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## (Trans)National Intergenerational Care Contract : Attitudes and Practices of Transnational Families towards Elderly Care

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## (TRANS)NATIONAL INTERGENERATIONAL CARE CONTRACT. ATTITUDES AND PRACTISES OF TRANSNATIONAL FAMILIES TOWARDS ELDERLY CARE

In this article I am focused on the functioning of the transnational intergenerational care system. This is dynamic, as it is bound up with the life cycle of the transnational family, and on the one hand, denotes practices associated with any assistance parents provide to their migrant children and on the other – in the event of elderly people being faced with health and basic living problems – with the phenomenon of migrants caring for their parents in old age. The transnational system of care also incorporates the involvement (or lack of involvement, as far as this triggers consequences that are of relevance here) of relatively immobile people, for example the siblings of migrants who provide (or not, as the case may be) domestic support for their elderly parents. In this article I adopt the thesis that migrants who function in different care regimes change not only their own but also their parents' attitudes towards elderly care.

Key words: transnational families, elderly care, migration, social remittances

### INTRODUCTION

Population ageing within societies, including Polish society, draws attention to the healthcare needs of older groups of people. These needs are usually met by members of the closest family. Yet, for some time, there has not only been a decline in birth rates but also a steady increase in economic migration, which together give rise to the question of who will provide care for the elderly in the future and how they will achieve this. The Polish culture of providing care (both for the elderly and children) is strongly associated with kinship networks. The Polish intergenerational contract operates under the assumption that retired grandparents will be involved in caring for their grandchildren, and when they themselves need care, it will be provided to them by their children. The transnational involvement of certain members of the kinship network is changing the nature of expectations and opportunities for care provision by the closest family members. At the same time, transnational relations have intensified

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due to the development of new communication technologies, relatively inexpensive and fast international flight connections and the liberalization of migration policy. It would therefore appear that maintaining contact with those left behind in the sending society is currently easier than ever before. This is particularly important due to the aforementioned societal ageing process. Migrant family members live in a state of geographical dispersal, embracing different nations. Despite being separated by the borders of nation states, migrants care for their own children, parents, grandparents, siblings and other relatives not taking an active part in the economic migration process. On the other hand, the aforementioned parents, for example, of the migrants care for their own grandchildren either in the country of origin or in the country to which these grandchildren's parents migrate. Numerous patterns and strategies for maintaining ties are created and maintained by transnational social spaces.

In this article I am focused on the functioning of the transnational intergenerational care system. This is dynamic, as it is bound up with the life cycle of the transnational family, and on the one hand, denotes practices associated with any assistance parents provide to their migrant children, and on the other with the phenomenon of migrants caring for their parents in old age, in the event of elderly people being faced with health and basic living problems. The transnational system of care also incorporates the involvement (or lack of involvement, as far as this triggers consequences that are of relevance here) of relatively immobile people, for example the siblings of migrants who provide (or not, as the case may be) domestic support for their elderly parents. In this article I adopt the thesis that migrants who function in different care regimes change not only their own but also their parents' attitudes towards elderly care. Distinguishing three model types of regimes: familialism by default, supported familialism and de-familialisation (Saraceno and Keck 2010), I shall analyze the issue of care of the elderly (as an example of the intergenerational relations related to the social security systems) in the situation of emigration from Poland (which is for us an example of the sending society representing "familialism by default") to Iceland (being an example of the host society representing "de-familialisation") and Austria (being an example of the host society representing "supported familialism").

## EUROPEAN REGIMES OF SOCIAL SECURITY AND MODELS OF CARE OF THE ELDERLY

The term "care" (as different from other intergenerational relations) will be used here with reference to at least four analytical types of socio-cultural practices. In the context of old age, care means, firstly, help in everyday life, personal care (help with basic activities of daily living such as bathing, dressing, feeding, and movement). Secondly, we mean here "life management", or practical assistance in the household, helping in instrumental activities necessary in the proper functioning of the needy (such as paying bills, shopping, cleaning, and cooking). Thirdly, care means supervision (of people suffering from dementia, for example). Fourthly, accompanying the elderly in their everyday lives is an important social aspect of care (Timonen 2008). The abovementioned types of support on the one hand result from normative (moral) duties which could be called filial responsibility (Silverstein, Gans and

Yang 2006), and, on the other, are not established forever, but are continually being worked out and negotiated (Finch and Mason 1993).

