retirement. He had led a transnational life before migrating to Australia. Eric presents himself as a cosmopolitan:

“So, I worked all over, I worked in London, went to New York, to work on Wall Street, back to London, Hong Kong, Australia. So, since we are married we have been to 80 countries” (Eric, January 2018).

Eric had already lived in Sydney and was consulting Western Australian mining companies regarding financial solutions. He rejects the notion of ‘migration’, he rather calls Australia “home away from home”. This familiarity with the place is linked to the

common language, the Commonwealth and to the historical colonial ties of the two countries. For Eric and his wife the move to Australia was a decision to improve their lifestyle thanks to a warm climate in combination with financial benefits. His case reflects the introduced focus on skilled and wealthy migration of Australian migration policies, which is criticized for 'picking winners' (Hawthorne 2005) and maximizing the national economic gain. In this way, Eric resembles the type of 'international retirement migration' that describes "the migration of older retirees independent of their families, who usually remain in the country of origin" (King et al. 2017: 187), moving to "a warmer climate where activities such as sunbathing, swimming and golf can be enjoyed for much of the year," (King et al. 2017: 187).

Eric has incorporated travel into his lifestyle. He and his sons in London can engage in all forms of family care: financial, emotional, personal and accommodation. He lives during the summer months in Australia and the other part of the year in the UK with his children and grandchildren. By this means, he can maintain close ties and engage in care circulation. Eric can afford return-visits or flight tickets for relatives to come for a visit and owns property in more than one nation-state. Via private health insurance they have access to healthcare in both countries.

Eric has the means to stay connected across nation-states via all sorts of technology. He writes a blog on world politics and finances. The internet helps him to stay connected, feeling an active part of society. He skypes regularly with his relatives in the UK and maintains business relations across the globe. In fact, Eric's ego-centric network does not show a differentiation between geographically proximate and distant ties, as he positions his sons and their families at the centre of his network. Hence, his closest ties are the transnational ones. Geographical distance in this case is not perceived as a barrier to staying in touch, because of the close connection via ICTs and of the frequent travel to the UK. The variety of communication options available to Eric and his family allows them to participate in the reciprocal exchange of care across distance, in what Madianou and Miller (2012) describe as a 'polymedia environment': The constant and combined use of different ICTs by family members makes it possible to provide practical advice and emotional and financial support across distance.

Eric belongs to the small social stratum of 'cosmocrats', who live the reality of hypermobility and free movement between different nation-states. He is at the privileged end of the mobility regime, in which "travelling for profit is encouraged; travelling for survival is condemned" (Bauman 2002: 84). He is less restricted in his movement than other migrants, due to his financial resources (to cover the high costs of a retirement visa in Australia), his UK citizenship and European background. Particularly, British nationals profit from the colonial and economic connections between Britain and Australia. With the 1901 Immigration Act, known as White Australia Policy, which was not disbanded until the 1970s, and has an enduring effect, the Australian government aimed to keep the nation culturally Anglo-Celtic. Several policy levers were developed to attract British families to settle (Hammerton & Thomson 2005), whereas Asian and predominantly Chinese migrants were only admitted as temporary sojourners. Eric identifies with his high position in the global hierarchy by referring to British colonial hegemony and settler heritage. When asked how he coped with migration, he said "well we conquered this country". He also differentiates himself from 'ordinary migrants': "I wouldn't describe

myself as a typical migrant, certainly not a ‘10 Pound Pom’”. Here, he distances himself from the UK-born cohort which migrated after the Second World War (WWII) to Australia on subsidized boat passages (Hammerton & Thomson 2005). Instead, Eric considers himself as part of the stratum of affluent cosmopolitan businessmen, not having to abide to the rules of ‘ordinary migrants’. This reflects in many ways his situation of standing above the rules and being less affected by structural constraints.

#### 4.2 Anna, *‘financial obstacle of traditional labour migrant’*

Anna, 80 years old, was born in Italy and migrated to Perth together with her husband after WWII. Today she lives in a residential aged care facility directed at Italy-born migrants.

A glance at Anna’s migration trajectory reveals that she did not have previous migration experience or knowledge. Migration at that time seemed like a unidirectional step to leave the homeland and settle in Australia. Due to visa restrictions and lack of financial resources, she could not visit her parents for 20 years. Baldassar (2016) states in her study of Italian migration to Australia that the migrants who arrived in the 1950s/60s often could not visit their relatives in their country of origin for years. Often men migrated first and had to repay their fares before being able to pay the tickets for their wives. After WWII and the economic crisis Anna’s husband migrated to Australia to work in the railways. Anna followed four years after. She recalls her decision to migrate as follows:

“He said, ‘No that’s it, I’m going, would you come?’ The family weren’t impressed, mum and dad were ‘No, no, no’ my grandma, oh my gosh, she said, ‘First tell me how long it takes you to get there?’ I said, ‘With the boat, one month’ ‘But you stop along the way?’ She couldn’t work it out that the boat goes day and night and you still not there” (Anna, November 2017).

