

# HIGHLY SKILLED MIGRANTS AND TRANSNATIONAL CARE PRACTICES: BALANCING WORK, LIFE AND CRISIS OVER LARGE GEOGRAPHICAL DISTANCES

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## I. INTRODUCTION AND CONTEXTUAL BACKGROUNDS

It has been commonly assumed by researchers in gerontological and family studies that the practice of intergenerational care-giving requires geographical proximity.<sup>1</sup> For instance, it was observed that adult children were motivated to keep in close communication with their parents when they were geographically close.<sup>2</sup> The argument has been that the shorter the distance, the more adequate care can be provided. This assumption has, however, been challenged and largely disproved by the work of Baldassar, Baldock and Wilding,<sup>3</sup> who have forcefully demonstrated that migrants can maintain not only close and intense communication but also active care practices with their family despite extended years of absence over extreme geographical distance.<sup>4</sup>

### A. *Transnational Care Practices*

Finch and Mason<sup>5</sup> identified key exchanged care practices, which take place in geographically close family. These may include financial, practical, personal (hands-on), accommodation and emotional (or moral) support. While these care practices can be found in proximate families, Baldassar, Baldock and Wilding have demonstrated that they may also (surprisingly) take place when the carer lives at a large distance from their elderly parents or children.<sup>6</sup> Indeed, most transnational families are able to exchange all these forms of care and support that exist between geographically close families. The forms and level of transnational care-giving practices may be shaped by

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1 AS Rossi and PHRossi *Of Human Bonding: Parents-Child Relations Across the Life Course* (Aldine Gruyter, New York, 1990); G Lin and P Rogerson "Elderly Parents and the Geographic Availability of Their Adult Children" (1995) *Research on Aging* 17 at 303; A Joseph and BC Hallman "Over the hill and far away: Distance as a barrier to the provision of assistance to elderly relatives" (1998) *Social Science & Medicine* 46 at 631.

2 VL Bengtson and RA Harootyan *Intergenerational Linkages: Hidden Connections in American Society* (Springer Publication, New York, 1994).

3 L Baldassar, C Baldock and R Wilding *Families Caring Across Borders, Migration, Ageing and Transnational Caregiving* (Palgrave, Basingstoke, 2007); L Baldassar and C Baldock "Linking Migration and Family Studies: Transnational Migrants and the Care of Aging Parents" in Agozino (ed) *Theoretical and Methodological Issues in Migration Research* (Ashgate, London, 2000).

4 See also KF Olwig. *Caribbean Journeys: An Ethnography of Migration and Home in Three Family Networks* (Duke University Press, Durham, 2007).

5 J Finch. and J Mason *Negotiating Family Responsibilities* (Tavistock, London, 1993); J Finch. *Family Obligations and Social Change* (Polity Press, Cambridge, 1989).

6 Baldassar, Baldock and Wilding, above n 3.

factors such as life cycle, cultural backgrounds, as well as the practical ability to provide care.<sup>7</sup> Regardless of the form of care responsibilities undertaken whilst living at a distance, the practice of caring in this manner may result in three repercussions for the transient scientist: the necessity to make frequent contact (through the telephone and skype); the emotional loss of being apart from loved ones; and the necessity to return home to care when illness occurs.

In addition, the practice of care-giving entails the ability to care for one another, the responsibility to make decisions about welfare and health, and the handling of care given during return visits. Baldassar has outlined that transnational care-giving includes three guiding principle categories of care practices.<sup>8</sup> First, routine day-to-day care involves making systematic periodic contact. These are most commonly through telephone calls, text messages or e-mails. Second, ritual caring entails the celebration of specific dates or events such a birthdays or religious feasts. Finally, transnational care-giving increases in intensity during periods of family crisis. Crisis care practices will generally be required at specific stages (the period immediately after migration, or the time leading up to the birth of a child of a migrant and the period right after the birth), or during acute crises for a transnational family (such as a severe or chronic illnesses or a death in the family). In contrast to routine and ritual care, care practices during periods of crisis are particularly interesting because they highlight the tension that exists for the migrant worker between a work commitment and the capability to care at a distance. Indeed, crisis care requires balancing the migrant's willingness to respond to the crisis on the one hand with the acute financial, physical and temporal limitations on the other.

### *B. Work-life Balance and Translational Care*

A growing body of literature has considered the impact of migration on the ability to reconcile familial care responsibilities with work.<sup>9</sup> As well as utilising institutional care where it is available, many families continue to rely on one another and/or on networks of friends to reconcile professional commitments with family needs.<sup>10</sup> In fact, grandparents are an important source of childcare for working parents both in Europe<sup>11</sup> and in New Zealand.<sup>12</sup>

7 L Baldassar "Transnational Families and Aged Care: The Mobility of Care and the Migrancy of Ageing" (2007) 33/2 *Journal of Ethnic and Migration Studies* at 275.

8 L Baldassar "Transnational Families and the Provisions of Moral and Emotional Support: the Relationship between Truth and Distance" (2007) 14 *Identities: Global Studies in Culture and Power*, at 385 and 394.

9 HL Ackers and HE Stalford "Managing Multiple Life-Courses: The Influence of Children on Migration Processes in the European Union" in K Clarke, T Maltby and P Kennett (eds) *Social Policy Review 19: Analysis and Debate in Social Policy* (Policy Press, Bristol, 2007); H Stalford "Parenting, Care and Mobility in the European Union: Issues Facing EU Migrant Scientists" 2005 18/3 *The European Journal of Social Science Research* at 361.

10 E Caracciolo di Torella and A Masselot *Reconciling Work and Family Life in EU Law and Policy* (Palgrave Macmillan, London 2010).

