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research article

Care within and across borders: introducing a transnational convoy of care

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An increasingly diverse population of older people raises important challenges around how older migrants' care needs are addressed. To deepen our understanding of migrants' care relationships and experiences, we introduce a novel conceptual framework, 'transnational care convoys', which combines insights from convoys of care and transnational theories. Drawing on 77 qualitative interviews with older migrants in Spain and England, we demonstrate how the care networks (convoys) of older migrants involve the interplay of formal and informal relationships, physical and virtual co-presence, and socio-ethnic practices and relations, both across borders and within the country of settlement.

Keywords migration • transnational • care convoys • ageing

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Introduction

The demographic ageing of post-war migrants in Europe and older people's active role in contemporary international migration present challenges around how migrants' care needs are met as they age in place. These challenges are twofold, relating to the increasing diversity of care needs and expectations associated with ethnically heterogenous older populations in countries of destination and the cross-border dispersal of familial care resources (Brandhorst et al, 2021). This article provides a deeper understanding of migrants' care relationships and experiences in the context of these challenges of ageing in place. We present a novel conceptual framework, 'transnational care convoys', combining insights from convoys of care (Kemp et al, 2013) and transnational theories (Levitt and Glick-Schiller, 2004). We proceed by introducing our conceptual frame, beginning by exploring the important insights from the convoys of care approach, before inflecting it with a transnational perspective. We

then outline our qualitative empirical study, focused on two groups of migrants ageing in place – a group of predominantly post-war migrants living in England, and a group of more recently migrated retired British migrants living in Spain – before exploring our participants' care relationships and experiences through our transnational convoys of care framework. We conclude by discussing the article's contributions.

Convoys of care and migration

A care convoy approach extends Kahn and Antonucci's (1980) 'convoy model of social relations' and offers a holistic understanding of care that incorporates the formal and informal, the simultaneity of care receiving and caregiving, and a recognition of care recipients as active agents within their own care (Kemp et al, 2013). 'Care convoys' can be distinguished from the more static 'care networks' approach, where formal and informal care are viewed as separate, rather than overlapping, systems and where there is an assumed preference by the care recipient for informal family care (Keating et al, 2003; Lambotte et al, 2020). Instead, care convoys takes an evolutionary stance and posits that individuals are embedded in dynamic personal relationships (convoys) that serve as 'vehicles through which social support is distributed or exchanged' (Antonucci, 1985: 96). Centring frail older adults specifically, Kemp et al's (2013) convoy of care model goes beyond familial relations, acknowledging that care relations span informal (for example, family and friends) and formal (for example, paid care workers, doctors, nurses and so on) actors. They define a convoy of care as 'the evolving collection of individuals who may or may not have close personal connections to the recipient or to one another, but who provide care … including help with daily living and instrumental activities of daily living, socio-emotional care, skilled health care, monitoring, and advocacy' (Kemp et al, 2013: 18).

Developed in assisted-living contexts, Kemp et al (2013) invited application of the care convoys model to other eldercare settings, and a small number of studies have since used it to explore older people's care as they age in place (Lambotte et al, 2020; Petersen et al, 2022). In moving the care convoys framework into community settings, these studies highlight an even more diverse range of care convoy actors, including local businesses like hairdressers and chemists (Lambotte et al, 2020; Petersen et al, 2022). In our work, we also draw on Keating et al's (2003) conceptual distinction between 'support' and 'care' networks, which lies in the circumstances under which emotional and/or instrumental support is provided, meaning that support networks evolve into caregiving networks when a member has increased care needs. The nature of support provided, therefore, differs in type and intensity from that which is required in everyday life.

Despite growing research on care convoys in community settings, with the exception of Petersen's (2024) study on rural communities in Australia, the role of volunteers and community organisations has been little discussed in the care convoys literature. Their role, which spans the intersection of informal and formal care, is often seen as critical to the care and support of older people ageing in place (Adisa, 2018), including those with a migration background, for whom community organisations with links to migrants' country-of-origin identities are important (Cook, 2010; Zontini, 2015; Palmberger, 2017; Ryan et al, 2021). This is an omission we address in this article by exploring the role of community organisations within care convoys.

Care convoys also have a temporal dimension, changing as individuals move through the life course (Antonucci, 1985) and experience 'turning points', such as a fall, the onset of illness or bereavement (Kemp et al, 2013). Additionally, social, political and economic contexts shape convoys (Kemp et al, 2013), including gender roles, power relations and reduced state funding for home care, and are key to understanding their formal–informal intersections (Ward-Griffin and Marshall, 2003).