Sara Arber and Jay Ginn present a typology of a wide range of potential caregivers and distinguish the following kinds of care: a) paid home care, b) a marital partner, c) another member of the household, usually an adult child, d) a relative who lives outside the household, usually an adult daughter, e) local community – friends and neighbours, f) a state which grants care to the elderly in their homes, g) a state which grants care to the elderly in a residential setting (Arber and Ginn 1991: 129). Therefore, one can analyse the care of the elderly in various social spaces and by various carers. Virpi Timonen suggests a continuum ranking with formal, professional paid care on one end, and informal, usually unpaid care by family members on the other. In the middle lies usually unpaid care delivered by neighbours, friends, or non-governmental organizations typically in the recipient's or carer's home. However, says Timonen, "it is essential to note that the boundary between formal and informal is becoming increasingly fuzzy as governments make payments to facilitate and encourage informal care" (Timonen 2008: 111). The clarity of the distinction becomes even fuzzier when we take into account the global flows of care and their influence on the transformations in practices of caring for the elderly at home (this time by migrants). Some scholars like Dawn Lyon (2006) stress the fact that the demand for informal care on the part of female immigrants results from the culture of care dominant in the host society.

As I mentioned in the Introduction, in the empirical analysis I shall take advantage of the three models of regimes, proposed by Chiara Saraceno and Wolfgang Keck (2010), which refer to the ways societies handle the security of dependent people: children and the elderly, both in the sense of care for them and of material and financial assistance. Saraceno and Keck's ideas will be complemented by the model developed by John Bond and Gregorio R. Cabrero (2007). For the sake of this article, individual types of regimes will be described in the context of relations between adult children and their elderly parents.

**Familialism by default** means that the support of a family in the scope of intergenerational obligations on the part of public institutions is minimal. In this case, the closest family is responsible for the care of the elderly, and the legal system is the guarantee of their social protection. In other words, children have a legal obligation to support their old parents. Poland (and most Central and Eastern European, as well as Southern European countries) is an example of this situation, unlike Iceland (or Norway, Sweden, and Finland). It is fruitful, however, to point out the other side of the coin. In the model of intergenerational relations analyzed here, the grandparents are often responsible (not legally but culturally) for the care of their grandchildren (Krzyżowski 2011). John Bond and Gregorio R. Cabrero (2007) describe this type of organization of social life in terms of the model of transition in Central and Eastern Europe (Czech Republic, Hungary, Lithuania, Latvia, Poland, Slovakia, and Slovenia). The model is characterized by low financial expenditures by the state institutions on the health service and on long-term personal care of the elderly. The inadequacy of state institutions supporting the elderly who need care is often compensated for by non-governmental (including religious) organizations. Similar to this, and also containing crucial elements of the "familialism by default" regime is the Mediterranean model (Greece, Italy, Portugal, and Spain). Here too, like in the Eastern European model, the system of institutional assistance

is underdeveloped. Family, friends, and religious organizations are the most significant actors providing long-term care for the elderly. However, according to Bond and Cabrero, transformations in the system of social roles played by women and changes in the family structure led, in some countries (mostly in Italy and Spain) to the growth of the public care system which supports families taking care of the elderly (Bond and Cabrero 2007: 139). This transformed system is based to a large extent (particularly in Italy) on the work of female immigrants from Central and Eastern Europe as well as from Asia (see Lyon 2006). Arlie Hochschild describes those phenomena using two concepts: “global care chains” and “care drain”. According to Hochschild, we now have to deal with a global trend, “the importation of care and love” from poor to rich countries:

But in addition to this brain drain there is now a parallel but more hidden and wrenching trend, as women who normally care for the young, the old, and the sick in their own poor countries move to care for the young, the old, and the sick in rich countries, whether as maids and nannies or as day-care and nursing-home aides. It’s a care drain (Hochschild 2004: 17; see also Parreñas 2001; Lyon 2010).

