

# New constellations of care: between local and transnational care practices of young Europeans living in the UK during the (im)mobility regimes of a pandemic

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## ABSTRACT

The restrictions to international travel during the COVID-19 pandemic have posed significant barriers to transnational family life. This paper focusses on the negotiation of familial obligations of over 300 young EU nationals aged 14–25 living in Britain. We examine how care practices were reconfigured within families, as forced immobility, absence and loss became part of transnational family life. Young people's agency was activated to engage in desirable circulations of care, while they also engaged in acts of citizenship locally that had a care dimension. Many young people contributed to local initiatives of caring for others, such as mutual aid initiatives and local groups extending care practices to non-familial relations. We examine thus the range of care receiving and care giving practices and resources involved, including material resources, time, affection and sharing information. These practices involved family members locally or at a distance, but also non-familial relations, to shape new constellations of care.

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## Introduction

Immigration and labour control regimes were tightened across the world during the global fight against COVID-19. Restrictions to social contact at a local level but also transnationally through travel controls and border closures, strict re-entry rules and hostile bordering practices made mobility highly conditional at a time of arguably intensified need for family co-presence and care. While transnational families come to accept distance as a

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feature of family life and many were already living apart when the COVID-19 pandemic commenced, restrictions to travel meant that their ability to reunite was immediately challenged. In an environment of increasing immobility regimes manifest even before, the pandemic posed further challenges to transnational family life and expectations of intergenerational exchanges and support. There has been limited research on the consequences of state-imposed restrictions such as border closures, vaccination requirements and quarantine measures taken during the COVID-19 pandemic globally on transnational families and changes to care practices as a result of these measures. A decade ago already, given increasingly restrictive migration policies and bordering practices, Glick-Schiller and Salazar (2013) invited migration scholars to examine the resulting “immobility regimes” and the power relations that underpin these, with direct implications for transnational family life. At the start of the pandemic, mobility restrictions had a ripple effect on the organisation of family life across borders, with rapid adjustments made by most families with members living in different countries; some returned at short notice to their families, others decided to remain, balancing risks such as loss of income or risk of not being able to return, if leaving. The separation from families-left-behind during a regime of imposed immobility led to significant pressure on relationships, although “co-presence” (Urry 2002) can be maintained even when individuals are separated by distance or time differences.

As shown already in other research, pandemic-related restrictions led to a “slowdown” of intergenerational care and family life put “on hold” across borders (Brandhorst, Baldassar, and Wilding 2020; Merla, Killkey, and Baldassar 2020) and a shift in caregiving and receiving experiences. In this paper, we report on how familial routine trajectories of care were derailed by pandemic-related measures imposed by states globally, while also examining the effects these changes have had on individuals’ involvement in a spectrum of caregiving activities. We focus on young people aged 14–25 who had migrated to the United Kingdom before the pandemic and who were part of transnational families, having relatives still living in their countries of origin in Europe. Following Baldassar and Merla (2014) and Merla, Killkey, and Baldassar (2020), who reported on the “care circulation” practices and processes that keep members of transnational families connected across space and time, we examine these processes in the context of restrictions to mobility during COVID-19 and expand the concept of “care constellations” used in transnational family research (Oliveira 2020) to include young migrants’ caregiving practices involving non-family members. We show how, in the absence of co-presence with family members at a time of collective concern and anxiety, young migrants got involved in new care practices locally or virtually, with non-relatives. Finch (1989) identified five types of care: hands-on or physical, practical, emotional, material or financial, and accommodation,

delivered in person or via technologies or provided indirectly, through support networks. We adopt a similar understanding of care, to examine a range of care receiving and caregiving practices and resources involved, including material resources (money, gifts), time, affection and sharing of information. We will show how these practices involved both family members locally or at a distance, but also non-familial relations, to shape new constellations of care.

In previous literature on transnationalism, the mobilities of care have often been conceptualised as a one-way traffic, flowing from the Global South to the Global North, and involving mainly women leaving their families behind to work as domestic workers or carers (Pyle 2006). This was followed by research on the challenges for migrants to parent from a distance and the effect of parents' migration on children left behind, mainly in terms of children's educational outcomes and well-being. While transnational caring has been recognised as highly gendered (Ryan et al. 2009), scholarship has only relatively recently begun to examine caring relationships from an inter-generational perspective (Baldassar 2007; Pantea 2012; Sampaio 2020). In this work, young people have tended to be researched through the perspective of their needs and vulnerability, particularly when left behind (Bradby et al. 2019; Zontini and Reynolds 2018). It has been argued that such constructions of vulnerability overlook young migrants' lived realities and their agency in care work, given their many new roles once adults decide to migrate, with or without them (Delgado 2023).

