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## article

# Migrant-led organisations as caring communities: towards a re-appreciation of the reciprocal dimension of care

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This article examines care in the context of a migrant-led non-governmental organisation run by and supporting London's Latin American migrants. Based on ethnographic fieldwork, this article suggests that the non-governmental organisation can be best described as a 'caring community': it cares for migrants by helping them access their entitlements, information and care, while also fostering spaces where reciprocal caring relationships develop. This article concludes by arguing that examining care in the contexts of migrant-led non-governmental organisations can help us move beyond the tendency to confine care to the dyadic, unequal relationships dominating migration and care studies.

**Key words** care • reciprocity • community • migrants

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## Introduction

The research literature addressing the intersection of care and migration has burgeoned since the early 2000s. Within this literature, two major research directions can be identified. One direction addresses the paid and unpaid care work of migrants, particularly migrant women in the Global North. Another investigates the extent to which migrants are granted access to care. Seldom have these directions explored the practices through which migrants care for each other.

While bringing the concept of care to migration studies, this literature has contributed to a dichotomised construction of migrants as either caregivers or care recipients. Such a construction has important societal consequences. On the one hand, understanding migrants merely as caregivers prevents one from addressing the question of 'who cares' for migrants (Boccagni, 2013). On the other hand, the

construction of migrants uniquely as care recipients is too often used to label them as the burden of welfare states in the Global North (Alpes, 2015).

On a theoretical level, investigating and constructing migrants exclusively as caregivers *or* care receivers confines care to the domain of dyadic, unidirectional and unequal relationships between two individuals (the caregiver and the care receiver) or two parties (the welfare state and the individual). These relationships are unidirectional and unequal because caregivers have the resources to provide or deny care, while care receivers might have relatively fewer resources to determine the kind and amount of care to receive (Tronto, 1993; Barnes, 2012). The confinement of care to the domain of dyadic, unidirectional relationships prevents us from appreciating how care can be reciprocal and emerge from community contexts where migrants support each other.

By examining care in the context of Migrants Home,<sup>1</sup> a London-based non-governmental organisation (NGO) run by and supporting Latin American migrants, I aim to reconcile the conceptualisation of migrants as both caregivers and care receivers, and to move beyond an understanding of care merely as developed in the context of dyadic, unidirectional relationships. Specifically, this article addresses the following research questions:

- How does Migrants Home care for its Latin American clients?
- What kind of reciprocal caring relationships evolve between and among clients and staff?<sup>2</sup>

This article relies on ethnographic fieldwork conducted between October 2018 and July 2019 at Migrants Home. Drawing on gender and welfare studies, as well as on the work of feminist moral philosophers, the article defines care both as gendered labour promoting the welfare of those who do not manage, or who are not inclined to do so, by themselves (Yeates, 2004), and as a set of values that can lead to justice practices promoting people's rights, not just care needs strictly speaking (Tronto, 1993; Barnes, 2012).

The article first provides an assessment of the conceptualisations of care and the literature on care and migration. After describing the methodology, I examine how Migrants Home cares for its Latin American migrant clients and the kind of reciprocal caring relationships that evolve within the NGO. I suggest that Migrants Home can best be described as a 'caring community', a term I use to describe migrant-led NGOs that help migrants access their entitlements, information and welfare support, while fostering spaces where reciprocal caring relationships emerge. The article concludes by arguing that examining care in the context of migrant-led NGOs can help us reconcile a conceptualisation of migrants both as caregivers and as care recipients, and move beyond an understanding of care merely as developing in the context of dyadic, unidirectional relationships.

## Conceptualisations of care

In gender and welfare studies, care is often conceptualised as the 'range of tasks and activities to promote the personal health and welfare of people who cannot, or who are not inclined to, perform those activities themselves' (Yeates, 2004: 371). These activities include physical work, such as the performance or supervision of tasks involved in ensuring individuals' well-being (for example, cooking, cleaning,

washing and so on), as well as emotional labour, namely, all those activities that make the person cared for feel looked after, understood and loved.

The understanding of care as a form of labour was well established by the 1960s. At the time, feminist scholars were facing the challenge of making visible women's unpaid and undervalued care and reproductive work within their households (Razavi, 2007). According to feminist scholars, even if unpaid, the reproductive and care activities women undertake in their households are key to the continuation of capitalistic economies (Razavi, 2007). This is because every system of production requires a system of reproduction (Nakano Glenn, 1992).

