A COMPARATIVE STUDY OF CARE AND PROVISION ACROSS CARIBBEAN AND ITALIAN TRANSNATIONAL FAMILIES

Tracey Reynolds and Elisabetta Zontini

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Introduction

Caring reciprocal relationships encompass informal social support, which shape our everyday interactions with family and community members. In this working paper we examine caring reciprocal relationships operating within minority ethnic communities in the UK; principally Caribbean and Italian groups. This cross-cultural and transnational approach enables us to identify how caring relationships affect family lives and relationships across two very culturally, ethnically and racially distinct groups, who experienced economic migration and settlement in the UK at different historical times. It is also important to understand that the enduring nature of family bonds and their meanings to family members are intergenerational and transnational in context. Our notion of caring reciprocal relationships is premised on understanding caring commitments, responsibility and obligations, as complex morally negotiated interactions that occur within these family networks. Sevenhuijsen’s (2000) view that caring relationships are achieved, rather than ascribed, is important in determining how people negotiate everyday patterns of care. Furthermore, these caring networks are differentiated according to ‘caring about’ and ‘caring for’ family members. In starting our analysis from this standpoint, we critically explore how Caribbean and Italian groups negotiate and interact within their networks of care and responsibility between local and transnational contexts, and different social domains (such as family and community). The analysis also shows how moral complexities concerning caring practices, economic and social material conditions, and racial/ethnic and gender difference shape care provision.

This comparative dimension to the analysis illustrates that social capital operates as a resource within families and kinship relationships across Italian and Caribbean transnational communities and it is utilised in their everyday lives. Social capital is thus understood as representing ‘the values that people hold and the resources that they can access, which both result in and are the result of collective and socially negotiated ties and relationships’ (Edwards, 2003). From this definition it is apparent that reciprocal relationships and mutual reciprocal exchanges are an important facet of social capital. They are in fact crucial for reproducing families and kinship groups, binding people together and helping sustaining individuals within them.

Whilst it is readily acknowledged that caring networks operating within and above all across households lie at the heart of families and communities, the type of practical caring work undertaken within these networks has scarcely been studied in detail in relation to ethnic minority and transnational families (Goulbourne and Solomos, 2003). When they are considered at all, there seems to be a consensus in the social capital literature that migration undermines reciprocal relationships within families (Coleman, 1997; Putnam, 2000). Yet, little case-study evidence exists to show whether and how this occurs. This working paper explicitly addresses reciprocal relationships in ethnic minority families, focusing on different forms of care circulating within transcultural and intergenerational family and kin networks. By doing so, this discussion reveals many nuances of family life and the processes by which cultural norms, values, attitudes and behaviour are transmitted, transformed and maintained across generations and geographical distance.

This working paper is based on research we have undertaken in two projects within the Ethnicity strand of the Families & Social Capital ESRC Research Group: ‘Caribbean Young People, Social Capital and Diasporic Family Relationships’ (Reynolds, forthcoming) and Italian Families and Social Capital: Rituals and the Provision of Care in British-Italian Transnational Families (Zontini, forthcoming). The Caribbean study aims to investigate the experiences of Caribbean young people in the UK in order to understand some key ways in which these young people utilise social capital within their family relationships and community networks as a social resource in ethnic identity formation. This occurs through their efforts in creating and maintaining strong ethnic ties and
solidarity within Caribbean Diasporic and transnational family networks, also their participation in black/Caribbean-led institutions and agencies within their local communities and neighbourhoods. The project is based on in-depth qualitative interviews with 30 second and third generation Caribbean young people (aged between 16-30 years old), primarily living in London but also in other large urban areas of Birmingham, Manchester and Nottingham, and 50 kinship/family members in UK, and the Caribbean (Barbados, Guyana and Jamaica) across all age groups. The Italian project examines the use, production and maintenance of social capital in the context of migration through an in-depth analysis of the everyday experiences of families of Italian background in the UK and Italy. The project explores various aspects of family life and social capital. These include the functioning of mutual and reciprocal relations related to care, the role of rituals and the formation of transnational identities. It explores how trust and reciprocity operate within and beyond families, the significance of norms and obligations, and the implications of caring for and about. The material has been collected through participant observation and qualitative in-depth interviews in a number of sites, both in the UK and Italy. Different types of Italians were interviewed in order to include those belonging to the three main migration waves (pre-war, post-war, recent professional and student migration) and their offspring, and both Northern and Southern Italians. In the UK this entailed conducting 50 interviews both in the industrial towns of large Italian post-war immigration (Bedford, Peterborough, Aylesbury) and in London where both pre-war migrants and recent professional migrants have settled. Interviews were conducted with people of different generations ranging from teenagers to elderly people. Usually more than one member of the same family was interviewed and where possible this included also relatives residing in Italy. Throughout both projects attention has been given to gender and generational divisions.

The working paper is divided into six key sections. The first section provides a theoretical overview of some of the literature (particularly by feminist scholars) concerning caring networks and family relationships, so that our specific reference to Caribbean and Italian families are positioned within these general debates. Section two is a brief historical overview of the structural and cultural contexts of Caribbean and Italian families and sets the scene for cross-cultural and comparative analysis within and across these two racial or ethnic groups. The third section examines an important element of family caring networks: ‘caring about in transnational families’. This section focuses on the diverse range of kin work performed within geographically dispersed families to maintain kinship ties such as, for example, cultural remittance and ‘kin-keeping’. Linked to this is ‘caring for’ and, in our fourth section, our discussion highlights reciprocal caring networks that feature intergenerational care (e.g. grandparents, parents and children); intragenerational care (e.g. siblings) and financial remittance. In section five the analysis demonstrates how everyday patterns of care responsibilities and obligations are negotiated according to moral contexts and operate within certain boundaries. Section six briefly surmises ways that we can begin to move caring networks beyond the family and into the wider community. We conclude with a summary of our discussions and preliminary findings.

**Section 1: Theoretical Overview**

Conventional definitions of caring relationships identify care as one-directional and originating from a single source, flowing from a care-giver (the ‘haves’) to a care-receiver (the ‘haves not’) (Ackers and Stalford, 2004; Sevenhuijsen, 2000). In social policy terms, this viewpoint is supported by a discourse of kinship care that focuses on those people who are dependent and in need of financial and personal care. For example, within health and social care fields, care services primarily focus on particular stages of the life course – young children and elderly kin and also those perceived as sick, disabled, relatively poor and facing socio-economic disadvantage (Edwards, 1999; Williams, 2005). Related to this dependency model of care is the idea that as individuals become more upwardly mobile and independent they regard themselves as being less in need of care and support, which
gives rise to growing individualism in society (Beck, 1992). A wealth of studies have examined this phenomena in relation to the changing nature of social and moral ties that bind individuals and family networks together (see Beck and Beck-Gernsheim, 2002; Irwin, 1999; McRae, 1997). It is suggested that a negative outcome of individualism is that families are becoming increasingly fragmented, fractured and dispersed. On a positive note, however, it is argued that individualism gives rise to diverse family arrangements and more personal autonomy.

Our analysis challenges this dependency model of care, and the notion that people are less in need of care as they become more individualised, on two levels. Firstly, our data clearly illustrates that Caribbean and Italian families have caring relationships that are reciprocal and multi-directional. Family members are both active recipients in giving and receiving care provision, irrespective of their social and economic status. We identified three ways in which reciprocal relationships work in families:

- intergenerationally (between parents and children, grand-parents and grand-children, uncles and aunts, and so on);
- intragenerationally (between siblings, cousins);
- transnationally (when reciprocity operates among family members across geographical boundaries).

Secondly, our findings indicate that there is little evidence to suggest family members are less involved in caring relationships as a result of growing individualism. Indeed, individualism is a dominant aspect of Caribbean society and there exists greater autonomy for individuals to choose their lifestyles, family forms and living arrangements. However, they continue to be embedded in their family relationships. The historical incidences of forced and voluntary economic migration created more fluid, ‘loose’, dynamic and diverse forms of Caribbean family networks and household patterns compared with western European family models which, until very recently, were understood as ‘structured’ and patriarchal with married conjugal unions at their centre (Silva and Smart, 1999). Caribbean diverse family patterns also reflect the fact that individuals and families have had to culturally adapt themselves to the social and economic factors they encountered as a result of forced and economic migration (Goulbourne, 2002; Reynolds, 2005; Smith, 1996). Caribbean people have been successful in sustaining their family connections and providing collective and individual responsibility for care within this individualised framework because the individualised self is understood as relational and situational to others within their networks. In contrast, in Italian and Southern European families, despite increased diversity in living arrangements, the individual is still understood as interconnected and interwoven into the family. Italian families have been going through structural changes, which include the disappearance of the traditional extended family. Whilst extended households are no longer common in Southern Europe, family members continue to live close to one another, maintaining important economic and emotional links. Vaiou (1996) goes as far as claiming that the traditional extended family has not entirely disappeared in Southern Europe but has simply modified (see also Ginsborg 2003):

It persists in new forms, where, for example, elderly parents and children’s family may not share the same house but choose to live close to each other and share domestic and caring responsibilities: the elderly (more specifically grandmothers) look after young children and housekeeping, their daughters (or daughters-in-law) look after them when they need care. (Vaiou cited in Sabaté-Martinez 1996: 276)

What strikes many observers of Italian society is the importance attributed to the family, its supposed stability and cohesion. Italy has recently been described as having a distinctive pattern of personal
relationships and social networks in respect to other European societies characterized by a particularly strong intergenerational solidarity. In a social survey comparing seven countries, Janet Finch concluded that:

To Italians, relationships with both relatives and friends form a much more integral part of daily life than elsewhere. They are more likely to share a home with their relatives and also to have relatives living nearby. They are more likely to visit or telephone relatives daily and also to be in daily contact with a ‘best friend’. Relationships between parents and children seem particularly important. (Finch 1989: 101)

There are stark cultural differences concerning the way that this relationship between the individual and the family is articulated: Caribbean as relational and Italians as interconnected, but commonality exists in the way that individuals from both ethnic groups are embedded in webs of personal relationships (Griffiths, 1995). Care provision represents an important family and social resource for connecting and relating to other family members. Therefore as Sevehuijsen (2000) argues, the self represents the:

point of entry for thinking about responsibility and obligation […] in which s/he has to find balances between different forms of responsibility (for the self, for others and for the relationships between them (2000: 10).