In contrast to studies into young people as receivers of care, more recent research has illuminated their experiences at the intersections of transnational caregiving and transitions to adulthood. In transnational families, young people's work of "making and maintaining families" often responds to household reproduction needs, but also to the stresses of precarity, instability and living as a family separated by distance (Shaw 2020). Young people can act as care-givers from a young age in transnational families, including when their parents migrate and they are left behind (Mazzucato and van Geel 2022). We aim to add to this emerging body of work by examining the ways in which family members are interdependent and care is multidirectional, with complex care flows that have been impacted and reshaped by rapidly developing (im)mobility regimes during the pandemic. Kilkey and Merla (2014) recognise that both care givers and care receivers can be migrants, the migration/family arrangements can change over time and the ways in which care is given and received can shift depending on who needs care. These collective care management practices help keep the family "together" and sustain households while navigating transnationalism, locating caregiving within "kinship and moral economies of care" (Baldassar and Merla 2014). Baldassar (2008) has highlighted that families are involved in fostering a sense of "shared presence" when together during visits, but also

from a distance, through virtual technologies, objects and remittances and imagined co-presence. More recent research has shown the value of virtual technologies in maintaining a sense of togetherness when physical presence is not possible (Francisco 2015), with young people having a key role in supporting adults to make use of technologies to keep in touch (Delgado 2023). Our paper builds on this scholarship by providing new insights into the emotional labour and multiple strategies transnational youth engaged in to retain a sense of co-presence and continue transnational care practices when forced into immobility. In drawing from survey data from a sample of 336 young Europeans aged 14–25 living in the UK, we show how young people expanded their constellations of caregiving practices at local and transnational levels as a strategy for maintaining wellbeing and a sense of being active and responding to a crisis they experienced as simultaneously collective and personal. This, we argue, was both a result and a response to the intersecting crises of the COVID-19 pandemic and Brexit, which have confronted young migrants in the UK with a “double whammy” of forced (im)mobilities and constrained rights, in addition to an acute sense of ontological insecurity (Sime 2018). While we analyse the impact of pandemic-related restrictions on young people’s care practices with family, we also show how they expanded the repertoire of care to include non-related members in their care constellations.

### **Young EU nationals’ (im)mobility post-Brexit and the challenges to their involvement in care practices**

Shaw (2020) conceptualises young people’s participation in transnational care dynamics as “tender labour” arising from an affectual response during difficult times to maintain familial bonds and a sense of well-being. Our paper highlights how the increased restrictions on international mobility first fuelled by securitisation discourses and the overhaul of the UK immigration system post-Brexit and then heightened by the COVID-19 pandemic have created significant barriers to transnational care practices, with consequences for both migrants and family members left behind. The economic effects of the pandemic, combined with border closures, have drastically reduced individuals’ scope to utilise migration as a strategy to circumvent the crisis, in contrast to the 2008 economic crisis which led many to migrate in search of better opportunities (Lulle, Moroşanu, and King 2022; Moroşanu et al. 2019). Young migrants were thus forced into immobility, trapped either in their host countries or in their countries of origin, with limited scope to continue their family relationships “as normal”. The consequences of lockdown measures on young people’s education, work opportunities and well-being, particularly their mental health, have also been documented (Nearchou et al. 2020).

Brandhorst, Baldassar, and Wilding (2020) have explored the immediate effect of the pandemic on intergenerational family relationships, with family care put “on hold” or reverted to online care, at a time of acute need for personal, hands-on care. The emotional connections that individuals feel with those they consider “family” are highly influential when it comes to decisions to migrate or return. While young migrants often leave their homes before their parents require care, the pandemic has created new layers of vulnerability through exposure to the virus and limited access to vaccines in some countries. These pressures have had a direct impact on young migrants’ care responsibilities. Migrants’ capabilities to engage in care during the pandemic were shaped not just by their socio-economic circumstances, but also by the type of care needs within their families and perceptions of competing care obligations. Young people’s mobility is mediated by class, ethnicity, sexuality, race, gender and migration status in the receiving countries (Robertson, Harris, and Baldassar 2018). In this sense, the racialisation of certain migrant groups can inhibit efforts to practice families and partake in acts of care across distance (Zontini and Reynolds 2018) or at a local level. In this paper, we highlight how young migrants have experienced and negotiated the social ruptures, new (im)mobilities and constrained decision-making created by the pandemic and Brexit crises. We acknowledge the diversity of the care situations families display and that individuals’ care practices as shaped by many temporalities and spatialities in terms of receiving or giving care. In this context, young people’s care responsibilities and roles will vary, given the complexities of different forms of family and the multiple contexts of care systems available in their countries of origin. Following Bowlby and McKie (2019), we acknowledge that individuals’ care practices or *careingscapes* are thus shaped by *carescapes* or “the relationship between policies, services and infrastructure related to care as determined by nation state, local government and employers” (534). How societies think of care provision and who has access to care services and infrastructures of care will have direct influence on individuals’ pressure to provide informal care, in addition to cultural expectations of care roles.

