

**Transnational aged care in the digital age: negotiating long distance aged care arrangements between UK based Zimbabwean migrant care workers and their overseas family members**

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# Abstract

This thesis explores how Zimbabwean migrant care workers and their 'left behind' family members negotiate aged care arrangements and relationships in the context of migration. It also focuses on the role of new technologies in mediating these care arrangements. The thesis engages with research on transnational families and transnational care, which deals with the meaning and continuity of family life and care after migration. I consider this in relation to and through perspectives of Zimbabwean migrant care workers in the UK, their 'left behind’ family members and older people in need of care. The focus on Zimbabwean migrant care workers is shaped by their presence in the UK social care sector. Whilst a lot is known about their experiences working in the adult social care sector, very little is known about how they reconcile paid care work and their familial responsibilities, which sometimes stretches across borders. Equally, less is known about the experiences of those ‘left behind’, particularly their contribution to the care arrangements. The thesis addresses these gaps by investigating the caregiving experiences of both the migrants and the 'left behind'. My study is guided by the transnational, multi-sited and qualitative methodological approach, which enables examining different experiences, representations and asymmetrical negotiations among the actors involved in the care arrangement. Fieldwork was carried out in the UK with ten migrant care workers and in Zimbabwe with the matched family members of three UK participants. In total, eleven family members were interviewed in Zimbabwe.

The findings show that transnational aged care arrangements are dynamic, complex, and involve many intergenerational conflicts. The results also demonstrate the potential and limitations of new technologies in mediating the care arrangements. While there are some positives in how new technologies have enabled these separated families to sustain care relationships across distance, they do not necessarily translate to a greater sense of caring. As a result, proximate care requiring hands-on physical care is the most preferred form of care by the families interviewed. The findings also show the potential of new technologies in producing and reproducing unequal gendered outcomes in caregiving as well as increasing the pressure on migrants to remit, thereby amplifying family conflicts.

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# List of Abbreviations

ASC-WDS Adult Social Care- Workforce Data Set

BAME Black Asian Minority Ethnic

BBC (colloquial) British Bottom Cleaners

CIO Central Intelligent Organisation

DRC Democratic Republic of Congo

ESAP Economic Structural Adjustment Programme

ESRC Economic Social Research Council

EU European Union

GDP Gross Domestic Product

IMF International Monetary Fund

MDC Movement for Democratic Change

NMDS-SC National Minimum Data Set for Social Care

ONS Office for National Statistics

PhD Doctor of Philosophy

UK United Kingdom

UNDP United Nations Development Programme

ZANU PF Zimbabwe African National Union (Patriotic Front)

ZAPU Zimbabwe African People’s Union

ZimStats Zimbabwe Statistics

# Chapter One: Introduction and background of the study

## Introduction

For the past 20 years, Zimbabwe has been experiencing a variety of social, economic and political problems, which have resulted in millions of Zimbabweans leaving the country in search of greener pastures. Many who left went to different destinations worldwide, with the UK reportedly being the top European destination for these Zimbabwean migrants (Mbiba, 2012; Pasura, 2008). Migration for most Zimbabwean migrants was driven by the desire to safeguard and support their families against the economic crisis that has been troubling the country since the turn of the new millennium. Since migration is often conceptualised as fundamentally a family affair (Crush and Tevera, 2010), many migrated with financial and social assistance of family members. However, once in the UK, Zimbabwean migrants experienced a hostile migration and employment regime that restricted them from working or finding employment commensurate with their qualifications. In addition, tightening migration policies restricted them from reuniting with their families. In the context of a discriminatory employment system and restrictive migration policies, many Zimbabwean migrants found themselves working in low-skilled and low-paid sectors such as care work.

The involvement of Zimbabwean migrants in the UK social care sector is well documented and has attracted some unwanted caricatures from those at home who call them BBC (British Bottom Cleaners) (Mbiba, 2005, 2012; McGregor, 2007; Madziva, 2014a). Nonetheless, these Zimbabwean migrant care workers are also simultaneously embedded in care relations with their family members in Zimbabwe. When these migrant care workers migrate, they may leave behind not only their children but also their ageing parents, who might require care and support in old age. As a result, and since migration for some of them was a family strategy, they are expected to contribute to the care for their ageing parents in Zimbabwe financially and emotionally. The experiences of these Zimbabwean migrant care workers raise some questions about the sustainability and meaning of care across borders. How do they manage and sustain local and transnational care arrangements under difficult economic conditions? Who cares for their ageing parents back home? How do they negotiate the different cultural approaches to aged care itself, and how does this influence the way they organise care arrangements and care intentions? What inequalities are generated, and how are these contested and negotiated across borders? These issues are central to current research on migrants’ care and family relations from an international perspective. To date, only a few studies have focused on migrant care workers caring for their ageing parents across national borders. Moreover, little is known about how they negotiate these caring obligations with their overseas geographically proximate family members.

Exploring the care relationships of Zimbabwean migrant care workers and their implications for aged care and individuals involved in such care relations, arrangements and networks is the focus of this thesis. Drawing on the notions of transnational care and transnational families, I explore the cross-border care connections between migrant care workers and their overseas family members. I place the family at the centre of discussions about care and view care as relational and migrants not as isolated individuals but relational beings embedded in kinships of care with their ‘left behind’ family members. To understand these cross-border relationships of care, I explore through a multi-sited research approach the perspectives of migrant care workers, the ‘left behind’ families and ageing parents, the latter two are often invisible in research on transnational care. The term 'left behind' is used in this thesis not as an expression of the negative outcomes of non-migrant kin, but to acknowledge that before migration, the migrant was part of a social unit which they have now 'left behind' as argued by Johnson (2011) and acknowledged by other migration scholars (for example Hunter, 2018; Lenoel, 2017). Nonetheless, I will use the term with some scare marks to signal that I am using it in its non-standard sense and indicate that it is a value-laden term.

Indeed, a few studies have explored the transnational caregiving arrangement in Zimbabwe in the context of migration; however, like most studies in the literature, these have tended to focus on transnational child care arrangements (Madziva, 2016; Madziva and Zontini, 2012; Kufakurinani et al., 2014). There is still a lack of data on transnational aged care delivered by those involved in adult paid care work. Exploring these particularities may bring new insights into the specificity of working in adult care and its influence on one's own aged care arrangements. As this study will show, unlike transnational childcare arrangements, transnational aged care arrangements are complex and involve many intergenerational conflicts. The thesis adds to current discussions of transnational care through the perspectives of migrants, their ageing parents, and the often lesser-heard ‘left behind’ family members.

## Motivation for this Study

Beyond my intellectual curiosity, personal reasons related to my positionality motivated me to undertake this study. I am a Zimbabwean migrant living in the UK and engaging in transnational activities with my home country. I came to the UK to join my wife, who worked in the NHS. In the early stages of my settlement in the UK, I worked in different sectors, including care work. During my time working in the sector, I met many Zimbabweans from different walks of life who were now living in the UK. I used to have interesting conversations with these Zimbabwean colleagues about our work and our transnational activities. Most discussions centred on our desire to work and get as much money as we could and invest back home. We had informal conversations about care for old people and placing parents into care homes in particular. In most of these discussions, we always concurred that placing parents into a care home was bad practice. Our assumptions were governed by our cultural upbringing, which emphasised care for old people as a family concern. As such, we worked to remit and care for our parents and other relatives back home because this was what was expected from us and the main reason we migrated in the first place. I never thought of sending money home as a form of care; it was just a general duty, something that I would have done even if I was working in Zimbabwe. I regularly called my parents and siblings and never viewed that as a form of caring but just a way of keeping in touch.

Hence, when I started this study, I had preconceived assumptions about migration, care work and care across borders. I assumed that in Zimbabwe or Africa in general, we care for our family members; I thought that all Zimbabwean migrants were in the UK to make money to send home. I assumed that the problems we faced in the UK were similar. These assumptions resulted in lengthy discussions with my supervisors regarding some of these assumptions as they manifested themselves in my early writings. Nonetheless, as my reflexivity in chapter 4 shows, I began to question many of these assumptions, particularly the ones around family as being always around to provide care to older people and the intention, capacity and desire of migrants to care for their ageing parents. More so, the role played by ‘left behind’ family members in maintaining and sustaining care relationships, and older people care arrangements. Throughout the thesis, there is a bias towards the role of new technologies in mediating these cross-border care arrangements. This focus is due to the importance of digital communication technologies in the transnational care literature and was also the focus of the research in the initial stages, as I will discuss in the paragraphs below.

In addition to these personal motivations, there were also reasons why I focused on Zimbabwe. First, as I have already highlighted above, Zimbabwean migrants' form a significant proportion of migrants working in the UK social care sector. A few studies have been conducted detailing their presence in the sector (Mcgregor, 2007; Mbiba, 2005, Bloch, 2005). The critical role played by these Zimbabwean migrant care workers in the UK adult social care sector raises some pertinent questions about who cares for their ageing relatives back in Zimbabwe.

The second reason is geographical. Most studies on transnational aged care studies have been conducted on European, Latin American and South Asian migrants and their families (Baldassar et al., 2007; Parrenas, 2005; Skornia, 2014). Very few studies have concentrated on African transnational families, and the few available have again tended to focus on childcare (Poeze and Mazzucato, 2014; Madziva, 2016; Kufakurinani et al., 2014). The lack of research addressing the issues of transnational aged care arrangements in an African context might be attributed to assumptions in the literature that portray African families as capable of taking care of their aged relatives. However, globalisation, the changing family structures, migration and modernisation, especially in Zimbabwe, have changed the extended family, transforming the traditional family-based aged care model operating in the country and the majority of the sub-Saharan region. Therefore, shedding more light on these changes might offer insights into the burden of aged care that nuclear family members have to share. In addition, a Zimbabwe case adds the sub-Saharan African perspective to debates around transnational aged care arrangements.

Third, the Zimbabwean social and economic situation makes studying transnational care interesting. Since the turn of the new millennium Zimbabwe has faced a severe economic, social and political crisis which resulted in hyperinflation, unemployment food shortages and political violence (Mapuva, 2017). These untenable social and economic woes are argued to have pushed people to embark on migration in search of greener pastures, with South Africa, the United Kingdom, Canada and Australia being the most migration destination of Zimbabwean migrants (Chikanda and Crush, 2018). It is estimated that close to four million Zimbabweans migrated elsewhere between 2000 and 2010 (Crush and Tevera, 2010). Whilst most of the migration happened in the Mugabe era, the post Mugabe era has seen a renewed exodus of migrants from Zimbabwe with approximately half a million having migrated since the general elections in July 2018 (Moyo, 2019). Current figures estimate that there are approximately half a million Zimbabweans living in the UK (Zembe, 2018). The Zimbabwean economy continues to shrink, political persecution and violence are still prevalent and the welfare system is currently unable to assist even the poorest, a role that has been assumed by migrants for those lucky enough to have migrant families or by NGOs (Helliker and Murisa, 2020; Moyo, 2019). As such unpacking how migrants, their ‘left behind’ family members and ageing parents manage the care relationships and arrangements under such difficulty economic situations is the interest of this thesis

Fourth, the thesis has an interest in the role played by new technologies in transnational care. I argue that the Zimbabwean-UK case also offers a vantage point of exploring the digital divide between those living in developed countries and those from less developed countries. Research shows that access to new technologies such as the internet and mobile phones is primarily common among developed countries and young people (Roberts, 2008). The UK is a high-income country scoring highly on the ICT Development Index (IDI), meaning the geographical distribution of and access to new technologies for its population is ranked very high (International Telecommunications Union, 2019). In contrast, Zimbabwe is lowly ranked in the IDI index due to its economic and social problems. Moreover, its communication infrastructure is not as developed as that of the UK, and internet access is still low even in urban areas (AfDB, 2018). Therefore, exploring the use of new technologies between Zimbabwean migrants in the UK and their ‘left behind’ relatives is very relevant in discussing the role of new technologies in mediating long-distance aged care relationships, since the level of infrastructural development of both the destination and country of origin will have significant implications on the availability and use of new technologies. This might also help shed light on the disparities and inequalities in access to new communication technologies between groups and among countries and have implications for both migrants and their 'left behind’ family members' ability to use these tools for care at a distance. Besides, there may be other insights gained, particularly around older people's relationship to technology, as this may be different in Zimbabwe compared to the UK because earlier types of communications like landline phone were not accessible, especially in Zimbabwe amongst the poor.

In the next section, I summarise the Sustainable Care Research Programme to which my study is embedded. I will also discuss the relationship between the project and my PhD study.

* 1. The Sustainable Care Research Programme[[1]](#footnote-1)

This PhD study is embedded in the larger Sustainable Care: connecting people and systems programme, funded with an ESRC award for 2017-2021. The research focus of the Sustainable Care Programme is underpinned by the perception that the provision of adult social care in advanced welfare states is in crisis due to population ageing. This growing social inequality means that market-based care is available to the rich but not to the economically disadvantaged, including many elderly, sick and disabled people. Caring for older, sick and disabled people is therefore a topical and important issue, and tackling ageing, modernising health and social care systems, and new ways of organising and supporting care work (both paid and unpaid) are key issues for governments around the world (Sustainable Care, 2018).

Led by researchers from a number of UK universities, including the University of Sheffield, and working with an extensive network of international academic partners, the main aim of the project is to deepen understanding of the sources of economic and social sustainability in care and, in essence, to explore how the wellbeing of care users, their families and carers and paid care workers can be achieved. The programme has also adopted an international perspective on current approaches to the care needs of older people, older households with chronic health conditions or disabilities, examining these in the context of care systems, care work and care relationships (Sustainable Care, 2018). It aims to fill gaps, promote new theoretical thinking and data analysis, and provide useful and accurate data to inform the planning, delivery and experience of care. It develops political and theoretical debates about the infrastructure of care (systems, networks, partnerships, norms); the distribution of care work/political economy of care (inequalities, exploitation); the ethics of care, rights, recognition and values (structures, norms, rights, welfare outcomes); the interaction of care technologies and human technologies; care in emotional, family, community and intergenerational contexts; new theoretical thinking and data analysis, and provides useful and accurate data for planning, delivering and experiencing care (Sustainable Care, 2018).

### The relationship between my thesis and the Sustainable Care programme

My PhD study was part of the work package investigating care 'in' and 'out of place. The main aim of this work package was to examine migrants' experiences of care in and out of place, focusing on three groups: ageing migrants in the UK, Caribbean, Irish and Polish, as well as British retirement migrants in Spain and migrant care workers in the UK. The work package’s focus was on the growing importance of transnational caring networks and their interactions with care work and care relationships; what technologies and ICTs contribute to these arrangements; how diversity and intersectionality affect experiences of care; and scope for sustainable care and wellbeing outcomes. The work examined ‘cultural and linguistic sensitivities, migration rights, portability of entitlements, networks of support and access to new technologies. I worked together in a team of seven researchers, of which I was the only PhD researcher, the rest being well-established academics.

My particular focus at the inception of the PhD study was on the role of new technologies in mediating long-distance aged care relationship between UK based migrants and their overseas family members. The idea was to study data from all the migrant groups above. However, as the research programme unfolded, I later agreed with my supervisors that it was best for me to concentrate on Zimbabwean migrant care workers to ensure that my thesis was distinct from the more comprehensive project and had a particular focus. This worked well as it also allowed me to draw on some additional data that were not part of the broader project data set. Together with others in the work package, I was involved in the data collection and analysis of ageing migrants and migrant care workers in the UK. However, my PhD study operated with aims, objectives and research questions formulated independently from the wider project. My theoretical framework and data analysis were also different. Furthermore, even though they were interviewed as part of the wider project, I interviewed all the Zimbabwean migrant care workers in this study. The matched family members were specifically for my research, and their inclusion in the study was independent of the wider project.

## Research Aim and Questions

The principal aim of my research is to explore and analyse how Zimbabwean migrant care workers and their overseas family members negotiate aged caring relationships and arrangements. The study starts from the point of departure that migration does not mean freedom from the obligation to care and care is relational. Hence, migrants have to work with their 'left behind' family members to care for and support their older parents. The following research questions guide the research:

1. How do migrant care workers reconcile paid care work with their own local familial and transnational aged caring responsibilities?
2. How do migrant care workers, their 'left behind' family members and ageing parents experience transnational aged care relationships and how do gendered power dynamics shape these relationships?
3. What is the role of new technologies in mediating long-distance aged care relationships and arrangements between migrant care workers and their 'left behind' family members?

## Conceptual Framework

This study draws on a range of disciplinary literature, focusing on family care across borders. However, central to this study is the transnational family, which constitutes the central analytical unit of this study. For this study, transnational families are defined as “…families that live some or most of the time separated from each other yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely ‘familyhood’, even across national borders” (Bryceson and Vuorela 2002: 3). Members of the transnational family live in different countries but share and exchange ideas, practices and support across borders. Still, most importantly, they sustain family life and have social interactions and support methods similar to geographical proximate families (Baldassar et al., 2007).

The transnational families’ literature has demonstrated how migrants exchange various social and cultural norms like emotional support, care and other social and economic remittances across borders (Baldassar et al., 2007; Brandhorst et al., 2020). This was in response to methodological nationalism, which approached understandings of family, care, and migrant lives as bounded within the borders of an individual state and assumed the need for proximity. The complex process of transferring and exchanging emotional support and care across distance and national boundaries is referred to as transnational caregiving (Baldassar and Merla,2014; Madianou and Miller, 2012). The transnational caregiving literature focuses on how transnational families organise family care across long distance and national borders. Earlier scholarship on transnational caregiving concentrated on the transfer of 'motherly' labour of female care workers who migrate to perform care and social reproductive work leaving behind their own families to care for others (Hochschild, 2000; Parennas, 2001). However, this strand of scholarly inquiry typically focused on the mother-child dyad and ignored the fundamental caregiving role played by migrants' social networks, a configuration of family, friends and neighbours to whom they have ties (Mazzacuatto and Schans, 2011).

The new scholarship addresses this shortcoming and emphasises the importance of other actors involved in transnational care arrangements, including extended family and neighbours and close friends who act as fictive kin (Evergeti& Ryan, 2011; Poeze et al., 2016). Researchers argue that, unlike transnational childcare, transnational aged care requires particular responses and challenges, including the capacity to care at a distance and rules governing norms of care responses from a distance (Baldassar, 2008; Sun, 2012). According to Baldassar, (2008) the capacity to care, include obligations which are culturally ingrained and intergenerational filial norms of care and caring. Also, there are negotiated commitments that are how family members engage with one another for care at a distance (Baldassar, 2008). However, negotiating such commitments can be challenging since tensions due to geographic distance, extra care and gendered practices, and economic and material asymmetries between migrants and their ‘left behind’ family members may exist.

Transnational familial and caring practices are perceived to be made possible by the advancements in transportation in part and communication technologies in particular (Vertovec, 2007; Palackal, 2011; Miyawaki and Hooyman, 2021). In recent years there has been a burgeoning of literature on the role of new technologies in transnational social spaces (Baldassar et al., 2017; Madianou and Miller, 2012, Wilding and Baldassar, 2018). According to this body of literature, new technologies have changed the migration experiences and the nature of family relationships in transnational settings (Bacigalupe and Lambe, 2011; Palackal, 2011; Cuban, 2014; Ahlin, 2018). Migrants are perceived as front-runners when it comes to adopting these new technologies (Francisco, 2013). It is argued that the need to maintain intimacy with family members abroad is the primary driver for communication technologies usage among migrants (Nedelcu and Wyss, 2016). To that end, these new technologies are viewed as the ‘transnational glue' (Vertovec, 2004) or ‘umbilical cord keeping separated families together’ (Liccoppe, 2004). Indeed, they have been romanticised as empowering for migrants (Hunter, 2018). Furthermore, these new technologies are cheaper, widely available and accessible to use than in earlier periods of migration (Madianou and Miller, 2012).

A growing literature on the use of these new technologies by transnational families has also highlighted the critical role they play in the circulation of care within transnational families (Baldassar al 2007; Baldassar and Merla, 2014). Most of the scholarship analysing the technology, migration and care nexus employ the concept of co-presence to theorise the emotional feeling of intimacy and togetherness that these new technologies bring about in overcoming distance and separation (Baldassar, 2007; Wilding, 2006). Unlike in the past, where letters and telephones were the only media of communication transnationally, transnational caregiving today is argued to be facilitated by the polymedia environment that allows migrants to be virtually co-present across distance (Madianou and Miller, 2012). For example, face to face exchanges through Skype, FaceTime and WhatsApp video calling, to mention a few, allow families to connect virtually and be in sync instantaneously in place of distance. They create a sense of connectedness that transcends time and space and could compensate for the physical absence (Bacigalupe and Lambe, 2011; Zickgraf, 2017). Virtual co-presence today is argued to be synchronous, sensory and happening in real-time; therefore, providing a curriculum for sharing detailed everyday narratives that approximate physical co-presence and challenges the normative ways physical co-presence is valued in caregiving (Baldassar et al., 2007).

Some researchers have not taken this at face value scholars like Ryan et al. (2015) have highlighted the limitations of technologies for maintaining long-distance family relations, including care. Benitez (2006) analyses how dimensions of the digital divide socio-economic, knowledge, gender, generation, ethnicity, language and disability have to be negotiated to access quality of technological connections and to master new technologies. The technological gap between migrant workers' home and host countries also means that communication is not always smooth and simple.

While the literature on the use of new technologies in transnational caregiving has increased, gaps remain. Most of these studies have been mainly focused almost exclusively, or disproportionally, on transnational parenting/mothering (Madianou and Miller, 2012). However, aged care of those 'left behind' has somewhat been neglected (few exceptions Zechner, 2008; Baldassar et al. 2007; Skornia, 2015Radziwinowiczówna et al. 2018). Specifically, what has primarily remained underexplored are the practical issues associated with technology-mediated care practices and how this affect both the caregiver and care receiver situated in different caring contexts. The complexities of infrastructural barriers, the burden of coping with cost, time and connectivity associated with these practices are rarely examined in the literature on migration, care and new technologies. Furthermore, how new technologies are or may transform patterns of care, both formal and informal, and questions of the gendered nature of such work is under-researched. This study aims to provide a much-needed addition to the small number of studies that examine these issues by taking a broader look at technology-mediated transnational care practices of migrant care workers and their 'left behind' family members, with a particular focus on aged care.

## Methodological framework

In response to the analytical demands of my research questions mentioned above (section 1.4), my research builds on a qualitative and multi-sited methodological approach. I chose this approach because it challenges methodological nationalism and is based on a technique of tracing mobile and situated objects, which in this case means following the people (Marcus, 1995; 106). The people I followed were spread across different places of Zimbabwe and the UK. The focus was on following the care network within the transnational families in the study. Multi sited fieldwork, therefore, meant following individual family members involved in the care network of their ageing parent, which means those who have migrated and those who stayed in Zimbabwe and the aged who are being cared for. This made my approach unique as I concentrated on the entirety of the family network involved in the care process of the ageing family member.

I adopted a person-centred qualitative research approach based on semi-structured interviews, observations, and a researchers' diary. By drawing on the qualitative and multi-sited approach, I explored the meanings of transnational aged care across borders by examining the daily experiences and forms of agency of migrants, their 'left behind' family members and the cared-for ageing parents. In addition, as discussed in detail in the methodology chapter (Chapter 4), the interviews with these different actors in the care networks allowed for a more nuanced exploration of the gendered experiences and asymmetrical negotiation processes prevalent in transnational aged care practices.

## Organisation of the thesis

This thesis is comprised of nine chapters. This current chapter sets the scene and gives an introductory overview and background of the entire thesis.

**Chapter Two** outlines the main analytical concepts and perspectives that underpin the framework of this study. First, the chapter introduces the debates around the transnational approach that serves as the primary analytical approaches of this study. Second, I review the literature on transnational families. Here I show the interaction between transnational family studies and processes of migration and the family. I also discuss migrant work life balance and the role played by social networks in enabling migrants to negotiate work and care responsibilities. Third, I outline the interface of transnational families and feminist approaches to the family. Following this, I analyse the caregiving approach to the transnational family, concentrating mainly on the global care chains and the care circulation concepts. Last, I review the literature on new communication technologies. I zero in on how new technologies enable transnational families to engage in care across borders.

**Chapter Three** provides a historically tailored contextual overview of Zimbabwean migration trajectories and their impact on family life. Before discussing the migration processes, I outline the historical overview of the family and the values and norms that govern aged care in a Zimbabwean context. I then discuss the migration trajectories and illustrate how post-independence migration has affected family life and aged caregiving. Additionally, I pay particular attention to Zimbabweans in the UK. I highlight how changes in the UK social care sector have made the UK rely on migrant care workers and how Zimbabwean migrants have found a niche in this sector. Lastly, I discuss their transnational activities and show the importance of family in their transnational activities.

**Chapter Four**, having laid the conceptual and contextual underpinnings informing this study, this chapter focuses on the methodological approach I adopted in the study. Guided by the research questions, I discuss and explain the choice of a qualitative multi-sited research approach and the methods I employed and why I used them. Furthermore, I demonstrate how field entry was facilitated, the sampling criteria, the data collecting process in Zimbabwe and the UK and how I navigated the challenges that I encountered during fieldwork. Most importantly, I discuss my positionality and reflect on its potential impact on the overall research. How I analysed, the data is also discussed in this chapter.

**Chapter Five** provides the baseline introduction to the findings of the research. It includes background information of the UK based participants. Here I explore their migration decision making and trajectories as well as pathways into care work. I show the importance of social networks in aiding migration and entry into care work. Most importantly, this chapter shows how the decision to migrate and work in the care sector is deeply rooted in the desire to care for the family, both local and transnational based.

In **Chapter Six**, I focus on the dynamics of migrant care workers family life in the context of living and working in the UK. I focus specifically on how they reconcile paid care work with their own unpaid local and transnational care. First, I explore participants' localised caregiving strategies focusing mainly on childcare. I show how participants draw on formal and informal childcare strategies in order to manage family obligations and work. Second, I explore their transnational care practices focusing mainly on remittances, new technologies and visits.

**Chapter Seven** examines how Zimbabwean migrant care workers and their ‘left behind’ family members engage in transnational aged care. Using the testimonies of family members in both the UK and Zimbabwe, the chapter first explores the values and norms that govern aged caregiving in Zimbabwe and how these are being affected by migration. Also explored in the chapter are the gendered power dynamics in care and caregiving in a Zimbabwean context. Lastly, the chapter examines how these separated families negotiate aged care arrangements in the context of migration.

**Chapter Eight**, the last of the empirical chapters, focuses on new technologies in mediating long-distance aged care relationships. The chapter starts by examining how Zimbabwean transnational families have harnessed new technologies and how they use these for transnational care. To get a more nuanced understanding of the use of new technologies, I focus on their use during critical health moments and analyse their (in)adequacies in enacting care at a distance. The chapter argues that although new technologies offer transnational families’ myriad ways to remain connected and keep a sense of 'familyhood' across space and time, they are not adequate when a situation that requires embodied physical co-presence unfolds, for example, a sickness in the family. Furthermore, the chapter examines how new technologies facilitate the sending and use of remittances by migrants and their 'left behind’ family members, respectively. Finally, the chapter demonstrates the crucial role of remittances in keeping families afloat in the current Zimbabwean nebulous economic situation. I show in this chapter how remittances are negotiated and contested by family members and how new technologies add a layer of pressure to remit for migrants.

**Chapter Nine** recaps the whole study and outline the key empirical findings of this thesis. The chapter also highlights some of the analytical and conceptual contributions that this study makes to the field of transnational families, care, migration and the use of new technologies in transnational care—the chapter and the thesis ends by outlining some avenues for future research.

# Chapter Two: Literature review

## 2.1. Introduction

In this chapter, I review the broader body of literature of the concepts and perspectives that guided my research. The analysis draws upon theories and ideas of transnationalism, social networks, transnational families and transnational care that interface with the role of new technologies in transnational aged caregiving. This chapter is divided into six sections. First, I introduce the transnational approach that serves as a central theoretical approach to this research. Here, I illustrate the key benefits of adopting a transnational perspective in examining the ways in which families care across borders. This is followed by a literature review on transnational families; I focus mainly on the emergence of the concept from feminist family scholars and migration scholars, presenting how families evolve transnationally and how they remain operational despite geographical distance. I follow this by discussing migrant social networks and the importance of local social networks in facilitating migrants’ transnational engagement. To fully grasp the totality of migrant networks, I analyse the literature on migrant experiences in the destination country, looking at how they use social networks to combine work and family life. This is then followed by a discussion on the concept of care and the transnationality of care, looking broadly at two areas, the global care chains and care circulation. Lastly, I bring new technologies and establish some gaps in the debates on new technologies in transnational aged care. I then consider the applicability of this literature review to the particular experiences of Zimbabwean migrant care workers and their families back in Zimbabwe.

## 2.2. A transnational approach: overview and critique

In the past three decades, the transnational approach to migration studies has become a well-established locus for understanding aspects of contemporary migrants' practices. Most scholars now recognise that most contemporary migrants and their predecessors maintain multiple ties and interactions with their countries of origin while integrating into the host countries (Faist, 2000; Portes, 1999; Glick-Schiller et al., 1992). The transnational approach to migration studies originated in the 1990s when scholars mainly from the United States realised that previous migration studies of Latin American migrants in the United States were very linear to grasp the full effects, consequences and complex dynamics of their lives. The emergence of the transnational approach marked a major turning point in the scientific awareness of transnational mobility and its implications. Even though the literature preceding the transnational turn, which although not labelled transnational, shared most of its features, for example, the famous Polish Peasant study Thomas and Znaniecki (1996) initially published in 1920. It was not until the early nineties that migrant transnationalism started gaining traction in migration studies. The transnational turn challenged the underpinnings of conventional migration studies that portrayed cross border migration as a binary, unidirectional and smooth process of departure, permanent settlement and gradual integration into a new society (Wimmer and Glick-Schiller, 2003). Before the transnational approach, migration scholars were more concerned with the social conditions and cultural trajectories experienced by migrants as they built their new lives in the host societies (Portes, 1999). As a result, assimilation and other related concepts such as acculturation and integration became the dominant concepts that shaped most migration studies' conceptual and epistemological framework.

The move towards seeing migration processes as 'transnational' stems from the scholarly discourses on migration and globalisation (Kivisto, 2001). Many analysts of the migration and globalisation nexus (such as Glick\_Schiller et al., 1992; Portes et al., 1999; Basch et al., 1994) recognised that contrary to assumptions of assimilation and integration models, some migrants remain connected to their places of origin while they simultaneously become part of their countries of settlement (Levitt and Jawosky, 2007). What such scholars argued, however, was that processes of globalisation, especially recent technological advancements in transport and information and communication networks that were not easily accessible to previous generations, allow migrants to maintain an assortment of involvement in both sending and receiving societies. That is being 'here' and 'there' (Vertovec, 2004). Moreover, through empirical evidence, these scholars demonstrated that migrants contributed to the economic, social, political and cultural lives of both their homeland and host societies in a way that invalidates the understanding of the nation-state as bounded (Appandurai, 1991). Consequently, these scholars argued that international migration could only be adequately perceived, analysed and interpreted by studying fundamental practices, links and obligations that migrants maintain with their home society from abroad (Glick Schiller et al., 1992; Vertovec, 1999; Faist, 2000). In this context, transnationalism, which birthed the transnational approach to migration studies, emerged as a significant field of social research in the last three decades.

Although they were not the first to use the word transnational in relation to migration (for example, see Bourne, 1916; Nye and Keohane, 1972), Basch et al. (1994) are credited for being the first to develop transnationalism as an approach to capture migrants' embodied connections and feelings of belonging to their homeland. Their work defines transnationalism as "the process by which immigrants forge and sustain multi-stranded social relations that link together their societies of origin and settlement" (Basch et al., 1994:8). They argued that studying migration must be liberated from methodological nationalism, a view that 'the nation-state is the natural social and political form of the modern world' (Wimmer and Glick-Shiller, 2001:1). Which to capture the reciprocal interconnections or the continuity of bonds/relationships between migrants and actors in their country of origin. In this context, it was argued that a clear cut and coherent interpretation of the migration process requires a transnational dimension that captures the frequent and durable creation and maintenance of connections across space and time.

The transnational approach understands migration as occurring in a more fluid social field and emphasises the varying degrees that migrants are simultaneously embedded in multi-faceted social relations that connects their country of origin and destination (Glick Schiller and Furon, 2011). Levitt (2001; 2004) and Glick Schiller (1999) posit that when migrants engage in transnational activities, they form social fields that connect the host country and their countries of origin. These social fields are multi-layered and multi-sited spaces of social relations grounded in migrants' commitment to their homeland (Glick Schiller, 2005). In this approach, the migrant is no longer characterised as an 'uprooted' individual who has made a permanent rapture from their homeland. Instead, the migrant is refashioned as a 'transmigrant’ who is continuously pivoting between a multiplicity of familial, social, economic and political interests that require their presence in both their home and destination country on a sustained basis (Portes et al., 1999).

There is currently a large number of empirical studies that demonstrate migrants’ transnationalism and the significance of the transnational approach to studying migrants cross border connections (Al-Ali and Koser, 2002; Pasura, 2014; Amelina, 2017; Amelina and Lutz, 2019). However, academics like Guarnizo and Smith (1998) distinguish between transnationalism from above and transnationalism from below. Transnationalism from above, which is synonymous with globalisations, happens at the macro level and is concerned with the macroeconomics of influential organisations such as governments and multinationals. In contrast, 'transnationalism from below' examines how migrants organise their actions and relationships that transcend national borders (Portes et al., 1999). This thesis is interested in transnationalism from below; it focuses on the daily lives, activities and social relations of migrants 'here' and 'there'.

Understanding transnationalism from below also helps understand gaps in current scholarship on transnational families. Most family studies conceptualise the family as nuclear and living together, and bounded by the nation state (Mazzucato and Schans, 2011). As such geographic proximity is taken as essential for interaction and exchange within families and the ties that families have across borders are often ignored or assumed to be improbable (Kilkey, 2018; Mazzucato and Schans, 2011). However, as will be discussed in section 2.3, research has demonstrated that family practices across borders are prevalent worldwide and transnational families ‘are created out of overlapping migration flows within and between regions of the world in which as a result of choice or constraint not all members of the family move’ (Kilkey, 2018; 236). Therefore, the transnational approach is important in this context as it highlights the importance of taking both the sending and receiving countries into consideration.

While there has been a proliferation of transnational studies in the last three decades, the concept has had its fair share of criticism. First scholarly writings often approach transnationalism as a completely new phenomenon. However, researchers concentrating on the historical precedents of migration emphasise that far from being new, transnationalism existed for centuries past, albeit in a different form (Foner, 2007; Waldinger and Fitzgerald, 2004). In addition to the Thomas and Znaniecki (1996) example mentioned above, researchers point to the era of colonialism, imperialism, missionary campaigns and nation-building, in the nineteenth century. During this period, subjects of powerful nations attuned themselves to transnational modes of encounter by remaining connected to their countries of origin through telephones and telegrams for communication and steamships and aeroplanes for visits (Tyrell, 2007). It can be argued that in those days, the phone and telegram were unprecedented technological innovations that allowed people to remain connected across national geographies. As a result, the newness or the novelty of the transnational phenomena has become a constant source of academic disagreement. Resultantly, some quarters have described transnationalism as the proverbial old wine in new bottles or, put more bluntly, 'new terminologies to describe old processes' (Al-Ali and Koser, 2002; Foner, 1997).

Another line of argument that has been forwarded to reign- in the transnational concept is its overemphasis on the de-territorialised world. The idea that the nation-state's ability to control the movement of people and other forms of mobility is being steadily undermined. Kilkey and Merla (2014) show that the nation-state is still relevant and still exerts influence on the freedom of movement and cross-border migration. For example, migration, citizenship, and Welfare rights are closely defined according to national affiliation. Some migration regimes are structured to make it difficult for ordinary migrants to engage in transnational activities (Hondagneu–Sotelo and Avila, 1997). Also, many balances concerning the orientation towards home and towards the destination shift over time, especially when migrants become connected and embedded in the destination country, accumulate benefits and entitlements that they cannot transfer to their home countries. As a result, transnationalism may become unsustainable. In their research with Polish migrants in the UK, Ryan (2011a) and Ryan and D'Angelo (2018) have shown the importance of understanding the dynamics and change over time. They posit that some relations migrants have with those home may fade, become harder to sustain, or tensions may unfold as migrants’ priorities shift as they form new families in the destination society. Hence transnational relationships are not static or fixed over time (Ryan, 2011a).

These limitations and general traits of transnational migration highlighted above need to be taken on board. They demonstrate that transnationalism is complex, dynamic, differentiated and contingent on specific contextual factors. Cognizant of these limitations, I adopt a transnational approach in this thesis for three main reasons. First, a transnational approach allows for examining migrants' social lives that transcend and cut across national and geographic borders. Therefore, it will enable a better understanding of multiple relationships between migrants and their families overseas. Secondly, a transnational approach explores the agency not only of migrants but also of those who stay in the country of origin, the 'left behind' family members (Levitt, 2001; Glick Schiller, 2005). The 'left behind' play an essential role in migrant transnationalism as they engage with migrants in the destination countries through social networks and interactions with transnational activities (Levitt, 2001; Hirsch, 2003; Grillo and Mazzucato, 2008). Willis and Yeoh (2000) argue that the 'left behind' participate in the transnational experience and can influence the migration or reunification decision-making process and are also jointly responsible for the day to day running of the transnational family. Most importantly, the 'left behind' inclusion is relevant to transnational care arrangements, particularly how they negotiate family responsibilities and caregiving duties with their migrant relatives across space and time (see section 2.3). Thus, to fully grasp transnational migration and its impact on family life, family members who have been 'left behind' must be considered in the context of the analysis. Moreover, their inclusion will facilitate a more holistic examination process emerging from both sides. I will elaborate on this in the sections below.

The third reason why a transnational perspective is vital for this study is context. While using a transnational approach to understanding international migration requires letting go of methodological nationalism, it does not necessarily rule out the significance of national context (Glick Schiller and Levitt, 2006; Al-Ali and Koser, 2002). Instead, the nation-state is no longer seen as a bounded space but as a determinant of position and place in a global landscape (Al -Ali and Koser, 2002). The emphasis here is that the nation-state exerts influence in shaping, obstructing or facilitating transnational migration (Mazzucato, 2004). For example, state policies like setting boundaries for inclusion, exclusion and citizenship, shaping public opinions towards migrants, and social, political and economic relationships between sending and receiving countries significantly influence the maintenance of transnational practices. As a result, migrant transnationalism cannot be adequately understood in isolation from the sending and receiving country's broader social, political and economic context (Kilkey and Merla 2014).

## 2.3. Conceptualising transnational families and the 'left behind’

Since migrants' transnationalism is based on cross border interpersonal relationships, to fully appreciate the meaning and implications of transnationalism at the micro-level, it is imperative to consider activities and relationships within the framework of the family. The need to overcome "methodological nationalism" through a transnational approach informs this present analysis both conceptually and methodologically. A deeper insight into familial life in the context of migration and a move past reductive interpretations that link the family to a geographically exclusive territory is essential. Since the turn of the millennium, a growing number of scholars have conceptualised migrants and their families as transnational families (Baldassar et al., 2007; Kilkey and Merla, 2014). These are broadly defined as “*families that live apart all or part of the time but hold together and create something that can be seen as a feeling of collective welfare and unity, namely ‘familyhood’, even across borders*” (Bryceson and Vuerola, 2002; 18). Migration scholars coined the term transnational family to highlight the strength and resilience of family through the strain of separation provoked by migration (Pasura, 2010).

The coining of the term owes its scholarly origin to prior research on and, in particular feminist analysis on the concept of the family. The family in classical western sociological thought is conceptualised as a geographically proximate and physically whole unit residing within the confines of the nation-state (Barrett and McIntosh, 1982). Therefore, the family in western construction is romanticised or idealised in terms of the nuclear family; anything that departs from that understanding is considered an aberration. In the past, migration scholars tended to actualise the idea of the family as a geographically constrained unit represented mainly by a single immobile household, thereby reproducing the structure of methodological nationalism (Sorensen and Guarnizo, 2007; Smith, 2005).

Feminist approaches to family studies have for long attempted to understand what constitutes a family and how people live their lives (Mackie and Callan, 2012). A critical feminist intervention to family studies was challenging the functionalist assumption in family studies that have silently idealised the nuclear family as a universal family model (Gillies, 2011). They drew attention to the nuclear family's ideological separation, which dichotomised male as breadwinners and females as homemakers in the private sphere. Most importantly, they criticised the orientation towards conditioning proximity for characterising the social (Nelson, 1990; Hondagneu-Sotelo, 2003). They argued that the family need to be sanitised from the western-centric 'nuclear family' concept, which they conceptualised as a socially constructed site where basic notions of sexed and gendered hierarchies have been naturalised and institutionalised (Abbott and Wallace, 1997). More so, there has been growing calls for the extension of research on families that moves beyond the western family practices and includes other cultural contexts, a gap to which this thesis contributes (see section 3.2 about the discussion of family practices in Zimbabwe).

The way families are structured, practised and enacted across historical time and changing social context is diverse and complex. In different cultural contexts, the family is defined by different kinds of relationships. These can be relationships of descent formed through generational ties or affinity relationships based on marriage. Some extend to include the variations of patrilineality, matrilineality, polygamy, and community connections (Mazzucato, 2008). As a result, researchers advocated for a more nuanced and grounded approach to family studies that capture the diversity, fluidity and complexity of new family configurations in different parts of the world (Gillies, 2011; Reynold and Zontini, 2014). Given the increasing awareness of difference across ethnic groups in family patterns, family researchers have called for understandings of the family that are foregrounded in its processuality (Finch, 2007). Researchers like Finch (2007) and Morgan (2011) posit that the family should be understood as a set of activities that are called family practices. Their perspective stems from the realisation that today's families do not appear as much as 'being' a family but are somewhat subject to a process of their constant creation 'doing family'. The performative aspects of 'doing family' entail forming the family as a related group, their self-definition and their arrangement as a group (Morgan, 2011). It is argued that the need for doing family may be more significant when families are experiencing separation in time and space due to migration (Finch, 2007). Therefore, it seems unjustifiable to treat the family as a discrete institution with distinct boundaries (Zontini, 2004). Instead, the family is consequently seen as fluid and understood in its broad sense. It is now more important to use the concept of family practices and to focus on what families do together (Morgan, 2011).

In transnational families, membership into the family network is not naturally given but constructed through actual and imagined common conditions of social relations like sharing accommodation or other social activities like care and support. In this context, the family is a basic structural unit and a series of relationships and networks of people connected across distance and national borders by a belief of shared 'familyhood' (Brycerson and Vuerola, 2002). Migrants’ desire to maintain familial bonds reflect their preferred notion of the family as an institution in which traditional values and norms are observed and respected (Zhou, 2013). Also, family members constitute the most important social network for migrants, be they migrants or those who have not migrated (Bryceson, 2018). Most notably, in transnational care analysis, those who do not migrate are an essential part of the transnational family relationship, even if they might never migrate (Baldassar and Merla, 2014). The inclusion of the 'left behind' is particularly relevant for this study because those who do not migrate play an essential role in maintaining households across borders. The emphasis here is that transnational family studies recognise that family members separated by national borders construct familyhood at a distance. For those who migrate, it means there are not loosened from their social and moral duties towards family life. Those who remain have to negotiate and reconfigure family responsibilities (Baldassar and Merla, 2014). Both groups often have to make decisions at the intersection of micro-dimensions related to family solidarity and personal desires and macro-dimensions related to structural opportunities and constraints and rules and regulations governing the migration regime. Therefore, transnational familial ties between migrants and non-migrants are constantly established, negotiated reconfigured, and both migrants and non-migrants must negotiate their capacity to do family at a distance. From a critical perspective, it can be argued that migrants' practices reflect the social, economic, political and cultural constraints experienced by their 'left behind' family members.

Research shows that gender asymmetries often remain in transnational relationships as they are embedded in tacit family practices. The gender roles and hierarchies of power in the transnational family are more visible in social relations, such as caregiving. Women are more likely than men to bear the burden of caring. However, this is often renegotiated due to migration and the life course (Brandhorst, 2014; Poeze et al., 2016 Baldassar and Brandhorst, 2020). More so, critics of the transnational family say such arrangements threaten the traditional governance of nation states and lead to a breakdown in family unity, with serious consequences for family well-being (Haagsman and Mazzucato, 2020).

These research critics argue that geographic distance reduces the frequency of social interactions, thus implicitly reducing the transfer of support between intergenerational family members. However, research by the like of Baldassar et al. (2007) posits that families are forced to activate new or relink old resources in response to emerging demands in transnational families. Vertovec (2009) argues that globalisation, namely the increasing density and depth of interconnectedness and interdependence of the world, has changed the nature and scope of transnational families. It is argued that due to globalisation, migrants are now able to keep in touch with their country of origin more often and more closely than ever before. New communication technologies are now being used to provide transnational families with communication services that are more accessible, available and easier to use than ever before (Madianou and Miller, 2012; Mckay, 2016; Wilding et al., 2020). While this is true of transnational families that involve adult parents and their younger children, there is still a cavity in the literature on new technology use between migrants and their aged family members in a transnational context (I will discuss the role of new technologies in section 2.6). Still, first, I analyse the role of social networks in enabling migrants to remain connected with ‘left behind' families and how the experiences of migrants in the destination country impact their transnational engagements.

## 2.4. Social networks and the work-life balance of migrants

To fully grasp the complexity of migrants’ transnationalism and its effects on the transnational family, it is crucial to explore the role or potential role of social networks, which offer multiple sources of assistance to migrants and their families. The analysis above shows how their embeddedness underlines migrant transnationalism in sending and receiving contexts. Nonetheless, the recent interest in migrants’ transnationalism and the conceptualisation of transnational families have less focused on migrants' local sources of support in the destination country yet, migrants’ networks are defined by ties they have with their country of origin and by relations they have and create in countries of settlement (Caarls et al., 2020). Wellman and Wortely (1990) argue that local geographical proximate relations with neighbours are vital as they provide face to face encounters that can be useful in delivering small services such as ad hoc childcare and emotional support. For example, Ryan (2011b) argues migrants do not live in transnational social spaces only but also have to navigate their local daily lives in the country of settlement. As a result, Ryan (2011b) calls for a focus on migrants' totality of relationships locally and transnationally to get a nuanced understanding of their roles and responsibilities. Linking migrants' local and transnational lives is vital for this thesis. It shows that despite the families they have in the country of origin, over time, circumstances change, and migrants might form new families and new relationships that significantly impact how they experience and negotiate transnational social spaces.

The relationships and contacts migrants have in destination countries are important and are called migrant social networks. Migrant social networks, sometimes called migrant networks, are a web of interpersonal social ties that connect individuals in a sending country to others in the receiving context and can spread locally and transnationally. These social networks are thought to play an essential role in influencing migration, destination choice, and migration route. They also serve as mechanism or forms of resources that migrants can use in the destination country to access accommodation and employment. In other words, social networks reduce all forms of social, economic and emotional cost and provide valuable forms of social capital to new migrants (Ryan, 2011b; Wissink and Mazzucato, 2018). It is argued that social networks increase the chances of migration because they reduce costs and risk of mobility while increasing the expected economic returns (Awumbila et al., 2016).

The migrant social networks theory is well established in migration research. Volumes of scholarly research have demonstrated how migrants’ ability to access employment, accommodation, participate in development in their country or even remain connected with family friends and other relations left in the country of origin can all be directly impacted or dependent upon migrants’ social networks (De Haas, 2010; Massey et al., 2005; Ryan 2011b) as such social networks affect the migration process and play a significant role in migrants' lives. Migrant social networks are premised on belonging to particular groups and build on the reciprocal cohesion of the group members, who can utilise social capital accumulated within the network (Ryan et al., 2015; Erel, 2015). Social capital refers to the actual or potential resources of the network members to which other members have access through their connection in the network. According to Huffman and Torres (2002), there are three different layers within the networks with differing access and interchange. The first layer contains intimate and confiding relations made up of family, kin and close friends; the so-called strong ties. In this layer, people support each other and have an obligation to exchange and offer favours to each other. The middle group consists of strong and weak ties, whose people share specific resources, but do not all have binding relationships or exchanges with each other. Finally, the outer layer is characterised by common belonging and identity. Here, individuals can interact or share reciprocal relationships, but this is not always the case. Most of these networks are formed to provide services and resources in return for benefits.

For most migrants, networks are important for facilitating migration and finding employment in the destination country. A tonne of migration research has demonstrated how migrants draw on their local and transnational social network to find work (Bloch and McKay, 2015). Nonetheless, research has also shown that migrants' social networks cannot be overstated. They can also be disadvantageous to the migrant by enabling cultural isolation, limiting their opportunities to co-ethnic resources or channelling migrants into low paid and low skilled niche employment not commensurate with their qualifications (Anderson, 2010; Bloch, 2013; Standing, 2010). Erel and Ryan (2019) posit that migrants often experience loss of social and cultural capital when they move abroad. Once in the destination country, they also experience racism and discrimination, which, by and large, limit their capacity to mobilise cultural capital. Despite these limiting factors faced by migrants, it is argued that they may start to establish new social and cultural capital in the destination country. Erel and Ryan (2019) argue that these networks are not homogenous but might be hierarchical where social positions, gender, and class intersect. As such, it cannot be assumed that migrants will necessarily have readily available resources from ethnic networks (Anthias, 2007; Erel, 2010). Nevertheless, the importance of migrant networks in providing migrants with practical support and in combating loneliness and isolation cannot be taken for granted.

