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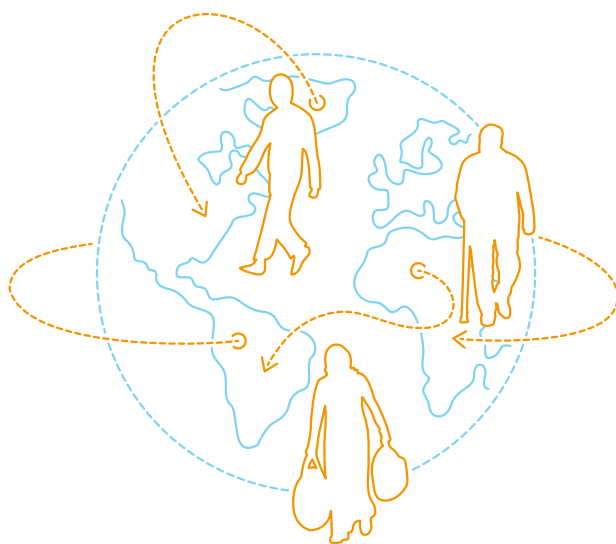# Migration and the Human Rights of Older Persons

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ASEM Global Ageing Center

Migration and the Human Rights of Older Persons

ACKNOWLEDGEMENTS

We hope that this edition will inspire advocates for the human rights of older persons all around the world and contribute to improving older people's quality of life, particularly with respect to migration. We urge the international community to hold in-depth discussions about related issues, keeping in mind those, including older people, who are on the move or left behind; migrants who are aging in the host country, returning to their home country, or circulating between borders; and migrant care workers for older people.

HyeKyung Lee
Executive Director, ASEM Global Ageing Center (AGAC)

AGAC ISSUE FOCUS ADVISORY GROUP

The AGAC Issue Focus Advisory Group is a group of experts focused on ageing and the human rights of older persons. They advise on the themes and topics of Issue Focus publications and provide feedback on the volumes. The advisors share their insights and views, bringing to bear expertise from around the world. Issue Focus addresses issues and agendas of ageing that are relevant to all ASEM partners.

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Contributors

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Michelle G. Ong, PhD, is a full-time Faculty Member in the Department of Psychology at the University of the Philippines Diliman College of Social Sciences and Philosophy. Her scholastic focus has been on Filipino migrants' embodiment of aging since her doctorate studies at the University of Auckland in New Zealand. Further support from the Japan Foundation and the University of the Philippines' PhD Incentive Award allowed her to collect more data from permanent migrants in Japan and returned Overseas Filipino Workers. In her work, Ong applies a critical, gendered lens and indigenous Filipino psychology's concepts and methods. She has collaborated with government agencies and non-government organizations to incorporate insights from her research into policy-making and service provision for migrants.

Nicole Dubus, PhD, MSW, & LCSW, is Associate Professor of Social Work at the California State University in San Jose, in the United States. Dubus has been a licensed clinical social worker since 1990, working in diverse settings. She teaches theory and clinical skills to graduate students. Her research is on the development of culturally effective health and behavioral health services for forced migrants. Her study has explored how various countries manage the needs of forced migrants, including the United States, Mexico, Iceland, Germany, Switzerland, Greece, and Australia. Dubus is also involved in developing interprofessional team approaches in healthcare settings. Her recent work focuses on climate migration and how social workers may assist communities prepare for climate disasters.

Alistair Hunter is Senior Lecturer in Health and Social Policy at the University of Glasgow in the United Kingdom. His research interests lie at the intersection of ageing, international migration, and displacement, deploying mainly qualitative methods. Hunter's work has been published in leading journals, including the *Journal of Ethnic and Migration Studies*, *Journal of Refugee Studies*, *European Journal of Ageing*, *Qualitative Health Research*, *Journal of Migration and Health*, and *Global Networks*.