While the temporal and structural dynamics of care convoys have been emphasised, less attention has been paid to their spatial dimension, with recognition of geographical mobility restricted to intra-country movement (Kemp et al, 2013; Badawy et al, 2019; Petersen et al, 2022). Historical and contemporary international movements, however, result in care relationships and arrangements that extend beyond a single nation state; care convoys, therefore, may span more than one country. There has been recent acknowledgement that migration can (re)shape care convoys (Antonucci and Sherman, 2019) and an ensuing call to explore the role of information and communication technologies (ICTs) in care convoys when families are dispersed internationally (Fuller et al, 2020). However, to the best of our knowledge, there has been no empirical research on ICTs within care convoys and little care convoy research relating to a further outcome of international migration, that is, the diversification of older populations within migrant-receiving countries. Such diversity calls for attention to the role of cultural values in care (Antonucci and Sherman, 2019) and of the role of racism and related forms of discrimination in shaping the care convoys of racialised and minoritised ethnic communities (Steward et al, 2023). In the following section, drawing on insights from transnational theory, we introduce a novel transnational convoy of care framework to address those omissions in order to better explore the temporal dynamism and spatial interconnectedness of care relationships and experiences of older migrants ageing in place. We also respond to Kemp et al's (2013: 15) hope that the convoy of care model that they advance would 'spark further theoretical development', especially in relation to understanding the intersections of formal and informal care, which include both transnational care and the involvement of community organisations.

A transnational convoy of care framework

The 'transnational turn' in the social sciences in the 1990s challenged the prevailing construction of migration as a one-off event and of migrants as uprooted from their homeland on a linear path to incorporation within the destination country (Wimmer and Glick-Schiller, 2002). Instead, research began to understand migrants as 'transmigrants', engaged in transnational practices across borders, maintaining multiple links and connections with their countries of origin (Schiller et al, 1995). Migrants, therefore, are understood to live their lives in the country of settlement and transnationally, both 'here' and 'there', an experience captured by Levitt and Glick-Schiller's (2004) concept of 'simultaneity'. In doing so, migrants adopt both transnational 'ways of being' and transnational 'ways of belonging' (Levitt and Glick-Schiller, 2004). The former refers to the actual social relations and practices in which individuals engage, such as repeat visits to the homeland, while the latter refers to the identities and sense of self that result from connections to different places, which are enacted concretely and visibly through practices in the country of settlement, such as eating foods associated with the country of origin.

The transnational perspective has been taken up in some care scholarship with the concept of 'care circulation', illuminating older migrants' positioning within border-spanning family networks of care as caregivers and care receivers and incorporating hands-on, practical (advice, assistance), emotional, financial and material care (Baldassar and Merla, 2014). Much of this literature has focused on care circulation through transnational 'ways of being': through physical co-presence during visits and virtually through ICTs (Baldassar and Merla, 2014). It has also largely focused on transnational family care relationships and paid little attention to other care convoy actors, including volunteers and community organisations, an omission that we address in this article. Moreover, transnational care scholarship has neglected how transnational 'ways of belonging' shape older migrants' care relationships and experiences. This is important because practices associated with transnational 'ways of being', especially actual cross-border mobility, can be constrained by increasing frailty during advanced older age (Zontini, 2015), and the death of family members in the country of origin may reduce social relations there (Ryan et al, 2021). In such life-course contexts, practices associated with transnational 'ways of belonging' may become the dominant expression of transnationality.

Our transnational convoy of care approach, therefore, incorporates the dual lens of transnational ways of being and belonging, encapsulating not only cross-border care relationships and practices but also practices and relations linked to the country-of-origin identity within the country of settlement. Our approach extends current transnational care scholarship by moving beyond a sole focus on family actors to explore the role of a wider set of formal and informal relationships, particularly voluntary and community organisations rooted in migrants' country-of-origin identities. We refer to these as 'migrant community organisations' (community-based entities, set up, managed by and largely supporting people belonging to the same country of origin). Our approach provides an innovative framework to explore the care challenges at the intersection of ageing and migration: the increasing cross-border dispersal of care convoy members and the increasing diversity of care expectations, needs and experiences associated with more heterogeneous older populations. This framework allows us to address the central aim of the article, which is to develop a stronger understanding of the care relationships and experiences of older migrants as they age in place.

Methodology

This article draws on a study focused on older migrants' experiences of care as they age in place. A total of 77 qualitative interviews were undertaken in 2018/19 with two groups of older migrants: 32 British retirement migrants living in the Costa del Sol, Spain, and 45 older migrants from the Caribbean, Ireland and Poland living in England, specifically London and Yorkshire (see Table 1). For the England-based research, we chose these groups because they are among the largest of the UK's older migrant populations (authors' calculations based on data from the 2021 UK Census[1]). Spain, meanwhile, is the most popular retirement destination for UK nationals (Giner-Monfort and Hall, 2024). The diversity of our sample offers insights into both shared and diverse experiences of ageing and care in migratory contexts.