### 2.4.1. Migrants work-life balance

Social networks are also crucial in enabling migrants to reconcile work and familial responsibilities in the destination country (Ryan, 2011b). For migrants to fully engage in transnational activities, they need to balance their work and local domestic duties first. Failure to strike a balance could mean that migrants will not be able to send remittances home. Unfortunately, there is a dearth of literature that links migrants' work-life balance in the destination country to their capacity to engage in transnationalism. I argue in this thesis that an awareness of how migrants negotiate their daily lives in the destination society help understand their experiences of transnational social spaces.

Once in the destination country, migrants have to negotiate their daily lives, interact with locals, form new relations and new families, or reunite with 'left behind' families. By and large, they reconcile work and family life in addition to maintaining transnational relationships with those ‘left behind’. Reconciliation of work and care for migrants need to be viewed in the context of migration. Wall and Jose (2004) argue that reasons for migration, migration trajectories, social integration and nature of employment in the destination society and the composition of migrant social networks impact on the work and family life balance of migrants. Studies have highlighted the contrasting cultural and religious values as well as racism and discrimination that migrants face in the labour market, which also affects their work-life reconciliation strategies (Bloch, 2013; Wall and Jose, 2004). For example, Refugees and asylum seeker families who work as unskilled labourers may experience many difficulties in organising work and care. In the UK, asylum seekers can wait for years to have their status confirmed; therefore, their working lives may be brutally interrupted or sacrificed (Bloch, 2013; Goldring et al., 2009; Mackenzie and Forde, 2009; Willis et al., 2010). If they have children, their work/life balance strategies which in the country of origin might have relied on kin support and domestic help, will need to be restructured.

Evidence also shows that during the initial stages of migration, asylum seekers experience economic constraints due to long periods they have to wait for their asylum claims to be processed (Bloch, 2013; Vertovec, 2007). This is often followed by entry into low paid and low skilled employment. Those with previous professional qualifications may struggle to find employment commensurate with their qualifications (Bloch, 2013; Holmes, 2007). They also enter the ethnic niche sectors where they need to work long and often atypical working hours and extra days to meet their dual lives' demands (Lewis, 2015). They might find themselves housed in areas far away from their social networks and immigration policies also restrict them to bring family members from their home countries to help with childcare (Yeo, 2020). As such reconciling work and care might not be possible and might require them to develop specific work-life balance strategies different from those of locals.

Little scholarly research on low skilled migrants' work-life balance indicates that migrants may be forced to cut back hours of work, adapt shift work schedules between parents, or delegate work to formal and informal carers (Dyer et al, 2011). The latter is the most preferred since the former can be very expensive for migrants. This thesis will show that when there is a sacrifice to be made regarding cutting back on hours worked to care for children, it usually is women who make the sacrifice. In the context of this thesis, this sacrifice is influenced by the familial obligations that emphasise caring for the children as the role of the mother (See Chapter 3 for discussion). Similarly, research by Datta et al. (2007) with low paid migrant workers in London found that women usually are the ones who assume the primary responsibility of care and often had to leave employment to undertake caring duties.

Nonetheless, the role of social networks developed in the destination country become salient in the absence of informal social support. Research has shown that strong ties, such as family members or grandmothers, are significant in providing informal childcare services (Bajarczuk and Muhlau, 2018). For migrant mothers in particular such strong ties reside in the country of origin. Therefore, distance appears to create obstacles for the mobilisation of transnational care (Barglowski et al., 2015; Ryan, 2011b.); as a result, in the absence of kin, migrants may establish new support networks with other migrants and with locals. These new weak ties are often utilised in balancing work and familial responsibilities, particularly in helping with childcare (Baycan-Levent and Nijkamp, 2011). Research by Ryan, (2011a); Barglowski et al. (2015) Bajarczuk and Muhlau (2018) underline the importance of these local support networks in helping migrant families, especially women, combine work and childcare as well as transnational responsibilities. I will now turn to transnational care and the emergence of the care approach in migration studies.

## 2.5. Care: concept and premises

Over the past decades, researchers have contributed substantially to the study of care and its importance to human life and society at large. Despite the proliferation of the concept in social sciences, attempts to define the concept have run into practical and linguistic problems (Daly and Lewis, 1998; Aulenbacher et al., 2018). Care has very different meanings in different languages, and in some contexts, there are many words or verbs that mean care and express the nuances of different types of care. This has led to an increasingly unclear and imprecise use of the term, and researchers have begun to question whether it is conceivable or even helpful to establish a clear-cut and coherent definition of care (Alber and Drotbohm, 2015).

What is clear however, across the many conflicting views regarding the concept of care is that care is usually positioned as a response to human circumstances, and those definitions of care depend on who is defining it and for what purposes. This highlights that intentions and expectations of care are not uniform but produce different types of care that emerge in different contexts. One of the most crucial social discourse situates care within the realms of relatedness and as a critical reciprocal practice that cements kinship (Ackers and Stalford 2004; Annette et al.,2012; Finch and Mason, 1991). Here care is construed as a moral value located within the normative ethics framework of social, emotional affection, and affective dimensions towards others (Fisher and Tronto 1990; Held, 2006; Tronto, 2013; Nguyen et al., 2017). In these approaches, researchers argue that exploring who cares for whom and how care is done also illuminates understandings of relatedness in social contexts (Alber et al., 2013; Howell, 2006). Central to these discourses is the fact that people choose to care for others to maintain or foster reciprocal relationships. This has been depicted on account of parents who act as caregivers to their children. They do so as a response to the normative understating that as parents, they are morally obliged to care for their children (LeVine and LeVine, 1994 Holloway et al., 2010), vis a vis their children to caring for them when they get old. Taking this point into consideration, care emerges as a dynamic relationship, a process through which connections are maintained (Carsten, 2000, 2004; Nguyen et al., 2017). These kinds of relationships are similarly characterised by particular contextual expectations of both care and practice.

Another dimension of the care discourse situates care in economic terms as a form of labour, a professional and commodified activity (Brown, 2012 Duffy, 2011; Michael and Peng, 2017; Ungerson, 2000). In this field, the activity ‘care work’ encompasses a highly diverse field like looking after or nursing the physical, psychological, emotional or developmental needs of others (Rummery and Fine, 2012; Raghuram, 2012). This includes different types of care work, including paid professional care work such as work in hospitals, nursing homes, funeral homes or other health services (Gottfried, 2013; Brown, 2012). It also includes unpaid reproductive work for personal use, such as housework, childcare or care for older people and the disabled, which is often seen as women's domestic work (Boris and Parennas, 2010). Notable here is the separation being made between paid and unpaid care work. This is mainly based on feminist considerations of unpaid work within the household, which is often construed in the supposition that care that women primarily provide ought to be considered an essential aspect of national economies (Boris and Parennas, 2010; Peng, 2019). Care as labour is argued to influence migration patterns, it is estimated that about half of the global female migration is linked to care work in some way (Peng, 2019: Daly, 2021).

*Feminist ethics of care*

The history of care as an analytical concept first emerged in feminist circles. Early feminist researchers viewed care as an ideology and practice that rest on the gendered division of labour in which women are solely responsible for the day-to-day housework within the private sphere (for example, Firestone, 1970). By this logic and through a series of theoretical and empirical studies, feminist researchers highlighted that care work is undervalued, poorly recognised and by and large reinforces women's social marginalisation (Butler, 1990; Bettcher, 2014). Their framework argued for a more nuanced structural analysis of everyday care, which elucidates how the implication of care goes beyond the broader system of social divisions. This feminist theoretical framework of care contributed hugely to the early understandings of care as its provisions remain so firmly gendered even beyond the family's private domain. However, some critics argue that these theoretical underpinnings of care fail to acknowledge the affective aspects of caring relations (Abel and Nelson, 1990).

Nonetheless, another feminist approach to conceptualising care came from feminist philosophers who emphasised care as moral relationships between people and the meaning and contextual experiences of these relationships instead of an impartial male justice (Gilligan 1982; Nodding 1984). This perspective, known as care ethics, is built on the assumption that we are inherently relational, autonomous, and interdependent individuals as human beings. Central to this assumption is that it is mainly women who exhibit traits such as compassion, kindness and empathy enhanced in their symbolically assumed biological capacity and expectation as mothers who shoulder caring responsibilities (Gilligan, 1982; Nodding, 1984). According to Schatz and Seeley (2015), gender helps define how care is framed, who provides it and how it is experienced. In the context of this study, the sexual division of labour means that it is mainly women who predominantly provide aged care. The Zimbabwean traditional belief is patriarchal and men are assumed to be natural breadwinners and women assumed to be better suited for care and support for the young, sick and elderly (see chapter 3 section 3.2 for discussion). Nonetheless, in the care ethics, it is argued that relationships rather than responsibilities are central to care. Gilligan (1982) posits that human beings respond to emotional and mental needs that can only be achieved through relationships. The significant characteristics through which these relationships are based are responsiveness and sensitivity to the needs of others. The ethics of care considers the family as the primary sphere through which relationships and interdependence are cultivated. Because of the centrality of the family in care relationships, family care is seen as the ideal form of care (Weitch, 2015).

By focusing on the gendered aspect of care which is anchored on the assumption of care as something associated with family and the notion of care as feminine capacity, Gilligan has been criticised for essentialising notions of womanhood and ignoring the relational aspect of care as well as the power dynamics in care relationships. Some care theorists (see Abel and Nelson, 1990; Bartky, 1990) argued that gendering an ethics of care can reinforce a sexual division of labour, running the risk of perpetuating the very activities that lead to women's oppression. In addition, it focuses more on caring for others whilst ignoring caring for self in a way that could lead to endangering women's own survival. Responding to these critics, more care theorists emphasised the need to bring men into the analysis and emphasise that care ethics are not unique to females as men are also capable to care (Gallo and Scrinzi, 2016; Elliot, 2016). Others called for more historicised and contextualised perspectives of care that consider different sites, strategies and contexts of care, including the racialisation of care work and the experiences of people of colour (Marchetti, 2014; Duffy 2005; Glenn 1992; Williams 2001).

Building on these critiques of Gilligan's work on care ethics, a new perspective that viewed the ethics of care as a moral concept and a political concept emerged (Sevenhuijsen 1998; Tronto 1993). Building on the works of Gilligan and the care ethics framework, Tronto and Fisher (1990) propose a broad definition of care which conceptualises care and caring as "a species of activities that include everything we do to maintain, contain, and repair our world so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment all which we seek to interweave in a complex, life-sustaining web" (In Tronto 1993; 103). This definition posits care as an activity and fundamental practice rather than a set of rules and principles. Tronto (2013) further expands the care process to include four phases and elements that are crucial for care. The phases include 'caring about', that is paying attention to unmet need; 'taking care of', assuming the responsibility of care; 'caregiving', which is the physical act of meeting the care needs directly; and 'receiving care', which entails the reactions to the care provided. However, care is not always positive and unproblematic for an action to count as good caring. Tronto argues that it must be informed by four cardinal elements associated with each phase in the caring process. They are, respectively, attentiveness, responsibility, competence, and responsiveness. In this context, care involves efforts that make possible physical survival and the reproduction of social relationships. This paradigm recognises the caring relationship as one of interdependence and human beings 'as having the potential and responsibility to be caring and cared for' (Williams, 2001; 478)

Perhaps what is more compelling about Tronto's definition of care and the broader care ethics it is embedded, which is crucial for this thesis, is that it considers caring as both as a practice that encompasses an ethic (as caring about) and as an activity (caring for) rather than a set of rules and principles. In this thesis, I examine different contexts in which care, especially aged care, is carried out: care as a commodified activity and care as kinship. I situate care as kinship and work because I want to highlight care not only as a social and emotional practice but also as a commodity that links different informal and formal kinds of care that extends across national boundaries. Aged care allows for examining the systematic position of an age group that might be privileged in some societies by the commodification of care as work but deprived in others when a care gap is created by the migrations of those who provide care. In other words, the way aged care is structured in society shows the norms and values of that society as well as its position in a global political economy of care (Mazzucato, 2008). Most care in developing countries, for example, is mainly provided by family members and is also based on norms around intergenerational reciprocity due to lack of public social welfare, whereas, in developed nations, aged care though still dominantly provided by the family, may be complemented by other forms of welfare provision provided by the governments (Mazzucato, 2008). In this respect, care in this thesis is understood as a social practice shaped by social networks and embedded in the social context and happening in relationships.

## 2.6. Transnationalisation of care

One of the features of the feminisation of migration as well as the processes of globalisation and the liberalisation of market economies is the outsourcing of care and social reproduction work to migrants, especially female migrants (Yeates, 2004). According to feminist migration scholars’ women are increasingly migrating independently to seek employment opportunities in wealthier countries (Parrenas, 2005, Hochschild, 2000). Some get employed as paid care workers in private households or institutionalised care services in more affluent nations. As a result, 'care' has developed into one of the largest employment sectors for migrant women in Particular (Lutz, 2018). Migrant male care workers, on the other hand, although they are involved in care work, the literature has not yet fully engaged with their experiences of caring and care in the destination and transnationally. Most of the work on migrant care workers focuses on their job experiences, given that they are men doing a traditionally female profession. This thesis bridges this gap by integrating the views of both men and women in their roles as paid and unpaid caregivers.

The feminisation of migration and employment of migrants in the care sector in developed countries is fuelled by changing family structures, rapid demographic ageing, large growing number of women entering the paid labour force, who in many countries are traditional providers of unpaid care (Daly and Lewis, 2000 Lutz, 2002; 2018; Daly, 2002). More so, the dearth of, and cutbacks in public institutions provisions of long-term sustainable care, continued privatisation of public care systems, and a lack of political and social panacea to these issues have created a demand for substitute carers and care for the household. Some countries and individual families in wealthier countries have resorted to recruiting migrant workers (mainly females) to mitigate the 'care crisis' and as a significant policy designed to enable female citizens labour force participation (Yeates, 2004). I will elaborate on this more in the paragraphs below.

On the supply side, global inequalities in the distribution of wealth between developed and developing countries, coupled with the high unemployment rate, poverty, insecurities vulnerability and instability. This, combined with gender-based factors such as abuse, family disputes and exclusion, has increased the number of women in particular, who migrate to obtain paid work in wealthier countries. In other countries like Indonesia and the Philippines, exporting female domestic labour is seen as a means by which governments cope with employment and foreign debt (Platt et al., 2016). Consequently, women have become crucial agents in the new global care economy. Also, care work has become an overseas market for other countries, improving their economies through money sent by migrants (Choy, 2006). In receiving countries, relying on the migrant care workers in the care sector has led to mitigating the care crisis; Hochschild (2002) sums this by positing that "love and care have become the new gold".

### 2.6.1 Global Care Chains

In an attempt to understand the new caring arrangements that emerge from this gendered global and sometimes the local distribution of care work, many researchers employ the concept of Global Care Chains, first conceptualised by Hochschild (2000). The analytical category 'Global Care Chains' refers to the complex local and global flows of care and the caregiving arrangements made by families as they try to mitigate the feminisation of migration and women’s entry into the labour market (Hochschild, 2002; Lutz and Palenga-Molennbeck, 2014). On the global level, this happens when women from poorer nations move to richer countries to join the precarious market of care work. In doing so, they leave behind their caring responsibilities that need to be fulfilled, thus creating what is labelled "care drains" (Bettio, Simonazzi & Villa, 2006). These care drains, in turn, creates care deficits in the countries of origin and care surplus in the destination countries. Migrants and the families they leave behind seek to address the loss of those who provide care. In societies where care is not adequately socialised, and market care service is limited or costly, the burden of care falls mainly on women, often women relatives or less often feminised paid non-family members (Hochschild, 2002; Hondagneu-Sotelo, 2001; Parrenas, 2001; Yeates, 2004; 2009). The results is a chain effect or what has been called the 'Global Care Chains' in which a global network of households are linked through the transfer of their crucial social and emotional resource across borders based on power axis (Yeates, 2004).

The commodification of migrant care labour as expressed in the Global Care Chains concept embodies a sense of deep inequalities and significant social divisions in the distribution of care based on gender, class, ethnicity or citizenship (Palenga –Mollebeck, 2014; Parrenas, 2000; Yeates, 2004). The fact that the care deficit created by middle-class women in the wealthy industrialised nations is outsourced to migrant women who themselves pass their own family duties to other women in their family or a lesser extent, other poorer women in their country through paid care work (Parrenas, 2012) highlights the extent to which the reproductive labour is gendered and commodified as well as the discrimination of women in the labour market.

Feminist migration scholars argue that care in contemporary processes of migration and globalisation highlights the gendered inequalities of both migration and globalisation, which relegates women into precarious types of work like care work (Lutz, 2017). Parennas (2001) conceptualise the connections between migrant care work, globalisation and the privatisation of social reproduction as a “new international division of social reproductive labour” or a “new world domestic order” as observed by Hondagneu- Sotelo, 2001). Yeates (2004) introduces the term the "global care economy" to emphasise the links between different formalised kinds of care work extending across borders. These studies illuminate that in contemporary developed countries, states are also relying on migrant care labour to mitigate the care crisis bedevilling their care regimes. Thus, researchers argue that family-based care norms and practices and the more formalised care labour market can no longer be viewed independently (Yeates, 2009; Lutz, 2002).

Over the past decade, the global care chains thesis has been further developed or improved by different academics. Hochschild’s analysis is based on the premise that women who migrate do so alone, yet migration studies have shown that sometimes families migrate together (Manalansan, 2006). Others have noted that the theory exclusively focuses on women migrants, children, and domestic care; hence fail to address the multi-faceted process in which different types of care work are being globalised (Yeates, 2004; 2012). Since its framework is based on the notion of care as a feminised realm within the nuclear family and bounded by the state, it is limited to care activities and the distribution of care work. As such, it ignores the understanding of care provision based on the cultural and institutional practices through which the chain is constructed (Williams, 2010; Yeates, 2012). Building on this Yarris, (2017) argues that whilst the Global care chains importantly recognises the care drains created in sending countries; It does not recognise the support work done by the extended family and intergenerational networks in the family of migrant mothers like for example, the care provided by grandmothers to their grandchildren in the context of parental migration.

These critiques have opened up space for other scholars to expand the analysis and move beyond its sole focus on mothers with children to consider a wide range of factors. For example, studies by subsequent global theorists, especially Parennas (2000); Lutz (2002), examine the migration of global women from different peripheral regions by incorporating accounts of their stories and dealing with class mobility issues. Williams, (2010) discuss the role of the state in global care chains. Yeates (2004) broadens the literature to include skilled migrant care workers like nurses and Kilkey, (2010) incorporates men in the global care chain analysis. Another line of research focuses on transnational families, especially the care, support, communication, and interactions between adult children and their ageing relatives across borders (Parrenas, 2005; Baldassar et al., 2007; Baldassar and Merla 2014). This latter strand of studies also emphasises the need to consider a broader range of exchanges and support between generations in a family and the global-local setting in which they occur that forms the primary objective of this study.

### 2.6.2. Transnational care circulation

As discussed above, the main criticisms of the global care chains concept is its sole focus on the binary two-way traffic relationships where migrants move from the global south to the global north to perform social reproductive work and its near-exclusive focus on the dyadic bond between biological parents and their children. This frame illustrates how existing migration studies have neglected the care exchange between various members of the extended family (Yarris, 2017). Baldassar and Merla (2014) propose the concept of ‘care circulation’ as a way to move beyond the dichotomous view of care transfer in the global economy- which they view as only applicable in a labour market perspective- to highlight the complex cross border exchange of care among members of families dispersed across the globe.

Taking into consideration Bryceson and Vuerola (2002) definition of transnational families as a point of departure (see section 2.3), Baldassar and Merla (2014) consider a framework that engages with the broad definition of care as well as complex social processes that determine caring arrangements within transnational families. In transnational settings, family care is seen as pivotal in affecting the decision to migrate and shape transnational life (Kilkey and Merla, 2014). However, as I have discussed in section 2.3, because of the prevailing norms of families as proximate units, the capacity and functionality of transnational families are regularly questioned by sociologist of the family and by the more extensive public in both the receiving and sending countries (Parennas, 2005; Baldassar and Merla, 2014). In particular, researchers question the possibility of continuing to 'do family' in a migratory context and question the practicability of families exchanging care from a distance (Standing, 2001). These researchers argue that the provision of care is constituted by ritualised practices that require physical co-presence and are fundamental for maintaining emotional support, such as face to face discussions, actual contact and shared meals. Such conceptualisations proximity as a prerequisite of doing family and care leads to assumptions that distance and absence automatically disrupt family relations and relieves migrants from their duty to care.

Despite these assumptions of family and care at a distance, numerous studies have shown that transnational families maintain multi-layered relationships and responsibilities with their families in the homeland. Additionally, and most crucially, care and emotional support towards their family members do not vanish despite the various institutional and individual constraints brought by geographic distance and physical separation (Zontini and Reynolds, 2007; Baldassar et al., 2007; Carling et al., 2012; Kilkey and Palenga-Mollenbeck, 2016). Instead, the exchange of care is seen as a critical factor in maintaining links and solidarity in transnational families (Gouldbourne et al., 2010). This, therefore, challenges the normative belief that family intimacy or family relationships can only be established in the context of geographical proximity. While most of the literature on the transnational care practices shows that remittances are the most common type of support exchanged by transnational families, recent research demonstrates that new technologies have transformed the ways transnational families exchange financial assistance as well as practical, emotional and personal support (Baldassar et al., 2007).

Drawing from the care scholarship that conceptualises care in a multi-directional way, Baldassar and Merla (2014) follow Finch and Mason (1993) to define transnational care circulation that includes the following four strategies; proxy care through financial support in the form of material and economic support; emotional care through imagination in which family members think of their distant kin; short term visits for practical hands-on care and lastly virtual care through long-distance communication via new technologies. These different forms of support circulate asymmetrically within transnational family networks, in multiple directions rather than from Global South to Global North. Central to the care circulation analysis is the family network, which goes beyond the mother-child dyad to include all transnational family members spread across multiple counties, inter and intra-generational. All the family network members represent nodes of the network, and care circulates within this network for the individual and family life cycle.

As discussed above, asymmetrical power relations in transnational families, especially those related to caring, often remain and may become reinforced after migration. Care circulation in a transnational context is also argued to be asymmetrical (Baldassar and Merla, 2014). It is asymmetrical because ‘it depends on the capacity of individual members to engage in caregiving and their culturally informed sense of obligation to provide care’ (Baldassar and Merla, 2014; 126). There are also inequalities and power relations that shape transnational aged caregiving practices. Gender is often a central organising factor in the power relation in the family. Bryceson and Vuorela (2002) and LeGall, (2005) argue that social context is crucial in understanding care experiences in relation to critical aspects of identity such as gender, social class and ethnicity. For example, women often shoulder the burden to care (Ryan, 2007) and tend to receive less and give more. Consequently, within the care network, normative obligations, reciprocity and negotiated commitments are essential. By and large, an analysis of care circulation in transnational families requires exploring how family members work out various care arrangements through the lens of gender in both the household and the family.

For migrant care workers, the experience of transnational aged care is mediated by a host of social, political, economic and cultural factors that influence the nature of problems that the old experience and also determines the migrants’ willingness or capacity to care from across borders. Being able to send money, travel and communicate is deemed the most fundamental ways in which care is circulated across borders (Baldassar et al., 2007; Kilkey and Merla, 2014). These fundamental aspects of caring across borders require finances, time, knowledge, and social capital availability in both the sending and receiving societies (Kilkey and Merla, 2014). Financial resources are needed to invest in care circulation, especially where it is crucial to travel, sponsor visits and invest in technologies for long-distance communication or other forms of new technologies. Similarly, time is essential for caring activities, especially being able to spend time with the one in need of care. Knowledge of using and access to new means of technologies such as phones, emails, and video chats is vital to sustaining intimacy across borders. Accommodation in both the sending and receiving country is essential, particularly during visits.

Most importantly, the availability of social networks in both societies is crucial in helping migrant care workers overcome some of the obstacles associated with communication and mobility by providing information and assistance to migrants and their family members. For migrant care workers at the peripheral of the socio-economic spectrum, the availability of resources such as money and time is not always possible. Research shows that care work is one of the least paid profession in the UK and worldwide, and care workers, especially those who work in domiciliary care, have little time available to them to be able to communicate with their families frequently as their access and use of new technologies is subject to surveillance and regulation by their employers (Steven et al., 2013; Hussein, 2010).

These different kinds of resources and the capacity to use them are strongly shaped by the institutional context in both the sending and receiving countries (Merla and Baldassar, 2011). Kilkey and Merla (2014) consider a variety of institutional regimes and regulations that provide the care circulation context of transnational families; these include migration regimes, welfare regimes, gendered care regimes, employment regimes, and policies and regulations around transport and telecommunication infrastructure. Migration regimes are deemed the most important in determining the migrant's levels and form participation in care circulation (Kilkey and Merla, 2014). Migration regimes refer to migration regulations and policies that govern the entry and residency entitlements of migrants and their family members. If stringent, these could curtail the mobility of migrants and their family members. Welfare regimes refer to the quality and access to social rights/benefits, gendered care regimes refer to the gendered care norms prevailing in both societies, and the nature of state support to carers, and employment regimes include regulations that influence working time and practices. These factors interact with global economics and the migrant's socio-economic status to determine the migrant's participation in the care circulation. The interplay of these regimes and the rules and regulation governing transport and communication must be considered to understand the dynamics of transnational circulation of care (Kilkey and Merla, 2014).

### 2.6.3. Transnational ‘ethonmoralities of care’

An ethnomoralities of care is a concept developed by Polish scholars (Radziwinowiczowna et al., 2018) to illuminate the changing perceptions around care for older people in the context of migration. In other words, the researchers coined the term transnational ethnomoralities of care to describe how ageing parents in the home country and their adult migrant children acknowledge that family aged care norms are transformed by migration. Through a multi-sited research with post-EU 2004 enlargement migrants living in the UK, they show how, over time, care norms regarding family care are modified by migration, hence influencing migrants care intentions in terms of willingness to provide care and preferences and expectations of receiving it in the future. For example, they found that the majority of migrants did not expect to offer family based personal care to their ageing parents even though it the most preferable type of care in Poland.

The concept is very relevant to this thesis as care from a Zimbabwean perspective is a family issue, and migration is seen as an opportunity to minimise social risks associated with the economic problems in Zimbabwe (see chapter 3 for discussion) and a way to provide care and support to the families ‘left behind’. In this thesis, I employ the ethnomoralities of care concept to illuminate the struggles migrant care workers and their 'left behind' family members experience when negotiating the care arrangements of their ageing parents. Most importantly the concept offers a valuable standpoint to examine whether exposure to the way adult care is provided in the UK influences or changes the care intention of migrant care workers and how the intentions and perceptions are contested by other family members. The concept is also essential in investigating care intentions in terms of what is believed to be morally right and what is considered possible in the context of geographic separation.

## 2.7. The role of new technologies

Narratives of transnational families caring across borders often emphasise advancements in new technologies as drivers in migrants’ engagement with the homeland (Faist, 2000; Madianou and Miller, 2012; Ahlin, 2018; Wilding and Baldassar, 2018). The broad accessibility and affordability of these new technologies are argued to be dramatically changing the relationship between people and places. They are seen as overcoming the perceived friction of distance, thereby blurring the boundaries between 'here' and 'there' (Hamel, 2009; Priers, 2005). In a migration context, the rapid advances in new technologies are viewed as expanding the intensity of transnational activities in a way incommensurate with transnational activities of the past (Vertovec, 2004 Barbosa Neves and Casimiro, 2018). In the past, migrants relied on letters, telegraphs and most recently, international calling cards as the most significant ways of retaining transnational engagement with their families overseas (Vertovec, 2004). Recently, portable devices such as smartphones or tablets combined with new forms of social media applications like Skype and WhatsApp and social networking platforms like Facebook and Instagram enable families to keep in touch despite the geographic distance (Madianou, 2019; Plaza and Plaza, 2019). The kinds of interactivities and simultaneities afforded by these new technologies to contemporary transnational migrants are perceived to facilitate the building and maintenance of transnational ties and the exchange of care and support across borders (Baldassar et al., 2007, Portes and Rambaut, 2014).

In recent years there has been a burgeoning of literature on the role of new technologies in transnational social spaces (Madianou and Miller, 2012; Ahlin, 2018 Cabalquinto, 2018; Cuban, 2017; Baldassar and Brandhorst, 2021). According to this body of literature, new technologies have changed the migration experiences and the nature of family relationships in transnational settings (Bacigalupe and Lambe, 2011; Cuban, 2017). Migrants are perceived as front-runners when it comes to adopting these new technologies (Francisco, 2013). It is argued that the need to maintain intimacy with family members abroad is the main driver for ICT usage among migrants (Baldassar et al., 2016; Nedelcu and Wyss, 2016; Wilding, 2006). For transnational families, doing and displaying family across borders is argued to be enabled by these new technologies (Cuban, 2014).

While this strand of research acknowledges that communication and long-lasting contacts and ties with the country of birth have always existed for migrants, they point out that what is striking is the speed, ease, and volume with which these activities occur in the present day (Vertovec, 2004). These new technologies are cheaper, more widely available and more accessible to use than in earlier periods of migration (Madianou and Miller, 2012). Not only is it cheaper to call home than before, but also innovations in information and communication technologies, particularly the hand-held phone and internet are celebrated as enabling migrants to email or text (via mobile phones and apps like WhatsApp) and video chat (through Skype, Facetime, MS Messenger) with family members in an unprecedented way than before (Kim, 2018). (Baldassar, 2007; 2016; Wilding, 2006). Unlike in the past were letters and telephones were the only media of communication transnationally, researchers suggest that new communication technological innovations are ‘bringing the world closer together’ and by and large enabling transnational families to exchange care and support across space and time (Pries, 2005:167; Castells, 2005; Wilding 2006).

These researchers highlight the most is simultaneity; everyone doing the same thing simultaneously even if they are in different places or what Licoppe (2004) calls 'connected co-presence'. Baldassar (2008) argues that new technologies among transnational families have opened up new types of connected families and new ways of doing family at a distance through virtual co-presence. Co-presence today is argued to be synchronous, sensory and happening in real-time, therefore, providing a curriculum for sharing of detailed everyday narratives that approximate physical co-presence and questions the normative ways physical co-presence is valued in caregiving (Baldassar et al., 2007; Amin and Ingman,2014; Baldassar et al*.*, 2016). By challenging this deficit approach to caregiving, these researchers highlight that through new technologies mediation, care can also be performed over distance (Baldassar, 2016; Madianou and Miller, 2012).

Much of the research on migrants' use of new technologies for care has been done under the concept of transnational families. A subset of research has focused on migrant care/ domestic workers (Madianou and Miller, 2012, Platt et al., 2016). These studies indicate that migrant workers in various parts of the world use a variety of new technologies, with different technologies dominant for given groups. For example, the work of Francisco-Menchavez (2018) looks at how undocumented Filipa migrant domestic workers, use a variety of new technologies to maintain intimacy with their families back home. In particular, she pays attention to how new media like Facebook, Skype and video conferencing open ways of bridging the distance between home and work. Madianou and Miller (2012) also based their ethnographic study on Filipa migrant mothers in the UK. They demonstrate how contextually specific moral and emotional concerns play into the uses of various media and technologies for the maintenance of close relationships. Thomas and Lim (2016) Platt et al. (2016) consider the way new technologies are embedded in migrant care workers' migration experiences in Singapore. Of course, many of these studies concentrate on migrant care workers from the Pacific and Americas. This underscores the need for more studies looking at migrant coming from other countries as these are increasing in different parts of the world.

While the impact of new technologies in providing opportunities for the exchange of care in transnational settings is now widely recognised (Baldassar et al., 2016; Madianou and Miller, 2012). There is still minimal knowledge about the impact of new technology-mediated care on older transnational family members. Indeed, the literature has given much attention to younger migrants of working age who are more au fait with new technologies and thus far has ignored older members on their perspectives of adopting new technologies for care. Older people, in general, are considered to have difficulties accessing and using new technologies due to the learning disabilities and cognitive impairment caused by ageing (Hunter 2018). The new technology environment is considered the domain of the younger generation, and the relationship between older people and new technologies is usually framed in terms of the generation gap (Bailey and Ngwenyama, 2010). As such, Widing and Baldassar (2018) argue that research on older people uptake of technologies needs to take a life-course perspective to reflect the different needs of people at different stages. These considerations are essential to understanding transnational familial care practices that circulate intergenerationally.

In addition to overlooking the significance of older members of the transnational family, the literature on migration and technology has been heavily criticised for being too ambitious. First, there is a strand of researchers who have questioned the optimistic ability of new technologies in offsetting the distance, especially in the context of caregiving (Urry, 2002; Ryan et al., 2014). They challenge the assumption that new technologies have compressed time and space, leading to the 'death of distance' (Ryan et al. 2014, Cuban, 2017). They argue that distance and time remain defining factor for many migrants separated by international boundaries with policies that restrict mobility (Cuban, 2017).

For aged care, it is argued that planning and carrying out social interaction upon which care relationships are built requires an investment in time and energy. So, transnational families engaged in technology-mediated care across distance may feel empowered and enslaved by new technologies. Once care arrangements are established online, the pressure to be available every time there is a problem becomes a factor for transnational migrants. Madianou and Miller (2012) and Pustulka (2015) point to the pressure transnational families feel to be available for connection through new technologies, as well as the anxiety and guilt that can arise when communication patterns are disrupted or when not available to take calls because of other commitments. Research by Baldassar et al. (2007) has shown that communication and travel technology advancement increase the opportunity to travel, thus the pressure to visit. In times of crises, especially when the health of a family member in the home country deteriorate, migrants might want to or may feel pressured to visit home as technology-mediated care does not supplant physical contact, nor does it provide the complexity and wealth that is obtained through face-to-face communication (Urry, 2002).

The second strand of criticisms has come from scholars who have raised concerns about the inequalities posed by new technologies in enhancing the lives of transnational families (Pribliski, 2004). Baldassar and Merla (2014) argue that not every member of a family is able to exchange care transnationally. There are social inequalities at the intersection of migration and care. Whether proximate or distant, caregiving is informed by power relations in society (Dahr, 2011). For transnational aged caregiving, this becomes more complex when age, distance and technology are thrown into the mix. Some researchers have highlighted that the development of new technologies is not always positive for transnational social relations. They point to different generations, social and cultural norms, access to new technologies as some of the practices that shape the use of new technologies in ways that generate entangled inequalities (Panagakos and Horst, 2006). The ability of family members to care for one another from a distance is dependent on their capacity to commit time, dialogue with and support those in need of care (Baldassar et al., 2007).

When this is technologically mediated, they will require the skills to use new technologies and the money to invest in technology. However, as Elliot and Urry (2010) points, the resources to new technologies are differentially accessed as there are a number of structural factors that promote and inhibit intimate communication. To date, many studies have highlighted these factors, such as the different levels of technological infrastructure between rural and urban areas (Parennas, 2005), global south and north (Mazzacuato, 2007), lack of adequate economic resources among transnational families (Baldassar, 2008; Madianou and Miller, 2012), low levels of skills and knowledge to exploit a range of new technologies (Madianou and Miller, 2012). The institutional context shapes these different resources in the sending and receiving countries (Baldassar and Merla, 2014). Because of differential access to resources, there exist digital inequalities between the care exchanged across borders with migrant often bearing the financial exposure of this form of communication, since host countries may usually have better-calling plans and infrastructure (Dhar, 2011). Furthermore, research on transnational family caregiving has demonstrated that new technologies tie migrant women to their gender roles (Ducu, 2018; Fernández-Sánchez, 2020).

## 2.8. Conclusion

In this chapter, I have examined the broad theory of transnationalism and the concepts of transnational families, transnational care. I have also discussed how transnational families are conceptualised in migration literature and how transnational families' maintenance of links and solidarity allows them to continue to do family in a migratory context. Dialogue with transnational migration studies allows us to go beyond methodological nationalism and respect the diversity of those involved in transnational migration by looking at family life at a distance Most importantly, what these transnational families reveal is that maintaining ties is a complex process and sometimes, even more often, tricky but not impossible. In the literature, we observe that transnational members of the transnational family network exchange, to varying degrees depending on their capacity, the same forms of support as geographical proximate families. I engage the concept of transnationalism and transnational families as they enable me to examine the various multi-directional and asymmetrical exchanges between Zimbabwean migrants and their 'left behind' family members in Zimbabwe. In the analysis, I am also mindful of the enduring importance of localised social networks in enabling migrants to engage in economic activities in the destination country and continue supporting their overseas family members.

I also demonstrated how transnational families exchange various forms of care and support similar to those of proximate families. The review has highlighted how sexual division of labour remains a critical factor in care and care giving particularly the experiences of women who are assumed to be natural caregivers. Nonetheless, a quick analysis of the literature on both transnational families and transnational care reveals a dearth of knowledge on the experiences of men who care both locally and transnationally. This research bridges this gap and shows that men are also involved in the symmetrical exchange of care across borders. Most importantly, this literature review has illuminated how transnational migrants harness new technologies as a mode of participation in the remote delivery of care from a distance. As discussed, the literature on the role of new technologies in transnational caregiving is very celebratory and optimistic. The existing literature has also highlighted that migrant care workers' capacity to use new communications for care highly depends on the availability and affordability of new technologies in their home and host countries. This is also further compounded by inequalities between and within transnational families and different intersections of gender, class and migration status.

I have also highlighted how the institutional context at the national level through which migration, care welfare, and technological innovations are governed is essential in analysing technology-mediated care. The most important highlight of this literature review is that there has been less research on technologies in transnational aged care. There has been less research in countries like Zimbabwe, where technological earlier technological advancements like landlines did not reach everyone as new mobile phones have done. I argue that important insights may be gained from this particular context. To better understand the institutional differences in sending and receiving countries, I will turn to the context of the study in the next chapter.

# Chapter Three: Contextualising the dynamics of migration, family practices, care and caregiving in the Zimbabwean social context

## 3.1. Introduction

This chapter sets the scene and aims to give a broad understanding of the context of this study. The chapter is divided into five sections. In the first section, I explore the family care practices and caregiving in a Zimbabwean social context, focusing on how the changes in the traditional family are challenging the continuity of family-based aged care. This is followed by a discussion on the dynamics of migration in post-independence Zimbabwe. I particularly discuss the history of post-independence Zimbabwean migration to the UK and elsewhere. I trace the migration dynamics of Zimbabwean migrants through analysing the social, economic and political environment as well as how these might have acted as migration push factors for Zimbabweans in the last two decades. I argue that understanding the historical perspective is imperative in understanding the current norms and practices that govern aged care in Zimbabwe. I then move to provide an overview of the care sector situation in the UK, where Zimbabwean migrant care workers have found employment. Here I highlight the UK social care sector changes that have led to the recruitment of foreign-born workers in general, Zimbabweans in particular. Lastly, I review the transnational activities of Zimbabwean migrants in the UK.

## 3.2. Historical and social context of family and aged care in Zimbabwe

To understand the aged care relationships of Zimbabwean transnational families, it is important to review the socio-cultural context in which it occurs. Zimbabwe, once Southern Rhodesia and now officially called the Republic of Zimbabwe, is a landlocked country bordered by Zambia in the north, Mozambique in the east, South Africa in the south, and Botswana in the west. In 1980, it achieved majority rule and internationally recognised independence from Britain after nearly a century of repressive and racial colonial rule. After years of conflict between black citizens and the ruling white minority, independence was achieved and secured following a constitutional agreement by both sides at Lancaster House (United Kingdom), the so-called Lancaster House Agreement of 1979.



**Figure 1 Political map of Zimbabwe** *(source Maps of the world)*

The population of Zimbabwe in 2012 was approximately 13 million, with 95% blacks and 5% whites, Asians and others (ZimStats, 2013). The main languages are Shona, Ndebele and English, with the latter used as the official *lingua franca* of instruction in education and business. The two main ethnic groups are Shona and Ndebele, who make up 71% and 16%, respectively (Zimstats, 2013). The Shona speaking people are a diverse group with different dialects and have cultural and historical roots in Zimbabwe. The Ndebeles, on the other hand, are an offshoot of the Zulu people who migrated from Natal (South Africa) and settled in south-western Zimbabwe in the area now known as Matabeleland and parts of the Midlands (see fig 1). Though these two groups have different languages and cultures, they share several core beliefs. While the details might differ slightly, there are more commonalities than differences. Also, generations of intermarriage between the Shona and Ndebele peoples have blurred the linguistic and cultural division between these two major ethnic groups (Muzondiya and Gatsheni-Ndhlovu, 2007).

In both Shona and Ndebele cultures, the most important feature of the family is kinship; the family is a large community of blood relatives that is constitutive of the life and destiny of each of its members. Kinship translates to the extended family. It is responsible for controlling the social relations of the family and regulating the customs of marriage as well as governing, and determining individuals' behaviour in relation to others. The roles and relationships in a traditional setting are well understood and handed down from one generation to the next. In fact, in a traditional Zimbabwean family, community-based solidarity pervades every aspect of life family (Gwakwa, 2014). Moyo, (2007: 195) confirms that the traditional extended family system in a Zimbabwean context forms the bedrock of family life "providing stability, security, solidarity and collective interests above the individual and abstract interests...". The family is presumed to be crafted in a way that makes it impossible to become destitute as it is well known that extended family members support each other during difficult times with money, food, housing and care for sick or dependent relatives.

The presence of the extended family particularly for care and caregiving especially during difficult times or in times of need is closely linked to the African concept of ‘ubuntu’. The concept of ‘ubuntu’ is an African philosophy rooted in the African generic life values of compassion, justice, responsibility, reciprocity and above all interdependence (Mugumbate and Chereni, 2020). It focuses on the interconnectedness and inclusivity of everyone within a community. In its strictest sense it means ‘I am because we are’. In practical day to day life, ‘ubuntu’ means that family members are expected to care and support each other in times of need and these families are embedded safely in a community. In other words when one requires help they turn to their family/community. Older children care for younger children, adults help each other, grandparents care for grandchildren and younger family members care for older family members (Cattell, 1997). Therefore, in the context of care and caregiving, under ‘ubuntu’ older people are expected to be well supported and cared for by their families and the wider community

In accordance with the principles of ‘ubuntu’, the family and community in Zimbabwe are considered the locus of human development and the main site of care for the aged. This is in tandem with other studies in care and caregiving in the African context that tends to naturalise the family as the primordial site of care (Nyanguru et al., 1994, Aboderin, 2017; Hoffman and Pype, 2016). However, some social formations have influenced the view that African families prefer family care. These result from the racialised colonial history. During the colonial period, all African ethnic groups were racialised under the hegemony of colonial capitalism, where political and economic privilege was bestowed on the minority white population and excluded the African population (Moyo 2007). The colonial political economy ensured that African families participated in economic activities that benefitted white settler interests (Gaidzanwa, 1996). The dominant structure of family life that prevailed during the colonial period was strongly patriarchal. Africans particularly males were forced to work for white capitalist economy, while women were compelled to stay at home, thus being dispossessed of their rights, which was very much a proof that African women were being domesticated (Moyo, 2001; Moyo and Kawewe, 2002). The White colonial economy primarily served the white minority, with all forms of social welfare privileging this group and heavily excluding the majority black African population (Moyo, 2007). As such welfare benefits at the government level were reserved for the minority, with African families expected to provide social security to their family members. This became normalised as the 'African way' (Ncube et al., 1997). This traditionalist and romanticised 'African way' became embedded in social and institutional practices throughout the Zimbabwean society, and remnants of that belief remain visible today.

Zimbabwean society is generally very patriarchal (Chitiga, 2008). The patriarchal system in Zimbabwean African families existed before colonialism. Colonialists did not replace this pre-colonial system; instead, it was utilised and reinforced by colonial and post-colonial African governments to promote capitalist developments (Gordon, 1996). While some minority tribes are matrilocal and matrilineal, in the dominant Shona and Ndebele cultures, men tend to have greater decision-making powers (Jaji, 2016). Within the family, the oldest male member is the patriarch and is expected to be the family's breadwinner (Chuma and Ncube, 2010; Zinyemba, 2013). Even the concept of ‘ubuntu’ is sometimes projected as promoting masculine values and domesticating women (Manyonganise, 2010). In most traditional families, women were constructed as primary caregivers and men as providers, disciplinarians and authority figures (chitiga, 2008). Traditionally, women are seen as the primary caregivers for the elderly, as an extension of the care they can provide for infants, children and other dependent relatives (Kambarami, 2006). Specific assumptions include that kinship women are willing and able to provide care and help with daily household activities, and that the family has the financial resources to provide this care.

However, these gendered labour norms are not static, omnipotent or immune to negotiations and alterations. Whilst ‘ubuntu’ promotes masculine values it also gives women the opportunity to initiate and influence things in the home and sustain families and communities. In the Zimbabwean culture the affirmative presentation of women portrays them as pillars of survival and sustenance of the family. Culturally women are regarded as the backbone of the family or the glue that keeps families together. The common Shona expression which clearly articulates the central role of women in the family is the saying ‘*musha mukadzi’* which means a family cannot thrive without a mother (Muwati et al, 2011). Zimbabwean feminist writers posit that this old wisdom clearly shows the importance of women in the meaning and survival of the family. It also shows how under ‘ubuntu’ women are empowered and given decision making powers especially in the essence of home (Nhongo, 2005; Muwati et al., 2011). Resultantly, the reality is that many women in Zimbabwe are quite involved in activities previously designated as male: without exception, they do farm and other duties normatively expected to be done by men (Moyo and Kawewe, 2002; Jaji, 2016). With many of them now entering the formal education system, they break barriers and join the formal labour market, with some earning as much, if not more, than their husbands. They contribute economically to the household. Others have argued that the family in Zimbabwe might be patriarchal, but it is also matrifocal, with women contributing as much as men to the decision-making of the day to day running of the family (Jaji, 2016).

The traditional system is also hierarchical, and the old are respected and accorded status. The old are seen as the custodians of traditional and cultural practices and play an essential role as sources of wisdom- imparting knowledge and acting as conflict mediators within the family in particular and the community in general (Kambarami, 2006). In a country where historically, as discussed above and hitherto (see discussion on health care system below), there are no formal support systems in place, care of the old is still primarily a family responsibility. Therefore, kinship ties are still expected to provide an institutional framework through which ageing members of the family are taken care of. Caring for older people is often seen as an honour and fulfilling one's duty to maintain elders' dignity and quality of life in the spirit of ‘ubuntu’. Disrespecting the elders or sending them to a care institution has social stigma (Dhemba, 2016; Nyanguru, 1987; Ncube, 2017).

In Zimbabwean society old people do not normally invest in pensions and saving as in the west; instead they invest in their children’s education so that the children will be economically well enough to look after them in old age. As such, children are constructed as a form of insurance for the future (Mashingaidze, 2020). This form of obligation and reciprocity is well captured in the shona proverb *‘chirere chigokurerawo’*. The old adage ‘*Chirere chigokurerawo’* simply means take care of one as he will take care of you in future. In other words, it means people should invest in their children so that they will look after them in old age. The practice of reciprocity has for long been the thread that binds African children to their parents and relatives. It is conceived to be critical in addressing the social malady of destitution especially among older people (Mashingaidze, 2020). Because the idea is rooted in the philosophy of ‘ubuntu’, it is therefore entrenched in the process of Zimbabwean socialisation. As Makuvaza and Gora (2018) postulate ‘through the Shona lens children should be socialised and expected to respect their parents by reciprocating the care received’. Therefore, in Zimbabwe it is common that old people do largely depend on the extended family for the provision of care and protection.

Despite the family being viewed as the primary source of care and support for older people in Zimbabwe and other African countries, societal changes resulting from colonialism, globalisation, modernisation and migration have presented new challenges for the family, particularly at the level of personal lives (Cohen and Menken, 2006; Gwakwa, 2014). Integration into the global political economy has led to major social and economic transformations that call into question the sustainability of traditionally anchored systems of care and support for older people. Some culturally entrenched family forms such as kinship, patriarchy, marriage, sexuality, and gender practices are changing, thereby redefining how families relate to one another and, by and large, weaken the traditional extended family system (Ncube 2017). For instance, there is a loss of family solidarity, and the community life sustained through kinship is breaking down as families seek greater independence and autonomy.

Similarly, economic development associated with rural to urban migration of young people leaving the old in rural areas and geographically isolated. Also, poverty and political violence experienced in the past two decades in Zimbabwe have led to many younger people leaving the country to work in other countries (see discussion in the next section). Formal education and technological revolution have also undermined the importance of the old as autochthons of wisdom and knowledge, therefore diminishing their roles as social guides. The migration of women, who traditionally took the burden of care, is also seen as contributing to the weakening of traditional sources of care for older people (Cohen and Menken, 2006). Most importantly, the distance from patrilineage afforded to women through migration is also argued to be creating cultural tension as the cultural grip on them is slackened (Jaji, 2016). This challenges the persistent view that African families are communal, and women will be available to provide care and support to those in need. Instead, understanding the dynamics of African family life and the social problems they encounter, which could suggest social policies for their general welfare, should be encouraged.

