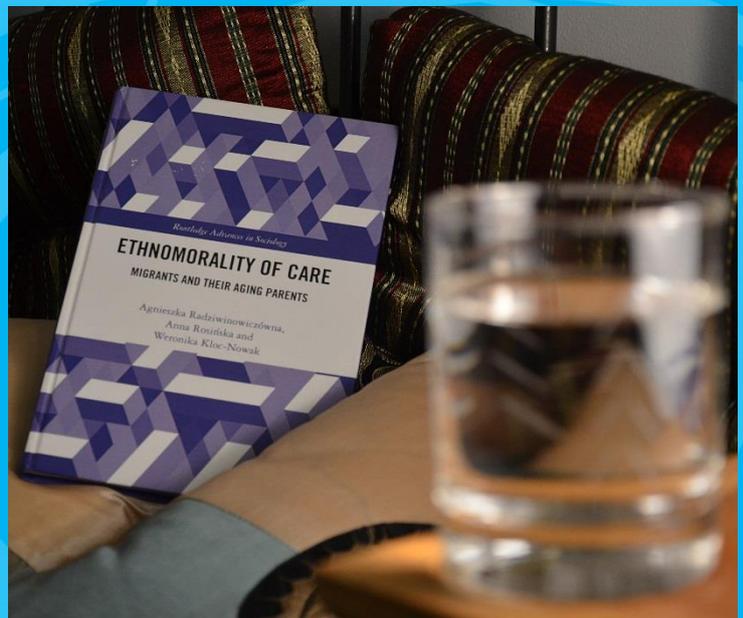


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## Care beliefs, arrangements and intentions – aging in transnational families

In Poland, when prospective elderly care is discussed, we often ask: 'but who will hand you a glass of water?', which invokes a picture of a frail, possibly bedridden person, in need of personal nurturance. In this expression care means meeting basic needs in a hands-on and proximal way. It is assumed that children should look after their elderly parents, and 'hand them the glass of water' if need be. What if children no longer live in proximity and/or do not intend to look after their parents? Is the glass of water handed by somebody else then? Is handing the glass of water everything there is to do when a person needs care? What do caregivers and receivers experience when there is no possibility to hand the glass of water in person?

To explore these questions, Anna Rosińska, Agnieszka Radziwinowiczówna and Weronika Kloc-Nowak came up with an approach to studying care which we called 'ethnomorality of care'. The results of their research were recently published in the book [Ethnomorality of care, migrants and their aging parents](#) (Radziwinowiczówna, Rosińska, Kloc-Nowak 2018).



## Care beliefs, arrangements and intentions – aging in transnational families

Anna Rosińska, Agnieszka Radziwinowiczówna and Weronika Kloc-Nowak

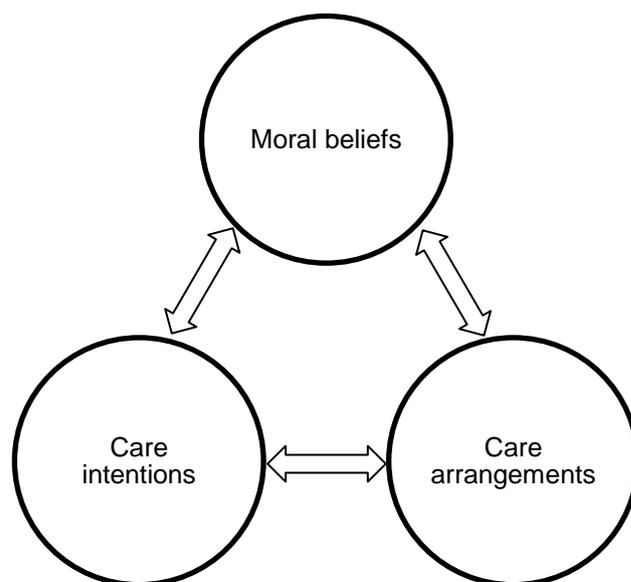
### First, what is care?