We define care broadly to include personal care (for example, help with washing and dressing), as well as social and well-being support that enables people to live

Table 1: Interviewee characteristics

	Migrants in Spain	Migrants in the UK	Combined
Country of origin	32 UK	19 Caribbean, 13 Ireland, 13 Poland	77
Marital status	16 married; 12 widowed; 2 divorced; 2 single	22 married; 16 widowed; 5 divorced; 2 single	38 married; 28 widowed; 7 divorced; 4 single
Gender	22 women; 10 men	30 women; 15 men	52 women; 25 men
Age	58–89 years (average 77)	65–92 years (average 82)	58–92 years (average 79)
Living situation	16 with spouse; 14 alone; 1 in a multigenerational household; 1 with a live-in carer	20 with spouse; 17 alone; 7 in a multigenerational household; 1 with a lodger	36 with spouse; 31 alone; 8 in a multigenerational household; 1 with a live-in carer; 1 with a lodger
Years in country of migration	3–47 years (average 18.4)	15–77 years (average 60.5)	3–77 years (average 42)

an independent life and do the things they value. Drawing on Keating et al's (2003) aforementioned distinction between care networks and support networks, all participants had care needs. Reflecting the simultaneity of care receiving and caregiving acknowledged in the care convoy approach (Kemp et al, 2013), in addition to having their own care needs, a third of interviewees were carers for a spouse/partner with long-term health problems or impaired functional status or for a disabled adult child or grandchild.

All interviewees lived in the community, with all but one living in their own (or family) home. The one exception, in England, lived in a supported housing complex. Most of the interviewees in Spain had migrated from Britain following their retirement and had lived in Spain for an average of 18.4 years. All were racialised as white and held British citizenship. They ranged in age from 58 to 88, with an average of 77. One 58-year-old was included due to his own care needs; additionally, he was a carer for his older, terminally ill wife. Interviewees from the Caribbean, Ireland and Poland had more diverse migration histories. Those from the Caribbean and Ireland were predominantly post-Second World War labour migrants, while most of the Polish interviewees had come via resettlement schemes following the Second World War or in the 1950s as marriage migrants (women only). Each group was racially homogeneous; those from Ireland and Poland were all racialised as white, and those from the Caribbean were all racialised as black. Across the three groups, they had lived in England for an average of 60.5 years, and they ranged in age from 65 to 92, with an average of 82. To the best of our knowledge, the age profile of our participants is significantly older than in most research on older migrants, allowing us a longer-term view of transnational care convoys' temporal dynamics.

Participants were mostly recruited through migrant community organisations working with older people and/or the four migrant groups. We recognise that our participants may be more likely to be in contact with these organisations when compared to older migrants more generally, but our recruitment strategy allows us to offer new insights into the important and changing role of these organisations in migrants' care convoys. In Spain, it also provided access to a population previously

recognised as 'hard to reach' (Hall, 2023), and in both Spain and England, it facilitated the recruitment of a sample that is significantly older than in other research on older migrants. There was an ethics-of-care dimension to the recruitment strategy too, as participants could be referred back to the organisation if additional support needs or safeguarding issues emerged (Lörinc et al, 2022). In Spain, interviews mostly took place in participants' homes, while in England, the majority were conducted at community organisations' premises. A total of 38 interviewees were married, and six interviews involved married couples. Only one interviewee required an interpreter – a Polish participant who had arrived in England in 2004.

Interviews took a narrative approach, whereby recorded and transcribed stories were constructed into units for interpretation (Ahmed and Rodgers, 2016). Narratives were used to understand the lives and experiences of individuals and the meanings attached to them and their contexts. They were put together to form a 'whole story' (Ahmed and Rodgers, 2016; Hall, 2023). Interviews centred on the following: ageing in place; experiences of accessing and receiving care; barriers to care; transnational care; and the use of new technologies in relation to care. Interviews were undertaken by one or two members of the research team, which totalled five people, using a common topic guide. Interviews were semi-structured, and participants were encouraged to 'tell their stories' and talk about the care issues that were most important to them. Interviews ranged from 20 to 90 minutes; the average was 50 minutes.