Nonetheless, this thesis will show that this does not mean the familial support and care for older people is disappearing; it is just changing and adjusting to modern conditions. Much research indicates that many aged Zimbabweans, perhaps even the majority, still receive assistance from their families' especially adult children and are still respected. However, it might be superficial as young people want the blessings from their parents or are typically concerned with the elders' ability to pronounce a curse known in Shona as ‘*munyama*’ (Dhemba’ 2015). Even those who live in nuclear families still maintain deep connections and obligations to other relatives, especially in times of need. For example, if older people get sick, they will move in so the family can take care of them. Hence, once established in urban areas or foreign countries, adult children may remit money and goods to provide economic security to their older relatives, thereby soothing the intergenerational tension.

In Chapter 2, I reviewed the literature on care ethics as proposed by western thinkers. Most importantly I showed how the nature of care is theorised in the west particularly how the ethics of care takes relationships as the fundamental in caregiving. In the literature reviewed caring relationships include awareness of the other attentiveness to detail about the other, empathy and reciprocity (Robinson,2011; Nodding, 2002). I also showed how care is conceived as love and as labour as well as the distinction about ‘caring for’, ‘caring about’ and ‘taking care of’ (Tronto, 1990). There are indeed many commonalities between the western centric ethics of care and ‘ubuntu’. They both emphasise relationships of care; sharing respect, compassion and empathy (Robinson, 2011; Mugumbate and Shereni, 2019). They also both acknowledge the concrete other, that is respect for the other. Nonetheless, it is imperative to point that whilst the ethics of care is more concerned with justice and individuality of the other, ‘ubuntu’ is more concerned with the communal relationships between people, particularly the extended family and the community.

Notwithstanding the social and economic problems that have led to the changing social structure in Zimbabwe, extended family units are still visible in Zimbabwe's rural areas, with more nuclear families in urban areas. One social change that has affected how care for older people is delivered in Zimbabwe is migration which has been a significant phenomenon in Zimbabwean society in the past three decades. The section below follows some of the developments that have led to the contemporary Zimbabwean migration and how this has affected older people's care relationships and care arrangements.

## 3.3. Zimbabwean migration Dynamics; causes and effects on aged care arrangements

Transnational caregiving arrangements of Zimbabwean transnational families must be located within the broader context of the socio-historical and political dynamics that have shaped contemporary Zimbabwean migration. The migration trajectories of Zimbabweans coincide with the political and economic developments that have been happening in the country since it gained independence from Britain in 1980. The first wave of migration occurred in the aftermath of independence when between 50 000 and 60 000 white Zimbabweans disconcerted by the loss of power and privilege migrated, some to Europe, North America or Australia. The majority migrated to South Africa, a country that seemed to embody the political ideals of white dominance that had been eradicated in Zimbabwe (Tevera and Crush, 2003; Bloch, 2005). The 'white' capital that had been so crucial to the economy also moved to places that it felt more protected. This white emigration and capital flight coupled with the 1980s drought severely damaged an already strained economy, and required massive government spending in areas such as education, healthcare and social services for the black majority, which had long been neglected (Tevera and Zinyama, 2002).

Further migration during this period occurred due to violence epitomised by the ZANU led Gukurahundi massacres of ethnic Ndebele people in the period between 1982 and 1987, which led to the destabilisation of the Matabeleland and Midlands regions (fig 1), leading to the massacre of 20,000 civilians as well as the displacement of more than 30,000 (IAGS, 2005). This protracted political violence caused emigration to neighbouring countries like South Africa and Botswana as well as overseas to Britain (Jackson, 1994). The migrants were mainly young adult men, targeted by the soldiers for their perceived support or sympathy for dissidents (Muzondiya and Gatsheni-Ndhlovu, 2007).

The second phase of migration took place between 1991 and 1997 when the government negotiating its place in the neoliberal order introduced the Economic Structural Adjustment Programme (ESAP) to revive the economy and improve standards of living for the black majority (Bond and Manyama, 2003). This was a clear ideological shift from the socialist and people-centred policies adopted by the government at the beginning of black majority rule. ESAP policies were implemented on the advice of the International Monetary Fund (IMF) and the World Bank. They pressed the government to liberalise trade, remove import controls and reduce social spending. However, the effects of these attempted economic structural changes were devastating for Zimbabwe and caused severe economic problems and general discontent among the populace (Bond, 1999).

This attempt to restructure the Zimbabwean economy in line with the neoliberal agenda had consequences for the Zimbabwean society economically, politically and socially. The push for privatisation took place in a sluggish economic setting that led to high inflation rates and closure of companies (Bond and Manyanya, 2003: 35). As a result, there was considerable unemployment and high poverty levels in the country, which led to significant unrest, as evidenced by the food riots of 1998. Many workers escaped the country in search of greener pastures. Research indicates that most of those who left were skilled professionals like health care professionals, engineers, and those in managerial occupational categories who had become frustrated by the introduction of wage restraints and deteriorating working and living conditions (Zinyama, 2002). Some migrated to the UK, USA, Canada, Australia and New Zealand, while some stayed in the region, migrating to South Africa and Botswana. It is estimated that a total of 200,000 professionals left the country (UNDP, 2008). Health care professionals make up the bulk of those who left during this period. Most migrating to the UK attracted by easy access to employment, better remunerations and working conditions (Gaidzanwa, 1999; Chikanda, 2004). This protracted brain drain has affected the health and social care quality in Zimbabwe.

The rolling back of the state through ESAP and the privatisation of public services led to a decline in social care and health provision. During this period, the rapid liberalisation of the health sector opened the doors to the private sector, with the public health provision sector imposing fee payment for medical services that were almost at par with the private sector (Mlambo, 1997). As a result, the cost of health care soared, exposing the poor and older people to 'potentially high, unexpected costs' (Dhliwayo, 2001; 9). The moderate social care provision which catered for the African population was further scaled back and outsourced to non-governmental organisations. By shifting the burden of financing health and social costs away from the government to individuals and their families, government policies made it more difficult for the disadvantaged to access the health and social services they previously enjoyed in the new Zimbabwe (Nyazema, 2010). The dynamics of families carrying the burden of care in the absence of state-provided care can be observed in the focused families in this study. Most of the remittances sent by migrants are used to cover the medical expenses of older family members.

The most dynamic and significant phase of migration in Zimbabwe happened from 1999 to 2008, better known as the 'Zimbabwean crisis' (Betts 2013; Muzondiya, 2010; Crush and Tevera, 2010; McGregor, 2008). During this period, Zimbabwe's economic and political problems led directly to a significant increase in migration flows to the UK and elsewhere (Kararach and Otieno, 2016; Yeros, 2013). Between 2000 and 2008, anecdotal evidence suggests that nearly 4 million Zimbabwean lived abroad (Crush and Tevera, 2010; Orozco and Lindley 2008). The magnitude of such emigration has been referred to as an 'exodus' by Crush and Tevera (2010). Migration during this period was driven by a combination of migrants escaping political persecution and those whose motives were purely driven by economic factors. Thus, a rich body of scholarship examining this migration flow has described it in various ways as mixed migration (Crush et al., 2015; van der Klaauw 2009) and survival migration (Crush andTevera, 2010; Betts and Kaytaz, 2009). The causes, scale of migration, composition of migrants and its effects on receiving countries adds to these complexities.

Moreover, it is difficult to have a clear cut and coherent distinction between economic migrants and displaced people and pinpoint the actual number of those who left. This predicament is mainly because a potent mix of social, political, and economic instability was the main driver of migration during this phase (Tevera and Crush, 2003; Betts and Kaytaz 2009; McGregor et al., 2011). An in-depth discussion of the structural processes that caused this wave of migration is beyond the scope of this thesis. However, an overview of the social-political and economic dynamics that have influenced migration during this period is essential to understand the current position of Zimbabwean migrants and their 'left behind' families.

By the year 2000, Zimbabwe was already facing an unprecedented social and economic crisis caused by the neo-liberal policies of ESAP and the country's intervention in the Democratic Republic of the Congo (DRC) civil war (Maclean, 2002; Nest, 2001). With the economic collapse and political turmoil, it created, the ZANU-PF government embarked on the controversial land redistribution programme to appease landless black people disgruntled by the slow pace of the willing buyer willing seller redistribution programme agreed at the Lancaster House conference. Though this was seen as a valid concern by local politicians, it was, however, an issue that caused fear and mistrust among white landowners, foreign governments and global economic institutions who saw Zimbabwe as reneging on the neoliberal agenda of globalisation and free markets (Bertus de Villiers, 2003; Mcgregor, 2002; Sachikonye, 2003). This led to the suspension of international economic aid for Zimbabwe (Bond and Manyama, 2001; Chikanda, 2004). On the political front, a new, vibrant and robust opposition to ZANU-PF, the Movement for Democratic Change (MDC) led by Morgan Tsvangirai put pressure on the government to reform. The formation of the MDC was the first real threat to ZANU-PF political hegemony. To curtail its unprecedented rise in the country's politics, Mugabe's regime became increasingly brutal and repressive. Violence and intimidation of political opponents and supporters of the opposition became the norm (Roftopoulos, 2009). The period was a predominantly unstable political situation in Zimbabwe which caused many people, mainly supporters and sympathisers of the MDC party, to migrate (Bloch, 2006).

Meanwhile, economic troubles continued to persist. The war in the DRC drained the economy, forcing the government to run a deficit (UNDP 2008). Loans and economic assistance from many donors, including the IMF and World Bank, were limited or withdrawn in protest of the government's fast track land redistribution programme. Also, in response to widespread government-sponsored violence that threatened regional security, the United States and the European Union enacted economic sanction against individuals and entities loyal to the Mugabe government. Locally, the land redistribution exercise resulted in export losses and negatively affected market confidence. As a result, inflation skyrocketed and reached nearly 8,000 per cent in September 2007 and was more than 100,000 per cent by the summer of 2008 (Zanamwe and Devillard, 2010; Hanke, 2009; IMF 2009). Economic problems also included a high unemployment rate as many companies shut and employment itself did not guarantee financial security, and wages could not keep pace with hyperinflation. In this context, many Zimbabweans were forced to flee as economic and political refugees (Crush and Tevera, 2010).

Although there is a new leader in place, the social-political and economic problems persist. The Zimbabwean economy is still on its knees. Economic sanctions still cripple production in all sectors of the economy. Essential commodities like water, electricity and fuel are scarce, and the Zimbabwean dollar's value has continued to tumble. The official annual inflation rate at the time of data collection was over 500% (IMF2019), causing real income and pensions for Zimbabweans to evaporate, along with whatever savings people may have had. Those who are fortunate rely on remittances sent by migrants, and still droves of people leave the country to seek greener pastures abroad. Most of those who have left are the young and able-bodied leaving behind the older people and children. This has created massive familial tensions where, as discussed above, care for the aged was expected from the younger generation. The burden to care in the context of migration now falls heavily on older people and those family members who could not migrate. Migrants, on the other hand, are aware that in the absence of any public support to aged care, they are the only safety net for their families, as evidenced by the narratives of Zimbabwean migrants in this study (see chapter 6 in particular).

## 3.4. Zimbabwean Migrants in the UK

The growing socio-economic hardships and political instability that Zimbabwe has experienced, especially in the last two decades, as discussed above, has led to millions of Zimbabweans emigrating from the country. While the numbers are imprecise and highly debatable, it is estimated that three to four million Zimbabweans left Zimbabwe since the turn of the millennium (McGregor and Priomorac, 2010; Sachikonye, 2011). They migrated to different destinations, with the most popular being South Africa, estimated to have had more than 1.5 million Zimbabwean migrants at the height of the crisis (Tevera and Crush, 2010). Other destinations in the region were Botswana, Namibia and Swaziland (Crush, Chikanda and Tawodzera, 2015).

Outside of Africa, the UK is arguably the most popular destination of Zimbabweans who have fled their country in the last two decades (Bloch, 2008). Again, it is hard to pin down the precise number of Zimbabweans migrants in the UK, largely because they have not been systematically documented. The available statistics are not credible as they do not capture Zimbabweans' nature and extent in the UK. Nevertheless, the Office for National Statistics (ONS, 2019) census data estimates that 128,000 Zimbabwean born nationals live in the UK. However, tacit agreements among community-based organisations and academics estimate that the total number of Zimbabweans living legally in the UK by 2008 to be 200,000 and approximately 500,000 if undocumented immigrants are included (IMF, 2008, Mbiba, 2005, 2012; Pasura, 2006; 2008a). There is a heterogeneous mix of Zimbabwean migrants in the UK, and these are divided along class, ethnic, and political lines and all coming to the UK for different reasons from those seeking perceived economic opportunities, those fleeing political persecution, education and those coming to join families (Pasura, 2009). Resultantly, there is a mixture of economic migrants, work permit holders, asylum seekers, students, undocumented migrants/overstayers, reunited families and those who have acquired British citizenship (Wintour, 2009).

The popularity of the UK as a destination of choice for many Zimbabwean migrants could be attributed to the historical links and notions of cultural ties resulting from the colonial relationship between Zimbabwe and the UK (Mlambo, 2010). Existing research on migrants' decision making suggests that historical and cultural links predispose people to migrate to specific countries (Castles et al., 2003; Moore and Shellman, 2007). Past and post-colonial links mean that individuals are more likely to have family members or other co-nationals residing in the preferred country of destination—these family members and co-national form social networks that facilitate migration. As discussed in the section above, at the height of Zimbabwe's neo-liberal restructuring, many Zimbabwean professionals left Zimbabwe for the UK, where they were employed as nurses, teachers and social workers in particular. These professionals formed the base of social networks that facilitated the migration of other Zimbabweans, particularly during the 'crisis’ period (McGregor, 2006). In addition, the peculiarities of colonial rule meant that the Zimbabwean education system was aligned to the UK education system. As such, using English as a means of communication meant many Zimbabwean migrants preferred the UK because of their proficiency in the English language and the preference for the UK educational system. Some hoped their British styled professional qualifications acquired in Zimbabwe would propel them to professional jobs in the UK. There was also the belief that because it was condemning the Zimbabwean government, the UK would offer those seeking political asylum better heaven than, for example, South Africa that did not condemn the political and economic unrest in Zimbabwe (Ranger, 2005).

However, as many found out, the UK was not welcoming as they had hoped. It put some restrictive immigration policies aimed at Zimbabweans, and the labour market where many had hoped to find employment was at the very least discriminatory (Mbiba, 2011; Madziva et al., 2014b). The growth of the Zimbabwean population in the UK coincided with the UK's continuous reforms of the immigration and asylum system (Bloch, 2008; McGregor, 2007). Anecdotal evidence shows that Zimbabwe was among the top five asylum generating countries in the UK between 2002 and 2008 (Home Office, 2010). To curtail the unprecedented numbers of people claiming what it called 'unfounded asylum claims' on arrival from Zimbabwe, the UK government introduced a new visa regime in November 2002, which inflated the cost of travelling to the UK[[2]](#footnote-2) (Ranger, 2005). Although these new restrictive measures produced the UK government's desired drop in the number of Zimbabweans seeking asylum in the UK, it did not deter the inflow of Zimbabweans into the UK. Zimbabwean migrants used other irregular routes or travelled with South African or Malawian passports that did not require visas (Ranger, 2005; Crush and Tevera, 2010; McGregor, 2010). The restrictive measures left many Zimbabweans in the UK in a dire situation. Those who were failed asylum seekers were not allowed to work or claim any form of social welfare, leading most to work in the informal labour market (Bloch, 2008; McGregor, 2010).

A profile of Zimbabwean migrants in the UK indicates that they are likely to be, on average, more educated than the host community and other African communities (Mbiba, 2005 Bloch, 2008). Despite their human capital and because of the stricter and exclusionary immigration and asylum policies, Zimbabweans in the UK suffer from deskilling (Bloch, 2006; Mbiba, 2005; Madziva et al., 2014b). Research by Bloch (2006) and McGregor (2007) indicate that Zimbabweans experienced a loss of job status, accompanied by discrimination and exploitation during the initial period of adaptation, and experienced racism. Most Zimbabweans in the UK work in the unskilled service industry, with the health and social care industry and warehouses being the major sectors where they are employed, and professionals are concentrated in social work and nursing (McGregor, 2007; Mbiba, 2005; Bloch, 2005; Chogugudza, 2018). They are highly concentrated in London and the South East as well as in most urban and coastal areas of the UK. This reflects the areas in the UK with a concentration of older people and where there are opportunities for care work (Perrons et al., 2006; Wintour, 2009). For some, it is due to the spatial outcome of the asylum seekers /refugees’ dispersal policies of past governments since the turn of the millennium (Mbiba, 2011).

Despite the structural barriers they experience in the UK, the literature shows that many Zimbabwean migrants have integrated well into the host society and made the UK home. In her thesis with Zimbabwean social workers, Tinarwo (2011) shows how the UK became a centre of their everyday lives, offering them economic security and education. Indeed, many Zimbabweans have started new families in the UK, invested in properties, had career progression and some have acquired UK citizenship. While they still maintain transnational ties with family and friends in Zimbabwe and still view Zimbabwe as home, many are now socially and culturally embedded in the UK society. However, there is still less research looking at how they negotiate their local responsibilities with their transnational responsibilities despite this evidence. This thesis addresses this gap.

## The UK Social Care Sector: a niche employment sector for Zimbabwean migrants in the UK

The UK social care sector, constitutes one of the largest employment sectors for Zimbabwean migrants in the UK (McGregor, 2007; Bloch, 2005). Many Zimbabweans entered the sector not because of the attraction of care work but because jobs in the sector are readily available and easily accessible (McGregor, 2007). To understand the influx of Zimbabwean into the UK care industry, it is important to briefly outline the changes in the sector that have made it easily accessible to migrant workers. Given that social care in the UK is devolved across the four nations and this study was conducted in England, I will present the changes and data from England. The English social care sector has gone through some tremendous restructuring in the past three decades due to privatisation and outsourcing and made worse by the austerity politics. These changes, coupled with the growing demand from an ageing population, have contributed to the shortage of care workers and the growing demand for migrant workers (Cangiano and Shutes, 2010; Hussein et al., 2013). In England, the adult social care sector is funded by local authorities driven by national policy, with care being provided by private charitable and state organisations. In England alone, the sector employs more than 1.5 million people (Skills for Care, 2020). Before privatisation, local authorities provided most of the formal care jobs, but now the majority of the care workforce is employed by the private sector. The growing demand for adult social care due to population ageing has resulted in demand for social care jobs. The Adult Social Care Workforce Data Set (ASC-WDS, 2020) for England shows that the number of jobs in domiciliary services increased by more than 11% between 2012 and 2019 and 4% in residential services. As the workforce has continued to shift away from local authority jobs towards private-sector jobs, many jobs have been provided through private care agencies and temporary staffing agencies that have tapped into the migrant workforce to meet growing demand.

Despite the growing demand, England is suffering from a wide range of workforce problems. In 2019 vacancies reached 122,000, with around 1,100 people leaving the job each day (Allen and Gardner, 2020). The challenges of recruiting and retaining workers in the sector are inextricably linked to endemic low pay and poor working conditions. Overall the adult social care sector is considered highly unattractive, which leads to young workers shunning the sector. According to Skills for Care (2018), most care work jobs pay below the minimum wage. The average pay for frontline care workers in 2017- 2018 was estimated to be £8.10 per hour comparing unfavourably to a minimum wage pegged at £8.21 per hour and way below the real living wage of £9 per hour. Beyond the evidence of low pay, there is also growing evidence of widespread exploitation within the sector (Hussein et al., 2012). The workforce is reported to have little bargaining powers, leading to care providers driving down pay and conditions with little resistance.

Additionally, there is high insecurity in the sector; the use of zero-hour contracts is higher than in any other sectors. The NMDS-SC statistics reveal that 24.1 per cent of workers in adult social care in England alone are on a zero-hour contract (Skills for Care, 2018). Compared with other occupations in the sector like nurses, social workers, and occupational therapists regulated with rigorous training requirements, care workers have no professional regulation and no mandatory training. As a result, more than half of the social care workforce has no relevant social care related qualifications (Hayes et al., 2019).

Therefore, it is clear that the poor working conditions, low pay, chronic levels of insecurity, lack of clear-cut training pathways, and reduced options for career progression are perceived to have contributed to the growing workforce crisis. This could undermine the sector's ability to recruit and retain the workers they need to meet rapidly growing demand. Faced with a lack of funding from the government and lack of interest from the domestic workforce, many care providers are turning elsewhere for recruiting care workers, mainly the migrant workforce (Hussein, Stevens and Manthorpe, 2011). The sector is highly gendered and racialised, with more than 82% of the workforce in England being women (Skills for Care, 2020). Recent data in England alone show that Black, Asian and Minority Ethnic (BAME) workers made up 21% of the social care workforce. This was more diverse than the overall population of England, which stood at 1% BAME (Skills for Care, 2020). The share of migrants in the care workforce is very uneven geographically. London and the South East have substantially higher migrant care workers than the North East of England (Skills for Care, 2020).

Zimbabweans make a substantial number of migrants who are employed in the UK social care sector and have traditionally contributed to the social care workforce since the 1990s. However, their composition and that of other migrant groups have shifted since 2004. Trends indicate that between 2000 and 2003, which was the peak period of migration to the UK and before the free movement of EU nationals from Central and Eastern Europe, Zimbabweans made up the highest number of migrants employed in the UK social care sector. Contributing 21% of the total migrant population employed in the sector (see table 2 below). In the Yorkshire and Humberside region, the site of this study in the UK. Zimbabwean Migrants were the second-largest migrant care workers group behind Poland in 2019.

***Table 3.1; Number of non- UK Adult social care workforce by country of birth***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1995-1999** | | **2000-2004** | | **2004-2006** | | **2007-2014** | | **2017-2018** | |
| **Country** | **%** | **Country** | **%** | **Country** | **%** | **country** | **%** | **Country** | % |
| **Non –EU** | 85% | **Non -EU** | 89% | **Non –EU** | 70% | **Non -EU** | 58% | **Non -EU** | 52% |
| **EU (non-UK** | 15% | **EU (non-UK** | 11% | **EU (non-UK** | 30% | **EU (non-UK** | 42% | **EU (non-UK** | 48% |
| Nigeria | 11% | Zimbabwe | 21% | Poland | 18% | India | 13% | Romania | 13% |
| Zimbabwe | 11% | Philippines | 11% | Philippines | 16% | Poland | 12% | Poland | 11% |
| India | 7% | India | 8% | India | 13% | Philippines | 11% | Nigeria | 8% |
| Philippines | 6% | Nigeria | 7% | Nigeria | 7% | Romania | 11% | Philippines | 8% |
| Jamaica | 5% | Jamaica | 5% | Zimbabwe | 6% | Nigeria | 7% | India | 7% |
| Ghana | 4% | South Africa | 5% | Ghana | 3% | Zimbabwe | 5% | Zimbabwe | 5% |
| South Africa | 4% | Ghana | 4% | South Africa | 2% | Hungary | 3% | Ghana | 3% |
| Kenya | 3% | Poland | 3% | Slovakia | 2% | Portugal | 3% | Portugal | 3% |
| Pakistan | 3% | Pakistan | 2% | Lithuania | 2% | Ghana | 2% | Jamaica | 3% |
| Germany | 3% | Kenya | 2% | Mauritius | 1% | Nepal | 2% | Italy | 2% |
| Other | 44% | Other | 33% | other | 28% | Other | 31% | Other | 37% |

*Source: Skills for Care, (NMDS-SC unweighted data 1995-2018)*

A literature review shows that a lot has been written about Zimbabweans in the social care sector. Zimbabwean migrants to the UK are often associated with cleaning and care work and are often referred to as 'BBC' (British Bottom Cleaners). A scornful term referring to the many Zimbabweans working as support and care staff in the UK. (Mbiba, 2005; McGregor, 2007, 2008). McGregor (2007) showed that most Zimbabweans who work in the social care sector had no prior experience of care work before they arrived in the UK, as care for older people is mainly a family concern in Zimbabwe discussed in section 3.2. Many entered the industry as a stepping-stone and to gain UK working experience. Channelling into the care sector was mainly through personal networks, friends, and family working as care workers. Many Zimbabweans are reported to be now exiting the care industry and moving on to more professional jobs they aspired. It is argued that the standard cliché that Zimbabweans in the UK are British Bottom Cleaners no longer applies (Chitiyo and Kibble, 2014, Madziva et al., 2014a). Despite being caricatured as 'BBC', most Zimbabweans migrants in the UK have utilised the labour force deficit in the care industry to find employment, which helps them look after their 'left behind' families and care for their ageing parents from a distance. They can do so through a range of transnational activities that keep them connected to their homeland.

## 3.6 Transnational Activities of Zimbabwean Migrants in the UK

Existing literature on the transnational activities of Zimbabwean migrants in the UK indicates that Zimbabweans in the UK sustain and maintain social, economic, political and cultural ties with their homeland (Bloch, 2008; Pasura, 2009; McGregor, 2009). McGregor argues that the increasingly hostile environment in the UK, especially for most Zimbabweans with irregular immigration status as well as the social and racial discriminations they face, compels many Zimbabwean migrants in the UK to remain connected to their homeland. Zimbabwean migrants in the UK engage in activities that help them gain and build social and cultural recognition in the UK while at the same time continuing to be active in the social, economic and political activities back in Zimbabwe. Their transnational activities are aided by advancements in new technologies that are perceived to be compressing time and distance, enabling migrants to create social fields that link their country of origin and settlement (Glick-Schiller et al., 1995). See chapter 2 for discussion.

One of the main transnational activities of Zimbabweans in the UK over the past three decades is their engagement with the domestic politics of the homeland. They do so by giving financial support to the opposition MDC party and lobbying the international community to condemn the repressive political conditions in Zimbabwe (Bloch, 2008; Pasura, 2010; McGregor and Pasura, 2010). The interconnectedness of Zimbabweans in the UK with their homeland is also evidenced by regular contact with family members in Zimbabwe and articulated primarily through sending regular monetary remittances (Pasura, 2009). Remittances are a significant source of income in most receiving households in Zimbabwe; they contribute significantly to improved standards of living better access to health care and education. Indeed, these funds represent an unwritten, unofficial social welfare system in the absence of state support. The literature on remittances indicates that they are the most tangible link between migration and development (King and Collyer, 2016). These are linked to poverty reduction, improved health and education outcomes and increased investment in economic activity (Amega and Tajani, 2018).

In light of recent economic, political and humanitarian issues in Zimbabwe, many families rely on remittances from family and friends abroad to meet their basic needs. Sachikonye and Bracking (2007) estimated that close to 50% of the Zimbabwean population depends on migrant remittances, highlighting the importance of remittances supporting livelihoods. The total value of remittances to Zimbabwe is not known because most remittances reach Zimbabwe through informal channels. However, evidence suggests that they are an essential source of foreign currency inflows and profoundly affect the Zimbabwean economy (Bracking and Sachikonye, 2007). In 2018 the World Bank reported that remittances sent to Zimbabwe were worth 1.9 billion dollars and accounted for 9.6%of the country's GDP (World Bank, 2019)

Tevera and Chikanda (2009) carried out a survey to map the remittance behaviour of Zimbabwean migrants; they found that most migrants regularly remit with those in the UK sending cash and those in the countries near Zimbabwe like South Africa and Botswana sending remittances in the form of goods and services. They also highlight that migrants use different channels to send remittances to Zimbabwe, with the most trusted channels being Western Union and MoneyGram.[[3]](#footnote-3). Remittances are sent to serve a variety of purposes. Most households surveyed indicated that they use remittances to buy food, clothing, pay school fees, build houses and transportation. Outside of these, the other important use of remittances was for health care and funeral and burial policies. Bloch (2008) also carried a survey with Zimbabwean migrants in the UK where she examines different ways which motivate migrants to remit. In her survey, she presents how providing for those 'left behind' is the main reason why some migrants engage in transnational activities.

There is also a small but growing body of literature focusing on Zimbabwean migrants engaging in transnational care. However, this body of literature focuses mainly on caring for the 'left behind' children (Kufakurinani et al., 2014; Madziva, 2011, 2016). In particular, Madziva (2016) discusses the difficulties that transnational mothers encounter when trying to care from a distance. She clearly shows how migration policies increasingly restrict parents from enacting care at a distance and the challenges of transnational communication in dealing with the day-to-day problems affecting children and their relationships with caregivers. While there is no shortage of literature examining the transnational activities of Zimbabwean migrants in the UK, it is apparent that most of the focus is on the political and economic aspects of transnational activities such as remittances and the little available on transnational care focus on childcare arrangements. This thesis aims to show that the transnational activities of Zimbabwean migrants in the UK go beyond remittances and political participation. My study contributes to the literature on transnational care and offers insights into how transnational aged care relationships and arrangements are challenged, negotiated and contested through new technologies.

## 3.7 Conclusion

In this background chapter, I Have reviewed the characteristics of family practices that shape care and caregiving in a Zimbabwean context. I demonstrated that care and caregiving in Zimbabwe are culturally informed by the philosophy of ‘ubuntu’. The family is seen as the primordial site of aged care in the advent of lack of social security systems. I explored the historical and current processes that shape the migration trajectories of Zimbabwean migrants and have shown how political persecution and violence, economic instability and social unrest have forced many Zimbabweans to migrate to the UK and other countries. I also highlighted how migration serves as a household strategy for meeting survival needs in the advent of economic collapse in Zimbabwe. In this chapter, I also briefly visited the UK social care sector and discussed how changes in the sector that have developed through privatisation and increased pressure to reduce costs have allowed for the recruitment of the migrant labour force. I also showed how Zimbabweans have entered the care labour market and creating a niche in the sector. I also examined the transnational activities of Zimbabwean migrants in the UK and how remittances and political participation from the main focus on academic literature on the transnational activities of Zimbabweans. In the following chapter, I describe the participants and field sites of my research in greater detail while also discussing the methodological decisions involved in this multi-sited research.

# Chapter Four. Research Methodology

## 4.1 Introduction

This chapter discusses the methodological framework employed in this study to address the research questions outlined in chapter 1. The chapter is structured as follows: first, I describe the methodological assumptions on researching transnational families. Second, I discuss my positionality; I do this early as this has implications for the whole research design. I then thoroughly describe the research design and provide some justification for embarking on a qualitative and multi-sited research approach. This is followed by an explanation of how research subjects were recruited. Next, I examine data collection methods (Semi-structured in-depth interviews and researchers' diary) and their appropriateness. I then describe the fieldwork pathways: the pilot study, fieldwork with Zimbabwean migrant care workers in the UK and fieldwork with 'left behind’ family members in Zimbabwe. This is followed by reflections on my position as a researcher and how I negotiated the insider-outsider dichotomy and the power dynamics. Finally, I discuss the ethical implications of this study and end the chapter with a discussion of how the data was analysed.

## 4.2 Methodological assumptions

Researching care arrangements and care relationships in transnational families poses a lot of analytical and methodological challenges. First, as I have stated in chapter 2, transnational families constructed-ness shows that family life exists despite being separated geographically. This challenges the notion of families as co-resident and ultimately care and affection as requiring co-presence. Second, understanding the multi-dimensional and fragmented nature of care across a distance as practised by these families demands methodological techniques that recognise how care relationships are cultivated by those who migrate and those who stay behind in the country of origin. Third, Mazzucatto points out that there is less focus on the 'left behind' in most studies on transnational families. She argues that integrating those ‘left behind’ into research on transnational care would give a clearer picture of how care arrangements and relationships operate in separated families and give a more nuanced understanding of power relations shaping transnational family ties. This poses further methodological challenges.

Furthermore, as I discussed earlier, my research builds on and contributes to a transnational perspective on migration, care and family life. Over the past decades, transnational migration researchers have raised concern on the appropriateness of the nation-state as the exclusive arena for studying migrants’ social worlds. Following Levitt and Jawosky (2007), any study that takes transnational migration as an object of analysis must not only ask different questions about different social spaces. It must also address new approaches that can adequately analyse the complex and messy lived experiences of migrants and their 'left behind' families. Such perspectives call for the use of methods that seek to overcome methodological nationalism and explore everyday aspects of transnational families' lives (Faist, 2012). In this context, it means understanding how migrants experience care and caregiving locally and transnationally.

Nevertheless, how does one do transnational research when data, policies and public perceptions are still caught up in national frameworks? This requires novel research strategies that go beyond the rhetorical criticism of methodological nationalism. Formulating my research required me to be very precise about the scope of empirical analysis and redefine the unit of analysis. In this study, the family is the central unit of analysis in understanding elder care arrangements and social support systems. However, I also need to integrate the nation-state as a secondary unit of analysis because of its relevance in public policies governing public social support and migration policies that govern the (im)mobility of migrants and non-migrants (Kilkey and Merla, 2014).

Another methodological challenge for transnational research is the researcher's positionality, which becomes more relevant in cross-state research (Faist, 2012). Therefore, the best methodology would be to research various sites in different countries and position me as close as possible to the researched community to understand their socio-cultural practices and how they imagine and feel about care across borders. That being said, and given the above context, the research needed to be qualitative and multi-sited. However, before I discuss how I went about designing the research approach and data collection, I will begin by declaring my positionality as this was important in the whole study design and has implications on the choice of research.

## 4.3 Positionality

Positionality in qualitative research describes an individual view and the researcher's position concerning a specific research task (Temple and Young, 2004 Savin-Baden, 2013). This is usually determined by positioning the researcher in relation to the subject and the research context. Some aspects of positioning are culturally determined or fixed, such as age, gender, 'race', nationality, and other ascriptive characteristics, whilst some such as socioeconomic status, political orientation and experience are subjective and contextual (Chiseri-Strater, 1996; Manohar et al., 2017). Where one is located within the social world can influence how one sees and interprets it (Temple and Young, 2004). However, that does not imply that where one is located in the social world necessarily automatically lead to particular viewpoints. Positionality requires the research to acknowledge how their philosophical, personal, theoretical belief through which they view the research foci; their political belief and social class; their pre-determined position in relation to the participants and their understanding of how and where and when and in what way they may have influenced the research process (Lynch, 2000; McCorkel and Myers, 2003; Liamputtong, 2010).

I identify as a black, male, heterosexual and Zimbabwean. Though I am considered Shona in Zimbabwe, I grew up in a region where Ndebele is the primary language and culture, and my mother side is Ndebele. Therefore, I can speak and understand both Shona and Ndebele fluently, and I understand both cultures. I grew up in Zimbabwe and experienced some of the historical periods discussed above. I am also a migrant. I migrated to the UK on a family reunification visa in 2006. Like many Zimbabweans in this study, I have worked in various sectors of the UK economy, including care work. I still maintain familial relationships with people back home and engage in transnational activities like many Zimbabwean migrants.

Furthermore, I regularly send money home and still take care of my ageing father with the help of my siblings scattered around the world and in Zimbabwe. These values, beliefs, and social background shared with participants in this study were important in shaping this research's methodological and analytical framework. I cannot separate myself from most of the social-economic and political situations discussed in this thesis. Therefore, throughout this chapter and the thesis, I will continuously reflect on my positionality and its potential influence on the research process and analytical decisions this research follows.

Although it is difficult to disentangle myself from my participants' lived experiences, which mirror my own lived experiences, I consciously had to make the familiar strange in my capacity as a researcher (Holliday, 2016). Therefore, I tackled the research area and analysed my findings with an open mind and enabled the participants to express their views and understandings of caring at a distance as part of their lived experiences. Throughout, I was aware that there would be some forms of bias and subjectivity because of my positionality. However, I endeavoured to be as neutral as possible in collecting, interpreting, and presenting data. I achieved this by being self-reflective on how my beliefs, feelings and personal experiences have on the research process and, by and large, being actively alert to avoid using my own experiences as the lens to understand participants lived experiences. I also received valuable feedback from my supervisors, who validated and countered my interpretations through reading my transcripts, giving thoroughness to my inquiry. I will discuss my reflexivity more in the paragraphs below, but first, I will discuss how I designed and executed the research.

## 4.4 Qualitative research design

A qualitative methodological framework was chosen for this research. Ontologically speaking and as outlined in the introduction chapter, the primary aim of this research was to step into the world of migrant care workers and their family members overseas and was concerned with developing knowledge of how they understand, negotiate and interpret their caring relationships across distance. Pursuing this aim requires a methodology that captures these transnational families varied lived experiences and requires answering the 'how' and 'why' questions. In light of this, I chose a qualitative methodology to enable participants to give their opinions, views and feelings about the topic under investigation. Creswell (2009: 4) asserted that qualitative research is "a means for exploring and understanding the meaning individuals ascribe to a social or human problem". It is typically used to answer questions about the nature of a phenomenon to describe and understand them from a participant's point of view. Consequently, it is crucial to capture experiences and their significance to individuals and suitable for answering the 'how' and 'why' questions (Miles and Huberman, 1994).

Griffins (2004) argues that qualitative inquiry is the only method that allows for an in-depth analysis, as it makes it possible to deal with seemingly contradictory data and provide insight into human behaviour, opinion and experience, information that is difficult to obtain or may be rendered invisible by quantitative data collection methods. In this research, qualitative methodology is crucial. It provides scope for developing depth of data vital to exploring the meaning, attitudes and perspective of those affected by distance in their caring relationships. Such data require a qualitative research design because the subtle, complex and often hidden processes and dynamics of family life cannot be easily obtained by quantitative analysis. Such data can only be obtained by data collection in the participants' setting to see the social world from the participant's perspective (Bryman, 2005). This is mainly achieved through participant observation and in-depth interviewing (Myers, 2003).

The advantage derived from these qualitative methods is the potential for trust and reciprocity to develop during the research process, making it more suitable for a potential conversation between the researcher and the participant. Therefore, it enables the researcher the capacity to probe into participants' points, responses or observations as needed to obtain a more detailed description and explanation of experience, behaviour and belief (Kvale, 2007). These reasons were vital in informing my research methods discussed later in this chapter and proved effective in giving a voice to this group and generating rich data and thick descriptions of their experiences that numbers cannot meaningfully express.

### 4.4.1 Multi-sited research approach

As discussed in the preceding chapters thus far, the interest of this research lies in examining the care arrangements, relationships and practices of families spread across different localities and national borders. Examining this requires a qualitative approach that examines the entire circuit of family members involved in the care relationship. Therefore, I opted for a multi-sited research approach to holistically picture the care relationship between family members across geographic distances. In the literature previously reviewed (see chapter 2), I indicated a lacuna of knowledge about the aged care arrangements from an African perspective and less on the experiences of those who remain in the country of origin as most studies focused on childcare. A multi-sited research approach would allow me to capture how aged care arrangements are experienced and negotiated by migrants and their 'left behind' family members.

The multi-sited approach originates from anthropological research arguing that research sites can no longer be conceptualised in a certain geographical place. Instead, that research should recognise the networks of relationships that connect sites (Levitt and Jawosky, 2007). This methodological literature pays tribute to George Marcus (1995), who asserted that in a culturally, economically and politically, highly inter-connected globalised world, studying cultural practices and people relations requires following people connections, associations and relationships across as well as understanding how one affects the other by virtue of their linkage (Falzon, 2016). Marcus (1995) proposed moving away from the conventional single-site focused investigations to a multi-sited one, collapsing the distinction between the local site and the global system. The advantage of using a multi-sited approach is that it does not privilege local relationships over those working across greater distances. Thus, multi-sited research emphasises that research sites can no longer be conceptualised in one particular geographical place. Instead, it recognises that relations and networks of sites are interconnected (Falzon,2009).

By revealing the links between places and the impact of social, political and economic processes on everyday life in more than one place, this approach helps overcome methodological nationalism that has long dominated research on migration (Levitt and Glick Schiller 2004: 6-7; Pries 2008: 41; Mau 2007) As discussed in the literature review (section 2.2) and above (section 4.2) this research contributes to the development of a transnational perspective on family care and migration and is cognizant of the critique of methodological nationalism which tends to organise migration research within circumscribed bounded national 'container' spaces (Pries, 2008; 41). Adopting a multi-sited approach for this study was much more theoretical as methodological. First, it supports the transnational perspective and second, it advances the notion of interconnected sites and makes sense of migrants' interpersonal relationships with their 'left behind' family members. Through this approach, I was able to follow technology-mediated care relations across and beyond national societies. Studying and comparing the experiences of migrants and those who stayed in place was helpful in understanding renegotiated care relationships and arrangements and how this impacts aged care and older people in general. Not only was I able to capture the simultaneous care responsibility of migrants and their overseas family members. As it will become more evident in the findings’ chapters, I was able to track developing and shifting ideas, forms and definitions of technology-mediated care relationships and changing roles in who is responsible for various care arrangements in a transnational family.

Although a multi-sited perspective in the study of transnational families helps to overcome the idea of a single site, it has been criticised because the number of sites can be infinite if the study follows this method in a strict sense. It has been argued that the multiplicity of options can overwhelm the researcher, reduce the clarity of focus of the study and make data collection difficult (Boccagni, 2010). Mazzucato (2009) argues that collecting information from both sides, as proposed by Marcus (1995), requires a Simultaneously Matched Sample (SMS) methodology, which a large team with generous funding can only apply. Therefore, it is unlikely that a PhD student like me would be able to undertake such a task in a strict sense. Nonetheless, researchers studying transnational families have recently argued that it is possible for researchers to thoroughly study transnational families 'here' and 'there' using a multi-sited bi-national approach which is sufficient to capture the relevant parts of family interaction at a distance. The bi-national approach means that one researcher follows a transnational network in two or more countries and visits transnational members houses. The bi-national approach has been used by researchers such as Madianou and Miller (2012). They did bi-national fieldwork with Filipino women in the UK and fieldwork in the Philippines with family members of the participants.

I used the same approach by conducting fieldwork with Zimbabwean migrant care workers in the UK and then going to Zimbabwe and conducting fieldwork with their family members. The UK participants told me about the aged care relationships and arrangements of their older people and other people involved in the arrangements. In Zimbabwe, I interviewed those involved in the care arrangement, as discussed later in this chapter. Interviewing multiple family network members and the migrant provides more insight into familial contexts of caregiving.

### 4.4.2 Sampling techniques

The selection process for this study was systematic and guided by the research questions and the research design. For this study, I utilised purposive sampling as a way of choosing research participants. Purposive sampling allows the researcher to use their knowledge or expertise to identify and select participants that are especially knowledgeable about the phenomenon of interest, especially where there is no list of research participants who could be randomly selected (Patton, 2002; Creswell and Bell, 2011). Although the purposive sampling technique has been critiqued for increasing the probability of personal bias (Bryman and Bell, 2011), it ensures that the selected participants share particular characteristics of interest and necessary to answer the research questions. According to Berg (2004), choosing a sampling technique and selecting research participants should be guided by the research question that the researcher is interested in answering.

To the best of my knowledge, there is no list that I could access that could be considered representative of the population of Zimbabwean migrant care workers employed in the UK home care sector. As a result, a representative, randomly selected sample was not possible. This research, therefore, employed a purposive sampling technique, which also reflected the objectives on which the methodology is based. My study targeted Zimbabweans migrant care workers in the UK and selected ‘left behind’ family members in Zimbabwe. Therefore, the research was carried out in two stages, the first stage covering Zimbabwean migrants in the UK and the second staged covering ‘left behind’ families in Zimbabwe who were involved in the care network. Two sampling criteria sets were therefore used for the two phases.

In the first phase, I purposively selected Zimbabwean participants employed in the UK adult home care sector as the first criteria. I also consciously included Zimbabweans with different home care job experiences, age and gender to capture experience and gender difference in care and caring and how these intersect with digital inequalities. As a result, participants came from diverse background ranging from the ages of 19 to 54. Given that the literature emphasises the feminisation of migration and the higher proportions of women working in the UK care sector, I expected most of my participants to be female. However, this was not the case as I found more men who worked in care work than women. This could be explained by my positionality (discussed above) as a former care worker and my starting point of recruitment with male care workers discussed in detail in the paragraphs below. In the end, my sample was skewed towards male Zimbabwean care workers (see table 2). It was also imperative for all the participants to use new technologies for long-distance communication with their overseas family members.

*Table 4.1:* *Demographic Characteristics of UK research Participants*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Gender** | **Age** | **Marital status** | **Year of arrival in the UK** | **Year of started care work** | **Living arrangements** | **Transnational care responsibilities[[4]](#footnote-4)** |
| Mandla | Male | 40-44 | Married | 2003 | 2012 | wife and 1 child | No caring responsibilities |
| Tendai | Male | 18-24 | Single | 2017 | 2018 | Alone | No caring responsibilities |
| Charity | Female | 35-39 | Married | 2010 | 2011 | Husband and 3 children | Has caring responsibilities |
| Ngoni | Male | 25-29 | Single | 2013 | 2014 | Alone | Has caring responsibilities |
| Blessing | Male | 30-34 | Married | 2008 | 2008 | Wife and 1 child | Has caring responsibilities |
| Danai | Female | 18-24 | Single | 2005 | 2019 | Lives with parents | No caring responsibilities |
| Linda | Female | 30-34 | Married | 2018 | 2018 | Husband and 2 children | Has caring responsibilities |
| Kuda | Male | 50-54 | Divorced | 2003 | 2006 | Alone | Has caring responsibilities |
| Rejoice | Female | 18-24 | Single | 2015 | 2016 | With sister | No caring responsibilities |
| Melusi | Male | 35-39 | Married | 2003 | 2007 | Wife and 3 children | Has caring responsibilities |

n= 10

The sampling criteria for the second phase of the research I recruited participants who were family members of migrant care workers and were directly involved in the care of the older person mentioned by the participant in the UK. They should be based in Zimbabwe and willing to participate in the study. Additionally, they should maintain close care relationships with their migrant family members by using new communication technologies. Of the ten UK participants, five agreed and assured me that their families in Zimbabwe were interested in participating. Unfortunately, one withdrew before I travelled to Zimbabwe. The other's arrangement was not easy to follow as the members were spread all over Zimbabwe and lived in rural areas, which were hard to access. In the end, I decided to follow three family constellations. In total, there were eleven participants as I recruited more than one member of the family in each constellation. The Zimbabwe sample included parents, siblings, close relatives and children of research participants involved in the care arrangement see table 4.2 below. Within the sample was a cared for member of the family and who was either the father or mother of the UK participant. Two mothers and one father were being cared for. Aged late 60s to late 70s respectively, very old age by Zimbabwean standards were life expectancy is 60 years (World Bank, 2020).

*Table 4.2* *Demographic characteristics of matched Zimbabwean participants*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Migrant participant*** | ***Name of left’ behind’ family member*** | ***Age*** | ***sex*** | ***Relationship to migrant participant*** |
| *Melusi* | *Khumalo* | *75-79* | *Male* | *Father* |
|  | *Jabu* | *50-54* | *Male* | *Brother* |
|  | *Thoko* | *40-45* | *Female* | *Sister* |
|  | Nomsa | 25-29 | Female | Sister |
|  |  |  |  |  |
| Charity | MaDube | 65-69 | Female | Mother |
|  | Precious | 40-44 | Female | Sister |
|  | Grace | 40-44 | Female | Sister |
|  |  |  |  |  |
| Kuda | Mamoyo | 75-79 | Female | Mother |
|  | Gari | 25-29 | Male | Son |
|  | Farai | 50-54 | Male | Brother |
|  | Netsai | 45-49 | Female | sister |

n=11

## 4.5 Research field entry: negotiating access to participants

The study site in the UK was the Yorkshire region. I strategically chose this region due to its accessibility to me as a student and resident of the region for years. Also, the main cities of Yorkshire, as I have shown in the last chapter, are known to have a considerable number of Zimbabwean communities (Mbiba, 2005). As a former care worker, I considered myself an insider to the group I wanted to examine, so the first place, to begin with, was with people I knew in the industry. I approached a few people I knew, especially those who met the criteria for inclusion. My first two participants were both known to me and I piloted this study with one of these participants. I sought recommendation from these participants, and they facilitated contact with several Zimbabwean home care workers. To increase the richness of the data, I used multiple starting points for recruitment, including approaching companies that employ home care workers in Yorkshire. Although the study focuses primarily on the individual level of analysis, reaching out to companies means that they encounter different 'gatekeepers' in the recruitment process. People in administrative positions who provide and facilitate access to study participants are the 'gatekeepers' (gatekeepers). In addition to controlling the researcher, they may prevent contact with potential study participants (Creswell, 2014; Flick, 2004). I was conscious of the importance of identifying the right gatekeepers. Gatekeepers, in this case, were managers and or recruitment executives in these companies. Almost all that I approached were polite. I gave them fliers about my research, and they shared these with their employees. In the end, I was able to recruit 3 participants from two different companies.

Once I had made some contacts, a more productive strategy was to use the snowballing technique by asking those that I had interviewed to support my research by recruiting or signposting me to potential participants. The snowball technique proved helpful in expanding the sample. I also discovered that being referred by someone they knew made it more possible for potential participants to feel comfortable agreeing to participate in the research. Equally important in the recruitment phase was my positionality as a Zimbabwean and that I once worked in the sector. Once participants established my insider status (see discussion in section 4.8), they felt comfortable inviting me to their houses and talking about their families and care experiences and caring 'here' and 'there'.