His books include a monograph, *Retirement Home? Ageing Migrant Workers in France and the Question of Return*, published by Springer in 2018; and *Final Journeys: Migrant End-of-Life Care and Rituals in Europe*, published by Routledge in 2017, co-edited with Eva Soom Ammann. Hunter is co-editor, with Sandra Torres, of the *Handbook on Migration and Ageing*, published by Edward Elgar in 2023, and is coordinator, with Tineke Fokkema, of the Standing Committee on Families, Welfare, Care and the Life Course within IMISCOE, the largest interdisciplinary network of scholars in the field of migration.

Migration and the Human Rights of Older Persons

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Introduction

Eunsun Lee | *ASEM Global Ageing Center*

The number of people across the world who have left their home country to migrate elsewhere has increased from more than 150 million in 2000 (IOM, 2000) to 281 million in 2020 (IOM, 2024), while the number of forcibly displaced people, such as refugees, asylum seekers, internally displaced people, and others in need of protection, rose from 38.08 million in 2000 (UNHCR, 2024a) to 122.6 million in June 2024 (UNHCR, 2024c). Notably, it has been argued that "persistent labor shortages in jobs that necessitate workers' physical presence are the main reason why immigration has continued over the past few decades" (De Haas, 2023, Section A Global Mobility Decline?, para. 8). It is unarguable that many lower-skilled migrants—whose presence in host countries sometimes appears to be less welcome than that of skilled migrants, investors, or students—fill labor gaps in the care, service, or manual labor sectors in which natives are unwilling to work (De Haas, 2023). Remittances worldwide have also grown: 2023 remittances were estimated at 857 billion USD, with 656 billion USD flowing to low- and middle-income countries, exceeding the total amount of foreign direct investment and official development assistance (World Bank, 2024). These inflows may account for a significant amount of smaller economies' gross domestic product and be used to cover account and fiscal deficits (World Bank, 2024). Space is limited in this edition, but it may be useful to find another occasion to examine whether the benefits and burdens of migration, which should not be confined to monetary issues alone, are fairly shared among us.

This edition explores two neglected phenomena, firstly, that of people who have migrated and are aging in their host countries, and secondly, that of people migrating in later life. Figures from mid-2020 show that migrants aged 65 or over made up around 12% of international migrants, while this age group constitutes only 9.3% of the whole global population (Global Migration Data Analysis Center of IOM, 2023). Older migrants accounted for 18.2% of international migrants in Oceania in mid-2020, with an increase of 3.7 percentage points between mid-1990 and mid-2020. Over the same period, this was 16.2% in Europe, with an increase of 3.4 percentage points; 15.7% in North America, with an increase of 2.1 percentage points; 8.2% in Asia, with a decrease of 4.2 percentage points; 7.6% in Latin America and the Caribbean, with a decrease of 8.4 percentage points; and 4.7% in Africa, with an increase of 0.9 percentage points (Global Migration Data Analysis Center of IOM, 2023). Adults above

the age of 60 made up around 7% of forcibly displaced persons by the end of 2023 (UNHCR, 2024b).

Aging and Migration

Why do people in later life choose to migrate? They may do so for a variety of reasons that they share with younger people: working, returning to their homes from host communities, reuniting with family members who live afar, and seeking better lifestyles after retirement (e.g., retirees who move to milder climates, such as in Malta and Cyprus) (King et al., 2017; UNECE, 2016). Many individuals may be compelled to leave their homes due to geopolitical conflicts or environmental disasters (Amnesty International, 2019, 2022; Hewitt, 2024). On the other hand, people who migrated in their younger years may have remained in their host communities and be aging there (King et al., 2017; UNECE, 2016). The scope of aging and migration should also be expanded to include older people who are affected by the migration of their children and other family members (Li, 2023). It is also important to examine the circumstances of migrant care workers who age as they work as caregivers for older people. Many times, these workers, even as they get older themselves, are obliged to circulate between home and host communities for reasons such as temporary employment, visa constraints, or family duties (UNECE, 2016).