Ethical approval was obtained from each of the authors' institutions. All participants were provided with an information sheet and asked to sign a consent form prior to the interview. All data were treated confidentially and anonymised using culturally appropriate pseudonyms. Interviews were audio recorded, transcribed and uploaded into QSR-NVivo 12 for coding. Analysis entailed a process of thematic coding, with the first step involving discussions among the project team to develop a common coding framework (Attride-Stirling, 2001) that was underpinned by the study's research questions and key themes from the literature. The coding framework centred on themes of care, ageing, well-being, technology, transnationality, family, place, identity and belonging. Inductive coding was used on the combined data set to develop sub-themes through the extraction of salient, recurring or significant issues (Attride-Stirling, 2001). Each data set (Spain and England) was initially coded and analysed separately. It was at this stage, in conjunction with a literature review, that the transnational 'ways of being' and 'ways of belonging' framework emerged as a guiding frame for our second stage of analysis involving the combination of the data sets. At each stage of coding, inter-coder reliability checks took place after two transcripts had been coded, with emergent coding and themes shared, discussed and agreed upon within the author team (Attride-Stirling, 2001). Coding then identified quotes, which are presented in the sections that follow (Fielding, 2008).

Transnational ways of belonging: the role of identity in shaping care convoys

We begin by exploring the identities and sense of self among the participants that result from their connections to countries of origin – what Levitt and Glick-Schiller (2004) refer to as 'transnational ways of belonging'. Understanding identities is important because, as we show in the following, these are enacted in participants' care preferences and practices and contribute to shaping care convoys. The findings

highlight how language and shared cultural understandings of care can lead to a prominent role for migrant community organisations in transnational care convoys, a feature also shaped by structural factors, including austerity and, in the case of older migrants in England, historical and contemporary racism.

Participants' sense of identity was strongly linked to their country of origin, and various practices signalled and enacted such connections, including possession of their country-of-origin passport and use of the 'native' language. The British participants in Spain primarily spoke English at home, and their everyday interactions largely centred around other British people. Likewise, the Polish participants mostly spoke Polish at home and had taught their children Polish, supported by Polish 'Saturday Schools'. 'Native' language was also important to those who came from former British colonies. Ronan (aged 77), from Ireland, signs his name in Gaelic when attending events at the Irish Community Forum, and Henry (aged 88), from Jamaica, speaks Jamaican Patois at home. Furthermore, identification with the country of origin was expressed through consumption practices, including television, media and food.

Significantly, identification with the home country translated into care preferences and practices. Participants spoke about the importance of a shared language and cultural understandings of care, and their care convoys commonly centred around people with similar ethnic or national backgrounds. Few British participants had learned Spanish, and among those who had, cognitive impairment because of a stroke or dementia could lead to the loss of language competency. Language barriers led to an unwillingness or inability to access Spanish social services, previously described as a 'last resort' for older British people in Spain, with access further impeded by the rollback of statutory care services due to austerity (Calzada, 2018). Interviewees spoke about their preference for British (or at least English-speaking) care workers, sometimes arranged informally through local networks or formally through English-language care companies operating in Spain. Sophie explained that due to language barriers, she used a combination of British friends and a British (paid) care worker to help care for her husband after his stroke: 'The carers are all English. Which is why I wanted them. . . . I can get Spanish carers in, but [husband's] Spanish isn't that good, so I sort of feel, "What's the point?"' (Sophie, aged 64, British). Caribbean participants also spoke about the importance of a shared cultural identity when it came to their care: 'You know you have someone who understands, someone who can cook your own traditional food, someone you can send to the market to buy you some yam without having to explain what it is' (Felix, aged 78, Caribbean).

Central to the care convoys of many of our participants were migrant community organisations. These organisations were established, run by and based in the migrant communities and often responded to gaps in culturally appropriate social welfare provision, both historically when migrants first arrived and over time as they aged in place (Kilkey et al, 2024). Millicent described the arrival of people from the Caribbean to England in the post-war period, 'Well, we asked them to come, but we didn't provide for them' (aged 84, Caribbean), and as Felix continued, 'People just turned up at the port with no one to help them. So, when Black people started getting together, they formed associations to help each other' (aged 78, Caribbean). Migrant community organisations provided a space for the rebuilding of communities after migration (Phillips and Robinson, 2015) and were also 'habitual spaces' (Ganga, 2005) where home-country identities could be safely enacted, especially in the context of racism and hostility (Kilkey et al, 2024). Indeed, we first met Artur (aged 65), from

Poland, at his local Polish community centre, where he had gone to report an attack on his home, which he perceived had happened because he was Polish. As widely discussed in the literature (Benson et al, 2022), Brexit – in process at the time of data collection – provoked anti-immigrant sentiment in the UK, particularly, though not solely, towards people from Central and Eastern Europe, especially Poland.

