

Intergenerational Solidarity Revisited: Migrant Families in the Dilemma of Providing Family or Elderly Care in the Context of the Covid-19 Pandemic and its Challenges*

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Abstract: The assumption that people live in one place with their lives guided by a singular set of national and cultural norms no longer holds true. The same applies for migrating due to various reasons with the aim of finding a better place to live. Instead, contemporary transnational migrants are accustomed to operating in several contexts of employment, leisure and political interests that extend beyond national borders. Yet, state borders still cut through the very core of the family life, forcing migrants to take difficult decisions about leaving, separation or arranging care of children and elderly, but also creating a certain degree of choice between two or more socio-political social and cultural contexts. Events of recent years have shaken established beliefs about the potential of transnational care networks. As the experience of the Covid-19 pandemic has shown, what once seemed to be enduring rules can be suspended for long periods of time.

For Poland, one of the countries affected by intense mobility to and from the country, discussions about the effects of migration on care networks are of paramount importance. As a direct consequence of mobility, the expectations and obligations that migrants (especially women) have towards the family they leave behind may change, shift or even remain unrestricted in spite of living abroad. Yet, establishing family care strategies for elderly family members in ageing societies is also based on the assumption of availability of migrant labour. Drawing on two sets of data, this article asks how intergenerational obligations were negotiated during the Covid-19 pandemic and whether the associated long-term restrictions on crossing national borders caused changes in patterns of care provision.

Keywords: Transnational care · Migration · Pandemic · Care strategies

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1 Introduction

Keith Halfacree (1995) emphasises that just as it is important to recognise the ability of migrants and their families to take advantage of the opportunities afforded by crossing borders, it is also necessary to simultaneously identify the anchors that hold them back. And one such anchor (*Grzymała-Kazłowska* 2013) that significantly affects the sense of mobility is the family remaining in Poland and the commitment to care. Until recently “invisible in theories of migration” (*Ackers* 2004: 390), today transnational care for children or the elderly is part of the global flow of goods, capital and labour. It signifies changes in the labour market (the sphere of care work), the emergence of new dimensions of global inequalities (*Abrego* 2014), transforms family structure through the emergence of transnational care chains, transnational motherhood and changes in intergenerational relations or the renegotiation of gender roles (cf. *Ehrenreich/Hochschild* 2002; *Krzyżowski et al.* 2017; *Pustułka/Ślusarczyk* 2016; *Merla et al.* 2020; *Radziwinowiczówna et al.* 2018).

There is plenty of literature on migrants’ care obligations towards relatives remaining in the country, as well as on supporting migrant families in caring for young children (*Baldassar* 2016; *Baldassar/Merla* 2013; *Kilkey/Merla* 2014; *Madianou/Miller* 2013). It dates back to the work of *Baldassar, Wilding* and *Baldock* (2007) and their analysis of the ways in which adult migrants in Perth, Western Australia, manage to care for their ageing parents across vast distances. This issue is also important for Central and Eastern European countries, including Poland, where the period of transformation and accession to the European Union have resulted in a significant increase in mobility. This was largely the result of changes in the country, restructuring of the economy and economic crises causing unemployment. On the other hand, the transition period brought about a slowdown or withdrawal of the state from many social obligations. In this situation, there were no conditions for changing the so-called “familialism by default” model in the care of the elderly into a mixed or predominantly state-owned model. The institutional solutions were still scarce compared to the needs (*Perek-Białas/Racław* 2014; *Radziwinowicz/Rosińska* 2022; *Baranowska* 2017; *Krzyżowski* 2013), moreover, we are aware that these needs will only increase in the coming years due to the ageing of the population.

However, the last two years have been a period of unprecedented change, an abrupt suspension of many previous caregiving strategies based on the possibility to travel to the country of origin or to invite relatives to the country of immigration. Since 2020, the expectations of transnational caregiving obligations and maintenance of relationships and cultural ties were particularly heightened. Thus, I am interested in the question of how family relations and solidarities were impacted by the scenario of closed borders and increasingly restrictive migration regimes. The aim of this article is to consider whether, and if so how, the pandemic affected the (re)definition of care strategies among Polish migrants in Europe, how migrants reacted to this new situation, whether new transnational care practices emerged and or how existing ones were transformed. *Radziwinowiczówna* and colleagues (2020: 475) point out that, “Research on care intentions not only helps to predict future care arrangements, but also enhances our understanding of the meaning of

care for the people engaged in it.” It is also worth mentioning that it can also support us in forecasting both migration processes and diagnosing potential care needs.