Feminist scholars soon began to show the racialised and undervalued character of paid care work too. Nakano Glenn (1992) demonstrated that the rich had always outsourced care and reproduction, but that in the US in the second half of the 20th century, these started to be heavily commodified. As such, reproductive and caring work hitherto taking place in households could now be bought even by less wealthy individuals. Nakano Glenn observed that compared to other occupations, paid care and reproductive work was still undervalued and gendered. She observed, however, that racial minority women were disproportionately employed in 'lower-level' care and reproductive work, such as domestic work and childcare. Robinson (2020) reminds us that paid care work continues to be racialised in the Global North.

Tronto (1993) further expanded this conceptualisation of care by demonstrating that care is not just a form of labour, but a practice, insofar as it involves both thought and action aimed at improving the welfare of others. Tronto (1993: 106–8) identified four phases involved in the practice of care:

1. *Caring about* involves noting the existence of a need and making an assessment that this need should be met.
2. *Taking care of* entails the recognition that one can act to address these unmet needs.
3. *Caregiving* involves the physical work needed to provide care.
4. *Care receiving* requires understanding how the care receiver responds to the care provided.

Understanding care as a practice helps us move beyond conceptualising care in individualistic terms. According to Tronto (1993; 2013), it is not just individuals who, in their everyday lives, note the existence of care needs and devise strategies to meet these. On the contrary, gender and welfare studies demonstrate that care needs are today met at various levels. Families, NGOs, states and the market are key institutions providing care, or to which individuals may outsource their care responsibilities (Razavi, 2007).

If understood as a form of labour and a practice in gender and welfare studies, care has been conceptualised by feminist moral philosophers as an ethic: a set of moral principles that guide us in making decisions about how we behave in social relationships and treat other people in a variety of contexts, from the personal to social policy (Tronto, 1993; Sevenhuijsen, 1998). Tronto (1993) defined care ethics as social relationships informed by four main values: attentiveness, responsibility, competence and responsiveness. Sevenhuijsen (1998) added the fifth value integral to an ethics of care, that of trust. Engster (2007) suggested that care ethics also includes respect as a key moral principle. The expression 'feminist ethic of care' is today used to refer

precisely to social relationships informed by these values (Williams, 2001; Nguyen et al, 2017).

The term ‘ethics of care’ (or ‘care ethics’) was first introduced by Gilligan (1982), who argued that men and women operate under distinct moral frameworks: women tend to place more value on caring and stress the importance of sustaining human life, while men are guided by notions of rights and justice. The work of scholars like Tronto (1993; 2013), Sevenhuijsen (1998) and Engster (2007) has been fundamental in moving away from the idea of care ethics as women’s morality in favour of an understanding of care ethics as an ethic of justice (Barnes, 2012). The understanding of care ethics as an ethic of justice can be better appreciated when considering Tronto and Fisher’s often-cited definition of caring:

We suggest that caring be viewed as a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Quoted in Tronto, 1993: 103)

While departing from the definition of care found in gender and welfare studies, the feminist ethics of care approach does recognise that care values can underlie the labour meant to promote the welfare of those who cannot, or who are not inclined to, do this by themselves (Barnes, 2012; Bourgault, 2020; Stensöta, 2020). Yet, it goes beyond this, as it appreciates how the orientation and act of feeling compassion for, and caring about, the unmet needs and rights of people can lead to justice practices.

Today, a substantial literature exists that conceptualises care both as gendered labour and as a set of moral principles informing social policies and caregiving in familial and institutional contexts (Barnes, 2012; Bourgault, 2020; Stensöta, 2020). While recognising the importance of this literature, Barnes (2012) criticised the tendency among scholars to investigate care as a commodity flowing unidirectionally from caregivers to care receivers. According to Barnes, this tendency prevents scholars from recognising that care competencies and values can emerge among those labelled as ‘in need of care’ when they live or spend time together and are able to participate in the caring process.

Drawing on the feminist ethics of care approach, this article defines care both as intimate and intense gendered labour, and as a set of values that can lead to justice practices promoting people’s rights, not just care needs strictly speaking. Following Barnes (2012), I understand care as a practice and ethic that can be found not only in dyadic relationships, but also in community contexts where reciprocal caregiving emerges. It is against this understanding of care that the literature addressing care in migration studies is evaluated in the next section.