11 European Observatory on Family Matters *General Monitoring Report* (European Commission, Brussels, 2004).

12 Statistics New Zealand *New Zealand Childcare Survey 2009: A survey of the Care and Educational Arrangements of Children* (Statistics New Zealand, Wellington 2009).

Difficulties to balance work and life for transnational families may be partly explained by the absence of family and personal networks to provide informal, hands-on care. Indeed, it has been noted that adult children who have migrated abroad might experience the “loss” of their parents’ support to help to raise their own children.<sup>13</sup> While migration clearly impacts on resources to care for the migrants’ descendants, it also affects the ability to care for the migrants’ ascendants and other ‘homeland’ kin.<sup>14</sup> Furthermore, adult migrants might be faced with the tension between caring for those living in close proximity with those who live far away. For instance, they might have young children to care for whilst at the same time, have elderly parents back home for whom they feel responsible. This raises an emotionally charged quandary: Whose needs should take priority? It is easy to infer that the ability of migrants to balance work and family life may be compromised due to the lack of support from family or friends.

In response, transnational families have adapted by finding ways of relying on one another, despite being separated by large distances, in order to provide hands-on care as well as other caring practices. Access to new forms of communication technologies (which makes communication rapid and is relatively inexpensive), along with readily available and affordable travel, has contributed to the redefinition and improvement of caring from a distance. In recent years transnational families, especially those from wealthy and well educated backgrounds, have been more able to sustain their ties with their kin and community across large distances and over borders. In times of crisis, the tension between balancing work responsibilities with family needs is heightened. Such times provide an excellent vantage point to investigate the impact of migration on transnational care-giving practices. However, few studies have addressed transnational care. Where it has been addressed,<sup>15</sup> they have tended to concentrate on migrants from poor socio-economic backgrounds. In the context of highly skilled migration, Ackers has considered the impact of care.<sup>16</sup> However, we are not aware of any study that specifically looks at crisis care practices over large distances in the context of specifically migrant scientists.

- 13 FL Cooke “Husband’s Career First: Renegotiating Career and Family Commitment among Migrant Chinese Academic Couple in Britain” (2007) 21/1 *Work, Employment Society* at 47.
- 14 L Merla and L Baldassar “Transnational Caregiving between Australia, Italy and El Salvador: the Impact of Institutions on the Capability to Care at a Distance” in P de Villota, E Addis, J Eriksen, F Degavre and D Elson (eds) *Gender and Well Being: Interactions between Work, Family and Public Policies* (Ashgate, London, 2010).
- 15 Baldassar, Baldock and Wilding, above n 3; M Zechner “Care of Older Persons in Transnational Settings” (2008) 22 *Journal of Aging Studies* at 32; Merla, above n 14.
- 16 HL Ackers “Managing Relationships in Peripatetic Careers: Scientific Mobility in the European Union” (2004) 27/3 *Women’s Studies International Forum* at 188.

## II. OUTLINE OF THE PROJECT

This article draws on the empirical research conducted during the course of a Marie Curie fellowship,<sup>17</sup> which focused on the flow of scientific post-doctoral researchers between the European Union and New Zealand and considers the implications of science mobility for the European Union and New Zealand as well as for individual scientists and their families. Specifically, the project is concerned with the tensions that exist between the legislative commitment to family-friendly policies and measures designed to promote the reconciliation of work and family life, on the one hand, and measures designed to meet the needs of the European labour markets through the promotion of mobility for highly skilled workers, on the other. The purpose of this article is to explore one aspect of this larger research project; namely, the difficulty of care-giving practices between highly skilled migrants and their families in the midst of crises over immense geographical distances.

The methodology for this study was two-fold: identifying European citizens employed in scientific post-doctoral positions in New Zealand on the one hand and New Zealand citizens undertaking a post-doc in Europe on the other. Almost all European post-doctoral scholars based in New Zealand during the period from 2007 until 2009 were interviewed. They were identified either via the web-page of their academic department, through direct and systematic contact with each head of the relevant seven university scientific departments, or through the snowball method. By contrast, the sample of New Zealand post-doctoral researchers working in Europe were identified exclusively through the snowball method. Qualitative interviews were conducted with 112 male and female scientists (80 European scientists employed in New Zealand and 32 New Zealand scientists researching in the European Union, as well as 10 policy-makers). The interviews were semi-structured and lasted on average one hour. They were recorded and transcribed verbatim. The interviews focussed on the individual's experience of migration as a scientist over large geographical distances. The issues addressed during the interviews covered issues such as the process of migration, the relationship between work and life and the extent to which the post-docs were able to engage in caring for their families. Whilst the topic of transnational family care in times of crisis was not a primary focus, in the course of the interviews a large amount of information was gathered on this topic. The data contained 11 interviews with European scientists who experienced what may be termed a 'care-giving crisis' during their time in New Zealand.

For the purposes of this article, geographical mobility means people moving from Europe to New Zealand and *vice versa*. We also understand international mobility as occupying a continuum of long-stay 'settlement' migration. That is, migration was temporary for some of the scientists

17 European Commission, FP6-2005-MOBILITY-6, Marie Curie Outgoing International Fellowship (2007-2010), "Gender Mobility and Career development in the European and the New Zealand Scientific Markets – GeMCap".

interviewed and more permanent for others. With a few exceptions, the interviewees had on average migrated for periods ranging between one and five years.

This article aims to contribute to the wider debate of caring at a geographical distance by examining the care-giving practices of transnational scientific families in times of crisis. It firstly provides a contextual background to scientific mobility. Secondly, it assesses the specifics of scientific migration and its impact on transnational care crisis practices. Finally, the article examines the importance of resources, such as money or time, and critically assesses the New Zealand legal provisions and policy relating to family crises for post-doctoral scientists. In view of the lack of formal (and informal) support for the interviewees, the paper highlights the differences which exist between scientific post-doc migrants and traditional economic migrants.