EU-born migrants had been traditionally more privileged in the UK before Brexit, given the freedom to move. With Brexit, they became subject to immigration controls, with direct impacts on their family life and plans for the future (Sredanovic 2021). The ability to travel at short notice for example for care duties, for elder parents or children, was often seen as a key benefit of living in the UK pre-Brexit, given also social expectations in many European cultures that adult children get involved in their parents’ care when they need it. Some of the previously foreseen benefits of migration to the UK, including the freedom of movement and relatively easy insertion into the labour market (Lulle, Moroşanu, and King 2022) were either taken away or at least drastically reduced with the introduction of the EU

Settlement Scheme (EUSS) and the establishment of a new points-based immigration system. The requirement to register through the EUSS meant a new level of scrutiny of their lives in the UK. To secure their status, EU nationals had to submit material evidence of living in the UK, in the form of proof of long-term residence (letters from employers, bills, evidence of being in the country with no long-term absences). The scheme started in August 2018 with over 6 million applications made, of which about half were granted “settled status” (with full rights to residence and access to welfare and services), while the rest were either given “pre-settled” status (40 per cent) or rejected, withdrawn or have their applications deemed as invalid (10 per cent) (Home Office 2022). At the time of our study, many of our participants were applying or waiting on a decision, which created an additional layer of insecurity and vulnerability. In the context of the complex crisis created by Brexit and the COVID-19 pandemic restrictive measures, which made many more aware of their more precarious immigration status (Turcati and Vargas-Silva 2022), young Europeans in the UK were confronted with a “double whammy” of having their mobility and rights constrained. This has also meant increasing experiences of xenophobia and racism and made many question their sense of belonging in the UK and plans for the future (Markova and King 2023; Sime et al. 2022).

These rapid changes brought by Brexit and the COVID-19 pandemic have created new layers of uncertainty and loss in the lives of transnational families to whom caregiving, care-receiving and reciprocation of care were already characterised by a complexity of emotions. Emotions play a central role in understanding experiences and meanings of transnational care (Baldassar 2008). Previous research on transnational families has studied the emotional costs of family separation, particularly in relation to mother–child separation and the commodification of emotions (Hochschild 2003). Research has also examined the displacement of emotions, where feelings of absence, longing to be together and missing loved ones are often experienced as a heavy emotional burden by migrants and those left behind (Baldassar 2008). Caregiving and care-receiving can often trigger emotions related to a sense of duty and responsibility which can be heightened by migration. While transnational care is reciprocal and fluid, care roles are often unevenly shared (Brandhorst, Baldassar, and Wilding 2020), with the onus on younger family members who live abroad “to be physically co-present to provide hands-on care for the parents in the home country” (263). How transnational caregiving is experienced is also informed by gendered, cultural and generational expectations. This can lead to family tensions and unreciprocated emotions, with feelings of guilt, shame and stigma experienced particularly by migrants, but also by those left behind. Sometimes care is enacted through omission of information and silencing of emotions to avoid upsetting family members kept apart by (im)mobility regimes (Sampaio 2020). In

this context, young people's experiences of transnational care and emotional work involved in providing and receiving care are complex; care duties may cause burnout, act as a barrier to participating in social activities with young people having to navigate competing responsibilities (Shaw 2020). However, caring in transnational families can also provide young people with a sense of value in transitions to adulthood (Pantea 2012). They can perceive looking after family members, visiting family or keeping in touch online as forms of intergenerational caregiving from which they derive positive social value and a powerful sense of identity (Zontini and Reynolds 2018).

Delgado (2023) identifies six dimensions of young migrants' care work in families, including: language and cultural support, bureaucratic, technological, legal, financial and emotional support. Young people may employ more than one type of support simultaneously depending on family needs; for example, they can act as "cultural brokers" by translating official documents or helping their parents build cultural knowledge. Bureaucratic support can involve helping family members navigate unfamiliar institutions or access rights, including medical care, or providing support with technical skills. Both young migrants and young people left behind can respond to changes in family care needs, by undertaking care duties, including providing emotional support for their parents or grandparents or providing financial support, through remittances (Pantea 2012; Shaw 2020). Young people's acts of care are thus more complex than previously accounted for and often reciprocate the perceived sacrifices their parents have made in supporting them. Our paper builds on the conceptualisation of these dimensions of support by illuminating how the intersecting crises of Brexit and COVID-19 have complicated young people's experiences of transnational care in the UK and decision-making over their own futures. As also shown in the Introduction to this Special Issue (Amelina, Barglowski, and Bilecen 2024), the pandemic has led simultaneously to the *interruption* of transnational care practices, *reorganisation* of family care arrangements and *adaptation* and development of new coping strategies. In addition, we show how young people were involved in local care practices with people who were not family, but who needed support during the pandemic or got involved in care-related activities online. We expand thus understandings of migrants' care practices and care roles by looking at *new constellations of care* including family and non-family members, both transnationally and in migrants' own communities.