## Unsettling the conceptualisation of care in migration studies

In migration studies, care is often investigated in the context of dyadic relationships and reduced to a form of gendered labour and a commodity flowing unidirectionally from caregivers to care receivers. This understanding of care has characterised research on the intersection of care and migration since its emergence. In the early 2000s, migration scholars began investigating the inequalities facing migrant women care and

domestic workers in the Global North (Hochschild, 2000; Ehrenreich and Hochschild, 2003; Parreñas, 2012). Hochschild (2000) coined the expression ‘global care chain’ to refer to women from the Global South leaving their families to do care work for other women in the Global North. While bringing care to migration studies and inspiring scholars to investigate migrants’ gendered and racialised experiences of caring for other women’s children and elderly relatives (Datta et al, 2010; Anderson, 2012; Parreñas, 2012; Walsh and Shutes, 2012), the global care chain framework reduces care to a form of gendered labour and to a commodity that is exchanged, rather than appreciating its reciprocal dimension.

A similar understanding of care seems to underlie the literature on the unpaid care work that migrant women do for their transnational families, namely, those ‘families that live some or most of the time separated from each other yet hold together ... a feeling of collective welfare and unity’ (Bryceson and Vuorela, 2002: 3). Scholars have found that migrant women continue to care about and for their ‘left-behind’ families, providing emotional support through information and communication technologies, by visiting their families when possible, and by sending remittances (Baldassar et al, 2007; Dreby, 2010; Boehm, 2012). While their research showed how migrant women continue to care for their families despite distance, it once again placed care in the context of dyadic relationships where migrants provide for their family members, rather than addressing the ways in which migrants and their ‘left-behind’ family members care for each other.

More recently, scholars have posed the question of ‘who cares’ for migrant domestic and care workers, and, more broadly, for migrants with multiple caring responsibilities and needs (Boccagni, 2013; Triandafyllidou, 2013). A substantial literature now exists, for example, on the extent to which migrants can access private and public health services (Nørredam and Krasnik, 2011; Boccagni, 2013), and on the challenges they face in accessing social protections such as welfare benefits or social housing (Mas Giralt and Granada, 2015; Alpes, 2015). Although this body of literature highlights how access to care is often racialised, gendered, classed and highly dependent on migrants’ legal status, it remains reliant upon a conceptualisation of care that fails to appreciate its reciprocal character.

There are, however, exceptions. Some studies have addressed the practices through which migrants care for each other. Baldassar and Merla (2014: 25) coined the expression ‘circulation of care’ to refer to ‘the reciprocal, multidirectional and asymmetrical exchange of care that fluctuates over the life course within transnational family networks’. Through this notion, Baldassar and Merla aimed to emphasise the reciprocal nature of caregiving within migrants’ families. More recently, by analysing the strategies through which Andean families in Europe assemble their healthcare arrangements, Lafleur and Vivas Romero (2018) showed that migrants access healthcare not only through formal channels (for example, private and public insurances, and state care and social protection), but also by appealing to community-based forms of solidarity. Lafleur and Vivas Romero’s (2018) study is significant, as it highlights how reciprocal caregiving and caretaking can take place not just in families, but also in communities.

This article builds on and expands the existing literature on the intersection of care and migration. By examining how Migrants Home cares for its Latin American clients and the kind of reciprocal caring relationships emerging within this community context, the article aims to reconcile the conceptualisation of migrants as caregivers

and as care receivers, moving beyond an understanding of care merely as developed in the context of dyadic, unidirectional relationships. The next section describes the methodology used to document the care practices and relationships taking place in Migrants Home.

## Understanding care through 'care-ful' ethnography

Run by Latin Americans, Migrants Home provides London's low-income Latin American women and men with one-on-one advice sessions, sociocultural events, English classes and a variety of workshops. These services are mostly provided in Spanish. The care practices and relationships taking place in Migrants Home were documented through 203 hours of ethnographic fieldwork between October 2018 and July 2019. I was granted access on condition that I could speak Spanish and would present an official letter, signed by myself and the NGO's leader, stating that I would respect the confidentiality and anonymity policy of Migrants Home, volunteer, and produce a report for the NGO. In the following, I detail how data were collected, transcribed and analysed, and how I navigated ethical concerns.

### *Data collection*

The ethnographic data collected included: (1) the shadowing of 68 advisor–client one-on-one sessions; (2) unstructured interviews with staff members about the services they deliver, the type of clients they have and their challenges, and strategies for delivering on these; (3) informal conversations with clients and volunteers; (4) 17 semi-structured interviews with clients (11 females; six males); and (5) participant observation in five workshops delivered by Migrants Home, seven social events and two staff meetings. The diversity of ethnographic data collected allowed me not merely to rely on what the staff or clients *say* about how Migrants Home cares for migrants, but also to *observe* the care practices taking place at Migrants Home, while being socialised into its culture and values.