This understanding of caring networks that view the individual as relational, interconnected and embedded in their personal relationships chimes with other feminist scholars who recognise that care is ‘a social process of daily human activity’, that frame our daily interactions (Clement, 1996; Finch, 1989; Fisher and Tronto, 1990; Griffiths, 1995; Mackenzie and Stoljar, 2000; Sevenhuijsen, 2002; Thorne and Yalom, 1992).

Feminist scholars have differentiated between two forms of family care that is a useful starting point for our analysis: caring about and caring for (Ackers and Stalford, 2004; Finch and Groves, 1983). Caring about encompasses contact and emotional support and refers to emotional functions connected with sociability, advice, comfort and self-validation. Examples of caring about activities include communication by telephone, letters, emails, visits, participation in family decision-making and financing the purchase of care. Caring about is a very similar concept to what anthropologist Micaela di Leonardo (1992) has called ‘kin work’. She defined the latter as:

the conception, maintenance, and ritual celebration of cross household kin ties, including visits, letters, telephone calls, presents, and cards to kin; the organisation of holiday gatherings; the creation and maintenance of quasi kin relations; decisions to neglect or intensify particular ties; the mental work of reflection about all these activities; and the creation and communication of altering images of family and kin vis-à-vis the images of others, both folk and mass media (Di Leonardo 1992: 248).

Caring for refers to concrete, ‘hands-on’ care-giving on a personal level (Ackers and Stalford, 2004; Finch and Groves, 1983). Fisher and Tronto (1990) add two further dimensions of care: taking care of and care receiving. Caring for means taking the initiative for concrete caring activities to take place, and they differentiate it from taking care of which is the concrete work of ‘maintaining and repairing the world’: carrying out the daily routines of caring work and developing a thorough understanding of these’. Care receiving comprises open forms of interaction between care-givers and care-receivers as a check on the quality of care (Fisher and Tronto, 1990, quoted in Sevenhuijsen, 2000:12).
A moral dimension is also crucial to understanding these caring about and caring for kin relationships within family/kinship networks. Finch and Mason (1993) champion the concept ‘kinship morality’ to suggest that a set of moral discourses inform our behaviour towards kin. Similarly Williams (2005:55) suggests that people negotiate their relationship within these moral guidelines and they act as moral agents involved in negotiating ‘the proper thing to do’ in and through their commitments to others. These caring commitments ‘cross the boundaries of blood, marriage, residence, culture and country’ (ibid).

These distinctions between the differing dimensions of care are important for exploring the daily caring practices of our respondents and to explore differences according to ethnicity/race, gender, generation, location, and so on. Before doing so however, it is important to summarise the structural and cultural contexts of Caribbean and Italian families because these factors influence how support and care is utilised and performed within kinship networks.

Section 2: Structural and Cultural Contexts of Caribbean and Italian Family Support and Care Provision

Analysis of care provision and kinship support among Caribbean families is predicated upon two ideological viewpoints. These are the pathology and strength resiliency perspectives. The pathological perspective can be traced back to the work of Frazier (1948) explaining the condition of black families in the US and from a Caribbean perspective the later work of R.T. Smith (1953 and 1956) and Fortes (1956) explaining black families in the Caribbean. These theorists identify care provision and kinship support within the black family as disorganized, fragmented and considerably weakened as a result of the disruptive forces of compulsory and economic migration, unstable family structures vis-à-vis high rates of marital instability and matriarchal households which eroded the bases for healthy family relations and kinship support. Supporters of the pathological approach argue that Caribbean families have negative values and cultural beliefs concerning care provision, which make them inept at accessing social and material resources that would provide them with the necessary opportunity for success and upward social mobility. Through socialization these cultural values and cultural beliefs are transmitted inter-generationally, resulting in a perpetual cycle of poverty, deprivation and underachievement (Zinn, 1989). Of course there are numerous flaws in the pathological perspective on black families. The first being that the normative framework for family relations, and kinship support and care provision is predicated upon a white, European, middle-class model and the assumption that caring commitment and care provision primarily takes place within the household unit (i.e., extended or nuclear households linked through blood and marriage). The strength resilience perspective that emerged in response to this pathological approach indicates that history shows us that the Caribbean matriarchal family structure, so often criticised as unstable and disruptive, has been pivotal to family care and provision and family survival across successive generations. Caribbean families have a rich cultural heritage of establishing and drawing upon ‘non-blood’ or ‘fictive’ kin within the community alongside their extended family networks to provide informal and (usually unpaid) social support and care provision (Reynolds, 2005).

During the early migration years of the 1950s and 1960s when many Caribbean people arrived in the UK as a result of economic migration and without their family members, these caring relationships and reciprocal exchanges of care provision formed the bed-rock of these newly established networks. Caring for other people’s children, whether or not they are kin, historically has been an important role for Caribbean women (Reynolds, 2005). Yet, the pathological perspective negates the experiences of Caribbean women as carers, particularly in their role as cheap and migrant labour providing care provision to white, middle-class and wealthy families (alongside other minority ethnic
and white working class women). Furthermore, these women had little choice but to utilise their kinship networks as a social resource in caring for their own children while they were employed in providing childcare and mothering services for privileged families (Senior, 1991). Advocates of the strength resiliency perspective claim that a cycle of poverty that characterizes the Caribbean is highly erroneous. This ‘victim-blaming’ approach disguises agency in the unique caring provision and informal social support that goes on within communities and operates across continents. Such an analysis also fails to recognise the continuous onslaught of racism and racial inequality on Caribbean families accessing and utilising formal care services in health and social care:

When people talk about Caribbean families being fragmented, all they mean is dislocated spousal relationships, people will move on, you know, from one spousal relationship to another but the family isn’t weak at all. Family in terms of love for children, and love for your children’s children, family in terms of respect for elders - those aspects of family are not weak at all.

(Hermione, Caribbean study, interview location: Jamaica, June 2003)

With regards to the cultural and structural context of Italian families, there are two main ways in which Italian families have been described in the sociological literature. Both strands of literature see Italian families as possessing intergenerational closure characterized by a dense social structure of norms, extensive trust and obligations. However, one sees the compactness of Italian families and their strong networks of reciprocity in negative terms (see literature on ‘amoral familism’ e.g. Banfield, 1958 or ‘on familism’, Ginsborg, 2003). The other focuses on the importance attributed by Italians to the family, its supposed stability and cohesion (Finch, 1989). Immigration to Britain from Italy happened in three major phases: pre second world war, post second world war and post 1980s. Briefly, the pre-war period was the time when impoverished Northern Italian peasants started to migrate to London. They were initially itinerant workers engaged in a variety of activities ranging from street music to semiskilled and skilled crafts work. Soon some started to move into the catering sector, as owners of small family businesses with which they gained a certain degree of success. They also started to move out from London seizing opportunities to open up their businesses throughout the country. This phase came to a traumatic end with the beginning of the Second World War, and the closure of several Italian businesses and the internment of hundreds of Italians as suspected enemies of war (Colpi, 1991; Palmer, 1977). During the second phase Italian migrants were no longer mainly originating from the mountainous regions of the North but rather from the most deprived areas of the South. Contrary to their predecessors, they did not come through chain migration but arrived through labour recruiting schemes set up by British firms in collaboration with the Italian government in order to cover areas of labour shortage (Colucci, 2002; King, 1977; Tubito and King, 1996). Rather than joining their predecessors in London and in the other areas of old ‘little Italys’ such as Manchester or Edinburgh, these new migrants settled near their new work places, in medium sized industrial towns such as Bedford and Peterborough. Mainly professionals, business migrants and students compose the most contemporary phase.