While they varied in size, function and funding arrangements, migrant community organisations played a vital role in the care convoys of our participants (which we recognise partly reflects our recruitment strategy), enabling them to translate their transnational ways of belonging into care practices. In both countries, they provided socio-emotional care via the provision of exercise classes, luncheon clubs and outings, which played a vital role in sustaining and affirming home-country identities. Married couple Ronan and Geraldine (aged 77, Irish) reported how much they enjoy attending an Irish tea dance because 'they end up talking about Ireland, and that's nice to be able to talk to somebody about Ireland'.

Reflecting a life-course approach (Kemp et al, 2013), the role of these organisations within care convoys shifted over time as the migrants aged from being a hub for social activities to playing a more instrumental role in their care. Volunteers in these organisations often moved from being passive to active members of our participants' care convoys, including through the provision of emotional support and respite for carers, companionship, access to information on care services, and help with shopping and hospital appointments. For example, the organisers of the aforementioned Irish tea dance had begun a telephone welfare check-in service for older Irish people no longer able to attend the tea dance due to ill-health.

The function of migrant community organisations within care convoys is multifaceted. In both England and Spain, they were spaces in which co-national care relationships could be fostered, with friends and volunteers they met through these organisations becoming important actors in participants' care convoys. Delia (aged 69, British), who cares for her husband who has Alzheimer's, regularly goes to coffee mornings held by a migrant community organisation: 'We play dominoes, and the two women predominantly that we play with, one in particular, is lovely with him. She really is; she's bonded if you like. And he loves it there.' For Masie, a community organisation was her first port of call when her husband was discharged from hospital in the middle of the night. She described volunteers as 'like family', demonstrating how these organisations can become 'fictive kin' (Allen et al, 2011), forming part of the inner circle (Fuller et al, 2020) of care convoys:

> It was about 1 o'clock when they released [husband] [from hospital], and [doctor] said, 'We will let him go', and I was like, 'Crumbs, what am I going to do?' So, I rang [the volunteer], and they sent somebody down for me. I mean, to be honest, it's an extended family to us. (Masie, aged 73, British)

Paid caregivers with shared ethnic or national backgrounds could also be sourced through the migrant organisations, as in the case of Felix (aged 78, Caribbean), whose preference for Caribbean caregivers (noted earlier) was only realised through the help of his local Caribbean community organisation. Likewise, in Spain, Enid explained that she was helping her British friend arrange care at home and turned to a migrant community organisation for help: 'It was [a volunteer] that got in touch with the [care company], and two of the girls that worked there, one of them, she's Spanish,

but she's worked in England, and so she spoke English, and so she's been coming in two or three times [a day]' (Enid, aged 75, British). In Spain, the migrant community organisations helped facilitate and sometimes paid for care, while in England, some organisations were also direct providers of care. For example, Mainie (aged 72, Irish) lived in supported housing provided by an Irish community organisation and described it as 'coming home, really … being at home', emphasising the important role it played in facilitating transnational ways of belonging.

Migrant community organisations also supported older migrants to navigate formal state systems and services (Cook, 2010). In England, this included Artur, mentioned earlier, who had limited English-language competency and found statutory translation and interpretation services inadequate in the wake of austerity. Others used these organisations to help them deal with complex migration processes, including when applying for visitor visas to have family members visit England (participants from the Caribbean) or to visit family members overseas (those from the Caribbean, Ireland and Poland). Similarly, in Spain, volunteers supported older British migrants to navigate Brexit by helping them to get their 'paperwork in order'. Convoys of care are therefore nested in and influenced by broader social, economic and political forces and shape the balance and interconnections between formal and informal care (Kemp et al, 2013).

In summary, migrants ageing in place hold identities – transnational ways of belonging – related to their countries of origin, which influence their care convoys. In the next section, we consider how care convoys are shaped by actual border-spanning social relations and practices – transnational ways of being (Levitt and Glick-Schiller, 2004) – combining physical and virtual co-presence and involving relationships between migrants, their children (and wider family) and migrant community organisations.

Transnational ways of being: the role of cross-border practices in shaping care convoys

In addition to migrant community organisations, family members played a central role in participants' care convoys. As a consequence of their later-life migration, most interviewees in Spain had close family in the UK but not in Spain; however, the Irish, Caribbean and Polish interviewees often had close family members living nearby in the UK due to having migrated earlier in life. Moreover, the transnational family ties of the Irish, Caribbean and Polish interviewees were more dispersed than those of the British interviewees: they spanned the homeland to so-called 'left-behind' family members and subsequent generations and the wider world due to the migration of siblings and children to other places. Our analysis allows us to understand the multi-sited and dynamic nature of transnational care convoys and how these are enacted in care practices.