In the early stages of fieldwork, I conducted participant observation in Migrants Home's social events and workshops to build rapport with the NGO's staff, clients and volunteers. Soon, I was asked to shadow advisors in one-on-one advice sessions with their clients. According to the staff, shadowing advisors would help me gain a better understanding of how Migrants Home supports its clients, while they could benefit from having someone making photocopies and filling in forms under their guidance.

Being active at Migrants Home helped me to build rapport with its Latin American clients, explain my role as a researcher to them, invite them to participate in semi-structured interviews and provide them with an information sheet. During the interview, I asked about: (1) their reasons for migrating to London; (2) the opportunities and inequalities they faced in fulfilling their family responsibilities and meeting their personal everyday needs; and (3) why they approached Migrants Home. Interviews lasted 45–60 minutes and were conducted in cafes or in the premises of the NGO. In all cases, interviewees signed a consent form and agreed to be tape-recorded. Before beginning the interview, I would position the recorder close to the interviewee and emphasise that they could withdraw or stop the recording at any time. While some interviewees did not feel intimidated, at times, others asked me to stop the recorder. I would then wait for their signal before starting to record again.



Interviewees were selected on a convenience sampling basis, resulting in middle-aged women being more likely to agree to an interview with me. This can be partially explained by my positionality as a young woman. I noticed that the middle-aged men who agreed to participate in an interview were reluctant to share narratives of hardship in complying with their breadwinning role with someone they called '*la niña italiana*' (the little Italian girl). There were, however, instances when older women and men talked to me as their daughters. At other times, interviewees trusted me with their knowledge based on a shared experience of being migrants.

### *Data transcription and analysis*

The data collected were transcribed partially in English and partially in Spanish. While conducting participant observation, fieldnotes were taken in English to retain as much contextual detail as possible, as at the time of the research, my written Spanish was less fluent than my written English. However, interviews were transcribed in Spanish and I only later translated relevant chunks into English. When doubts emerged during the translation process, I would consult the staff of the NGO or colleagues who are native Spanish speakers.

Thematic analysis was used to identify in the fieldnotes and interview transcripts how Migrants Home cares for its Latin American migrant clients and the kind of reciprocal caring relationships that evolve within the NGO. Thematic analysis is defined by [Braun and Clarke \(2006\)](#) as the process whereby the researcher identifies substantive sub-themes and themes in the data. This analytical method was chosen as the study aimed to identify 'themes', such as the kind of care the NGO's staff provides to Latin American migrants or the kind of caring relationships the NGO's clients establish.

### *Ethics and power relations*

As well as complying with the ethical principles of anonymity, confidentiality and informed consent, during fieldwork, I also strived 'to develop more care-ful (i.e. care-informed) research relationships' ([Herron and Skinner, 2013](#): 1697). I strove to validate participants' perspectives and values while being sensitive, and sensible, to not probing further when the experience of sharing became uncomfortable for participants. In helping advisors during one-on-one sessions, I strived to be honest with myself, the advisors and the clients about what I could do for them, and asked for help whenever my knowledge and skills were limited. I also respected the terms of my involvement in Migrants Home that were negotiated in the early stages of fieldwork: the research findings were shared with clients and staff through an executive summary and a presentation that took place in the NGO's premises.

Developing care-informed research relationships also meant mitigating the power dynamics involved in ethnography. While conducting fieldwork at Migrants Home, I soon realised that clients may have felt compelled to let me shadow their meetings with advisors so as not to displease the staff of Migrants Home. As such, before shadowing client-advisor sessions, I spent time participating in the NGO's workshops and 'hanging out' in the NGO's premises, drinking coffee and chatting with clients. This was key to building rapport and presenting myself as a researcher, and I always emphasised that participation in the research was voluntary. Before shadowing, I would

also remind clients of my researcher role and present the option of my not assisting the one-on-one session. When the staff asked clients to stay after the one-on-one session for an interview with me, I would always provide them with an information sheet about the research, explaining that they could think about it and contact me later. These are some of the strategies used to make care ethics not just a theoretical framework, but a methodological one.

## Migrants Home: a caring community

This section presents: (1) how Migrants Home cares for its Latin American migrant clients; and (2) the kind of reciprocal caring relationships that evolve within the NGO. I suggest that the migrant-led NGO where I conducted fieldwork can be best described as a ‘caring community’, a term I use to describe migrant-led NGOs that help migrants access their entitlements, information and care, while fostering spaces where reciprocal caring relationships emerge.