2 Care – expectations, commitments and hopes

As indicated above, the issue of providing care for older family members in situations in which the younger generation has emigrated is the subject of research in many countries. Referring to the situation of Poland in the post-transformation period, attention should be paid first of all to the assumptions concerning the family and the norms of intergenerational solidarity (*Kwak 2017*). This norm is strongly rooted in Polish culture and it is facilitated by the lack of institutional care provided by the state, which I refer to in the section on research results.

The key assumptions mentioned concerning the family are specific social relations within the so-called family network, which are a source of social capital based on “strong” ties (*Fihel/Okólski 2014; Granovetter 1983*). These ties presuppose close contacts, trust (with common distrust of public institutions, the state or the media; *Lewenstein 2006*) and support when needed. This applies both to caring for ageing parents and supporting young migrant families.

The norms of solidarity and reciprocity arising from these assumptions and social practices still rooted in the legacy of the communist and transition periods are in turn the basis for transnational care theories such as the concept of ethno-morality of care (*Radziwinowiczówna et al. 2018*) or kinship morality (*Finch/Mason 2003*). *Höpflinger (1991)* emphasises that even in late modern society, intergenerational relations and social networks between relatives are stronger than the values of individualism and independence. Höpflinger refers to this as intimacy at a distance, the maintenance of ties between family members who live separately or even at a considerable distance.

Intergenerational transfers have changed with modernisation and the nuclearisation of the family leading to the exclusion of distant relatives from intergenerational exchange. This leads – at least in the context of Poland – to a partial limitation of the solidarity norm and its application mainly to close family members, but it does not abolish it (*Krzyżowski 2013*). In the migration context, this norm is increased by the widespread acceptance of departure and the conviction that migrants have chosen the best strategy for socially supporting the whole family. Therefore, grandparents (e.g., the so-called flying grandmothers) support their children and grandchildren and migrants have a sense of responsibility for the parents, in-laws and sometimes even other relatives left behind (*Ślusarczyk 2019*).

As for the commitment of care itself, there are also specific social expectations about how it should be carried out, so called “ideologies of caring” (*Dowling 2021: 38*). One important expectation is a physical presence. As this is difficult for migrants, it is compensated for through frequent, often regular visits and contacts via information and communications technologies, which include the affective dimension, emotional availability and expressed concerns. This responsibility influences declarations and intentions to be engaged in care as a morally appropriate

activity (*Radziwinowiczówna et al.* 2018) and research indicates that, under the influence of the country of immigration, ideas about types and providers of care may change (e.g. in favour of including institutional care, *Grabowska et al.* 2017), but the socially-embedded sense of obligation is very strong (*Pustułka/Ślusarczyk* 2016). However, it is important for family members to take action (make care arrangements) and to decide on their level of commitment and strategies.

It should be also emphasised that caregiving is primarily an obligation for women (*Hondagneu-Sotelo/Avila* 1997) even extending to the family of the husband or partner (*Ehrenreich/Hochschild* 2002; *Parreñas* 2005; *Sørensen* 2005). The specificity of the migration situation also means that there is an additional cause of potential tension between those who stayed (and may be, as it were, designated to care by virtue of geographical proximity) and those who left. As a result, the family needs to negotiate the responsibilities and commitments (*Keller* 2006; *Radziwinowiczówna et al.* 2018). A second area of potential tension is the adverse accumulation of liabilities. *Krzyżowski* (2013) points out that the time when aging parents increasingly need care often coincides with the time when their children already have children of their own, to whom they must also provide assistance.