These contrasting interpretations of Italian families are reflected also in the literature dealing with immigrant Italian families. Among those authors who have studied British-Italian families there are those who see them as harmonious co-operative units, and others who note the power inequalities that divide them. Also, whereas for some, families are the basic units from which wider relations of cooperation and solidarity are built, for others they represent the limit of associative life and integration. Bottignolo (1985) argued that Italian families represent inter-generational cohesion and British-Italian families are largely regarded as harmonious units. In his study of Italians in the Bristol area, he noted little intergenerational conflict and attributed the lack of such conflict and the tightness of family ties to the ‘gratifying and qualifying environment of the immigrant family group’ (1985: 196).
Cavallaro (1981) shares Bottignolo’s view of the importance of cohesive families for Italian immigrants in the UK. In his view, the family allows individuals to affirm the cultural values of their group. What distinguishes his analysis from that of Bottignolo, however, is that whereas the latter derives the strength of the British-Italian family from its ‘gratifying and qualifying environment’, for Cavallaro such strength results from its function as a ‘buffer-zone’ operating between the individual and the inhospitable immigration society (1981: 71). Cavallaro also acknowledged that the norms of reciprocity and solidarity that exist in the Southern Italian nuclear family are based on relationships among members that are asymmetric. The father still maintains the power of a patriarch who has to be respected and obeyed by his children. He noted how children were prevented from breaking away from the family by a debt of gratitude that they felt for the ‘sacrifice’ that their parents (especially the father) had endured for their benefit. For authors such as Palmer (1977) and Colpi (1991), the strong reciprocal links between kin members explain the very form and specificity of Italian migration. In their view, such links help explain ‘chain migration’ and the way in which entire villages have migrated to specific locations throughout the UK.

Italian family values and norms have also been used to explain the particular insertion and success of Italians in the catering trade. It is believed that Italians have been able to open ethnic stores, restaurants, coffee shops and ice-cream bars thanks to the cohesion of their families. As Palmer (1977: 251) explains, ‘their production is only made possible by the mobilization of family labour, with everyone working long hours’. For Colpi (1991), these Italians have been successful in trading on their ethnicity, not only by selling ‘ethnic’ products but also by turning specific family values into economic success.

Section 3: Caring About in Transnational Families

Caring about family members and kin work seem to assume a crucial relevance in the context of migration and geographically dispersed families. The very existence of transnational families does, in fact, rest on kin ties being kept alive and maintained, in spite of great distances and prolonged separations (Mand, 2006; Reynolds, 2004; Zontini, 2004). Bryceson and Vourela (2002) have recently highlighted this, and advance two concepts to study transnational family making, namely ‘frontiering’ and ‘relativizing’. The first refers to ‘the ways and means transnational family members use to create familial space and network ties in a terrain where affinal connections are relatively sparse’ (Bryceson and Vourela, 2002: 11). The second refers to the ways ‘individuals establish, maintain or curtail relational ties with specific family members’ (2002: 14). Goulbourne and Chamberlain (2001: 42), in their study of transnational Caribbean families, have found that ‘geographical distance is no barrier to being a “close” family and respondents in their study stressed the importance of transnational links in maintaining the “tightness” of the emotional bonds, and the level of “trust” expected and experienced between family members’. Goulbourne (2002: 196) also returns to this theme in a later study where he highlights that transnational care between family members reinforces ‘continuity and bonding across distance’. This is especially important when generational difference and cultural divide mark the potential to produce distance between family members. For a number of minority ethnic families in the UK, migration represents the social context in which much of the caring work and responsibility takes places within family networks (Goulbourne and Solomos, 2003a; Peach, 1991). Migration creates and maintains reciprocal caring relationships between those family members left behind and those who migrated elsewhere in search of better opportunities. These transnational caring networks also work to reinforce ethnic identity and cultural belonging.

In our studies multi-directional ‘caring about’ practices, obligations and responsibilities operated within the family networks in a number of ways. Caring about tasks and responsibilities ranged from
providing small favours and money loans, to telephone calls to family members to give advice, support, or just merely ‘checking in’. Also, caring about encompassed organising regular family meals (e.g. with married children and their families); family celebrations (such as birthdays, Christmas and Easter dinners); regular visits ‘home’ (i.e., Caribbean and Italy); hosting kin in the UK; and gift-giving. Moreover, family members devote considerable time and energies to this, despite the geographical distance. We have adopted the term cultural remittance to advance the theory of caring about relationships. Cultural remittance represents people’s emotional attachments and represents the way in which migrants abroad utilise their family links to maintain cultural connections to their place of origin (Burman, 2002; Levitt, 2001). Other forms of cultural remittance include owning and building property ‘back home’, the celebration of cultural rituals and national events in the new country of residence and keeping abreast of national news ‘back home’ though the Internet and newspapers. Cultural remittance reinforces ethnic identity and is viewed as a sign of continued commitment to the kin left behind and a commitment to keeping kin together. The most commonly type of ‘kin-keeping’ or keeping kinship ties alive occurred between siblings, parents and children, and grandparents and grandchildren.

The commitment to keeping the family together was discussed by many respondents in the Caribbean and Italian studies as the following quotations indicate:

There’s always a lot of phoning going on to see how everyone is doing. […]. You know when mum went back to Barbados about 15 years now, it would be so easy for us to drift apart, so when she left we had to take stock […] and say ‘right, mum’s not here now, so it’s down to us to keep it together, we’re going to put the effort into making time for each other doesn’t matter how busy, families got to come first’, so we try and meet at one of ours [brothers and sisters], all cousins playing with each other, we take it in turns […] to cook Sunday dinner. […] I’m not saying that we’ve had our differences and disputes, that normal in any family but we make time for each other, you’ve got to put those differences aside don’t you? […] because at the end of the day family’s all you got isn’t it?
(Lucille, Caribbean study, interview location: London, March, 2004)

Well generally just go around …sometimes we have had them all around here […] both the Mums and we’ll have them around here […] It’s very rare that they (the parents) would spend a day’s celebration on their own. We wouldn’t allow that!
Elisabetta: Do you see them often, both your parents and your wife’s parents?
Francesco: Yes, yes. I think I see my parents more because they live nearer but that’s the only reason. Theresa will see her parents quite regularly because she’ll go over there and she’ll stay with her parents. Theresa will take them to do anything or go anywhere. It’s the same with my parents. She’ll go round my parents. Yeah, we do generally see quite a bit of them.
(Francisco, Italian study, interview location: Bedford, March 2004)

In the Italian study giving presents or ‘gift giving’ is talked about a lot, especially by Southern Italians. Anna terms this ‘signs of love’:

I always send something to my Mum for her birthday, because she’s old, I send her a jumper, a nightgown, anything. Mum is very happy when she get them, not because she needs them, because she has her pension, but because it’s a sign of love.
(Anna, Italian study, interview location: Peterborough, March 2004)
The easiest and most frequent way in which caring about is articulated in the families studied is through telephone calls, (although Caribbean and also Italian young people are increasingly turning to the email and Internet to keep in contact with their cousins and other relatives who are close in age to them). Frequent and regular telephone conversations are an important way to keep families together, updating scattered members about what is going on in each others’ lives, providing emotional support and even directing and organising more hands on care from other family members. In both of the studies young people seem to rely on their parents to initiate these phone calls and generally speak to their kin when the phone is passed on to them by their parents:

Mum will say ‘have you phoned granny to wish her ‘happy birthday’ or ‘happy Christmas’ then I’ll phone her and say ‘hi granny’ and we’ll chat then […] mum and gran are on the phone to each other all the time so if I answer [phone] I’ll talk to her before I pass it on to my mum or mum gets me to speak to her when she’s finished and I’ll tell gran what I’ve been doing and she’ll spend hours telling me about how her vegetables are growing in the yard and gossip about all these people in her village who I don’t know but I just go along with it and say ‘yes, I remember so and so’ and ‘yes ok, gran’ to keep her happy!

(Stacy, Caribbean study, interview location: London, October 2003)

My Aunt rings from Italy about twice or three times a week … quite often I think. She rings every Saturday morning and she might ring during the week a few times as well […]. I don’t ring them but my Mum will and she will say ‘Here, speak to them for a bit just to see how you are and stuff’ I won’t ring them up myself or anything.