Having said this, gaining entry and interviewing Zimbabweans migrants was not an easy task. Some participants and potential participants wanted to understand the purpose of the research and how they stood to benefit from it. Others wanted to verify that I was not working for the "Zimbabwean secret services" or the British Home Office. I had to fully convince them that this research was purely for academic reasons. To prove the intentions, I had to show them my university identity card and provide the university contact details of my supervisors and research team if they wanted to verify. In one incident, I was confronted by the boyfriend of a potential female participant whom I had called several times to organise an interview date. The boyfriend accused me of trying to lure his girlfriend and sounded angry over the phone. However, I was able to convince him by telling him how I had got his girlfriend's details from a friend who is well known in the community and explaining the purpose of the research. I even texted him the research details and told him he could contact the University for further details. Though he appeared satisfied with my explanation, I was worried about the welfare of the potential participant, especially the ethical issue of causing harm to participants. Luckily the potential participant contacted me soon after the encounter with the boyfriend and assured me that all was fine. To avoid further complicating an already volatile situation, I decided not to continue pursuing this potential participant.

As discussed above, some UK participants consented to have some of their family members in Zimbabwe included in this study. This was, however, subject to the family members agreeing to take part in the study. So, I contacted the family members by phone and organised dates for a meeting before I travelled to Zimbabwe. Once I had a significant number of participants, I travelled to Zimbabwe and conducted fieldwork between September 2019 and November 2019. Once in Zimbabwe, access to participants was easy and all participants I had made an arrangement with whilst in the UK took part in the study. Once in Zimbabwe, I called the participants and we agreed on a day and time for the visits. All the visits went as planned and there was no problem encountered. The Zimbabwe fieldwork took place in the Greater Harare, Manicaland and Matabeleland regions of Zimbabwe.

## 4.6 Methods of Data Collection

In line with the adopted qualitative approach, this research was carried out using a range of qualitative data-gathering techniques, including in-depth interviews and note-taking. I used the diverse qualitative techniques that I thought would enable me to answer the research questions better. In addition, given the complexity and private nature of transnational care, techniques that would enable me to get as close to participants' daily lives as possible were favoured. In the subsequent sections, I will explain how I operationalised each of these methods and discuss the implications of these techniques.

### 4.6.1 Semi-structured in-depth interviews

In this study, qualitative semi-structured in-depth interviews were chosen as the primary research tool to elicit rich, detailed data from participants. The semi-structured in-depth method involves the researcher having a checklist of topics or questions to get the participant to discuss topics or issues on their terms. Hence questions tend not to be too specific, allowing for a range of possible responses (Kvale, 2007; Flick, 2009). Furthermore, the questions are not asked in a structured way; instead, they are asked to develop a conversation between the researcher and the participant (Rubin and Rubin,2005; Choak, 2012. Here interviews are conceptualised as "conversation with a purpose" (Legard et al., 2003), where experiences and attitudes towards a social phenomenon are discussed. This gives the participant more freedom to express themselves and allows the researcher to probe and generate rich, detailed information for analysing research questions (Arkey and Knight, 1999; Bryman and Bell, 2011). This method has proved most suitable, especially when discussing sensitive topics like sexual division of labour (Cunningham,2007). In this study, I employed this method as the primary tool for data collection. It allows for the exploration of many questions I seek to answer and relates best to the epistemological framework governing this research.

Semi-structured in-depth interviews were preferred over other qualitative research methods of data collection like structured interviews because the later only gives limited possibilities to explain social phenomena, as its structure is more rigid. It was also considered more appropriate than focus groups, because organising focus groups for migrants in the highly demanding care sector is often deemed next to impossible (Fedyuk and Zentai, 2018). Interviews, unlike focus groups, are flexible and can be conducted at a convenient time or neutral venues where participants can express themselves without fear of repercussions. In the same vein, semi-structured in-depth interviews were favoured over focus groups because some of the topics under investigation are too sensitive to be discussed or explored in a group. In order to obtain meaningful data from these interviews, it was necessary to apply effective and sensitive interviewing practices and to develop topic guides that were well related to the main research question.

In total, as shown above, this research relies on semi-structured in-depth interviews with 10 Zimbabwean migrants employed in the UK adult home care sector and 11 matched sample of family members ''left behind'' by migrant care workers, including cared for ageing relatives. An interview, in general, took approximately 1 hour. A semi-structured interview guide for both contexts was designed to obtain information about their experiences of caring or receiving care at a distance through the use of new technologies. There were also some slight variations in the nature of questions I asked in the UK and Zimbabwe due to contextual differences.

An interview guide with migrant care workers in the UK (appendix 3a and 3b) was designed collaboratively with colleagues and carried out as part of the Sustainable Care work package in which this study was embedded (see Chapter1.3). The interviews explored migrant care workers' work experience in the UK home care sector, their migration history, integration into the host society, transnational ties with the home country, local and transnational care responsibilities and use of new technologies for long-distance care. To fulfil the wider Sustainable Care project requirements, interviews also asked questions about the UK's migration system, particularly their opinions on Brexit and the Windrush scandal. However, the analysis of these two was beyond the scope of this thesis.

In the Zimbabwe context, the interview guide (Appendix 4) was designed by myself and was independent of the Sustainable Care project. Zimbabwe participants were encouraged to talk about their caring responsibilities at home and elsewhere, how they negotiated caring responsibilities with their siblings and family members, feelings and opinions about the care provided by relatives overseas and how they used new technologies for long-distance care. I will discuss the process of interviewing in detail in the sections below.

### 4.6.2. Researcher’s Diary

In addition to interviews and participant observations at participants' houses, I also kept a researcher's diary as a methodological tool to record details about the fieldwork and aid the research's reflexivity (Bryman and Bell, 2011). Although characteristic of many ethnographic studies, researchers' diary has become popular in most studies using qualitative methods. Researchers argue that using a diary can benefit the process of data collection in several ways. Firstly, it can act as a detailed history of the research process and act as a reminder of when participants were recruited and the data collection process (Nadin and Cassell,2006). In addition, notes can be made about how participants were first contacted. Secondly and most crucially, a researcher's diary can record the researcher's impressions, feelings, and interesting points observed in the personal interaction with research participants. This information can act as a reference point for the researcher to examine the impact of their person and identity on the research process reflexively (Gray, 2014).

Taking advantage of these benefits of keeping a research diary, I kept one where reflections on the interview process were recorded. I took notes during and after the interviews. I mainly concentrated on practical issues such as non-verbal communication, gesticulation or pauses made by the participant. Information was also recorded how I had perceived the interview as a social meeting. It usually included comments on how the research went, how I felt throughout the interview and how well I thought participants reacted to the interview. In the process, information was also recorded on the dominant themes that emerged from participants' narratives and responses. I also recorded all the information I felt might be helpful in the later stages of the research, such as who was present, the context in which the response was given, non-verbal gestures, silence before giving a response and comments coming from others not being interviewed but listening to the interview as happened in one of the interviews.

I also recorded what I observed during the interviews. I was especially interested in observing the family arrangements, especially how aged care obligations are negotiated according to gender and age and the types of long-distance communication technologies and how they were used. Such observations were impractical in the UK due to the nature of participants' busy daily lives and having other interviews away from their homes. However, in Zimbabwe, observing and noting the participants' daily lives proved exceptional. Most interviews were carried at participants' houses. In participant's houses, I noted how they organised their houses in some cases where the cared for older member lived in the same household, and I was shown the living arrangements. I also observed where the technologies for communication were located and how they were being used. More than once, I witnessed participants receiving calls and texts from their migrant family members. Also, participants were very eager to show me photos, texts and emails they exchanged with their family members overseas. All this information was recorded in my field notes.

I was also introduced to other family members such as uncles, aunts, cousins, in-laws and important family friends known as 'madzisahwira'. On one occasion, I accompanied a participant, Jabu, to visit their hospitalised father, Khumalo. I observed Jabu negotiating with the health care professionals and communicating with other family members, including Melusi, in the UK. I observed the tensions that ensured, especially about paying for the father's health care and the gendered power relations in the negotiations. This allowed me to fine-tune my interview questions and ask further questions, especially when I spoke to participants about the role of gender in aged care arrangements. This also allowed me to validate specific responses, thus giving me unique, authentic data. The most significant advantage of this method was that it allowed me to ask questions and ask the right questions when I sat down with participants.

Using the researcher's diary served several functions that were crucial for this research. First, the more helpful comments enabled me to examine methodological issues such as the quality and capacity of the thematic approach. Comments on how I perceived the interview as a social meeting enabled me to capture my reflections on me as a researcher, prompting me to reflect on what my assumptions, beliefs and values revealed and how this influenced my research. The diary provided a valuable organisational aid in following the research process in addition to the regular supervision with my supervisors.

## 4.7Fieldwork

*Pilot Study*

Fieldwork began with a pilot study; a small-scale interview was conducted to assess research instruments' efficacy and make necessary amendments (Baker, 1994). One of the advantages of conducting a pilot study before performing the main study is that it can help the researcher identify flaws or limitations with the research procedure, which allows necessary modifications to the main study (Kvale, 2007). In addition, a pilot study can help define the research questions and test the proposed research strategy and process, therefore, warning the researcher of issues that might negatively affect the primary research (MacKinay, 2004). A pilot interview was carried out with a Zimbabwean migrant care worker I knew from my time as a care worker. Choosing someone I knew was strategic, as I needed someone quickly to test the pilot study. I felt he was right as he fitted the criteria of research participants that I was after.

Additionally, I wanted to recruit through his network. Conducting a pilot study with him meant he understood the research more and was an excellent person to pitch it to other potential participants. In carrying out the pilot study, I intended to test my topic guide, assess its potentials and limitation and make necessary adjustments. I also wanted to test the openness of participants in talking about their work and family life which are private and personal issues, less discussed outside the realms of the family.

After completing the pilot interview, I sat down with other researchers and my supervisors and we discussed the outcome and some corrections were suggested. The main corrections include making some questions easier to understand, additional questions were suggested, and possible challenges were discussed. As a result, I was able to modify my topic guide on its language, wording and relevance. In addition, some questions were rephrased and subsequently aligned and topical probes were made to allow the quality of data and for more profound responses from participants.

### 4.7.1 Interviews with Zimbabwean migrant care workers

The locations of the interviews varied and were always chosen by the participants to ensure that they were comfortable and confident and could embed the interview into their personal schedule. Resultantly, seven of the interviews were conducted at participants' own houses; one was conducted in a university library, one more in a café and the last one in the participant's car in a quiet car park. To ensure my safety, I always contacted my supervisors and informed them of the times and venues of interviews. The duration of interviews also varied according to participants' availability and willingness to engage with the questions. Interviews ranged from 45 minutes to 1 and a half hours. All interviews were in English. However, participants unconsciously switched to either Shona or Ndebele (main language in Zimbabwe) or mixed Shona or Ndebele words with English, especially when discussing care issues. Therefore, even though I could speak and understand both Shona and Ndebele, I asked participants to translate so that I could be sure that is what they wanted to say in their translation and to aid data transcription by a third party.

Regarding the interview, a demographic questionnaire and an interview guide with a list of questions and issues to be discussed (appendix 3a and 3b) were used to ensure that all questions were discussed. I opened each interview with a brief explanation about myself, my background, and the research outline. I will discuss this more in the section on ethics (section 4.9). I then quickly completed a demographic questionnaire, to bring me to speed with who the participant was, their age, family structure, and other relevant questions. Following the demographic questionnaire, participants were encouraged to talk about many issues and asked to expand on specific questions. The issues raised in the main interview included migrants' experiences of migration and settling in the UK, their employment history in the UK home care sector, family life, transnational ties, local and transnational aged care arrangements, experiences of racism and discrimination in the UK, use of new technologies for long-distance communication and their overall experience of the UK visa regime system and how it impacts upon their transnational care obligations.

The actual interview started with an open question, asking participants about their migration trajectory. This question allowed participants to tell a story rather than answer a question. While narrating their migration experiences, I did not interrupt them; I just encouraged them to continue using nonverbal cues and prelingual expressions like nodding and smiling to demonstrate my interest and attention. I encouraged them to say more by probing on issues they had raised using expressions like "could you tell me more" or "how/why did that happen". While this proved fruitful in letting them engage with the interview freely, there were instances where I had to redirect the conversation after participants got carried away or strayed into other non-relevant topics like politics in Zimbabwe. In some interviews, I found myself being researched; in one interview, the participant asked me several questions ranging from when and why I came to the UK, my marital status, whether I was married to a Zimbabwean or not, what she is going to get from the research, how to apply for University and if I knew anyone who could help sponsor her to go to University and study like me. I answered all questions methodically, which allowed for a more open conversation and reduced the power gap between researcher and participant.

I also had to deal with emotional interviews, which were equally distressing to the participants and me. The interviews covered a range of emotional issues. The emotional impact appeared to be strongest when discussing traumatic experiences of family separation and the duration of time that participants, especially those who had to go through the asylum process, had to take before they reunited with their families. Equally, not being there when their relatives were hospitalised or passed on made many participants distressed and raised an ethical dilemma for me. One example was the interview with Charity when she was discussing how she found it difficult to cope when her mother in Zimbabwe was hospitalised. Talking about the experience made her cry and also made me uncomfortable. I gave her time to offload her feelings and once she was composed, I suggested that we close the interview and reschedule for a later date. Charity, however, chose to continue the interview and when I asked why she was upset, she said it was the only time she had had a chance to tell someone how she felt and was grateful that her mother managed to pull through. I encouraged her to talk to her church leaders as she indicated before that they were important in her life. I continued the interview by moving back to factual questions. Though the interview went well and without further distressing episodes, I found the whole process emotionally draining for me. I recorded my feelings about the interview and the emotions it evoked in my research diary.

The other challenge that I encountered was organising the right time to interview participants. Most potential participants could not take part in the study due to their busy schedules. A few interviews got cancelled because the participants had been called to a shift or cover a shift or found an extra shift. Whilst this was frustrating for me, it was something that I knew happened a lot in care work as someone who once worked in the sector. Additionally, researchers have discussed these challenges of researching busy people with unpredictable schedules (for example, see Kilkey et al., 2013).

### 4.7.2 Interviews with family members in Zimbabwe

In Zimbabwe, I followed the same protocol of contacting participants before the scheduled date and agreeing on the time and place of the interviews. Nine of the interviews were held at participants' homes, and one was conducted in a coffee shop and one in the participant's office at their workplace. As all participants lived far from each other and in different cities, it required several different arrangements and much time was spent travelling between locations. Unlike in the UK, where I had participants cancelling scheduled interviews, none of my participants cancelled interviews in Zimbabwe. I felt like they treated me as someone who has travelled a considerable distance and has been introduced by another family member; hence felt bad turning me away or refusing to see me. Before resuming the interviews, I still assure participants that it was acceptable to cancel the interviews and that there were no moral obligations to take part and that I understand reasons for saying no.

My first interview was in a large city in Matabeleland. There I conducted three interviews with members of one family, and I conducted an extra interview with a member of the same family in a small city not far from the main city I was carrying my interviews. In Matabeleland, the family's father, Khumalo, who was scheduled to be interviewed, was hospitalised and rescheduled the interview to a later date. However, I managed to visit him in the hospital. Afterwards, I went to another city in Manicaland, where I spent three days and interviewed four of Kuda's family members. Then I went to the city in the Larger Harare metropolitan area, where I interviewed three members of Charity's family. Finally, I went back to interview Khumalo, who was hospitalised before.

I spent a considerable amount of time with the majority of the participants, in some cases a whole day, and they shared with me the letters, cards, gifts and pictures of their relatives in the UK and elsewhere. I even had a house tour of one of the houses that one of my participants in the UK was building in Zimbabwe. The interview schedule for Zimbabwean family members was aligned to the interview guide for UK participants. It consists of three main sections (see Appendix 4). It begins with a general overview and then a more general question asking participants about their relationship with the main UK participant, their own life in general and their living and caring responsibilities. The second part examined the care of the older relative and how this was discussed between the family members. The last part of the interview focused on new technologies, mainly the important role of mobile social media and mobile apps in caring for geographically separated families. As with my interviews with Zimbabwean carers in the UK, I did not interrupt the interviews. Instead, I let them speak for as much time as they wanted, using only non-verbal cues while probing for depth in what they were saying.

For interviews conducted at participants' houses, in some instances, family members were around and participated in the interview, usually after a formal interview. Sometimes brides, nieces or housekeepers also joined in the conversation, commenting on an event or telling a story. These non-formal interactions took place during tea breaks, which participants welcomed me to attend prior to or following the interviews. Hence, the total number of family members who indirectly participated in the study was significantly higher than the overall total number of interviews.

The dilemma I faced was being seen as a mediator between Zimbabwean migrant care workers and their families back home. Migrant care workers who had agreed to have me interviewing their relatives in Zimbabwe were quick to let me know that I should tell people back home that life was not that easy in the UK and they should not be expecting a lot from them. Whilst relatives back home also emphasised how hard things were in Zimbabwe and that I should go back and tell migrant relatives in the UK that they should work hard and send enough remittances back home. At the time in Zimbabwe, I felt that some of the respondents might have exaggerated things to point out how hard life is in Zimbabwe. After my first interview, I remember writing down in my diary that I feel the participant over exaggerated things to make me aware of how difficult their father's condition was. I addressed this by discussing the issues with other family members to ensure that I had the correct information.

## 4.8 Negotiating insider/outsider status, power relations and reflexivity

One of the main strengths of the qualitative research approach has been how the researcher clearly describes the intersecting contextual relationship between participants and themselves (reflexivity). Reflexivity has been increasingly praised as a vital strategy in generating knowledge utilising qualitative research, something that quantitative researchers need to do more (Hammersley and Atkinson, 2002; May, 2003; Ryan and Golden, 2006). It is argued that in research where there may be closer contact between the researcher and their subject of study, the researcher's presence is often considered to be a methodological problem, a form of reactivity that could lead to researcher bias causing them to unconsciously influence participants hence affecting the credibility of the study (Gilgun, 2008). The best way a researcher can reduce or overcome this reactivity is by treating the whole process as one where the researcher and participant are jointly involved in the collaborative construction of knowledge (Ben-Ari & Enosh, 2011). In this way, both the researcher and participants shape the encounter and research becomes a co-creation of knowledge. This requires the researcher to critically examine their relationships with participants and reflect on how those relationships' dynamics affect responses to questions (Finlay, 2002). This demands a critical self-examination and awareness of one's subjectivity (Finlay, 2002; Hsiung, 2008), that is, a willingness to explore how one's "conceptual baggage", assumptions, background, cultural position, personal values, pre-conceptions and experience affect how they can observe and analyse (Finlay, 2002).

In section 4.3 above, I declared my positionality and briefly discussed the shared commonalities with research participants. One dimension of positionality that significantly impacted my data collection activities is the researcher's perspective and position as an 'insider' or 'outsider' relative to the culture or group being studied. An 'insider' is usually described as one that studies a group that share the same social background, culture and language (Ramji, 2008; Song & Parker, 1995 Liamputtong, 2010). On the other hand, an outsider refers to an 'outsider' researcher holding different values, beliefs and knowledge from the locality or local people where they want to undertake research (Liamputtong, 2010; Banks, 1998). It has been observed that local people generally accept 'insider' researchers and because of their cultural and linguistical commonalities, they are better placed to gain the trust of and develop closer ties with research participants more quickly. Sharing these characteristics with the participants helps insider researchers to respond to sensitive issues appropriately (Suwankhong et al., 2011; Bishop, 2008; Liamputtong, 2010; Shariff, 2014). It has been argued that 'insider' researchers are at an advantage as they have better access to local resources, which in turn enhances their working with local people and producing good quality data when describing social and cultural characteristics of the group they are studying (Tillman, 2002; Liamputtong, 2010; Falzon, 2009; Merriam et al., 2001). However, Ryan (2015) argues that the insider/ outsider dichotomy is not as clear cut and coherent as alluded to by the literature. She argues that the interview process should be understood in terms of multi-layered and dynamic positionalities, which are continuously negotiated throughout the interview process.

My shared immigration status, national background and past occupation with UK based participants positioned me in the insider role. This afforded me three main advantages, as discussed by Kacen and Chaitlin (2006), some that I have already discussed above; easy access to participants, a head start in understanding the contextual issues, and the nuanced reaction of the researched. My positionality and knowledge of the target group allowed for expediency in identifying potential research participants greatly facilitated the recruitment of research participants and was essential in building rapport (Dwyer and Buckle, 2009). The participants I approached to share their stories with me were very open-minded and willing to cooperate. They indicated that as one of them, I was able to comprehend and better represent their lived experiences and battles than an "outsider" could. As a result, they were willing to engage with me and discuss their experiences. Some also indicated that they agreed to do the interviews to help me get a PhD. Speaking the same language also helped, especially where participants wanted to express their feelings but could not do so in English.

One thing that I found helpful in my fieldwork with migrant care workers was the shared 'insider' status of being a male who has worked as a care worker. I found that many male care workers were free to talk to me about working as care workers despite the profession being looked down upon in Zimbabwe and elsewhere (McGregor, 2007). According to Pini (2005), the gender of the researchers may influence the perceptions of the participants and how they place researchers in the research process. The sense of shared employment status helped cultivate a good relationship with male migrant care workers and openness when discussing their experiences of working in a female-dominated profession. I contend that being a male researcher, researching a sensitive issue with male participants allowed me to hear stories and narratives that could have been denied to a female researcher. For example, one participant told me about how they wash and clothe older people they look after and admitted that they would not tell anyone from home that they do such work. I felt like they opened to me because I had done the same work; therefore, there was no reason to not talk about it to someone who has had the same experience.

Culture and language played an important role in my fieldwork in Zimbabwe. As Hennik (2008) observed, language permits the researcher and participant to interact to produce an understanding of the participants' social world and interpret this context. In the UK, most of my communication with participants was in English. For example, after gaining their trust and being seen as an insider by participants, we spoke in either Shona or Ndebele; however, interviews in the UK were conducted in English. In Zimbabwe, it was different. Approaching someone and talking to them in English when they know you are Zimbabwean can be viewed as snobbish and could lead to resentment.

In contrast, you are seen as an "insider" and welcomed when approaching someone and using the same language. Consequently, 80% of the interviews conducted in Zimbabwe were in either Shona or Ndebele. Because of this, I was able to avoid difficulties regarding language issues that outsiders who do not speak the local language encounter. As a result, this allowed my participants to articulate in great depth by using their native language.

Although the status of an insider can have many advantages in conducting research, there are, however, some challenges that I experienced during fieldwork. I found that people took for granted that I was doing research. Despite constantly telling them that they should tell it all, there were instances where some issues were regarded as common knowledge. This issue is well discussed in the literature. For example, some migration scholars, Ryan (2015), explain how she had to deal with such encounters when interviewing fellow Irish migrants in the UK. Indeed as an insider, I experience the problem of participants assuming that I already knew certain things and did not need to be told since I am a Zimbabwean and most conversations routinely provided answers and expression like *'As you know back home' or 'as you are aware we Zimbabweans are* ..'. To reconcile my roles, I explained to my participants that they should not omit certain information on the assumption that it was common knowledge to every Zimbabwean. I also reiterated that while we might share some commonalities, the experiences were different, and I wanted to learn theirs. This, therefore, made me an outsider; hence I had to adopt multiple positionalities and sometimes had to emphasise my learner to avoid further simplistic assumptions regarding familiarity with issues being researched (Colic-Peisker, 2004; Ryan, 2015). At the time, my efforts to probe even more profound and try to ferret out information created uneasiness' especially with older participants who thought I had lost the understanding of 'our' culture due to having spent several years in Europe. To make it more effective more deeply, I reiterated that I was doing this for the sake of my supervisors who had no knowledge of Zimbabwe. This approach seemed to work well as my participants began to feel a need to broaden and elaborate on their experiences for the benefit of the British audience.

Another major challenge that I faced as an insider was the tendency to take a lot of information at face value. Though this issue was discussed with my supervisors after my pilot study, I kept slipping back to thinking what the answers were, therefore skipped probing on specific questions. Realising this, I made sure the subsequent interviews were different. I stepped back from being an 'insider' and took myself as an 'outsider' (see Ryan 2015 for a discussion of this) and found myself asking questions as if I did not know the answer. However, some of my participants did not understand why I was asking questions on things they considered common knowledge. This helped a lot as I found out that even though the explanations were not far from what I had in mind, there was always something new that I would not have found.

I was acutely aware of the potential power differentials between my participants and me during the whole research process. As the researcher, the power balance was, of course, in my favour as I was the one who set the agenda and led the conversation while the participant responded. Punch (2012) argues that asking participants to reveal things about themselves that they might not willingly share with others to the researcher who does not reciprocate by revealing anything about them shapes the power dynamics in an interview. On the other hand, Karnieli-Miller et al. (2009) argue that this power is co-constructed as the participant exerts power in the process by choosing what to reveal. In my case, the power imbalances were not stark in my interviews with UK participants. While they might have seen me as a Student from a highly respected university, they also viewed me as one of theirs since I have previously worked in the same profession as them. Throughout my conversations with them, I tried to reduce the distance between participants and myself by letting them talk about their experiences and even sharing my own experiences with them. Revealing some aspects of their own experiences is a suggestion from feminist researchers for overcoming power imbalances. It is argued that sharing experiences with the participant makes the interview more reciprocal than one-sided (Hesse-Biber et al., 2007; Liamputtong2007).

In Zimbabwe, however, the power dynamics were more visible and at times difficult to deal with. Besides the insider status discussed in the preceding, the fact that I was a PhD student and a migrant coming from the UK positioned in the 'hybrid insider-outsider status' as discussed by Carling et al. (2013), with most participants viewing me as an elite since none of the participants in Zimbabwe had travelled to the UK before or had an opportunity to study for a PhD. I was conscious of how this power imbalance may influence the responses they gave me. However, building a rapport with them before the interviews made life easier for me as I discussed the study's objectives at length and that they should view me as a learner. In the interviews with older people, I maintained the cultural norm that views older people as autochthons of knowledge. They viewed me as an outsider who was interested in learning.

## 4.9 Ethical considerations

A critical component in the design of this study was to consider the well-being of participants in relation to ethical issues. Research ethics can be defined as the moral principles and standards that guide people's behaviour, moral judgements and relationships with others. (Blumberg et al., 2005). Whether involving animals or human beings, research in social sciences requires ethical considerations (Birch et al., 2004). The Economic Social Research Council (2012) highlights the researcher's responsibility to avoid or minimise any potential risk to individuals or groups involved in the scientific project. Furthermore, a researcher is responsible for protecting their research subjects' wellbeing and interest (ESRC, 2012). As with all social research, this study has several ethical issues that need to be addressed and remembered throughout the study. Most importantly, I acknowledge here that in entering the field, I was cognizant that researching sensitive topics (for example, migration, care and work experiences) with vulnerable groups (like migrants) evokes several ethical issues. Therefore, several aspects were carefully considered throughout the research and, most importantly, before collecting data from participants to ensure that the study was carried ethically.

First, full informed consent was obtained from participants before collecting data. Informed consent relates to an individual's continuing agreement to participate in research after the research's purpose, harms, and potential benefits have been thoroughly explained (Christian, 2005). Gaining informed consent from participants is deemed to be an integral part of the research process. Seeking informed consent from participants in this study started before data collection with the potential participant. Once I had potential participants and before commencing interviews, I thoroughly explained the rights of participants and the risks and benefits of participation. Above that, I also explained the research purpose, methods and the intended use of the data collected.

Additionally, I ensured that all participants knew that participation in this research was voluntary and would not be compensated for their participation. I told them that the benefit of the research is that they can get to have their voices heard through dissemination. Last but not least, I explained how the interview would proceed, informed them of their right to stop the interview at any point without the need to provide any explanation. Before commencing the interviews, I allowed participants to ask questions or clarifications about the research or the interview process. All this process was meant to ensure that participants are informed and voluntarily decided whether or not to participate without feeling as if they were coerced to do so physically or psychologically. Once I was sure I had provided them with enough preliminary information and addressed any questions. Those who agreed to participate in the research were asked to indicate their consent by signing a consent form (Appendix 2).

I advised potential participants that any information they provided during the interview would remain confidential. All records would be kept in a password-protected computer and would be treated in accordance with Sheffield's ethical guidelines and standards. I was aware that the interviews involved both personal and professional details. A few participants might have felt that disclosing such details and their perspectives on the issues under study could affect their lives. Interviewing members of the same family raises particular ethical issues since the research used matched family members. I risked exposing what I discussed with one family member to another (Mazzucato, 2009; Poeze et al., 2017). This, however, is a delicate and complex process as it is not always possible to know what information could cause harm to the family once exposed to the public. Assuring the privacy of everyone in this context would be difficult, if not impossible, as the findings of this study would be published (Liamputtong, 2007). Such issues ask for a great deal of ingenuity on the part of the researcher. To avoid this, I assured participants that their information would always be treated with regards to their concern and applying the principles of confidentiality and anonymity. I also indicated to the participants that I will not be disclosing information they gave me to other family members and being careful in my findings not to divulge information that could damage mutual trust between family members (Poeze and Dankyi, 2013). I assured participants that I would use pseudonyms and avoid narrating incidents that could be easily traced to them in any presentations and publications (Mazzucato and Wagner, 2018). As a result, participants' real names or other characteristics such as names of their towns that may lead to their identifications are never mentioned in this thesis; instead, pseudonyms have been used to protect their identity.

As interviews addressed sensitive topics, it was imperative to consider the consequences and implications of asking sensitive topics on participants. Creswell (2003) posits that researchers should always have participants' wellbeing at heart when collecting data; this involves collecting data in a way that causes no harm to participants, preserves their dignity and respects their privacy. This is especially crucial where topics are often laden with emotions. Christian (2005) asserts that no one deserves embarrassment during research; researchers should know their limits and cultural boundaries in their inquiries. To minimise harm and embarrassment to participants, I informed them about the risks of participation and the sensitive topics I would discuss with them. I told them that thinking about their migration history, care and caring at a distance, as well as experience of racism and discrimination at the workplace, can be traumatic. I made it clear that if these questions made them feel uneasy in any way, there were not obliged to answer. In section 4.7, I discussed how I dealt with one such incident. Nonetheless, to ensure that I managed to talk about these issues whilst minimising risk, questions were asked in a non-threatening manner.

The study was conducted in line with the ethical codes of the University of Sheffield Department of Sociological Studies and the Economic and Social Research Council framework. Full ethical approval was obtained from the University of Sheffield ethics committee.

## 4.10 Data analysis

The data analysis process was iterative and started immediately after data collection began. According to Silverman (2004), this allowed the researcher to identify emerging themes that might require follow-up in future interviews. Though the data for the ten migrant care workers was collected as part of the Sustainable Care project, for this thesis, I analysed this data separately and independent from the broader project. Since most of my data came from semi-structured interviews, I analysed the data collected using thematic analysis to identify themes across interview transcripts. Thematic data analysis is a method of identifying, analysing and presenting patterns of meaning within the data that provide answers to the research question under consideration (Braun and Clarke, 2006, p.79). It is an iterative and reflective process that develops over time and involves re-analysis and re-interpretation of data at a number of intervals (Clarke et al., 2019; Hughes and Emmel, 2012). Thematic analysis is a popular data analysis method that researchers across a range of disciplines adopt. It offers the researcher clear cut and coherent stages to follow and has been commended for 'its theoretical and methodological transparency' (Forster and Bryman, 2019, p.279). The stages that facilitate this rigorous data analysis process through which patterns are identified are data familiarisation, data coding, and theme development and revision (Braun and Clarke, 2009).

In this research, the interviews' iterative and reflective thematic analysis was facilitated by identifying the central themes that emerged when taking field notes or transcribing or listening to recordings of interviews. I developed a thematic document that I continuously added to, edited and changed during the fieldwork. I continued reading and re-reading the data after returning from the field. Once I had become immersed and intimately familiar with the contents of my data, I generated a list of codes that identify essential features of the data that might be relevant to answering the research questions. Coding is an integral process in thematic data analysis and is considered the first step towards a comprehensive interpretation of interview data (Fedyuk and Zentai, 2018). It involves labelling and organising data into categories related to the research question or emerging from the thematic analysis; to identify different themes and relationships between them (Braun and Clarke, 2006). The codes represent important and recurring ideas or phenomena identified in the data and help achieve all three aims of thematic analysis: examining commonality, relationships and difference (Braun and Clarke, 2006, 2012).

I conducted two phases of data coding. The first was, as described above, done through reading and re-reading the interviews noting down significant issues and any new emerging potential codes. Once I had done that, I was confident in the salient topics within my data. I created a coding frame which is the organisational structure of the themes in the research. I utilised the hierarchical coding frame, organising the codes based on how they relate to each other (Braun and Clarke, 2006). The second phase was using the software data management and analysis package NVivo 12. NVivo enabled me to organise and visualise my codes and segment the data into more manageable thematic chunks that could then be further analysed and interrogated (Seale, 2000). This again required me to actively re-read my data, thereby increasing my familiarity with the content. Through the aid of NVivo, I was able to collate the data and identify broader patterns of meaning which I then organised into similar themes. Once I had identified the themes, I reviewed them and checked if they tell a convincing story of the data and answer the research questions. The dominant themes that were generated aided in providing a structure for writing and presenting the research findings. As such, the subsequent chapters report the empirical findings of this research and hopefully demonstrate the richness of the data generated and the effectiveness of the methodological approach pursued.

## 4.11 Conclusion

This chapter outlined the issues related to the chosen methodology and explores any questions that might be relevant for this qualitative study. It discussed the methodological framework and how it was necessary to achieve the main objectives of this study. It examined the technical and ethical difficulties faced by a researcher wishing to access a hard-to-reach group for data collection. It also critically evaluated the use of reflexivity in qualitative research as a tool that allows the researcher to explore bias and prejudice from within.

There was a lot gained from using the methodology discussed in this chapter. The methodological approach helped break hierarchical powers and enabled the inclusion of multiple perspectives in the research process. I argue that the multi-sited approach helps researchers to understand the complexities of contemporary transnational family life. This study enabled me to observe and analyse the layers of meanings and perceptions of family life and the care exchanged local and transnationally in both receiving and sending contexts.

Together with the previous chapter, this chapter completes the picture of how migrants and the families they leave behind negotiate long-distance care for older people. The next chapter is the first empirical chapter that explores the narratives of the research participants.

# Chapter Five. A profile of Zimbabwean migrant care workers: migration and pathways into care

## 5.1 Introduction

The present chapter is the first of the four chapters that report the results of my fieldwork. In this chapter, I deliberately concentrate on the interviews carried out with Zimbabwean migrant care workers. I show here who they are and follow their multi-layered migration trajectories looking at their reasons for leaving Zimbabwe and their motivations to move to the UK. I pay particular focus to the role of the family in shaping the migration decision-making process and how the migrants and their ‘left behind’ family members use migration to create the possibility of a new life. I demonstrate that migrants' decision to migrate are not isolated events but processes embedded in care relations, and they need to be understood in their broader social, economic, cultural, and historical contexts.

I also outline their pathways into the UK care sector and explore their reasons and rationale for working in the sector. I discuss how social networks play an important role in channelling migrants into the care sector. I also show how expectations of caring for families back home shape their work in care even when they experience racism and discrimination in the sector. This chapter is essential as it provides the context and background for the findings in the proceeding chapters. To reiterate, pseudonyms are used throughout this thesis to retain the anonymity of participants.

## 5.2 Migration trajectories

A review of the literature on Zimbabwean migration since the beginning of the new millennium indicates a myriad of reasons why Zimbabweans chose to migrate to other countries (see chapter 3 for discussion). While this strand of literature argues that it is inconclusive whether push or pull factors facilitated migration at that particular time, they, however, cite social, political and economic instability in the country as the main drivers for migration (Crush and Tevera, 2010; McGregor and Primorac, 2010; Chikanda, 2010). As a result, the literature frames Zimbabwean migration as ‘crisis migration’ (McAdam, 2014) or survival migration (Betts, 2010). While it is undeniable that Zimbabwe's political and economic instability was the underlying impetus for migration from the country, narratives from this study indicate other factors need to be considered when analysing the reasons for migration to the UK in particular. The findings here suggest that not everyone migrated because of the dire political and economic environment in Zimbabwe. Instead, many used the 'crisis' as an opportunity to relocate, and the primary motivation was to support their families left in Zimbabwe materially.

### 5.2.1 Migration as a solution to political and economic instability

The findings in this study indicate that the migration of participants from Zimbabwe to the UK was informed by various motivations, which involve economic, political, social, and ideological factors. These various motives have a temporal dimension by which motivations depend on the period in the country’s history during which individual migrants left Zimbabwe. For example, disillusionment with Zimbabwe's political and economic factors was the primary motivation for migrants who came to the UK in the 2000s (McGregor, 2009; Bloch, 2008; Pasura, 2008). Similarly, although they are few in my study, participants reported that Zimbabwe's political and economic situations were the main reasons they had to leave. This was especially true for individuals who were directly involved in political activities. For example, Mandla reported that his decision to leave home was greatly influenced by his involvement in opposition politics, leading to his subsequent arrest and torture at the hands of state security agencies. For him, the decision to leave was simply; “*to survive, because I was targeted*”. Mandla recollects his experiences as follows:

*I was one of those who was very much into the thick of things. When the MDC [opposition political party] was formed, I was elected the district administrator for [name of district]. When the onslaught against political opponents started, I was not spared. I was arrested and spend two months in remand prison. During that time, I was tortured by the police the CIOs [state security agency]. When I was granted my bail thanks to the Human Rights lawyers, I decided to abscond and border jumped into South Africa*

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| **Profile example: Mandla**  Mandla came to the UK in 2003 when he was single after escaping Zimbabwe due to his connections with the political opposition. He is now married and lives with his wife and son. Mandla claimed asylum at entry and was housed in Yorkshire whilst his case was being investigated. His asylum claim was finally granted in 2009. During the six years of waiting for his claim to be processed, Mandla worked as a cleaner, security Guard, warehouse operative and eventually settling for care work. All these jobs were done clandestinely since he did not have the right to work. At the time of the interview, Mandla was still working as a care support worker despite having gone to university and acquiring a Bachelors and a Master’s degree. Due to the continuing political turmoil in Zimbabwe, Mandla has not visited Zimbabwe and claims he has no intentions of doing so until there is a change of government. |

Sharing similar sentiment was Melusi, who was a teacher in rural Zimbabwe, and just happened to be a victim of circumstances. Teachers in Zimbabwe, especially in the rural areas, were considered very influential professionals with influence in their communities. When the political problems started in the late 1990s, teachers were generally blamed for influencing rural communities to protest against the government. Consequently, they were attacked as enemies of the government by supporters of the then president (Gwisai, 2008, Madziva, 2011). Threat perceptions alone were not enough to convince Melusi to migrate. However, although he was initially reluctant to relocate, the worsening political and economic situation coupled with seeing the economic progress made by those who had migrated forced him to change his mind. Stories circulating in Zimbabwe generally reflected the UK as a place full of wealth (Mbiba, 2005). Those who had migrated and had foreign currency at their disposal were seen as successful. These success stories of those who had migrated and the myth of Europe as Eldorado constituted a significant motivation for migration for some of my participants, like Melusi. He explains:

*I was forced by circumstances, everyone was leaving, and you could see there was nothing to stay for in Zimbabwe….. I wanted a better life for my family. I wanted stability, and I could see how others who had migrated were killing it, building big houses and buying cars. I wanted the same, so I joined the bandwagon.*

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| **Profile example: Melusi**  Melusi Came to the UK in 2003 on a visitor’s visa. His main reason for coming was to find work and look after his young family. Melusi worked as a teacher in the rural areas in Zimbabwe and stated that the increasing collapse of basic infrastructure such as education and health in Zimbabwe coupled with seeing some of his peers who had migrated advancing economically were the underlying impetus for his migration from Zimbabwe. Melusi was assisted by his extended family, who pooled resources to apply for a visa and buy an air ticket. His intention at first was to work for the six months that his visa allowed, then go back to Zimbabwe. However, he changed his mind and instead applied for asylum after his visa had expired. Melusi cited the political persecution of rural teachers as a reason for seeking asylum, even though he admitted in the interview with me that he was not involved in politics at all. His application was refused at first, and he was detained for six months. However, after appealing, he was granted asylum in 2008 and the same year, he was reunited with his family. At the time of the interview, Melusi lived with his wife and three children. Melusi is also the primary financial provider of his ailing father, who is in Zimbabwe. |

Mandla and Melusi's narratives suggest that they faced political threat because of their political connections. Some, like Kuda, a former government worker, emphasised family pressure to seek better economic benefits. Zimbabwe's declining economic prospects and political instability forced him to migrate to the UK to find work and look after his family back home. The idea that migration promised financial benefits and a more comfortable lifestyle was widely held among participants. Kuda recollects that, just like Melusi he was not keen to migrate and only after his wife asked why he was not moving that he felt obliged to migrate to the UK:

*I did not want to leave. I had a good job which I liked so much, but due to hyperinflation, my salary was no longer good enough, so there was pressure from my wife that I should move to the UK because there was better money there so that we can finish building our house and sending our children to boarding school. I refused at first but the pressure and constant nagging from my wife and some of my siblings forced me to come leaving behind my wife and three children………. The idea was I would work for a few months or years, raise the required amount and go back home…. 18 years later, I'm still here.*

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| **Profile example Kuda**  Kuda first came to the UK in 1997 to visit family members. He stayed for less than a year and returned to Zimbabwe, where he worked as a high-ranking civil servant. In Zimbabwe, Kuda was married with two sons and a daughter. He came again in 2002 after family pressure, intending to stay for less than a year. Still, the situation back home deteriorated, and he decided to seek asylum when his visa expired. Kuda was granted asylum in 2009. However, due to the time separated from his family, his marriage broke down, and he re-married in the UK and had two daughters. He managed to bring two of his three children left in Zimbabwe. At the time of the interview, Kuda had separated from the mother of his two daughters and was living alone. He is also the primary financial provider for his parents and ‘left behind’ family members in Zimbabwe. He has also managed to build a house for his family in Zimbabwe. |

What is evident from Kuda’s and Melusi’s narratives is that migration was seen as a practical and temporary step towards realising concrete plans. These plans included the survival of the family, accumulation of capital and access to material goods. Family members such as spouses, parents, and siblings encouraged and facilitated the migration of participants. Participants' narratives suggest that their migration was part of a short-term strategy to realise economic ambitions that they could not realise in a crumbling economy at home. Therefore, some participants came with great expectations to make quick money and return home rich. Such intentions have implications on the decision-making process, especially as Zimbabwe's political and economic environment led Zimbabweans to make decisions to migrate quickly.

Migration to the UK was thus strongly supported by family members and seen as a strategy for the whole family’s economic success and survival. This had implications for their familial obligations and relationships, as I will discuss in the proceeding chapters.

### 5.2.2 Migration as a family strategy

However, this does not mean that the migration of all the participants in the UK was strictly tied to economic and political factors. Zimbabweans moved to the UK for various reasons such as family reunification, marriage and education. While Melusi and Kuda's narrative indicated families torn by migration, others' sole motivation for migration was keeping the family together. For example, Charity's husband relocated to the UK as an economic migrant. He later joined the British army, bringing Charity and their two children to the UK under the spouse visa.

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| **Profile example: Charity**  Charity arrived in the UK in 2010. She came to join her husband, who came to the UK in 2006 and worked as a soldier in the British army. She came with her two children, who had remained with her in Zimbabwe when her husband migrated. She had another child a few years after coming to the UK. Before coming to the UK, Charity worked as a successful teacher in Zimbabwe. She framed her migration as family-oriented and that her decision to migrate was primarily to be reunited with her husband. Charity plans to study Nursing or midwifery and has already started her access course. Charity also cares for and supports her ageing parents back in Zimbabwe. |

Charity sacrificed her career and her closeness to her wider family in Zimbabwe to keep her core family together. However, in her quote above, it is evident that she felt that staying in Zimbabwe was not an option for her since that meant becoming a single mother.

### 5.2.3 Migration as an opportunity

Others like Blessing, Rejoice, Danai and Tendai came to the UK supported by their families in both the UK and Zimbabwe to take up university studies. Historically, Zimbabwe has always had a close but somewhat complex relationship with the UK (see discussion in chapter 3). As a former colony of the UK, Zimbabwe inherited English as the official language for business and an education system that mirrors the UK's (Edwards and Tisdell, 1989). Consequently, degrees from UK universities are held in high esteem in Zimbabwe, as depicted by Blessing, whose family sacrificed for him to come to the UK to gain 'quality education. This educational aspiration of studying in the UK was, as these participants indicated, encouraged by their families while they were growing up.

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| **Profile example: Blessing**  Blessing came to the UK in 2008 on a student visa with the intention of going back to Zimbabwe after completing his studies. The decision to migrate was influenced by his parents, who wanted him to get educated so that he could help his younger siblings. Unfortunately, Blessing's father passed on when Blessing was in the middle of his studies. He consequently assumed the care responsibilities of his mother by virtue of being the firstborn child. During his studies, he met and married a white British national and decided to stay. Blessing and his wife have a young son, and as the oldest, he is the main provider for his mother back in Zimbabwe. Despite possessing a higher education degree from a British university, Blessing has struggled to get a permanent job in his field. |

Blessing's migration might show how important Zimbabwean families’ value education, but a nuanced analysis of his profile paints a different picture and depicts the cultural expectations of firstborn children in Zimbabwean society. The emphasis here is that he was being groomed so that he could fulfil the cultural obligations of a firstborn son that is taking care of his parents and siblings. Nonetheless, his profile also demonstrates how these cultural expectations are upset as he has now decided to marry and live away from his parents. I will address this more in chapter 7 (section 7.4).

Just like Blessing, Rejoice chose to come to the UK to do her postgraduate studies because of the value placed in a degree from a UK educational institution:

*I did my Master in South Africa, and then I applied for a PhD in the UK….. the reason (for choosing the UK) was that there are now many people in Zimbabwe with PhDs and very few universities where you can pursue an academic career, so competition is tight, if you want to be guaranteed a job you must have a degree with an international flavour and a UK PhD is the most preferred.*

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| **Profile example: Rejoice**  Rejoice was one of the recent arrivals to the UK. She came in 2015 to pursue her Master's degree and subsequently her PhD. Her visa application was made possible by the university and supported by her family members living in the UK. For Rejoice coming to the UK had nothing to do with the social-political and economic situation in Zimbabwe. It was solely to get a better education as it would place her in a better place when looking for jobs in Zimbabwe. Throughout the interview, Rejoice indicated that she does not intend to stay in the UK beyond her studies and prefers to relocate to South Africa because it is nearer to Zimbabwe. |

## 5.3 Role of social network

Social networks were also crucial as a motivating factor and were considered to be highly important in deciding to migrate. The participants' responses indicate that social network systems, including family members and friends, facilitated the process of migration from Zimbabwe and were equally crucial in settling and finding work in the UK, as will be discussed in the section below. The literature on migrant social networks addressed in section 2.4 indicates that social networks play a significant part in influencing the decision to migrate (Ryan, 2011). Most of the participants in this study stated that they received motivation to migrate to the UK from their friends and relatives already living in the UK. In chapter 3, I outlined how in the late 1990s, some private recruitment agencies in the UK were recruiting professional staff like nurses, teachers and social workers (McGregor, 2009; Tinarwo, 2015). These professionals acted as pre-existing social networks and facilitated most UK participants' migration to and settlement. Bloch (2008) and McGregor (2008) acknowledge the importance of these pre-existing social networks of family and friends in making the UK an attractive destination for Zimbabweans. Most participants explained how pre-existing social networks of family and friends influenced their decision to migrate to the UK. For Kuda, his aunt invited him to come to the UK. As already shown in the case profile, Charity came to join her husband, Melusi and Mandla were encouraged by friends who offered accommodation at the early stages of migration. These networks were crucial for the few who migrated post the crisis period (2000-2010). Rejoice, Danai Ngoni, Tendai and Linda relied on the social networks created by their relatives who came to the UK during the crisis. Ngoni explains his reasons for coming to the UK as follows:

*I came in 2013, and I came as a dependent. Yes, under my sister, she came in 2001 and helped me through education at home, and when I finished my O'levels, she applied for me to come over…. She also helped my other sister and nephew to come she was really helpful to us.*

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| **Profile example: Ngoni**  Ngoni came to the UK in 2013 as a dependent of her sister, who came to the UK as a social worker recruited in Zimbabwe. Ngoni's main reason for coming was to get a better life in the UK and pursue his education. At the time of the interview, Ngoni was completing his undergraduate studies and working part-time as a care worker. |

For Linda, a complicated relationship with her ex-husband was a powerful motivation for migration, and she constructs migration as the solution to her problems. The vignette below shows how important social networks and family support were in Linda's migration decision-making process. Whilst the domestic difficulties were there, her migration was seen as a way to care for her children and her parents. Linda's case demonstrates how families in Zimbabwe are encouraging the migration of women as an alternative way to serve as family caregivers.