### *Migrants Home: a key caregiver*

#### *Caring about and taking care of migrants' needs as a practice of justice*

The ethnographic fieldwork conducted at Migrants Home reveals the key caregiver role it plays in the lives of Latin American migrants. From the perspective offered by the feminist ethic of care, care is not just a form of work, but a practice of justice, which starts when actors begin to note the existence of needs that should be met and organise to address these (Tronto, 1993). Migrants Home was founded upon these premises by Latin American migrants who cared about other Latin American migrants when no one else was doing so.

As one staff member explained, the fact that “we [Latin Americans] are invisible” means that little support is available to Latin American migrants in London. In fact, the British government has not included the label ‘Latin American’ in the British Ethnic Recognition Scheme, the scheme used by institutions such as the [Office for National Statistics \(ONS\)](#) to collect census data. This lack of institutional recognition is at odds with the fact that Latin American migration to the UK has increased considerably since the 1980s (McIlwaine et al, 2011). Since the 2008 financial crisis, Latin Americans in Southern Europe also started to migrate to London (McIlwaine and Bunge, 2016). In 2019, the ONS estimated that there were 255,000 people in London who were born in Central and South America. Despite these numbers, Latin Americans still remain institutionally unrecognised today.

At Migrants Home, staff members echoed what scholars and other activist groups have remarked: institutional invisibility prevents authorities, as well as society at large, from acknowledging the challenges facing Latin American migrants (McIlwaine and Bunge, 2016). While the clients of Migrants Home tend to be documented, they often work in low-paid jobs, particularly in the cleaning sector. As McIlwaine and Bulge (2016) show, half of London’s Latin American community were earning less than the London Living Wage, the wage required to lift people out of poverty. Migrants Home’s staff confirm the findings of McIlwaine and Bunge (2016), who attributed the low incomes of London’s Latin Americans to limited English-language skills, employers’ reluctance to recognise Latin Americans’ educational titles and workplace abuse.



At Migrants Home, staff members emphasised that institutional invisibility prevents authorities from addressing Latin American migrants' needs, which is what Migrants Home was created for and the reason why Latin American social workers, particularly women, seek work there. While feminist moral philosophers argue that the willingness to address other people's needs cannot be reduced to a feature of women's morality (Tronto, 1993; 2013; Sevenhuijsen, 1998; Engster, 2007), at Migrants Home, the desire to do so is heavily marked by gender. In fact, the majority of staff employed at Migrants Home are female. When asked to account for this, male staff explained that working in charities such as Migrants Home is underpaid and undervalued, as are many other forms of care work. Female staff added that within London's Latin American community, women are often the ones expected to care for others within their families and communities. Despite being culturally marked as feminine and, therefore, undervalued, male and female staff both understand their work at Migrants Home as needed justice work.

*Care work: supporting migrants to access information, social protection and support*

This section shows how Migrants Home: (1) supports its clients to access healthcare and welfare support; (2) helps them 'navigate' London; and (3) creates spaces for social support. The support Migrants Home provides is understood as a form of care work, as clients may not be able to carry out such activities by themselves even though they are crucial for their welfare, as will be demonstrated. From the perspective offered by the feminist ethic of care, the concrete actions carried out to meet people's unmet needs can be considered a form of care work (Tronto, 1993).

At Migrants Home, the staff help Latin Americans access healthcare and welfare support, becoming 'welfare-migrant brokers'. As I observed, and as staff and clients at Migrants Home often remarked, Latin Americans approaching Migrants Home are often unaware of their entitlements. Even when they are, claiming their right to healthcare or welfare benefits requires fluency in English and knowing how to complete welfare application forms to minimise the chance of being rejected. Yet, as one of the staff members explained:

'Even if they [Latin American clients] speak English, it [accessing healthcare and welfare support] is still difficult. In England, the welfare system is very complex, and you need to know what to say in your application, and cases are not always so black and white. Sometimes, you need to say your issues in a different way to get the help that you need.'

Apart from informing Latin American clients of their rights and entitlements to welfare support, healthcare and social housing, Migrants Home's advisors write welfare applications on behalf of the clients after having interviewed them in their mother tongue. During the interview, advisors invite clients not to underestimate or 'normalise' the issues they are facing. This helps advisors assess the needs of Latin Americans who come to Migrants Home and to make welfare applications stronger. This 'broker' function is exercised over time as Migrants Home helps clients renew their applications.