(Peter, Italian study, interview location: London, February 2004)

The most important way in which kin connections are kept for both first and second generation and between new and old migrants is the frequent visits ‘home’. The visit ‘home’ is very important for renewing and confirming ethnic identity for first generation migrants and their children (Baldassar, 2001). Such visit are strongly linked to the presence of kin. First and second-generation Italians use their visits home to invest in properties in Italy (which are looked after by their kin) which they use when they visit on their annual holidays:

Elisabetta: Did they buy properties in Italy as well?
Francesco: Yes. They probably bought … well, my parents … I know about some other Italian parents who bought properties in Italy first and then bought properties here!
Elisabetta: What about your parents?
Francesco: My parents actually bought their house here first and established themselves here first and then they did buy a property in Italy.
Elisabetta: Did they keep it?
Francesco: Oh yes. They still have it.
(Francesco, Italian study, interview location: Bedford, March 2004)

Many first generation Caribbean migrants ‘return’ to the Caribbean to settle after they reach retirement age (Abernaty, 2001; Goulbourne, 2002). In the Caribbean study first generation migrants who have recently retired invested in property ‘back home’ in preparation for their return and family visits:

Tracey: My goodness, this is a huge house! Just the two of you live here?
Pauline: Yes, but we built it big because when we retired it was our dream to come back home so we started making plans early so that everything in place to start building before we retired. It was our life ambition to have a big house, with lots of space […] in England we’re cooped up in
these small pokey houses and there’s no space [...] And after living like that in England for nearly 40 years it was enough. This place isn’t just for us you know, the kids are always coming with the grandchildren, we wanted them to feel comfortable and there’s plenty of space for them and when we go [die], it’s left for them so its an investment.
(Pauline, Caribbean study, interview location: Guyana, July 2004)

With regards to second generation Caribbeans and Italians, our analysis indicates that their educational and career choices are influenced by this ‘need’ to spend time in their respective territories. The quotations by Franklin and Marta show this:

I did gap year after my degree because I wanted to experience what its really like in Jamaica and you can’t get them spending a few weeks with the family. Its always been a dream of mine to go back home and spend time there, finding out what’s its really about. Also because I had some personal issues, just split up with my girlfriend and you know being black man here [UK] you know it’s hard. So I just wanted that space to be me, to just chill and relax. My uncle a site manger pulled some strings and I got work on his construction site...I got the real taste of Jamaica, life’s really hard there, and the work was no joke in that sun! But I learned so much in that time, I was looking at Franklin the person, not Franklin the black man, the British, Jamaican or what have you [...] add for the first time I felt comfortable in my skin because being black there just wasn’t an issue [...] I was the known ‘British bwoy’ but never black man [...]I was going to stay for 6 months and spend the another 6 months travelling to the Far East but ended up staying for 3 years!
(Franklin, Caribbean study, interview location: Jamaica, May 2004)

I've worked on and off, nothing fantastic, waitressing, in the market, waitressing, a lot of waitressing, that sort of stuff, I'm not a big, I wasn't a career woman, I used to work for 11 months and then go to Italy for a month, cos you could do that then, and then come back and get another job, years ago you could do that,
(Marta, Italian study, interview location: London, November 2003)

The second generation Caribbean young people also identified the emotional and psychological support they got from these visits home. It allowed them to develop a positive sense of well-being and sense of belonging in the face of racial discrimination, inequality and exclusion.

The second generation Italians also valued the visits home as an important resource in renewing ethnic identity. However, in contrast to the second generation Caribbean, they balanced the positive value they gained from these trips with the obligation they feel to do this trip, the pain and anxiety (caused by the anticipation of separation) and the unsettlement provoked by the experience of the visit. The following quotation by Teresa illustrates these issues:
In between University I went on my own quite a lot and I like going on my own [...] I’m very very close to my family there. Particularly cousins and my Aunt that I call and we talk quite regularly on the phone, but, emotionally, it’s quite hard to go and also it’s very hard to leave. Once I’ve been there for 2 or 3 weeks I find leaving really painful. I associate that with when I was younger, whenever we went every year, on leaving my mother would be hysterical because my grandparents were very elderly and she never expected to see them again so there was kind of a trauma attached to leaving and every time I leave there’ll be another aunt or someone else that I don’t ever see again so [...] and also emotionally, I think it’s quite complicated for me because I feel a strong bond and attachment but my life is here so...
(Teresa, Italian study, interview location: London, March 2004)

These differing attitudes by the second generation Caribbeans and Italians can be best explained by the distance and proximity of these family visits ‘home’. With the exception of a few respondents who made annual visits ‘home, the majority of second generation Caribbean young people made infrequent visits (e.g. every other year, every 3 years, 5 years or so on). In many instances their parents had returned and settled in areas within the Caribbean where they did not have any familial roots or kinship ties. Therefore whilst they valued their strong family bonds in the Caribbean, they were less attached to their familial place of origin. As a result of these factors, they were less likely to experience anxiety and guilt and also a sense of obligation in making these visits compared with second generation Italians, who visited the family home on an annual basis or sometimes on a number of occasions within the calendar year and who still maintained strong familial ties to their parents’ place of origin.

Section 4: Caring For and Taking Care of Family Members Across Countries and Generations

Multi-directional caring for practices, obligations and responsibilities operated within the family networks of the Caribbean and Italian families. Their accounts of daily activities and family relationships provided a wealth and range of examples of transnational care provision between family members. Most commonly cited were care between siblings, grandparents and grandchildren, parents and children, and affluent and less wealthy family members, and involved domestic, childcare and financial assistance and remittance. Sometimes the caring exchanges reflected specific and regular tasks and responsibilities, but more often than not, care took the form of less defined everyday activities that were not generally thought of as care provision. Typically, in both studies when the respondents were questioned about their particular caring responsibilities, some of them would explicitly state that they were not involved in care provision as either providers or recipients of care. Yet, when they were questioned about their family life, details of their family relationships and the maintenance of kin networks, they were able to demonstrate a range of caring tasks and responsibilities that took place within reciprocal exchanges. The respondents’ reluctance in clearly recognising what they do as care provision within the family demonstrates the fact that reciprocal caring exchanges are part of everyday living that go to the heart of personal relationships. Often these reciprocal exchanges are immediate and concurrent (exchanging caring services at the same time) or occur at different times and stages in a person’s life course (i.e., providing care now in exchange for future care later or past care received). In this section of the paper we focus on key ways caring for reciprocal relationships occur within Caribbean and Italian families: intergenerational care (i.e., care between grandparents, parents and children); intra-generational care (i.e., caring for siblings) and financial assistance/remittance.
Intergenerational care

Caribbean family literature highlights how grandparents or senior family relatives caring for dependent children left behind by parents who have migrated for better economic opportunities represent a significant cultural and historical tradition, and this has been extensively documented in Caribbean family literature (Brodber, 1974; Russell-Browne et al., 1997; Reynolds, 2005; Senior, 1991). A large number of migrating mothers belong to low-income socio-economic groups and they do not have the economic means or support networks readily available to take their children with them. Consequently, they consider that the child’s best interest is served by being left behind and cared for by their relatives. Latoya, lived with her grandmother for 12 years after her mum migrated to England. Reflecting on her experiences Latoya recounts:

My mum came here (UK), and then she came back to Jamaica, and then she left again, for a while, before she send for us. So I was living there with my dad and his girlfriend, but we didn’t get on. We used to argue all the time because she (girlfriend) was jealous that I was close to my dad, so my grandmother said “bring her come, mek me care her”. So I lived there with my granny and it was nice, I lived there with my auntie and cousins in a big house in Vineyard Town. When I was 15 my mum just called and said to me, “Oh, I’m going to send for you guys”, like me and my sister, so I was just looking forward to come here and starting living a new life with her.

(Latoya, Caribbean study, interview location: London, February 2004)

Grandmothers (as well as grandfathers) and other older family relatives who lived in the UK and have now re-migrated to the Caribbean are still on hand to provide caring support. The relative ease and affordability of air travel facilitates regular and frequent visits across long geographical distances by grandparents as care-givers and care-receivers. Goulbourne and Chamberlain’s (2001) study refers to the ‘flying grandmothers’ syndrome to represent grandmothers and other senior female family members who regularly criss-cross the Atlantic in order to visit family in the UK and the USA and Canada, and provide them with practical childcare assistance and emotional support as and when required. Equally, their grandchildren may visit them in the Caribbean during school holidays so that they can provide childcare:

My mum worked long hours, the Summer is the busy time, so she had to work late, and work lots of double shifts, I’m the only child for my mum and there wasn’t anyone around to look after me. Every summer she sent me to stay with grandparents and cousins in JA(Jamaica) until I was about 15. Every summer my grandmother look after me, I never missed England and cried when the summer was over and it was time to come home (UK).

TR: And what things did you do there?
Me and my cousins we’d pick oranges and ackee off the tree with her (grandmother), and we helped her prepare the food and stuff. And the kids in Jamaica are trained with more manners and respect for olders. She (grandmother) always tells me, “If you see an old woman from the village walking down the street, and she’s carrying bags, you always go and help that woman, you take her bags for her, and you bring them to her house”. And where her house is, it’s like miles and miles away from another house, and I have to carry the heavy bags! Every Saturday morning, I’d have to get up early and go to the market, with my gran, shopping. She watched all the soaps [tv soap operas] like ‘Dallas’, the ‘Young and the Restless’ and ‘Dynasty’, she loved her soaps, it was my job to set the recorder, I taught her how to use it because she didn’t know how to work the video-recorder.

(Daniel, Caribbean study, interview location: Manchester, November 2003)
Daniel’s recollection of his summer holidays spent with his grandparents in Jamaica and the activities undertaken during his visit, highlights how intergenerational learning and mutual exchange of knowledge between grandparent and grandchild is an important facet of care provision. Aside from childcare provided, in her role as carer, Daniel’s grandmother transmits cultural norms and social values (i.e., good manners and social etiquette) and educates him about life in Jamaica. From Daniel’s perspective, in turn, he is able to teach his grandmother new skills, such as setting the video recorder to record her favourite TV programmes. Other young people in the study also identified their role and responsibility towards their grandparents (and senior kinship members) in developing new skills and building confidence in using new forms of information technology. They regularly demonstrated to senior kin how to use email, the Internet, CD/DVD players and digital cameras and loaned them the use of their equipment. Although intergenerational learning and exchange is not regarded as care provision in the strictest sense, the caring obligations and responsibilities that emerge from this help maintain the emotional bonds and family connections that bridge the generational gap.