Participants of our study included elderly people from two Polish towns: Kluczbork and Końskie and their children living in the UK. As we learned from them, care is in fact much more, and goes far beyond the proverbial ‘glass of water’. In our understanding, besides personal care, which involves hands-on nurturance and support with tasks of daily life, care also takes other forms. Care at a distance is possible and actually popular – through financial or emotional support, or even delegation and coordination of a care network from afar by a person who takes on the responsibility to provide care. Material absence of adult children can take different shapes – depending on the quality of relationships in a given family, whether they are strong or weakened, we notice greater or lesser involvement in care at a distance; what we see circulating between countries are gifts and keepsakes, but also medicine, supplements and everyday objects that make life of the elderly easier (a new oven, for example). At times, privately paid healthcare in Poland is financed or co-financed from remittances. Migrants are often in regular contact with their aging parents, monitoring their wellbeing and visiting if need be.

### But what is ‘ethnomorality’ anyway? And why do we need a new term?

In our research, we were looking at everyday coping strategies of people in all kinds of life situations in the studied towns in respect to care.

We wanted to reflect in just one word the diversity of social experience of care, how it is sensitive to social context as well as the moral value lens through which it is most often perceived. Our study was carried out in two small towns, which enabled us to approach them ethnographically (ethno-), which stresses the local, negotiated, struggled upon, worked out understanding of care as a morally informed phenomenon, hence the new word – ethnomorality. In coining it we were inspired by another sociological term – ethnomethodology, which means studying the ‘methods’ of everyday life, that are tacitly accepted in a given group or community (not necessarily an ethnic one).



Concept of ethnomorality of care

Likewise, we were interested in what ethnomethods of care participants in our study

employ to navigate social norms and external conditions. These, after all, are always filtered through individual and family experience, relationship history, biography, preferences and imagination. This focus on individual’s agency led us to investigate the level of care intentions, besides care beliefs and care arrangements. Care intentions are a locus of individual stance irrespective of what is doable and what is thought of as the ‘right thing to do’. They might align with care beliefs or be in contradiction with them. Intention to care or not care can turn out to be realizable or not. However, it is the intention that in the end defines the experience of care – is the carer doing it in accordance or against his/her will?

We were curious what ethnomorality – or actually, what different ethnomoralities (meaning social constructions of care in a given context) – come into being in different conditions, among different people, and how care beliefs, arrangements and intentions are influenced by the migratory experience in transnational families.

**Multi-sited transnational research on care**

This approach to care stems from our work in the Mig/Ageing project under the leadership



Women heading from Caritas senior club’s meeting to PAPDP’s activity in Kluczbork

of Prof. Marek Okólski. In the sociological part of the project we used mixed methods to study two small towns, based on the CMR’s rich experience with the ethnosurvey. The locations, Końskie in Świętokrzyskie voivodship and Kluczbork in Opolskie voivodship, were selected based on their relatively small size, allowing us to capture the full offer available to elderly persons and those with care needs, and intense aging and out-migration of their population.

