Transnational Care Practices of Ukrainian Refugee Families in Slovakia

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Dynamics of Transnational Families in the Context of Armed Conflicts and Sociopolitical Crises
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Ukrainian Displacement as Crisis of Family and Care

Source: M. Kapusta/TASR, Border crossing V. Nemecké (Slovakia), 25.2.2022.

Rethinking Displacement through Social Reproduction

- Displacement entails more than mere movement or disruption of the ordinary; it encompasses the everyday challenges of social reproduction—questions of who provides care, who receives it, and who remains overlooked—situated within the broader context of infrastructural conditions.

- Social reproduction refers to the processes, activities, and institutions—and their interrelations—that sustain the ongoing reproduction of individuals, communities, and societies. This encompasses, but is not limited to, practices of care and includes transnational dimensions shaped by global inequalities and mobility regimes (Fraser, 2016; Weiss, 2021; Dowling, 2021).

- „...*biological reproduction, unpaid production in the home (both goods and services), social provisioning and voluntary work to meet community needs, and the reproduction of culture and ideology*" (Rai, Hoskyns, and Thomas, 2014).

- The interconnections between migration, displacement, and reproductive politics have yet to receive sufficient scholarly attention. (Krivonos, 2025; Kilkey et. al, 2024)

Family Separation and Transnational Care in the Context of Ukrainian Displacement

- Forced displacement constitutes a family separation crisis (Tiilikainen et al., 2023).

- Ukrainian refugees, navigating states of liminality and temporariness, experience intersectional vulnerabilities that compound their precariousness, including refugee status, economic marginalization, single parenthood, fragmented transnational family life, and a lack of robust social support networks (Hartonen et al., 2022; Lazarenko, 2024; Maxwell et al., 2024; Mozetič et al., 2023).

- As members of transnational families (Bryceson & Vuorela, 2002; Cienfuegos-Illanes & Brandhorst, 2023), they depend on transnational care practices that are vital to their everyday survival and emotional well-being (Baldassar, 2007; Christou & Kofman, 2022). Transnational care encompasses caregiving responsibilities and relational practices that transcend national borders, drawing on both formal infrastructures and informal networks.

- These care arrangements take multiple forms—emotional and moral support, financial assistance, and practical help—facilitating the circulation of care across distance and within uneven global regimes of mobility and support (Baldassar, 2008; Baldassar & Merla, 2014; Kilkey et al., 2018; Cienfuegos-Illanes & Brandhorst, 2023).

Care Infrastructure Under Pressure

UKRAINE

- Restructuring & cuts in last decade = child care, healthcare, care for elderly, decrease of family access to various forms of care (Dutchak, 2024)

- Closing rural schools, decrease in recipients of social services and assistance (Dutchak, 2024)

- Cuts in government expenditures on healthcare, out-of-pocket payments (Stepurko & Beli, 2018), and informal payments for healthcare (Terentii, 2024)

- Informal care provided by families central in Ukraine (Levin et al., 2015)

- Full-scale war in 2022, exacerbation of existing problems, physical destruction of care facilities, adaptation to war contexts, affecting access and affordability of care (Dutchak, 2024)

SLOVAKIA

- Familiarist policies with high reliance on informal care (Radvanský, 2013; Rogoz&Sekulová, 2021).

- Childcare: insufficient capacities, problematic funding, lack of inclusive staff, limited availability of public services, and high costs of private facilities.

- Education: Schools are unprepared for students with a migrant background („unfavorable" – MIPEX 2020), and school capacities are limited in certain regions.

- Long-term care: undergoing transformation and decentralization, structural problems, ageing, lack of pubic services, expensive private services.

- Healthcare: vast structural problems, unresponsive to migrants' specific health needs (MIPEX 2020).

Role of Formal Care Infrastructure & Care Needs in Displacement in Slovakia

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- 132,863 persons with TP in Slovakia
- adult women 75.3 %

Source: Ministry of Interior of the SR (June 16, 2025

- The majority of households are led by women with young children and older family members in their care;

- in one-tenth present person with a disability.