## Methodology

The paper draws on data from an online survey with a self-selected sample of 336 European migrants aged 14–25 living in the UK, conducted between May and August 2021. The survey was launched just as the deadline for EU

nationals to apply to the EU Settlement Scheme (EUSS) was approaching (on 30th June 2021) and included questions on young people's experiences of the pandemic and their everyday lives in the UK. In addition, several open-ended questions prompted participants to share their views on the likely long-term effects of the pandemic, concerns around their residence rights in the UK and future plans. We acknowledge the limitations of a self-selected sample on the statistical data and we present any statistical evidence with this caveat when we summarise answers. Similarly, the answers we received in response to the open-ended questions differed between participants, in terms of the level of detail provided and most of these tended to be shorter, one or two-sentence answers. Prior to the commencement of the study, we secured ethical approval from our departmental ethics committee. We were mindful of the fact that the pandemic has had a significant impact on young people's mental health (EuroFund 2021) and considered carefully how the questions asked could potentially trigger negative emotions for participants and at the end of the survey we included information on organisations which could provide support.

The survey was advertised via social media, through Facebook and Twitter (now X), using free and paid advertising features. Most respondents were aged 20–25 (62 per cent), with some aged 14–19 (38 per cent); the majority (65 per cent) said they had arrived in the UK between 2014 and 2020. Just over half were female (52 per cent), while 44 per cent were male and the rest (4 per cent) identified as non-binary or preferred not to answer this question. In terms of ethnicity, 86 per cent identified as white, while the rest were of mixed or multiple heritage (6 per cent), chose "other ethnic group" (3 per cent) or did not answer. Respondents came from 29 different countries, with the largest group of respondents being Polish (14 per cent), while other countries included Germany (9 per cent), Italy (7 per cent), Spain (7 per cent) and Romania (6 per cent) and some countries from outside the EU. Given the changes post-Brexit in relation to EU nationals' residence rights in the UK through the EU Settlement Scheme for those without British citizenship, we considered it significant to know participants' immigration status, given this had direct implications for working rights, healthcare, welfare and mobility rights. A majority reported having pre-settled status<sup>1</sup> (48 per cent), about a third (31 per cent) had settled status while others were waiting on an outcome or had not applied, although the deadline had passed. Of the rest, one in seven said they had British citizenship (14 per cent), and a small minority (1 per cent) were waiting on the outcome of their application for British citizenship. The majority (75 per cent,  $n = 247$ ) had lived in the UK before 2018, while some had arrived just before and during the pandemic. Participants were asked to read an information leaflet about the purpose of the project and confirm voluntary participation before they could enter the



survey site. They were also asked to confirm they were aged 14–25, EU-born nationals who had lived in the UK for at least a year. While 336 responses were entered, not all were complete responses and in the presentation of the data, we specify the number of responses received to each question, where relevant. Due to the heterogeneity of EU and other European migrants in the UK and the lack of comparable statistics on EU nationals living in the UK, the quantitative data is not weighted.

The findings presented next draw from descriptive survey statistics and analysis of the open-ended questions. The qualitative responses were analysed using a thematic approach to identify dominant themes related to care practices and experiences of care. The authors read all answers and developed an initial list of themes and subthemes, mapping also the relationships between these. While the study had a wider scope on the perceived impact of the pandemic on young people's lives, we report here on the themes that reflected young people's perceived changes to care practices and relationships. These included three main themes: (1) disruptions to young people as receivers of informal care; (2) young people providing informal care transnationally; (3) re-routing care within local and virtual communities. In the next sections, these themes are explored in depth, by integrating the literature on emotions and transnational care with research on migrant youth, sense of belonging and identity as carers/volunteers.

### ***Care in (times of) crisis: young people's experiences of care-receiving and caregiving***

While transnational migrants engage in care across distance, visits are nonetheless an important element in the provision of informal care (Baldassar 2007). For our participants, visits were prevented by two crises which disrupted previously taken-for-granted mobilities. Alongside pandemic-related restrictions, many were waiting for their EUSS application outcome, which had made it difficult to visit family and friends abroad. Although we did not ask participants about their care practices before the pandemic, some indicated in their qualitative answers the significant changes to care roles as a result of mobility restrictions and pandemic-control measures, such as quarantines and vaccinations required to enter countries. Many talked about being suspended in "waiting" and "longing" to reunite with loved ones abroad. This immobility regime, created by the compounding effects of immigration controls and COVID-19 travel restrictions, meant that many were uncertain when they would be able to reunite, missing out on co-presence and family connections. Some participants felt torn between needing to stay in the UK to comply with the EU Settlement Scheme requirements and not jeopardise their status, while wanting to be with their families during

exceptional times. In the analysis, we show how these pressures led to a diversification of care practices, from continuing to provide care transnationally via technologies or remittances to engaging in new care giving practices locally or virtually, by caring for non-family members and involvement in charity work or volunteering.