**Supported familialism** means support for the caregivers, mostly in the form of financial transfers, tax reduction and paid leaves. The kind and level of support often depend on the financial situation of the household caring for the elderly. This kind of regime of intergenerational relations is popular in countries which follow the Anglo-Saxon model, in which people have a universal right to healthcare. Personal care still remains, to a large extent, a matter of close family members, but there is also access to institutional assistance in the form of a personal care assistant (although only on a basic level). In the continental (Austria, Belgium, France, Germany, Luxemburg, and the Netherlands) model, as in the Anglo-Saxon model, there also is a division between institutionalized and noninstitutionalized care, but the latter is supported by formal institutions caring for older members of the family.

**De-familialisation** is a regime of organization of intergenerational relations in which every person in need is entitled to the care delivered by state institutions. De-familialisation occurs, in its purest form, in the Nordic model (Denmark, Finland, Norway, Iceland and Sweden), which is characterized by the strongest (in comparison to the abovementioned models) participation of the state in the field of care services. The state actually replaces the family in personal assistance to the elderly. In this model, there is no legal family obligation of care (which takes place, in some cases, in the Anglo-Saxon and continental models, and is in the Eastern European model a legal and cultural standard). In Iceland, such a legal family obligation was waived in 1991.

An obvious weakness of abstract models is that they pass over internal differences. Let me consider two cases most interesting to us: the Eastern European model (embracing Poland) based on “familialism by default” and the Nordic model (embracing Iceland) based on “de-familialisation”. Despite some similarities, it would be difficult to describe (as Bond and Cabrero do) Slovenian and Polish systems of the long-term care of the elderly. In Slovenia, the percentage of people who are clients of residential care is twice as high as in Poland (Saraceno and Keck 2010). The Nordic model, similarly, is too general. According to Dietmar Rauch (2007), it does not reflect any empirical reality. Rauch is of the opinion that

there are significant differences between the Nordic countries in the field of social support to the elderly, and it is not true that the overwhelming majority of old people live in “nursing homes”. Moreover, the situation in the field of social security is dynamic and most processes are reversible. Marta Szebehely (2005), for instance, points out that the number of people taking advantage of residential care in Sweden is decreasing and the informal care offered by female migrants is increasing.

## RESEARCH METHODOLOGY

I have sought answers to this question within the framework of fieldwork conducted from 2010 to 2012 using mixed-methods research. During the course of several research projects, I analysed two transnational spaces, the Polish-Icelandic and the Polish-Austrian. The research incorporated Polish migrants in Iceland and in Austria as well as elderly people living in Poland who were faced with a situation in which at least one child had migrated for economic purposes at least one year previously. During the course of the quantitative research (based on an online survey and telephone interview), these separated communities (i.e. the migrants and the elderly people) were not at any point united for organisational reasons. However, the qualitative research was carried out in accordance with the guidelines set by multi-sited ethnography and designed in such a way as to subject transnational kinship networks to analysis by incorporating migrant children in the two receiving states (Iceland and Austria) as well as their parents (and sometimes siblings or other carers as well) in the sending state (i.e. Poland). The case studies, embracing Poland, Iceland and Austria, were not selected at random. Each of the analysed states is notable for exhibiting a distinct culture with regard to caring for the elderly. The type of mobility in the Polish-Icelandic social space is different to that in the Polish-Austrian social space and the immigrants’ conditions for functioning also vary among the receiving states being analysed here, which fundamentally dictates the scope and form of the models of support for elderly parents implemented by their migrant children. I am therefore writing about cultures rather than care culture and migrant cultures.