Visits to and from family are critical in transnational care convoys, providing opportunities for hands-on physical care and the bolstering of social relations (Baldassar, 2007; Marchetti-Mercer et al, 2021). Visits included those from the so-called 'left-behind' to older migrants in both Spain and England. Visits also involved returning to their homelands and, particularly for the Caribbean, Irish and Polish interviewees, travelling elsewhere to see migrated family members. Visits to family were more frequent when participants were younger and in good health, and they often centred

around events like birthdays, weddings and funerals. Visits also incorporated 'care circulation', involving the multidirectional and reciprocal exchange of embodied care (Baldassar and Merla, 2014). For example, Ellen highlights the dynamic nature of transnational care convoys, as well as the simultaneity of care receiving and caregiving within them; she was juggling the care of her mother in the UK and the care of her husband in Spain while also managing her own care needs:

> I used to have to go over to England twice a year because my mother was in a home. She lived to 99 and died last year, and I had to get special [airport] assistance at the last few ones because of my leg. Other than that, I've done over 16 years to see her. I've got a nephew who looked after my mother on my behalf, and I see him when I go over … when I had to go to England to see my mother … my [husband] … he's got dementia, and so his daughter and two sons take turns coming over and looking after him. (Ellen, aged 70, British)

Our research suggests that the capacity for visits can, however, diminish over time due to the physical challenges of travelling and associated financial costs, including the high cost of travel insurance, leading Iris (aged 86, Caribbean) to conclude, 'It's easier for [son] to come [to England]'. Access not only to physical (health) and social resources but also to material (financial) resources can, therefore, be instrumental in shaping care practices within transnational care convoys. Thus, care circulation within transnational care convoys fluctuates over the life course and according to resources, with visits from family members to provide care increasing with age, especially during crises of chronic illness, death and dying, where physical co-presence was felt to be required to deliver hands-on and emotional care. Such 'crisis care' (Baldassar, 2014) was put in place for Trudy, who has terminal cancer:

> I get a lot of help from the family if I'm ill, like I was last February…. [Family] came out, did a rota, and different girls came out, left their husbands and their families, you know, and one of my granddaughters, she came out as well…. I think because we're getting old … much older now, they come out more often. Mainly not for a holiday but to see how we are, keep an eye on us. (Trudy, aged 81, British)

Trudy's emphasis on different female members as being the most active within her care convoy highlights not only the transnational but also the gendered and intergenerational aspects of care convoys. Transnational family members, however, were not universally a resource for hands-on care within convoys. Mainie had no children but described her relationship with family in Ireland as 'close'. Interviewed as she was preparing for a knee operation, she did not think that she could call on her Irish-based family members for post-operative hands-on care, however: 'You know, they're brothers and that, and the nieces have got their family. I wouldn't ask them. So, I was wondering if, when I have my knees done, would they be able to put me in a convalescent home or something like that?' (Mainie, aged 73, Ireland). In dismissing her brothers and nieces as potential hands-on carers, Mainie also simultaneously highlights the gendered and generational dynamics of transnational care convoys.

As in Zontini's (2015) study of post-war Italian labour migrants in the UK, the 'long view' afforded by their age and time away from their homeland meant that generational rupture in transnational care convoys was a common theme among Caribbean, Irish and Polish participants. This was expressed as rooted in both loss, through the death of members of their own generation, and the changing values of subsequent generations: 'Ireland's changed a lot, anyway. I mean, all the people I knew, they aren't around anymore, and the youngest generation, they don't have time to talk to you' (Betsy, aged 82, Ireland). Family actors within transnational care convoys are, therefore, subject to change over time, tending to narrow to mostly close family as people age (Fuller et al, 2020). Further, migration itself can change the dynamics of care convoys, as relationships with extended family and friends in the country of origin (or elsewhere) decline over time and as migrants age in place. Frank (aged 88, British) explained, 'I last returned [to England] ten years ago, I would think. I didn't like it. All my friends have disappeared, either divorced or died. It wasn't the same. It was a different society altogether.'

The capacity for visits within some transnational care convoys was mediated not only by access to financial resources but also by wider structural factors, including intersecting migration and welfare regimes (Kilkey and Merla, 2014). Felix wanted to spend an extended period of time in Jamaica to be cared for by his daughters but faced the loss of his disability allowance if he left the UK for more than three months. His daughters could not easily visit him in the UK, as it had become harder to secure family visitor visas in the context of the UK's hostile and highly racialised immigration environment (HoL, 2023), leading Felix (aged 78, Caribbean) to conclude, 'It's frustrating because I have family there that I would like to see often, who are, on the other hand, restricted from visiting me. It's the system that makes it hard for me to visit Jamaica and for my family to come over and visit.' In contrast, at the time of data collection, the British and Polish migrants enjoyed relatively open borders for transnational care mobility (Kilkey, 2017). However, the UK government's decision to implement a 'hard Brexit', ending freedom of movement, would lead to restrictions on the amount of time family could visit. For example, British people can now spend a maximum of 90 days in every 180 in Spain, making extended visits more difficult to manage in transnational care convoys.[2]