A transnational relationship at that time was not as immediate and the labour migrants were not wealthy. For Anna frequent home visits were out of reach. The first time she and her husband returned to Italy for a visit was twenty years after their migration.

“When I went back, twenty years later for a holiday, we couldn’t afford it. And when I got there in Italy in my husband’s town there was nobody there, no relatives.”

The fact that they did not know that none of their relatives was living in her husband’s hometown illustrates the lack of contact and the impossibility of communication at that time. Anna arrived during the Immigration Act, characterized by an emphasis on Anglo-Celtic national culture and by a strong expectation of assimilation. She had to renounce her Italian citizenship.

Anna’s case study reveals difficulty in maintaining distant social networks, due to the lack of financial resources to travel or to invite kin from overseas, and to the relatives’ lack of economic means. Often, ties had already loosened due to the more unidirectional processes of migration and the lack of contact after migration. Existing ties to the country of origin and care across distances are also restricted by the current mobility regime. In this case the mobility regime is not so much linked to visa restrictions, as Anna has an Australian passport and as Italian citizens are entitled to a three-month stay in Australia



on the basis of their tourist visa. Furthermore, the two countries have bilateral health care agreements, which means that Italian relatives visiting are entitled to full public hospital cover when in Australia (Baldassar 2014: 393). However, health impairment and financial obstacles make travel and hands-on transnational care difficult.

Anna's restricted mobility does not only apply to transcontinental flights. A lack of financial resources and decreasing capacities means that Anna is confined to her bungalow in the aged care home and cut off from her previous social network. She does neither have a driver's license or a car nor many public transport options in the area. Furthermore, she can seldom afford a taxi. A friend with a scooter and relatives bring her groceries from the supermarket.

"I don't want to bother. But if I need anything at the shop this lady (...) she uses a little scooter. You know there's those little things, she calls 'You need anything?' That's a great help to me because going in the taxi is too expensive."

In addition, Anna experiences barriers in accessing communication technologies. Although ICTs are widely spread across the Australian population, ICT use decreases in old age (65+) (Australian Digital Inclusion Index 2018). The lack of financial means is one impeding factor of the use of ICTs. Anna was reluctant to use the phone in the aged care home, due to higher connections costs. Hence, she only made local phone calls, but did not dare to call relatives in Melbourne let alone in Italy. Consequently, her children taught her to use the Internet to avoid high charges and to maintain ties with her family in Italy. Via videocalls and WhatsApp Anna can continue to engage in transnational care, especially in emotional support and in giving advice to her relatives in Italy, despite her physical immobility. Notwithstanding, another barrier for using ICTs is the lack of English literacy. Anna says she stopped writing to her Australian non-Italian-speaking friends because she felt ashamed of her English spelling. Now she occasionally writes them in Italian, asking them to translate her messages using Google.

Restrictions to transnational care and the impact of a mobility regime become especially clear in crisis situations. Examining the experiences of migrants in Australia and caring for their kin in their country of origin, Baldassar describes the stages in the family life-course when physical co-presence is required to deliver hands-on care and intimate emotional support for a sick family member. "This period of 'crisis' (in the anthropological sense) makes visible all of the impediments to transnational family caregiving that often remain hidden during those periods when 'routine' forms of distant care are adequate" (2014: 391). When her husband died, Anna's health deteriorated and she moved to residential aged care. Anna's daughter could not take her mother to Dubai, where she was working at that time, neither could she obtain an employee care leave. As distant care was no longer sufficient, and she felt the need to be there and to provide hands-on care, Anna's daughter decided to return to Australia and bought a house in the same suburb of her mother's aged care home. Especially in times of crisis, financial obstacles, lack of care-leave provisions and the absence of bilateral health care agreements (here between Australia and Dubai) restrict transnational caregiving. These moments of 'crisis' make visible impediments to distant care that remain hidden in periods when routine forms of distant care are practised.

### 4.3 *Tan-‘Refugees’ mobility and welfare regime restrictions’*

Tan is 67 years old and lives with his family in Perth. He was born in Vietnam and came with a humanitarian visa to Australia.