- no access to child-care services 52% of adults with 0 – 4 years of children;

- 46% of adults with higher or university education not economically active;

- 23% of children 6 – 17 years old not enrolled in compulsory education (UNHCR, 2024).

Source: Multi-Sector Needs Assessment (MSNA) – 2023 (UNHCR, 2023), Regional Response Plan, (UNHCR, 2024)

- Lex Ukraine (2022 – 2025)

- Access to different areas of society for TP holders with limits
  - Full healthcare coverage only from September 2023
  - Direct access to the labour market, but self-employment only from July 2024
  - Comprehensive housing support until June 2024

- Austerity measures from 2024 (housing)

- Administrative category of vulnerable Ukrainian refugees from July 2024

- Discretionary refugee governance

Reproducing Care Beyond the State: Informal Networks and Moral Economies

- State policies shape the spatial organization and rigidity of care infrastructure, formal care systems, susceptible to depletion, vulnerable to disruptions (e.g. crises, austerity) (Rai, Hoskyns, Thomas, 2014).

- Refugees depend heavily on the formal care infrastructure – healthcare systems, kindergartens, social services – to establish stability. However, these systems can be overwhelmed or unprepared.

- The failure of formal care structures leads to the activation of informal networks.

- Informal networks of care, composed of family members, extended family, community groups, and transnational ties, have greater flexibility, cross-border responsiveness, resilience grounded in personal relationships, reciprocity, and collective responsibility.

Reproducing Care Beyond the State: Informal Networks and Moral Economies

- **When formal infrastructures fail or are inaccessible, care is shifted to informal networks:**
  - In Slovakia, Ukrainian refugee families organize childcare in shared accommodations with other families or community members (e.g., single mothers); involve children and adolescents in caregiving or left alone, grandparents arrive due to the lack of formal care infrastructure and the absence of supportive social networks; informal kindergartens and educational groups.
- **Gender and class inequality in access to care deepens socioeconomic inequality:**
  - The absence of accessible care limits women's ability to enter and remain in the labour market, thereby reproducing inequality and hindering full integration.
  - Women remain unemployed, leave jobs, or stay in lower-paid or informal jobs that offer flexibility until a place in a kindergarten or school is secured.
  - Fatigue and overload are recurring experiences.
- **In the absence of functioning formal institutions, moral economies based on reciprocity, trust, and shared crisis experiences emerge**
  - Temporary co-housing between single-parent families, unaccredited Ukrainian-language schooling, informal kindergartens.
  - Informal humanitarian, material, and financial support, community mobilization as a survival strategy amid inadequate healthcare and housing access.

Polyna (45 years old), **was able to find work only after a year** in Slovakia **because there was no available place in a kindergarten for her 4-year-old daughter**. In the meantime, her younger daughter attended an informal community children's centre at the local community centre.

„Sometimes, I think this is not how a mother should behave **because I leave my children alone at home**. They take the tram by themselves and **somehow manage on their own at home**. My daughter is sometimes quite creative, but my son is not responsible enough—he is only 11." (Vira, 37)

„Our grandson doesn't go to kindergarten. There are two kindergartens nearby, but both refused him. They have reapplied, and now they're waiting. He is already four years old, and my daughter wants to return to work. **We are staying in Slovakia with my wife mainly to help our daughter with our grandson**." (Oleksandr, 63)

Volodyslav (71), in displacement, was **diagnosed with cancer**. His income, consisting of a pension from Ukraine and benefits in material need, does not cover actual expenditures related to his diagnosis, which, apart from high expenditures on medication, paid from the pocket, also includes a special diet. Therefore**, other Ukrainian refugees** in displacement **financially support him and his family**.

Community Care as Improvised Infrastructure

- When formal systems fail—education, childcare, healthcare—community networks step in, not out of choice, but necessity (Fraser 2016; Rai et al. 2014).

- Community care is "resilience from below" (Tronto 2013): deeply relational, often feminized, and grounded in mutual responsibility—yet born of abandonment (Care Collective 2020).

- Volunteering, shared housing, informal trauma circles, and cultural activities sustain daily life, social ties, and emotional stability in displacement.