### ***Disruptions to young people as receivers of informal care during the pandemic***

In the survey, a majority of participants said they had been impacted “a lot” (42 per cent), “quite a bit” (38 per cent) or “a bit” (16 per cent) ( $n = 212$ ) by the COVID-19 pandemic, although only 16 per cent said they had contracted the virus. This impact had been mainly on their mental health and opportunities to be together with loved ones and receive support, such as emotional support, help with childcare or housework. While most had some level of concern over their physical health (77 per cent,  $n = 211$ ), a lot more (95 per cent) said they had been concerned about the health and wellbeing of “other people”, and 93 per cent ( $n = 211$ ) had some level of concern about the impact on their mental health. With the closure of schools, colleges and universities after lockdown measures were introduced first in March 2020, two in three respondents stated they were “moderately” or “extremely concerned” about school and university closures and felt less supported when learning moved online. The sudden shift to online teaching had caused uncertainty and stress. Young people were worried about the effects of online education on their personal development and found themselves in need of emotional support and advice, given the closure of schools and universities also had severe consequences for their social networks. This was particularly hard for those who had only recently migrated:

I study Biological Sciences and most of my course has been online. It feels like I'm not even in university when I should be learning and engaging with it. Making friends has been almost impossible, the only way you can possibly make friends is completely ignoring Covid restrictions, which everyone has to do at some point because the mental health strain of being lonely in a new country becomes too much. (Female, 18, Spain)

I have been unable to see my family and friends since Christmas 2019, I have been feeling very lonely, isolated and disconnected from my networks back home. (Female, 21, Lithuania)

Given the restrictions imposed on individuals' mobility in most countries, many young people talked about the sense of isolation they experienced and the negative impact this had on their mental health. At a local level, young people were affected by restrictions to social gatherings and lockdown rules, which lasted for months at a time. Almost two-thirds (61 per cent,  $n = 210$ ) said they were concerned about the impact this would have on their

social relationships. While some young people stated that they appreciated working and studying from home, which became the norm for many, they also admitted that this change had contributed to their social loneliness and sense of angst. The enforced isolation at home and rules around social distancing had impacted personal relationships, and many said they missed the closeness of their partners, sexual life and being together with someone who cared for them at a time of vulnerability and emotional distress. Visits between households were banned for months at a time during lockdowns and this meant that young people living apart were separated not only by their family abroad, but also from friends and partners in the UK. For those with partners abroad, the pandemic had also caused a long and involuntary separation and had put a strain on long-distance relationships or made some give up relationships and just live in survival mode:

I gave up on the idea that I could ever get married and have family (...). My main focus is now to live through the pandemic and suffer as little as possible, and get out as strong as I went in. (Female, 22, Latvia)

Physical co-presence is an important element of care in making sure family and friends are well, and for expressing closeness (Baldassar 2008). The COVID-19 travel restrictions, compounded by uncertainties surrounding EUSS status denied many young people the possibility of “crisis visits” as a response to family emergencies. For young people, leaving and being apart from family had an emotional charge, with the ongoing fear that this might be the last goodbye:

It's very hard not being able to visit elderly vulnerable family members at home. We had to miss Christmas which is a big celebration for us and now we're unsure about going home for summer. I'm scared I'll never get to say goodbye. (Female, 22, Hungary)

Losing my savings, losing my mother and not being able to go to her funeral because of the pandemic, my health worsened due to the lack of NHS appointments. (Male, 21, EU country)

Experiencing bereavement from a distance had significantly rocked young people's sense of self and led to feelings of guilt for many at not being able to be with family in a time of crisis and also not being able to get the emotional support they longed for. Sharing feelings of bereavement with family members abroad often weighed on young people's minds.

My grandma is 80 and was about to pass away during the pandemic. I was in the UK, and it was hard to accept that when she died, I could not be with my family to take care of each other. (Female, 23, Italy)

Some young people also talked about keeping personal feelings from family members abroad, while they missed the closeness or care they received before the pandemic, not to create concern or worry for others. This was

another form of caring from a distance – by not sharing their own feelings, anxieties and challenges, young people were reducing the emotional load on their kin abroad. Awareness about information omission and silencing of emotions which migrant families apart can enact to avoid upsetting family members (Baldassar 2007; Sampaio 2020) may have also contributed to young migrants' concerns about family and friends abroad.

Nonetheless, for some, the increased social isolation provided distance from other harms; some participants said that working from home meant they could avoid the risk of xenophobic attacks which had increased drastically in their view post-Brexit (see also Sime et al. 2022). A Spanish young man, aged 16, said that the pandemic allowed him to avoid school bullying and think more about his sexuality, *giving me the courage to find out who I am and also to come out*. For a minority thus, the pandemic-imposed isolation had been a positive. Young people whose family relationships were precarious or fraught welcomed the restrictions to travel and felt they could use this time to focus on themselves and personal growth. Some also felt that restrictions had provided them with more time at home with their families in the UK, such as young children, a time of reflection and personal growth (*I could learn about things I preferred, able to bond with my family more*), reassessment of priorities and self-discovery.