The onset of the COVID-19 pandemic and the resulting health care and social distancing measures of governments worldwide have brought to the fore the centrality of care and care labour (*Craig* 2020; *Power* 2020). The pandemic suspended one of the key assumptions mentioned above: the possibility of physical contact, contributing to what *Merla* and colleagues (2020) refer to as “immobilizing regimes.” The term itself was coined earlier and refers to policies of closing countries off, making it difficult to enter labour markets or obtain refugee status. In the case of the UK, the final decision on Brexit also contributed to the “immobilisation” of migrants by introducing uncertainty about further conditions of their stay (*Radziwinowicz et al.* 2020).

Not being allowed to travel led to feelings of guilt because migrants were unable to show support in the ways they had before. Research conducted during the pandemic has revealed concerns about whether relatives in the home country were well cared for, particularly when they became ill with Covid-19 (*Joseph et al.* 2022). Restrictions suspended the possibility – almost taken for granted before – of turning up in a crisis situation or even saying last goodbyes to loved ones who died. Studies from this period, however, point firstly, as *Baldassar* (2021) underlines, to the maintenance of social contact using information and communications technologies in which transnational families are proficient and, in the case of older people, more competent than the general population of that age group. Using technology as a conduit to stay connected with relatives as migrants were unable to travel overseas, positively contributed to the sense of wellbeing (*Seligman* 2018). Secondly, migrants sought to employ “reparation” or “compensation” strategies (*Skrbič* 2008). In an autoethnographic study, *Joseph et al.* (2021) point out attempts to provide help and support in a different way than before:

“I played the piano to my parents through a video call which made them feel loved and cared for. (...) Through music, we felt spiritually connected,

supported, and fulfilled relying on >God, family, and friends<". (Joseph *et al.* 2022: 3-4).

3 Methods

This article is based on several sources of data. The first was data collected within the project Transfam (Doing Family in Transnational Context. Demographic Choices, Welfare Adaptations, School Integration and Every-day Life of Polish Families Living in Polish-Norwegian Transnationality,¹ 2013-2016), enhanced with additional data collected in 2016. 31 in-depth interviews were conducted, assuming maximum inclusiveness in order to cover the diversity of Polish migrant families and their lives. On this basis the criteria for inclusion in the purposive sample were defined as mobility, family and socio-economic diversity and length of stay. The research was conducted in the Norwegian capital, Oslo, and surrounding towns (up to about 200 km). Additionally, 8 in-depth interviews were conducted in 2016 with, among others, parents (mothers) of migrants remaining in Poland.

The scope of the research covered a wide range of topics related to migration and family life: from the decision to leave through settlement to any potential decision on staying longer or permanently. I was also interested in the process of entering the labour market, role division in the family and child raising. The last part of the interview – the part that was used for this article – posed the research question: How do migrants establish care strategies and plan to address this challenge in the future?

The second source of data is my own research project "Care strategies during and after the pandemic" conducted in October 2021 at Jagiellonian University on migrant families' perceptions of the current situation and (re)definition of care strategies. Again, a diverse sample was drawn, taking into account firstly migration within Europe, length of stay (from a few to several years) and maintaining family ties in Poland. Respondents (10) were recruited from the United Kingdom, Sweden, the Czech Republic, Germany and islands in the Atlantic Ocean. Both studies employed qualitative strategies of data collection and analysis.

The objectives of both studies were to learn about strategies for shaping family practices and sustaining relationships in the everyday lives of transnational families (cf. *Glick Schiller et al.* 1995). In the first project, this concerned all areas of life of migrant families, in the second project, I asked what care and support strategies migrants had and what changes the Covid-19 pandemic had triggered. In planning the 2021 research, I used part of the questionnaire of the Transfam project to obtain a narrative ranging from the decision to leave through organising life in the new

¹ The research leading to these results received funding from the Polish-Norwegian Research Programme operated by the National Centre for Research and Development under the Norwegian Financial Mechanism 2009-2014 in the framework of Project Contract No. Pol-Nor/197905/4/2013.

country to maintaining transnational ties and shaping care strategies. I then added a set of questions about their experiences and perceptions of the Covid-19 pandemic period and its impact on their decisions to migrate and care for relatives in Poland.