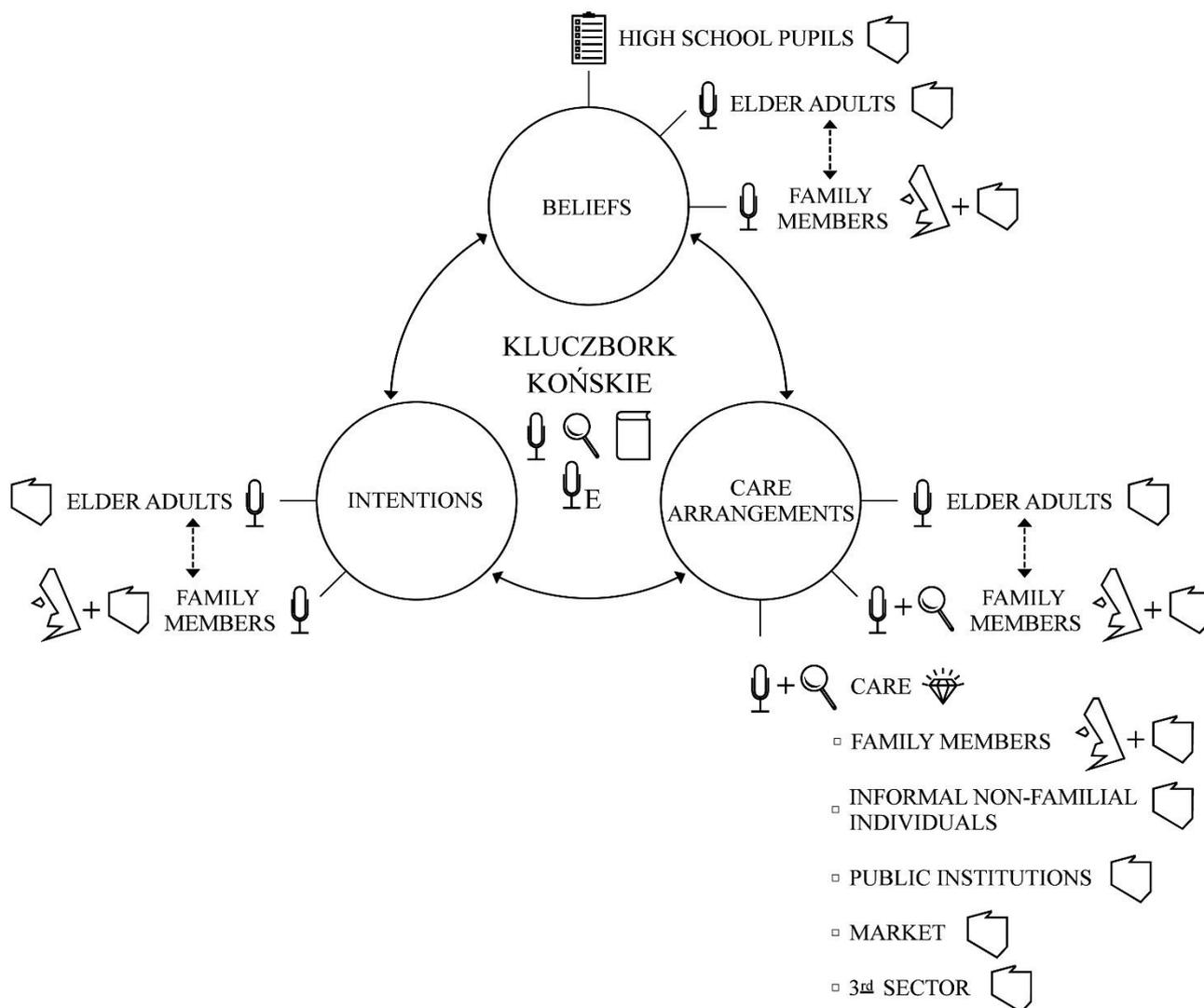
At the same time, the two localities differed in terms of their historical, cultural and economic context (Kluczbork’s situation in the Western Territories and long tradition of migration to Germany; working class character and post-economic transformation social problems in



A woman walking down the street in Końskie

Końskie, Central Poland, leading to more recent out-migration). These factors could potentially influence the local implementation of national policies regarding aging and elderly care provision.

The quantitative part, led by Dr Ewa Jaźwińska from CMR and Dr Marta Kiełkowska from the Institute of Sociology of the University of Warsaw, provided us primarily (but not only) with socio-demographic data concerning Kluczbork and Końskie. The household survey was carried out by



**METHODS:**

- |   |  |   |
|---|--|---|
|  INTERVIEWS        |  DESK RESEARCH  |  OBSERVATION & FIELDNOTES |
|  EXPERT INTERVIEWS |  QUESTIONNAIRES |  MATCHED SAMPLES          |

**Ethnomorality of care as a methodological approach**

fifteen undergraduate students of the Institute of Sociology, who were also involved in the local ethnographies in Kluczbork and Końskie and conducted interviews.

Speaking of these two elements, we are already moving on to the qualitative methods used in the

study. First of all, we used in-depth interviews and carried out observations in institutions which are sites of social activities of the elderly citizens and provide care for those in need. Within the framework of qualitative research, we wanted to capture the various faces of old age, care and the situation of migrant families. In 2014-2015 we

conducted 141 interviews with 144 participants from both towns, among whom there were 52 parents of migrants, 24 seniors without migrant children and 34 local experts. Our elderly interviewees included leaders of seniors' organizations, receivers of public care services and inhabitants of care homes.