While physical co-presence can only be maintained through visits, research highlights the positive role of ICTs in maintaining closeness through virtual co-presence (Marchetti-Mercer et al, 2021). Our interviewees spoke about using ICTs to provide and receive regular updates, advice and emotional support from family when they could not be there in person. Samantha (aged 68, Caribbean) was a prolific user of ICTs, using WhatsApp for sending daily messages and photos to family members around the world and FaceTime to obtain emotional and instrumental support from her sister in America: 'She's my older sister that looks after us, and she's brilliant … and when she's at her daughters, I will FaceTime her and we can chat.' Samantha is creating what Madianou and Miller (2012) conceptualise as a 'polymedia environment' in which different media platforms are stitched together to provide care and support within care convoys.

The phone, however, remained the preferred form of communication among many interviewees. Melanie (aged 86) has a son in Jamaica who phones her on the landline every day to 'check on her'. Others spoke about weekly phone calls with their family overseas: 'I'm in touch with them every weekend. The nephews [in Ireland], most

of them … will phone me up Friday night, my niece [in Ireland] will phone me up Sunday dinner-time … the nephews [in Australia] will phone me up Sunday night' (Cathleen, aged 92, Irish). Preference for the phone emerged from a mix of digital exclusion, a fear of technology and a reaction to its fast-paced change, as Delia (aged 69, British) told us: 'Computers, I hate the things, but I used to Skype, whereas nobody wants to do Skyping any more, it's just WhatsApp now.'

Many interviewees used the phone and ICTs to stay in touch with friends and extended family living overseas, suggesting that the generational ruptures and access to material and structural resources observed earlier in relation to visits are less prevalent virtually. We found friends, nieces and nephews that did not visit provided emotional support virtually, and ICTs drew younger family members into care convoys, including grandchildren, who often facilitated digital capital in their older family members, encouraging and teaching their grandparents to use these technologies so that they could connect independently to other members of their transnational care convoys.

Migrant community organisations also featured in the virtual interactions between migrants and their families living overseas. For example, Edie explained that her daughter in the UK was in regular contact with a volunteer from a community organisation in Spain about Edie's well-being, and the same volunteer helped her daughter arrange care from a local (British-run) care company in Spain:

> [Daughter] rang [volunteer] up. She said, 'Is Mum alright?' She said, 'Yeah, she's fine', but she said, 'Do you think you could get her a carer in?' Well, he said … 'I don't see why there's a problem with that. Yeah, I'll find her a carer', and that's how it all started. (Edie, aged 70, British)

Edie's story highlights the interconnected and dynamic relationships between transnational care convoy members and how ICTs can be instrumental in both fostering and maintaining these relationships. However, our findings confirm that virtual co-presence also has its limits (Baldassar and Wilding, 2020; Marchetti-Mercer et al, 2021), and visits were preferred as a way of being physically and tangibly present in each other's lives, particularly during times of crisis. Artur (aged 65, Polish), whose daughter in Poland had recently experienced the bereavement of her son, explained that in-person emotional support cannot be replicated with virtual because '[you] know straightaway how she's actually feeling. One word or one sentence and we know.' As a result, Artur and his wife returned frequently to Poland to support their daughter. At the age of 65 and in relatively good health, Artur was in the fortunate position of having the physical and financial resources that enabled him to travel. As noted earlier, many of our interviewees were no longer able to travel, leaving them reliant on visits from family and virtual communication. As such, transnational care convoys often became smaller, with proximate care becoming more locally oriented as people aged.

Discussion

Our research draws attention to the dynamic nature of care convoys for migrants ageing in place, involving care relationships and practices that are located both within and across nation states. We offer originality in our focus on a heterogeneous group of older migrants, allowing us to better understand migrants' care experiences across

multiple countries and contexts. Further, our focus on older migrants ageing in place (average age of 79) allows us to respond to calls (Buffel, 2017) for research to be more representative of Europe's ageing migrant population and to capture the impact on migrants' transnationality as they face declining physical mobility and increasing care needs. We argue that our novel transnational convoys of care conceptual framework has the power to illuminate the dynamics of migrants' care relationships 'here' and 'there' over time through the ageing process.