Aging might not necessarily weaken a person's mental, physical, and behavioral capacities (WHO, n.d.). Similarly, migration does not always render older people's lives harder; in some cases, it brings older people closer to their aspirations for a good life, to a smaller or greater degree (Amrith et al., 2023; King et al., 2017). However, while the number of older migrants is increasing globally, as shown above, data and research on aging and migration are insufficient (UNECE, 2016). Relevant issues are explored only to a limited extent (OECD & European Commission, 2023), impeding efforts to prevent potential hardships (e.g., relative poverty, substandard housing, loneliness and isolation, a lack of information about or access to care services and social security, and disadvantages in the labor market). Research is also needed on how to facilitate success for older people who migrate (e.g., self-fulfillment, financial security).

Global Insights

As a small step toward jumpstarting deliberative discussion in the international community, we invited contributions from four global experts in the field. For Austria, Kai Leichsenring focuses on live-in care (also known as 24-hour care), predominantly delivered by women from Eastern Europe. Writing in the Austrian context, which factors in the subsidiarity principle, he identifies several challenges, including violations of human and labor

rights that would question the working conditions of migrant care workers, degraded care quality due to staff shortages, and an imbalance between the services rendered by migrant care workers and their rewards (e.g., the current amount of remittances is estimated to be less than the investment required in the event of migrant care workers' absence). Leichsenring describes the formation of advocacy groups for 24-hour carers, such as IG24 or vidaflex, and concludes by advising that action is needed before the situation deteriorates. His recommendations include regulating care work as a profession, monitoring labor brokers, promoting cooperation between the home and host countries, and providing live-in care workers with access to the judicial system.

Michelle G. Ong proposes *maginhawang pagtanda*, a new framework, founded on Filipino culture, that prioritizes comfortable aging for older migrants, a concept that goes beyond material well-being. From this perspective, accepting aging-related decline carries as much weight, and is as valuable, as spirituality, family and community involvement, and reliable social and healthcare services. Ong suggests that the concept of successful aging helps us regard older migrants as assets to society rather than burdens. However, this might also lead us to impose unreasonable expectations (i.e., that older migrants will always be healthy, look youthful, and work regularly and productively). Ong stresses the need for critical reviews to determine whether policies and programs advance the dignity and quality of life of older migrants.

Through her interviews with forcibly migrated older people and service providers, Nicole Dubus encourages us to attempt to understand both the traumatic experiences and the cultural contexts of uprooted people (e.g., a woman aging in the United States who fled from the Khmer Rouge in Cambodia and a family forced to relocate to another country by the Syrian civil war). She explains that these people, by no choice of their own, must deal with displacement and aging simultaneously. They tend to enjoy fewer social networks, have fewer financial resources, and practice less autonomy than other older migrants. Dubus points out that current resettlement programs are not necessarily person-centered, culturally sensitive, or oriented toward the long term, but instead concentrate on immediate needs, thus proving less effective. She also questions whether the goal of resettlement should be assimilation into the host country, or, instead of or alongside this, promoting resilience among forcibly displaced older people.

Alistair Hunter's analysis of how the notions of aging and migration do or should intersect, interact, and develop presents a near-exhaustive picture for better understanding the aging–migration nexus. Gerontologists have paid little attention to migrancy, and scholars of migration have not extensively incorporated aging factors in their research. There have also been limited

opportunities to overcome geographical silos in scholarship. However, as the global population ages and the number of people who migrate increases, the aging–migration nexus is attracting the interest of some scholars, who therefore also carry responsibility for informing policymakers and service providers. Hunter concludes that awareness of the aging–migration nexus would broaden theoretical and policy horizons while disrupting sometimes ageless or agist, Western, or sedentarist norms.

We hope that this edition serves to clear the murkiness surrounding the subject of older people and migration and allows us to engage in genuine discussion and deliberative action. The murkiness is created by a deluge of erroneous, reckless, sensationalist, and inflammatory arguments. *Vita in motu.* After all, that is all we are.