What is important, our research was not only multi-sited, but also transnational in nature. In 2015 and 2016 we visited Great Britain several times to interview 32 migrants originating from Końskie and Kluczbork, contacted mostly through their families. Exceptionally analytically rich material was obtained from 11 family matched samples (usually consisting of 2 and maximum 4 persons) of members of migrant families. The implementation of the study in families from Kluczbork and Końskie differed significantly, which may reflect the different nature of intergenerational ties in these communities.

The qualitative part, initiated by face-to-face interviews before the June 2016 referendum on the UK's leaving the EU, extended into 2018, when we conducted online follow up interviews with 13 migrants in the UK in order to see if the intentions of the participants in our study regarding care for parents had changed under the influence of the British decision on Brexit.

### **Elderly care regime in Poland**

In Poland, we have a family culture of care, with family considered the by-default caregiver. Our care regime is family-centered as well – the state expects that the families will provide care to their elderly members. However, family carers are not always able to fulfil the care needs of the frail elder adult, and it is not only the case of international or internal migrants. We suggest, therefore, to consider all the caregiving options

available to the elder adult. We were keen to include the actors available locally, because people age locally, in their villages, towns or neighborhoods. In 'Ethnomorality of Care' book, we mapped what we call 'local care regimes': they include individuals and organizations that provide care: family and non-kin (friends, neighbors) individuals, public institutions, for profit institutions and non-governmental organizations. A frail elder adult often receives support from various actors.

It is a common misunderstanding that the parents of migrants experience a care deficit. Participants in our research had children in the era of the demographic peak in Poland and the majority of elder adults who participated in our research had more than one child who often lived in the same locality and therefore could engage in the provision of personal care. What is more, we need to bear in mind that care is not only personal assistance. In spite of geographic distance, internal and international migrants engage in care for their parents, provide material (gifts), emotional (calls) and, sometimes, financial support. In the book, we write about something we call an 'emotional gift' – material support that serves to show care and attention (e.g. using flower mail).

According to our research, it is not true that care deficit is a problem in families of migrants only. We observed it mainly in conflicted families. Needless to say, conflicts appear in both families of migrants and stayers. Let's us not forget that family conflict may contribute to migration of children in the first place.

Regarding our conclusions about the local care regimes, we were surprised to find incredible care potential in organizations we didn't expect to

engage in care provision. Except of organizations for whom care is one of the statutory objectives (public and private care homes, local branches of Caritas), institutions such as Teachers' Union and religious organizations are active care actors. Let's mention two examples from Końskie. There is a function of liaisons in the Section of Pensioners and Disabled Persons of the Teachers' Union in Końskie. Liaisons are retired teachers who contact other ill members, visit them at home or in the hospital. The second example from Końskie is Catholic Charismatic Renewal Community. Its members support their fellows overburdened with care of the elderly and substitute them by the frail's bed.

It is important that we do not see elder adults only as care receivers, as care very often flows from the elderly to other people. It is mainly older women who provide care for their grandchildren and – if needed – for individuals older and frailer than themselves – not only to their husbands, but also to distant kin and non-kin. We need to underline, though, that often the ill and frail individuals provide care. For instance, when a very ill woman from Kluczbork moved in to her son's, she cooked for her family and showered her grandchildren with gifts.

### **Why care about care?**

We are interested in the everyday experience of care: both of the person in need of care and of the caregivers (or potential caregivers). Thus, we believe that in order to understand the experience of care, we should not only focus on the care that is actually provided. First of all, one should consider the beliefs of the individual: what does the person think care is? Can we talk about different forms of care? Who should provide it? The family? Or maybe the 'state' or the 'society'? All of us, regardless of our individual situation,

have an opinion on this subject. Secondly, during individual in-depth interviews, we asked our interviewees what their intentions were regarding care: we asked migrant adults about the possible provision of care to their parents, and the elderly participants – about their intentions with regard to receiving care. Thirdly and finally, we tried to understand the organization of care for the people already receiving it. Such a comprehensive approach has made us realize that there is often a gap between what a person considers morally right, what care he or she envisages for his or her parent, for example, and what he or she actually does.