Responding to calls from scholars of convoys of care (Kemp et al, 2013), we offer further theoretical development of the convoy of care model in relation to understanding the intersections of formal and informal care relationships and migrant transnationality. Through our dual lens of transnational ways of 'being' and ways of 'belonging', we illustrate how care preferences and practices incorporate a combination of physical and virtual co-presence, involving relationships between migrants, their children (and wider family) and migrant community organisations that fluctuate over time and space. Transnational 'ways of belonging' are manifested through older migrants' national identities, including shared languages and cultural understandings of care, while transnational 'ways of being' involve actual border-spanning social relations and practices through physical and virtual co-presence. It is the combination of ways of 'being' and 'belonging', as well as the structural and material contexts within which they are situated, that shape the transnational care convoy at any point in time.

To date, the care convoys and transnational care literatures elide the role played by migrant community organisations in sustaining care relationships and practices. Our research is the first to highlight the important role that these organisations, spanning the formal and informal, play in older migrants' transnational care convoys. Our findings suggest that they enhance transnational 'ways of belonging' by providing a safe space to enact identity, which is particularly important for those subjected to racism, and through their role in facilitating, either directly or indirectly, access to culturally and linguistically appropriate care and support as migrants age in place. They also act as vehicles to connect different members of the convoy, for example, as spaces to foster relationships with those from the same country of origin, as intermediaries between family members and as brokers in facilitating access to public and private care systems and in helping navigate visa regimes for transnational care visits. This work is especially important in contexts of racism, non-recognition and austerity. Significantly, these organisations' role in the care convoy can change over time. When migrants are younger, they are used as places to socialise with people who have a shared identity and language. In later life, they play a crucial role in responding to care needs, especially as opportunities for mobility to the home country decline, reflecting the complex and dynamic nature of care convoys over the life course (Lambotte et al, 2020; Kemp et al, 2013).

Care convoys therefore change and evolve over time and are influenced by personal and societal characteristics (Lambotte et al, 2020). Migrants continue to simultaneously combine their ways of being and belonging, that is, living lives that incorporate identities, daily activities and networks located both in the destination country and transnationally (Levitt and Glick-Schiller, 2004). Transnational care convoys can also evolve in relation to the ability to engage in transnational ways of being, such as visits, which are influenced by wider structural factors, including migration and welfare

regimes, material resources (for example, the financial resources to travel), and access to ICTs. Care convoys can also be shaped by age, ethnicity/race, socio-economic status and gender, with the intersection of these positionalities enabling or reducing inequalities in access to care resources. Gendered care practices can lead to women taking on most caregiving (Williams, 2018), and within transnational care convoys, daughters (and sometimes granddaughters) were found to provide the majority of care, both in person and virtually. In the context of historical and ongoing racism, migrant community organisations address the unmet care needs of racially minoritised older people.

Scholarship maintains that relationships within care convoys can be fostered and maintained virtually through ICTs (Fuller et al, 2020); however, our research lends weight to prior studies that highlight the importance of physical co-presence and 'embodiment' (Baldassar and Wilding, 2020; Marchetti-Mercer et al, 2021). Visits to and from family were highly valued by interviewees, and when mobility declined with age, visits to family were seen as a major loss, though these were sometimes compensated by increased visits from family. As noted earlier, however, these visits to and from care convoy members were dependent on access to financial resources, as well as mobility rights. In some cases, migrant community organisations and volunteers can also 'substitute' for these in-person relationships, becoming more central to care convoys as migrants age in place. Further, in older age, ICTs are useful in engaging extended family and friends in care convoys and in enabling interaction between different members of the convoy, including family and migrant community organisations collaborating to arrange care and support for an older migrant.

Conclusion

Through introducing a transnational convoys of care framework, this article has moved beyond the dominant focus on family care within transnational care studies to consider the wider set of people and organisations involved in migrants' care, both in countries of settlement and transnationally. By better understanding the intersections of the formal and informal, as well as the virtual and physical, within transnational care convoys and their dynamics across the life course, we have provided valuable insights for policy and practice to better meet the needs of increasingly diverse ageing populations globally. Our insights have relevance for further research in contexts where post-war migrants are now ageing, particularly in Europe and North America, and in contexts experiencing rising numbers of retirement migrants, such as in Southeast Asia. Our study has particularly highlighted the importance of material and immaterial resources in shaping transnational care convoys and how gender, ethnicity and socio-economic status can create or exacerbate inequalities in access to care resources. Further research could explore intersections between these positionalities. Finally, a key strength of our study lies in its focus on a diverse and older group of migrants, but further work could also engage a wider set of 'seldom heard' older migrants, including those who may not have support from community organisations.

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Notes

[1] See: https://census.gov.uk/.

[2] The rights of the Irish to travel, work and live in Britain are derived from the Common Travel Area Agreement, preceding the UK's and Ireland's membership of the EU, and were not impacted by Brexit.

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Conflict of interest

The authors declare that there is no conflict of interest.

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