## FAMILY COMMITMENTS IN TRANSNATIONAL SOCIAL SPACES. OLD, MODIFIED AND NEW TYPES OF CARE PRACTICES

Migration is a decision taken by the whole household, so its direction, scope and the scope and form of its implementation of any intergenerational commitments are subject to negotiation (particularly in the case of migrant women). In the event of parents requiring care, the assistance provided by migrants involves forms of support (and/or social and financial remittance) which have been categorised into three types on the basis of the degree of transformation occurring within the Polish stationary care culture: a) practices which, despite the migration, can be pursued equally by migrants and the relatively immobile actors in the family network, for example: emotional support, consultation, and assistance in locating legal information relating to health and various services; b) practices which, in transnational spaces,

are subject to modification, for example: monitoring their parents' living circumstances using Skype (e.g. making doctor's appointments), shopping over the Internet, paying a person to assist their parents with practical day-to-day activities such as cleaning and cooking, and paying bills over the Internet; c) new practices resulting from migrants functioning in transnational spaces, for example: providing financial assistance (both direct and mediated) for their parents, which never occurs in principle within the Polish stationary care culture; technical assistance such as installing new devices in their parents' home which have been imported from the countries of immigration and are meant to make their lives easier; medical consultations in the countries of immigration on their parents' state of health and the delivery of medicines; and teaching parents how to use a computer and the Internet.

Migrants are therefore normally responsible for financially supporting their parents, helping them to pay bills and to finance extra visits to the doctor. The non-migrating members of the family support their parents mainly by assisting in the household, helping them to get around and maintaining their personal hygiene if required. Even though a division of labour between siblings with regard to care duties may appear rational and functional, it may lead to tensions (particularly *gender* tensions) which are an integral part of this very division. In the event of the only daughter migrating, the son rarely takes over the responsibilities that are culturally ascribed to his sister, which leads to tension and conflict. The fulfilment of commitments in a migration context therefore sometimes requires multiple sacrifices on the part of migrants, particularly from women, especially if they are to be faced with the double responsibility associated with the additional need to care for their own offspring. Such a situation not only precipitates a need to make difficult choices connected with whom to help and in what capacity, but also triggers a need to acquire additional funds, e.g. by taking advantage of charitable assistance in the receiving country.

One important consequence of migrants caring for their elderly parents from afar is the emergence of new global social inequalities. Migrants, in their desire to act in accordance with the Polish culture of caring for elderly parents, make many sacrifices in the societies for which they depart in order to provide social security for their parents in Poland. The inequalities associated with migrant children caring for their parents first and foremost mean that the migrant children's motivation to help their elderly parents can lead to migrants being ascribed a low status in the receiving societies. Some of the migrants' behaviours, exemplified by their taking advantage of charitable assistance in Iceland or taking up illegal employment in Austria, both of which aim to maximise the financial resources that are essential to support their loved ones in Poland, are judged negatively by the receiving societies. In the meantime, providing their parents with social security from afar leads to a situation in which the elderly parents' households can have greater material resources at their disposal than the households of senior citizens whose children have not migrated. Secondly, the inequalities associated with migrants caring for their parents mean that those migrants who have (often double) family commitments find themselves in a worse financial situation than those migrants who do not possess such commitments. Thirdly, inequalities that are *gender-based* in nature need to be taken into account, because it is women who are traditionally responsible for caring for dependents.

## POLISH CULTURE OF CARE – MODIFICATIONS IN TRANSNATIONAL SOCIAL SPACES

We should consider the change in the optics and the evaluation of the Polish culture of care from the perspective of functioning in the other organizational systems of intergenerational relationships: de-familialisation in Iceland and supported familialism in Austria. How do transnational activities, providing support to parents and contacts with the other cultures of care, change attitudes of the respondents (migrants) and their parents towards the Polish model of intergenerational relationships?

The analysis of the attitudes associated with the intergenerational obligations should begin with a presentation of the data concerning family support in different areas of life. Polish respondents to the SHARE survey often declared (at the highest rate of all the thirteen surveyed countries) high support for family solutions in help for dependents (children and the elderly). For example, three quarters of respondents strongly agreed with the statement that grandparents should help their children in the care of their grandchildren. As well, in the area of financial assistance to grandchildren Polish respondents declared, at a higher rate than the other thirteen states, that grandparents should contribute to the financial security of grandchildren. However, in the Nordic countries this type of family solution was not accepted. Respondents from Austria and Germany agreed and disagreed at an equal rate with the statements claiming that older people should take care of the welfare of the younger generation. My research in Iceland and Austria shows that migrants are much more critical of family solutions than the Polish respondents in the SHARE survey (Tab. 1).