Tan was born in the 1950s in former Saigon (Ho-Chi-MinhCity) and studied Chemistry. He was sent to a training program after the communist party from North Vietnam took over power. When he tried to leave Vietnam with his brother, he was caught, his brother was shot, and Tan was sent to a re-education camp. After an escape by boat Tan was placed in a UNHCR refugee camp in Malaysia, where he stayed over a year before he was granted asylum in Australia. Tan left his wife and son behind, his relatives were dispersed across Vietnam, France, the US, and refugee camps in Malaysia and Thailand.

When arriving in Australia, Tan faced more hardships than other migrants. There was no previously settled group upon which he could rely. Vietnamese refugees arrived during a time of economic recession and high unemployment in Australia. In the 1970s there was an increasing focus on costs associated with migration due to “an increase in unemployment coincidental with an increase in the humanitarian intake from Vietnam” (Kelaher & Mandersen 2000: 2). Tan experienced discrimination in the employment service:

“In that time some Australian official cooperated with other people, but they kept the Vietnamese away (...) I went to that department every day. But when I showed them a jobcard I said I want to apply for this one, no, they said. But they gave that card to the other people close to them” (Tan, June 2018).

With the lack of formal employment many Vietnamese were increasingly employed in “low-skilled, unregulated and non-unionised areas” in the clothing and catering trades (Lack & Templeton 1995: 159). Tan experienced discrimination in the workplace:

“When I worked in the photoshop, my working time started at 8, it was 7:30 and the contract driver asked me to ship that stuff with me, and I said no. I work for the photo warehouse, I don’t work for you. He wanted to hit me. I said I will report to the police. I talked to the manager, I cried, I was very upset. But he didn’t do anything.”

As an Australian of Asian background Tan faced everyday racism and was continually reminded of his physical difference from the European-Australian mainstream (Thomas 1998). This ‘othering’ limits the possibilities of social inclusion. Vietnamese settlement has been characterized by a high degree of residential concentration. This ghettoization is part of the mobility regime, as it controls these people’s social and spatial mobility to more affluent areas of town primarily inhabited by the mainstream Australian population. Thus, the mobility regime “also operates within the perimeters of privileged localities, countries” (Shamir 2005:206).

Tan, like many refugees, is at the lower end of the mobility gap. Refugees’ “mobility constraints reflect lack of access to the resources required for mobility (e.g. money, information, and travel documents) and, moreover, this population often serves as a source of cheap labor” (Shamir 2005: 205). The spatial confinement constitutes one of the

reasons for the lower rates of English proficiency of the Vietnamese community. In 2006, 43% of the Vietnam-born in Australia were reported as speaking English not well (Australian Department of Immigration and Citizenship 2008). Vietnam-born Australians continue to have higher rates of unemployment than other Australians (11% compared to 5.2% in 2006) (ibid.).

Tan's transnational involvement is restricted by visa barriers. When he settled in Australia, he had to leave his wife and son. He could only apply for a family reunion scheme when having permanent residence, as well as sufficient financial and employment security. He was hardly able to stay in touch with his wife: "In that time I sent a mail to them. The contact between the communist and the other side of the world wasn't easy." Despite having Australian citizenship today, visits to Vietnam remain restricted by welfare regulations. Tan's subsidiary aged-care scheme does not allow him to be overseas for more than 28 days per year.

"Sometimes the policy is very stupid (...) With the age pension, you get allowed to go overseas for only 28 days (...) I wanted to go. I said to the department from the 1st of January, I took 20 days plus 8 days in December. They said you can't do that."

Transnational support networks of older migrants are insufficiently recognized in Australian migration, health and LTC-policies, creating barriers to transnational care (Baldassar 2014; Brandhorst, Baldassar & Wilding 2019). In Tan's case, family reunion and sponsoring relatives is not easy. His relatives face strong restrictions because Vietnamese applicants are classified by the Australian Department of Immigration as being likely to overstay their visitor's visa.

A key aspect in analysing migration policy is the stance of the host country towards older migrants' rights to social welfare. Ackers and Dwyer (2002) demonstrate that the welfare entitlements of older migrants are often linked to their citizenship, length of residence, labour history and LTC-insurance payments.

Although Tan is by now an Australian citizen, and consequently entitled to welfare and healthcare, he remains restricted by the lack of economic resources. Despite the length of his stay, Tan has not been able to gain employment comparable to his education. Similar underemployment was found among Afghan (Baldassar 2008) and Salvadoran refugees (Merla 2015) in Australia. Tan lives on public aged care benefits and is entitled to basic public healthcare. As a result of his harsh working conditions, he suffers an asthmatic disorder. Every attempt for medical treatment, however, fails due to the high costs: "I went to see the specialist (...) when I come to see him I pay about 500. I said why don't you let me use the state plan. I cannot afford it."