At Migrants Home, the staff also support Latin American migrants by helping them 'navigate' London. Migrants Home becomes a 'GPS' for navigating emergencies related

to discontinued benefits, the overpayment of taxes or abuse from employers or housing agencies. Advisors call welfare or housing agencies and employers to investigate and help mediate the situation. In the event that Migrants Home staff do not have the resources to 'solve' the case, they refer clients to other institutions or networks where they can receive proper support. Migrants Home also acts as a 'GPS' for long-term planning to enhance clients' position in the labour market. For instance, Migrants Home's advice and English classes supported Antonio, a middle-aged Peruvian father, to transition from the cleaning sector to self-employment.

Furthermore, Migrants Home creates spaces for social support. The NGO provides a variety of workshops and social activities where migrants can make friends and meet new people. A staff member provides an example:

'I organised a series of psycho-educational workshops for teaching basic psychology and well-being techniques ... people really like them and enjoy having a space where it is close to home and be with people that understand them because they are from similar cultures, they can speak in their native language and they can see that everyone is partaking in the topic.'

The practices through which Migrants Home helps its clients access information, entitlements and social protection demonstrate the key caring role the NGO plays in the lives of Latin American migrants. However, what is crucial about Migrants Home is that care does not flow unidirectionally between the NGO staff and its clients. In the next section, I detail and explain this phenomenon.

### *Beyond unidirectional caring relationships: becoming a caring community*

At Migrants Home, Latin American migrants benefitting from the NGO's services acquire key caring roles. Ethnographic fieldwork showed that at Migrants Home, Latin American clients: (1) care about each other emotionally; (2) care for the staff of Migrants Home; and (3) acquire competencies that enable them to support Migrants Home in enhancing Latin American migrants' access to their rights. Yet, it will be shown that these reciprocal caring relationships emerging at Migrants Home are significantly marked by gender.

### *Providing each other with emotional support*

The fieldwork conducted at Migrants Home revealed that those who regularly attend the NGO's workshops and social activities often start caring about each other. Drawing from gender and welfare studies, the expression 'caring about' is used here to indicate the emotional labour involved in making other people feel looked after, understood and loved (Yeates, 2004). The words of Valeria, an Ecuadorian single mother that I would meet at Migrants Home at least once or twice a week, exemplifies the caring relationships clients establish with each other: "When we come here, each of us tells their things. But sometimes we get sick or depressed and we start isolating ourselves. But we go to visit our friends.... Participating [at Migrants Home] really helped me to find myself, to meet new people, to communicate." These are not just words. During the months when I was conducting fieldwork at Migrants Home, I witnessed how the NGO's regular clients, particularly women, often checked in

with those clients who suddenly stopped coming to Migrants Home. Sometimes, they would discover that their friends were in hospital. In these cases, they would meet at Migrants Home and then go to the hospital to take them flowers. This is just one example of the reciprocal caregiving relationships the clients of Migrants Home established among themselves.

### *Caring for Migrants Home's staff*

The Latin American clients of Migrants Home also care for the staff of the NGO. Drawing from gender and welfare studies, the expression 'care for' is used here to indicate the physical labour involved in performing tasks that cater for the general well-being of other people who do not, or are not inclined to, perform these activities on their own (Yeates, 2004). At Migrants Home, it was very common to have regular clients, mostly women, supporting staff by preparing lunch for them, cleaning the office, arranging social events and parties, or answering calls at reception on the staff's behalf.

The words of Milena, a member of the staff, help explain the volunteer work clients do for Migrants Home:

'Clients come to volunteer for the social aspect because you don't come to the organisation and you sit in front of a laptop and you just work. You come there, you have lunch with everybody, you have tea with this other person, you socialise a lot and you help at the same time.'

Milena's words can be fully appreciated if the working conditions of Migrants Home's Latin American clients are taken into account. As previously mentioned, the clients of Migrants Home tend to work as janitors. These jobs offer few opportunities to socialise, which is why many clients volunteer at Migrants Home.

The volunteer work of Latin American migrants also needs to be understood in light of the gratefulness clients feel towards the staff of Migrants Home. During the interviews with the Latin American clients of Migrants Home, they would often emphasise that they were '*muy agradecidos*' ('very grateful') for how Migrants Home helped them to achieve a degree of financial stability and to access healthcare when needed. Such feelings of gratitude were also expressed through the gifts that clients, both male and female, would often bring to the staff of Migrants Home, ranging from candies and chocolate, to homemade arepas.