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| **Profile example: Linda**  Linda came to the UK in 2012. Her main reason for coming to the UK was to find employment to care for her two children after divorcing their father. She also said that she wanted to be as far as possible from her ex-husband. In Zimbabwe, Linda was a full-time housewife and relied on her husband, who was the main breadwinner in the family. When she separated from her husband, Linda and her two children had to go back and live with her parents, who were cared for by her sister in the UK. Linda's living arrangements with her parents became problematic as she was not providing anything to the family. As such, her parents encouraged her to migrate so that she can be able to care for her children. Her migration was facilitated by her sister, who was already living in the UK for six years. Linda was able to bring her children with her. She had another child in the UK who was starting school at the time of the interview. Linda constructed her migration aspiration as a solution to finding work and caring for her family and as independence. Linda lives in the same neighbourhood as her sister, and together they help each other take care of Linda's children and their parents back in Zimbabwe. |

These findings show that most of these research participants taped on the social networks that provided them with the opportunities, resources and support to migrate. Family members, as well as friends and other acquaintances, encouraged and facilitated the migration of participants. Migration among these Zimbabwean migrant care workers can be conceptualised as a family coping mechanism facilitated by family networks.

The motivations for migration were closely connected to the political instability and economic hardships in Zimbabwe. Mandla's experiences capture the pain and suffering that people who were perceived to be opposition supporters endured his migration could be indeed be classified as escaping political persecution. For others like Melusi and Kuda, who also claimed asylum citing political persecution, it can be argued that they used the political crisis in Zimbabwe as an opportunity to extend their stay and avoid deportation. Crush and Tawodzera, (2016) reported similar findings with Zimbabwean migrants in South Africa who were also using the asylum-seeking process to legitimise their stay and avoid deportation. The common feature for most participants was a desire to find employment in the UK so that they can care for and support their families left in Zimbabwe. Migration was also a result of the collective decision of families and households. Resultantly, economic gains from migration were crucial to the survival of families left in Zimbabwe. I argue that even for those who came to pursue education, the motivation of their families was that they gain some excellent education and get some good jobs so that they can care for and support their families, both local and transnational. After all, the literature frequently discusses migration as an investment on the part of the migrant family, where the investment returns take the form of higher earnings in the destination country (Crush et al., 2012; Bracknel and Sachikonye, 2006; Anich et al., 2014). Care is therefore central to migration and an important reason why families move across borders and maintain and sustain transnational ties

## 5.4 Pathways into care work

There is an extensive body of literature analysing the labour-market mobility of migrants in general and migrant care workers in particular. Some of these available studies focus on the importance of human capital and or migration status as key determinants of difference in migrants’ labour market attainment (Chiswick et al., 2005; Gorodzeisky and Semyonov, 2017). Some describe the significance of social capital as a resource for gaining employment, particularly in those sectors typically considered migrant sectors (Massey et al., 1993; Bloch and McKay, 2015). At the same time, others consider a combination of multiple factors in the assessment of labour participation, such as family circumstances and reasons for migration (Stoloff et al., 1999; Ruiz and Vargas-Silva, 2018). These studies focus closely on how constraints such as language proficiency, non-recognition of skills and employment experience obtained abroad, and lack of social capital intersect with gendered and racialised norms to produce considerable conditions on migrants' labour market prospects.

In line with some of the theoretical perspectives above, Zimbabwean migrant care workers in this study experienced significant limitations in their employment histories. Most participants came to the UK with different skills, qualifications and work trajectories. With a small number of notable exceptions, participants were highly qualified. Qualifications included degrees in education, accounting, public policy and sociology. None, however, had qualifications or employment experience in the care sector, mirroring the profile of McGregor's (2007) study with Zimbabwean migrant care workers (see chapter 3). As noted above, they entered the UK on a range of visas.

As was the case in McGregor’s (2007) study, participants in this study did not initially seek care work as a job. Instead, they found themselves doing this work due to several reasons. For some, it was due to the non-availability of jobs in their chosen fields, or they could not secure employment commensurate with their Zimbabwean qualifications and work experience. This was mainly due to the non-recognition of Zimbabwean qualifications in the UK despite the educational system in Zimbabwe mirroring that of the UK. This phenomenon of deskilling of migrants is widely reported in the literature (see Cuban, 2013; Bloch, 2006; Nowicka, 2014) and is echoed in this study. Affected participants found themselves with little choice but to take care of work regardless of their qualifications and work experiences, as observed by Kuda, a former Zimbabwean government administrator with a degree in Public Policy:

*I have a degree in political administration; I was a public worker in the welfare administration. I have tried looking for employment in public policy, but they never see my qualifications as genuine. Hence the reason why I have decided to stay in this humble sector.*

For those who sought asylum at the initial time of migration, the protracted period they waited to decide on their asylum claim meant they could not seek employment commensurate with their qualifications and experience and had to seek irregular employment available in the care sector at that time. For example, Mandla explains how the lengthy legal restrictions to access the labour market while his asylum claim was being evaluated (6 years) meant he had no options but to seek whatever '*underground*’ employment he might access at the time to earn a wage:

*I just lived underground….I worked in a care home because during that time. It wasn't strict [immigration laws] about that you get hired to do care work. I could not do any other jobs because they required papers… the law didn't allow us to work, but there were ways of working, especially in care work.*

Waiting for a long time for a decision on the asylum application was a period of uncertainty and reflections on which he questioned his decision to leave his family and job in Zimbabwe. These findings dovetail other studies by, for example, Bloch (2005) and Doyle (2009). They reported that Zimbabwean asylum seekers commonly worked informally in the care sector, by and large, making them vulnerable to bad working conditions.

Migrant social networks (Ryan et al., 2007; Ryan, 2011) were vital resources that facilitated the care labour market entrance. As has been found elsewhere, social networks influence migrants' employment opportunities (Granovetter, 1995; Aguilera and Massey, 2003; Ryan, 2011). This was also the case in this study. Upon arrival in the UK, almost all participants had social networks consisting of family members, friends, colleagues and church members who assisted in finding employment in the care sector. For all the participants, the decision to work in care was highly motivated and enabled by advice or assistance from family and friends. As discussed above and in chapter 2.3, these networks facilitated participants' migration were also crucial in assisting participants in securing jobs. Most of these have been living and working in the UK for some time and had good knowledge of the UK labour market. Ngoni describes how his sister, whom he was coming to join, assisted in finding employment:

*My sister knew a place where she had worked before, and she referred me to one of the managers that were there, and they saw me and gave me an interview, and they liked the qualities that I would bring, so I got hired there and then.*

Interestingly, it is observable from participants’ narratives that the ability to gain employment in the UK adult care sector is decided by more than having appropriate care qualifications, as none of the participants had any, and largely depended on being embedded in ethnic, social networks. This supports Granovetter’s (2005) assertion that migrant social networks influence the type of jobs they secure and resonates with what has been called 'Clustering' (Rangurhan et al., 2009), which affects the effects of channelling migrants into specific labour market spaces. These findings are also in tandem with a study by Badwi et al. (2017) with Ghanaians living in Norway also found that social networks play a crucial role in the process and outcomes of migrants and was a key determinant for migrants working in the types of jobs they chose. The channelling of participants into care jobs reflects how Zimbabweans in the UK have created a niche in the care industry, as reported by several studies (see Doyle, 2009; Bloch, 2005; Mcgregor, 2007 Mbiba, 2005). This process, also referred to as 'migrant niching' (Moya 2007), explains why migrant men are over-represented in care work (see also KIlkey, 2010).

Despite the role of social networks in channelling migrants into care jobs, participants also reported other motivations in choosing care work than other migrant concentrated jobs. For students and those with familial and or other responsibilities, motivation to work in the UK aged care sector stemmed from the availability of flexible working hours. The fact that they could choose which hours to work, do extra shifts or night shifts was emphasised, reinforcing research findings on migrants' motivations to work in care by Hussein, Stevens and Manthorpe (2013). Rejoice says care work is *‘quite flexible to work around’* her PhD than other sectors where availability is required constantly. Tendai, whose Tier 4 visa, also reiterated this[[5]](#footnote-5) restricts him from working more than 20 hours a week, hence works night shifts during the weekend to meet and not exceed the stipulated hours:

*I work nights on Fridays and Saturdays, so I start at 2100 and finish at 0700, that's 10 hours per shift, so I get my 20 per week. I couldn't find a job this flexible anywhere.*

In the same vein, Charity, who has three children aged 12, 9 and 6, preferred working in care work because it was easy to juggle childcare responsibilities and her shift patterns.

*The shift patterns make it easy for me to take the children to school in the morning on my way to my first client, who requires medication at nine in the morning. And normally I see my last client is at 5:30, giving me enough time to pick the kids from after school or from the childminders.*

## 5.5. Gendered experiences of paid care work

The experiences were also highly gendered. Women in the study revealed that they entered care work because of their specific attributes of everyday care experience. The experience stems from their culture. In a Zimbabwean context, as discussed in chapter 3, caring for the old is a cultural norm, and the assumption is that care work is naturally women's work (Hungwe, 2011; Dhemba, 2015). This gendered generalised assumption that naturalises care work as women's work is not particular to Zimbabwe or Africa, of course. Caring is highly gendered in all societies, as widely discussed in the feminist literature and explains why it is poorly valued and paid (Glenn, 1992; also see chapter 2 for discussion). However, research in the UK has shown that migrant men cross this gendered division of labour and are overrepresented in care work (Turnpenny and Hussein, 2021; Hussein and Christensen, 2017). Indeed, there are also a considerable number of Zimbabwean migrant men working in the sector. In chapter 3, I indicated that I also worked in the sector during my undergraduate years. This trait helped me recruit a number of Zimbabwean men working in the sector, as evidenced by the more men than women in my UK sample. While I held my own assumptions about working in this sector, my findings indicate that Zimbabwean men's pathways into care work are dynamic and distinct from those of Zimbabwean women.

The women in the study, particularly Charity and Linda, explained how in their culture, it is common practice to provide aged care to their kin; hence it was ‘natural’ for them to look for employment in the sector. Linda described how it is ‘natural’ for her as a woman to do care work:

*I am an African woman in my country; we look after our elderly, so there is no shame in looking after the elderly here. It's just something that is in me, so if it is being paid, why not do it.*

In Linda's narrative, there is an emphasis on gender and responsibility as a woman to care, something that is also highlighted by Charity when describing how her attributes as a mother and informal carer to her parents make her well suited to do care work:

*When I was looking for a job, my husband told me about doing care work and referred me to a colleague's wife, who explained what you do in care work. I did not see anything wrong I had the experience because I care for my husband and children, and when I was in Zimbabwe, I was the primary carer to my parents, so I consider myself qualified.*

While women could mobilise their gendered care experiences, men, on the other hand, revealed feelings of compassion towards old people and the desire to help as the main reasons for their decisions to work in care work. For them, it was work and readily available as well as paying the bills. As I have discussed above, most felt that it was very flexible with more overtime and could maximise economic gains. With limited work opportunities available to them, they have embraced care work as a compensation strategy to lack of Jobs. Working by any means necessary was particularly important as their families back home relied on remittances they sent for survival in a turbulent Zimbabwean economic situation. This is particularly relevant to those who had spent a lot of time being restricted from working by migration laws. Melusi illustrates this point. Having spent half a dozen years waiting for his asylum claim to be finalised, Melusi worked illegally in the sector. There were fewer checks then, and he gained considerable experience in working in the sector, which he claims were his only work experience in the sector in the UK. He explains:

*I worked briefly in a warehouse; then I got a better job as a security guard, which was well paying and easier than order picking [warehouse job]. Unfortunately, they introduced the licence thing, and because of my status [asylum seeker], I could not apply for the licence even though the company I was working for was willing to pay for it. I was not allowed to work, so that changed everything. I then got some friends who told me about care work…. It was easy getting the job. I just used my underground identity, you know what I mean, and I started working in a care home.*

Similar sentiments were expressed by Kuda and Mandla, who also felt that the protracted time they spent waiting for their status to be finalised meant only care work was the best option for them. Nonetheless, they also indicated that they were happy to continue working in the sector. Their experiences have shown them that this was the most accessible sector to work in as a migrant in the UK. For example, Kuda framed his work in care as necessary and different from doing care at home, which he, surprisingly, viewed as women's work.

*I look after an old gentleman. He needs assistance with moving and other day to day tasks. The job is very hard with heavy lifting, so that might be difficult for a woman to do. It requires some muscle, and also, for the gentleman's wellbeing, he should live with another man. So that is how I see it a job that needs me as a man… its different from looking after a child or a baby that requires some qualities that men don’t possess.*

Kuda's narrative is contrary to Linda and Charity, who pooled their feminine and cultural attributes to justify their suitability and experience working in care. His narrative demonstrates how men construct their masculinity when working in a highly feminised profession. Scrinzi (2010) argues that the construction of femininity and masculinity explicitly permeates the provision of care. Research by McGregor (2007) revealed that men's masculinity suffered heavily when they entered care work because culturally, care work is considered a women's job in Zimbabwe. However, the men in this study embraced care work and found ways to defend their involvement beyond economic reason. Their narratives of the experiences in care work were pretty different from those in McGregor's study. This could be because they were talking to a man who had also worked in the sector; hence they could have been more open. I asked participants what they thought about the derogatory BBC ‘British Bottom Cleaners’ label ascribed to them by those at home (see [Mbiba, 2005](https://www-sciencedirect-com.sheffield.idm.oclc.org/science/article/pii/S2666623520300246?via%3Dihub#bib0009); [McGregor, 2007](https://www-sciencedirect-com.sheffield.idm.oclc.org/science/article/pii/S2666623520300246?via%3Dihub" \l "bib0012); [Mbiba, 2012](https://www-sciencedirect-com.sheffield.idm.oclc.org/science/article/pii/S2666623520300246?via%3Dihub" \l "bib0011)). Most were quick to dismiss such labels and indicated that their job was instead keeping families alive in Zimbabwe. However, some, especially men, did not disclose to their families back home that they were employed in the sector for fear of being caricatured, as the BBC Mandla explains:

*That [BBC label] does not affect me at the end of the day I have a job, and I am getting paid and sending some money home to help the very people calling us name… of course, I don't tell them that this is the type of work I am doing. I always leave them guessing, so if they label other Zimbabweans or me here in the Diaspora BBC, I do not care. They are free to have an opinion.*

There was also a gendered difference in how they looked at care work as a job and their prospects in the sector. For Some participants, care work was seen as a stopgap measure to pay the bills whilst waiting for better employment prospects. This was especially true for those like Rejoice, Ngoni and Tendai, who pursued their education hoping that they would gain better employment. For these young students, care work was just a step-in gaining work experience crucial in finding employment in the UK. This resonates with findings by Hussein and Christensen (2017), who found that some migrants use care work as a temporary step towards gaining better employment prospects in the UK.

Similarly, three of the women in the study considered care work experience as a resource that could be mobilised in the pursuit of work in more professional caring roles like nursing. Charity, for example, hopes to train as a midwife and is already applying at universities. While Danai, on the other hand, is already doing access to the nursing course:

*I have completed my NVQS and started my access course, so next year, I hope to go to university and start my nursing degree.*

Other men like Melusi were also considering opening their own care work agencies to employ care workers. Melusi indicated that he would use his experience of working in the sector to open his recruitment agency, citing the success of other Zimbabweans who have started their own care recruitment agencies. He had this to say;

*In the meantime, there is a gap in the market, many agencies are closing, and some friends have started opening agencies and making money. Right now, here in Yorkshire, there is a lack of agencies, and I have done my homework. I want to open one for myself in the coming year. I just need to sort some paperwork and raise some money for office rental furniture. But in terms of finding work, there is plenty out there.*

Melusi's narrative is significant as it shows how Zimbabwean migrants have become embedded in the UK social care sector and explains why the sector continues to be popular among Zimbabwean in the UK. With many looking for a start-up in the sector, it only adds to the continuity of Zimbabweans migrants working in this sector.

## 5.6. Experiences of racism and discrimination

Narratives of racism and discrimination were prevalent in the discussions I had with participants. They indicated that they have been faced with a wide range of overt and covert forms of discrimination and racism, particularly in their places of work. Most indicated that their very presence in the care sector resulted from a discriminatory labour market that did not recognise the qualifications they obtained in Zimbabwe. For example, Kuda explains how he feels discriminated against by the UK 'system', which he claims has robbed him of his rightful career. This is what he said:

*The system in this country is very racist, to say the least. First, when I tried to get a job in administration, which I was doing back home, they could not recognise my degree (Political administration). They told me that I have to go and do a new degree in the UK. I don’t think it was not recognising the degree that made them say that; I think they just did not want a black man. So, they use that to say your degree is not recognised and what can you do.*

Supporting Kuda’s assertion that there is systematic racism in the UK labour market was Mandla who also reiterated that despite graduating with a Bachelors and a Master's degree from a reputable UK university, he still cannot find a job and believes this has something to do with his very Zimbabwean name.

*I sense that the selection process in the applications that I have been doing could be clouded in racial judgement. At times, you really answer everything that they ask, and you are positive only to get a 'we regret’. Basically, I think it’s like when they see a non-English name they just think foreigner no. So in the end, you end up in care worker no matter how hard you try.*

A mismatch between educational attainment and skills level of occupation and the clustering of migrants in low paid typically migrant employment have also been found in other migrant groups in the UK, even for those from EU countries (Rienzo, 2012). Melusi, on the other hand, believes that racism stems from the migration policies that restricted his rights to work during his asylum application process. He argued that he lost valuable time to gain experience that would have helped him get a better occupation commensurate with his qualifications during the time he spent not being allowed to work.

*The asylum application process discriminates against asylum seekers; I spent six years waiting for my application to be processed and was not allowed to work. After I got the papers, I started applying to become an assistant teacher, and the application forms require you to account for every year. Once you say you have been idle for so many years, you are out. If you say you were working illegally, you risk arrest.*

Scholars have long explored the systematic discrimination and structural disadvantage faced by migrants in destination countries see (Stevens et al., 2012; McGrath et al., 2015). The narrative of Kuda, Melusi and Mandla shows the intersection of migration regimes and employment regimes shapes the experiences of migrant care workers, as articulated by Williams (2014). Here it is evident that the migration and employment policies in the UK lead to deskilling and entrapment of migrants with an asylum background.

Besides the systematic racism and discrimination caused by migration and employment policies, Participants also complained of racism and discrimination in the care sector. Most of the participants gave accounts of racist attitudes and comments from fellow UK born and European workers. Of importance was the treatment they got from supervisors or employers who they thought always gave them the most difficult tasks or most difficult people to look after as opposed to their white colleagues. Tendai illustrates this point:

*Sometimes you get given the most difficult persons to work with, or you are given cleaning tasks when they get to take the client out for coffee. At my last workplace, I never got the opportunity to take the client out. They always made sure that I remained with clients who were either housebound, needed heavy lifting or were incontinent. I tried to talk about the issue with my supervisor, and I was told it's my job to get on with it or go elsewhere.*

Participants also spoke of harassment and blatant racism from service users who directly insulted them or refused to be supported. For instance, Rejoice claimed that a service user spat on her face and verbally abused her in front of other workers who dismissed it as natural behaviour from an older person. I asked her how she felt and if she continued supporting the person. She replied:

*I don't know, quite sad really because I had not been treated like a second class citizen before, and it just felt like that….I continued for a little bit* [supporting the service user], *but I would just stay outside if they did not want me inside as long as I reported for work and would get paid.*

Participants' accounts of racism and discrimination are not unique to them alone but are very similar to those accounted for by other migrant care workers in studies done by Cangiano et al. (2009) and Stevens, Hussein and Manthorpe (2012). they also reported incidents of racism against migrant care workers in the UK, especially at the hands of service users. For the Zimbabwean in this study, their experiences mirror the experiences of social care workers in Tinarwo, (2017) study, which highlighted the racism encountered by Zimbabwean social care workers in dealing with service users. Despite the racism, discrimination, and adverse working environment that they faced, most of my participants indicated that they would continue working in the sector. For many, this was because they needed the money to send home, as this was a responsibility that accompanied their migration in the first place.

## 5.7. Conclusion

The varied reasons discussed above show the complex nature of migration from Zimbabwe to the UK. In the context of the declining social, economic and political stability in Zimbabwe, migration was constructed as a solution, a family strategy and an opportunity. While the literature on Zimbabwean migration often emphasises the Zimbabwean crisis as the trigger for migration out of Zimbabwe, with politics and economics at the forefront of such debates (for example, see Crush & Tevera, 2010; Mlambo, 2017). The findings in this study show that no one cause could best describe the migration trajectories of Zimbabweans in the UK. Instead, there are overlapping reasons that triggered the migration processes of these participants. While for all the Zimbabwean crisis was the trigger for migration in the first place, Participants migrated for a different reason, from escaping political persecution, seeking economic gains, educational opportunities and as a family strategy to stay together and sustain their livelihood in one country. It is clear from the findings that migration was constructed as a family investment rooted in the cultural notions of obligations to provide care and support to family members in the UK and those who remained in Zimbabwe.

The chapter also demonstrated how social networks helped Zimbabwean migrants to migrate, settle and find employment in the UK. I also highlighted how the intersections of migration, care, and employment regimes push migrants into precarious low skilled, poorly paid, insecure and generally undesirable work. Participants in this study discussed their gendered pathways into care work with women pooling their culturally ascribed assumptions as natural care workers as reasons for working in the sector. At the same time, men pointed to the economic and work experience gains as their justifications for entry into care work. Participants also reported facing a wide variety of forms of racism and discrimination in their workplace and how they have limited options to challenge racist discrimination by employers, service users and colleagues. Nonetheless, participants felt compelled to continue working in the sector as this was their only source of income required to fulfil their cultural sense of obligation to care for the family.

These findings are crucial as they show the pressures of expectations and the problematic nature of their everyday lives as migrants in the UK. Having laid this background, in the next chapter, I focus on how these Zimbabwean migrant care workers reconcile their paid care work with their local and transnational familial care responsibilities.

# Chapter Six: Negotiating paid care work, local familial responsibilities and transnational care

## 6.1 Introduction

Care migration scholars have examined the impact of migration on the ability to reconcile familial care obligations with demanding paid care work (Yeates, 2005; Ackers and Salford, 2007; Bonnizzoni, 2014). A lot has been written about the need for women to reconcile their paid work with familial responsibilities and how this has led to the employment of migrants, women in particular, in low paid care jobs, especially in Europe (Yeates, 2005; Lutz, 2008; Williams and Gavanas, 2008). However, while a considerable number of studies, especially in the care chains literature that has looked at migrant care workers and reconciliation of work and family life (Parennas, 2000; Hochschild 2003), most, however, tend to assume that family is 'back home'. As a result, there is little known about how migrant care workers experience local contexts, forge local families or negotiate work and childcare in the destination society and how commitments ‘here’ and ‘there’ intersect and are navigated.

The last chapter highlighted the migration and labour market experiences of migrant care workers. This chapter aims to explore the dynamics of migrant care workers family life and transnational lives in the context of living in the UK. Of particular importance is how they negotiate paid care work with their localised and transnational familial care responsibilities. The Chapter focus on the first research question of the thesis as outlined in chapter one:

1. How do migrant care workers reconcile paid care work with their own local familial and transnational aged caring responsibilities?

The chapter is divided into two sections. In the first section, I explore the local context. I pay particular attention to the strategies that migrant care workers employ to reconcile paid work and childcare. Though this thesis is not about childcare *per se*, the analysis of this work in the local context is vital as it has implications on the way migrants work and support their older parents. In this section, I look at how migrants use different formal and informal strategies and how this affects the gendered dimensions of care. In the second section, I investigate how they care at a distance through sending remittances, communication through new technologies and visits. The chapter shows the plurality of transnational lives and provides baseline details of how migrants care from a distance, with later chapters (7 and 8) exploring in detail their caring relationships with non-migrant family members as well as the opinions and lived experiences of ageing cared-for parents.

## 6.2 Negotiating work and local family responsibilities

The challenges of reconciling work and family for some of my participants started in the early stages of migration to the UK when they were separated from their families due to various reasons such as migration status and lack of adequate housing and income to bring families over. Most married migrant care workers came to the UK as individuals. They stayed for years before their families joined them. Melusi, for example, ‘left behind’ his wife and two children and could not reunite with them until he was granted leave to remain six years later. He explained:

*When I left, my oldest son was only three. Before I could be united with them, I stayed here for six years, meaning I lost six years of watching my son grow. I tried to bring them earlier, citing that they faced harm because of my political involvement, but the government rejected and said only if I get my application approved and adequate accommodation could I bring them.*

At the initial stages of seeking asylum, Melusi had hoped that the process would mean that he could bring his family to the UK quickly. However, it took him six years, and this was also after the government had provided him with adequate accommodation for him and his family. His narrative also demonstrates how Zimbabwean migrant fathers experienced a life of separation from their children and spouses due to migration. A lot has been written about Zimbabwean migrant parents’ experiences of being separated from their children and spouses (Madziva, 2011, 2016; Madziva & Zontini, 2012). Madziva (2016), in particular, explored how Zimbabwean migrant mothers who were separated from their husbands and children because of the asylum system expressed feelings of shame and powerlessness as a result of years spent away from family. Though my small sample does not qualify me to generalise these findings beyond the participants, it is evident that periods of separation from the core family were periods of immense anxiety amongst participants.

Nonetheless, participants with an asylum background were able to be reunited with their children and spouses when they got their stay regularised. Despite the collapse of his Zimbabwean marriage Kuda was able to reunite with his children. Charity is also an example of a spouse and children who came to reunite with their husband and father, respectively. On the other hand, Linda was able to migrate with her children and never separated from them. Over time, the evidence here and in the literature indicate migrants' families grow, and new families are also formed (Ryan et al., 2009, Ryan, 2011; 2017). Kuda re-married and had more children. Charity, Linda, Melusi and Mandla all had children born in the UK in addition to the ones they migrated with from Zimbabwe. Blessing, on the other hand, married a British national and had a small family. These families had children, some very young, who needed to be looked after along with working and caring for family members left in Zimbabwe. How migrant care workers navigate care in the local context and how this impact transnational care practices’ is rarely discussed in the literature. As will be shown in this thesis, evidence indicates that migrant care workers need to balance work and familial responsibilities to continue caring for their ‘left behind’ parents in the country of origin.

## 6.3. Lack of extended familial support

Participants indicated that they face many difficulties in balancing familial responsibilities and work due to a lack of informal support to help with child care. Linda, for example, indicated that lack of support from the wider society was making it difficult for her to spend more time making money as she had to look after her children:

*It's difficult because I have no family around. Most are in London, and I have to make ends meets by myself; it's not easy. Over here, I do not have any blood relatives, only a few people from church, and they do not live near enough to help with childcare.*

Nevertheless, participants responded to these constraints in a variety of ways. The most common strategy they employed was combining formal and informal resources to balance work and family. Utilising preschool hours, breakfast clubs, and after school clubs were some of the institutional resources they used, though in limited ways due to their unaffordability. These were complemented by extending their social ‘solidarity networks’ (Bonnizzoni, 2014) in terms of incorporating relatives, friends and neighbours in their care networks. Charity spoke about how other migrants in the army camp she lived with help each other with care work whether they are related or not. This is in line with the notions of 'fictive kin' or 'voluntary kin' discussed by Vivas-Romero (2016), who are utilised to replace or complement traditional family support in the absence of family members. Charity underlined the ethics that underpinned the support and care that she and other migrants on camp would provide for each other:

*Around here with the army wives, we are like a community. There are also a few from Africa and Fiji that are quite friendly. Sometimes I use them to pick my children up; in return, I take their kids to school in the morning. Sometimes I pay for breakfast club or after school activities. It just depends on the day.*

Charity's sentiments show how migrants employ trust and reciprocity to balance childcare and work. Importantly, in the absence of family and personal networks to provide informal care and support, such gendered informal networks were crucial for migrants with children as a means of finding a work-family balance. These findings of women operating informal care arrangements with other mothers in local areas have been observed in other studies, including studies of migrant women's local support networks (see Ryan, 2020; Ryan and Mulholland; 2014; Ryan and Sales, 2013).

For participants who lived and worked in their employer’s homes where work and personal life were blurred, balancing family and family care proved difficult. Most indicated that they had to change from live-in care to day-care because of the challenges of establishing boundaries and personal work-life reconciliation. Linda was once a live-in carer, and when her children joined her in the UK, she found it challenging to be away from them for weeks and had to change her job despite having to take a pay cut:

*Live-in care was good. It even pays more than what I am doing now. But it was difficult for me when my kids came; being away from them for weeks when I have been separated from them for such a long time was just not ideal. I left it so that I could be closer.*

Global care chains theorists have long noted the challenge of work-family reconciliation at the heart of migrant live-in care work (Parennas, 2000; Francisco-Menchavez, 2018; see also discussion in chapter 2). The 24/7 nature of live-in care restricts migrant care workers from living with their own families. They are therefore forced to make harsh decisions to both work and family life. Participants who work or have worked in live-in care settings agree that the working conditions, particularly long working hours, limited free time and lack of privacy, can lead to constraints in keeping in touch with their families. Linda further reflected on this:

*In live-in care, you don't really get your own time to call your family or your husband. I hated it. I used to do two weeks on and one week off. Whenever I was on shift, I would miss my boyfriend and worry about him a lot and my children too. By then, they were still in Zimbabwe. So, when they came over, I said goodbye because I needed space and time to be with my husband and children…. The problem is when you are in live-in, you are at work 24/7 non-stop.*

Linda's statement illustrates the difficulties migrant care workers experience in live-in care settings. The main issue is that there is no set time on a working day; hence it is challenging to combine the role with own caregiving responsibilities or non-work leisure activities. While Linda demonstrated the worry and anxiety associated with live-in care, Kuda, on the other hand, depicts that being less involved in family work enable male care workers to actively and intensively engage in and meet the demands of live-in care work:

*My children live with their mother; I am only allowed supervised visits, so I arrange to see them when I'm off. That way, I can spend most of my time working, so I can do weeks non-stop.*

Live-in care work presents particular challenges, especially for women with children, due to the working and living conditions it requires. Nevertheless, the findings show that participants employ various strategies to balance their work commitments with their familial responsibilities.

Participants also indicated that migration policies were hindering them from bringing family members to help with childcare. Melusi tried to bring his mother before she passed away so that she could see her grandchildren and help with child care. He had this to say:

*My wife and I would like to work because there is so much money to be made in care work if you work extra hours. However, we cannot because we have to look after the children. Childminders are very expensive; they demand more than my hourly rate. I also tried to bring my mother once before she died so that she can look after them, but the money we earned was not enough for us to bring a guest. So, my wife and I compromise.*

Melusi’s narration shows how the intersections of migration, welfare and employment affect migrants when it comes to child care. At the same time, it is undeniable that welfare policies regarding childcare in the UK are inadequate, and childcare is expensive even for the locals. Migrants experiences are further exacerbated by working in low paying jobs and by migration policies that restrict them from bringing informal carers like grandparents to help with childcare. What is important in this context is that in the absence of other forms of familial support such as grandparents or grandmothers utilised by, for example, European migrants (Ryan, 2011; Kilkey et al., 2014; Bjornholt and Stefansen, 2018). Participants in my study almost exclusively relied on informal childcare arrangements similar to a study by Doyle and Timonen (2010) on migrant care workers in the Irish labour market. This is important as it highlights the stratified capacity for social reproduction emanating from differential rights to non-EU migrants and EU migrants (see Kilkey and Urzi, 2017; Kilkey, 2017).

## 6.4 Shift parenting; challenging gender roles

In the context of unaffordable formal childcare arrangements and lack of informal familial support, participants had to employ several strategies to reconcile work and familial responsibilities. One of the foremost common strategies that participants talked about a lot was the sharing of childcare and domestic duties between parents or other older family members. This was made possible by care work being a shift-oriented occupation. However, achieving this required a lot of complex negotiations of working hours between parents and family members. Above all, the strategy also required meticulous time planning as nothing could be left to chance. In some cases, participants worked night shifts or part-time to find a balance. This is illustrated by Mandla, who had to work nights and had to make sure that he was home before his wife left for her day shift so that he would be able to take his child to school before he could sleep.

*When I get in, in the morning, my wife will be waiting at the door, ready to leave for her day shift. I have to take my little one to school, then I can come back and sleep, and I have to be up at 3 to go and pick him up.*

Mandla reported that he and his wife could find flexible shifts because they worked for the same company. This, therefore, enabled them to pick shifts that did not clash, and they could also swap with other colleagues to make sure that they can reconcile childcare and family life. For some, this was difficult as they worked in different settings with their spouses or other family members Charity, for example, struggled with balancing shift- parenting because of the unpredictable nature of his husband's military job. Charity explains the complex nature of her shift parenting negotiations with her husband:

*When my husband is around, it's very easy because the nursery facility we use is on camp, and he is very much able to take the older ones to school and the younger ones to the nursery inside the camp. This makes it easy for me to pick day shifts or nights. But sometimes, in the middle of a shift, he can call and tell me that he is going somewhere with the job and won't be back until I don’t know. So I will have to cancel all my shifts sometimes or cut down whichever is possible. It is stressful sometimes.*

Indeed, Charity and Mandla’s insights highlight the complexities of shift parenting in migrant care worker families. This phenomenon and its complexities are not particular to migrant care workers as it is a common strategy of balancing work and family responsibilities in the UK and other developed nations (Presser, 2003; Ryan, 2007; Bryan and Seville, 2017). What is unique about the migrant care workers experiences is the lack of other formal or informal safety nets that they can rely on, especially during a crisis, such as when a child gets sick or following the birth of a child. In such cases, gender becomes the defining factor as one parent, mainly the mother, becomes the primary carer.

Balancing care and work is even more difficult for single mothers like Linda, who has to rely on the benevolence of her sister and church members to reconcile employment and childcare. Linda spoke at length about the challenges she faces as a single mother juggling care and work:

*It's not easy, but I do have a sister that we run shifts patterns. So if she is working, I am not working; if I am working, she won't be working. Sometimes she does have things to do, and I rely on people from the church. It's not easy; when I had my last born, I went for six months without working. I had no income to feed my family, so I relied on my sister and people from the church. If only the father were around, maybe we could have shared child care, but he went back to Congo before I gave birth.*

Linda’s narration shows the difficulties of balancing care work and family for single mothers. She suggested that she was thinking of taking her younger child to Zimbabwe to stay with her parents so that she can be able to concentrate on working.

Shift parenting also had implications for the gender relations in the family and, in particular, the loosening of patriarchal bonds prevalent in the Zimbabwean culture. Charity, who works around her husband's shift pattern, reiterated:

*My husband is normally away for long periods; you know how the army works. During those times, I do not do any extra work; I just do what I can. But when he is around, I take as much shift as possible, because he can take the children to and from school and cook for them.*

Charity’s statement echoes analysis by Pasura (2008), who argues that the views that childcare and housework is women's work have become contested in the UK, with more men expected to perform domestic chores that in the Zimbabwean culture or traditional African culture are assumed to be women's jobs. The need to maximise earnings has led Charity and her husband to renegotiate gender roles discussed well in gender and migration studies (see Kofman, 2004). In some cases where men resisted renegotiations of power relations in the private sphere, this caused tensions and clashes within the family, leading to divorce, as can be seen from Kuda, whose second marriage collapsed because he resisted role reversal.

*It came to a point where we could not operate on the same level. She [wife] wanted to go back to work six months after her maternity leave. She thought because she is a nurse and earning more than me. I should sit at home and look after the children while she worked. I have no problem with looking after my kids, but looking after a six months old baby needs a qualified person*[mother].

Kuda’s sentiments on the gendered role of caring for children parallel those expressed by McGregor (2007), that in the Zimbabwean context, childcare and performing everyday household chores are not considered a man's job. Ironically and surprisingly, Kuda works as a live-in carer for an older man who requires personal care. His defence was that it is easy to communicate with an older man than with a six-month-old baby.

*It's not the same at all. When Mr X requires anything, he lets me know. When he's got a headache, he can tell me. A six-month-old baby is fragile; you wouldn't know if they sick or why they are crying when they do. They need motherly love, and that is different from the care we give at work.*

The narratives above demonstrate how some Zimbabwean men have not taken on board that their family responsibilities are no longer limited to being breadwinners because they are no longer the only ones who bring in an income. They reveal how women construct different identities and avoid the gender role of the conservative discourse. The literature shows how cultural expectations and social reproductions within the family are (re)negotiated and transformed by migration. Such negotiations are dependent on gendered power relations (Kofman, 2014; Kilkey et al., 2018). With more Zimbabwean women getting careers in the care sector as qualified nurses and becoming primary household earners, as in the case of Kuda’s wife, domestic power relations are tipped, undermining the husband’s ability to act in accordance with the expected Zimbabwean conception of gender roles (see chapter 3). The discussion on the gendered changes in social reproduction labour and men's involvement in private and public spheres of care work highlights the racialised and gendered division of care work. It calls for a better understanding of some of the more invisible actors involved in care work and how the gendering of jobs can be challenged (Gallo and Scrinzi, 2016). Indeed, in the past decade, there have been a steady but growing number of studies focusing on men and care work and the gendered dynamics of transnational families (Freznoza-Flot, 2014; Kilkey et al., 2014; Kilkey, 2014 Schmalzbauer, 2015).

## 6.5 Caring transnationally

In addition to negotiating the balance between productive and reproductive labour in the UK, most participants also had to deal with caring for their aged kin 'left behind' in Zimbabwe. As discussed in chapter 3, In Zimbabwe, retiring generally does not involve investments in assets, pension or stock markets or other financial instruments. Indeed, those who had invested in such instruments lost a big deal when the economy collapsed in the noughties. Instead, many parents invest in their children, anticipating that their children will take care of them in old age (Dhemba, 2015). Eldercare becomes more pronounced as parents age. They begin to need help with home care, personal care and sometimes urgent medical attention. Contemporary migration studies have highlighted that migrants maintain regular contact with their ‘left behind’ family members and that geographic separation does not necessarily mean an end to obligations to care (Baldassar et al., 2007). All forms of care and support between geographically proximate families – financial support, emotional, practical and personal are also expected of migrants (Baldassar et al., 2007; see Chapter 2).

Two-thirds of the participants interviewed maintained transnational caring relationships with their parents, siblings, and other extended family members. They addressed care contingencies by employing four strategies similar to those identified by Zontini (2004) in her study associated with transnational mothers’ care; sending monthly remittances for economic support, gifts, regular communication through new technologies and reciprocal visits. The other third was young and did not have any caring responsibilities in Zimbabwe. In the subsequent chapters, I will discuss how remittances and new technologies are used in aged caregiving and how families negotiate remittances and access new technologies. In this preliminary section, I discuss these themes in the context of migrants caring from a distance.

### 6.5.1 Remittances

Thematic analysis of participants' narratives reveals that remittances are one of the ways participants continue to keep connections with their transnational families. As was noted in section 5.2 above, the family's economic wellbeing was central to most participants' decision to migrate, consequently sending money back home represent a sense of obligation between family members. Most participants reported that they send home remittances at least once a month or when required. Participants ' sending money and gifts home was an essential strategy for sustaining familial relationships over long distances. In cases where it was for the care of the old, participants conceptualised sending remittances as an obligation that required many sacrifices (see chapter 7). They reiterated that sending money home was essential to the welfare of their ageing parents and other family members. Blessing, who is the eldest son in his family and the only one who has migrated and has a steady income, had to take the role of financial provider for his mother, who headed the house in Zimbabwe:

*As the oldest son, the onus is on me to provide for her [mother]. She lives with my younger sister, who has her own two children and my late brother's son. No one works; my sister sells vegetables at the market and does not even make enough to send her children to school. I send money every month, and they expect me to…. I do it because it's the only way I can help and feel I'm doing something for them.*

Blessing's relationship with his mother illustrates the pressure on the oldest son to provide for the family in the Zimbabwean context. It is also a concrete and coherent sign of his filial responsibility to his parent back home. By expressing that ‘*it’s the only way I can help and feel I’m doing something for them’*. Blessing depicts not only how remittances create a meaningful spirit of belonging that binds people's lives here and there, but also the pressure to remit frequently to meet his inherited first son breadwinner responsibilities required in a Zimbabwean society that is structured according to patriarchal norms (see discussion in Chapter 3). Most crucially, remittances are important economically and are also a means of expressing care for the recipients and maintaining trust and emotional bonds across distances. The same sentiments were expressed by Kuda, who ‘left behind’ three children when he migrated to the UK:

*I used to send money to my first wife then for school fees, buying some home appliances and for their general wellbeing. Then I would send some to my parents as well because it is my duty to care for them.*

Kuda’s sentiments exemplify the importance of responsibility and reciprocity as augmented by the philosophy of Ubuntu. Participants desire to care for their families through sending remittances was a critical force that kept them going despite ongoing challenges related to their difficult working conditions. Most interesting here is the deep-seated gendered social expectations placed on male family members in a Zimbabwean context. As fathers, husbands and sons, the cultural expectations are that they should provide protection and guidance to the family through sending remittances. This is consistent with what has been found by Mckay (2015; p112) in his study of male Filipino seafarers that ‘even when constructed transnationally, men's migratory work and their remittances generally reinforce locally specific gender norms'. This does not, however, mean women are excluded from the expectations of sending remittances. The difference is the gender-stratified expectations; this will become clearer in chapter 7.

Participants spoke simultaneously about their despair and determination to keep working in the care sector despite all the hardships. The motivation for this was the demands of remittances to support their families and relatives back in Zimbabwe. As Melusi notes:

*If I stop working now, I wouldn't be able to send my parents some money for their upkeep. I just have to persevere and wait for the right job. Maybe one day God will smile on me and give me a better job, but for now, this one pays the bills even though it is not desirable.*

Participants also revealed that when their parents or ageing family members required health care, they were obliged to send money for medical expenses. In the absence of adequate health facilities and universal health care and welfare, most participants expressed that their parents rely on them for health care; this was part of Mandla’s experience:

*Whenever there is a health problem with the old man, my brother will be on the phone 'we need money for father, the doctors need US dollars, and you are the only one who can get some please help.' This always leaves me deflated. I will do anything for my father, mainly to keep him healthy and alive, so sometimes I just have to borrow from friends and send whatever is needed*.

Charity and Kuda, who also had to deal with a care crisis, express the same sentiments respectively:

*Well, I assist financially, because back home, as you know, things are not great in terms of finding the best medicine. When my mother had a heart scare, I was talking about, and I had phone calls left, right and centre from my sisters, asking if I could assist with some cash to get her into surgery* {Charity}.

*Of course, I was sending a lot of money, and in Zimbabwe, there is a shortage of cash and hard currency, but when they have someone over here, it's easy for them because we can send money directly to the doctors or the hospitals* {Kuda}.

The experiences of Zimbabwean migrant care workers show that the practice of remitting is infused with feelings and emotions such as love, guilt, gratitude, and shame. Indeed, the regularity of sending remittances back home depends highly upon the migrant's ability to gain employment in the host country. However, pressure from people ‘back home’ leads these Zimbabwean migrant care workers into difficult positions of having to take loans in order to remit. For example, Melusi indicated that when he first came to the UK, there was so much expectation from his family members back home for him to remit. Even though he did not have a steady income and working part-time, the pressure to send money home and show his peers back home that he has made it in the UK led him to payday loans which, as he admitted, destroyed his credit score. He explained:

*There was a time when I could not afford to send money home. I think that was when I just got released from* [asylum] *detention, so that was after six months of sending nothing. As soon as I was out, I was eager to cover the gap when I started care work, but the money was not enough…. Sometimes I would send all my weekly wages home and use my asylum allowance on me. When this stopped, I started taking loans from money lenders like payday loans, and it just spiralled out of control up to now my credit history is poor.*

When I probed Melusi to elucidate on the reasons for remitting all his earnings, he indicated that he felt obliged to support his family, who were still in Zimbabwe and his parents. His desire to show love and affection to his 'left behind' family through remitting led him to debt. Researchers like, for example, Fresnoza-Flot (2009), in her study of Filipino migrants in France, have evidenced how undocumented migrants remit a large sum of their earnings as compensation for separation from their families. However, Melusi’s case also shows the dangers associated with the popular belief that equates migrating to the UK with easy access to money or material goods. Indeed, the migrant care workers I interviewed did not divulge to their ‘left behind’ family members the type of jobs they engage in or the insufficient salaries they were earning, as I discussed in the previous chapter.

Similarly, as I discovered in my interviews with the 'left behind' family members, they did not ask what type of jobs or earnings their migrant members were doing before making financial requests. The assumption was that no matter how complex migration settings can be, the migrant family member is in a better position than the 'left behind' and well prepared to overcome any hardships. This will become clearer in chapter 7.

Kuda had the same story and expressed how the remittances led to the collapse of his marriage with his first wife, who had remained in Zimbabwe. More so, most of the participants revealed that despite the efforts they put in remitting their hard-earned cash back home, recipients are never satisfied and will not understand if they tell them they do not have money to send as Blessing observed:

*No matter how much you send, it is never enough. They [‘left behind’ family] always expect more they always think you have more.*

This confirms the findings into remittances by Baldassar et al. (2007) and Schmalzbauer (2008) that receivers often undervalue the sacrifice made by the senders who are facing their own cost of settlement. Kuda’s unfortunate case also demonstrates the importance of remittances, especially where economic reasons drove the motive to migrate. The pressure to remit and work despite the ongoing challenges in their caregiving jobs stems from feelings of responsibility, altruism and pure self-interest. The pressure to remit that migrants face from family back home can be better understood if the migration process was a family survival strategy.

### 6.5.2 New technologies

In Chapter 2, I presented the literature on the use of new technologies in facilitating social, economic and cultural connections between migrants and their families in their homeland. I discussed how new communication platforms have transformed how these separated families communicate and remain connected despite the distance (Vertovec, 2004). I also discussed how adopting these new digital technologies has been praised for the redefinition and improvement of caring at a distance (Baldassar et al., 2007, Horst, 2006; Wilding, 2006). In chapter 8, I will discuss how families use these technologies to negotiate, manage, and enact care arrangements at a distance. This subsection examines how Zimbabwean migrants have adopted new technologies and whether new technologies help them feel connected with their families in Zimbabwe.

These new technologies have been indispensable tools in enabling Zimbabwean migrant care workers to stay in touch with family members back in Zimbabwe. Most of the participants viewed new technologies as crucial channels of communication with their families back home. To most, new technologies were a significant source of their emotional and mental wellbeing in the context of separation from family members. They spoke profoundly about the emotional and mental benefits afforded to them by new communication technologies. They indicated that talking to their families back home through the mobile phone and its media applications like WhatsApp, Skype, Facebook, and Viber made them feel better and relieved them of the stress caused by prolonged separation. For example, when I interviewed Blessing, he spoke highly of the mobile phone and how it had transformed the way he keeps in touch with his mother:

*I use my mobile phone. I have a landline, but I mostly prefer using my mobile because I have some evening international calling minutes. This makes it easy for me to call my mom and call her all the time. Like twice a day, every day sometimes we facetime. If I do not have credit, I use WhatsApp, or I can just check Facebook.*

Blessing's relationship with his mother strengthened when his father passed away, and he took over as the head of the household. Being far away from the family makes it hard to fulfil his responsibilities in the family due to distance. Still, he makes sure that he performs his caring duties by being in constant connection with his mother, which is made through the presence of mobile phones. For Blessing, being in continuous contact through new technologies evokes reassurance that he is performing his filial duties well. He added:

*I call all the time because I want to be sure that she is okay, that she is well provided, and to assure her that I might be far but have not forgotten about her.*

These findings are in accordance with results reported by Wilding (2006), which suggest that new technologies contribute to bridging the separation gap by providing migrants with the opportunity to remain emotionally connected with faraway families. Participants also endeavoured to enact a sense of co-presence (Licoppe, 2004) with their family members, especially their aged parents, through social networking sites and polymedia platforms (Madianou and Miller, 2012). For face to face conversation and richer interactions, participants preferred using WhatsApp Video calls and, in some cases, Skype. Seeing each other virtually, talking and listening to their parents through new technologies seems crucial in creating a sense of virtual co-presence between migrants and their ageing parents. The literature, as discussed in chapter 2, refers to four types of co-presence in transnational care: virtual (created through various ICT), imagined (created through thoughts and prayer), physical (created in proximate face-to-face settings), and proxy (created indirectly through objects and people whose physical presence embodies the spirit of the absent person) (Kilkey & Merla 2014; Baldassar et al. 2016).

The frequency of contact afforded by new communication technologies enables a sense of closeness, thereby affording migrants and their 'left behind' family members a sense of virtual co-presence. However, the frequency of contact and need for physical co-presence is significantly amplified, especially when ‘left behind’ family members have a medical emergency (see chapter 7). For instance, Charity, whose story will be explored further in the following chapters, revealed during the interview that when her mother was rushed to the hospital for surgery, she found out through WhatsApp and this platform afforded her and her relatives back home a relatively free and easy to use communication platform during this time of crisis. However, the fact that she could not travel made her feel helpless. She explains:

*It was hard; it felt hopeless, and I was so depressed because I couldn't be there. I don't think I could have forgiven myself if anything had happened.*

Other participants conveyed similar sentiments, who described how their communication with family members back home left them stressed and depressed, especially when talking about the situation back in Zimbabwe and the fact that they cannot be there to offer help. These findings suggest that though new technologies have greatly improved the way separated family communicate, they may also exercabate feelings of helplessness, especially when one cannot intervene to the desired extent. These descriptions are consistent with previous studies that suggest that new technologies could not replace face to face or physical interactions within families (Cuban, 2014). At the same time, participants also indicated that the situation back in Zimbabwe made it difficult for them to reveal their difficulties to family members back home. Several participants stated that they covered their struggles so as not to cause family members already struggling with further worry hence enacting what Sampaio (2021) called caring by silence.