**Table 1.** The attitude towards the care of grandparents to their grandchildren

		Country of immigration		Country of emigration	
		Austria (N = 381)	Iceland (N = 430)	Poland (N = 1593) National sample	Poland (N = 500) Parents of migrants
Grandparents should take care of their grandchildren	I strongly agree/ I agree	25%	27%	75%	67%
	I neither agree nor disagree	38%	30%	14%	9%
	I strongly disagree/ I disagree	37%	43%	11%	24%
Total	100%	100%	100%	100%	100%

Source: the own study conducted among migrants (online survey) and the elderly with at least one migrating child (telephone interview), and SHARE



The data presented in the table above (see Table 1) shows that in the case of Poland certain patterns of behaviour are naturalized, taken for granted, and are not the subject of intense negotiations. Only in the case of cultural contact are they questioned and redefined, and the scope of assessment is much more dispersed in the studied group of migrants than among Poles taking part in the SHARE research. Although the respondents from Poland – both within the frames of the national sample of older people participating in the SHARE research, as well as within the sample intentionally selected for the parents of migrants – mostly agree with the analysis presented here, most migrants from Austria expressed neutral (neither agree nor disagree) opinions, and the migrants from Iceland very often did not agree with these proposals. Interestingly, the parents of migrants were more sceptical of the expectations, rooted in Polish society, regarding the protective role of grandparents. This may prove that not only migrants change their opinions about the Polish culture of care, but also by implementing more institutionalized forms of support of their parents from a distance they alter the opinions of their elderly parents. Those grandparents who declared that they helped their migrant children by taking care of their grandchildren (children of a migrant son or daughter) agreed with the statement that the responsibility of grandparents also includes taking care of their grandchildren more often than those who did not help the children in the care of their grandchildren, by an average of ten percentage points.

Analysis of the data in the table (see Table 1) leads to two main conclusions. Firstly, the migrants, compared to the respondents in Poland, are much less favourable to the involvement of older people in the care of their grandchildren. Secondly, the migrants from Iceland more often oppose this form of support than migrants from Austria, which is the result of the second group more often benefitting from the aid of their elderly parents in caring for young children than do the first group. These results may also support the thesis that migration and cultural contact with other types of societies where the level of individualism is much higher leads to a change, at least at the declarative level, in how family obligations are perceived. However, it is worth emphasising at this point that the individualisation in the process of migration increases awareness of their autonomy within the relations to the family network, but it does not mean weakening of intergenerational relationships. Migrants (especially those who migrate to Iceland) quite frequently communicate with parents, and although they relatively rarely (usually once a year) return to Poland, they stay there for a long time (at least a month).

The qualitative research shows that the rate of support for elderly parents to care for their grandchildren depends largely on whether the migrant children were looked after by their grandparents. Those migrants whose parents helped with childcare often stated that, despite the wide range of an institutional support, the support of grandparents is very important because they can always count on them, particularly during holidays and at times when the nurseries are closed. In the opinion of this group of migrants (especially in the case of migrants from Iceland) a kind of ambivalence appears. On the one hand migrants are grateful to their parents for help, but they also state that their grandparents raised children on their own and now they deserve a rest. Ambivalence in the assessment of the aid in the care of young children by older parents also appears when methods of upbringing used by their parents are different from those used by the migrants. This is a situation which leads to tensions and conflicts,

especially in situations where parental support is very much needed. Situations that, according to the respondents, were difficult for them because of conflict with parents, indicate that we are dealing with the tension between individualism and collectivism. In several stories there was a problem concerning the fact that migrants, in the opinion of their parents, do not spend enough time with their children, and instead of taking them, for example, to church, they prefer to go to the pool to take a break from parental duties. Similarly, holiday trips taken by migrants were sometimes criticized by their parents and evaluated in terms of snobbery and egoism, when young children need to be cared for by their grandparents. The intergenerational differences, additionally strengthened by cultural contact with a different (individualistic) society, are seen not only in the presented stories, but also in the attitudes of the respondents in my research and within the frames of the SHARE project (Tab. 2).