### III. TYRANNY OF DISTANCE AND SCIENTIFIC MIGRATION

Although transnational care-giving is always rife with challenges,<sup>18</sup> the enormous distance between New Zealand and Europe creates a host of specific difficulties for migrants who wish to care for their families who remain in their home country. “The tyranny of distance”<sup>19</sup> shapes the financial, emotional and material aspects of transnational families’ care-giving practices. In terms of the physical space between the two locations, New Zealand is the furthest most point from Europe, with approximately 18,800 km separating London and Wellington (New Zealand’s capital city). A return economy air ticket between Europe and New Zealand costs on average between 1,000 and 2,000 Euro and takes a minimum of 24 hours to undertake. The distance renders even simple communication quite difficult as there is between 10 and 14 hours time difference between the two points depending on the location of the concerned parties. This means that it is sometimes not just a matter of simply picking up the phone to get news from the family. As Anita, a British PhD student at the University of Otago, explained:

I try, I get a bit exhausted talking on the phone because of the time difference it always seems to be my Sunday night and I can be on the phone for 3 hours. And by the end of it [she laughs] [...] I try and have them alternate weekends. (NZ14).

In spite of the distance, Europe and New Zealand enjoy a special relationship embedded in common historical, political and cultural backgrounds. Migration between the European continent and New Zealand has always been high in terms of the number of persons moving and is strongly encouraged on both sides, particularly for highly skilled migrants. The 2007 European Union and New Zealand Joint Declaration on Relations and Cooperation provides that:<sup>20</sup>

18 Baldassar, Baldock and Wilding, above n 3.

19 G Blainey *The Tyranny of Distance: How Distance Shaped Australia's History* (Sun Books, Melbourne, 1966).

20 European Union and New Zealand Joint Declaration on Relations and Cooperation, 21 September 2007 at [33].

[b]oth participants will develop initiatives to enhance researcher's mobility between them, and to pursue their ongoing effort to identify areas and topics of common interests in which to promote additional cooperation actions.

Moreover, to reinforce the partners' scientific collaboration, the European Community signed an Agreement on Scientific and Technological Cooperation with the government of New Zealand on 16<sup>th</sup> July 2008. This formal Agreement ensures, in particular, that New Zealand researchers are eligible for specific opportunities under the European Commission's Framework Programme for Research and Technological Development (FP7) and subsequent Framework Programmes, including mobility schemes such as Marie Curie Actions and the International Research Staff Exchange Scheme under the FP7 People Specific Programme.

On the one hand, the mobility of European Union skilled workers is strongly encouraged. Indeed, mobility is central to the European Employment Strategy (EES) which aims at promoting excellence, competitiveness and, importantly, solving skills shortages and bottlenecks in key areas of employment such as science.<sup>21</sup> While intra-Community mobility was originally preferred, the European Union is now actively encouraging worldwide mobility in response to the challenges of globalisation. The European Commission's 7<sup>th</sup> Framework Programme further provides that international cooperation between the European Union and third countries is an integral part of achieving competitiveness and economic growth.<sup>22</sup> Mobility has always been historically, economically and culturally important for New Zealanders, on the other hand. Indeed, New Zealand has been populated by Europeans for over two centuries and as such has relied on an influx of population to sustain the economy ever since. New Zealanders themselves also have a tradition of emigrating. In fact, there is a constant flow of migration to and from New Zealand in such a way that it is often referred as an "exchange of brains" rather than as "brain drain" or "brain gain".<sup>23</sup> Mobility is critical to the transfer of knowledge between the European Union and New Zealand, as the lack of skilled employees has been reported as a barrier to innovation by almost 20% of New Zealand firms.<sup>24</sup> The level of migration between New Zealand and the European Union is in fact quite significant. Europe accounts for approximately one third of new immigrants to New Zealand, and for almost half of the total foreign-born New Zealand population.<sup>25</sup> In addition, New Zealand relies heavily on the European Union

21 Communication from the Commission: Building the ERA of Knowledge for Growth, COM (2005) 118.

22 Proposal for a Decision of the European Parliament and of the Council concerning the seventh framework programme of the EC for research, technological development and demonstration activities (2007-2013) COM (2005) 119.

23 K Inkson, S Carr, M Edwards, J Hooks, D Jackson, K Thorn and N Allfree "From Brain Drain to Talent Flow: View of Kiwi Expatriate" (2004) University of Auckland Business Review 29; S Carr, K Inkson and K Thorn "From Global Careers to Talent Flow: Reinterpreting 'Brain Drain'" (2005) 40/4 Journal of World Business at 386.