New technologies also improved the way migrants send money back and consequently the pressure to remit. Blessing spoke about the way new technologies have transformed how they send money home:

*I used to use Western Union or Money Gram, and these were not in my town. I used to take a bus to Leeds that's where I would be able to send money. It was quite an effort, especially when there was an emergency. Nowadays, I use an App [*World Remit*]. I can send money from anywhere; I just need my phone and enough funds in the bank.*

While most participants welcomed the immediate nature of money transfer through new technologies, some indicated that new technologies were a key factor in generating pressure for them to remit. Melusi reiterated that most exchanges he has with his father and brother always revolve around sending money, and he blamed new technologies for this:

*You know before, when it was me who had to call, I had control over my life. Now that they [*stay behind family members*] can call whenever they please, my life is ruined. Every now and then, my brother calls and talks about this project and that in the village, and I can tell he has recruited my father because they always want me to send money. For that, I curse WhatsApp.*

Melusi’s sentiments indicate that new technologies are not only empowering but can be objects of exploitation and serve as a burden to migrants who required fulfilling their caring responsibilities through remitting. This resonates with Hunter's (2018) analysis that new technologies make it easier for 'left behind' family members to exploit migrants for money and other forms of remittances. Wilding (2006) also discussed the same issue and noted that refugees suffered from the anxiety created by kin using new technologies to demand remittances. I will discuss this more in the next chapter.

Notwithstanding the opportunities afforded by new technologies, participants also highlighted asymmetrical socio-technical competencies in using new technologies, which also exacerbated ambivalent feelings about new technologies. For instance, migrants have to deal with the technological competencies of their ‘left behind’ family members, especially ageing parents who are not competent to use new technologies. For example, Blessing bought his mother a tablet so that he can be able to communicate with her on Skype or other video call applications. But the mother gifted the tablet to her niece because she did not know how to use it.

*I bought her a new Samsung tablet; you know the one that takes sim cards. The idea was we would be able to have skype calls on a wider device since her eyes are failing. But she gave it to her niece as a birthday present. I asked her why and she said she did not know how to use it, so she gave it to someone who can use it. Can you imagine…*

Rejoice, who admitted that her parents were uneducated, reported that they were not willing to learn:

*They can’t be bothered with learning how to make video calls on WhatsApp, they claim to be too old, so I just talk to them on video if my younger sister is at home because she knows how to connect.*

The above statements thus highlight the opportunity and capacity within Zimbabwean transnational families for using new technologies. The struggles in utilising new technologies with ageing parents were related to their parent's generation which was reluctant and unwilling use new technologies. I will dwell on this more in the next chapter, where I incorporate parents' perspectives.

Despite technological competencies, there was also a disparity between the home and host country regarding technological advancements. While migrants in the UK enjoyed unparalleled access to new technologies, ‘left behind’ family members have to rely on migrants to buy them these smart technologies, as Blessing's statement above depicts. Also, with data being costly in Zimbabwe, this created extra pressure on migrants to remit. The issue of poor network and broadband connectivity and sporadic availability of electricity in Zimbabwe impacted heavily on migrants' use of new technologies. Most participants reported that their relatives back home rely on pre-paid broadband or mobile data to stay online and these are very expensive. Melusi explained:

*There is no broadband or 4G in Zimbabwe. Their internet is very slow and sometimes it's frustrating to try and talk to someone when the internet keeps breaking up. Pre-paid internet sticks [USB] are very expensive and mobile data is even more unreasonable. So, all this fall on me. I have to provide for all this.*

On the other hand, Ngoni decried sporadic electricity availability as impacting the way he communicates with people back home. In tandem with previous studies (Baldassar, 2008; Madianou and Miller, 2012; Parennas, 2005), the technological divide between the home and host countries of migrants also mean that communication is not always as seamless and problem-free. As I discussed in chapter 3, Zimbabweans experience daily power cuts, sometimes lasting up to 18 hours at times. As a result, internet access will be down most days, and participants' relatives might have difficulties charging their communication devices. Ngoni explains:

*Sometimes in Zimbabwe, because of the power issues, electricity might be gone for a while. So, when you try to reach them, you can't get to them because their phones do not have power.*

As described by Ngoni, such scenarios create ambivalent feelings, especially when there is a care crisis. The study echoes an analysis by Madianou’s (2012) discussion on how Filipino mothers felt accentuated ambivalence due to their physical absence in the household*.* Indeed, these unstable connections due to uneven technological infrastructure between host and home countries are widely reported in transnational communication literature (Parrenas, 2005; Madianou and Miller, 2012). These can lead to guilt and negative emotions such as panic, anxiety, stress and sadness, and frustration with new technologies.

### 6.5.3. visits

While most participants positively viewed new technologies and their affordances in enacting care from a distance, some reiterated that they rarely considered connections and care through new technologies as an effective substitute for practical hands-on care. The literature on transnational care emphasises the importance of proximate hands-on care, which is possible through visits to the home country (Baldassar et al., 2007; Horn, 2017; Kilkey, 2018). It is argued that visits are an essential part of transnational care and becomes salient when ageing parents experience health issues or problems and proximate hands-on care, which requires physical presence, takes precedence (Baldassar et al., 2007; Ryan et al., 2015; Merla et al., 2020). Participants in this study also reflected on the importance of visits, especially when their ageing parents required hands-on care. I will return to the significance of visits and proximate care in chapter 8 when I focus on the practices, processes and challenges of care in the context of a health care crisis. This section highlights the challenges and complexities that migrant care workers encountered when trying to maintain physical contact with their 'left behind' family members.

Family visits to the country of origin are crucial in maintaining transnational family cohesion (Schroder-Butterfill, 2019; Brandhorst, 2020; Baldassar and Merla, 2014). Participants stressed the importance of visits and talked at length about how the guilt caused by migration, long periods of separation from the extended family coupled with a sense of obligation and responsibility to their ageing parents as strong drivers of visits to Zimbabwe. Most importantly, for those who had stayed in the UK for many years without documentation, visiting home was the first thing they did as soon as their stay was regularised. Melusi illustrates this point:

*Once I had the papers [leave to remain], the first thing I did was book a plane ticket back home. It was a huge relief to be able to go home and see my wife, my children, parents, brothers, sisters and friends. It was a period of joy… catching up and sharing stories…Probably the best time of my life.*

Indeed, long and torturous period that asylum seekers in the UK spent processing their asylum claims makes it impossible for them to visit or reunite with their children and spouses (Madziva, 2016). During that period, a lot of things that require their physical presence happen back home, and they are unable to attend such as family rituals like religious celebrations, weddings, deaths and funerals. Kuda lost his grandfather and Melusi, his mother when they were undocumented and could not travel to be with family for the funeral. Similar to Madziva (2016; 294) findings, Melusi and Kuda expressed ‘the sense of helplessness, inadequacy and guilty' as they could not travel to fulfil their culturally appropriate bereavement rituals. Once they became documented, they felt obliged to travel back home and visit the graves as a way of paying respect. Kuda had this to say:

*My grandfather died when I did not even have any travel documents. I was devastated because I could not go, I am the oldest grandson, and I have my grandfather's name; it was a shame that I could not be there for the funeral. I am happy now because I managed to go and see where he is resting.*

Kuda’s sentiments are important as they depict the importance of attending funerals in the Zimbabwean context. Under ‘ubuntu’ death is seen as a uniting ritual for African people and therefore family members feel obligated to come together, regardless of distance, to show solidarity and respect to the deceased (see for example Baloyi, 2014). Most importantly, the statement also illustrates the significance of being the ‘oldest grandson’ and having the patriarchy of the family name. This shows that in a Zimbabwean family duties and responsibilities are passed down generations and being bestowed with a grandparent’s name comes with responsibilities and is key in showing the intimate connection and continuity of family tradition. Hence failure to attend a funeral of someone whose name you carry could have lasting impact on the person.

Within the sample, it was evident that the younger generation and those who had not yet stayed in the UK for long were the ones who visited Zimbabwe the most. Young people like Tendai, Ngoni, Danai and Rejoice, with no caring responsibilities, visited Zimbabwe regularly. They indicated that they work to get buy tickets and presents for their friends and family back home. For this group, maintaining friendship and social networks in Zimbabwe was more critical. And their desire to visit was strong since their ties to family and friends in Zimbabwe are still active. Rejoice had this to say:

*I go home every time I am on holiday, sometimes even twice a year. Not now because I have so much work with my thesis… I just love seeing my friends connecting with them, going out to restaurants and having the usual gossip over a glass of wine…That is what friends do, and I enjoy that. That is why I work even if I hard.*

For others, visits home were important and constructed as a social function of restoring, renewing and solidifying, albeit temporarily, family life. Most of my participants indicated that they always plan visits home well in advance and constructed such visits as 'family holidays'. Usually, such visits were arranged to correspond with the annual summer holidays when school children get a long time off. At times family rituals like weddings were planned to coincide with migrants’ visits. Blessing and Melusi reflected that:

*We always arrange to go during the summer holiday. At least then, we can have more time at home because [son] will be on school holiday. It's expensive to go to Zimbabwe, so when you get the chance to go, you need more time there so that you can see the worth of paying all those thousands of pounds [*Blessing].

*It's a bit expensive to get flights for five people to Zimbabwe. I am talking about the 3000 that you need to raise for flights alone. And when you get there you need to bring presents and gifts for every member of the family; you need to have enough money to take people out, buy drinks for friends and show that you are from the 'Diaspora' you know. Because of that, I don't go home regularly. I plan maybe once after three or so years. The last time I went with the whole family because my little sister was getting married, we planned well in advance to go*….[Melusi].

The narratives of Blessing and Melusi above regular visits are not always possible. They are subject to migrants' socio-economic resources, time, and mobility rights (Horn, 2017). In other words, capacity shapes migrants visits to their home country. They need money, time and regular migration status to be able to visit. For my participants, who are disadvantaged economically due to the nature of their employment, the frequency and nature of visits are constrained by financial limitations. As Melusi indicated in the quotation above, there are high expectations from relatives back home of what they should do or give as well as keeping up the Diaspora image appearances. All these activities require money, which because of their material difficulties in the UK, they cannot keep up.

These limitations became more pronounced when participants needed to visit home immediately or frequently to care for their ageing parents. I will discuss this in chapter 8. Nonetheless, the literature on transnational aged care frame visits as reciprocal and multi-directional as family care is an exchange circulating to and from and between migrants and their ‘left behind’ family members (Baldassar and Merla, 2014). In this study, the reciprocal nature of visits was asymmetrical, with only migrants being able to visit their families in Zimbabwe. On the other hand, migration policies were an institutional barrier that prevented those in Zimbabwe from reciprocating visits. As discussed in the last chapter above, participants criticised the conditions and bureaucracy of the UK visa system. They said it made it extremely difficult to bring a family member from Zimbabwe. They indicated that due to low remunerations from their care work jobs, they could not show enough savings in their banks required to prove they could sponsor a six-month-long visit.

## 6.6. Conclusion

This chapter aimed to understand better how migrant care workers reconcile their working lives with their local and transnational care responsibilities. To this end, I have shown the paradoxical position of participants as being both unpaid and paid care workers. As care workers, they are obliged to simultaneously respond to the care demand of their families and that of their employers. However, as migrants, they are largely excluded from public care provisions. Unlike the higher-skilled migrants, the capacity to pay for private care is limited due to their economic status and precarious employment contracts. I also showed how the loss of social support networks, lack of financial resources and the increasingly difficult to manoeuvre UK visa system inhibit them from bringing family members who could help with childcare—making it extremely difficult for them to balance work, local family life and transnational aged care from a distance.

Faced with the difficulties of reconciling care work and familial responsibilities, I have shown the strategies that migrant care workers employ to balance family life and care and how these sometimes challenge gendered expectations of care. I also highlighted how migrant care workers in this study maintain family ties and care across distance through the use of new technologies, sending remittances and visits.

The analysis illustrates that new technologies have certainly paved ways for Zimbabwean migrant care workers to remain connected with their families; however, they have also exacerbated the pressure to communicate, remit and care. Similarly, the findings also indicate that visits though crucial in transnational family cohesion and migrant wellbeing, were not always possible due to time limitations and financial restrictions. Such findings are vital as they challenge the romanticisation of new technologies and visits prevalent in the transnational care literature. In the next chapter, I discuss how Zimbabwean migrant care workers reorganise care arrangements of their ageing parents together with siblings and other family members remaining in Zimbabwe.

# Chapter Seven: Negotiating aged care in Zimbabwean transnational families

## 7.1 Introduction

Transnational aged care is fast becoming a common topic amongst scholars in the context of migration. Current debates on transnational aged care arrangements primarily focus on the perspectives of adult migrants giving cross border support to their ageing parents left in the home country (Baldassar et al., 2007; Hărăguș and Ducu Telegdi-Csetri 2018). Nonetheless, research has shown that migrants are not the only ones who provide care for the aged. Instead, 'care circulates' within and between home and host countries and migrants and their ‘left behind’ family members have to work out how best they can provide care to their aged (Baldassar and Merla, 2014;Radziwinowiczówna et al., 2018). This chapter explores how Zimbabwean migrant care workers, their ‘left behind’ family members and older parents receiving care; negotiate the aged care relationships and how living across borders may influence the renegotiation of role-specific commitments and reshape the traditional aged caregiving norms. Throughout my analysis, I demonstrate that transnational aged care relationships in a Zimbabwean context are shaped by the principle of 'negotiated commitment' (Baldassar and Merla, 2014).

The chapter is divided into three sections. In the first section, I explore the traditional norms that govern aged care in Zimbabwe, how these are disrupted by migration and how families renegotiate caring relationships. In the second section, I explore the gendered inequalities of caring and how these are negotiated, reconfigured, regenerated or contested. I pay particular attention to the gendered dynamics and power relations within the family and other structural factors that impact people's capacity to negotiate their contribution to the provision of aged care. Lastly, I examine the aged care arrangements in the context of migration, primarily how families work out care responsibilities after the migration of one or more members.

The chapter addresses the following research question;

1. How do migrant care workers, their 'left behind' family members and ageing parents experience transnational aged care relationships and how do gendered power dynamics shape these relationships?

To try and understand how families negotiated transnational care arrangements in the wake of migration of one or more family members. I attend to the testimonies of overseas family members from the three migrant care workers we met in the previous chapter, who agreed to put me in touch with their relatives back in Zimbabwe: Melusi, Charity and Kuda. I begin by giving a short overview of their families in Zimbabwe. All participants with pseudonyms that appear in the vignettes were interviewed.

***Melusi’s family***

Melusi’s family depicts a highly traditional and gendered form of care arrangement. During my fieldwork in Zimbabwe, I interviewed his father, Khumalo, an old widower in his late 70s with complicated health problems. Following his wife's death in 2005, Khumalo continued living in his own house in the city with his old son Jabu in the early 50s and his family. Khumalo told me that he moved out of the house and relocated to the village about 60km from the city. However, due to his unstable health conditions, Khumalo splits his time between the village and his house in the city. Besides Jabu, his older son and Melusi, who is the migrant son, Khumalo also has two married daughters Thoko in her early 40s and Nomsa, in her late 20s, whom I also interviewed and are also part of the care network. Jabu, who was my first point of contact with the family in Zimbabwe, lives with his wife, four kids and a maid. As I later learnt from the interview with other family members, the family house was extended using remittances sent by Melusi and had four bedrooms. Jabu and his family use three of the bedrooms, and one is reserved for Melusi when he visits but occasionally used by Khumalo when he is around. In the village, Khumalo lives with his younger brother and other extended family members. Jabu works as a cross border minibus driver (popularly known as malayitsha). With his father's failing health, I observed that he had assumed the role of the patriarch of the family. In his father's care arrangement, Jabu appeared to be in charge of making significant decisions regarding his father's care and health, receiving and managing remittances on his father's behalf. His wife and sister Thoko, who lived nearby, take care of the cooking, laundry and other household chores. Jabu believes that it is his and Melusi’s responsibility to look after their father and that since Melusi was in the UK, he was in a better position to provide financially.

Furthermore, he told me that he was governed by traditional beliefs that his sisters Thoko and Nomsa should not be involved in the major decision-making process regarding their father’s care arrangement as they are married elsewhere where they should be expected to deliver care. Instead, it should be his and Melusi’s wives who should be the primary caregivers for his father. Through my interviews with other family members, I learned that his traditional beliefs usually created tensions in the family. As the sisters indicated when I spoke to them, they are equally involved in their father's care arrangement. They believed that Jabu’s main motivation to remain the primary caregiver was driven by his desire to be the custodian of material benefits coming from Melusi in the UK. Hearing different voices of people involved in the care networks illustrates the value of the multi-sited approach that I took for this study. Had I only interviewed one member of the family, then these family tensions would not have been apparent and only the voice of one member would have been heard with the risk of giving a misleading impression of how care in that more comprehensive family network is organised and provided. The discrepancies and tensions between different actors' opinions help understand how transnational aged care provided by the family functions.

***Charity’s family***

While Melusi’s family depicts a disjointed and gendered family care arrangement, Charity’s family epitomises a well-oiled care network because of their better economic background. Charity’s parents MaDube in her late 60s, whom I interviewed and her husband, in his early 70s, live in a big suburban house in the leafy area of the capital. They live with their granddaughter, whom they took over as surrogate parents following the death of their firstborn daughter in 2008. They are well off with a steady stream of income from their private pensions. However, their situation points to inequalities within Zimbabwe. While the majority of people in Zimbabwe are poor had their pensions wiped by hyperinflation.

On the other hand, the rich still enjoy the economic benefits they acquired even before the hyperinflation years. Besides Charity, who is in the UK, they also have a son in the United States of America and two daughters in their 40s, Precious and Grace, who also live in the capital city. Both daughters are gainfully employed. Precious works for a non-governmental organisation whilst Grace works in a bank. MaDube has a pacemaker fitted to her heart in 2018 and also has diabetes.

Also, their father, a former captain in the Zimbabwean army, has arthritis and was, as I was told by family members, beginning to show early signs of dementia. In the care arrangement, everyone is involved in the material care for their parents, but in most cases, it is Charity and her US-based brother who provide the much-needed hard currency. In my interactions with Precious and Grace, I observed that traditional expectations about married daughters did not bind them; instead, they alternate the days they go to see their parents. They visit at least twice a week to check on their parents and call almost every day. While MaDube and her husband are still capable of doing their personal care, they need extra help with cooking, shopping, gardening and other household chores. Hence, they have a maid who helps with household chores and a gardener who maintains their vast garden. When I spoke to MaDube, she reiterated that her children did not want them to do any household chores; hence they send extra money for the employment of a housemaid and a gardener.

***Kuda’s family***

Kuda's family depicts a care network that is loose and constantly changing. Kuda’s parents MaMoyo in her 70s and father, in his early 80s, live in a small city in Zimbabwe in a house built by Kuda with his money earned in care work. As Kuda told me during our interview in the UK, and as I observed during my interviews with family members, the house is well equipped with solar panels to compensate when there is no electricity and has 'pay as you go' broadband installed for long-distance communication. These observations demonstrate the benefits of a multi-sited approach. It allowed me to see how specific techniques adopted by some households could support technology. I learnt through the interviews that Kuda’s father, the patriarch of the house, had a gastrointestinal tumour (GIST) removed and now suffers from acid reflux and survives on anti-reflux medication. MaMoyo was still capable but, due to old age, needed someone to help with the household chores. There were also five more people living there in the household, Kuda's unemployed firstborn son Gari in the mid-20s (the only one who did not migrate to join Kuda UK), his wife and his 4-year-old daughter.

There were also two distant cousins living in the house. Besides Kuda in the UK, his younger brother Farai in his 50s, an informal trader who lived nearby and another brother in South Africa. He also has a sister Netsai in her late 40s, who lived in the capital some 266 km away. From my interactions with the family, I learnt that Kuda was the primary breadwinner in the family and the whole family survived on the remittances he sent from the UK. Occasionally the younger brother in South Africa sent some material goods for his parents’ care, but mainly groceries and medications that come through cross border buses. At first, Farai used to be the receiver and manager of remittances from Kuda but after a fall out with members of the family about alleged misappropriation of funds, he was replaced by Gari, who now oversees the receiving and use of remittances. I will discuss how this alleged misappropriation of funds unfolded in the next chapter. It is also imperative that the multi-sited approach again enabled me to reveal processes that would not otherwise be apparent and offered a far richer, more nuanced picture of what was going on in these family networks.

## 7.2. Aged Care Arrangements: Family solidarity, respect and reciprocity

As discussed in Chapter 3, research has demonstrated that in Africa, Sub-Saharan Africa in particular, familism or familialism, is the prevailing ideology with a strong commitment to family cohesion through cooperation, commitment, responsibility and reciprocity. (Aboderin and Hoffman, 2015; van der Geest, 2002). It is generally assumed that care of older people is provided within the family system and the strength of tradition and the unity of the family will prevent social and economic insecurity among older adults. (Oppong, 2006; Apt, 2012). Similarly, in Zimbabwe, aged care functions according to the traditional norms and responsibility for older people and the family is conceptualised as the primordial site of aged care (Mudungwe et al., 2011). In a Zimbabwean context, when one refers to 'the family', they mean the extended family. The extended family generally means much more than just blood ties of a family or household. It involves an extensive network of connections, extending through various degrees of relationships, including multiple generations over a wide geographic area and involving reciprocal responsibilities (Gakwa, 2014). In the past, the sense of family solidarity, respect and responsibility of the extended family towards the care of its older members was almost without limit. However, as I will show in the findings below, changes such as migration, modernisation, globalisation, new values of individualism emerging in African societies and demographic change have weakened the capacity of extended families to care for older people, thereby necessitating the need to reconfigure aged care (Biggs and Phillipson, 2003).

Despite the weakening of the extended family, the view that the family should be responsible for the care of older persons remains predominant in Zimbabwe (Dhemba, 2013). Embedded in the Zimbabwean traditional family norms is a widespread generational belief that assumes that adult children are responsible for the support and care of their parents, thus reciprocating the care they received when they were young (Dhemba, 2015; also discussed in chapter 3). This is captured in the popular Shonasaying ‘*Chirere chigokurerawo ’*literally ‘look after it, and it will look after you,' referring to cultural values that include a duty of generational reciprocity*.* This generational indebtedness is considered the ideal form of caregiving and receiving in Zimbabwe and Zimbabweans are well aware of their obligation of care towards their ageing parents (Kaseke and Dhemba, 2007). As a result, transnational elder care arrangements and practices are embedded in culturally prescribed notions of family care responsibilities.

Participants expressed different views related to the provision of care to older relatives. Among the migrants and their caregiver relatives in Zimbabwe, caring was closely linked to a strong feeling of duty, mutuality and affinity for their older people. They articulated their responsibility to care for the elderly in a wider socio-cultural context. This was seen as a family obligation, a moral responsibility, and a way to show gratitude and respect to those who raised them. It was clear from the data that participants felt indebted to their aging parents and that these normative obligations influenced the motivation to provide care. This was mirrored in participants' remarks that they felt it was their responsibility to provide material, physical, and emotional care to their parents. Charity’s sister Grace illustrates this point:

*It is my duty to take care of my parents because they brought me to this world and looked after me and made me who I am today; for that alone, I am very grateful. In our culture, it is our duty to look after our parents, anyway who would do it if we do not?*

Grace's statement demonstrates that adult children's provision of aged care to their parents is regarded as obvious. Despite changes in family structure due to modernisation in Zimbabwe, as reported by Dhemba and Kaseke (2007), the view that the family should be responsible for the care of its older people still prevails. Most caregivers viewed care for older people as the responsibility of the immediate family and not the extended family indicating the weakening of the extended family system as a traditional social support system in Zimbabwe. Therefore, providing aged care by the immediate family members is seen as a default arrangement that requires family solidarity and sacrifice and governed by traditional norms of reciprocity and respect for older people. Melusi had this to say:

*Yes, we still talk about the extended family, but frankly speaking, it is just my siblings who have to provide all forms of care to the old man and me. Other members are just there to offer advice and comfort, but in terms of the real practical care and money for medical bills, it is the immediate family.*

There is, however, a clear division of care labour between migrants and their Zimbabwe-based relatives. The most pervasive eldercare provision reported by migrant family members centred on financial assistance, emotional support through communication and visits, as discussed in the previous chapter. Geographically proximate participants provided support with daily activities, like assistance with household tasks, direct hands-on care, transport and accompaniment to the doctor, regular check-up, material support when needed, and emotional and social support. The economic activity influenced the type of support that an individual gave to the parents. Migrant participants carried the burden of financial care because their migration was based on them remitting back home. However, non-migrant siblings and relatives also provided some form of material care to their ageing relatives, although this was often tiny. Charity’s other sister Precious described the type of care she provides to her parents:

*I do whatever I can for them. I go to see them at least three times a week just to check how they are doing and if they need anything, I also bring them some goodies, give them some money to go out for a meal, if I am feeling rich, everything really, if I am not able to visit then I call.*

The findings here compliment findings elsewhere in transnational families’ literature that posit that proximity matters, especially aged care. While migrants may provide cash, most hands-on care is done by those who are close by (Merla et al., 2020).

In the last chapter, I discussed how Zimbabwean migrant care workers navigate the physical and psychological effort required in caring for their aged clients. However, similar levels of effort are sometimes required from non-migrant members when caring for aged relatives in Zimbabwe. As a result, there is a disjuncture between societal expectations and assumptions about what care should be provided and the reality of actually aged caregiving in Zimbabwe. For example, while the assumptions and societal expectations indicate that all adult children will care for their parents, the reality is that children will differentially care for their parents according to their gendered expectations and capacity to do so (See discussion in section 6.4). Consequently, in a Zimbabwean context, it could be argued that care for older people is an ‘ethnomorally’ informed concept (Radziwinowiczówna et al., 2018), as discussed in chapter 2.

The ethnomoralities of care (Radziwinowiczówna et al., 2018**)** are more pronounced when analysing caregivers' challenges in caring for old people. The literature demonstrates that caring for older people may constitute challenges for some families (Glendinning et al., 2009). While the Zimbabwean cultural assumption is that all family members will care for their older people, the reality is that it usually is one person who provides the care and, in most cases, it is a woman. Findings in this study showed that it is increasingly becoming difficult for some participants to fulfil societal expectations for providing care and support to older people. While the desire to provide care was present, circumstances like unemployment and lack of appropriate housing meant that some did not feel like they were caring for their aged relatives. Farai explains:

*I only survive on selling tomatoes at the market; I cannot afford to provide for my parents. But that does not mean I do not care about them. It is just that I cannot provide.*

The literature indicates that there might be new class inequalities between migrants and their relatives back home after prolonged periods of separation, which goes beyond socio-economic levels to include different habits and thinking **(**Radziwinowiczówna et al., 2018)**.** Some migrant participants perceived Zimbabwe and their family members in Zimbabwe differently and indicated that they now see their culture more critically than before migration. Exposure to different cultures means that they now have a different perspective on how care for older people should be done.

### 7.2.1. The perspectives of older people

Interviews with the three older participants of the study concerning the care they receive and the people who provide them with such care indicate that they strongly recognise and affirm the collective ideal of familial solidarity and reciprocal support as a form of care. They conceptualised care and caregiving as attached to the moral principle of African philosophy that encourages the strength of tradition, family solidarity and adherence to filial obligation norms; the ‘‘ubuntu’’ philosophy (Samkange and Samkange, 1980). For older people, care is firmly connected to respect, as helping behaviour is viewed as a sign of respect. Therefore, to emphasise respect is to console the role of older people in society and guarantee their support and care. Furthermore, they view relations as essential in caregiving and thus, they still view the extended family as essential in upholding the values of '‘ubuntu’’.

The older participants gave strikingly homogenous accounts of the positive attributes of the extended family that include respect for the old, participation in family solidarity, love and concern for each other and interdependence as critical foundations of care and caregiving. To confirm this, Melusi’s father, Khumalo, said:

*We as a people should uphold our tradition because it teaches us that we are who we are because of others. If you help others today, others around you will be there to help you in your time of need tomorrow. In life, you have to be humble, be respectful to your elders and value and love your family and your relatives.*

Khumalo’s statement here illustrates how older people draw on cultural values to dictate beliefs and practices. More so, the statement appeared like an appeal of accord to me at that time. Khumalo viewed me as someone who needs to remember their culture right from the time we started talking. This was not because I was ignorant of the Zimbabwean culture but because I was trying to probe hence appearing as if I did not know these beliefs and practices (see my reflection in chapter 4.8). Nevertheless, ageing parents expressed frustration with how their adult children were caring for them. Specifically, their frustration stems from the loss of ‘ubuntu’ due to changes in family structure, modernisation and migration. They feel that this change has given them less control, influence and sometimes less respect and care from their family members. To keep the younger generation and others informed about their caring responsibilities and obligations towards older people, the older participants develop a ‘complaint discourse’ about their discontent with the family members. This complaint discourse functions as a reminder to the younger generations of the care that older people envisages, as illustrated by Kuda’s mother, MaMoyo:

*It is different nowadays, the young no longer respect the old and these young people are so opinionated they do not listen to us anymore we take orders from them. Maybe that is (Chirungu) Europeanisation. I keep telling my children and grandchildren that they need to respect my opinion and take me seriously as their mother.*

Discontent with changing tradition and familial care particularly the loss of ‘ubuntu’ is not only a phenomenon in Zimbabwe but in Africa as a whole (see for example Gumbo, 2014). Also, several studies conducted across the continent have highlighted how changes associated with modernisation and development combine to weaken traditional social values and undermine the prominent position of older members within them (Hoffman and Pype, 2016; Aboderin, 2014; Apt, 2012; Nyagweso, 1998). Similarly, as discussed in Chapter 3, Dhemba and Dhemba (2015) contend that these new values of westernisation and individualism make caring for older people in Africa an impending challenge.

Despite the social changes and modern values of individualism, the older participants still regard the collective ideal of family and community as the ideal source of care. From my interactions with the older participants, I observed that they exercise agency to keep the collective ideal alive in their care network. To broaden their range of care networks and regenerate the collective ideal, my older participants have established additional external networks with varying degrees of success. Khumalo migrated to the village to be near his kith and kin while MaMoyo and MaDube complement their internal support with additional support from their respective churches. Ayete-Nyampong, (2014) postulates that the church has consistently recognised the critical role played by the extended family in fostering cohesion and support for their members in times of need. In Africa, where the church has been a pioneer in developing programmes, it plays a role in providing pastoral care to enhance the wellbeing and spirituality of older people (ibid). For MaMoyo and MaDube, the church symbolises the spirit of community and communion. It embodies the extended family, or as MaDube calls it, the 'family of God'. It is seen as an alternative location of care where resources can be pulled in the event of a critical health moment or death.

*I always turn to the church if I need more support, I am a member of the women's group and we meet every Thursday to discuss issues affecting us and give each other support. When I was ill, it was the church members who kept me company. They are an extension of my own family; they are my family of God.*

The mobilisation of support from the church indicates that institutions are becoming an integral part of the care of older people in Zimbabwe. To learn more about this phenomenon, I also asked older participants about their perspective of the care home or if they would volunteer to go to a care home to receive institutionalised care. Unsurprisingly, there was unanimous resistance to institutional care by the older participants. Research has shown that years ago, during colonialism, discrimination and poverty barred blacks from accessing care homes. The ones that they could afford often offered minimal care at best (Hungwe, 2011). Stories of neglected older people and mistreatment in these homes are well documented (Hungwe, 2011; Ncube, 2017). While the options have improved, at least for the middle class, there remains deep cultural mistrust of institutional care in Zimbabwe (Ncube, 2017). The main reasons given by the older participants were that they have rural homes that they can go to retire and that care homes are for those of their age group with no families. However, with many young people already migrating to urban areas, there is no one to provide care. More so, most rural areas in Zimbabwe do not have medical facilities nearby (Mangundu et al., 2020). Nonetheless, older people see the rural area as their return project and as their retirement homes as MaMoyo explains:

*I would instead go and live in the village with my people than go into an old people's home. That place is for those with no families and those who have no houses or villages to go to.*

These findings concur with Mupedziswa’s (1998) and Ncube (2017) Zimbabwean studies that found that most people in Zimbabwe’s older people care homes were foreign nationals with no rural village to go to after retirement, no meaningful family ties in Zimbabwe and have lost contact with families in their countries of origin. However, evidence from other studies of institutional care in Zimbabwe indicates that due to the growing number of ageing population, the rate of older people being cared for in institutional settings is increasing (Dhemba, 2013; Dhemba and Dhemba, 2015; Hungwe, 2010). Similar studies in Ghana (Dovie, 2019; Coe, 2018; 2019), South Africa (Ryke et al., 2014) and Kenya (Chepkwony and Kiptiony, 2019) indicate a slow but significant organic growth in the presence of and use of institutional services for dependent older people over the past few decades.

Despite their strong ethics of caregiving and interdependency, there was also a dominant sentiment from the older participants that they craved and wanted independence. Their desire for autonomy stems from a desire to retain control or their role as providers in their relationship with their offspring and to be less of an unnecessary burden to their children. Older participants were concerned about becoming totally reliant and therefore a burden to family members. They recognized their children's conflicting priorities and believed they should not be expected to demand more than their children could afford. Even though their adult children may treat them well, the subjective sense of being a burden weighs heavily on the older person. (Aboderin, 2017) argues that feelings of being a burden experience by older people receiving care may be related to their inability to reciprocate the support provided by their caregiver children. The caregiver adult children may not expect anything in return for the care they provide, but the relationship must be reciprocal for the older people. This shows how older people are conflicted; on the one hand, they want their children to care for them in old age, while on the other hand, they desire independence and autonomy. For Melusi’s father, Khumalo, the hope of not being a heavy burden was so great that he stated that he would rather die early than be totally dependent on his children:

*In terms of my health, it is the Lord who knows if I will ever get well. However, if it continues to deteriorate to the point I cannot talk or walk and I am bed-bound, I would rather pray that I join my ancestors than for my family to see me like that. I do not want to be a burden for them or even for them to be traumatised by seeing me in a vegetative state.*

These findings indicate that older people are aware of their health's strain on members of their families. Most importantly, this shows that care receiving is associated with some physical and psychological consequences for older Zimbabwean care receivers. These consequences included a concern that they might be a burden to their families and that they had little that was of value to offer in return for the received care.

## 7.3. Gendered dimension of caring roles

Numerous researchers on care and caring have evidenced how providing family emotional support continue to be globally regarded as women's work (Mathieu, 2016; Keating et al., 2019). Addressing the unequal distribution of care work has been a significant area of feminist engagement over the past decades. Researchers implicitly and explicitly agree that gender defines how care is framed, provided and experienced by both the caregiver and care receiver. Transnational families' literature has demonstrated that cultural ideas about gender roles and parenting still exist (Coe, 2018; Ducu, 2013). This is especially true in instances where care is dominantly provided within the confines of the family. Feminist scholars have argued that families operate as key spaces through which hierarchical gender relations are constructed and enacted (Kofman and Raghuram, 2010; Kofman, 2012; 2018). Especially problematic are various gendered social and cultural discourses that positions men as providers, protectors and disciplinarians and women as possessing innate nurturing capacities. These entrenched social and cultural norms have led to assumptions that women are better positioned to care for the young and the sick while men are supposed to provide financially (Lloyd and Allen, 2009; Coltrane and Adam, 2008). However, much of the public rhetoric on the gendered division of care work implies that these dimensions and the patriarchy on which they are premised are fixed, omnipotent and immune to negotiation and change. Migration scholars have demonstrated with empirical evidence that there have been shifting norms around gender and care work, especial around fathering ideals and practices in the context of migration (Kofman, 2018; Kilkey et al., 2013; Perrons et al., 2010).

Gender relations in Zimbabwe are constructed by a patriarchal ideology that implies duties and responsibilities (Jaji, 2016). Societal family positions held by men and women are prefaced on completing specific duties following gender ideologies. As a result, the privileges that patriarchy bestows on men are rationalised by male obligation over which the subordination of women flourishes (ibid). The gendered division of caring roles in the transnational families that participated in the study reflects the pre-existing gendered nature of social expectations about household work in general and care work in particular. In several conversations' participants constructed men and women as inherently different from each other and holding differing positions within the family. Women were constructed as primary caregivers, while men were constructed as providers and authority figures. This was significantly more pronounced in the interviews with the older participants. They overwhelmingly expressed that daughters and daughters-in-law were best positioned to provide daily direct care to them and other older members of the family. The older participants felt that daughters or daughter in laws made better caregivers because of their natural maternal instinct of mothering. MaDube illustrated this common theme:

*Girls are better carers, I can say. I prefer my daughters to care for me in sickness because they are by nature carers and you can see when I tell them I am ill, they respond quickly than my son. So generally, I can say I prefer my girls to care for me.*

MaDube’s statement indicates that women are expected to be the primary providers of care of older people, an extension of the care they provide to their children, spouses and others. Therefore, it underlies and reinforces widespread perceptions of women as natural caregivers (Huang and Yeoh, 2018). Conversely, men become exempt from performing caring duties, which further exacerbate gendered inequalities in the division of care labour. It can be argued here that the continued power of these social understandings can be seen as discouraging men from engaging in care work. For example, Kimmel (2006) argues that men's resistance to more active involvement in care and domestic tasks is driven by deeply held gender norms around care work, creating barriers to men assuming caregiving roles. However, some researchers have shown that this goes beyond care work and highlight structural barriers to men's involvement in familial care. For example, Kilkey et al. (2013) found that long working hours are a barrier.

Evidence from the interview with some female participants indicates that these structural barriers play a part in reproducing some of these traditionally gendered norms towards care work which by and large deter Zimbabwean men from assuming equal caring responsibilities. Most specifically, those in Zimbabwe stated that it is the norm for men not to assist in caregiving and that it is challenging to change men's attitudes towards caregiving. They argued that, by their very nature, men are not suited to provide caregiving. Most importantly, some women felt that it does not reflect well on their womanhood if their husbands were seen performing duties culturally ascribed to women. For example, Kuda’s sister Netsai indicated that if her husband performed domestic chores, she would have failed as a wife. At worst, she could be accused of witchcraft through the process known as '*kudyiswa*’. She elaborated further:

*There are jobs for men to do and jobs for women. If my husband was to be seen sweeping the compound by neighbours, I will be regarded as a lazy woman, or some will assume that I might have bewitched him (*Kumudyisa*). I perform my duties to maintain his and my dignity around others.*

Netsai’s narrative indicates that some women resist men's assistance in caregiving because this suggests to others that they do not have a real man as a partner. These general perceptions about men’s involvement in care work or lack thereof were corroborated by some of the men in the study. Melusi’s brother, Jabu, was very traditional and believed that women should be responsible for caregiving. At the same time, men should provide financially and be involved in the family decision making because *'that is what our culture says we should do'*. Interestingly, despite being very loyal to tradition, Jabu indicated that culture does not absolve men from carrying out caring duties, especially when no one else is around. Even in those circumstances, their roles are usually gendered. He explains himself:

*Our culture says that to be a man, you should be able to provide for your family. If you cannot do that, you will not be considered a man among men. If you have no wife, then you can do the care work, but if you have daughters or sisters, then they can chip in and help.*

Despite the prevalence of these traditional and cultural norms, not all men and women conform to these social expectations about masculine and feminine roles. In the previous chapter, I showed how Zimbabwean male migrant workers navigate their masculinity in paid care work and how gender roles of Zimbabwean migrant care workers were changing in the context of migration and women's participation in the labour market. Similar practices are starting to show in Zimbabwe. Despite the majority of men interviewed in Zimbabwe stressing that care work was women's work, I found one participant who has provided hands-on personal care. Kuda’s son Gari provided the whole range of personal care, including bathing and feeding his grandfather after his operation. Surprisingly, he indicated that his grandmother and aunt were available to provide the care. However, he offered as he felt his grandmother needed a rest and that it was not culturally suitable for his aunt to do personal care to a male member of the family:

*I have done it [care work] when my grandfather came back from the hospital. I was the one who bathed, clothed and fed him for weeks. I could not let my grandmother do it. She was exhausted after the operation ordeal. It was just the right thing for me. Everyone praised me for doing that, but of course, here and there, I had people saying leave that to the women. Can you imagine? It is not right for my wife or my aunt to bath grandfather…*

These findings reflect the findings of Akintola, (2006) study of caregivers in South Africa, where male family caregivers continue to provide care in the face of ridicule. On the other hand, some women participants expressed dissatisfaction with the unequal distribution of care work and were beginning to challenge the patriarchal logic to care work. A good example is that of sisters Thoko and Nomsa (Melusi’s sisters), who, despite tradition indicating that they should not be involved in the decision making of their father's care since they are married elsewhere, continue to exert influence on the way their father is cared for. Also, the increasing employment rate and education of women in Zimbabwe indicate that women's care roles can no longer be taken for granted. For example, Grace, Precious (Charity’s sisters) and Nomsa, all with university degrees and employed full-time, felt that their attitudes had changed due to greater access to education and integration into the labour market. They indicated that they no longer submitted to the patriarchal logic as before. This has an important implication for the care of older people. Nomsa explains:

*In my family, everything was organised according to traditional roles. The men in the house dictated everything for us. Those days are long gone and the quicker they accept it, the better. I can work and provide for myself. I have the job and the qualifications. None of my brothers has a university degree, so they cannot tell me what to. It should be the other way round.*

Migration also impacts gender relations and the patriarchal logic to care work by presenting women with the economic opportunity and capital that improves their social standing in society (Arthur, 2009). Female migrant participation in the labour market overseas and the remittances they send has led to changes in the position of women in Zimbabwean society. In the previous chapter, I showed that female Zimbabwean migrants do not necessarily migrate simply as wives but in their own right as single mothers, unmarried students, and professionals. Their participation in the labour market means they contribute as much as men to household income. A growing number of Zimbabwean migrant women are now economic providers to their families and primary decision-makers (Batisai, 2016). A case in point is Charity, who migrated to the UK to join her husband, employed there. While she could have lived comfortably on her husband's income, Charity decided to look for employment, use her money to care for her parents as well as finance her younger brother's migration to the United States of America. By so doing, she reversed the idea of women being solely dependent on men, not only by refusing to depend on her husband's income but also by providing for her brother and parents.

This situation in which women play an active part in the decision making by providing the means to implement the decisions contrast sharply with the traditional settings in which men make decisions and women are subjects rather than actors in the family decision-making process. Charity's economic role in the family challenges the cultural ideas about gender roles. By and large, it overthrows the logic that only men provide financial security to parents in old age. Gendered cultural values and norms in the context of caregiving are further challenged when one or more members of the family migrated. The following section will show that migration can sometimes impact the entire family system and care arrangements in different ways.

## 7.4. Rearrangements of aged care in the context of migration

Despite the prevalence of intergenerational social norms in Zimbabwean aged care practices, I found that the mobilisation of caregivers and the creation of transnational aged care arrangements is not an easy process. While the roles and relationships governing aged care are evident, well understood and passed from generation to generation, these traditional settings, as well as expectations of elder care, may need to be reconfigured after migration. The care arrangements of the three family constellations described at the beginning of this chapter reflect the care arrangements of the older person amid the migration of a family member. The descriptions of the care arrangements above make it appear as if older people are naturally well cared for by their families. However, the reality is that in the wake of the migration of a family member, families had to continuously negotiate the living and care arrangement and maintain strong care networks. In this subsection, I look at how families negotiate and reconfigure elder care arrangements after the migration of a key member of the family.

After the migration of a family member, familial roles and strategies, as well as expectations of elder care, may need to be reconfigured (Parennas, 2005; Kilkey and Merla, 2014). Transnational family scholars have demonstrated that migration destabilises the demographic structures, disturbs the integrity of familial arrangements and reconfigures care (Williams, 2010; Coe, 2015; Bryceson, 2019). How the daily arrangements and relationships of care are reconfigured mainly depend on how well families whose members live in different countries negotiate their involvement in the new arrangements. The existing literature on transnational care demonstrates that negotiations are an integral part of aged care as such transnational care arrangements are conceptualised as a product of 'negotiated commitments' (Baldassar et al., 2007; Finch, 1989). The negotiated commitment framework refers to the (re)negotiations of familial responsibilities and obligations to provide aged care over time. Such obligations and responsibilities are conceptualised as engendered by cultural norms and responsibilities regarding caregiving and mediated by a myriad of traditional norms of gender, birth order, and generation. However, Baldassar et al. (2007) also posit that not only a sense of cultural obligation, but also competence, opportunity, and capacity, or the availability of resources from money, time, and personal capabilities, are critical to negotiated family commitments. Due to the disruptions caused by migration, participants in this study had to negotiate their commitment in accordance with their capacity or availability of resources such as money, time, physical ability and access to new technologies. While the migration of family members provided families with new resources through remittances, it also caused some disruptions in family caregiving arrangements. These needed a lot of negotiations and renegotiations within transnational social spaces spanning localities in several countries from the UK, USA and South Africa. It was mainly the remaining family members who felt the brunt of these separations. Writing in the context of Ghana, Coe (2017) observed that the migration of a family member might require those who remain to assume care responsibilities, limiting their levels of autonomy. Family members in Zimbabwe felt they had to take on roles that they may not have expected given cultural expectations or rather unanticipated roles in their lives. This often led to confusion about roles and responsibilities, especially if the migrant was the firstborn child and younger members have to step up and take on the primary caretaker and provider role, disrupting the hierarchical expectations. For example, in the absence of his father and uncles, Kuda’s son Gari took over the role of primary caregiver for his grandparents. However, he felt his role is not respected because of his birth position in the family.

*I am the one living with them, so they are my main responsibility, as well as my wife my son. But I cannot say I am the one who has a say about how they live their lives, they are independent and there is also my dad and my uncles who are responsible for them. I am only here as the caregiver, all decisions come from my father and my uncles.*

Some felt resentment towards migrant relatives based on the perception that migrant relatives lived a carefree life away from any responsibilities of caring for the aged relatives and benefited from all the perceived financial and quality of life that immigration is expected to provide (Baldock, 2000). As Baldassar (2007) and Zechner (2008) noted elsewhere, family members who are ‘left behind’ may feel their caregiving responsibilities have doubled up after migration and this could potentially lead to potential resentment towards those who migrated. For example, Jabu, Melusi’s brother, described how he had to take up all the caregiving arrangements for his father after Melusi migrated to the UK:

*Your friend* [Melusi] *is there in London having it easy. As you can see the old man is not well and I am the one who has to be there all the time. He should at least come and help or see for himself. Coming once after every two years is now not enough. I wish I were the one in the UK and he was here so he can see for himself. Unfortunately, God provides differently, and I am now the one with the entire burden.*

Jabu’s remarks reflect the idea that ‘left behind’ family members feel they do not have the same opportunities in their home country or even opportunities to join their migrant family members due to the sense of obligation to remain behind and support remaining family members. In Jabu’s case, he decided not to migrate due to his father's failing health and his responsibility as the eldest son to look after his father. It is interesting to note that Jabu sees this responsibility as a 'burden', indicating that care is not an expectation that is done willingly. Some people see it as a burden. More, Jabu positions me as Melusi’s friend. This perceived position as someone who is potentially on the side of the UK based migrants' shows how my positionality makes me an active player in the whole process and potentially shapes what some participants were telling me. Just Ryan (2015) indicated I found myself having these shifting positionalities throughout the research process (see chapter 4.8 for discussion).

Older people also experienced additional stressors due to the migration of a family member. Migration creates an emotional distance between the old and the young (Hernandez-Carretero, 2015). The literature reports that the impact of family members migration on ageing parents ‘left behind’ include the diminishment of social and financial support, confusion of cultural expectations and family roles, a sense of increased loneliness, isolation and depression (Parennas, 2005; Skrbis, 2008). Migrant adult children, in particular, feel concerned about the impact their migration might have on their parents. However, the ageing parents that I interviewed disputed these notions of abandonment and isolation**.** Some like Khumalo felt they were lucky to have children overseas as these cushioned them against the economic crisis in Zimbabwe:

*If he was here, what will he be doing? Just ask yourself this? I feel blessed to have a son in London, they can buy me good English stuff and they can look after me well I can proudly say I am well provided. Some people of my age with children in the same age group are not so lucky. So yes, I thank the ancestors for Melusi. I am happy when he comes to visit with his family that way I can see my grandchildren.*

As discussed in the previous chapter, migrants are expected to support their non-migrant family members through regular communication, remittances and occasional visits to Zimbabwe. As many of the migrant participants indicated that they returned home for occasional visits, the notion of abandonment is, of course, countered. Just like Khumalo, other aged relatives I interviewed saw migration as a form of care in itself. They all recognised the benefits of migration in the context of lack of social security and privatisation of the medical system in Zimbabwe. Khumalo’s comment above illustrates this point.