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Live-In Migrant Care in Europe— The Case of Austria: Potential Learnings From a Human Rights Perspective

Kai Leichsenring | *European Centre for Social Welfare Policy and Research*

The Context of the Austrian Long-Term Care System

The Austrian approach to developing a long-term care (LTC) system is rooted deeply in its traditional conservative welfare regime. This is characterized firstly by the subsidiarity principle enshrined in Catholic social doctrine (i.e., that human affairs should always be tackled at the most local level, to ensure effectiveness and a degree of independence), then by a prevalence of cash benefits, and a mixed economy of welfare in which the third sector plays a significant role in providing social services. In Austria, this third sector consists mainly of associations that are affiliated to the churches or to political parties. Moreover, Austria is a federal state, with nine regional governments that are responsible for all social assistance matters, including LTC. When it comes to providing LTC, however, the subsidiarity principle of social protection puts the individual and their family in charge. Local and regional authorities then step in to provide subsidiary services. In 1993, however, the Austrian government implemented a major reform that undermined the traditional division of responsibilities regarding LTC. It introduced a comprehensive, non-means-tested LTC allowance that was funded by the federal budget; a state treaty with the nine regional governments was therefore necessary in order to re-allocate constitutionally-defined responsibilities. Due to this treaty, it was eventually agreed that, henceforth, the federal government would be responsible for funding all cash benefits, while the regions engaged to expand quality social care services and residential facilities (see also Famira-Mühlberger & Österle, 2024; Österle, 2023; Trukeschitz et al., 2022).

Persons of any age with LTC needs of a defined extent (to date, at least more than 65 hours per month) that are assessed by specialised physicians (or registered nurses) have since been entitled to LTC benefits in seven levels of care needs. These criteria have been slightly revised on several occasions, while

the amount was only increased a few times before eventually being valorized in 2020 in line with annual pension increases. Table 1 details the criteria, amounts paid according to levels of care need as of 2024, and the number of beneficiaries as of 2023. The allowance is not means-tested and grants beneficiaries the right to decide on its use, as it is a "contribution to additional care-related expenses, allowing persons in need of care to ensure required attendance and care, and to enhance the possibility to lead an independent, needs-oriented life" (Bundespflegegeldgesetz [Act on LTC Allowance], 1993, Section 1).

Needs are assessed by dedicated physicians and nurses; care needs for specific groups (e.g., children with severe disabilities, persons diagnosed with dementia) are increased automatically by up to 75 hours per month. As of 2023, there were 476,228 beneficiaries of the LTC allowance, representing 5.2% of the Austrian population. More than 80% of beneficiaries are over 65 years of age and living at home, with about 40% of them receiving some kind of formal care (home care). Around 19% of beneficiaries aged 65 or older are living in care homes. The bulk of care responsibilities continues to be shouldered by families, mainly women.

Table 1

The Austrian Long-Term Care Allowance—Eligibility Criteria, Extent of Benefits as of 2024, and Number of Beneficiaries as of 2023

Care Level	Average Care Needs per Month (in Hours)	Amount of LTC Allowance in 2024 (in Euros)	Number of Beneficiaries in 2023[a]
1	65	192.00	133,748
2	95	354.00	99,104
3	120	551.60	89,787
4	160	827.10	70,093
5	180 + need for extraordinary attendance	1,123.50	54,100
6	180 + need for attendance during day and night	1,568.90	20,638
7	180 + virtual immobility	2,061.80	8,758
Total Number of Beneficiaries			476,228

Note. The data for the eligibility criteria and the extent of benefits as of 2024 are from *Pflegegeld* [Care allowance], by Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz [Austrian Federal Ministry of Social Affairs, Health, Care, and Consumer Protection] (BMSGPK), 2024, (https://www.sozialministerium.at/Themen/Pflege/Pflegegeld.html). Copyright 2024 by BMSGPK. Adapted with permission. The data for 2023 beneficiaries are from *Pflegegeld* [Care allowance], by Statistik Austria, 2024, (https://www.statistik.at/statistiken/bevoelkerung-und-soziales/sozialleistungen/bundespflegegeld). Copyright 2024 by Statistik Austria. Adapted with permission.