**Table 2.** The attitude towards the thesis: “The duty of parents is to do everything possible for their children, even at the expense of their own benefits”.

		Country of immigration		Country of emigration	
		Austria (N = 381)	Iceland (N = 430)	Poland (N = 1593) National sample	Poland (N = 500) Parents of migrants
<b>The duty of parent is to do everything for their children.</b>	I strongly agree/ I agree	23%	24%	<b>83%</b>	<b>57%</b>
	I neither agree nor disagree	23%	25%	7%	13%
	I strongly disagree/ I disagree	<b>54%</b>	<b>51%</b>	10%	30%
<b>Total</b>	100%	100%	100%	100%	100%

Source: the own study conducted among migrants (online survey) and the elderly with at least one migrating child (telephone interview), and SHARE

As you can see in the above table (see Table 2) just as in the case of the positive attitude of a respondent towards readiness to make sacrifices for the children of parents, migrants are less likely to agree with the statement analysed here than are older residents of Poland. What is interesting, similar to in the analysis of the statement considering taking care of their grandchildren by grandparents, here also can be seen (and this is even more noticeable) the influence of migrant children on the change of attitudes of parents of migrants. The proportion of migrant parents declaring support for the sacrifices of parents is nearly thirty percentage points lower than that of the respondents who do not have a migrant child.

The strategy of migrants coping with tensions associated with differences in beliefs and practices of care is interpreted by those educational methods used by parents in terms of maintaining the connection with the traditions of a sending society. The fact that the Polish grandparents care for their children is a fact of great importance for migrants. For many migrants grandparents caring for grandchildren “on emigration” function as “these ones who instil the roots” (Bengston et al. 2009; Gauthier 2001), transferring to them national and religious traditions. In turn, those surveyed migrants who have never used the help of parents in caring for young children or did it very rarely, often negatively relate to situations where the parents take care of (in Poland or in an another host country) children of siblings. In this case, grandparents caring for children of siblings were interpreted in terms of exploitation.

The differences between the Polish and the transnational culture of care are also evident when the analysis concerns financial support. In reacting to the statement that grandparents should financially support their grandchildren, migrants, irrespective to the country of migration, express much more individualistic attitudes than older people participating in the SHARE research. While in the SHARE study 83% of Polish respondents strongly agreed and agreed with the statement that grandparents should financially help grandchildren, the majority of surveyed migrants (50%) disagreed with this statement. Only 24% of migrants in Austria and 21% of migrants in Iceland agreed with the statement that the grandparents should help their grandchildren also in terms of financial support. Parents of migrants once again have occupied the central position in the continuum of individualism versus collectivism, this time in relation to a financial support for their grandchildren. Half of the migrant parents strongly agree or agree with the statement that it is the responsibility of grandparents to contribute to the financial security of grandchildren.

With regard to the care of older people, Polish culture also indicates the members of kin-family as those who should support elderly parents when they need it. How does the dimension of intergenerational relationships change when it is transferred to the transnational spaces?

**Table 3.** National (Poland) and transnational (Polish-Austrian and Polish-Icelandic) culture of care for the elderly.

		Country of migration		Country of emigration	
		Austria (N = 381) Migrants	Iceland (N = 430) migrants	Poland (N = 1593) national sample	Poland (N = 500) parents of migrants
Financial support	Totally/mainly family	10%	11%	23%	19%
	Equally family and the state	60%	60%	49%	45%
	Totally/mainly the state	31%	30%	28%	36%

**Table 3** cont.

Practical house aid	Totally/mainly family	45%	57%	70%	60%
	Equally family and the state	48%	38%	25%	31%
	Totally/mainly the state	7%	5%	5%	9%
Personal care	Totally/mainly family	20%	23%	47%	48%
	Equally family and the state	65%	59%	43%	41%
	Totally/mainly the state	15%	18%	10%	11%

Source: the own study conducted among migrants (online survey) and the elderly with at least one migrating child (telephone interview), and SHARE

The data included in the above table (see Table 3) show changes made in the course of migration in the perception of who should care for the elderly in the three dimensions of everyday life. In every area it is evident, above all, the differences between national, familiar (Polish) culture of care for the elderly and the transnational culture of care that includes the opinions of migrants functioning in de-familialisation (Iceland) and supported familialism (Austria) care systems for the elderly. In virtually every aspect, except personal care, the parents of migrants declare greater acceptance of non-family forms of assistance and aid than those respondents whose children do not migrate.