The Italian migrant narrative has parallels with the Caribbean migrant experience. First generation labour migrant women had a heavy burden when they first arrived in the UK. They were working full-time in factories and they had sole responsibility for house, husband and children. As a result of migration these women were initially cut off from their kin networks of support. They also had little access to local resources (due in part to language barriers). In this context, husbands had to play a bigger role, especially by looking after children when their wives worked, and also strong friendship networks developed substituting for the lack of family ones. This generation also helped their children financially, usually saving large sums for their weddings and for buying their first home.

Some of this first generation of women received support from their mothers, who travelled to the UK to look after their grandchildren. Sometimes, like their Caribbean counterparts, they became ‘transnational mothers’ sending their children to school in Italy. This occurred particularly when there was a family plan of returning permanently to Italy. This did not always happen, however, resulting in these children or young adults having to adapt back to the UK after having spent several years away from the country and their immediate family.

In the UK the children of Italian migrants had to learn to look after themselves quickly. They also carried out important tasks for their parents (such as translations, form filling, etc.):

> The children started going to school and we started integrating speaking English and then obviously if they ever needed to go anywhere we would always have to go with them. Me being the oldest … if my parents had to go to a Doctor or to the Hospital or to do anything and sometimes even to the shops … I would have to go with them and interpret what was going on.
> (Francesco, Italian study, interview location: Bedford, March 2004)

‘Flying grandmothers’ also exist in Italian families, as in the case of Rita who travels to Italy to her grand-daughter every five or six weeks:

> It’s 11 years now that I am faithfully there every 5 or 6 weeks at the most. To see my granddaughter cos otherwise I wouldn’t see her growing up […] it’s not something that I have to do, it’s an enjoyment cos I really want to see her growing up and I want to enjoy her while I can. […] I take her shopping and buy her whatever she needs and you know how we are? We like to spoil our grandchildren […] everything is pleasure and it’s not because I have to.
> (Rita, Italian study, interview location: London, December 2003)
First generation Italian migrant women, who missed out looking after their children when they were young because of their work commitments are now heavily involved with their grand-children. Grandfathers too seem to play a significant, although different, role. Some grandparents even change their retirement plans to fulfil their role. If their children divorce, their support becomes especially crucial. They provide housing, babysitting and financial support. Mr Ferrari talks about how this new role changed his life:

Franco: Unfortunately the family situation has changed with our son who ... (got divorced). We now have another kid at the age of 50 but he gives us lots back so it is worth living like this for a few years. But he changed our life really. (...) In the sense that we are not free anymore, that's all.
Elisabetta: Do you mind that?
Franco: At the beginning yes, I thought it was a bit hard because we had just started one or two years before to go on holiday two or three times per year and then all of a sudden we found ourself that we couldn't do that anymore. Before we couldn't do it because we couldn't afford it, now that we can afford it we can't do it. It's not the time but the freedom we should have, but having said that the boy gives us a lot of satisfaction which I wouldn't change with anything. (...) I take him to the park, we spend time together at home, we spend time on holiday.
(Franco, Italian study, interview location: London, October 2003)

The examples of reciprocal intergenerational learning exchanges given above link into recent discussions as part of the ‘Grandparents and Childcare; recent research and its implications for public policy’ seminar organised by the Families & Social Capital ESRC Research Group at London South Bank University (October 2005, http://www.lsbu.ac.uk/families/events/events9.shtml). Grandparents are an important resource in terms of the emotional and financial support they provide and grandparent-grandchild interaction is significant in maintaining kinship ties and family networks (for example see, Gray, 2005; Wolf, 2004).

In both Caribbean and Italian families, most grandparents acknowledged that they derive satisfaction and personal pleasure from looking after their grandchildren. Not all grandparents enjoy this babysitting role, however. Some also expressed dissatisfaction with the expectation that they would provide free childcare for their grandchildren and this became a source of tension in the family. In the Italian study, Giovanna, speaking about her parents’ role in caring for her sister’s children, notes:

They [grandparents] found it very difficult that my sister had two young children.[...] All of a sudden in Italy one is expected to be a proper grandparent where you baby-sit. You know, my mum, this is not in their life plan, they’re there to retire. All of a sudden they found themselves in control, in charge of two children, one a baby, and they found that really hard. And it causes numerous arguments with my sister, it’s really kind of crashed their relationship [...] Well mum and dad have a very strong philosophy and they always remind us that children are meant to look after them. They always remind us that, ‘we’re old now. And I don’t know why your sister is doing this, why we have to look after the children. We’re old now, she should be looking after us.
(Giovanna, Italian study, interview location: London, September 2003)

In addition, care for the elderly seems to be done transnationally. In the Caribbean the relatively elderly population of retired returnees creates additional demands for health and social care provision. An inadequate social and health care infra-structure across much of the region means that
it falls to family members in the UK and US to provide basic medical care as well as the daily hands-on aspect of this care work. This lack of social welfare support at state policy level in caring for elderly and sick people creates additional burdens and stress on family members who also have to meet these health and social care demands:

Mamma aunt suffers from sugars [diabetes] and pressure [hypertension] so I buy her medicine and see that she gets to the doctors to check for sugars and pressure. That's money for transport into town, money for the doctors and money for the medicine. It's stressful because there's time you think 'where am I going to find the money to pay the Doctor for the medicine this month and take care of mamma aunt' because it's so expensive. In England we're lucky you know [...] you don't have to worry if you get sick, but over here [Guyana] everything is money. If you don't have money and you're sick, then it's your family you have to lean on to help out or you die, it stressful but what can you do? You have to pay. (Jocelyn, Caribbean study, interview location: Guyana, July 2004)

First generation Italian migrants in the UK are also preoccupied with their caring responsibility for ageing parents left in Italy. Often their care is devolved to other kin still living in Italy. For middle-class professional migrants, there is the expectation that they will travel often to Italy so that they can continue to be fully involved in the care of ageing parents:

Well, I go about every five or six weeks. Usually if there is not a problem I just go for a long weekend. Like I go Wednesday and come back on the Monday, or Thursday and come back on the Monday. If there is a problem and he calls me then I'll go and I'll probably stay one week or ten days or two weeks. (Rita, Italian study, interview location: London, December 2003)

For Giovanna, the fact that her parents have decided to go back to Italy means a reduced responsibility, a weakening of reciprocal relationships that she sees in both positive and negative terms. Still these bonds endure in spite of geographical distance:

Giovanna: I love my mum and dad dearly but I love the fact that they're there and I love to maintain links, you know, but I did feel a great sense of loss and freedom when they left. Elisabetta: Both, in what sense loss?
Giovanna: I've got Robert's family, my partner's family here, and they're great but they're not family to me [...] so I have this odd feeling really there's nobody here if I'm really desperate [...] with mum and dad you could go to the doorstep and stay for the next ten years, couldn't you? You know, and there's always that feeling that that was always here. And I felt that very momentarily that there was no one that I could just turn up on the doorstep and say I'm here for the next ten years [...]. But that kind of soon wore off when I realised that a) you've got friends here and b) it's only a flight away so you can still do that! Freedom [...] in not having to worry about them [...] they're over there now and it's almost as if [...] my sister would take some of the responsibility for their care. You know, cos they're getting on now, mum has arthritis and I always used to worry, the problems were always in my face and I used to worry about her, and she would tell me lots, and now... I guess she tells me less ... Or maybe she feels better I don't know. Or maybe my sister cares for her so [...] the problems are not so visible. (Giovanna, Italian study, interview location: London, September 2003)

The problem of ageing parents who are living in the UK is another issue affecting Italian families. Whilst immigrants' adult children feel responsible for them, they are torn about how best to care for
them. The Italian ideal seems to be that the elderly should be cared for in the home by family members. However, many people are now putting their parents in residential homes. This produced feelings of guilt in several of people interviewed because they felt they are going against cultural values and norms concerning family care. For example, Maria is still struggling with the guilt caused by her decisions:

"Yeah, my parents lived nearby and they were quite a lot older and my father first of all, he couldn't walk and my mother couldn't really cope, and I was working and although we had other family few of them lived in south London, my other sister had young children so my father went into a home but it was quite near us so we able to see him and he used to come home not every Sunday but quite a lot of Sundays, we'd go and get him and he'd come home for lunch [...] then after my father died my mum was still living next door but about a year or two after that she became immobile, very confused, she became very lonely, although she would see us, she was living on her own and [...] she had a sort of dementia really and she developed some physical problems that needed to be cured in hospital and she went in the hospital for just a short cure but she never really came out, she couldn't cope on her own, and after a while she went to live at Villa Scalabrini, it's not far from us [...] but she needed full time care, and she died five years ago [...]. I think most people whose parents go into homes [...] it's a very guilty feeling that you have.
(Maria, Italian study, interview location: London, November 2003)