### ***Caring from a distance: young people providing informal care transnationally***

The unprecedented disruption to mobility options has meant for many families a significant change to the established, routine ways of engaging in intergenerational care, at a time of increasing vulnerability, given the unknown effects of the virus in the early stages. The restriction of cross-border mobility impeded co-presence with family and friends abroad and thus made it difficult for young people to provide “on hand” support to kin and friends in their home countries. Given the difficulties of travel and restrictions to proximity, 94 per cent ( $n = 211$ ) of the participants had some level of concern over their family and friends abroad and the impact the pandemic was having on these relationships. One in three said they became extremely concerned about family members abroad. Young people said that they were “missing family”, longing for family and feeling sad at not being able to travel and reunite. The pandemic appeared to clearly re-frame how respondents were thinking about their kin abroad and their duties of care. Travel restrictions had interrupted family gatherings and traditions that had before a ritualistic pattern of coming and going, as families were not able to celebrate holidays and family events, like baptisms, weddings or funerals. Young people felt they were missing out on “some really important events”. Although the focal point of their comments were family ties, some respondents also spoke about their relationships with friends abroad and how

they were unable to provide support in a critical situation or resolve arguments when these occurred:

[I'm] worried about difficulties travelling home for support if something goes wrong - a fight with a very good friend that's not really resolvable online - [I] worry over my settled status application (was caught by quarantine elsewhere and out of the UK for 4 1/2 months). (Female, 24, Germany)

Young people tended thus to express significant concern about their family and friends abroad (41 per cent), connected to the anxieties and frustrations of not being able to provide care in person at short notice if needed, unlike before the pandemic. Respondents also mentioned greater concern for elderly and more vulnerable family members who might be at a higher risk of severe consequences following a COVID-19 infection:

I've also been really worried about my dad and grandparents since they're all high risk. (Male, 19, Europe)

I'm worried about how Covid affects the elderly a lot more than the young. My grandparents live in Latvia, so it's really scary to think what could happen. (Female, 21, Latvia)

Restrictions to mobility led thus to significant challenges for young people's caringscapes (Bowlby and McKie 2019), with many reporting a re-adjustment to care roles and care practices and a reconsideration of life priorities. Migrants mediate the absence perpetuated by migration and (im)mobility through various strategies of co-presence, including ways to connect across distance. Baldassar (2008) has argued that "the emotional use of technologies serves to collapse distance and render people virtually co-present" (255). At the height of the pandemic, online technologies became central to young people's practices of keeping in touch, check on family members abroad and their health, and reassure family members abroad that all was well. This provision of online care was a reciprocal process, where young people checked on family members' health, shared information they had on the pandemic and best ways to avoid contamination, provided moral support to their older parents, but also reassurance that they could cope with the challenges ahead:

Reading information on the internet and telling my parents how to protect themselves, wear masks, clean the shopping etc. (Female, 23, Poland)

Helped friends and family with their children's online education. (Female, 22, Lithuania)

Many respondents explained how important these virtual contacts via WhatsApp or standard phone calls became, with many connecting with family more often than they had been before the pandemic. Thus paradoxically,

for many the increased (im)mobility had led to greater connectivity, fuelled by increased isolation and a sense of needing to care for loved ones during a time of crisis.

In contrast to other research which has illuminated students' heightened dependency on transnational families during the pandemic, including increased financial dependency (Hari, Nardon, and Zhang 2023), our findings illustrate a balancing of roles whereby young people assumed multiple new care responsibilities to face the crisis. In addition to emotional labour, caring from a distance also took material forms, such as sending remittances for the first time or increasing the value of remittances sent, sending goods that were in shortage or providing one-off financial help – especially if parents had lost their jobs in their home country or were ill.

My mother lost her job and health, and so I have now to support her financially.  
(Female, 23, Poland)

COVID and Brexit have made it difficult to visit family like grandparents in Europe who are obviously getting older and some are ill. Also difficult to send things like parcels in the EU to family, which we'd relied upon to send gifts and photos etc. (Female, 16, EU country)

With countries around Europe being economically impacted, parents and siblings abroad would share their financial concerns with their sons and daughters abroad, who felt a duty to help financially. This shows the important role a sense of obligation and duty plays in transnational care giving (Baldassar 2007). Young people's attempts to assume increased care giving responsibilities may also reflect the sense of "longing", intensified by the (im)mobilities perpetuated by the pandemic. Increased emotional and material caregiving plays a part in "presencing" (Baldassar 2008, 263), which functions to maintain transnational relationships across distance. Nonetheless, these experiences of caring for others from a distance were not equal for all participants, given differences in socio-economic backgrounds. Young people talked about the financial challenges of having to travel back and forth at a time when flights became more expensive, Covid tests were required and many had lost employment or had their work hours reduced. For some, this meant a re-assessment of their future plans, if the pandemic impacts were going to affect family members long-term:

The impact [of the pandemic] on EU citizens in the UK will be way higher than on British people living in the UK. They have family very close-by and can bend the rules if they want to see them. [...] If the COVID restrictions continue after 2024, I will move back to my home country, to be with my family. I hope that won't be the case, I enjoy my life in the UK and I am happier here, but my family is way more important than my happiness. I would choose them over anything else every time. (Female, 25, Romania)

Labour control regimes, class and migration status impact migrants' degree of control over their mobilities and transnational family and kin relationships (Carswell, De Neve, and Subramanyam 2022). In our sample, some young people found it easier than others to re-organise their care relationships, leave at short notice to be with family abroad or ride the pandemic restrictions with less concern for their income or futures. Nevertheless, family bonds clearly were of concern to young migrants during the pandemic, with many showing how transnational relationships were under significant pressure and endured in most, although not in all cases. As other authors have claimed before, life course is one of the many temporalities shaping care practices (Bowlby and McKie 2019) and changes in care needs in the family can easily derail migrants' long-term plans.