The majority of migrants in the UK declared that in the future they would not provide personal care to their parents, currently living in Poland. At the same time, however, in their statements one could sense a certain tension as they consider the model of family care to be morally right. Therefore, we decided to analyze the collected statements and treat them as 'accounts', about which Scott and Lyman (1968) wrote.

### **What are your (care) intentions?**

People who do not intend to personally look after their elderly parents in place or abroad, but who believe this is the norm, may use various means to explain their intentions. We identified seven basic accounts for the intentions not to provide care in future. First of all, migrants regard 'local' siblings as caregivers by default. And 'local' seems to be quite a flexible term, covering also internal migrants living as far as 300 km away from the parents.

Local siblings are nominated as natural care providers also due to the fact that many times they benefit most from the childcare for their own children provided by parents – grandparents. We

call this type of account a ‘moral equation of care’ because it refers to comparing and calculating who gets how much care from the parent and hence who should reciprocate it. It is applied also in families where all children are abroad.

There was also an account that conflates with a very common figure of speech – literally, ‘you do not replant old trees’ (or, as in English, you do not teach an old dog new tricks). In the cases when moving a parent to stay with children abroad was considered, it reflected the parent’s perceived wellbeing that would be upset in the ‘uprooting’ process.

Yet another explanation or discursive construction that we discovered in the 2018 follow-up interviews was the upcoming Brexit, with its envisaged limitations of intra-European mobility and healthcare access, which would make parents’ coming to stay with adult children more difficult.

Lastly, some people just suspend their visions of the future as if they were saying ‘Que será, será, whatever will be, will be’. They just do not want to reflect on the future frailty that they apparently implicitly fear and stress about. They want their parents to be well as long as possible and we interpret it as a performative attempt to conjure the reality. Actually, this approach seems to also be the case of the Polish state. Not implementing systematic solutions to prospective care needs of Polish rapidly aging and intensively migrating society and actually reducing the support to family care givers is a way of saying ‘Que será, será’ at a more general level – hoping that families

will somehow cope with the growing burden of care and limited resources<sup>1</sup>.

### **Problems with care and care solutions**

In Poland and other rapidly ageing societies, we have a common systemic problem with the provision of care for elderly persons in a situation when it will be difficult to continue to rely on family care, either because of falling fertility – future seniors will have on average fewer children and grandchildren than today’s, or because of cultural and social changes – for example, the very time-consuming mode of work in the modern labor market or the abandonment of the family care model. Already at the moment, regardless of whether the adult children live in the same place, elsewhere in Poland or abroad, there is a shortage of care and the services provided publicly reach a small part of those in need. For everyone – equally for parents of migrants, as for childless people, or for those with children ‘on the spot’ – there is a need for a large-scale care system, both in terms of organization and budget. Our research, in conjunction with the project’s demographic forecast and other earlier analyses, reinforces the arguments for speeding up the development of appropriate public policies, which are currently neglected. As far as home care is concerned, one of the interesting forms of care we observed are complex care networks, consisting of family members, paid care workers, informal support from outside the family (neighbors, friends), representatives of NGOs and public institutions, who work together to best meet the needs of the person in need of support.

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<sup>1</sup> We analyse these and additional 2 arguments in Chapter 6 of our book and in our article:

<https://www.tandfonline.com/doi/abs/10.1080/13229400.2017.1347516>

In some cases, an intensive network of care is made possible by the relative wealth of the family and support from migrants. However, this is not the picture of average care arrangements in Poland. If such spontaneously emerging care networks could be strengthened by increasing the size of the in-home care workforce, subsidizing, as well as monitoring and ensuring its regularity, this would certainly improve the situation of at least some elderly people at the moment and in the future.