**Caring for siblings**

Siblings often provide help and support for each other, but there seem to be gender differences in what each sibling is expected to do. Brothers tended to involve themselves more with financial support, whilst sisters identified childcare as their primary caring work in sibling relationships. Tamara reflects on how her uncle, who migrated from the Caribbean to the UK in the early 1960s, provided financial support to his younger brother and sisters and, in so doing, enabled them to move out of poverty in Jamaica during the 1970s:

"We came from village just outside of Negril and family of small farmers and fishing. We were always quite poor. My parents were able to move up into middle-class because my uncle in London helped to educate his younger brothers and sisters. He worked as a bus driver for over 30 years, and send would money back. He also helped to put my five younger brothers and sisters through school, because we all went to good school in Kingston, but it was private school, and my parents’ salary alone couldn’t afford to put us all through the school so he helped manage to send all of us there so that we all have a decent education, we’ve all got degrees and we’re all doing professionals jobs and we’re now in a position to help them. My uncle, although he’s retired and I tell him I don’t need his help, he doesn’t listen he still helps out with my little one (son), sending money to help buy his school uniform because he’s got into the habit of always giving and it hard for him to let go of that. People often forget that it’s the working-class who help to build middle-class in Jamaica, it was down to my uncle that we became middle-class.
(Tamara, Caribbean study, interview location: Jamaica, June 2003)

Junior also reflects on the financial responsibility his father and uncle have for his sister:

"My father has a sister, and she’s his younger sister, and she’s slightly mentally retarded, and she has two daughters, so he pretty much take care of her and her kids, because, you know,
she cannot work. They're living with another uncle now so that has taken some of the pressure off my dad. But before that, financially, he used to completely support her. (Junior, Caribbean study, interview location: Jamaica, May 2004).

Sisters regularly participated in childcare for younger siblings and their siblings’ children (i.e., nephews and nieces):

Peter: 7, 8, or 9 around that age I was looking after myself with my sister and stuff. Cos my sister was three years older so she could look after me and she used to come up to my old school and pick me up so in Year 6 or Year 7 or Years 5 and 6, my sister came to pick me up from my school and took me home.
Elisabetta: So your sister was […] also looking after you?
Peter: Yeah. When I was younger yeah, she used to come and take me home and stuff. My Mum was working and my Dad was working. I think if I was my sister at the time I don't think I would have done it! [Laughs] I would have stayed out with my friends but she came up every day to my school to pick me up and take me home […] so I don't think I would have done it but she still did it!
(Peter, Italian study, interview location: London, February 2004)

I'm always looking after my niece. I think she’s the only person that I have to actually look after a lot – my brother’s baby – and especially now, where he’s split up with his girlfriend. He loves his child and everything, but he has to go out a lot and do things, he’s a carpenter, and he does private jobs as well, and he always needs me, because my other brother, he’s a footballer, and he’s always out training, so there’s no one really to help him out, and it’s always me. And I don't mind anyway.
(Makeba, Caribbean study, interview location: London, October 2003)

The gendered nature of sibling caring responsibilities reflects a wider issue of kin work, namely that care is a gendered activity, with men and women focussing on different aspects of it (DiLeonardo, 1984; Mand, 2006). In both studies, there are gender differences concerning the type of care provided and the way that caring commitments are expressed. Female kin are heavily involved in providing practical domestic caring work, childcare and contributing to ‘kin-keeping’ (Bornat, et al., 1999; Williams, 2005). This includes facilitating contact and maintaining family ties between family members who are geographically dispersed or estranged from one another (i.e., continuing relationships with ex-partners’ family members) and where there are cultural and generational differences (i.e., between grandparents and grandchildren). Male kin are much more likely to provide financial care assistance or financial remittance by, for example, sending money to help pay for repairs, goods or services and buying in carers or helpers for family members in need.

**Caring for: family financial remittance**

Financial remittance involves the sending of money and financial goods by migrants to family members in their country of origin. Family financial remittance is viewed as an integral part of Caribbean society. In Jamaica, for example, financial remittance has overtaken tourism as the largest foreign earner, with over US$1.1bn a year received in family remittance. In addition, financial remittance arriving from Britain is estimated at £70 million per year. In 62% of Jamaican households financial remittance constitutes over 60% of the household economy (Henke, 2001). In South American regions such as Guyana this figure is even higher (Atria and Siles, 2001). Financial remittances come in the form of goods and money that family members overseas send to family ‘back home’ in the Caribbean. The money sent is primarily used to cover the cost of food and
clothing; the building and maintenance of family property, school fees, and medical expenses. Generally speaking, in the Caribbean financial remittance was widely regarded as making a positive contribution to families and society, although there were some concerns about the long terms effects of this for individuals, family and society in the region:

Family remittance? Oh, let’s have it, and more! You know my views about it, what it does? Well, I mean, I know it’s pretty important in the country, I know that we do need it. There’s some people believe that that’s the way to go, we should train people to go abroad and work, and send the money. But we can’t expand quickly enough to absorb all of the people who are trained. Now, we have so many doctors, engineers, teachers, whatever, that we can’t employ all of them, so the fact that they go away is a good thing, because they can send the money back, and eventually come back more experienced, and advanced in terms of their further education and so on. But there is a down side to that. The down side to that it makes you dependent. You think that place is full of milk and honey over there [USA and UK], so you don’t spend your time on your situation here. And I know of women whose men go away, and they don’t have to work, because your money come, I don’t want to sound moralistic, because I just know that it has benefits, economic benefits, immediately, because we’re in such a dire straits. But also, now, long term, in terms of development it can’t be good. Although I do know other countries who depend on it, like India, Greece, you know, those kinds of countries that people don’t talk about. A lot of countries depend on remittance, because a lot of Third World people go all over the world looking for work – which is what migration is, really, when you ... when you get rid of everything else, then it’s just a lot of poor people scouring around, looking for work, so that they can help to send back money to help their family and make a better life for themselves. (Beverley, Caribbean study, interview location: Jamaica, June 2003)

In England, if you fall down, there’s always some kind of safety net to fall back in. In places like Jamaica, there is nothing. Nothing but the family. There is the same kind of network of provision that the State provides, but it’s so basic that it’s the last resort, it’s when there is no other choice – when there is no aunt, no grandmother, no grandfather, no second/third cousin twice removed, to take care for them (Suzanne, Caribbean study, interview location: Barbados, June 2003)

Suzanne’s quotation is indicative of the fact that financial remittance contributes towards family income and it is the primary source of income source in many poor and working class households (Henke, 2001). Financial remittance also reinforces notions of responsibility and attachment to family members in the Caribbean, thus sustaining these transnational family ties and networks. Although the young people in the Caribbean study were not directly involved in this aspect of transnational care provision and did not send financial remittance to assist family members in the Caribbean with practical, domestic and medical care, their parents did so and they recognised it as an everyday aspect of Caribbean life in the UK. Generally, they supported their parents’ choice in providing financial resources for relatives living overseas even if they recognised that it was at times difficult for their parents to meet these demands:

They’re always sending money back home, because they get a lot of letters, oh, like, “It’s hard out here, can you send us something?” But I think the time when they get a lot of those letters is when people know that they’re coming to Jamaica, and then all the letters come in, with a long list of what people want them to buy. (Sabrina, Caribbean study, interview location: London, April 2004)
My mum sends money back home (JA) to her mum, her grandmother, and her great grandmother. So, yes, those and maybe her some of her cousins out there but I don't see it as her being responsible for them, it just what you do and I should do more really to help her. I mean, when I'm out there, I'll give money, and I'll always pay for things, you know, it's always on me. But I should send it out there. I've even got my great-grandmother's bank account details. I mean, I am more well off than they are. You know, my £10 might not mean nothing much to me, but it means a hell of a lot to them. So, yeah, I should.

(Stacy, Caribbean study, interview location: London, October 2003)

Financial remittances were crucial for Italian migrants up until the 1980s. By that time, the economic situation of even the most marginal parts of the country had improved considerably. Some commentators today argue that this happened also as consequences of immigrants’ substantial transfers of money, allowing local people to have the start up capital to take advantage of new opportunities in the tourism sector, mechanical agriculture and small business. The changes in the economic conditions of Italy (especially in its Northern parts) were dramatic, resulting in the fact that all of a sudden those who stayed behind become in many instances ‘richer’ than those who had migrated. Many of the migrants interviewed commented bitterly on this, acknowledging that sometimes people in Italy live better than them and that they would have been better off if they had never moved

I don't know what I would do if I could go back in time. People who stayed behind are as well off now as those who left. I'm not sure ... maybe I would do everything again, I'm happy how my family and work have turned out but there are other Italian emigrants who live a very hard life.

(Franco, Italian study, interview location: London, October 2003)

Even if the economic need for remittances is not there any longer, it does not mean that migrants have stopped transferring resources back ‘home’. This now takes place mainly through the purchase or renovation of properties and the sending of presents (as previously identified in our discussion of ‘caring about’). Economic remittances have now transformed into cultural remittances, aimed at keeping and strengthening emotional ties with the places of origin, highlighted earlier in the analysis.