The smallest differences concern financial support. In this dimension the respondents are quite unanimous in their opinion that the financial security of older parents should be primarily provided by the state under a public pension system. However, as was emphasized in in-depth interviews by the respondents from Iceland, in situations when direct assistance to parents is not possible, the implementation of the duties by transferring them money reduces feelings of guilt associated with leaving their parents in old age. Implementation of the caring strategy involving financial support is rational behaviour, taking into consideration the fact that the average pension does not provide social security for older people in Poland.

In the terms of practical home aid (cleaning, cooking, laundry, shopping) major differences between the Polish (totally) and migrant respondents appear. Respondents in Poland, especially those whose children do not migrate, first choose family members as the persons responsible for helping the elderly with everyday tasks, such as laundry, cooking, cleaning and shopping. The responded migrants are in favour of a more balanced distribution of work between a family and the state in the field of practical domestic help.

Personal care (assistance with personal care, assistance in standing up and getting into bed, help in movement around the home) is similarly assessed. In the opinions of the responding migrants there is ambivalence that, on the one hand, they were brought up in

a Polish culture of family care and therefore feel a strong commitment to elderly parents, and on the other hand, different cultural social expectations regarding the care of elderly family members are the subjects of deconstruction and are negotiated within transnational social spaces. Interestingly, personal care is also important for parents of migrants, in that the (only) area in which they agree with the rest of the elderly is in regards to who should help parents maintain personal hygiene. These statements are confirmed by the analysis of caring practices which show that if a woman cannot perform personal care, the first social expectations (from family) are directed towards a son. Hiring aid from outside the family is the worst solution, according to the respondents, and is acceptable only if it is someone from an extended family or a community.

Analysis of the socio-cultural practices and attitudes in the area of helping elderly parents reveals some contradictions. On the one hand, migrants declare that the state should better support older people in Poland, while on the other hand, the range of activities that migrants undertake supports the thesis that, despite some attitudinal changes, in practice migrants fulfil family responsibilities, although differently than non-migrants in transnational social spaces. Helping the elderly parents of migrants is sometimes very onerous. Poles working in Iceland and Austria also have families (sometimes in Poland, and sometimes in the host society), and the additional burden of caring for elderly parents makes responding migrants undertake a number of strategies that maximize opportunities to support dependents, including elderly parents in Poland. These activities are not always met with acceptance by the host society. This is particularly evident in the case of migrants in Iceland, who, as we recall, are in a difficult situation resulting from problems on the labour market, and additionally support dependents, including their elderly parents, often using the help of charity and unemployment benefits to which they are entitled. Migrants in Austria generally do not experience such problems. This is firstly because they can be legally employed without major problems only since 2011, so in the case of potential problems with their job will be the basis to apply for support for the unemployed. Secondly, even if the migrants were working in Austria before 2011, due to the coordination of social security benefits, unemployment benefits may have been taken in Poland. Those migrants who have lost their jobs in Austria and are not entitled to support from the state on returning to Poland. Meanwhile, migrants in Iceland must stay in the country to collect their benefits. Leaving for Poland means for these migrants withholding their benefits, which has a negative impact on social security for dependents, including elderly parents. This leads to the emergence of different strategies that do not appear among the Poles in Austria, dealing with difficulties in the Icelandic society. Therefore, the next and the last part of this chapter will be devoted primarily to consequences of the implementation of family commitments by the migrants in Iceland.