In the first study, due to the assumptions of the project, the criteria assumed that the sample would include persons staying outside Poland for at least 6 months or having migrants in the family. The sample was differentiated according to family type, place of residence and socio-economic status. The research was conducted using the face-to-face method. In the second study, I applied the same criterion of a minimum of 6 months of residence, but calculated before the onset of the pandemic in Poland (March 2020). Again, I tried to obtain a diverse sample. Due to pandemic restrictions, recruitment was conducted using remote working tools: I contacted people from the previous study and recruited respondents through social media networks. Interviews were conducted online. Finally, ten interviews, in which respondents confirmed having permanent ties with their families in Poland, were included in the database. I report the characteristics of both samples in Table 1. Among the weaknesses of both samples, I can include the over-representation of people with higher education, despite efforts to diversify. I am also aware that it was easier to reach respondents whose migration narratives were success stories (*Charmaz 2009*), but in the course of the narrative migrants also shared painful experiences, feelings of guilt or fears about the future.

Women are overrepresented in both samples, confirming findings that caregiving is primarily the domain of women. The samples varied in terms of education, age of migrants and length of stay abroad. The data analysis process entailed a systematic approach to the use of analytical grids and the transcribed interviews subjected to open-coding and textual organisation. I used the first dataset to establish the status of care plans, decisions or strategies and provided a baseline for analysing the narratives of the pandemic period using the second dataset.

4 Results

Polish culture is strongly linked to both nuclear family and family networks, which are believed to safeguard stability and the sense of security of individuals and communities. It fits primarily into the first of three types of ideal eldercare systems: the deep-rooted and taken-for-granted family model (*familialism by default*), the externally-supported family model (*supported familialism*) and the non-family model (*de-familialisation*, *Saraceno/Keck 2010; Krzyżowski 2012; Perek-Białas/Racław 2014*). Polish intra-family transfers result both from cultural norms of intergenerational solidarity, from the attitude that care has a qualitative dimension as an ethical social relationship based on feelings of affection and an orientation towards the satisfaction of needs (*Finch/Groves 1983*) and from a sense of lack of state support in this area. State policy also assumes the primacy of family care and is characterised by low investment in elderly care. The gap is partly filled by NGOs, faith-based organisations, migrant work as well as the private sector, but there are not enough places, some of which are only available to people with higher incomes

Tab. 1: Respondents' characteristics

	Overall characteristics of respondents	
	Study 1 (2014, 2016)	Study 2 (2021)
Number of interviews:	31 (10 couples, 2 men, 18 women) + 8 in 2016 (7 women, 1 man)	10 (9 women, 1 man)
Marital status	24 married, 3 civil partnerships, 3 divorced	5 married, 2 civil partnerships, 3 single
Length of stay abroad	From 6 months to 20 years	From 3 to 16 years
Age	29-53	21-40
Country	Norway, Poland	UK, Ireland, Sweden, Czech Republic, Germany, an island in the Atlantic Ocean
Education	Vocational – 4 High school degree – 14 University degree – 31 ^a	High school degree – 1 University degree – 9
Employment	Very diverse: non-working, unemployed, businesspeople, service and trade workers, corporate employees (expats), skilled and unskilled workers	All respondents were employed, most of them in skilled industrial and service jobs, 2 persons in unskilled labour positions, 1 person was self-employed.
Children	No children – 3 1 – 10 2 – 21 3 and more – 5	No children – 2 1 – 2 2 – 2 3 and more – 4

^a Ten interviews were with couples; here I provide the level of education for each person, so for a total of 49 respondents.

Source: Own elaboration

(Kałuża-Kopias 2018). As Radziwinowicz and Rosińska (2022) state, the current situation is best described as the neo-liberalisation of the family-by-default model. In recent years, we have also seen reforms resulting in cuts in public spending on elderly care (Isaksen/Näre 2019), which cannot be offset by social support in the form of supplementary pension payments. Coupled with rather low regular pensions (Szczepański 2015), this leads to further re-traditionalisation and dependency on and ceding of care to the family. Among migrants, this is still the main solution, hence they have to plan solutions and strategies. The changes suggested in research reports, for example by the *World Bank* (2015), such as supporting the development of inpatient and semi-permanent care, developing technology to promote “ageing

at home” or shaping local support networks, have so far been implemented in only a few places in Poland (*Radziwinowicz/Rosińska* 2022).