[a] Beneficiaries are presented as average per year for 2023.

More than 6% of all beneficiaries of the Austrian LTC allowance rely on live-in care that is provided mainly by migrant women from neighbouring countries. This type of care arrangement, which has emerged as a functional equivalent to family care (Winkelmann et al., 2015), will be at the centre of this paper because it challenges human and labour rights at a number of levels and is relevant for a range of European countries (e.g., Casanova et al., 2020 for Italy; León, 2010 for Spain; Phan-Warnke & Freitag, 2021 for Germany), but also for other regions such as, for instance, the United States, the wealthier Gulf countries (Hussein & Ismail, 2017; Shah et al., 2012), and Southeast Asia (Chiu & Yen, 2024).

This paper will describe key features of the legal regulations and related caveats around so-called "24-hour care" as it functions in Austria, and conclude with some policy recommendations to safeguard the human and labour rights of live-in carers in general.

The Development of Live-In Migrant Care in Austria

About three decades ago, Austrian society made a lucky discovery. The LTC allowance scheme was introduced in 1993, but just a few years earlier, the borders to neighbouring countries had finally become permeable. Only 50 kilometres away from Vienna or Graz in Austria, for instance, people who were looking forward to a better future were unemployed or in badly paid and insecure jobs. Many of them even spoke German and used the opportunity provided by open borders to be hired as personal assistants by Austrian families with an older person in need of care, or by an adult of working age with a disability. Employment was unbureaucratic and undeclared; in most cases, far from real legality. This do-it-yourself care model was also discovered by those who needed to look after older family members and had space in their home for a live-in carer. So-called 24-hour care was born. The story below illustrates the experience of a typical 24-hour carer in Austria.

As part of a study on *Good Care From the Perspective of Care Workers* (Leichsenring et al., 2015; Schulmann et al., 2016), several personal carers were interviewed in 2015 to report on their experiences. L.V., a typical representative, was in her late forties, divorced, and with a daughter who needed financial support for her studies. Her own parents were already retired. She had a university degree in German but had given up her job as a teacher and started working in 24-hour care in Austria because, since 2007, this had been regulated as legal work. She registered as a personal carer with the Austrian Chamber of Commerce in 2010. The income was quite attractive compared to a teacher's salary in Slovakia, especially since two weeks of work around the clock came with two weeks of free time at home. However, L.V. already reported back then that her situation was being exploited. Many of her colleagues, with whom she spent long hours commuting in a shared taxi, were also convinced that the pay was simply too low in relation to the work done. These taxis are organised by the respective brokering agencies, with the consequence that there is usually no time for the live-in carer to discuss issues of handover with the colleague who is taking over. Most recently, L.V. had been placed with an 85-year-old client with dementia, without preparation. The only support the agency provided was a manual on the subject. In fact, personal assistants are supposed to work independently, as self-employed persons. However, in practice, L.V. was facing several dependencies. First, there was the placement agency that brokered matches with clients, and she could hardly decline their offers as this might lead to times without income. Secondly, she reported that the quality of her working conditions was highly influenced by the family constellation into which she was thrown.