- Acts like co-cooking, childcare swaps, or event organizing express belonging, not just survival, through moral economies of care (Robinson, 2011).

- Transnational solidarities extend care across borders: Digital networks, financial remittances, and support for religious, military, or humanitarian initiatives illustrate mobile, border-crossing forms of care.

- Community networks are overburdened, unequally accessible, and risk becoming sites of unpaid, invisible labour—especially for women (Elson 2012; Dowling 2021).

- These networks compensate for institutional neglect, revealing a broader crisis of social reproduction.

Transnational Care Spaces and Reproductive Strategies in Displacement

- Transnational care involves caregiving practices and responsibilities crossing national borders and involving formal and informal support systems in various forms—moral and emotional, financial, and practical (Baldassar, 2008; Baldassar & Merla, 2014; Kilkey et al., 2018; Cienfuegos-Illanes & Brandhorst, 2023).

  - In Slovakia, Ukrainian women navigate moral economies of care both in host societies (informal help, reciprocity) and in transnational family ties (remittances, emotional support at a distance), including care chains.

  - Limited resources in displacement force some to seek community-based support or rely on remittances and aid from relatives or networks back in Ukraine.

  - For medical needs unmet by the local infrastructure, some refugees travel back to Ukraine or other countries to seek treatment or support relatives who lack access to care.

  - Refugees often maintain transnational connections, traveling from Slovakia to Ukraine to provide care for elderly parents, bringing back medical supplies, or finding ways to send resources and support back home.

Transnational Care Spaces and Reproductive Strategies in Displacement

- In the micro-level of families, care is often mediated remotely through digital ICT platforms (e.g., Viber, WhatsApp, Telegram), which enable not only practical and emotional support across borders but also the sharing of cultural practices, reinforcing identity and belonging (Wilsch, 2025).

- These ICT-mediated interactions constitute what may be understood as transnational care spaces, mobile arenas of social reproduction where institutional gaps are bridged by kinship obligations, digital infrastructures, and circular mobility.

- Yet, such spaces are deeply stratified: they reproduce classed and gendered inequalities, as not all individuals can move, access support, or participate equally in transnational caregiving.

Weight of Social Reproduction under Conflict

- Conflict intensifies depletion through social reproduction, particularly for women, whose unpaid care labour becomes unsustainable under crisis conditions (Lingham & Johnston, 2024).

- Depletion: „...*when the outflow of physical, emotional, and time-based resources in sustaining others exceeds what is replenished, breaching thresholds of well-being and sustainability*" (Rai et al., 2014, p. 88).

- Depletion due to chronic psychological stress from ongoing war, liminal and insecure conditions that erode agency, compounded by economic hardship and institutional unpreparedness in Slovakia across education, health care, housing, and labor market inclusion.

- These conditions push some to return to war-affected regions, not by choice, but due to the unsustainability of social reproductive labour under neglect and systemic failure.

Conclusion

- Care constitutes an essential—though often invisible—infrastructure of life amidst crisis.

- The need for care does not diminish in moments of crisis—it intensifies.

- In moments of institutional rupture, care does not disappear—it is displaced, reconfigured, and made to endure under new and often unequal terms.

- Displacement dislodges social reproduction from its national moorings; it stretches care across borders, transforming it into a transnational process driven by necessity, not by choice.

- The challenges faced by transnational families affected by displacement are multiple and intersecting, however they reflect a broader, systemic crisis of social reproduction in the context of global displacement (Tiilikainen et al., 2023; Dutchak, 2024; Krivonos, 2025).

Conclusion

- How do we conceptualise care when it is dislocated across borders, institutions, and affective geographies?

- What kinds of methodological approaches can do justice to its everyday, relational, and often invisible dimensions?

- Moreover, what would it mean to truly centre care in our research, scholarship, and methodological approaches?

- How do we acknowledge and respond to the emotional, temporal, and epistemic labour our interlocutors invest in our research?

- What does it mean to care for knowledge and for those who give it to us, in moments when care is scarce and precariously distributed?

Thank you for your attention!

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