Both migrants researched in 2013-2016 and in 2021 most often indicate that the topic of caring for parents, in-laws or other elderly relatives is an issue that is neglected in conversations. Specific strategies are only brought up when necessary, moreover the topic is avoided – not necessarily by themselves; often the older generation is reluctant to face the thought of old age and the problems associated with it:

“This is a topic that I try to bring up all the time. And my sister. And even my brother. My mother, on the other hand, doesn’t want to talk about it at all. I would like to sell our house. I would buy her a smaller flat, so that she could manage (...) so that she could live without a car. But mum absolutely does not want to talk about the issue.” (Agnieszka, 34, 9 years in UK, 2021)²

Agnieszka, cited above, sees a difference here to her mother-in-law, an Englishwoman, who has a very different approach and, with her family, reflects, for example, on her choice of where to live and have support if she becomes less independent.

Regarding their declarations, migrants do not avoid responsibility in any way. In only one case the respondent did not plan to take care of her father, explaining it by his leaving during her childhood and poor relations. Migrants tend to indicate solutions that partly or fully involve them in care, as it is the case of Cyril or Martyna, who declared they would return (temporarily or permanently) to Poland:

– “You sometimes think, what will it be like if your parents need help, do you talk about such things?

C.: One of us will probably come back home [Cyril’s brothers also live abroad] or we will come in turns.

– Yes, so that’s the plan...

– Yhym” (Cyril, 32 years old, 14 years in Norway, 2014).

“This topic hasn’t been touched on yet... Because they are still young, mum is already retired, dad not yet. Mum is now taking care of my great-grandmother. Well, in so many years, we think we’ll already be in Poland. I’m sure a solution will be found... It’s hard to say... A solution will be found!” (Martyna, 36, 8 years in Northern Ireland, 2021)

These plans to return to Poland are usually hypothetical and concern the distant future. However, when commitments do have to be fulfilled, there are excuses

² The following interview coding scheme was used: [respondent’s name – changed to preserve anonymity], [age], [length of emigration], [country], [year of the study].

and justifications explaining why they should not take on the care and who can do it. Magda and Karolina envisioned their younger siblings in this role, but this assumption was based solely on their belief that since they were close by, it would be obvious to them:

“Mum does everything she can not to talk. ... But I’m glad I have a sister there; I know that she’ll take care of her. I’m more worried about my husband’s mum because she’s alone there.” (Magda, 40 years old, 16 years in UK, 2021)

“I mean, I think it’s like that, because my sister doesn’t plan to move out of Poland and my sister is also the youngest and she is also strongly connected to my mum. (...) So I guess it will be more like that. Because my mum cannot imagine moving out of Poland. It’s also possible that I’ll spend some time there or she’ll come to us, because we’re planning to renovate the house and make one room a guest room, so it will be like that.” (Karolina, 36 years old, 5 years in Norway, 2014)

Magda felt grateful for her sister’s presence and counted on her to take care of their mother when needed, but also considered a possible return. The negotiations were not definitive; they changed depending on the phase of the family life cycle and the needs of the loved ones. In the case of Mona, who has lived in Sweden for 9 years, there was a plan to persuade her mother to move and buy her a flat close to Anna and her sister, also living in Sweden, while she planned to invite her mother-in-law to live with her. Only one interviewee mentioned the possibility of institutional care, but it would have to be in Germany, where she lived, and she looked at such centres. However, she was afraid to suggest such a solution as she thought it would be difficult to accept:

“My mother’s family, so my mother’s family, is a very traditionalist family with the idea that you cannot leave your parents, that you cannot provide care by employing a stranger, and certainly you cannot put her in any kind of institution [a retirement home]. Although I would gladly take her here, because here these institutions are completely different than in Poland. In Poland, a retirement home is associated with some kind of nightmare. Here it is a kind of co-living of seniors with 24-hour care. And in Poland... it’s like being sent to prison.” (Ewa, 36, 3 years in Germany, 2021)

Finally, in the case of Zosia and Maciek (41 and 43 years old, 7 and 11 years in Norway, 2014), some plans have already been made and are being put into practice. As they do not plan to return to Poland, their children also want to stay in Norway and Maciek’s mother refuses to move to Norway, they decided to delegate her care to neighbours and a female cousin, but hope that a young couple of relatives will take over her care in exchange for being able to benefit from the family’s estate.