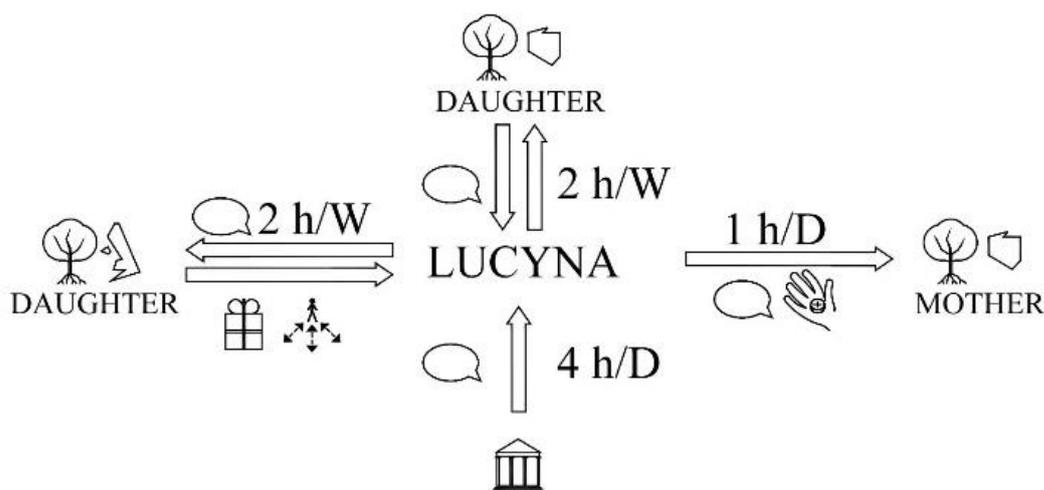
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The full title of the project behind acronym Mig/Ageing is: Unfinished migration transition and ageing population in Poland. Asynchronous population changes and the transformation of formal and informal care institutions. The research project was funded by the National Science Centre (grant no. 2013/08/A/HS4/00602). For more information, consult <http://migageing.uw.edu.pl/>.



Care arrangement of Lucyna from Końskie, with care flows between her and her daughters, care received from a public institution in Końskie and care provided for Lucyna's fourth-age mother.

## Weronika Kloc-Nowak



A qualitative sociologist with a PhD in Political and Social Sciences from the European University Institute, Florence, Italy. She works as an Assistant Professor at the CMR and is specialised in the dynamics of migrant families, intergenerational relations and gender perspective in migration studies. Weronika's book based on her doctoral research, entitled 'Childbearing and parental decisions of intra-EU migrants. A biographical analysis of Polish post-accession migrants to the UK and Italy' has just been published by Peter Lang; she has also (co-)authored articles in "Demographic Research" and "Gender, Place and Culture". Her nearest research plans concentrate on the impact of out-migration and return migration on childbearing and childcare norms, intentions and practices in Poland.

## Agnieszka Radziwinowiczówna



A Marie Curie Research Fellow at the University of Wolverhampton, working on a two-year research project "Brexit and Deportations: Towards a Comprehensive and Transnational Understanding of a New System Targeting EU Citizens" (BRAD). Agnieszka worked at the CMR between 2014 and 2018, starting as a Research Assistant before being appointed Assistant Professor in 2016. Besides 'Ethnomorality of Care', she co-authored 'Migrants as Agents of Change: Social Remittances in an Enlarged European Union' (Palgrave 2016) together with Izabela Grabowska, Michal Garapich and Ewa Jaźwińska. Agnieszka holds a PhD from University of Warsaw (2016, cum laude) and was awarded the Award of the Prime Minister of Poland for her doctoral thesis. She has conducted ethnographic fieldwork in Mexico, Poland, Spain, the UK and the US.

## Anna Rosińska (formerly Kordasiewicz)



A Marie Skłodowska-Curie Fellow at the Ca' Foscari University of Venice and a visiting scholar at the University of Massachusetts in Lowell (2018-2021). Anna has defended her Ph.D. thesis at the Institute of Sociology, University of Warsaw. Her book, '(U)sługi domowe' was awarded publishing in the Polish Foundation for Science book contest. Anna has worked at the Centre of Migration Research, University of Warsaw (2014-2018). Her current project is "MAJORDom. Intersections of class and ethnicity in paid domestic and care work: theoretical development and policy recommendations based on the study of 'majority workers' in Italy and in the USA". Anna Rosinska has published in the areas of care and domestic work, elderly care, international migrations and public services.

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