24 Statistics New Zealand, *Innovation in New Zealand 2001*, (Wellington: Statistics New Zealand, 2002).

25 R Bedford, C Bedford, E Ho and J Lidgard "The Globalisation of International Migration in New Zealand: Contribution to a Debate" (2002) 28/1 New Zealand Population Review at 69.

for scientific collaboration. A 2003 survey by the New Zealand Ministry of research, science and technology (MoRST) showed that over half of New Zealand's researchers have an active collaboration with a European partner.<sup>26</sup>

The States' encouragement towards highly skilled migrants is reflected in the relative ease with which the scientists in our sample have been able to access travelling documents. Both New Zealand and the Member States of the European Union grant easy access to their territories to scientists who take up post-doctoral positions. In turn, this also means that transnational care crises are administratively easy to manage, at least in the sense that adult children may freely return home to care for their parents. In contrast to economic migrants or refugees, where the crossing of borders represents significant hurdles in the form of access to visas, work permits and even up-to-date travelling documents (such as passports), post-docs have not experienced outright difficulties in this domain. In this area at least, scientific migration and care crisis practices differ from other type of migration. However, as Baldassar, Baldock and Wilding have argued, translocal carers, even those who face vast distances (such as people living in the United States or in Australia), are able to receive support from community or State organisations while transnational carers are completely ignored.<sup>27</sup>

In addition to the encouragement of mobility expressed by the governments of European Union countries and New Zealand, mobility represents a necessity for many highly skilled workers. Progression in scientific careers requires individual mobility, especially in the formative years.<sup>28</sup> Indeed, various studies have shown that the expectation of mobility in scientific careers puts pressure on men and women to move, sometimes repeatedly, in order to progress.<sup>29</sup> The 'expectation of mobility' within scientific careers presents a serious challenge to individuals' lives and particularly to the effective reconciliation of work and family life.<sup>30</sup> While scientific career progression is directly linked to mobility, which is in turn linked to scientific excellence, not all individuals (and in particular women) can be highly mobile as children, elderly parents or disabled dependants can restrict their ability to move.<sup>31</sup> The question of proximity *vs.* long distance becomes compelling. That is, it raises the question of how to care for elderly

26 Ministry of Research, Science and Technology, 2008 "Science and Technology Cooperation Agreement signed with the European Community" <<http://www.morst.govt.nz/international/global/eu/stc-agreement/>>

27 Baldassar, Baldock and Wilding, above n 3, at 173.

28 HL Ackers and B Gill *Moving People and Knowledge: Scientific Mobility in an Enlarging European Union*, (Edward Elgar, Cheltenham, 2008).

29 HL Ackers, A Balch, S Scott, S Currie and D Millard "The Gender Dimension of Geographic Labour Mobility in the European Union" Report Prepared for Directorate C Citizens' Rights and Constitutional Affairs (European Parliament) 2009; See also HL Ackers, "Legislating for Equality? Working Hours and Progression in Science Careers" (2007) 13/2 European Law Journal at 169.

30 S Mahroum "Europe and the Challenge of Brain Drain" IPTS Report 29, (IPTS, Seville, 1998).

31 KB, Lowe, M Downes and KG Kroeck "The Impact of Gender and Location on the Willingness to Accept Overseas Assignments" (1999) 10/2 International Journal of Human Resource Management at 223.

dependants who remain in the country of origin.<sup>32</sup> This in turn impacts the level of mobility or “stickiness”<sup>33</sup> of individuals. In addition, scientists in the academic sectors face much tougher challenges than those in transnational companies.<sup>34</sup> Generally, scientists in academia do not enjoy (or enjoy very limitedly) the benefits of corporate support and assistance often provided with mobility and relocation.<sup>35</sup> For Ackers and Gill:<sup>36</sup>

While academic science careers place enormous pressure on people to move in order to access the best opportunities and develop their skills, the kind of structured organizational support associated with relocation policies of large multinational companies do not exist.

This feature of scientific career development has led to a growing number of transnational families, separated by distance and national borders. These transnational families try to engage in care-giving for one another despite the distance and the time difference. Baldassar argues rightly that: “Transnational caregiving is a growing social phenomenon that is largely unacknowledged and under-researched”.<sup>37</sup>

#### IV. SCIENTIFIC MIGRATION TO NEW ZEALAND AND TRANSNATIONAL WORK-CARE BALANCE

Although economic considerations are generally highly influential in migration decision-making process, scientific migration is less connected to financial rewards than with other forms of migration.<sup>38</sup> As explained above, scientists, especially in their formative years, are required to move in order to further their career. One of the main factors for scientific mobility is therefore linked to the quality of the research available. Yet, the main motivation for migrating to New Zealand has been reported as being connected to lifestyle and living conditions.<sup>39</sup> New Zealand is perceived to be a safe destination and a family-friendly country where both partners and children can thrive. These findings were confirmed in our study, which revealed that 98% of the European scientists interviewed decided to come to New Zealand to improve the quality of their life even if they had also decided to migrate for career-related purposes. The New Zealand education system, the physical space available and the country’s safety record were persuasive factors in their

32 Baldassar and Baldock, above n3.

33 A Williams, V Baláz and C Wallace “International Labour Mobility and Uneven Regional Development in Europe’s Human Capital” (2004) 11/1 Knowledge and Entrepreneurship 27.

34 HL Ackers “Promoting Scientific Mobility and Balanced Growth in the European Research Area” (2005) 18/1 Innovation: The European Journal of Social Science Research at 301.

35 J Piexoto “The International Mobility of Highly Skilled Workers in Transnational Corporations: The Macro and Micro Factors of the Organizational Migration Cadres” (2001) 35/4 International Migration Review at 1030.

36 Ackers, above n 29, at 5.

37 Baldassar, above n 8, at 387.

38 Department of Trade and Industry, *Knowledge Migrants: The Motivations and Experiences of Professionals in the UK on Work Permits*, (London: DTI, 2002), 12; Mahroum, above n 30 at 18; J Arango “Theory of International Migration” in D Joly (ed.), *International Migration in the New Millennium*, (Ashgate, Aldershot, 2004) at 15 and 18.