Establishing a Model to Prevent Undeclared Work

Although it has been pointed out for years that 24-hour care, which is problematic in many respects, is a model with an expiry date, it has nonetheless been further developed in Austria as an essential pillar of the local care system since its legalization in 2007. At that time, the Home Assistance Act was passed, which sets the minimum legal standard and is considered unique in Europe (Winkelmann et al., 2015). In Germany, Italy, and Spain, personal care by migrants from Poland, Romania, or South America still takes place in a largely unregulated grey area, sometimes registered, or simply as undeclared work (Casanova et al., 2020; León, 2010; Mairhuber & Allinger, 2021). The Home Assistance Act was given an unfortunate title, but one that actually points to the complexity involved in controlling care of and assistance to people in their private households. It is interesting to note that the employment model provided for in the law—with working time regulations in accordance with the Domestic Helpers and Domestic Workers Act (a federal act passed in 1962)—has been implemented in only very few cases. Instead, almost all personal carers (the large majority are women, and only 2% are Austrian) have chosen the self-employment alternative that was also defined in the Home Assistance Act (Markovic, 2021). As self-employed personal carers, they are not subject to any working time regulations. This is why leading experts in labour law have criticized the effectiveness of the regulations set out in the Home Assistance Act from its inception (e.g., Tomandl, 2007). As of December 31, 2023, there were 57,634 self-employed personal carers registered with the Austrian Chamber of Commerce, together with the 912 placement agencies on whose services they rely and for which they also have to pay corresponding contributions (Austrian Chamber of Commerce, 2024). Since the Home Assistance Act means that personal assistants must now pay social insurance contributions, subsidies have been introduced with the implementation of the Act at the federal level and during the ensuing years in selected regions. These subsidies are granted up to a certain income limit of beneficiaries (i.e., clients) in order to compensate for the additional costs incurred as a result of personal assistants' social insurance contributions. In short, clients must pay more, but the subsidies compensate them for the increased costs. The regulations have provided a successful model for preventing undeclared work in the personal care sector and encouraged steady growth in the personal care market.

The number of active personal carers rose from around 24,000 in 2008 to around 63,000 in 2019; they look after around 6% of the beneficiaries of the LTC allowance. The Austrian model of live-in care has so far relied on a 14-day rotation of personal carers—with usually two alternating live-in carers per client. The number of families or clients employing live-in carers was around 29,000 in 2023 (Austrian Chamber of Commerce, 2024). The number

of recipients of subsidies for 24-hour care reached its peak in 2017 at over 25,000 (BMSGPK, 2023). At this point, however, the proportion of carers from Romania had overtaken that from Slovakia, because Slovakians have increasingly fewer incentives to work as carers in Austria due to rising wage levels and better job opportunities in their home country. As a result, the original 14-day rotation of personal carers has often been replaced by a monthly or even three-monthly shift of carers per client, as Romanian carers travel significantly further than Slovakian carers.

The Impact of the COVID-19 Pandemic

Overall, 24-hour care was and continues to be praised as a win-win model for everyone involved. However, the pandemic made the fragility of 24-hour care visible (Leiblfinger et al., 2020; Leichsenring et al., 2022, 2023). It was not just the border closures that made the fault lines evident, but also the fact of the social isolation in which most personal carers and their clients (mostly over 80 years old) spent their daily lives together. Those who were in Austria during lockdowns worked in particularly precarious conditions for months, and those who were in their home countries had to endure long periods without work and income. This situation made the precariousness of their working conditions most visible—but other factors amplify it, as shown below:

- The fundamental strength, and at the same time the principal issue, of 24-hour care is that it simulates a family-like care situation, which—as with unpaid care by relatives—takes place at the interface between the private and public spheres, leaving public systems with hardly any means for control and influence. Regulations on working hours, working conditions, and quality assurance have only a very limited effect in the area of private life—relationship-building between carers, clients, and family members is left to those involved. Even if some free time is granted for the carer, the live-in situation always creates a feeling of being on duty, particularly in emergency situations.

- For personal carers themselves, there are also challenges regarding both the dynamics of their own family situation and their relationship with the respective brokering agency. If, for example, their own children are primarily cared for by grandparents, or if their own older parents are in need of care, this is likely to lead to stressful situations that are difficult to manage. A brokering agency might oblige them to use, and pay for, the agency's own transport service, might not support them appropriately, or might make difficulties if they do not come to grips with a client and wish to switch to another.

- In addition, there is stress caused by the excessive demands of clients' increasingly complex care needs (such as dementia or multi-morbidity), by unpaid travel time, the lack of time for handover discussion between carers, and the carer's own ageing.

- Due to the steady convergence of salaries in their home countries, and the fact that LTC is also being expanded in neighbouring Eastern European countries, there are fewer and fewer carers to take on these burdens, especially those with appropriate training and language skills. Instead of working as migrant carers in Austria, people stay in their home countries and work in the LTC system there. Many agencies now offer personal carers without German language skills at lower prices. Those agencies that are genuinely concerned about quality are faced with growing staff shortages.