Section 5: Boundaries and Obligations

What is clear from our analysis of reciprocal caring exchanges is that underpinning these personal networks which are transnational, inter-generational, intra-generational, and also vary according to gender, there are financial and cultural constraints that dictate the kind of care that should be done in the family. These are tied to moral boundaries and obligations that individuals have to their family, as well as the gendered expectation that they have to subscribe to certain norms and values. For example, from Anna's interview it emerges that she feels morally bound to provide family care and how her identity as a woman would be affected if she failed to do so. She also reveals her mistrust of external agencies providing care, a mistrust also shared by other migrants:

Elisabetta: So it’s 20 years that you look after your husband night and day?
Anna: Yes. If you don’t wash his face he stays with a dirty face, if you don’t feed him he goes without food, he doesn’t ask for anything, you have to think things for him.. I have to look after him always, night and day!
Elisabetta: And do you get any help from the Council?
Anna: No, No, they always ask me if I want any help but thanks God I always managed and I can still manage!
Elisabetta: You don't want help?
Anna: No!
Elisabetta: Why not?
Anna: Because I can manage, I don't need help.
(Anna, Italian study, interview location: Peterborough, March 2004)

Carmela’s experiences reinforce Finch and Mason’s (1993) notion of ‘kinship morality’ and the fact that a set of moral discourses informs our behaviour towards kin. People negotiate their relationship within these moral guidelines and according to context (Williams, 2005).

In both studies, the young people’s expectation of caring responsibility and the sense of obligation they felt towards their parents were openly discussed:

I feel an obligation to my dad because he helped me out a lot in my life, you know, he helped me get my flat, he helped do the kitchen for me, he helped do my bathroom for me, you know, he’s always been there, you know, throughout growing up in my life, I’ve always been Daddy’s girl, and I kind of just feel obligated to do what he says all the time, you know. You know, my boyfriend, he’s like, “Oh well, you spend more time with your dad than me”, he always saying that. But I don’t know, I just can’t help feeling obligated and responsible to him. I just can’t help it, you know.
(Natasia, Caribbean study, interview location: London, November 2003)

Elisabetta: And what do you think will happen to your Mum when she gets older? Who will look after her?
Cristina: Well she … my sister has a full-time job and she’s always really stayed at home with my parents. My brother’s close family lives in Bromley so I wouldn’t mind looking after my Mum (…) and I have to think about Rob but he is one of the nicest people you could ever meet and would never ever object to anything because he know it’s my Mother. But I think I would be the one who would offer to.
Elisabetta: You would feel like doing it?
Cristina: I’d feel like doing it yes. She’s done so much for me that would be my return for her.
(Cristina, Italian project, interview location: London, November 2003)

All the young people agreed that they would contribute towards care provision when their parents got older and/or experience ill health. Although their justifications varied as to the reasons why they would provide care, common themes running throughout the young people’s accounts was that ‘it was the right thing to do’, ‘they owed their parents’, ‘it is expected of them’, ‘no other option’, ‘It’s not even up for discussion’, and ‘it’s a given I will do it’. It could be suggested that the young people’s strong sense of personal obligation and expectation to provide care for their parents is based on certain norms and values where it is expected that children will reciprocate care to their parents to repay them for the sacrifices they made in bringing them up and to return this care they receive. However, in questioning the young people about the practical reality of caring for sick and/or elderly parents and what they think this would entail, it was difficult for them to envisage the type of practical and domestic care assistance required, because their parents were relatively young and healthy. The following quotation gives us some indication of this:

Yeah, I will take care of them [parents]. I kind of find it difficult to envision them getting old. I don’t know what happens when you get old. I don’t know what they’re going to need, if you know what I mean? I just assume while they’re together they’ll be all right. I mean, in Jamaica everything’s so cheap there, you know, it’s easy to get people to come and cook
and clean for you, and this kind of thing, you know what I mean. So I don’t really see myself physically taking care of them, but I think if one of them dies, and they’re a lot older, say in their 60s or 70s I guess I always thought, they’d come live with me. (John, Caribbean study, interview location: Jamaica, June 2004)

In contrast to young people’s accounts, the older respondents had direct experience with caring for sick and elderly parents. They described the tensions, burden and feelings of guilt this brought them. As a result, the expectation and obligation to care was much more muted compared with young people’s accounts. Many of the respondents in the Caribbean study did not take it as an unconditional fact or unquestioned assumption that they would automatically care for elderly parents or elderly relatives. Instead these respondents took a more much pragmatic approach to family care provision. Their involvement in care provision was premeditated on the changing moral and cultural contexts they found themselves in, the strength of their particular kinship connections, consideration of the needs of others in their family unit or household, and the social and economic resources that they had available at any given time. Reciprocating care to those who had previously cared for them or who they expect to get care back from was also an important element in who they decided to care for:

Well, I mean I don’t know. My theory is … I don’t ‘do’ because I expect it back. That way you will never be disappointed. I ‘do’ whatever I can and whatever my heart tells me to do. Now if I don’t get anything in return the day that I am in need then that’s a different thing. (Rita, Italian study, interview location: London, December 2003)

The main beneficiaries of care provision were family members who provided strong care relations to them when they were children or later in life as adults (i.e., looking after their own children) and this were not necessarily their own parents. For example, in the Caribbean study, Jocelyn is a grandmother who is now retired. She spends half the year in the UK and the remainder in Guyana. As a child Jocelyn lived with her aunt and now she helps to care for her by giving her aunt money to pay for medical bills and dialysis treatment, and she also buys her medical equipment (e.g. blood pressure monitoring machine), and arranged for a live-in nurse to stay with her aunt. Jocelyn’s mother is also ill but she chooses not to contribute towards her mother’s care provision because she does not feel a sense of obligation or responsibility to care for her mother. The fact that Jocelyn provides care for her aunt while doing nothing for her mother has caused tension between Jocelyn and her mother, and a family rift between her aunt and her mother who are no longer on speaking terms. In speaking to Jocelyn about this she states:

Simply because mamma aunt was there for me when I was a little girl in a way that my own mother wasn’t. I don’t blame mother, she has her reasons but I don’t own her anything. Mamma aunt, I owe her, she treated me as her own and I have never forgotten that. Before when I was working and the children was younger it was harder for me to help because the little bit of money I made didn’t stretch far. But my children are all grown and with my pension and my widow’s pension I’m in a position to help her more now. She’s getting on in years it my turn to give a little, to help her out and make sure she’s comfortable and she has everything she needs because its what she did for me. (Jocelyn, Caribbean study, interview location: Guyana, July 2004)

Similarly, another respondent, Latoya, recollects that her mother funded her brothers’ visit to the UK so he could receive hospital treatment, and despite fact that she had to look after her children on a
relatively low income, because he had previously cared for her mother as child and assisted her with her migration to the UK:

Her brother, he got a ticket to come here [UK] but he turned it down because he could see that my mum was struggling, and she needed the opportunity more than he did, because he was doing okay for himself, so he gave it to my mum and she took it and came here. But then last year [uncle] wasn't well, so she bring him up [to UK] so could have an operation and he stayed with us until he got better, now he's gone home but she still sends a small piece for him to buy his medication.

(Latoya, Caribbean study, interview location: London, February 2004)

This confirms the point made by Komter (2005) that informal care support is selective going mainly to those who are in the position to reciprocate (or have done so in the past). She argues that the bigger care providers are also the bigger receivers, thus leaving out those who are in the weakest positions within families.

In Italian families norms and obligations towards elderly care seem less negotiated and linked to past experiences of care than in the Caribbean families. Both Marta and Silvia felt the obligation to care for their parents even though they felt neglected as children by their parents and had several problems with them when they were young. The notion of ‘prescribed altruism’ – that is the strongly felt inner norm of being obliged to demonstrate solidarity with aged family members (Finch, 1993) – seems relevant for interpreting these Italian people practices.

Complex negotiations occur within family relationships regarding kinship responsibility and care provision. This is likely to be further exacerbated where family members live great distances apart. Finch and Mason (1993) distinguish between explicit and implicit processes of negotiation occurring within family relationships concerning decisions over which family members will undertake the caring work. Explicit negotiations signify and involve open and clear discussions, often referred to as ‘family get togethers’ or ‘family conferences’. Implicit negotiations involve decisions and negotiations that occur without open discussion. Explicit negotiations occurred more often in Caribbean families, and implicit negotiations were found more in Italian families, although both types of negotiations were identified in both Caribbean and Italian families.

Explicit discussions between family members either happen face-to-face or on the telephone (with individual family members or teleconferencing) and do not usually include all family members but a selected few (Finch and Mason, 1993). In the Caribbean study, the young people were able to clearly identify family members, or what we term the ‘key players’, who were usually involved in this negotiation process. The young people in the study also used family discussions to keep abreast of family events and strengthen kinship bonds. The ‘key players’ were generally family members who are regarded as the most respected and/or senior family members:

Definitely my uncle, my dad’s oldest brother, he’s the head of the family. He lives in Canada. Usually if there’s a major issue or problem to sort out and you want the family to help then everyone goes to him for advice. He usually knows what is going on and what everyone is getting up to, even if you haven’t told him someone else will have phoned him and told him about it. My dad, uncles and aunt jointly own the house and lands my grandparents left them and after they died he’s been managing the property and getting repairs get done and taking care of things down in Guyana.