39 Inkson, above n 24.

decision to move. These factors weighed in favour of a move to New Zealand as opposed to other geographical areas such as the United States of America, where scientific research would be perceived as being better, but where the environment was perceived to be unsafe. Carrie, a British post-doc explained:

We wanted a safe environment as well where we could have family. So that's a big thing. We were finding, the UK, not terribly safe, but Aberdeen was lovely...I grew up near Cambridge and around the South-East, have family in Essex and Suffolk and Norfolk and it's not that nice, some of the areas round there, so lots of drugs in schools and violence and stuff. Some of the stories, I've got friends who've been...murdered, so...not great...[...] I think it's a much safer environment here, there are far more opportunities for families and things. [NZ18]

For all of the interviewed scientists, the prospect of space and access to the 'great outdoors' represented a strong argument for migrating to New Zealand. The anticipation of caring efficiently for one's immediate family (partner and children) represented a further strong pull toward New Zealand as a destination. Moreover, this outweighed any prospective difficulties linked with caring for parents/grand parents, siblings, or other extended family and friends in their homeland. It is true, however, that the distance between New Zealand and Europe was seen as a hurdle, particularly for the family left behind. This study highlights the tensions existing between the European scientists' expectations and their actual experiences of care-giving.

### *A. The Age of Communication*

Although the distance between Europe and New Zealand is the longest one could travel across the globe, transnational care is not, at least initially, perceived as a major issue by migrants, given the relatively easy access to communication and travel. "Keeping in touch"<sup>40</sup> is neither an issue for this sample of scientists, nor for their family.

In addition to their ability to travel, these scientists and their family are also "active transnational communicators"<sup>41</sup> It is expected that when children move away from home, children and their parents will continue their relationship by keeping touch with one another.<sup>42</sup> Provided that the migrant scientists were actually in touch with their parents before they moved, they would continue doing so once they had settled into the new environment. They would arrange to contact their distant family regularly and often at a fixed periodic time. Most scientists communicated with their distant family by phone but a large group also communicated via e-mail and *skype*.

In times of emergency and crises, the telephone and communication on the Internet are especially important. However, as previously noted by Baldassar and Baldock,<sup>43</sup> information given in times of crises was edited or delayed until such time as individuals could meet in person or until after the crises were finished. For instance, when a family member was close to death, the family might wait until that person had actually passed away

40 Baldassar, above n 8.

41 Ibid, at 291.

42 MS Moss and SZ Moss "Reunion between Elderly Parents and their Distant Children" (1988) 31/6 *American Behavioral Scientist* at 654 and 656.

43 Baldassar and Baldock, above n 3, at 75.

before informing the migrant post-doc. It was disclosed by those in the case sample that information was edited by other family members to make sure that the scientists did not have to come back to their home country, as it was perceived that this would avoid an expensive trip and protect their career by not wasting time. This meant that the scientists were not always able to access the necessary information they required in order to make their own decisions about addressing a crisis – or indeed, about whether a crisis was actually occurring. Often family members back in Europe provided an overly benign picture of the situation so as to not alarm the migrant unnecessarily. Carrie, a British post-doc, in New Zealand explained the situation that followed her father-in-law having taken ill and being admitted to hospital:

We knew he had gone into hospital, we were told originally from a fall. And then we weren't able to...we were getting very limited information through [my husband's] family and we ended up being able to speak with one of the Specialists who basically told us it was a bit more serious... [NZ18].

Similarly, when Alexia, a British citizen who was in her last year of her PhD in New Zealand, discovered that her mother back in the United Kingdom had been diagnosed with lung cancer, she wanted to return home immediately but was given sufficiently reassuring information which meant that she would not need to return home as soon as she initially wanted to:

I got the call that they'd found a lung cancer and she was diagnosed with lung cancer and of course the world fell apart at that point then. Because my initial reaction was to get on a plane and go straight home, but she was like: 'No, no, no, you're just at the end of your PhD, we don't even know if this could be serious or this could be small, we don't know anything, we've got to wait for the proper results, they only think they've found a shadow, they haven't confirmed with a biopsy, let's get the results and then come home'. And again, that was typical Mum, looking after my best interests here, not wanting to jeopardise the PhD for me, after so long of working on it, even though I know...I'm very clear in my mind...she was petrified. She just wanted me home. So I kind of...we wrangled over this...trying to be the stronger of the two for a while and it went on for a couple of weeks and in the end I just couldn't do it anymore, I just dropped everything and just went home. [NZ76]

### *B. The Age Factor*

The respondents in this study could be qualified as being “cosmopolitan”<sup>44</sup> as they are relatively young, highly educated and scientifically minded. As one would expect, post-doctoral positions are normally held by scientists who are between 25 and 40 years old (with some exceptions). Because of their relatively young age, the respondents tended to also have young and relatively healthy parents. The socio-economic status enjoyed by the migrants and their parents is typically relatively high. Parents have encouraged their children to succeed, and ultimately to migrate in order to advance their career. They have given a “licence to leave”<sup>45</sup> to their children, which leads to their children having a lighter sense of obligation to provide care. Nevertheless, almost all the respondents expressed a feeling of guilt for migrating.<sup>46</sup> Most of the

44 Baldassar, above n 7, at 290.

45 Ibid at 280.

46 See also Baldassar and Baldock, above n 3, at 79-80.

interviewees further explained that they avoided thinking about their future obligations towards their parents. The motivation to go to New Zealand can be understood as a necessary personal and professional experience, and as such might prompt potential migrants to avoid thinking about the consequences on potential future care responsibilities of the move.