Despite all the disruptions caused by migration, family members were able to negotiate new caring arrangements for their parents in different ways. The care arrangements and commitments to care that emerge from these negotiations depend on the individual participant's abilities and capacity to provide care. In the interviews, some participants indicated that they had other commitments and that their priorities were not only caring for their parents' but also care for their conjugal families. Just like migrants who have to balance care and work, non-migrant participants also had to reconcile care for their aged relatives with their familial caring responsibilities and work commitments. In cases where providing support for aged relatives begin to exceed adult children's capacity to do so and infringing on their conjugal family responsibilities, participants indicated that the needs of their immediate family have clear priority over the needs of their older relatives. Precious explains:

*Well, of course, there are sometimes competing needs. Sometimes I cannot provide them with the right care because I have to be with my family. So for them, I can only do what I could or just ask others to do it if I cannot*. *My own family comes first, of course.*

Precious’ statement indicates the limitations of the normative assumption prevalent in African care discourse that imply that adult children must provide unquestioned filial support to their parents. Most importantly, this quote speaks to the earlier point I made that we should not take the 'African extended family' for granted as norms and values that govern such assumptions are changing. Likewise, as discussed above (6.2), Farai also indicated that he lacked the capacity to care for his parents due to his status as an unemployed person who could not provide financially and his new job as an informal trader does not provide him with much money to share between his parents and his own young family. He reiterated that since his brothers have the money and can provide for their parents financially, he is not obliged to sacrifice the little that he gets to support them financially. These findings dovetail what Aboderin(2014) called ‘normative limits of filial obligation’. Therefore, it is clear that due to competing priorities, adult children may still be ‘expected’ to provide some support, but they feel that this is not possible for them to do.

Another strategy employed by Kuda’s family was building a house in the city and having the parents and other family members live there. The strategy meant the older relatives were cared for by members of the extended family. It also ensured that they were near health care facilities and technologies for long-distance communication. Kuda went the extra mile in making sure that he can communicate with and monitor the health status of his parents by installing a broadband connection at their house. I will discuss this more in the next chapter.

Though this strategy seems to work for the family, I learnt that it took many negotiations between the family members and the parents. Kuda’s parents wanted to retire in the village and resisted the arrangement of moving into the house Kuda had built for them in the city. However, due to the health care needs of Kuda’s father, it was deemed to be in their best interest to relocate to the city. For the parents, dependency on family care meant the loss of autonomy and agency, resulting in a need to passively accept family decisions, including those contrary to their plans. Kuda’s mother explained how she reluctantly accepted this arrangement:

*In the end, we had no choice, we had to appreciate what the children had done for us and we moved into this big house. We are now near everyone and we have a chance to live with our grandchildren and great-grandchildren under the same roof. But still, if it were up to us, we would have preferred a quiet life in the village.*

For some participants caring with their siblings produced differing expectations of care involvement. For instance, in Melusi’s family, the female members described how they did not expect physical care involvement from their brothers because of the traditional gendered and cultural values that prescribed caring as a female responsibility. These disproportionate care responsibilities strained family relationships. This was most evidenced by Thoko, who deeply resented the male members in the family whom she described as “*acting like managers delegating and leading without necessarily sharing the care responsibilities*”. These tensions are significant and challenge assumptions about the accepted responsibilities of caring for African families. Nevertheless, Thoko conceded that patience and trust were needed in managing his father's somewhat complex care arrangement. As a result, she learnt to accept the care arrangement in order to maintain family caring relationships and to manage her emotional stress:

*At the end of the day, as long as my father is happy and I am providing what I can, then I am ok with that. They [men] can continue with making silly decisions. Some of us will look and laugh because if you think about it too much, you die of stress.*

In cases where people are involved in work and cannot provide hands-on care regularly, like Charity's sisters Precious and Grace, their aged parents' personal or physical care is delegated to a paid care worker. However, even the status of Grace and Precious' family indicate that they have always had a maid in the house. The health conditions of their parents mean the roles of the maid now extend to or is skewed towards caring for the parents.

Caregiving in the context of migration requires a great deal of negotiations and coordination between family members. As I have observed through my multi-sited research, this can cause some tensions in the family. However, values, norms and expectations of aged care from the family force family members to work out the care relationships.

## 7.5. Conclusion

This chapter shows how Zimbabwean migrant care workers in the UK and their family members in Zimbabwe collectively share the caring responsibilities for their older relatives. This chapter has also highlighted how in Zimbabwe, the family, both extended and core, is seen as the key social group in which older people are embedded and supported. Members of the family are guided by the traditional norms of duty and obligation to care for their aged. However, my data suggests a more nuanced and dynamic picture of the influence of traditional norms in aged care in a Zimbabwean context. Moreover, reliance on family alone to care for older people culminates in inconsistent care and places a particular burden on women.

I have also demonstrated in this chapter that changes such as migration, modernisation and education have occurred in Zimbabwe and have considerably transformed the extended family, which is the source of care for older people. As a result, reciprocal extended family care is not taken for granted anymore; some people care for their older people, others do not. These findings challenge the dominant discourse that all Africans will obediently care for their parents’ needs. Nonetheless, none of the families in my study indicated that they would consider placing their aged relative in a care home or institutional settings despite the limited capacity of others to provide care. Though the limited number of participants in this study does not allow me to make generalisations, suffice to say, in Zimbabwean transnational families examined in this study, there is a reluctance to organise the care of older people outside of the family sphere. Nonetheless, evidence also shows that there is an acceptance of non-familial members providing care at home.

The chapter also showed that in the wake of the migration of one or more family members, care arrangements for older people would have to be reconfigured and the inherent tensions entwined with these configurations. The research resonates with other research on transnational care that posits that migration impacts the provision and receipt of care for all transnational family members regardless of their age, gender, or whether they migrated or stayed behind (Baldassar and Merla, 2014). In this chapter, I have also shown how men care in transnational settings. The example of Melusi and Kuda relates to their experiences of and migrant care workers and their experiences of transnational care. Much research on men’s transnational care focuses on their role as transnational fathers (Parke and Cookston, 2021; Chereni, 2015; Kufakurinani et al., 2014) but not much if anything on men transnational elder care. Therefore, this study contributes to little research on migrant men's role in transnational care.

Most importantly, I have also demonstrated the value of the multi-sited approach to studying separated families and the processes of change in transnational aged caregiving. Most research focuses on what happens in the destination society, and change is presented as a result of the migration experience. What research does not capture, which this one does, is that change is also happening in the country of origin. The conversation I had, the observations I made and the stories that were told in this chapter all offered a more complex and nuanced picture than the ones presented in the last two chapters. As a result, this approach enabled me to show that the processes of change here and there interact in complex ways to reshape the context of transnational care.

In the next chapter, I will examine the role of new technologies in mediating these long-distance aged care relationships. I will also examine the negotiation of remittances and how advances in new technologies amplify remittance dependency and family conflicts.

# Chapter Eight: Maintaining aged care relationships across transnational space: the role of new technologies.

## 8.1 Introduction

In the past two decades, newer forms of communication technologies have emerged, enhancing separated families’ capacity to care for and support their dependents from a distance. It has been argued that these new technologies allow migrants to maintain a sense of being ‘here and there’ across geographies (Baldassar et al., 2007; Madianou and Miller, 2012). As a result, it has been argued that geographic distance does not preclude transnational families from enacting intergenerational care (Cabalquinto, 2018; Chib et al., 2014; Madianou, 2016). Nonetheless, some researchers have challenged the romanticisation of new technologies and argue that despite their importance in permitting the maintenance of relationships at a distance, they are inadequate when more direct contact is required and the distance remains a factor (See Wilding, 2006; Ryan et al., 2015). In this chapter, I examine the new technology-mediated caring strategies adopted by transnational families to negotiate the long-distance exchange and circulation of care and support with a specific focus on how they enable the maintenance of transnational aged care.

In the first of the empirical chapters (chapter 5), I examined the Zimbabwean migrant care workers' migration trajectories, pathways into care work, and the strategies they employ in balancing paid care work and unpaid familial responsibilities that often stretch across borders. In chapter 7, I explored the norms that govern caregiving in Zimbabwe, how these are disrupted by migration, and how family members renegotiate their caring responsibilities, paying particular attention to the family's gendered power dynamics and relations. This chapter is divided into three sections. In the first section, I look at how Zimbabwean migrant care workers and their families in Zimbabwe have adopted new technologies and how they harness these for maintaining care relationships at a distance. In the second section, I take a closer look at how technologies were deployed when a distant critical health moment occurred; I examine the role of WhatsApp family groups closely and analyse everyday conversations in which decisions are worked out, to understand the specific role of new technologies better. In the last section, I examine the negotiations of cross border transfer of material care in the form of remittances. I argue that remittances are the primary form of financial support by which Zimbabwean migrant care workers express their ‘affective labour’ (Hardt, 1999). I show the communicative negotiations of remittance requests and how these are negotiated and, to some extent, contested.

In this chapter, the following research question is addressed:

1. What is the role of new technologies in mediating long-distance aged care relationships and arrangements between migrant care workers and their 'left behind' family members?

## 8.2 Maintaining care relationships across borders

A fairly substantive body of research on transnational families and care across borders has explored the importance of new digital communication technologies in mediating long distanced caring relationships among geographically separated families. As I discussed in the literature review (Chapter 2), a rich body of scholarship has closely examined these new technologies' technical and social affordances for migrants and their ‘left behind’ family members. Many of these scholars praise these new technologies for providing accessible and affordable means of sustaining long-distance relationships and, most importantly, for enacting care across borders (Baldassar et al. 2007; Baldassar, 2016; Cabalquinto, 2018, Ahlin; 2018 McKay, 2016; Francisco-Menchavez, 2018). This area of research suggests that new technologies can increase the modalities and frequency of migrant contacts with their loved ones, creating a sense of 'being there' and enable them to be engaged with regular day to day choices in a different way than in the past (Nedelscu, 2009; Baldassar, 2016). While some of the literature seems relatively optimistic about new technologies' potentials, their limitations have also been explored. Some researchers and even the pioneers of research on new technologies and transnational families such as Baldassar et al. (2007), Madianou and Miller (2012), Ryan et al. (2015) have noted the limitations of new technologies and emphasised the importance of proximity, especially in moments when relatives are very sick and in need of physical care.

However, the literature has been biased towards internet-based technologies such as Skype. Less attention has been given to the importance of the mobile phone and its associated free calling and messaging applications such as WhatsApp. Nonetheless, today's transnational families are confronted with many new technologies and new media platforms that are aiding them in maintaining connections and negotiating barriers posed by geographic distance. As will be evident in the discussion, these are especially important to non-elite migrants and their ‘left behind’ family members in societies where the internet and fixed landline are not fully developed.

As discussed in Chapter 2, research indicates that before the 1990s, letter writing was considered the most dependable way of communicating with distant others, then came international telephone calls in Kiosks or telephone homes as in the case of Jamaicans in Horst (2006) study. Research credits the emergence of cheap international phone calls through prepaid calling cards as the most dependable and cost-effective means that make it possible for separated families to be in touch regularly Vetovec, 2004; Wilding, 2006: Horst 2006). It was argued that prepaid calling cards positively impacted transnational families as they were cheap and gave them privacy as calls could be made from the comfort of their homes rather than kiosk or public telephone houses (Horst, 2006). However, as many new studies on migration and new technologies demonstrate, this is no longer the case. New mobile technologies and media applications have sprung up and these have even made it easier for migrants and their families to remain connected and exchange care and support (Madianou and Miller, 2012).

More Zimbabweans now have access to these new technologies, particularly the mobile phone, increasing their capacity to easily communicate and sustain emotional bonds with their distant relatives and friends. Moreover, with its social media applications, the mobile phone provides free services of texting, voice and video calling so that people can exchange emotional support and deliver a sense of emotional closeness than the ways they used the mobile phone before. Accordingly, for many Zimbabweans and their migrant family members in my study, the mobile phone was indispensable and deeply embedded in their daily lives. All participants interviewed, regardless of age, gender or location, have integrated the mobile phone into their communication repertoire. Most spoke profoundly about its benefits in maintaining long-distance relationships and stretching care across space and time. The exchange of emotional care is primary in transnational family relationships; therefore, communicating with their parents and siblings is how migrants show that they care about their ageing parents (Zechner, 2008). These findings are consistent with earlier studies by a variety of scholars that suggest that the adoption of the mobile phone has substantially changed the care relationships for families living at different ends of the transnational social field (Madianou and Miller, 2012; Baldassar et al., 2007; Horst, 2006).

As discussed in chapter 5, UK based participants had high digital literacy skills and indicated that they had easy access to mobile phones and other digital devices using multiple media sources. During the interviews, I observed that most of them owned high end expensive and fancy smartphones that can connect to the internet and run a plethora of social networking applications like WhatsApp, Facebook, Skype, Facetime and email. Some, like Danai, indicated that they had expensive smartphones and monthly subscriptions, which they argued where necessary for communication:

*My phone can do everything. To be honest, I have an iPhone XS Mac, so it can do a lot… I pay a lot for it as well, I mean a lot, but it's worth it at the end of the day because I can easily connect with my friends on Facebook or freely call my family and friends in Zimbabwe, so yes, it's worth paying more for it.*

While those in the UK indicated that they had easy access to new technologies at their fingertips, most ‘left behind’ family members did not own these high end smart mobile phones. Instead, some, especially the older family member participants, said they use basic phones that cannot connect to the internet. In contrast, the lucky ones had old smartphones gifted to them by their migrant family members. However, there is a generational disparity between access to and affordability of new technologies in general (Madianou and Miller, 2012; Nedelcu and Wyss, 2016). The older family members and participants without regular disposable income for direct subscriptions or smartphones could still access new technologies and communication.

Additionally, migrant participants in the UK were very influential in the diffusion and adaptations of new technologies such as mobile phones and the internet in Zimbabwe. This can be seen in how some, like Kuda, as indicated in the vignette in the previous chapter, invested in installing solar power and internet broadband in his family home in Zimbabwe. Others pointed that they occasionally send their old mobile phones back home when they upgrade to new models. This entails the diffusion of social remittances (Levitt and Lamba-Nieves, 2011), with migrants transferring their knowledge of new technologies to their ‘left behind’ family members. Consequently, this enables ‘left behind’ families to be active agents and engaged in transnational communication enabled by new technologies. The same effect has been observed by Mansour Tall (2004), who showed how Senegalese migrants who left to work in Italy used their income to buy telephones for their ‘left behind’ family members and fund the installation of electricity and communication technologies in their communities of origin. Resultantly, it is not surprising that UK based migrants and their Zimbabwean family members relied on mobile technology and its applications to maintain family and personal relationships across borders.

My primary reason for focusing on WhatsApp over other technological applications was because the most significant share of participants indicated in their narratives that the WhatsApp application was their primary form of interaction with their distant others. They cited broad advantages of using WhatsApp, such as sending text messages, images, videos and audio messages using their smartphones. In analysing both migrant and non-migrant family members' WhatsApp use as a communication tool, I noticed that WhatsApp's unique nature was its easy use which allowed everyone, young and old, to utilise it efficiently. Notably, it can be used for instant messaging without paying for a network operator's short message charges; additionally, it is less affected by unreliable internet connections, which are common in Zimbabwe (Virima et al., 2019). Unlike other platforms, it does not require users to create and manage online profiles or remember passwords making it more popular with older Zimbabweans. It also allows people to communicate between countries for free - which are essential for situations where family ties often cross borders. Hence both migrants and their family members back in Zimbabwe could communicate with each other at no extra cost. WhatsApp has become an essential part of kin relations and has created an effective digital space connecting Zimbabweans across the globe. Like Wilding's (2006) study in which some of her participants described new technologies as a 'miracle', many of my participants also spoke profoundly about new technologies, especially WhatsApp. When I asked Kuda about how vital WhatsApp is in communicating with his family back in Zimbabwe, he remarked:

*Oh, my brother, WhatsApp is an app that was sent to us Africans by God. WhatsApp has changed the way we speak with people back home. The communication between us and the people back home is much easier because of WhatsApp.*

WhatsApp calls were even more important for the older family members. Charity’s mother, MaDube, who was by far the most tech-savvy of the older participants, said that the practice of talking on WhatsApp had become her main family time with her daughter Charity in the UK and son in the USA. She said she talks with Charity daily and that Charity uses their everyday conversations to check on her health and wellbeing as well as if she has eaten, taken her medication and if she has been out and about exercising. She noted that these daily conversations lasted for up to an hour sometimes and were important in showing the ‘circulation of care’ and reciprocity of emotional care between mother and daughter Baldassar and Merla, 2014). Although the literature indicates that significant time differences may disrupt the synchronicity of transnational communication (Farshbar Shaker, 2018; Ryan et al., 2015), there is only a two-hour difference (one hour during British Summer Time) between the UK and Zimbabwe. I asked MaDube how she felt about this long-distance communication with her daughter through the application. She said:

*I can say WhatsApp has reconnected me with my daughter and her family in a way that I could never have imagined possible. We share all sorts of things, of which my favourite is seeing my grandchildren and talking to them as if they are here with me. I don't get to miss them like I used to do in the past.*

Many participants also shared that the visual, interactive and real-time affordances of WhatsApp video calls make it feel like they are in real-time. The literature indicates that video calls allow visualisation and instant interaction and response for families separated geographic distance. They can be used as an alternative in situations where face-to-face communication is not possible. Though they are still perceived as less intimate than physical face to face communication, video calls simulate a personal exchange that closely proximate face to face interaction. They are considered ideal for the exchange of emotions (King-O’Riain, 2015). For example, when Charity's mother MaDube was hospitalised, she wanted to see her after surgery just to be reassured that she was fine. Despite her relatives in Zimbabwe's protests that it was unnecessary, Charity demanded a video call with her mother because physical proximity was not possible and other forms of communication could not satisfy her emotional curiosity. She explains:

*After they had put a pacemaker on her, I asked to talk to her; my sisters were like, 'no, she is ok will call you when she has been discharged' I said no I need to speak to her now, so we did a WhatsApp Video call and I spoke to her.*

I asked Charity how she felt after seeing and talking to her sick mother through new technologies rather than non-visual communication. She replied:

*I felt better, to be honest with you. I was so worried, but after talking to her and seeing her smile made me better, I am grateful that there is something like this [*WhatsApp*]; otherwise, I would not have known and stressed over nothing.*

Seeing each other virtually, talking and listening to their parents through new technologies seems crucial in creating a sense of co-presence between migrants and their ageing parents. These exchanges provide additional layers of nonverbal information for the participants, which could be valuable for interpreting a person's state of wellbeing that would not be evident through non-visual communication such as a landline or letters. These deep affective and emotional engagements for separated families are not only highly valued but also contributed in a profound way to participants’ wellbeing bringing them closer to their dear family and friends (Diminescu, 2020). Though new technologies do not in any way replace proximate interactions, they instead provide opportunities for emotional support that closely corresponds to face-to-face communication, therefore constructing a ‘co-presence despite the distance (Horst and Miller, 2006). By and large, the mobile phone has turned from being just a technological tool to being a social tool that enables the concrete exchange of care and support across distance.

Crucially for my participants, they utilised the WhatsApp family group, which enabled everyone to have a say regardless of where they are. These proved crucial in critical health moments, as discussed in the section below, as they allowed everyone to know and monitor their relatives' medical health care problems. The size of the group depended on the number of people involved in the care arrangement of the ageing relative. For instance, Charity's family group was strong knit and highly guarded immediate family members with Charity, her brother in the US, mother, Grace and Precious. In contrast, Kuda and Melusi’s family groups included remaining siblings and their own families, uncles, aunts, and other extended family members. Participants spoke in endearing terms about the WhatsApp family group, whether it was trivial matters or serious health problems. It was clear from the interviews that an essential feature of WhatsApp family groups was the ability to share news and have everyone receive it at the same time regardless of where they are. In families where tradition dictated that there is a hierarchical way of conveying information, sending a message on the family group all would equally see it at the same time without discrimination as Melusi explained:

*The reason why the family group is important is that when a message is put there, we can all see it, then no one can run away from their responsibility and say I was not told.*

While all participants generally accepted using WhatsApp family groups, some complained that messages coming from the groups, especially in a care crisis moment, can sometimes be overwhelming. Scholars have demonstrated that new technologies enhance family cohesion, and the mobile phone enables continuous communication and has given rise to an 'always-on lifestyle' (Boyd, 2012) which could bring unforeseen obligation and burden (Katz and Aakhus, 2002; Halland Bryan, 2012). Indeed, the increased connectivity meant everyone who is a member of the family group was expected to comment or offer help when a critical health moment was announced. Silence, failure to comment or offer material help would suggest a lack of interest in caring for the sick relative. In most cases, this led to feelings of entrapment, guilt and pressure to respond to WhatsApp family group messages for some of the participants. Additionally, since belonging was seen as an obligation, some participants felt pressured to stay in the group and read messages whenever they come. Not doing so would risk them missing out on important news and leaving the group would be seen as rebelling against the family. This finding is crucial and points to the power dynamics within these WhatsApp family groups, which the apparent immediacy of new technologies can exacerbate. Farai illustrates this point:

*The messages can be relentless sometimes, even in the middle of the night, people will be sending messages. I hate it; sometimes I mute it, then I risk missing the news and being called insensitive. Sometimes I just want to leave the group, but again if you leave, you feel guilty.*

Some participants reiterated that they did not feel confident about the relevance of their potential contributions in family WhatsApp groups. The existing literature exploring the interplay between care, migration and new technologies tend to portray new technologies as gender-neutral and empowering for women (Lin and Sun, 2010; Platt et al., 2016). However, gender is a critical factor in influencing access to new technologies in many countries and contexts. While new technologies have the potential to be tools for disrupting gender norms that are culturally constructed and constituted, research demonstrates that there is a risk that technology may reproduce, perpetuate and even enhance patterns of power and inequality in society (Ducey, 2010; Mahler, 2001; Parrenas 2005). Consistent with these findings, I also found that family WhatsApp groups recreate gendered inequalities prevalent in most Zimbabwean families. This was true in groups where decision making was highly gendered, hierarchical and governed by tradition. As a result, some young and female participants in the groups created new smaller fringe groups where they discussed the politics of the larger groups. For example, the women in Melusi’s family felt that their contribution was never considered, so they formed a women-only group where they organised themselves to provide care to Khumalo. Thoko explained:

*We could not stand the men in the family group always arguing and no solution. So, we formed our own small group with just my sister and sisters-in-law. In this group, we normally gossip about the failures of the other group and discuss how best to provide care for not only my father but for everyone in the family. I am glad to say our group works well.*

The participants' narratives also revealed that WhatsApp groups cement pre-existing divides in the family, thereby creating feelings of uncertainty and doubt in the care relationship.

## 8.3 Managing critical health moments

The role of new technologies in mediating long-distance caring relationships was more salient when distant dependent older relatives experienced a ‘care crisis’(Baldassar, 2014)or required immediate, permanent or intensive round the clock support. Critical health moments can be triggered by specific problematic health events, including illness requiring a quick and adequate response. For families living apart, critical health moments require instrumental coordination, especially planning and executing several goals from a distance. New technologies allow for nuanced micro-coordination and enable transnational families to share, inform and pass on crucial information within their care network, therefore, establishing a strong obligation to be responsive (Ling and Yttri, 2002). This micro-coordination through new technologies can change into hyper-coordination when a family member needs urgent medical treatment and dispersed siblings must negotiate the planning and management of the situation. Despite a growing body of literature offering insight into the blessings of new technologies for transnational families, there is, however, little research focused specifically on how 'negotiated commitments' are achieved through new technologies (Cuban, 2017). I argue that examining transnational families’ responses to a critical health moment provides a wide lens for analysing how new technologies mediate caring and fostering relationships of obligation across borders. In this section, I show how the critical health moment of an aged member of the family triggers responsive communicative practices by family members as they try to respond to the problem. Here I argue that communication via new technologies becomes the most fundamental form of transnational care, allowing family members a virtual home to discuss and execute care arrangements for their older relatives in the face of physical separation and enabling different emotions to be dealt with.

For a more comprehensive analysis, I return to the three families I introduced in the previous chapter (see section 7.2), who all experienced a critical health emergency in the family, which required pooling resources through new technologies. The narratives of these three family care networks demonstrate the tensions they experienced due to the health care emergency of their older relatives. The findings show that the reality of caring in geographically separated families can be a mixture of isolation, family wrangling over who is doing the looking after, where people are going to live, what ongoing health care is needed, and how it is going all going to be paid for. This can lead to disagreements, crises and sometimes responses that may result in ruptures in family unity. The three families illustrate these complex issues.

During my Zimbabwe fieldwork, I witnessed first-hand how care arrangements are negotiated when a critical health moment occurs. When I was interviewing Jabu, Melusi’s older brother, I learnt that Khumalo, their father was in the hospital with a suspected case of hypoglycaemia. Jabu invited me to accompany him to the hospital to visit his father. During the visiting time, Jabu was constantly on the phone with family members organising how they would travel to the hospital and what was needed. There was much negotiation and, at times, tense phone calls between Jabu and Melusi in the UK and at times other members of the extended family. As I was to learn later, the prominent bone of contention was because some members of the family felt that Khumalo should remain in hospital until his situation had improved as the doctors had advised, whilst others felt that spending more time in the hospital was very expensive. He could be cared for at home. The family was torn into two, and I later learned that Jabu and his uncle in the village thought it was economical to have Khumalo discharged and cared for at home. As I showed in the vignette in chapter 7, Melusi and his two sisters Thoko and Nomsa, wanted their father to remain in hospital until his situation had improved. After many phone calls, messages and much negotiation, it was finally decided that Khumalo should stay in the hospital for two more days and then be transferred home for further care. According to Thoko, she opposed the early discharge of her father because it would put an extra burden on her and her sister-in-law as they were the ones who will be obliged to care for their father at home. Thoko explained:

*Look, every time someone falls ill, not only father be it our children or husbands or any member of the extended family, we are the ones who are always there to nurse them, by cooking for them, cleaning them, washing for them and so forth. The men will be at the beerhall enjoying their beers and they do not help at all….they do not necessarily help, except when we need manpower like for instance turn or lift the sick person that is when we call them, and they assist.*

Thoko's statement is significant as it clearly shows the gendered division of care work and, at most, illustrates the realities of physical co-presence and hands-on care instead of caring at a distance. For Thoko and Nomsa, it is clear that their proximity and familial structure creates a situation whereby care cannot be easily avoided. Within families and aged care literature, there is recognition of the domestic tensions that can arise due to the conflicting pressures related to gender and family care responsibilities (Finch and Mason, 1993; Campbell and Mathews, 2003). While Thoko's statement shows the burden that women carry in caring, it also gives us a glimpse of the type of care work that men do, being available to offer physical help. Nonetheless, tensions of gender and care remained visible throughout my conversations with Thoko and Nomsa.

However, the family was able to coordinate the care of their father through communication via WhatsApp family groups. With so many interested parties, it was interesting to observe how the tensions were dealt with. Melusi in the UK and the uncle in the village were distant relatives. However, I did not have access to what their opinion was at that particular moment. My discussions with the other family members after the incident gave me some insight into what was discussed. However, what is important here is the fact that the family managed to discuss the care crisis of their parent in a virtual social space with some privacy. However, the fact that some were 'on the ground' whilst some were not raised some tensions within the family and pointed to the limits of new technologies in a critical health situation. It highlights the asymmetrical reciprocal nature of aged care between migrants and their 'left behind’ family members (Baldassar and Merla, 2014). Those on the ground might feel that they are doing the vital work needed in such difficult times, as illustrated by Jabu in a statement he made after we visited his father in the hospital. He said:

*You see how hard it is for me, I have to talk to the doctors, I have to organise transport, food and make sure the old man is being looked after well. Every day I have to come and check on him at least three visits per day. When I tell my young brother about the difficulty of doing all this, I am seen as demanding. If he was here he would agree with me, but because he is away, he cannot see the reality on the ground.*

Jabu statement was directed at me; It is evident that he saw the opportunity to use me to relay the message to Melusi. Having accompanied him to the hospital and witnessed the negotiations with health care professionals, I was now being seen as having experienced 'the reality on the ground'; hence I was now part of the process or an informed messenger. Nonetheless, in his bid to get through to me to relay his message and perform my newly found intermediary role, I also elicited valuable information from him, which I used to tease out more information from other family members. As someone who had interviewed Melusi and was aware of his side of the story regarding caring for his father, like communication and sending money for medication, I asked Jabu what he thought about this contribution. It was clear from his reply that he felt money and communication alone were not enough and reiterated that Melusi should make an effort to visit his ailing father:

*He sends money, yes, I agree, whether it's enough that is a discussion for another day. All I am saying now is he needs to make time and come and see father. It's been more than two years since he last visited.*

While Jabu's statement shows the importance of being 'on the ground', I observed similar sentiments from migrant participants. The interviews I carried with migrants in the UK also indicated that new technologies are significant but insufficient when a critical health moment unfolds. Receiving news of a major health scare led to feelings of guilt among migrant family members, especially when they could not travel and be with their loved ones at these critical moments. This resonates with Madianou’s (2012) study that shows how guilt is felt by migrants due to their absence and highlights the limits of new technologies. An excellent case to illustrate this point is that of Charity, who, after learning about her mother’s hospitalisation, was filled with worry and guilt for not being there. She said:

*Well, obviously, you still feel bad because you are not actually physically seeing her. You're only being told. And you do not know whether whatever they are telling you is only to make you feel better, they don't want you to worry and you are not sure, is it true this happened? So that guilt in you, that you are not there when others are there and trying to do something about it.*

Charity's statements indicate that migrants do prefer to be on the ground as well, but as migrants, there some logistical issues that might hinder them from travelling at that moment. The literature emphasises visits as necessary when a critical health moment occurs (Baldasser et al., 2007). However, visits are not always possible for migrant care workers with little economic resources to travel, as discussed in chapter six. However, the finding demonstrates the everyday nature of doing care at a distance and how migrant care workers continue to engage in meaningful aged care relations with their 'left behind' family members in Zimbabwe. Equally crucial from Charity's statement is the fact that their siblings 'on the ground' do not, at times, relay the correct information regarding the seriousness of the situation. Because of the geographical distance, migrants may not have a thorough awareness of the severity of the disease or the true health condition of their relatives. When her mother was hospitalised, Charity felt like the WhatsApp phone call she received did not elaborate on the seriousness of the matter, and she had to "call back and find exactly what was going on". Moreover, she was able to talk to the doctor through WhatsApp, generating the experience of being 'here and there' (Boccagni and Baldassar, 2015) hence facilitating a strong sense of emotional connection to her sick mother.

To some extent, new communication technologies reduced feelings of guilt and anxiety for migrants who could not visit and gives them strategies to navigate the lack of information from proximate family members. Charity thought that sometimes her siblings did not give her enough news about her mother's health because they feared she might worry. Non-migrant participants concurred with the sentiments of their migrant relatives. They reiterated that they exercised ‘caring by silence’ (Sampaio, 2020) and provided an overly benign picture of the situation to not fill their migrant family members with worry. According to Grace:

*Sometimes you must be sensitive about these issues and think about others. I cannot simply say mother has collapsed. That will worry them because there is nothing they can do, so instead, I just say we are taking mother to the hospital she is not well. That way they know, it is serious.*

Participants also revealed that in most cases, it was the older relatives who gave instructions not to tell the migrant family member about the seriousness of the illness so as not to alarm the migrant unnecessarily. The findings echo similar findings by Baldassar (2007) it is not uncommon for family members in the country of origin to disguise the condition of a sick relative in order not to upset their migrant kin. However, the current polymedia environment gives members of the family who are not physically present a sense of inclusion in the daily updates of their sick relatives.

Participants also talked about how feelings of uncertainty are heightened when they receive a phone call or text message, especially in a critical health moment situation. Some participants indicated that their worst fears were receiving a phone call in the middle of the night as this could mean the announcement of bad news about a family member. Migrant members of the family were the most concerned with receiving phone calls in the middle of the night. Melusi commented on how he was told the first time his father was rushed to the hospital:

*The call came in the early hours of the morning around 2 am; I checked it and saw a Zimbabwe number my heart skipped. I sense something was wrong straight away because if it was anything other than death or a significant health problem, they could have waited until morning. Then they told me he had been hospitalised.*

Participants considered phone calls as the most appropriate way of letting close family members know about the emergency. Other modalities like text, email or Skype were deemed to be inappropriate as the nuances of hospitalisation and death are difficult to translate into a text message. Communication via a telephone call was considered to be the most appropriate and sensitive way to represent the seriousness of the message, especially when a fast reaction was needed.

While communication through new technologies was crucial for the coordination of the critical health moment between family members, it was also a difficult time for those who did not have smartphones with the capabilities of WhatsApp as they were left from the negotiations by not being in the WhatsApp group. This primarily created tensions in the family as some felt left from the crucial decision-making process regarding their parents' health care. As I indicated before, participation in the family group was seen as an obligation; however, it was at the discretion of the group administrator who can add and remove people from the group, which hinders collaboration during critical health moments. A case in point is that of Farai, who, after a personal fight over the phone with his migrant brother Kuda found himself locked out of the family WhatsApp group by Kuda the, sole administrator of the group. Farai told me:

*Kuda and I fought when he thought I had misused the money he sends. So, he locked me out of the family group and claimed I had left on my own. Now I just hear things from others it’s like I am not part of the family anymore.*

WhatsApp family groups afforded these transnational Zimbabwean family members 'virtual togetherness' (Bakardjieva, 2003), which allowed them to dutifully engage in managing the health care problems of their older relatives. Through WhatsApp, the transnational families were managing emotional and levels of intimacy in the family system as well as cultural norms, gendered and individual family roles. Nonetheless, it was also evident that these communication platforms did not transform inter-individual relationships. Still, they did offer strategies for dealing with complex relationships, such as having closed groups with like-minded people. Instead, they were used for collective practices of communication for specific purposes. The data clearly show that using WhatsApp and other media platforms like Facebook afforded Zimbabwean family care networks novel ways to communicate, interact and coordinate caregiving for their older relatives. These platforms bridged some of the socialisation and communication gaps imposed by distance. To an extent, new technologies also reinforced feelings of obligation particularly through WhatsApp family groups where lack of participation or exiting the group are actions that provoked issues of moral judgement including being seen as a rebelling against the family.

## 8.4. Facilitating the flow of cross border material care

Cross border material and economic ties have attracted considerable attention from academics studying transnational family life. The most important body of research examines how migrants transfer money to relatives who stay in their home country (Orozco, 2002; Cohen, 2011; McKay, 2007; Schmalzbauer, 2008). While most of the research on remittances mainly focuses on economics and lead to transnational families being conceptualised as economic entities (Arnold, 2012), recent research has increasingly suggested that transfers of material and financial goods in transnational families are not just material transactions, but "compound transactions with material, emotional and relational elements" (Carling, 2014: 219). A more nuanced analysis of these cross-border transactions reveals that migrants remit to fulfil obligations, affections and responsibilities to family members in the home country. In this section, I examine how such cross-border economic decisions are negotiated. I closely monitor how family members communicate and negotiate such cross border economic transfers through new technologies. I seek to generate unique insight into the everyday practices by which transnational families navigate aged care norms, obligations and responsibilities across borders. In the last section, I showed how communication through new technologies help family members feel cared for emotionally. Here I show how financial remittances sent to kin help them feel cared for financially. I also seek to demonstrate that new technologies are fundamental in facilitating the distribution of material resources across borders.

Financial remittances were the main topic of discussion in most conversations about material care I had with participants, particularly those in Zimbabwe. Financial remittances from the UK to Zimbabwe were the primary source of transnational material care for old people. Money was generally sent monthly via bank transfer, World Remit, MoneyGram, Western Union and through mobile money transfer popularly known as 'EcoCash' with extra funds sent in times of a care crisis. Although some older participants in Zimbabwe had modest incomes from pensions or nearby children, remittances were the most important means by which they met their care needs. Negotiations about financial remittances were therefore highly crucial, and in the conversations, it was made clear that without these remittances, the survival of family members in Zimbabwe would be at risk. The money earned by migrants in the UK must be used to meet the material needs of family members in both countries, which requires a great deal of deliberation and coordination via new technologies between migrants and their ‘left behind’ family members. The communicative practices through which family members negotiated the need for and use of remittances are therefore central to the care work that maintains transnational family life. In order to provide a more nuanced and holistic analysis and to trace how financial remittances are negotiated and governed over time, I will focus on examples from Kuda and Melusi families where the economic motive was the main factor for migration.

As part of their caregiving responsibilities in transnational families, Migrants are expected to send money back home for the economic survival of the families they leave behind (Yarris, 2017). In chapter 5, I showed how migrants felt motivated to continue working in the precarious care sector by the desire to send money home. For migrant participants, remittances serve as a symbolic representation of their responsibility and commitment to their families in Zimbabwe, both financially and emotionally. The moral significance of remittances is to help transnational families feel a sense of emotional closeness despite the distance (Yarris, 2017). During my fieldwork in Zimbabwe, I observed concrete evidence of the way remittances sent by migrant care workers were being used. One of the most tangible pieces of evidence of remittances was in the building and or improvements of houses. For instance, Kuda built a new house for his family, and Melusi extended his father’s house so that their ageing parents could be around people who would care for them. Nonetheless, remittances were also used for other things like buying food, medication, paying bills, and paying school fees. I asked Gari the conduit of remittances in Kuda’s family what he used remittances for; He said:

*Mainly for buying groceries, household goods, grandpa's medication, water and electricity bills, and KK school fees. The last one I received, I was instructed to buy solar panels to increase our power output.*

The decisions and aspirations to buy land, renovate and build a house in the home country have been documented by many scholars (Parennas, 2005, Hunter, 2018; Sumata and Cohen, 2018). Similarly, buying food, medication, paying bills and school fees are classic uses of remittances in developing countries, as recorded in many studies over time and across different migration periods (Dreby, 2010; Cohen, 2011; Abrego, 2014). What is perhaps fascinating and without a doubt the primary use of remittances that required a lot of coordination and negotiation in the context of this study and related to my main interest; was the health care of the older family members. In particular, Kuda's family was concerned with managing the health care cost of his father. After having a gastrointestinal tumour (GIST) removed, the latter was now suffering from acid reflux, which illustrates this point. Although an anti-reflux surgery could reverse Kuda's father's condition, the Zimbabwean health care system is not well equipped to provide the required surgery. Instead, this must be pursued at expensive private hospitals that charge in the United States dollars, leaving families to bear the cost. Due to the expensive cost of the surgery and other co-morbidities that Kuda’s father has, he now survives on lifetime anti-acid medications, which are costly in Zimbabwe but can be easily sourced from South Africa or elsewhere. Kuda, the first-born migrant son, explained how they navigated the broken health care system:

*The doctors demanded a lot of money for the cancer operation to go ahead, so we had to take him to a private hospital because the government hospital is now useless. It doesn’t have anything, so we had to take him to a private hospital, but before they could do anything, they needed money.*

The lack of infrastructure in the global south in general and the inadequacy of the Zimbabwean health care system have direct ramifications for people's health and In the absence of public support, families must do the care work themselves. Thus, the cases covered in this section, where Kuda's family grappled with paying for his father's medical care, are part of the daily experience of Zimbabwean families caring for their ageing kin. Remittances that migrants earn and send at a high cost, thus serve as a substitute for defunct state care. This finding ultimately echoes Singh et al.'s (2010) statement that ‘remittances are a currency of care in the global south’.

Kuda’s family were fortunate that they had two children in the diaspora. Kuda in the UK mainly sent hard currency for the purchase of medicine, and Tawanda in South Africa facilitated the purchase of medicine or sent medicine and other instrumental gifts from South Africa. However, to decide how much should be sent and who sent what and when was a bone of contention. While Kuda and Tawanda could communicate through different platforms and negotiate their commitments, it was a different case for their Zimbabwe-based siblings Netsai and Farai. The latter felt that they were the ones providing hands-on care, with Netsai being forced at times to leave her own family in the capital some 263 kilometres away and travel to help mitigate the caregiver burden on her mother. When I spoke to Netsai, she revealed that despite being the one who comes home every time there is a care crisis, she is not involved in her parents' primary health care decision. Instead, her older brothers Kuda and Tawanda, who did not live in Zimbabwe but provided financial support, assumed responsibility for such action, Netsai explained:

*The boys are the ones who send money, and they are the ones who decide how their money is used. My job is to just communicate to them what the doctors said, and they make the decision. I cannot make such decisions because I do not have the finances to do so.*

What is clear is that those who provide material care have power over the decisions of how the arrangements should work, and, in most cases, this created tensions within families. Carling (2008) argues that transnational relations are fundamentally shaped by power asymmetries that sometimes can be sources of frustration for 'left behind’ family members. This, coupled with gendered asymmetries, could explain Netsai's statement here as she feels frustrated by being left out in the important decision-making process.

I also observed similar asymmetrical power relations in this particular family, 'left behind' family members could be left facing situations of increased dependency and powerlessness in relation to the migrant relative. Farai, the non-migrant brother to Kuda, used to be the conduit of remittances before Gari replaced him. His relegation was because Kuda and other family members believed he was using remittances to benefit as he did not live in the same household as the parents. My multi-sited approach allowed me to unpack the story behind the inappropriate accountability of remittances by the accused Farai. Different family members gave differing accounts about the issue. Still, there was consensus that during his time as the conduit of remittances, Farai’s lived a life of luxury despite being unemployed. Some of the accusations were linked to his spending on luxuries such as expensive clothing, gadgets and heavy drinking while the house construction he was managing was moving at a slow pace. It is also worth mentioning that at that time, there were no technologies that Farai could use to show his brother in the UK how he used their money other than reassurance on the phone. Farai himself was aware that people see him as untrustworthy but was quick to maintain that his migrant brothers have an 'unrealistic expectation' about the purchasing power of their remittances and that they fail to take into account other incidental expenses like transport. All this can aggravate allegations of money mismanagement. Furthermore, he complained that his brothers believe their economic contribution to the care of their parents justifies the prioritisation of their agenda over others. He candidly explained:

*They used to send money to me, and I was the one in charge of collecting the money and buying food for our parents when they still lived in the village. For me to do that, I needed to commute between here and the village, which required money, and they did not understand this they thought I was spending their money on myself. Even the house, I am the one who ran around and helped Kuda build it. Without me, it would not have been finished, and still, I am seen as having benefitted. I don't know-how… the problem with my brothers is that they had unrealistic expectations about how their money works; hence their budgets and timelines were just unrealistic. I was constantly being forced to drop my work and commitments and satisfy their requests.*

Farai’s sentiments were shared among some Zimbabwean based family members who felt their migrant relatives were using remittances as a tool to exert their influence in the family. However, many Zimbabwean migrant care workers I spoke to in the UK felt that they received insufficient financial or logistical help from certain family members, though I observed that these complaints were mainly aimed towards those relatives who are less capable of providing material assistance due to their economic circumstances. These findings of the mismanagement of remittances and the resultant family conflicts emerge in other studies about the unintended consequences of remittances (for example, Ikuomola, 2015; Peter, 2010).

Communication through new technologies is an important part of the functioning of trust between senders, the manager, and the beneficiaries of material care. For a frequent and stable transfer of cross border material care, rely on reliable information that the family member being cared for is getting the type of care that was promised. To get reliable feedback, migrants had to rely on a communication line open between many actors within the care network. To avoid family conflicts and as a way of preventing being blamed for misuse of remittances Gari, who took over from Farai as the manager of remittances from Kuda, utilised the family WhatsApp group where he posted all the receipts of the way he had used money:

*I know exactly what led to the problems between my father [Kuda] and uncle [Farai]. It was a lack of accountability, people did not trust my uncle, and whenever he went for a drink and came back drunk, we all thought he was drinking my father's money. Sometimes he was, sometimes not. I have a different approach I keep receipts, and I always post them on the group for all to see how I have used money. Of course, there are instances where they would say, 'you have gone and used the most expensive service or bought the most expensive items. I always say the cheap ones are there, but they do not provide receipts, so I don't use them.*

According to Gari, this strategy works, and it has allowed him to remain the trusted manager of remittances. Similar dynamics are at work when migrants sent money and expect the money to be used in certain ways. More so, Gari indicated that his father Kuda would send the remittances together with the instructions of how they should be used. For example, Melusi explains how he makes sure there are no tensions in the family as to how much money was sent and how much was used:

*Whenever I send money, I copy the receipt and send it to the family group. They all will see how much I have sent and if it's not enough, we agree who will top up and by how much. In that case, there are no accusations of misappropriation of funds.*

In Melusi’s family, sending remittances is seen as deontic by some family members placing obligations for material care on him. His elder brother Jabu believed that Melusi should put the needs of the extended family in Zimbabwe first before his own immediate family in the UK because such expectations were the conditions of his migration in the first place:

*We all pulled together as a family [extended] to make sure he goes to London; my father had to sell his cows to make up the money for the ticket. Now that he is there, he should not forget where he came from. It's his duty to look after his father. So, when we need money, we call him and remind him of his duty and we expect him to honour it.*

Jabu’s statement shows how kin in Zimbabwe believe their migrant relatives have the capacity to meet the material care needs they require in Zimbabwe. The moral function of remittances here is shaped by pre-existing obligations in transnational care arrangements. The conditions of migration and moral responsibility to ‘left behind’ relatives interactionally constitute the eligibility of family members back at home to request material support.

However, most migrant care workers also complained that those back in Zimbabwe do not understand the difficulties of being an immigrant in the UK (see chapter 5) and the challenges of sending remittances or the challenges of transnational communication. However, what was clear was the intergenerational tensions between individuals and the goals of familial care require careful planning and negotiating, again foregrounding the importance of communication technologies as elements in transnational care. The older parents in these two families were not direct receivers of remittances, even though these remittances were mainly meant for their support and care. Due to their old age and the complexities of receiving money in Zimbabwe, they preferred someone else overseeing remittances. MaMoyo highlighted the difficulties she experienced when she used to be the one who would collect remittances from the bank:

*I did that sometime back about seven years or so ago. By then, I was still fit, but it was a process. Kuda sent me some money. I had enough to go to town and come back, so I boarded a taxi, paid the fare, got into town walked from Fourth Street to western union in Samora Machel Avenue near Coppa Cabana bus terminus. I queued for four hours before I could get in; they had run out of cash, so I had to come home. The following day I did the same and still could not collect. Then on the third day, I woke up very early as if I were going to work. That's when I managed to collect. After that, I said, no, you need to send it to some else because it was just exhausting.*

Clearly, for MaMoyo, advanced age complicated travel and made it difficult for her to get money on time. This was further compounded by the cash shortages, which meant people had to queue for long hours. MaMoyo's predicament is, however, now a thing of the past, thanks to new innovative mobile payment solutions that make the sending of remittances easy and immediate. In Zimbabwe, the popular mobile payment solution that is used by a lot of people is Eco-Cash. Eco-Cash enables its customers to complete simple financial transactions such as sending money, receiving remittances from outside the country, and paying for goods and services among its extensive uses (Sengere, 2017). Eco-Cash has also partnered with other well-known international money transfer agencies such as World Remit, making sending remittances cheaper, faster, and more accessible. Ironically, this innovative technological enabler, as well as enhanced connectivity, are seen by migrants in particular as amplifying their expectations to remit as delay or lack thereof is seen as a deliberate choice and can lead to family tensions, as Melusi explains:

*Nowadays, because of Eco-Cash, it's easy to send money, especially if it's for paying bills and staff or when hard currency is not needed. But the problem is people back home expect you to send money there and there as when they ask for it; you know what I mean. It's insane.*

Melusi's sentiments indicate that new technologies are not only empowering but can be objects of exploitation and serve as a burden to migrants who are required to fulfil their caring responsibilities through remitting. This resonates with Hunter's (2018) analysis that new technologies make it easier for ‘left behind’ family members to exploit migrants for money and other forms of remittances. Wilding (2006) also discussed the same issue. She noted that refugees suffered from the anxiety created by kin using new technologies to demand remittances. As previously discussed in Chapter 5, migrant participants decried constant connectivity as it left them vulnerable to being exploited for money by their 'left behind' family members.

## 8.5. Conclusion

In this chapter, I analysed how new technologies make transnational communication increasingly accessible and affordable, allowing Zimbabwean transnational families to constantly and continuously connect over distance. This augmented connection with the distant other has become an essential condition of caring relationships. They also utilise a plethora of new media applications like WhatsApp family groups to negotiate caring responsibilities. New technologies were even more critical during critical health moments when cared for older relatives needed emergency health. During these times, the modalities of the mobile phone were vital as they facilitated the exchange and maintenance of emotional support within and across borders. Voice and video calls enabled by new technologies reinforced a sense of ‘co-presence for these geographically distant families, by and large delivering emotional closeness, thereby making those in foreign countries feel at home.

Most importantly, I show the complexity of gender power dynamics and how technology can also reinforce and challenge these gender roles. While the literature typically views these new technologies as empowering for migrants and their overseas family members, the finding in this chapter indicates that new technologies can be construed as both a 'blessing and burden' (Horst, 2006; Hunter, 2018) they bring unforeseen obligations. The constant connectivity facilitated by new technologies contributes to the extra financial challenges and emotional burden for migrants, particularly as they feel obliged to look after their families in the home country (see also discussion in chapter 5). Migrant participants in this study play a crucial role in the care of their aged in Zimbabwe through sending remittances to provide for Health care, food, and shelter in a country where access to such goods has become scarce.