Besides these structural restrictions, Tan maintains close ties to the plurinational diaspora. Loizos (2000:141) points out that the loss of economic and material capital produces an even stronger need of social capital. According to this argument, refugees who have lost everything, like Tan when he escaped Vietnam, tend to hold on to their kin and social network. This importance of social capital in a plurinational network led in Tan's case to increasing use of ICTs, even in old age. After his settlement in Australia he needed to stay in touch with his wife and son in Vietnam and with his relatives in the United States, and was already making use of ICTs for this purpose. In old age Tan reads online Vietnamese or Australian newspapers, researches LTC services on the internet and

chats via Messenger with his siblings. Hence, ICTs enable Tan and other older people of the 'refugees' type to provide emotional care and advice to their relatives despite the constraints of the regimes-of-mobilities-and-welfare.

## 5. Transnational care within 'regimes-of-mobility-and-welfare'

The case studies provide evidence of the impact of structural barriers on transnational caregiving. The mobility regime plays a crucial role at the time of immigration, with visa schemes which differ regarding the migrants' country of origin. In Australia, where there is a focus on skilled and temporary migration (Castles, Vasta & Ozkul 2014), we can observe a tendency of increasing differentiation of migrants by legal status. The different access to mobility is linked to the country of origin's position in the global hierarchy and to the migrants' legal status. This can be seen in the case of Tan, who had difficulty in inviting relatives from Vietnam and Singapore to Australia and who was not allowed to stay abroad for more than 28 days. Transnational care is thus embedded in a mobility regime which on the one hand enables flow of people and capital and on the other hand supports processes of "closure, entrapment and containment" of certain groups (Shamir 2005: 199). The mobility regime is reflected in Australia's restrictive migration policies, making permanent residency and family reunification particularly difficult, through long waits, high application fees<sup>2</sup>, bureaucratic hurdles and low success rates, as well as by its offshore detention centres for refugees.

*The mobility regime is intertwined with the welfare regime.* As seen in the case studies, the migrants' and their relatives' entitlement to social welfare and LTC depends on their integration into the labour market, insurance payments and citizenship. The intersection of the migration regime with welfare and labour market policies (Bolderson 2011) strongly affects transnational care, either facilitating or impeding it altogether (Kilkey & Merla 2014; Kilkey 2017). In this way the migration-welfare-labour market nexus is stratified between different groups of older migrants. The case studies confirm that the socioeconomic position affects the ability to engage in transnational care. Financial means are indispensable in affording a flight and engaging in hands-on care. Older migrants and their relatives with fewer economic resources are hence 'trapped' in long-distance care (Merla 2015).

Furthermore, the study reveals inequalities in the possibilities for transnational care. The interviewees have different opportunities of movement, linked to their legal status and socioeconomic position in the country of settlement. This differential access to mobility "has become a major stratifying force in the global social hierarchy" (Shamir 2005: 200). The 'mobility gap' does not only refer to travel and family visits, but also to access to ICTs, to social welfare, as well as access to other parts of the city outside the aged care facility. "The mobility gap, in and of itself is an expression of the conditions of the possibilities of movement, such as socioeconomic factors, geographical locations, cultural imperatives, and political circumstances," (Shamir 2005:200). Eric can travel between different countries whenever he wishes, and has access to medical and LTC in both places.

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2 A Parent Visa costs 43.600 AU\$\$ (Australian Department of Home Affairs 2018).

As an Australian citizen, Anna has access to healthcare in Australia and Italy due to bilateral agreements. However, decreasing health and economic difficulties prevent her from travelling and using the telephone landline in her aged care home. Tan's case study sharply contrasts with the other two cases. Asylum-seekers are often entrapped in the receiving country. Migrants on the list at risk of overstaying come from less affluent regions of the world, and their country is seen as suspicious in the global migration regime. As a consequence, their relatives are not as likely to obtain a visa to visit and provide care.

The impact of the intertwinement of mobility and welfare regimes on transnational care and the unequal access to transnational care in the discussed typology calls for a 'regimes-of-mobility-and-welfare' framework. This framework first calls for special attention to the entanglement of mobility and welfare regimes in the analysis of transnational care. Second, it analyses older migrants and transnational families' access to mobility, welfare and LTC within unequal global power structures. Third, it analyses immobility as well as mobility, neither normalizing stasis nor naturalizing mobility, and considers the significance of territory and territorially-based governmental powers, thus 'situating transnationalism' (Kilkey & Merla 2014) in local contexts without falling into the trap of methodological nationalism.