The parents of the post-docs have, in the majority of cases, been helping their children, even in adulthood, either financially and/or emotionally. It was assumed that their parents are there to help their children. The adult migrant post-docs have not yet considered their future role as care-givers to their parents. However, adult children find that at some stage, their role changes and they became the carer for their parents.<sup>47</sup> In addition, the respondents' relatively wealthy socio-economic background means that their parents are usually able to financially contribute to their own care supports, without having to rely financially on their children. Care-giving is therefore not at the forefront of expectation from the children. As their "young-old" parents<sup>48</sup> are not yet requiring personal care, most concerns relating to care were expressed in relation to the "old-old" family members:<sup>49</sup> namely their grand-parents. Out of our large sample of post-docs, eleven experienced this switch of role during their time abroad. In particular, the requirement for these migrant scientists to care for their parents came as an emergency following the diagnosis of an illness or the death of a parent. Although most respondents agreed that they had responsibilities towards their parents, they did not anticipate their role change. Many of the post-docs were ill prepared for this change from care recipient to care provider. Accordingly, they needed to adapt quickly to the new situation, despite the difficulties related to the distance and the quasi-lack of legal provisions designed to address these situations.

All respondents nevertheless expressed their willingness and desire to participate in caring for their parents, despite the distance. Many chose not to return home during their tenure. Return home trips were usually linked to conferences or research travel back home and were usually brief and considered as an 'add on' to a research trip. However, the scientists were all prepared to return home in time of crises. Indeed, the death or the serious illness of a parent prompted the return of scientists either to be able to see the parent in their final moment or to attend the funeral. Although, hands-on care was limited, because of the distance, in the time of crisis, the scientists would take time off work to care for that parent. They did not generally imagine that care would be required immediately as they considered their parents to be too young and too healthy. Nevertheless, in a (distant) future they agreed that their parents might need hands-on care which they would be willing to provide when the time comes. In anticipation of the time when the adult children would need to provide hands-on care for their ailing parents,

47 VL Remnet "How Adult Children Respond to Role Transitions in the Lives of Their Aging Parents", (1987) 13 *Educational Gerontology* at 341 and 342.

48 Baldassar, above n 7, at 291.

49 Ibid.

some scientists decided to only migrate temporarily, with the intention of ultimately returning to Europe. Beatrice, a German post-doctoral fellow in New Zealand intended to return to Germany after her fellowship:

It worries me a little in general to see that they are getting old and erm it's not worrying me too much now because I still think that probably in a few years we'll be back in Europe until then they should be fine. But it would be a point certainly in my decision if I wanted to stay here forever and not. [NZ04]

However, if they were willing and able to travel back home to care for an ailing parent, the post-docs were conscious of the need to balance their long term career prospects with the requirement to care for family. Emily, for instance, a British post-doc expressed such a view. She noted:

Actually [my mother] became very ill when I was in the States, when I was studying in the States and she was fine when I left and then about 6 months of me being in there she was very ill so I had to come home and erm so I spent quite a lot of time flying backwards and forwards from the States to the UK over the rest of the 6 months and then she got a lot better [...] if I was still here and I had a job offer but my mum wasn't well then I think it would be something that would factor into whether you were to stay or not. [NZ40].

### *C. The Gender Factor*

Finally, the study revealed a surprising fact with regard to the impact of transnational care-giving on gender. Although care practices are heavily feminised at national<sup>50</sup> and international<sup>51</sup> levels, in time of crisis care-giving does not appear to be strongly gendered. Relying on siblings, who have remained back home to provide routine daily care of dependant parents, is a common strategy of all migrants.<sup>52</sup> That hands-on care is usually carried out by women if at all possible. For instance, brothers are more likely to expect their sisters to care routinely for their parents. However, both male and female scientists expressed their willingness to go to their home country in order to provide care in the event of a family crisis. Marcel, a French post-doc in New Zealand, illustrated precisely this point:

I have a sister in France, and they are almost neighbours with my mother. So I guess she would not be alone. But I meant if it was something really important, I would find a way to go back to France. [NZ08].

This finding would seem to be in line with Ackers and Dwyer's argument that spousal care is almost void of gendered factors compared to child and other dependent care-giving.<sup>53</sup>

50 See generally Caracciolo di Torella and Masselot, above n 10; J Lewis "Men, Women, Work, Care and Policies" (2006) 16/4 *Journal of European Social Policy* at 387; T Hervey, J Shaw, "Women, Work and Care: Women's Dual Role and Double Burden in EC Sex Equality Law" (1998) 8 *Journal of European Social Policy* at 43; P Grimshaw, J Murphy and B Probert (eds.) *Double Shift: Working Mothers and Social Change in Australia*, (Circa, Melbourne, 2005).

51 See for example Ackers, above n 16; Baldassar and Baldock, above n 3.

52 Baldassar and Baldock, above n 3.

53 HL Ackers and P Dwyer, *Senior Citizenship? Retirement, Migration and Welfare in the European Union* (Policy Press, Bristol, 2002).

## V. TRANSNATIONAL CARE CRISIS ESSENTIAL RESOURCES AND POLICIES

Long-distance migrant scientists necessarily require both the ability to travel and an access to accommodation during their visits back to their home country under normal circumstances. This means that in emergency situation, the migrants require access to two essential resources: time and money. These resources are essential in order to visit and engage in ‘care-giving’ practices with their family back home.<sup>54</sup> They also need to negotiate their duties and commitments to both work and family located both nearby and far away.