The chapter also showed how financial remittances form one of the key dimensions of transnational care relationships providing income and material connections between migrants and their families in Zimbabwe. Through analysing how transnational families negotiate material care across borders, this chapter has demonstrated the crucial role of financial remittances as a key source of income for families making up gaps in social care services provided in an economically deprived country like Zimbabwe, where the majority of financial remittances are used to pay for health care. For migrants, remittances highlight their attempt to maintain continuity in the face of family disruption. For families back home, financial remittances also serve as an unavoidable reminder of the sacrifice their migrant family members are making in the diaspora. By placing financial remittances at the micro-level context of family ties and human agency, this research, by and large, contributes to the sociological understanding of remittances. Advances in new, low cost, ubiquitous technologies facilitate the easy flow of financial remittances for transnational families, albeit the pressure to communicate, remit and care from a distance. This chapter, therefore, contributes to the literature on how new technologies are transforming transnational aged care relationships.

# Chapter Nine: Conclusion, contributions to knowledge and recommendations

## 9.1 Introduction

In this chapter, I draw together the main empirical findings of this study and reflect on the key arguments advanced in the thesis. Furthermore, I will explicitly explain how the thesis contributes to knowledge and highlight some policy implications and recommendations. Lastly, I will present the study's limitations and discuss some potential ideas for future research.

The principal aim of my research is to critically explore how Zimbabwean Migrant care workers negotiate caring relationships and arrangements with their non-migrant family members in their home countries and how new technologies mediate these negotiations. I was specifically interested in how they negotiate potential cultural contradictions in approaches to aged care itself and how this influences the way they negotiate care arrangements and care intentions with their ‘left behind’ family members. I also wanted to examine the extent to which new technologies are transforming these transnational aged caring relationships and how these changes affect the distribution of power, resources and emotional bonds built in these relationships. As such, the study aimed to address the following research questions:

1. How do migrant care workers reconcile paid care work with their own local familial and transnational aged caring responsibilities?
2. How do migrant care workers, their 'left behind' family members and ageing parents experience transnational aged care relationships and how do gendered power dynamics shape these relationships?
3. What is the role of new technologies in mediating long-distance aged care relationships and arrangements between migrant care workers and their 'left behind' family members?

Particular focus was on migrant care workers and their ‘left behind’ family members. The motivation to focus on migrant care workers was driven by the desire to understand how as a group exposed to two different care models, both as formal paid workers 'here' and informal care providers 'there' negotiate the cultural contradiction. For the 'left behind' family members and older people, the motivation was driven by the lack of recognition research has paid on this group who provide the much-needed proximate care and are structurally disadvantaged in their access to new technologies. To respond to the analytical demands of my research, I adopted a multi-sited approach that enabled me to collect data with migrant care workers in the UK and matched family members in Zimbabwe. I will consider the main findings and arguments of the thesis after the summary overview.

## 9.2 Summary of Findings and discussion

In Chapter Five, I presented and discussed the characteristics of the Zimbabwean migrant care workers. While the specific focus of the thesis is on transnational aged care arrangements. I argue that it is impossible to understand migrants’ transnationality without also paying due attention to their wider immigration experiences, their employment experiences within the care sector and the context of their work-life balance. Therefore, to add contextual weight to my assessment, this chapter explored their migration trajectories and pathways into the care sector and strategies for work-life balance, as well as perspectives on transnational care. My findings show that there is a myriad of factors that influenced my participants' decisions to migrate to the UK. While the underlying factor that motivated participants to migrate was the deteriorating social, political and economic situation in Zimbabwe, it goes without saying for most; it was often a collective family decision that was made to benefit the whole family. As such, I argue that the migration of Zimbabwean migrant care workers is embedded in family obligations and material realities.

Similarly, though the motivations were somewhat varied, most participants, especially those whose migration was for the benefit of the family back home, joined the care sector with the explicit intention to provide for their families left in Zimbabwe. This underscores the centrality of the family in the migration decision-making process. The migrants' pathways to care work are closely connected to the global demand for care workers. Hence, the global care chains concept that has received considerable attention in recent years is very relevant (Yeates, 2004). However, the issues discussed in this chapter show that care in a migration context extends beyond labour provided by migrant care workers and emphasises how migrants' transnationalism deeply rooted in obligation and duty to care for 'left behind' family members.

In Chapter Six, I discussed the dual role of migrant care workers as formal carers of older people 'here' and informal carers of their ageing relatives 'there' and how they reconcile these roles. Before dealing with care at a distance, migrant care workers also had to negotiate paid work and their immediate caring responsibilities in the UK. Like most families in the UK, the findings indicate that migrant care workers experienced many difficulties when trying to reconcile paid care work and familial responsibilities, impacting their transnational care practices. However, migrants have more specific challenges when negotiating care and work. The obstacles include limited financial resources, lack of informal support from families, such as grandparents to help with childcare, lack of affordable childcare options. Above all, they do not have enough social nets to rely on. The key finding from this chapter is that most of the participants relied on working shifts and using social networks to assist with childcare responsibilities. Most importantly, managing their local responsibilities also shapes how they engage with their 'left behind' family members.

Despite dealing with reconciling care and work here, participants also had to negotiate their role as transnational caregivers to their aged parents in Zimbabwe. Most participants indicated that they were the primary providers for their ageing parents back home. Hence, they provided all forms of care (emotional, practical, personal and financial). This was made possible by new technologies and through visits. However, since most migrated to provide familial care, remittances were deeply embedded in the care provided. Participants indicated that they are pressured to work in the care sector because of their obligation to send some remittances to families back home experiencing the vagaries of economic collapse. New technologies also exacerbate the pressure to remit. While new technologies were welcomed as affording them the virtual space to communicate with their relatives back home, participants also discussed the limits of technology, mainly when their ageing parents' health declined. The findings also show that participants struggled with guilt at these times (when parents health declined) because they could not be there to enact hands-on care. At the same time, the literature indicates that migrants can provide personal hands-on care provided temporarily through visits. My participants' visits were not always possible due to lack of financial resources or due to immigration restrictions; hence providing hands-on care was never completed because of distance. I concluded that while technologies offered a way to be involved in the care of their older parents at a distance, they did not provide the vital psycho-social and multi-sensory nature embodied in co-presence.

In Chapter Seven, I explored how migrant care workers negotiate care relationships with their 'left behind' family members. In this chapter, I bring in the perspective of both the migrant care workers and that of their 'left behind' family members. This places distant and proximate forms care (re)configurations and (re)negotiations at the centre of the analysis. First, I explored the traditional norms that govern aged care arrangements in Zimbabwe, how these are disrupted by migration and how families renegotiate caring relationships. The findings show that aged caregiving arrangements in a Zimbabwean context are complex, diverse and often include a range of family members. My participants' care embodies their sense of filial responsibility and familial responsibility augmented by the philosophical underpinnings of ‘ubuntu’. In the absence of state support for aged care, the family is the most common care provider for old people. While the extended family is the norm and filial responsibility is highly valued in Zimbabwe, my findings indicate that recent societal changes have transformed the traditional extended family, the traditional source of aged care. The assumption of the traditional family in an African context in general, Zimbabwe in particular, is premised on proximity and collective responsibilities. However, the experiences of the three vignettes of families presented in the chapter reflect diverse family forms scattered over different countries and whose dynamics are complex and changing over time. The shifting values associated with aged care were explored and analysed through the patriarchy informed notions of care as a women's job. The results depict gendered inequalities in the provision of aged caregiving, with the heaviest responsibility often falling on women. This was especially the case with women participants who revealed that they shoulder the burden of care more than the men. Nonetheless, the findings also show that migration presents women with the economic opportunity and capital that empowers them in the family decision making process.

The chapter also explored how families adjust to provide aged care in the wake of a family member migrating. The stories presented in this chapter show that care arrangements and relationships are renegotiated in the wake of the migration of one or more family members. It is clear from the participants' accounts that negotiating the care arrangements of the parent sometimes involved what Baldassar et al. (2007) referred to as 'working out' contingent upon other categorisation such as gender, age, position in the family and economic structure. Aged care arrangements are thus dependent on the capacity, responsibility and negotiated commitment that evolves (Baldassar et al., 2007). It is often taken for granted in the literature on African caregiving that adult children will automatically take care of their ageing parents. While most participants indicated that they care for their parents due to the normative obligations, others indicated that they do so according to their capacity. Capacity involved the availability of resources such as money, time, and place to accommodate ageing parents and individual physical ability, making it possible for individuals to participate in aged care. This chapter resonates well with the Africa ethics of ‘ubuntu’ and the feminist ethics of care that frame care in interconnections and relationality (Nguyen et al., 2017). The relationships discussed in this chapter highlight cases of interdependency between individuals and families, which demands we take a closer look at care as an exchange governed by traditional norms of family and kinship ties. I conclude by arguing that it is imperative to consider that because of the current, persistent, inhospitable social, political and economic environment in Zimbabwe and the absence of a welfare state, the family remains a crucial coping mechanism for dealing with aged care. Consequently, care for older people will likely stay an activity mainly done by women.

In Chapter Eight, I explored the role of new technologies in mediating long-distance aged care relationships between Zimbabwean migrant care workers and their 'left behind' family members. The chapter's main focus was on how new technologies enable Zimbabwean transnational families to maintain care relationships across borders, manage critical health moments, and facilitate the flow of remittances. In line with other studies on new technologies and transnational families (for example, Baldassar et al. 2007, Portes and Rambaut, 2014 Madianou, 2019; Plaza and Plaza, 2019), the research findings indicate that new technologies such as mobile phones, free internet-based calling and messaging platforms like WhatsApp and as well as social media platforms like Facebook and Instagram have diversified the possibilities of interaction across distance, enabling separated families to reconnect and stay in touch, thereby allowing for the exchange of care across distance. Participants' accounts show some positive examples of new technology-mediated interventions to help families stay connected in the context of migration. Both migrants and their 'left behind' family members believe that new technologies have enriched their family lives despite the recalcitrant distance between them. Indeed, the findings show that some technological platforms such as WhatsApp encourage stronger emotional connections within families and help those at a distance to creatively and efficiently transmit their assistance, giving them a vital balance to share care for their ageing parents with their more proximate relatives. The examples of the use of WhatsApp family groups in times of care crisis illustrate this point.

More so, new technologies have also improved the way these families send, receive and use remittances. Remittances sent by migrants are ascribed affective meanings by those back home. This form of material support is interpreted as a sign of continued obligation to care and support the family ‘left behind’. In the chapter, I also showed how the complex and sometimes tense negotiations processes within the families shape how remittances are used. For senders, new technologies enable them to oversee how their remittances are used and for the receivers, it affords them the platform to show how they were used.

Nonetheless, on the implications of care across distance, I found that new technologies fall short when a distant care crisis involving an older family member (often the parent) confronts the transnational family. For migrants, the findings highlight that using new technologies during a care crisis cannot entirely relieve the emotional pain and guilt of not being on the ground to offer socially and emotionally hands-on care to their ailing parents. For those who are proximate, they may feel that the distant family members may be of less help and not feel the impact of the burden of caregiving. This can fuel intra-family disputes, conflicts and resentments, adding stress to their relationships and has implications for the sick relative. These findings contribute to previous studies that have argued that new technologies do not necessarily translate to a greater sense of caring (Cuban, 2017) and that physical co-presence or being on the ground and providing hands-on care is still a highly preferred way of performing caregiving duties (Baldassar, 2014; Merla et al., 2020). However, it is also evident from the findings that new technologies can magnify, perpetuate and even exacerbate existing gender inequalities in doing care. The family WhatsApp groups explored in this chapter clearly show the potential of new technologies in producing and reproducing unequal gendered outcomes in caregiving.

Although new technologies have simplified the way migrants and their 'left behind' family members send, receive and use remittances, they also have, in some ways, increased the pressure on migrants to remit, thereby amplifying family conflicts. The research presented in this chapter and briefly in chapter 5 indicate that contrary to the literature that new technologies empower migrants, they sometimes create heightened responsibility and potential stress on the migrant who is now easily accessible via new technologies despite the geographic distance. Families can now quickly call their migrant relatives and ask for or demand financial assistance, especially in times of need. Migrants, as witnessed in the empirical chapters, are obliged to remit irrespective of their precarious financial situation. More so, new technologies are not easily accessible to all: ‘left behind’ family members with low economic calibre, for instance, are less likely to own these new technologies than migrants. This calls into question the empowering role of new technologies.

## 9.3 Contribution to knowledge

My thesis makes a significant empirical contribution to the study of migration, gender, transnational families and technology-mediated long-distance aged care. An important empirical contribution of this thesis is the experiences of men in transnational aged care. There is scant research on migrant men's transnational aged care. Little available research focuses on them as fathers separated from their children (Chereni, 2015; Poeze, 2019 Kufakurinani et al., 2014; Madziva, 2016). In this thesis, I plug this empirical gap by demonstrating how transnational care involves more than just women caring for their ‘left behind’ family members, which has been the focus of most transnational care literature. The Zimbabwean migrant men studied here showed that they are involved in the transnational care of their ageing parents. They do so by sending material care in the form of remittances, communication through new technologies and visits when possible. This, therefore, allows for the understanding of migrant men as relational individuals who are also involved in long-distance care practices across space and time.

The thesis also responds to the call to broaden the Global Care Chains concept by including men in ‘the contextualisation and broadening of the concept’ (Kilkey, 2010; 128). Throughout the thesis, I have analysed the role of gender in the context of the international division of reproductive labour and demonstrated that the division of reproductive labour goes beyond the feminisation of migration. Migrant men in this study are employed in paid care work, a sector traditionally and exclusively female and feminised. I demonstrated their agency as well as how they construct and deconstruct their masculinity and negotiate their experiences in highly feminised employment. Adopting an inclusive gender lens that includes both men and women, the thesis adds another dimension of understanding the theoretical connections between migration and gender as well as the power dynamics embedded in them. It reveals how migration and men's employment in care work can simultaneously challenge and perpetuate gendered assumptions about care and domestic work in transnational families. As a result, the thesis adds to the literature on migrant men within the global care chains.

While there is a steady and well-established scholarship on transnational aged caregiving, most of these studies have been conducted in the global north or Latin America. The African perspective has been missing contributing to what Mazzuccato (2013) called the geographic bias. It is evident that despite the migration of Africans to all corners of the world to perform social reproductive duties, how they manage long-distance care for their 'left behind’ families is currently poorly understood. Therefore, my thesis adds important knowledge by exploring caregiving in the unique cultural context of Zimbabwe, likely having broad relevance to the Sub Saharan African region as a whole. More so, the thesis contributes to the limited studies that try and understand the long-term care provided by families in sub-Saharan Africa and challenges the dominant assumption that African families can easily look after their aged relatives. Some evidence from the small existing literature documents how the loosening norms and structures of the extended family are affecting aged care in Africa. However, the presumed decline of aged care provision from the family has not yet been well researched and considerable debate remains about how social trends affect aged caregiving in African families (Aboderin and Hoffman, 2017). This study, therefore, contributes to this debate around the experiences of families and later life in sub-Saharan Africa.

Theoretically, the ideas of ‘ubuntu’ discussed in this thesis adds another dimension to the understandings of the ethics of care from an African perspective. The thesis has highlighted how the ethics of care and ‘ubuntu’ share many commonalities especially around issues of morality, I argue that ‘ubuntu’ better captures the moral considerations of aged care in a Zimbabwean context. As a philosophy ‘ubuntu’ embodies virtues that celebrate communal belonging, social responsibility, trust, caring and respect for the elders. As such it is a philosophy that is at home with the African values, culture and norms of care and caregiving in old age. Therefore, it provides an important understanding to the ethics of care from a different dimension. This contribution is important in that it helps understand the context specific, cultural and traditional dynamics involved in the discourse of ethics of care from an African perspective.

Furthermore, the thesis offers insights into how remittances are sent and used. Several migration studies, especially those with developmental bias, tend to focus on the economic benefits of remittances on households and take households as single units (De Haas, 2005; Crush and Chikanda, 2009). This is problematic because doing so neglects the complex negotiation process of who receives remittances on behalf of the family and whether their use benefits all family members. My thesis addresses this gap by shifting the focus to social inequalities by drawing attention to the gendered and generational inequalities in negotiating cross border material care within transnational families. This discussion contributes to the sociological critique of the economist perspective on migration and remittances by presenting a gendered analysis of the ways ‘left behind’ family members exercise agency over remittances.

This thesis also contributes to the body of scholarly research, which has emerged in the past decades showing that transnational aged care takes place across distances through the use of new technologies. Thus far, there has been a myriad of research investigating the phenomenon of new technologies in enabling migrants to exchange care and support with their overseas members (for example, Baldasser et al., 2016; Madianou and Miller 2011; Madianou 2012; Dankyi et al. 2017; Barbosa -Neves and Casimiro 2018). This thesis adds to this rich body of literature by including the Zimbabwean perspective and showing how new technologies transform caring relationships in societies where the internet and fixed landline are not fully developed. Another addition that this thesis makes to the literature on transnational care and new technologies is taking account of seldom heard older people’s perspectives of new technologies and care. The thesis also adds to the work on new technologies and remittances and demonstrates how new technologies transform the way remittances are sent and used. What is evident in the findings is that easy access to new technologies has resulted in the pressure for migrants to remit and also amplified the material dependency of ‘left behind’ family members. This thesis has shown that despite enabling migrants to remain connected with their family members, new technologies also reinforce the pressure for migrants to provide financially to their 'left behind' families.

Further contribution lies in the methodological approach adopted in this research. The matching of family members, as well as the collecting and triangulating rich and original data from families living in different parts of the world using a multi-sited research approach, was a unique process for a small-scale study like this. By adopting a multi-sited research methodology, my study contributes to understandings on meanings of transnational care across borders by examining the experiences of those who migrate and those who have stayed in the home country but continue to be influenced by ideas, objects and information coming from across borders. This was important because the lives and experiences of ‘left behind’ family members and the ‘left behind’ older people in need of care are an essential but often overlooked part of the migration phenomenon. A transnational multi-sited approach enabled me to focus on the micro contexts 'here' and 'there' to demonstrate how these transnational relationships shape daily caregiving experiences and perceptions. It also allowed me to take account of the changing macro context in Zimbabwe. This allows for a much fuller understanding of the context in which transnational care is circulated. As I commented in chapter 8, the multi-sited approach allowed to map the processes of change, the tensions, negotiations and contestations of family care from both the sending and destination society. More so, involving different actors in the care networks allowed for a richer, more nuanced understanding of the tensions and contestation of the family provided care. This is an important contribution to the transnational care literature because most research usually focuses on what's happening in the destination country and relies on one-sided accounts, risking giving a misleading impression of how care in the wider family is organised and provided.

## 9.4 Limitations of the Study and Suggestions for Future Research

Like any research project, there are some limitations to the study and the findings should therefore be understood in relation to these limitations. Some of these limitations relate to the design of the study and the methodological approach chosen. In this section, I discuss the limitations and offer suggestions for future research.

First, the sample size is relatively small; hence caution must be exercised when generalising the finding. This being a PhD study with limited resources available, the nature of the study was qualitative and the sample was small n= 10 for the UK and n= 11 in Zimbabwe. In the UK phase of the study, participants were recruited only from the Yorkshire and Humberside region. Most lived in small towns and their experiences might be different from those who live in big towns where most Zimbabwean migrants are concentrated, for example, London, Manchester and Leicester. Additionally, the sampling technique chosen to recruit participants in such a small area might suggest that those who participated knew each other and had similar experiences, even though extreme caution was taken in trying to recruit from different starting points.

Furthermore, only a few UK based participants (n=3) consented to their relatives in Zimbabwe being approached to be interviewed. Therefore, I cannot claim that the three families interviewed in Zimbabwe are representative of the total transnational families in Zimbabwe. Despite the qualitative nature of the study and the small sample size, I argue that the findings are still relevant and of broader interest as the study form a good starting point in understanding the dynamics of aged care in a changing African context. At the same time, it would be worth increasing the sample size and including migrants from different economic backgrounds and their family members better to understand these particular issues around transnational aged caregiving arrangements.

Second, the time scale of the data collection meant I was not in a position to come to any conclusions about the change over time. Other studies carried on African transnational families, for example, Mazzucato (2008) Ghana Transnet research program, showed that interviewing participants multiple times over a year enables the researcher to gain a deeper understanding of the dynamics in social relationships. Such studies have demonstrated that with longitudinal data it is possible to observe the elements that were once unobservable, and which may play a crucial part in the transformation of migrants' home country engagements. It might be beneficial in future to consider a longitudinal study so that change over time in aged care arrangements can be mapped.

Third, like most transnational family studies, this study concentrated on the relationship between family members and did not explore the role of non-kin members who might be involved in the care arrangements. The literature on care and caregiving in an African context emphasises the importance of non-kin or fictive kin members and the community in providing aged care (Aboderin and Hofman, 2017). The research findings did point to the extent of these, for example, kinship created through attending the same faith-based organisation, but since this study's unit of analysis was the family, this was not explored. The decision to pay less attention to non-kin caregivers left some specific empirical gaps. For instance, I could not assess from the perspective of the neutral non-kin members whose care relationships might not be governed by filial duty and responsibilities.

Lastly, the sub-Saharan African aged care social policy warrants further research. In the advent of changing social norms, globalisation, migration, etcetera, it is rather unfortunate that some African countries, Zimbabwe, in this case, have not yet put into context the needs of old people. More so, little research has been undertaken to show that the traditional caring and social support mechanisms in sub-Saharan Africa are weakening.

## 9.5 Recommendations and implications for policy

Based on the findings and conclusions made, the thesis has implications for a range of stakeholders. I will now shed light on some recommendations and types of resources that might benefit all the stakeholders implicated in this study.

First, the study thesis draws attention to the stresses and burdens migrant care workers face when trying to reconcile paid care work and their familial responsibilities that sometimes stretch over borders. It is evident from the findings that the lack of informal support in terms of family members that could help with mitigating the work-life reconciliation problems was highly stressed by migrants. This was due to restrictive migration policies that hinder them from bringing family members into the UK. For example, grandparents, who research has shown are an essential source of childcare (Kilkey et al., 2014; Bjornholt and Stefansen, 2018). Given that the presence of migrants in the UK care sector remains relevant, it is vital for UK policymakers interested in the recruitment and retention of migrants in the UK adult social care sector to holistically consider migration and labour market policies that address the needs for family reunification and the possibilities of reconciling work and family life for migrant care workers.

As discussed in chapter 8, the thesis makes a significant contribution to the understanding of communication via new technologies for transnational families and their importance in maintaining long-distance aged care relationships. The stories of migrants' care workers and their 'left behind' family members in this study point to opportunities afforded to them by new technologies and how this has shaped transnational aged care. These findings have implications for both host and sending country policymakers. First, the host country, the UK, in this particular case, policymakers, migrant community organisations and migrants themselves could be made aware of both the potential benefits and challenges of frequent communication with family members in the home country through the use of new technologies. For the Zimbabwean government struggling with archaic infrastructure, it is recommended that it upgrades its telephone and internet infrastructure. This significantly weighs the way migrants and their 'left behind' family members can keep in contact. Upgrading the infrastructure could also benefit the country's GDP through remittances sent by migrants. It is also important that the Zimbabwean government arrange tailored new technologies training for the old population to help bridge the digital literacy divide among the people.

In addition, insights from this study bring into the limelight aged care struggles and contentions that the Zimbabwean government must address. I recommend that the Zimbabwean government and NGOs involved in the care sector develop and expand institutional support that best meets the ageing population's needs. Considering that the Zimbabwean adult social care system is non-existent and old people rely almost exclusively on informal and family provided care, I recommend the government develop policies and practices that can supplement family provided care with proper government support. It is also high time that the government of Zimbabwe, other sub-Saharan African governments, and interested stakeholders realised that the family system in Africa is changing and over-reliance on family care support will not be sustainable in the near future. Hence, new methods of care involving the state, the family, churches and NGOs must be fostered to meet the care needs of old people.

## 9.6. Concluding thoughts

The transnational aged care arrangements and the care relationships analysed in this thesis show the continuity of care in the wake of migration. Through a multi-sited research approach that considered the perspectives of migrants, their 'left behind' family members and their older parents in need of care, I have demonstrated the complexities of care arrangements and dynamics of care relationships in Zimbabwean transnational families. First, I showed how migration is seen as a coping strategy in the context of the continuing Zimbabwean social, political and economic crisis. The findings indicate that while migration may benefit migrants and their families, it may also make migrants vulnerable to obstacles of transnational care especially in the context of discriminatory labour markets and restrictive migration regimes in the destination society. Nonetheless, the desire to care for their families both locally and transnationally keeps migrants grounded in precarious labour markets. Furthermore, they face the greatest difficulty in combing care work and familial care responsibilities which stretch across borders.

These transnational aged care arrangements and experiences of caregiving analysed in this thesis not only reflect the continuity of care models in Zimbabwe where reciprocal family care based on traditional caregiving norms is the common strategy. It also shows that care remains a responsibility of women which further express the continuity of gendered inequalities in transnational care arrangements. I also demonstrated that the process of care across borders does not always engender positive care relationships in separated families. Instead, transnational aged care is premised on complex and contradictory commitments negotiated within the broader family network. The negotiated commitments are shaped by deep intrafamilial inequalities based on gender, class and place of residence. In this context, women and the ‘left behind’ family members shoulder the burden of care. Most importantly, the thesis has also highlighted the often under-researched role of men in transnational aged care arrangements. I have also shown the complex and increasingly vital role of new technologies in maintaining familial ties and circulation of care across borders. Besides new technologies, remittances also act as a currency of care and contact for these separated families. The findings have shown how remittances have become a central part of survival and care strategy in Zimbabwean transnational family life. This study, therefore, adds to the literature on migration, transnational families, care across borders and the role of remittances and new technologies in mediating cross border care in separated families.

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# APPENDICES

## Appendix 1a

Migrant Care Workers Participant Information Sheet

**INFORMATION SHEET FOR PARTICIPANTS: MIGRANT CARE WORKERS**

in

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| --- | --- |
| **Title of study:** | **Care ‘In’ and ‘Out’ of Place: towards sustainable wellbeing in mobile and diverse contexts (Migrant care workers)** |

We would like to invite you to take part in the study *Migrant care workers in the UK: an analysis of sustainability of care at home* conducted by researchers at King’s College London, University of Kent, and University of Sheffield. Before you decide whether you want to take part, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. You can also contact us if there is anything that is not clear or if you would like more information

**What is the purpose of the study?**

In this study we are trying to find out more about the experiences of migrant workers in home care, and how Brexit and changing immigration rules might impact on home care. We are also keen to understand how they reconcile paid work with their own familial caring responsibilities back home and how the care they provide to their distant family members is best mediated by new technologies

**Why have I been invited to take part?**

We would like to interview migrant home care workers from the following countries about their experiences and wellbeing in the UK. By **home care** we mean help with personal care (for example help with getting dressed, preparing meals, personal hygiene etc.) provided in people’s own home. Care workers who provide any type of home care can take part in the study. For example:

* Home care workers who are employed by agencies or directly by service users/families can take part.
* Home workers who provide drop-in visits or live-in care can take part.
* Home care workers who work with older people or people with disabilities can take part.

Interviews will be conducted in English, so the ability to speak at least some English is essential for taking part in the study.

**Do I have to take part?**

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway.

The research is independent, and we will not tell your employer if you take part or not in the study. It is up to you if you want to share this information with them.

**What do you need to do to take part in the study?**

If you are interested in taking part in the study, please contact Obert Tawodzera (by email/phone) to arrange a suitable time for an interview.

Before the interview, we will ask you to sign a consent form and you will be given a copy of this consent form to keep.

The interview can take place at a time and location chosen by you (this can your own home, a public place such as a library, the University, or a cafe) or over the phone / Skype.

**What will happen during the interview?**

During the interview the researcher will ask questions about your experiences of working as a home care worker in the UK, the positive and negative aspects of working in home care, your wellbeing. We are also seeking to understand how you stay in contact with family and friends, and care for each other from a distance and across national borders. You can say as much or as little as you wish about these topics or may refuse to answer any questions. We will also ask you to complete a short questionnaire to record background characteristics, such as gender, age, ethnicity, number of children, etc.

The interview will last for approximately an hour (up to an hour and a half, if you are happy to continue), but you can take a break at any time. If you wish to stop the interview for any reason, you can let the researcher know. You can withdraw from the study at any time without giving any reason and without there being any negative consequences for you. With your consent we would also like to record the interview to make sure that we accurately keep what you have said.

As part of the project, we might invite you for a second interview approximately one year after the first interview (2019/20), to find out more about what has happened with you in the intervening period

**What are the potential benefits of taking part in the study?**

The study has indirect benefits. We hope that our research will help to understand the effects of Brexit and changing migration policies on the well-being of migrants working in the home care sector and people who use services. The study will also contribute to discussions on the future of migration and social care.

**What will happen to the information you give us?**

All the information that we collect about you during the course of the research will be kept strictly confidential and will only be accessible to members of the Sustainable Care research team at the Universities of Sheffield and the University of Kent. Everything you say will be kept confidential and only accessible to members of the research team unless you tell us something that indicates you or someone else is at risk of harm. We would discuss this with you before telling anyone else.

After the interview, the recording will be saved to an encrypted/ password protected computer/ laptop/ external memory device and deleted from the recorder. The interview will be written up by an external transcription service that has been used extensively by the University of Sheffield and is subject to a confidentiality agreement. After the interview has been transcribed and checked for accuracy, the recording will be deleted.

In the transcripts any information you provide which could reveal your identity will be removed, and you will be given a different name (pseudonym). The information about background characteristics from the short questionnaire will be entered into a spreadsheet connected to the pseudonym given to you. All information that could reveal your identity (such as name and contact details) will be removed. The anonymised interview transcript and spreadsheet will be securely stored on an encrypted and password protected server of the University of Sheffield. Only at this stage will information be shared with our partner at the University of Kent. The document which connects pseudonyms with personal identifiers - such as names and contact details, will be stored separately and securely, on an encrypted file on a password protected computer at the University of Sheffield. Your words from the interview may be included in future publications, for example in reports, articles, and other research outputs. You will not be able to be identified in any reports or publications.

Due to the nature of this research it is very likely that other researchers may find the data collected to be useful in answering their research questions. You can decide whether your anonymised data can be archived at the UK Data Archive and used in future research. Only authenticated researchers will have access to this data, only if they agree to preserve the confidentiality of the information on the archive. They may use your anonymised words in publications, reports, web pages, and other research outputs.

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that ‘processing is necessary for the performance of a task carried out in the public interest’ (Article 6(1)(e)). As we will be collecting some data that is defined in the legislation as more sensitive (such as health and ethnicity), we also need to let you know that we are applying an additional condition in law: that the use of your data is ‘necessary for scientific or historical research purposes’.

**How can I find out more?**

If you have any questions about the study or just want to talk to someone about it, you can ask me now. You can also call us, send us an email or a letter:

<contact details>

**Please feel free to contact us at any time. We will be happy to give you further information.**

**Note:** This study has been reviewed and approved by the University of Sheffield’s Ethics Review Procedure, administered by the Department of Sociological Studies. If you have a complaint or wish to discuss the study with the person responsible for the research, please contact the Sustainable Care Programme leader, Professor Sue Yeandle. Address: CIRCLE (Centre for International Research on Care, Labour and Equalities), Faculty of Social Sciences, The University of Sheffield, ICOSS, 219 Portobello, Sheffield S1 4DP, Tel. 0114 22 22000.

The University of Sheffield, and the University of Kent will act jointly as the Data Controller for this study. This means that these universities are responsible for looking after your information and using it properly*.* Further information, including details about how and why the University processes your personal information, how we keep your information secure, and your legal rights (including how to complain if you feel that your personal information has not been handled correctly), can be found in the University’s Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

## Appendix 1b

Zimbabwean family members **Participant Information Sheet**



**INFORMATION SHEET FOR PARTICIPANTS: ZIMBABWEAN FAMILY MEMBERS**

**Title of study: The role of new technologies in transnational aged caregiving**

**What is the purpose of this study?**

In this study we are trying to find out how people do care for the elderly across distance using new technologies

**Why have I been invited to take part?**

We would like to interview you because we have already talked with your relative in the UK about their experiences and we would like to hear your own story from this side.

**Do I have to take part?**

Participation is completely voluntary. You should only take part if you want to and choosing not to take part will not disadvantage you in anyway.

**What will happen during the interview?**

During the interview the researcher will ask questions about your experiences of caring for your elderly relatives here in Zimbabwe, how you work together with your relatives in the UK and elsewhere to deliver this care as well as your experiences in using new technologies for long distance care.

The interview will probably last around one hour. You can take a break at any time during the interview. If you wish to stop the interview for any reason, you can let the researcher know. You can withdraw from the study at any time without giving any reason and without there being any negative consequences for you.

**What are the potential benefits of taking part in the study?**

The study has indirect benefits. We hope that our research will help to understand the effects of long-distance care relationships between UK based Zimbabweans and their overseas family members. The study will also contribute to discussions on the future of migration and social care policies in the UK.

**What are the potential harms of the study?**

If you have had negative experiences in relation to any of the topics in this study, you might find it upsetting to recall these. Should this happen, the researcher will offer the opportunity to have a break, to talk about something else, or to finish the interview. If necessary, he will also provide contact information to organisations for further advice or support.

**What will happen to the information you give us?**

After the interview, the recording will be saved to an encrypted laptop, and deleted from the recorder. We will use the recording to write down the interview word by word. This will be either done by the researcher or a transcription company contracted by the University of Sheffield and subject to a confidentiality agreement.

Interview transcripts will be securely stored on a computer owned by the University of Sheffield.

The findings from the study will be published in reports, articles, and conference presentations. We might quote your words in these publications.

**Data handling and confidentiality**

Your data will be processed in accordance with the General Data Protection Regulation 2016 (GDPR).

Your consent form will be stored separately in a locked cabinet on University premises.

Participant data will be anonymous. Your name or any information that may reveal your identity, or the identity of others, will not be included in any reports or publications. We will remove any information that could potentially identify you or others, and we will change all names (names of people, places, services etc.).

Everything you say will be kept confidential unless you tell us something that indicates you or someone else is at risk of harm. If we think this is the case, we would discuss this with you before telling anyone else.

You can also decide if you would like us to deposit your anonymised interview transcript in the UK Data Archive. This means that the interview could be used by other researchers in the future. Only researchers who are approved by the UK Data Archive would have access to the data and you would not be identifiable.

**What if I change my mind about taking part?**

You are free to withdraw at any point of the study, without having to give a reason. Withdrawing from the study will not affect you in any way.

If you withdraw from the study for any reason, you can also ask us to remove the data already collected about you from the research. Please be aware that this is only possible for three weeks after the interview; beyond that, the data will have been analysed and committed to the final report. If you withdraw from the study but do not ask us to remove the data, it will be retained and used in the analysis. We will guarantee anonymity and confidentiality.

**Data Protection Statement**

The data controller for this project will be the University of Sheffield. The University will process your personal data for the purpose of the research outlined above. The legal basis for processing your personal data for research purposes under GDPR is a ‘task in the public interest’. You can provide your consent for the use of your personal data in this study by completing the consent form that will be provided to you.

You have the right to access information held about you. Your right of access can be exercised in accordance with the General Data Protection Regulation. You also have other rights including rights of correction, erasure, objection, and data portability.

**Note:** This study has been reviewed and approved by the University of Sheffield’s Ethics Review Procedure, administered by the Department of Sociological Studies. If you have a complaint or wish to discuss the study with the person responsible for the research, please contact the Sustainable Care Programme leader, ***Professor Sue Yeandle. Address: CIRCLE (Centre for International Research on Care, Labour and Equalities), Faculty of Social Sciences, the University of Sheffield, ICOSS, 219 Portobello, Sheffield S1 4DP, Tel. 0114 22 22000.***

The University of Sheffield will act as the Data Controller for this study. Further information, including details about how and why the University processes your personal information, how we keep your information secure, and your legal rights (including how to complain if you feel that your personal information has not been handled correctly), can be found in the University’s Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

**How is the study being funded?**

This study is being funded by the Economic and Social Research Council.

**How can I find out more?**

If you have any questions about the study or just want to talk to someone about it, you can ask me now. Send us an email or a letter:

Professor Louise Ryan or DR Majella Kilkey Dept of Sociological Studies, Elmfield, University of Sheffield, Sheffield, S10 2TU or e-mail [louise.ryan@sheffield.ac.uk](mailto:louise.ryan@sheffield.ac.uk), or [m.kilkey@sheffield.ac.uk](mailto:m.kilkey@sheffield.ac.uk)

**.**

Appendix 2a Migrant Care workers Consent Form

|  |  |  |
| --- | --- | --- |
| ***Please tick the appropriate boxes*** | **Yes** | **No** |
| **Taking Part in the Project** |  |  |
| I have read and understood the project information sheet dated DD/MM/YYYY or the project has been fully explained to me.  (If you will answer No to this question please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.) |  |  |
| I have been given the opportunity to ask questions about the project. |  |  |
| Because of the importance and public interest in care of older people, I understand that the research team is working within the law in collecting and using my personal information (Article 6(1)(e)) which is necessary for research purposes (Article 9(2)(j)) |  |  |
| I agree to take part in the project.  I understand that taking part in the project will include completing a short questionnaire and an interview. I understand that I may be invited to take part in future research at a later date. |  |  |
| I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw. |  |  |
| **How my information will be used during and after the project** |  |  |
| I understand my personal details such as name, phone number, address and email address etc.  will not be revealed to people outside the project. |  |  |
| I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named. |  |  |
| I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form. |  |  |
| I agree for the data I provide to be archived within an approved Data Archive. |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of participant  [printed] | Signature | Date |
|  |  |  |
| Name of Researcher  [printed] | Signature | Date |

**Project contact details for further information:**

Professor Louise Ryan, Dept of Sociological Studies, Elmfield, University of Sheffield, Sheffield, S10 2TU or e-mail [louise.ryan@sheffield.ac.uk](mailto:louise.ryan@sheffield.ac.uk).

If you wish to contact the Data Protection Officer at the University please write to:

Anne Cutler, The University of Sheffield, Edgar Allen House, 241 Glossop Road, Sheffield, S10 2GW or e-mail her on a.cutler@sheffield.ac.uk.

Requests to withdraw from/ remove data from the project should be addressed to the researcher in the first instance then to the Data Protection Officer. If you are not satisfied with the response you receive from the University you have the right to lodge a complaint with the Information Commissioner’s Office (ICO): [https://ico.org.uk/concerns /](https://ico.org.uk/concerns%20/). Freedom of Information requests should be sent via email to [foi@sheffield.ac.uk](mailto:foi@sheffield.ac.uk).

Appendix 2b Zimbabwe Families; **Participant Consent Form**



## Appendix 3a

**UK Migrant care workers demographic questionnare**

**Participant characteristics form (Demographics)**

We would like to collect some basic information about the people who took part in the interviews. This information will be used to describe the range of people taking part in the study. It will help us to understand if experiences might be different for different groups of people.

You might have already provided some of this information in the interview. The questionnaire helps us make sure that everything is recorded accurately.

This questionnaire will be kept separately from your consent form and will not be entered into a database with your name.

You can choose not to answer any of the questions.

**Thank you for your help!**

1. **Your gender:**

|  |  |
| --- | --- |
| Male | ☐ |
| Female | ☐ |
| Other | ☐ |
| Prefer not to say | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Year of birth:** | Click or tap here to enter text. | Prefer not to say: | ☐ |
| 1. **Country of birth:** | Click or tap here to enter text. | Prefer not to say: | ☐ |
| 1. **Nationality:** | Click or tap here to enter text. | Prefer not to say: | ☐ |
| 1. **Ethnicity:** | Click or tap here to enter text. | Prefer not to say: | ☐ |

1. **Marital status:**

|  |  |
| --- | --- |
| Married / living with partner | ☐ |
| Divorced / separated | ☐ |
| Widowed | ☐ |
| Never married | ☐ |
| Other | ☐ |
| Prefer not to say | ☐ |

1. **Filter question: Have you got any children?**

|  |  |  |
| --- | --- | --- |
| Yes | ☐ | Continue to Q8 |
| No | ☐ | Skip to Q9 |
| Prefer not to say | ☐ | Skip to Q9 |

1. **Your children:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Age** | **Gender** | **Where they live** | **Additional information** |
| 1 |  | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 |  | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 |  | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 |  | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5 |  | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| 6 |  | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Your household: who do you live with? (tick all that apply)**

|  |  |  |
| --- | --- | --- |
| Alone | ☐ |  |
| Spouse / partner | ☐ |  |
| Child / children | ☐ |  |
| Parents / partner’s parents | ☐ |  |
| Other | ☐ | Please explain: Click or tap here to enter text. |
| Prefer not to say | ☐ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **When did you move to the UK?** | Click or tap here to enter text. | Prefer not to say: | ☐ |

1. **Your immigration status:**

|  |  |  |
| --- | --- | --- |
| Exercising Treaty rights  (EEA national or non-EEA partners) | ☐ |  |
| Tier 2 visa | ☐ |  |
| Indefinite leave to remain (non-EU) | ☐ |  |
| Permanent residence (EU) | ☐ |  |
| Settled status (EU) | ☐ |  |
| Refugee | ☐ |  |
| Asylum seeker | ☐ |  |
| Family visa (non-EU) | ☐ |  |
| Student | ☐ |  |
| Other: | ☐ | Please explain: Click or tap here to enter text. |
| Prefer not to say: | ☐ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **When did you start working in home care?** | Click or tap here to enter text. | Prefer not to say: | ☐ |
| 1. **When did you start working for your current employer?** | Click or tap here to enter text. | Prefer not to say: | ☐ |

1. **What is your employment status:**

|  |  |  |
| --- | --- | --- |
| Employed with a permanent contract | ☐ |  |
| Employed with a fixed-term contract | ☐ |  |
| Employed with a zero hour contract | ☐ |  |
| Agency staff | ☐ |  |
| Self-employed | ☐ |  |
| Other | ☐ | Please explain: Click or tap here to enter text. |
| Prefer not to say | ☐ |  |

1. **What is your highest level of education?**

|  |  |  |
| --- | --- | --- |
| Primary education | ☐ |  |
| Secondary education | ☐ |  |
| Vocational qualification | ☐ |  |
| University | ☐ |  |
| Post-graduate/professional | ☐ |  |
| Other | ☐ | Please explain: Click or tap here to enter text. |
| Prefer not to say | ☐ |  |

1. **Do you have any care-related qualifications?**

|  |  |  |
| --- | --- | --- |
| Yes | ☐ | Please explain: Click or tap here to enter text. |
| No | ☐ |  |
| Prefer not to say | ☐ |  |

1. **What type of care do you provide?**

|  |  |  |
| --- | --- | --- |
| Visiting care | ☐ |  |
| Live-in care | ☐ |  |
| Personal assistance | ☐ |  |
| Other | ☐ | Please explain: Click or tap here to enter text. |
| Prefer not to say | ☐ |  |

**End of questionnaire**

Appendix 3b **UK Migrant care workers Interview Guide**

**Migrant care workers**

1. Please tell me briefly about the work you do.
2. Please tell me a little bit about how and when did you come to the UK? Did you consider going to other European countries? Why did you decide to come to the UK?
3. When and why have you decided to work in home care? Have you worked in other sectors in the UK before this job? And at home or elsewhere?
4. Have you had any previous experience in home care either in this country or elsewhere? If yes, please tell me briefly about it.
5. How satisfied are you with your current job?
   * What are the positive things about it?
   * What are the negative things about?
   * PROMPTS (if needed): pay, housing situation, stress, job security, working conditions, work-life balance, relationships.
6. How do you feel about your work-life balance in your current job and in your UK life? What are the main difficulties in reconciling work and home life?
7. Have you got any (family) caring responsibilities in the UK or in your country? Can you tell me more about these? [prompt: how do these work?]
8. What type of technologies do you use to keep in touch with family and friends who live abroad/far from you? With whom? How often? How has this changed over time?
9. Do you use any technologies in your job as a care worker (visual aids)? Are there any other useful technologies you might know of? Do you use any of these for caring for your own family members abroad/far from you? What are the barriers?
10. How do you feel about your life and relationships in the UK, for example your friendships, your relationships with your neighbours, community involvement, links to the migrant community etc.?
11. Have you ever experienced any difficulties in your current job or previous home care jobs?
    * If yes: please tell me more about them.
12. Have you ever experienced any unfavourable or negative treatment (such as racism, discrimination etc.) in your current job or previous home care jobs in the UK? If yes, please tell me more about it including any help sought.
13. What effect – if any – has Brexit had on you so far? (By Brexit we mean the campaign before the referendum, the public vote to leave the EU, the negotiations with the EU and the media coverage in the UK)?
    * On your job
    * On you personally or your family
14. Have you applied for settled status?
    * IF YES: who told you about it? Why did you decide to apply? Did you get any help? What do you think about it?
    * IF NOT: why not?
15. Has your employer offered any support in the Brexit process?
    * IF YES: Prompt to elaborate.
    * IF NOT: Do you think they might do it in the future?
16. What effect – if any – changes in visa and immigration rules since the introduction of the current system had on you?
    * IF CLARIFICATION NEEDED: this is for people from outside the EU and it includes changes like financial requirements to bring in dependents or for settlement, no appeal etc.
    * On your job
    * On you personally or your family
17. Do you think your situation will change after Brexit? Please explain.
18. Where do you see yourself in the next three years? What are your plans for the future?
    * Are you planning to staying in home care
    * Are you planning to stay in the UK
    * PROBE: options considered, short, medium, long-term plans
19. If major changes planned: why?
20. Anything else you’d like to talk about in relation to any of these topics?

## Appendix 4

**Zimbabwe Families Interview Guide**

Topic Guide - Family of Zimbabwean MCW in Zimbabwe

**Migration trajectory of MCW**

Please could you tell me the story of you (sister/brother/child) migration to the UK?

* Why and when did they leave
* What was the process like
* Did you take part in the decision/process or organisation of their trip to the UK

Could you tell me what you remember they told you about their first days in the UK?

* Impressions of life in the UK
* Integration
* Finding work and accommodation

(Challenges they faced and how did you feel about it)

**Care**

*(Care giver current household and care responsibilities)*

Who lives in your household?

Are there any other persons besides your parents and children that you care for (e.g. in laws, extended family?)

*(Care arrangements for the elderly)*

How is the care arrangement organised materially, emotionally and socially?

* Materially - e.g. monetary; providing food; cooking for the elderly, etc.;
* Emotionally - e.g. help when they are feeling down;
* Socially - e.g. taking them out
* Practically - e.g. help with personal care

What are the roles of different persons in this care arrangement – How are responsibilities split?

* Who does what?

Are you satisfied with the care arrangement?

* What works, what does not work?
* What are the benefits of this arrangement?

How do you juggle the care arrangement and your own caring responsibilities (for children or other family members) and work?

* Does this result any difficulties?
* How do you manage?

**Role of Technology**

How do you communicate with your siblings and parents in the UK and locally?

* Do you own a landline, mobile phone or computer?
* Who do you talk to most
* How often

What other platforms do you use?

* Internet (email, Skype, Facebook, Twitter)

Do you share photos of family on social networks (Facebook) with you other family members? Do you look at photos of other family members on Facebook?

How has this changed since the past 20 years?

How comfortable are you in using new technologies?

What challenges do you face when using these new technologies for long distance communication?

* Connection issues
* expenses

Do you use WhatsApp?

What sort of ways do use WhatsApp (texting, video call, group chat)

How do you feel when using video chat with your parents or other family members who live far from you?

Do you have any specific family WhatApp group for the care of your elderly?

* Who is in the group?
* What is the purpose of the group?
* How well does the group work? - How are decision made?

Do you feel that long distance / being away from Zimbabwe makes it difficult to care for relatives?

* + If so, what are the main difficulties
  + Do you think relatives who live locally here in Zimbabwe end up doing most of the care work?

**To conclude**

We have reached the end of the interview. I would like to ask you if you want to add anything or if you have any questions? Can I contact you in case of any queries or further questions?

Thank you very much!

1. The reference for this section is taken from the Sustainable Care Programme and this is in their own words. Available here http://circle.group.shef.ac.uk/sustainable-care/ [↑](#footnote-ref-1)
2. Before the visa regime targeted at Zimbabweans introduced by Mr Blunkett, Zimbabweans did not need a visa to enter the UK. [↑](#footnote-ref-2)
3. Here it is worth pointing that these two have currently been overtaken by World Remit and Ecocash, which uses mobile transfers for sending and receiving remittances. [↑](#footnote-ref-3)
4. Transnational care responsibilities here refer to providing economic, personal, practical, accommodation and emotional support to ageing relatives in Zimbabwe. Be it, parents or grandparents. [↑](#footnote-ref-4)
5. A Tier 4 visa is a student visa that allows people outside the UK to enter the country as a student, usually either at school, college, or university. The rules of the visa that stipulate that students may work up to 20 hrs a week while they study [↑](#footnote-ref-5)