(Carl, Caribbean study, interview location: Birmingham, December 2003)
Other young people in the Caribbean study were also asked to identify who they perceived to be the head of family or family members usually involved in decisions and discussions concerning transnational family care provision. From their responses it is clear that who were the ‘key players’ was based on the inter-relating factors of age and gender (i.e., oldest male sibling); socio-economic status (i.e., affluent family member with most money and resources) or professional/educational status (i.e., most educated). Other family members also involved in these discussions – although not necessarily ‘key players’ - included those family in close contact with each other and those who live with or are in close contact with the family member who requires care. Also present in these negotiations is the family ‘link person’. This is the family member who acts as the family conduit, passing information and news between family members and connecting those living in different parts of the world or country. These family discussions are rarely egalitarian whereby family members present have an equal say about decisions. More often than not other family members are informed of decisions after the ‘key players’ have decided. In addition, those family members involved in decision-making process may not themselves be involved directly in the practical day-to-day aspect of care provision.

Implicit negotiations could be ‘tacit’ or unspoken agreement between family members and this form of negotiation occurs for a number of reasons. Firstly, there is the ‘obvious’ and ‘taken for granted’ person to provide help where necessary or needed; therefore the negotiations remain unacknowledged (Finch and Mason, 1993). The quotations below from married couple Paolo and Marcella describe how they became the family’s main carers because they had no children themselves, therefore it was expected of them to care for their elderly relatives:

Paolo: In 1960 we moved into this house in the October so we have been 43 years in this house. We moved here primarily because Marcella and I were getting married and I was looking after my mother when my father died and so I could continue to look after my mother when we moved into this big house […]. We have no children but we believe we were destined to look after all the old people of the family because we looked after her mother and father and we looked after my mother and my uncle and older relatives we looked after […]. When he was dying (my father) he said to me ‘Will you look after your mother?’ And I said ‘Of course I will look after her, I promise you I’ll look after her forever!’ So when the time came when I was to get married the one thing I said to my Wife was ‘I’m very sorry but we have got to look after my mother’ [and with that goes my uncle as well]. She agreed and she was excellent and looked after her very well and they became very close friends […]. Whenever we went anywhere we took them with us. If we went on holiday we took them with us.

Elisabetta: Who?
Paolo: Her mother and father and my mother, 20 odd years we took her backwards and forwards to Italy with us every year.
Elisabetta: Did you share these responsibilities with your brothers?
Paolo: No we couldn’t. My brother lived three miles away […] he used to come here every evening on his way home from work […] Then mother died and that was it. […] Then he got fed up with Catford and he went to live in the country. It was me having a responsibility for everything […] So it was difficult …
Elisabetta: But you were working too?
Marcella: Yes but I was working part-time and I didn’t have a family so it really came down to me.
Elisabetta: Would you have liked to have had more help from your sister?
Marcella: No […] I did it very willingly because I knew she had three children and she’d had this baby late in life that was unexpected […] And Paolo always backed me
Implicit negotiations also involve those caring decisions that are sometimes taken unilaterally by individuals to avoid potential conflicts with other family members. In the Caribbean study, discussions over family property or land were one arena where implicit negotiations generally occurred, because primary sources of conflict and tensions between family members arise over land and house ownership, repair and maintenance costs. Neville, a Guyanese man living in the US, returned to visit the family home in summer 2004 after a series of floods had created extensive damage to the property. During his interview Neville spoke of the recent family tensions over who was going to cover the cost of repairs. It was assumed by family members that because he was visiting Guyana and he could view the flood damage first hand then he should meet the cost of repairs despite the fact the property was jointly owned with his siblings in the US and UK. Therefore, to avoid further conflicts and arguments with his siblings Neville decided to pay for the repair costs himself even though he felt overburdened by the responsibility to meet this demand. Neville expressed strong frustration that his efforts to repair the house went unrecognised and unappreciated by his siblings. However, it could be suggested that Neville's refusal to open the matter up for explicit negotiation, where he could renegotiate this caring responsibility and question his family's 'taken for granted' that he should meet the repair costs of the jointly owned home with his siblings, means that he was complicit in allowing this financial burden to fall on him.

Another highly salient element of care and provision in transnational Caribbean and Italian families is the way in which the community is used as a social resource. In the last section we focus briefly on care provision that goes on beyond family network and into voluntary and community organisations.

**Section 6: Beyond the Family: A Note on Community Care**

Care provision can be discussed in the broader community context and encompasses both unpaid and paid work within community associations. In this sense community care reinforces the interdependent relationship between family and the wider socio-cultural context. In a previous study (Reynolds 2003) one of us advanced the concept of ‘community parenting’ to reflect firstly, the social and collective responsibility Caribbean parents have for children (and other vulnerable members) who they are not biologically or legally related to, within their local community. Secondly, the concept highlights the work and activities that go on within community associations, and Caribbean people’s active, collective and political struggles around racial inequality and survival. Thirdly, it demonstrates that caring and parenting extends beyond the domestic sphere and familial or kinship ties into public, non-familial activities. Caring work is not only motivated by self-interest but also by social commitment to values and to an ethics of care (Sevenhuijsen, 2000). The provision of role models is part of the caring responsibility to family and community (e.g., Saturday schools, black churches etc), with the purpose of encouraging future generations to emulate and aspire to future success.

Reciprocal relationships and care also happen beyond Italian families, for instance in community organisations. A variety of associations, welfare organisation and churches are active in offering services and information to UK-based people of Italian origin. They are usually divided in two main camps, reflecting divisions in the country of origin: namely those of Catholic origin and those of the Left-wing linked to the trade union movement. In spite of the apparent differences, both types of
organisation, however, run very similar activities often targeting the same group of Italians who may participate in each of them during different days of the week. In the sphere of elderly care, for instance, they both organise informal weekly groups that function as day centres for retired Italians. There are also supplementary schools for teaching Italian to young people as well as recreational activities for different sectors of the Italian population (youth, women, the elderly, drug addicts). Many of the interviewees were actively involved either as volunteers or simply as participants in these organisations as well as in village-based and professional ones. Their participation in them was dictated by a sense of solidarity with other-Italians in need as well as by the rewards that these activities gave them in terms of sociability and self-fulfilment.

Conclusion

In this paper we have shown how caring reciprocal relationships operate in ethnic minority families, taking into account both their local and transnational commitments. We focused on different forms of care circulating within transcultural and intergenerational kin networks, encompassing caring about and caring for, and on the boundaries within which responsibilities and obligations are negotiated. This cross-cultural comparative analysis revealed both similarities and differences between (as well as within) Caribbean and Italian transnational families. In both groups we find individuals enmeshed in a complex web of relationships linking them to wider kin groups located in a variety of geographical contexts and to their wider communities both in the UK and abroad.

In particular, we found caring about to be similar for both the minority ethnic groups studied (for example, family visits 'home' and regular long distance telephone calls are a central feature of family life). This is probably due to the migration experience itself, which resulted in family separation across geographical locations. As a consequence of migration, individuals in both groups place great importance on kin-keeping, and devote time and energy to this activity. Cultural remittances are another important element used by both Caribbeans and Italians to maintain cultural connections to their place of origin and renovate their ethnic identity.

Caring for, in both groups, is multi-directional, flowing across and within the generations as well as countries. We clearly demonstrate that care is an everyday activity in which all of our interviewees are involved. Not everybody is equally involved as care-giver or care-receiver, however. Care is a gendered and selective activity and we have shown the different areas of women's and men's involvement as well as the ways in which care is allocated within families. In this context, we noted how Caribbeans' decisions were discussed more often openly than in the Italian case, where they tended to be more implicit. We believe this reflects the more negotiated nature of Caribbean family responsibilities and the more prescribed nature of Italian ones. With regards to care provision our analysis illustrates that geographical distance from family members living in the Caribbean, Italy, the UK and elsewhere, does not necessarily influence the decision to care and the resources made available. Nonetheless, negotiating the moral boundaries and responsibilities of care is affected by this transnational dimension.

Finally, despite the importance of the family for key care provision, Caribbeans' and Italians' caring arrangements also extended beyond the family. Both groups rely on extensive networks of community groups and associations which provide services and assistance to different sectors of their populations. Our comparative study exploring caring responsibilities and activities undertaken within Caribbean and Italian communities reveals the many nuances of family life, and also the processes by which cultural norms, values, attitudes and behaviour are transmitted, transformed and maintained across generations and geographical distance. As we have shown, care is a crucial social resource in sustaining family and kinship relationships. Yet this factor is largely unrecognised
in current policy debates around care provision. The future policy agenda for family and kinship care should develop policy initiatives that move beyond simplistic notions of dependency and instead reflect the complexity of care provision within families and communities revealing a myriad of reciprocal, interactional and interconnected relationships.
References