The older generation also expects to receive care directly from their children. Brygida (65 years old, lives in Poland, 2016) has adapted her life to her children's migration decisions – she has twice spent over a year in Norway looking after her daughter's children and at the time of the interview was preparing to leave to spend a year and a half in the United States to take over the care of her son's child. She had not worked in Poland for years, she was entitled only to the minimum retirement pension. She had not looked for work for a long time because she was always ready to leave and help her children. When asked about her plans for the future, she hoped that her children would care for her; that she might move in with one of them.

While strategies for returning or taking parents or in-laws back home remain rather uncertain as they mostly still concern the distant future, many caring practices already in place can be identified. These include frequent visits, financial support, constant contact and help with various arrangements.

In the case of pre-pandemic research, visits or short visits were obvious and were part of the transnational family's life plan: "Thus far we have been going [to Poland] very often, every summer, we've been there for four weeks every summer" (Magda 36 years old, Norway, 2014), "So, honestly, we saw our grandparents as often as before we left, 1-2 times a month" (Alicja, 38 years old, 10 in Czech Republic, 2021). This strategy compensates for absence on a daily basis (*Pustułka/Ślusarczyk* 2016). I collected similar narratives about the time before the pandemic when talking to migrants in 2021. Most migrants had both permanent plans to visit and were also willing to come in case of any emergencies, such as illness in the family:

"My mother had a stroke... quite suddenly. I got a call from my sister around 5 a.m. that they were in the hospital, so within two days I was on a plane with my daughter, who was even not yet a year old. (...) My sister doesn't have a car, she can't drive. I stayed for a week to help them and then I came back." (Agnieszka, 34, 9 years in UK, 2021)

The pandemic interrupted this opportunity and it was very difficult for all the people I spoke to. It was a little easier to cope with the fact that visits were postponed, although the longing of the migrants themselves, but also of the grandparents and grandchildren, was heightened. Most families then intensified their contacts using technology (ICT). It must be stressed, however, that although the possibility to connect online helped a great deal to maintain ties or to try to care for the psychological well-being of the relatives in Poland, the solution worked mainly where these forms were already in use. Mona (33, 9 years in Sweden, 2021) points out that while this social proximity was fully maintained with her mother or mother-in-law despite a longer period of physical distance, the family bonds weakened with her father, who does not like to use social media and additionally lives in a place with poor telephone coverage, and so far they have not been able to change this situation. She feels that her father expects face-to-face contacts and these are still somewhat limited, which makes her feel guilty. Agnieszka (age 34, 9 years in the UK, 2021) has similar thoughts:

“I know that in different families some special time on Skype or WhatsApp is cultivated. Only in person.”

Thus, regardless of the belief that they did what they could to maintain contact and a sense of being looked after, when the restrictions were reduced they came for longer stays or gave up other holiday trips for additional stays in Poland:

“Due to the fact that there was a pandemic, our only goal was to fly to our family in Poland. We didn’t want to travel or anything, just the closest family, and here the countryside, the lake. It was boring, but that’s what we wanted. I can’t imagine a holiday without family.” (Martyna, 36, 8 years in Northern Ireland, 2021)

At the same time, migrants note that these visits are becoming more difficult; there is no certainty as to when the restrictions will reappear, tests or quarantines are still necessary for some destinations, which increases the costs of the trip, here the difficulties related not only to the pandemic, but also to Brexit, were particularly noted by migrants from the UK. An additional problem is a possible lack of vaccinations, as in the case of Paweł (37 years old, 6 years in the UK, 2021), which ultimately led to the decision to return to Poland within the next year.