Being aware of how clients want to 'give back and volunteer', Migrants Home encourages their involvement in the NGO for two main reasons: (1) volunteering helps clients establish a social support network; and (2) volunteers are fundamental to the survival of Migrants Home. Staff often expressed how a lack of funds to pay the salaries of additional employees meant that they were understaffed and overworked. On the days of one-on-one advice meetings, Migrants Home has more clients queuing and waiting to be attended to than it can actually manage. Yet, "We don't turn people away", as Julie, the coordinator of the employment project, says. This means that the staff of Migrants Home often have very little time to take a break, let alone prepare lunch or take additional calls. As such, volunteers provide invaluable support.

*From caring for Migrants Home's staff to developing an ethic of care*

The Latin American clients volunteering at Migrants Home, women in particular, sometimes start expressing their desire to work with the NGO's staff to enhance the quality of life of fellow Latin Americans. The case of Xiomara illustrates this. Xiomara approached Migrants Home when she was diagnosed with a chronic illness that prevented her from working and supporting her two children. Migrants Home helped her access healthcare and welfare benefits until she was able to return to work. Since then, Xiomara began volunteering at Migrants Home, as it helped her feel less lonely. During the interview, Xiomara remarked that once her health got better and she finally felt financially stable, the director of Migrants Home asked her if she was interested in acquiring a more active role at the NGO. This is when she decided to start a course to become an advisor and began shadowing Migrants Home's staff to learn about the job. What motivated her to start this journey was not merely ambition, but knowing how important advice work is for those Latin Americans who find themselves in the same situation she was in years ago.

Xiomara's story is indicative of how Latin American clients at Migrants Home develop an ethic of care, that is, a sense of responsibility for fellow Latin American migrants. In fact, Xiomara's story is not an isolated case, but rather the norm. As Milena says: "A lot of the staff of Migrants Home were first clients and then volunteers." As Xiomara's story suggests, such a sense of responsibility for, and desire to support, fellow Latin Americans seems to emerge not only from an achieved sense of health, social and financial stability, but also from having learned to value the care provided by Migrants Home.

The sense of responsibility for, and desire to support, fellow Latin Americans also seems to be due to the opportunities offered by Migrants Home to participate in the caring process. Such openness is signified by the training that Migrants Home provides to those willing to help fellow Latin Americans access their rights. The willingness of Migrants Home to have its clients participate in the caring process is not just related to the shortage of funding discussed earlier. As Rosario, a staff member, explains:

'Most of the staff were at some point on the other side of the table [meaning that they were clients of Migrants Home once] ... that makes a big difference because you not only have that understanding of being from the same or similar culture and having the same native language, but you also had the same experiences as your clients at some point in your life.'

What Rosario is implying here is that having staff at Migrants Home who have been in the shoes of its clients allows for greater empathy and understanding of the importance of the care provided by Migrants Home.

*A 'caring community' marked by gender*

It is thus clear that at Migrants Home, care does not flow unidirectionally between the NGO staff and its clients. Rather, clients participate in the caring process by supporting each other and the staff, and by acquiring the care competencies and values needed to support members of their community to access their rights and entitlements. As such, Migrants Home is no longer simply a migrant-led NGO. Rather, it can be

best described as a ‘caring community’: it cares for migrants by helping them access their entitlements, information and care, while also fostering spaces where reciprocal caring relationships develop.

Yet, Migrants Home is a caring community marked by gender. It is often female clients who begin caring for each other and for staff, and who express the desire to become an advisor and promote the rights of London’s Latin American migrants. There seem to be two major, interrelated reasons for this. First, as commented previously, within the Latin American community of London, women are often the ones expected to care for their families and communities. Second, several of the female clients I met work part-time to fulfil their caring responsibilities within their families. This means that they can sometimes devote more time to Migrants Home. For example, when their children are at school, they can come to the NGO.

Furthermore, while the NGO’s staff often invite clients to take active roles within Migrants Home, an explicit effort to involve males was not identified. Arguably, the absence of such effort means that the responsibility and value of caring for the Latin American community continues to be understood by Latin American clients, both female and male, as women’s work, rather than a practice of justice, even though Migrants Home’s staff seem to understand it as such.

## Conclusion

This article has examined care in the context of Migrants Home, a migrant-led NGO run by and supporting London’s Latin American migrants. Through ethnographic fieldwork, the study analysed how Migrants Home cares for its Latin American clients and the kind of reciprocal caring relationships that evolve within the NGO. Drawing on gender and welfare studies, as well as on the feminist ethic of care approach, care in this research was conceptualised both as gendered labour aimed at promoting the welfare of those who cannot, or are not inclined to, do so by themselves, and as a set of values, that is, an ethic that can lead to justice practices promoting people’s rights, not just care needs strictly speaking.