### *Re-routing care practices: young people as providers of care locally or virtually*

We now turn to young people's care practices at a local level and virtually, which involved non-family members, to show how young Europeans expanded their care constellations during the pandemic as a result of the immediate crisis that required people's action to help others and the simultaneous perceived lack of control in terms of restrictions to co-presence with family members abroad. Many respondents said they felt "powerless" as a result and one way to counteract this was to get involved in volunteering and humanitarian work, through money and food donations and physical or virtual volunteering, or informally, through helping neighbours and friends in their immediate vicinity. Regarding the extended social network of local communities, about half of the respondents (47 per cent,  $n = 196$ ) stated they participated in at least one form of volunteering, including both formal and informal volunteering, checking in on neighbours and donating food or money. One in four (23 per cent,  $n = 195$ ) said they had donated money or food, and 18 per cent said they had checked in on vulnerable neighbours, taking over care duties for them, such as shopping, providing transport to medical appointments or care for pets (16 per cent said they had helped out informally).

I was doing shopping for numerous elderly neighbours. Taking care of their gardens and taking out their dogs. (Female, 16, Poland)

I helped my neighbours shop and lent money to my friends. (Female, 22, Switzerland)

I kept an eye on my neighbour who is mentally ill and called for help when they needed it. (Female, 25, Bulgaria)

I took my neighbour to the vaccine centre. (Male, 25, Spain)

Given the nature of their employment, many also fulfilled caring roles through their work, either in healthcare or food provision:

I was still studying and was an essential worker so I worked. I did donate plenty of food which I panic bought at the beginning of the pandemic and I've also donated some clothes. (Female, 23, Poland)

I'm a mental health ambassador for my university along with being a course representative. I also ensured to check on my elderly neighbours and send packages to friends who were isolating alone for months. I also donated food and clothes to charities. (Female, 21, Hungary)

The imposed local and global (im)mobilities perpetuating social isolation prompted many to think of alternative ways of interacting with other people by getting involved in local or virtual practices of care. This included volunteering through formal local clubs and organisations, but also with more time at home, many young people said they volunteered online, helping charities raise funds. This included ongoing roles in formal organisations or ad-hoc volunteering:

Project Zulu is a project to increase the quality of life in a township in South Africa. I was part of the technology team responsible for setting up infrastructure and teaching kids about technology. (Male, 20, Portugal)

I raised money for the National Health System. (Male, 23, Spain)

I volunteered for Young Scot, NTS and a small local museum. (Female, 23, Germany)

NHS volunteer – transporting medical supplies and tests by bike on demand. (Male, 23, France)

I volunteered with the local museum to organise fun events for communities and visitors. (Male, 23, Germany)

While some were already volunteering before the pandemic, others found new opportunities to use volunteering as a form of social engagement and social connection with neighbours:

I had an elderly, vulnerable lady living next to me. She was shielding, but her relatives were unable to help her with groceries and chores, so I took care of the house and went shopping for her. (Female, 21, Italy)

I volunteered as a digital ambassador with OLIO [a mobile app for food sharing], made some videos for free for non-profits etc. Also donated food and money. (Female, 25, Romania)

While the absence of proximal family members meant that caregiving for family members was made more difficult for young migrants, many found



local opportunities to show care and love to other people in their immediate vicinity. This did not replace family relationships, but created temporary or even lasting relationships of giving and receiving care, as neighbours and friends in the UK would in turn show empathy for young migrants' separation from family at a time of crisis. Young people were thus reclaiming agency in the provision and receiving of care by acting locally when transnational options were suddenly unavailable. In similar ways to Parreñas (2003) who argued that migration involves the displacement and diversion of motherly love as women leave children behind while caring for their employers' children abroad, we argue that young people in our study have shown a diversification of their care constellations, to include non-familial members who they felt needed support during the pandemic. While recognising that such actions may be temporary in response to a perceived crisis, temporary "acts of citizenship" (Isin and Nielsen 2008), we suggest these are new ways of caring that shed light on migrants' care practices, that seem more diverse than previously accounted for in transnational family research.

## Discussion and conclusions

This paper has outlined the plurality of ways in which the COVID-19 pandemic has impacted young European migrants' care relationships and practices at both transnational and local levels. Although separated from family members by borders, restrictions to their mobility enforced by lockdown measures and the simultaneous changes to their residence status in the UK, young Europeans living in the UK have continued to maintain mutual care relationships during the COVID-19 pandemic and engaged in alternative forms of "presencing" (Baldassar 2008). Distance, borders and public health measures have posed significant challenges to family proximity at a time of increased vulnerability for young migrants and their family members abroad. Yet, cultural obligations of care and a heightened sense of duty to keep care relations active at a time of increased need meant that transnational connections were intensified and re-shaped to adapt to the unprecedented restrictions imposed across the globe, while new care relationships developed locally or virtually. Many of our participants felt that their obligations and desires to care for family members or be cared for had been challenged for the first time since they had left their countries. This meant that individuals had to rally together with others and find new ways of "doing family" (Morgan 1996) and organise co-presence. The intergenerational networks of caregiving had to be re-negotiated by family members to comply with imposed restrictions to mobility, however, families have continued to provide each other with support by keeping in touch via technology (through regular texting, WhatsApp family groups, Zoom calls) or emergency trips abroad when family members became significantly vulnerable.