Much more difficult were the situations of being blocked from arriving quickly, which undermined one of the key justifications for migration (“We are leaving, but we can be together in a few hours”). Martyna and Lena experienced the death of a loved one during a period of high restrictions and were unable to attend the funeral:

“Funerals are the worst. (...) During the pandemic we had such a situation and it was impossible to fly. There were no flights and there were bans, so I knew I couldn’t fly. There was also no possibility to get in a car and drive. It was terribly hard.” (Martyna, 36, 8 years in Northern Ireland, 2021)

“(...) It’s hard I’ll tell you, I’ve been through it a lot, well I can’t cope with it. There was one option to come, my husband found it... but such combinations... the flight would be 300 pounds (normally I pay about 20-30). My mum said absolutely not... (...) I asked my sister to record the funeral but she said no..., how would it be.” (Lena, 40, 16 years in UK, 2021)

The second form of support is regular or occasional financial transfers and this was cited by most families. They support both parents or in-laws and sometimes siblings and they also try to finance renovations or holiday trips. As already mentioned, they are ready to co-finance the employment of a caregiver in case of illness or the need for constant support in old age. Finally, the third strategy is the practice of helping during visits. Here, it is important that these are personal activities, minor repairs, help in renovations, assistance dealing with official matters, taking them

shopping during their stay in Poland. These practices are regular (“There’s always a long list of things to fix waiting for me... I need to plug in the TV or get some letters done,” Alicja, 37 years old, 11 years in the UK, 2021) or ad hoc, in emergencies, as happened with Mona:

“My grandmother fell ill with pneumonia. (...) She was a very old person; we knew that when she came out of the hospital it would be very hard, that she would be a bed-ridden person. So, from there I made contacts with some physiotherapists, so that someone would come to her home, so that she would be well looked after.” (Mona, 33 years old, 9 years in Sweden, 2021)

Migrants point out that some of these matters could have been dealt with by the parents themselves, but they see this as a way of compensating. During the pandemic these expectations were suspended, some matters, such as the organisation of the care by Mona mentioned above, were arranged remotely, but others had to be ceded to the siblings in Poland or were arranged by the parents/in-laws themselves.

5 Discussion

Summarising the findings, the narratives of migrants interviewed during the pandemic and before indicate that, firstly, norms of intergenerational solidarity and care are very strong and their intentions to help do not change. Certain strategies were suspended or changed slightly, but there is not much reflection on lasting change in the migrants’ narratives. Several factors seem to influence this.

The first factor that I consider important in deciding whether or not to redefine the care strategy is time. In the first months of the pandemic (spring 2020), we were led to believe that it would be a difficult but short period. The following months brought a change in expectations, with the expectation that the pandemic would last but would be defeated fairly definitively with the introduction of vaccinations (winter 2020/spring 2021). Now the level of uncertainty is much greater, with further mutations pushing back the expected “return to normal.”

However, another factor that weakens the propensity to revise accepted practices is the short distance (compared to other migration routes), lower arrival or transit costs and living in the European Union or Schengen countries. Even with the additional costs associated with testing or possible quarantine, migrants declare that they are likely to maintain their current visiting patterns and that borders will no longer be closed as tightly as they were in the first months of the pandemic. Any changes in strategy are more likely to be influenced by Brexit for migrants in the UK.

Finally, the third factor is the strong belief expressed for years by transnational migrants that communication technologies will help them to carry out care strategies and look after the well-being of their ageing parents. The development of mobile telephony, the Internet and so-called instant messaging, the significant reduction

in the price of telephone calls, including landline calls, have all changed the face of migration to such an extent that *Steven Vertovec* (2004) called these tools “social glue,” appreciating their role in binding families together and maintaining bonds between migrants and their relatives in the countries of origin. During the pandemic, remote forms of work, cultural participation and social life have further reinforced these beliefs, although, as indicated, migrants are aware of certain limitations, whether due to difficulties of access, lack of skills or the rejection of this form by some family members. However, for the first time, migrants found themselves in a similar situation to family members (e.g., siblings) remaining in the country – where in many cases there was a suspension of face-to-face contacts for months in favour of online meetings.