### *A. Money*

This research has shown that finances have tended to not represent a major problem. The case study shows that “cosmopolitan” migrants, in contrast to economic migrants, are well employed and resourceful. Although it is never a straight forward issue, in times of crisis the respondents in this study have either used savings to return, family have been able to help or they have borrowed money from a bank (Albeit in some cases only one member of the family could afford to travel). In Carrie’s case the cost of the flight was prohibitive and she had to remain in New Zealand while her husband returned to the United Kingdom when his father passed away:

And we literally found that out, I guess, just after 24 hours after he had been admitted we’d heard. And then the next morning we were rung by his Auntie and were told that he’d died. So literally that day was just a huge rush, because we were still...we’d spent a lot of money coming here and we didn’t have a huge amount of cash or any cash at all really. So we couldn’t really afford for both of us to fly back home, so the rest of that day was basically getting [my husband] onto the first flight we could so that he could get him home as fast as possible to be with his Mum and his brother and I stayed here. So that was hard and I felt really guilty for not going back, and I still do, because I know it was hard on him. But my parents and family were there for him and his friends were there... no it wasn’t easy... [NZ18]

In addition, weighing up the issue of cost – an inherently practical matter – during a time of intense emotional strain, had a tendency to prompt feelings of guilt from the migrants. Alexia, who had taken time off from her position in New Zealand to care for her sick mother, had to return to pay for her mortgage:

... because I’d only just signed up to a mortgage three weeks before Mum fell ill, I was then obviously tied to a mortgage that I needed to start this job for. So all in all there was quite a bit of stress all the way round. [NZ76]

### *B. Time*

In contrast, the negotiation of time in order to care for the family proved to be more problematic. Post-doctoral positions tend to be highly flexible jobs, as this type of employment requires an obligation of producing results. Even if all post-doctoral contracts of employment provide for a specified

54 HL Ackers and H Stalford *A Community for Children? Children Citizenship and Internal Migration in the EU* (Ashgate, London, 2004).

number of weekly hours to be worked on the project, in reality no post-doc is required to be in the lab or the office during the specified hours. What is important is that the research is done and published. Therefore, despite a contractual requirement of (on average) 40 hours a week, scientists commonly work between 50 to 80 hours per week with evening or night work particularly widespread.<sup>55</sup> Under these circumstances, flexibility is an illusion. Post-docs will usually be able to return home but will not be available to provide care full-time during their visit as they need to continue to publish at the same time. Alternatively, upon their return, the scientists are often under pressure to do twice as much work in order to compensate for the time they have taken off. While this pressure is not usually imposed directly from an employer, competition in science means that scientists cannot afford to take time off without publishing. Alexia who took time off to take care of her terminally ill mother in Britain states:

I'm very proud, because the two papers I worked on while Mum was sick, they both got published [...]. It was nice to be able to email the Head and say: 'Look, this is the paper, this is what was submitted while I was home'.[NZ76]

Although employment law and policies are designed to help individuals reconciling work with family life and impact directly on the capability to provide care, these laws and policies exclusively consider domestic situations, to the exclusion of transnational care.

Legal provisions to apply for assistance in such circumstances are either lacking or ill designed for migrants. As Baldassar, Baldock and Wilding put it: "Transnational care-givers have remained largely invisible to policymaking".<sup>56</sup> Moreover, the situation is compounded by the lack of informal supports on which scientists can otherwise rely. Family crises across a wide distance often require urgent crisis management, involving lengthy administration and travel arrangements. There is a distinct lack of formal support for such situations. New Zealand law does not provide for a right to time off for family emergencies – in contrast to the European Union – which does provide for leave in the case of urgent matters in Clause 7 of the Framework Agreement on Parental Leave (Revised) attached to the Parental Leave Directive 2010/18/EU.<sup>57</sup> However, this provision is ill adapted to caring from a distance, especially over long distances. In addition, this provision is restricted to caring for children and not for parents or other extended family members.

Further problems lie in the fact that any support which is available (such as the right to time off without pay) is often designed for non-mobile persons, who, as opposed to mobile persons, can also rely on informal support from family and friends in their community. In particular, post-doctoral fellows

55 Ackers, above n 29.

56 Baldassar, Baldock and Wilding, above n 3, at 8.

57 Council Directive 2010/18/EU of 8 March 2010 implementing the revised Framework Agreement on parental leave concluded by BUSINESSEUROPE, UEAPME, CEEP and ETUC and repealing Directive 96/34/EC, Official Journal L 68, 18/03/2010 at 13-20. This right previously existed since 1996 under Clause 3 of the Framework Agreement attached to Council Directive 96/34/EC of 3 June 1996 on the framework agreement on parental leave concluded by UNICE, CEEP and the ETUC, Official Journal L 145, 19/06/1996 at 4-9.

are not entitled to bereavement and other personal leave options (for example study leave) as they are employed under a fixed-term contract conditioned to the achievement of the particular project over a specific period of time, in contrast to permanent contracts of employment. They do, however, qualify for four weeks annual paid holidays. Nevertheless, this might not represent enough time and in any case, often paid annual holidays need to be programmed and agreed to in advance. Baldassar suggested that introducing flexible working hours might help such as situation.<sup>58</sup> If migrants were able to work longer hours they could build up longer leave. However, as mentioned previously, the obligation of post-doc is result orientated and their working week is already heavy. Thus, it appears that this solution would not work in the case of scientists.

For the New Zealand-based post-docs, they must rely on New Zealand labour law. In particular, the Holiday Act 2003 illustrates the inadequacy of New Zealand policy in this area. The 2003 Act provides that most employees are entitled to up to three days' paid leave for bereavement leave after the first six months of continuous employment. This leave can be taken at any time and for any purpose genuinely relating to the death of a loved one. "Immediate family members" are the employee's spouse, parent, child, sibling, grandparent, grandchild or the spouse's parent. However, this period is not helpful for migrant scientists from Europe. Indeed, if they have to return to Europe the travel time in one direction alone takes about 24 hours.<sup>59</sup> They therefore often rely on the *ad hoc* agreement of their employer to obtain time off without pay. The process of obtaining bereavement leave is, moreover, often complex and completely inadequate for migrant scientists who might need to return home at a short notice in order to attend a funeral. Such leave is usually unpaid, meaning that the migrant scientist is not only faced with paying for a costly flight back to Europe which is, at the best of times, expensive and even more so when booking is done at short notice, but they also do so at a time when they are not receiving their salaries, adding financial strain. It should be noted however, that the respondents in this study did not overwhelmingly cite finance as a contributing inhibitor for care-giving related decision.