## 6. Conclusion

The study of transnational social support networks of older migrants in Australia shows that migrants are restricted by welfare policies and LTC provisions which fail to acknowledge older people's transnational ties. In this paper I highlighted in particular the variety of factors that influence the transnational care, such as access to telecommunication infrastructures, visitor and carer visas, health insurance, contributory LTC-schemes, as well as the portability of social entitlements across borders. The case studies indeed show that older migrants and their social support networks are affected by the 'territorialisation' of care (Baldassar 2008: 270), national welfare regimes and the lack of transnational social policies. Furthermore, the study documents an unequal access to mobility and welfare and the connection between entitlement to welfare and LTC, labour history, insurance payment records, citizenship, and length of residence.

To some extent technology-enabled co-presence can mitigate the constraints of a mobility and welfare regime, as seen in the case of Anna and particularly in the case of Tan. However, access to technology is itself embedded in 'regimes-of-mobility-and-welfare' and existing socio-economic inequalities (Brandhorst 2017; Kania-Lundholm & Torres 2018: 1175). Hence, access to resources such as socioeconomic and cultural capital can define the level and quality of participation in a digitalised society (*ibid.*).

The proposed 'regimes-of-mobility-and-welfare' framework sensitizes the analysis on transnational care for global inequalities and the entanglement of mobility and welfare regimes. Future research applying the framework could further analyze the intertwinement of welfare entitlements and socioeconomic status. Furthermore, an intersectional perspective in the analysis of unequal access to transnational social support

is an interesting approach (Amelina et al. 2012). Finally, the role of ICTs within a mobility-and-welfare-regime remains to be further investigated.

## Acknowledgments

This research is supported by the German Research Foundation, DFG under Grant BR 5645/1-1 (awarded to R. Brandhorst).

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## Information in German

### Deutscher Titel

Ein Mobilitäts- und Wohlfahrts-Regime Ansatz: Der Einfluss von Migrations- und Sozialpolitik auf transnationale soziale Unterstützungsnetzwerke älterer Migranten/-innen in Australien

### Zusammenfassung

Der vorliegende Artikel untersucht den Einfluss von Sozial- und Migrationspolitiken auf transnationale Unterstützungsnetzwerke älterer Migranten/-innen in Australien. Er basiert auf den Ergebnissen einer ethnographischen, biographischen und qualitativ netzwerkanalytischen Studie zu transnationalen Unterstützungsnetzwerken älterer Migrant/-innen in Perth. Die entwickelte Typologie älterer Migrant/-innen und ihre Einbindung in transnationale Unterstützungsnetzwerke wird durch drei exemplarische Fallstudien dargestellt: „Rentenmigrant/-innen“, „finanzielle Hürden traditioneller Arbeitsmigrant/-innen“ und „Mobilitäts- und Wohlfahrts-Restriktionen von Geflüchteten“. Die Fallstudien zeigen erstens, dass die Aufrechterhaltung transnationaler sozialer Netzwerke und die damit verbundene Organisation von Care durch temporäre Aufenthaltsbestimmungen und restriktive Migrationspolitik des australischen Mobilitäts-Regimes stark eingeschränkt sind. Zweitens ist transnationale soziale Unterstützung durch ein mit dem Mobilitäts-Regime verknüpft Wohlfahrts-Regime eingeschränkt. Ansprüche auf Sozialleistungen, Gesundheits- und Pflegeleistungen sind an Aufenthaltsstatus und Staatsbürgerschaft gekoppelt. Drittens zeigt die Studie, dass der Zugang zu Mobilität und transnationaler sozialer Unterstützung in komplexe Ungleichheitsstrukturen eingebunden und abhängig vom legalen und sozioökonomischen Status im Ankunftsland und der Position des Herkunftslandes in der globalen geopolitischen und sozioökonomischen Hierarchie ist. Basierend auf diesen Forschungsergebnissen wird ein Mobilitäts- und Wohlfahrts-Regime Ansatz für die Erforschung von transnationalen Familien und transnationaler sozialer Unterstützung vorgestellt, der national territoriale Politiken und die Verflechtung von Mobilitäts- und Wohlfahrtsregimen berücksichtigt.

**Schlagerwörter:** Mobilitäts-Regime, transnationale soziale Unterstützung, Care, Wohlfahrtsregime, transnationales Altern, soziale Ungleichheit, Migranten in Australien

JFR – Journal of Family Research, 2020, Early View, pp. 1–19.

doi: 10.20377/jfr-374

Submitted: May 15, 2019

Accepted: February 20, 2020

Published online: March 23, 2020



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