At the same time, young people felt the need to expand their constellations of care, by getting involved in new care roles with unfamiliar locals or virtually, through online volunteering. Our study highlights the importance of considering constellations of care that move beyond the family boundaries to include non-familial relations, in order to better understand migrants' care practices and care roles; some of the care relationships migrants got involved in post-migration were clearly in response to their sense of civism and duty or citizenship, others were clearly more personal and involved a sense of reciprocity and emotional benefit for care givers as well as care receivers. Young people expanded thus their networks of care, by fostering one-way or mutual care relationships with colleagues, neighbours and new friends, while also maintaining their transnational care networks.

Youth around the world have been negatively impacted by the measures taken by governments to minimise the impacts of COVID-19 pandemic, in terms of lasting impacts on their education, career prospects and peer relationships. For young people in transnational families, these negative effects have been compounded by the restrictions on practices of care at a time of significant need and concerns for the well-being of those left behind. For those in the UK, the pandemic came at a time of already increasing insecurity in relation to their immigration status post-Brexit and reported increase in xenophobia and racism. While young people's individual circumstances such as length of stay in the UK, age, socio-economic background and living with or without family members in the UK are all factors impacting their sense of in/security during the pandemic, the majority of our participants expressed a sense of vulnerability. This could be either *physical vulnerability*, with concerns about their well-being, *emotional vulnerability*, through isolation from peers and family members, or *ontological vulnerability*, with an acute sense of unpredictability over their futures (see also Sime 2018). We have shown how in times of mobility restrictions, families have found alternative forms of caring from a distance, by showing love and concern for those away. In times of crisis, meaningful and caring kin relationships require active involvement in maintaining the family unit by re-affirming their emotions and sense of belonging together through ways that do not depend on proximity and co-presence. This involves significant time and emotional investment and young people talked about the emotional toll of not being able to sustain all their relationships from a distance. In addition, their involvement in local or virtual networks of care showed the expansion of young people's agency to provide care when care was needed.

EU nationals' experiences at the intersection of the COVID-19 pandemic, austerity measures and Brexit have also shown how young adult migrants have been pushed to engage in various forms of care work against new

precarities. This includes bureaucratic, legal and emotional care (Delgado 2023) to navigate new challenges to previously taken-for-granted mobilities, challenges posed by immigration controls and travel restrictions, and gaps in social protection at a time of increasing need. Our findings illustrate how the intersection of these three crises has placed young people in positions where they were forced to make difficult decisions between caring for those near and those apart and re-consider their plans for the future based on care needs and priorities. Faced with the frustrations of not being able to travel freely and help family members, many young people re-directed their care towards members of their local communities, either by volunteering or “helping out” or through donations of food or money. Practices of care at a local level have acted for some as opportunities to re-create the sense of emotional satisfaction of co-presence and connect via proximity with non-family members, at a time when they had an increasing sense of isolation and anxiety at the unknown future impacts on their familial relationships. Wanting to feel “helpful” and “useful” which many young people mentioned, especially as triggered by a crisis where people were expected to come together, provided them with the impetus to get involved and allowed a sense of embodied care relationships, which could act as a compensatory form of care for the physical absence of family and friends. Future research needs to examine the long-term impacts of re-shaped care practices post-pandemic, if these had been temporary or more permanent, in terms of for example young people’s involvement in local volunteering and mutual aid.

Bowlby and McKie (2019) explain how individuals’ care journeys throughout life are shaped by intergenerational reciprocity, but also by *carescapes*, meaning “the relationship between policies, services and infrastructure related to care” (534), which provide the context for individuals’ care practices. In this study, we have seen how the changes due to the pandemic have led to new care relationships developing, in what we have advocated for as *new constellations of care*, often in the absence of state-provided care support or interventions. Studies can examine further the durability of these new care practices, post-pandemic. The other aspect of interest is the long-term impacts of living through the pandemic for transnational families, in terms of increased closeness or shared loss. Impacted by government policies that have kept many in limbo in relation to their access to social welfare and with their citizenship rights severely diminished by Brexit-related immigration measures, young EU nationals in the UK have had their life opportunities and relationships severely impacted by the polycrisis of austerity, Brexit and pandemic. Our contribution has been to highlight the significant impact of these imposed changes and migration disruptions to family networks and practices, the high emotional toll and young people’s activated agency in navigating these complex challenges.

## Note

1. Pre-settled and settled status under the EU Settlement Scheme required holders to maintain continuous residence in the UK, allowing only for limited periods of time to be spent abroad at any one time (up to two and, respectively, five years).

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## Ethics statement

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