### *C. The Importance of Social Network*

A further difficulty for migrant is the lack of appropriate informal support. That is, having left behind their friends and family, they are without a support system in their new country. However, some migrants managed in a short time to re-build a circle of informal support, which they could then rely on in times of family crisis. Carrie, for instance, a 34 year old British national, had a miscarriage. Unable to rely on her absent home kin, she had to rely on the informal support of a closely built circle of friends:

58 Baldassar, above n 7.

59 See also the same analysis by Baldassar, Baldock and Wilding, above n 3, at 181-184, on transnational care-giving in Australia.

I have to admit that in my immediate area, most of my neighbours, the lady who lives over the fence, she runs the local Plunket60 and my two best friends have little ones. One of them is pregnant again and the other one has just had a baby and they're my closest friends and we socialise with them all the time and their families and husbands and their kids and they have their desperate housewives evening which I sometimes make and BBQs every few weekends or rugby brunches and we're always invited so I know that and the last few weeks because there was the miscarriage and everything and two of my neighbours have been round every other day and they've both been through miscarriages as well and they have been there for me and they've always thought it would be great when we have kids and I'm going great because you're over the fence and if I've got a problem I know where to come and they're like yep, so we've got that immediate network in my immediate area which is very fortunate because I've got friends who haven't got that so...[...] It's unusual, one of my good friends, she's the same age as me and British and her husband is Scottish and they've come over here, they've just had a baby and she's pregnant again and she...they were looking for a bigger house but she was saying 'I'm not moving, I'm not leaving this street because of all of my friends and babies and they're all here and that's my support network', like I've had for the last few weeks and they've been there for me and they've come over and if I've been teary when they've rung and they're like I'm coming now... [NZ18]

## VI. CONCLUSIONS

Through the example of care crisis practices, this article has highlighted that scientific post-docs face both similar situations to economic migrants and strikingly different positions with regard to transnational care-giving. In order to engage in crisis care practices, all migrants require essentially time and money.<sup>61</sup> However, we have seen that scientific post-docs require access to time above everything else. The setting of science careers means that solutions proposed for other migrants would not work for scientists, as flexibility does not include time in science.

In addition, despite the commitment of both Europe and New Zealand to encourage highly skilled migration, there is no policy in place to help in circumstances of transnational care crises. Although the relationship between scientists and time is not the mandate of national policy makers, relatively easy legislative steps could arguably enhance the management of post-docs' transnational care crisis. In particular, the length of the statutory rights to bereavement leave could take into account the distance to be travelled. Similarly, research funding bodies might include the right to adequate and paid time off for transnational family crisis. Some funding bodies, such as the European Commission for the Marie Curie Actions, provide various travel grants according to the distance from the home country. However, leave periods based on the time to be travelled do not exist. Most post-doctoral contracts do not include adequate, or indeed any, bereavement leave in terms of time or financial support. Scientists must instead rely on the good-will of their employers to provide them time off often without pay and upon their return; they are under pressure to making up for the time lost (without being

60 This organization is New Zealand largest provider of support services for the development, health and wellbeing of children under the age of five.

61 R Wilding and L Baldassar "Transnational Family-Work Balance: Experiences of Australian Migrants Caring for Ageing Parents and Young Children across Distance and Borders" (2009) 15/2 *Journal of Family Studies* at 177.

paid overtime). These challenges further impact on their ability to reconcile their work with their private life and they risk not only undue emotional strain but also falling back in their careers.

In terms of differences between transnational care crisis for scientists and other migrants, this study revealed that transnational care crisis management is relatively gender neutral. This is surprising, as issues related to caring affect women more severely than men.<sup>62</sup> In the particular situations of care crisis practices, both male and female scientists alike are prepared to go home to provide care to their parents regardless of the existence of close female relative such as sisters.

Between the European Union and New Zealand, policy-makers have removed most obstacles to border crossing for highly skilled migrants. Care practices in a transnational context are normally more complex than in a national setting even within short distances.<sup>63</sup> Border crossings add another dimension to care as access to visa and other border requirements can create insurmountable travel difficulties, which ultimately lead to impossibility to visit.<sup>64</sup> However, our study concerning highly skilled migrants between the European Union and New Zealand reveals that in the case of academic scientists, the internationally recognised qualification is a PhD. Contrary to technical jobs governed by national regulations, such as doctors, nurses or lawyers, PhDs are internationally transferable qualifications. Post-doctorates are granted working visas on the basis of this qualification alone.<sup>65</sup> The special relationship between the European Union and New Zealand facilitates transnational care as European and New Zealand citizens do not require visas if they travel and stay for less than three months in one country. In addition, a number of New Zealand citizens are also able to claim European citizenship by descent which means that they do not require working visas at all. Finally, some New Zealand scientists are married to European citizens and as such benefit from either national law on spouse or beneficieate from the European Union provisions on free movement of person and family reunification. Therefore, border crossing does not represent an obstacle to care crisis practices between Europe and New Zealand for either citizen in the context of highly skilled scientific mobility.

62 HL Ackers *Shifting Spaces: Women, Citizenship and Migration within the European Union* (The Policy Press, London, 1999).

63 Zechner, above n 15.

64 Merla, above n 14.

65 However, our study has also revealed that the recognition of PhD diplomas only exists between Western counties. This means that not all PhDs are equivalent.