The findings demonstrate that Migrants Home plays a key caregiver role in the lives of Latin American migrants, as it helps them access information, entitlements, social protection and social support. The services that Migrants Home provides were classified as a form of care work given the lack of institutional support available to London’s Latin American community and the fact that many of the NGO’s clients struggle to access social protection and information by themselves, despite this being necessary for their welfare. The case of Migrants Home shows how migrants may establish their own institutions to support and care for one another, which is in line with findings in previous studies ([Mas Giral and Granada, 2015](#)).

Yet, this research shows how this practice can be marked by gender. At Migrants Home, it is often Latin American women who seek work there as advisors, moved by the desire to address the unmet needs of Latin American migrants. Two explanations were suggested. First, within London’s Latin American community, it is women who are expected to care for their families and communities. Second, in the context of London, working in charities such as Migrants Home is often underpaid and undervalued, like many other forms of care work. This is not surprising, considering that care and charity work remain marked as feminine and, therefore, undervalued in the Global North ([Nguyen et al, 2017](#); [Robinson, 2020](#)).

More fundamentally, this article has demonstrated that at Migrants Home, care does not flow unidirectionally between the staff and its clients. Instead, migrants acquire caring roles within the NGO that range from providing emotional support to each other and caring for the staff, to helping fellow Latin American migrants access their rights, being motivated by care values and competencies developed while being supported as clients and volunteering at Migrants Home. In this article, the term ‘caring community’ was used to describe Migrants Home precisely for the reciprocal caring relationships that emerge.

However, it has been highlighted that as a caring community, Migrants Home is heavily marked by gender, as it is often women who begin caring for each other and for staff, and who often express the desire to become advisors and promote the rights of London’s Latin American migrants. Despite the cultural expectation that it is Latin American women’s role to care for their families and communities, the NGO does not seem to be making an explicit effort to promote an understanding of care as a practice of justice transcending gender norms, though Migrants Home’s staff seem to understand it as such. This means that reciprocating the care received at Migrants Home remains underlain by the expectation that women will do it, while males might be excluded from the gains of engaging in the reciprocal relationships at Migrants Home.

In showing that reciprocal caring relationships evolving within communities like Migrants Home can remain heavily marked by gender (and other dimensions not addressed in this article), these findings speak to how unsustainable confining care to the domain of dyadic, unidirectional relationships is. The tendency to focus on the care work and values of caregivers prevents scholars from appreciating how those who we label as ‘care recipients’ are not merely passive objects, as [Tronto \(1993\)](#) already indicated. Rather, by drawing from their own experiences of need and being cared for, so-called ‘care recipients’ can become active participants in the caring process and key caregivers for the members of their communities, provided they have access to opportunities to develop care competencies, as also argued by [Barnes \(2012\)](#). Failing to acknowledge this may be theoretically limiting and politically dangerous, as it erases the agency that those labelled ‘in need of care’ have, individually and collectively, in shaping the care they receive.

Recognising the reciprocal character that care can take in community contexts seems to be particularly needed in migration studies, where migrants are often constructed as either caregivers or care recipients. Recognising the reciprocal dimension of care in migration studies may become a powerful political weapon to counteract discourses constructing migrants as a burden to the welfare states of the Global North, while bringing about a simultaneous awareness of migrants’ agency and vulnerability. As the case of Migrants Home shows, Latin American migrants in London created this NGO (agency) out of their unmet needs (vulnerability).

In this article, I have suggested that examining care in the contexts of migrant-led NGOs may help migration scholars reconcile a conceptualisation of migrants as both caregivers and care recipients, and move beyond an understanding of care merely as dyadic, unidirectional relationships dominating the field of migration studies. Yet, the ‘caring communities’ that migrants establish may not be confined to the realm of registered migrant-led NGOs. Precisely for the reasons described in this article, investigating the kind of caring communities that migrants create may become not only a theoretically valuable exercise, but also an exercise of care and justice.



## Notes

<sup>1</sup> All names in this article are pseudonymous, including the name of the NGO where I conducted fieldwork.

<sup>2</sup> Migrants Home uses the term ‘client’ to refer to those who benefit from its services. The term ‘staff’ is used to refer to those who provide services.

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## Conflict of interest

The author declares that there is no conflict of interest.

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