6 Conclusion

In the context of the data collected, we must return to the question of potential changes in care strategies for older people. These changes may concern both transnational practices, that is care at a distance, as well as changes in life plans and returns to the home country. It is necessary to emphasise here that the research was qualitative, exploratory towards potential change, so it cannot be generalised for the whole migrant community. Moreover, it is important that the first research was conducted in the context of, at times, long years of establishing the specific transnational care strategies. The second study, on the other hand, was carried out during the pandemic, when decisions were often made emotionally, without the opportunity for deeper reflection. Therefore, the results of the study should, in my opinion, be seen as a starting point for further research of possible changes in the field of transnational care.

For the time being, Polish migrants seem to believe that transnational care can be maintained in its current form or with slight modifications and that the pandemic will become a difficult but eventually closed period. The migrants’ narratives suggest that significant change is possible in two situations / sets of factors. In the first case, we have a situation where return was certain or likely within an assumed time frame, and the pandemic provided the stimulus to accelerate the decision. The second set of factors that emerged in the statements was the situation of a person with significant resources. This not only refers to material resources, but also to cultural or social capital (networks of contacts), enabling, for example, an easy change of job, to start one’s own business or to move one’s business to Poland. The dominant solution, however, seems to me to be an extension of the strategy that *Eade* and colleagues (2008) have described as “intentional unpredictability.” This strategy basically does not exclude any outcome of migrants’ mobility, staying, returning or migrating to another country. However, in our case it also means accepting a suspension of fixed rules and trying to flexibly adapt to changing conditions and build new practices without abandoning the migration project. To this hypothesis, which undoubtedly requires further investigation, we should add the fundamental acceptance of migration in the context of Poland. Migrants usually have the support

of their families in their plans. Also in care planning, parents or in-laws try to find solutions avoiding returning or, as I have also indicated in this article, avoid the topic for as long as possible. Finally, due to the weaknesses in the Polish elderly care system, it seems unlikely to me that the collapse of existing transnational care practices will lead to their complete abandonment. Even if in some municipalities local care solutions are created or telecare is developed, there are still not enough of these solutions, as well as places in social welfare homes. The family commitment to care (Ślusarczyk 2019) and the disapproval of “handing over” an elderly person to a care institution is also still strongly entrenched.

However, I am convinced that subsequent waves of the pandemic (data were collected before the fourth wave in Poland and before the appearance of the next mutation of the virus – Omicron) may lead to further “immobilisation” of countries and migration regimes, which will force migrants to adopt new transnational strategies or decisions to return, so the issue certainly remains open for further research. It has become increasingly evident that the COVID-19 pandemic has exacerbated the existing crisis of care (Dowling 2021). More reflection on this issue will be necessary in the coming years; all the more so as the Covid-19 pandemic has long-term effects in terms of deteriorating health status (GUS 2021), so that the care needs of older people are likely to increase more rapidly, but may not be met by families alone. In the case of Poland, where, as mentioned, the assumption of family care is dominant, this can be a huge challenge and should be discussed as soon as possible at the level of local and national social policies.

In conclusion, I would like to emphasise that I am aware of the limitations of the sampling for both data sources and thus of my conclusions. In addition to the limitations indicated in the methodology section and related to demographic characteristics or the predominance of interviews on migrant success stories, it is necessary to critically emphasise that there are limitations of research conducted solely through online tools, without face-to-face contact, even if it is beneficial in overcoming temporal and spatial barriers or pandemic restrictions. I am convinced that, firstly, the form of the research has an impact on the decision to participate or not. Moreover, despite good preparation for the interview, lack of personal contact may also cause difficulties to incorporate and work with non-verbal cues in their interactions with participants. Without a camera or in the face of poor connection quality, it is extremely difficult to react to sometimes very subtle displays of emotion or body language (Moore *et al.* 2015). On the other hand, the fact that there is a form of “veil” or “cut-off” (that is, the screen and the lack of personal contact) may help some respondents to open up during the interview (Howlett 2022).

Finally, questions about coping strategies in the new pandemic reality require very fresh reflections on issues that are ongoing, often accompanied by huge and difficult emotions, which can also influence the narratives of respondents, so it is certainly worth returning to these questions at a later stage.

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