## CONCLUSIONS

The transnational intergenerational care contract is always rooted in (at least two) specific nation states, which offer different solutions that enable or hinder the fulfilment

of intergenerational obligations. The results of the research do not indicate that it could be possible to analytically extract a global, universal care system – but transnational relations do function. Migrants move from one country to another and undertake activities (both in the country of origin and the host one) whose aim is to provide social security to mobile and relatively immobile family members. In this paper I have analysed the two examples of contracts that are implemented in the Polish-Icelandic and the Polish-Austrian transnational space. Each of them is a mixture of the two different systems of care for the elderly. The type of care for older people in Poland was formed following the dominant model of family-rooted social security. The cultural need for personal fulfilment of the obligations of children to their elderly parents, including care activities, is a relatively stable part of the Polish regulatory system, additionally supported by the institutional weakness of public support. In the case of labour migration and the subsequent contact with a different system of care (non-family), those obligations (and the methods of their implementation) are modified as a transnational system of care arises, but they are not about to disappear. Therefore, they require the setting of a new type of social practice under the modified intergenerational contract. It should also be noted that intergenerational transfers, described in the paper, are not one-sided and are not always necessary – parents often help their children working abroad and not all older parents require care. It is worth looking at care as a socially constructed system of socio-cultural practices that cause multiple tensions and ambivalent attitudes of people involved in them. The tensions concern all actors involved in the network of caring for an older person. In the case of migration, activities of support and care are constantly changing, but they do not disappear. New practices of support and aid appear, which in many cases require the use of new communication technologies, both by the migrants and their parents.

Not in all societies are aging and migration important phenomena that determine the shape and dynamics of social life, and not everywhere are they the subject of intense public debate. Iceland is an example of a state where the phenomenon of significant social and demographic migration is largely absent, and positive growth strengthened by the inflow of immigrants (mainly Polish ones) currently protects Icelandic society from the negative effects of aging. In Austria care for the elderly is provided by the public institutions, often in cooperation with a family that for a fee helps parents when they need it. Polish migrants in contact with the different methods of coping with aging change their own – naturalized in the sending society, but verified in the migration process – approach to caring for the elderly. At the level of attitudes and declarations a very big change has occurred, which, however, is in contradiction with the practices that are undertaken by migrants when they help their elderly parents. On the one hand, migration to countries that are called individualistic (such as Iceland), changes the attitudes of the migrant to those which are dominant in these societies. On the other hand, socio-cultural practices undertaken by these migrants are further indicators of behaviours which dominate in the collectivist societies. Interestingly, migrants in Iceland (thus in the country where the society is firmly on the side of individualism, not collectivism) were more likely than immigrants from Austria to declare unity with individualistic attitudes (for example they do not agree with the statement that parents should do everything possible for the good of their children), but also more of them are behaving in a manner indicating

the practice of such activities, which should be considered support of a rather a collective than an individualistic model. The change of Polish culture of care is made not only for the migrants to countries with different social systems, but also their older, relatively immobile, parents. They are also more sceptical about the family care system for the elderly than those older people whose children do not migrate. In general, contact with a “foreign” system of care for the elderly makes apparent the advantages of this system and the subjects often pointed out the need for implementation of even the elements of this solution in Poland (for example to inform families about the possible forms of assistance in caring for elderly parents). However, the basis of (trans)national contract of intergenerational care for the elderly is always a family. Thus, despite the fact that migration, particularly in Iceland, can affect the growth of individualism, a sense of social ties and family obligations are still strong. The relationship between parents and migrant children is non-exploitative. Parents often help migrants in care of their grandchildren, for example.

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#### TRANSNARODOWY KONTRAKT OPIEKI MIĘDZYGENERACYJNEJ.

#### POSTAWY I PRAKTYKI TRANSNARODOWYCH RODZIN W SFERZE OPIEKI NAD STARSZYMI

W artykule opisano funkcjonowanie transnarodowego systemu opieki międzygeneracyjnej. Jest on dynamiczny, związany z etapami rozwoju rodziny transnarodowej i obejmuje zarówno praktyki związane z opieką realizowaną przez osoby starsze nad dziećmi migrantów, jak i z opieką nad starszymi osobami realizowaną przez migrantów. W artykule przyjęto tezę, iż migranci, funkcjonując w różnych systemach opieki, zmieniają zarówno swoje, jak i rodziców postawy i praktyki opiekuńcze.

Słowa kluczowe: transnarodowa rodzina, opieka nad osobami starszymi, migracja, transfery, social remittances