Economically and ecologically, some critical questions arise. From an ecological point of view, the issue is primarily about the carers' long journeys across Europe. Economically, it is about (opportunity) costs and benefits from the different perspectives of those involved. Personal carers in Austria pay, after a short period of discount, full social security contributions as self-employed workers. Overall, however, they receive benefits that only amount to around 50% of the health insurance contributions they have paid (Austrian Court of Audit, 2018). By contrast, public expenditure on the subsidies for 24-hour care paid to the clients of personal carers amounts to around 155 million euros yearly. These subsidies were originally introduced after the Home Assistance Act to cover the cost of compulsory social insurance for personal carers that increased the expense of employing them. As these subsidies are means-tested, only about 75% of all clients who hire live-in carers (22,499 in 2022) are entitled to receive them (BMSGPK, 2023). In any case, these expenditures are negligible if compared to the overall savings that Austria can make through the use of personal carers—without them, a large majority of roughly 30,000 clients would need a place in a care home, which would mean that up to 30,000 more places in nursing homes or other care alternatives would need to be created. We can estimate that up to 1.5 billion euros in remittances are currently flowing out of Austria each year, primarily to Romania and Slovakia— but even this amount would not suffice to cover the necessary investment, not to mention that existing care homes and service providers would struggle to find trained nursing staff, forcing entire units to close. Thousands more relatives would have to consider how they could balance work with caring for their loved ones, and many would possibly (have to) give up their jobs and become full-time informal carers.

Money Alone Wll Not Resolve the Challenges

At the end of 2023, there were 57,634 self-employed personal carers still registered with the Chamber of Commerce, but the number has been declining since 2019. There is also a decline in the number of subsidies granted to users of 24-hour care—only around 22,000 applicants received such subsidies at the end of 2023, while at the same time the number of those legally entitled to the subsidy (theoretically, all beneficiaries of the LTC allowance with care needs of at least level 3) had increased by 5% since 2019, to about 244,000 (Statistik Austria, 2024). The subsidy for personal carers was increased for the first time in 2023 by 16.6%, to 800 euros a month, in order to compensate for the most recent waves of inflation. A further increase in this subsidy, as well as a rise in the income limit that would enable access for people with an income of over 2,500 euros a month, has been claimed by the Chamber of Commerce and also recently by a new platform for patients, relatives, staff, and provider representatives (www.wko.at).

Money alone will not solve the fundamental problem areas of the 24-hour care model. As in so many industries, and especially in LTC in general, the shortage of labour is becoming the greatest challenge.

Converging Household Incomes in Europe Are Reducing Incentives for Migrant Care Workers

Live-in care by personal assistants will not disappear overnight in Austria, but the way Eastern European member states have caught up with the richest EU countries since 2004 has been impressive. While 20 years ago household incomes in the middle-income range in the new EU member states reached just 34.3% of the richest EU countries, today this figure is around 61.6% (see Figure 1). In Slovakia, for instance, the gross average wage per month in health and social care has now reached about 1,700 euros (Statistical Office of the Slovak Republic, 2024)—self-employed personal carers in Austria are rarely paid more.

Figure 1

Average GDP/Capita and Household Income Levels in the 12 Countries that Joined the EU in 2004–2007, Relative to Western and Northern EU Members, 1995–2023 (%)

Note. All indicators are measured at purchasing power standards. The population-weighted average of the twelve 2004–2007 EU entrants (Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, and Slovenia) is expressed against the population-weighted average of ten Western and Northern EU countries (Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Luxembourg, Netherlands, and Sweden). Adapted from *Twenty Years of European East-West Household Income Convergence* (Section Average Income Levels), by Z. Darvas, 2024, Bruegel (https://www.bruegel.org/analysis/twenty-years-european-east-west-household-income-convergence). Copyright 2024 by Bruegel. Adapted with permission.

Future Perspectives

It is therefore high time to prepare for a steady decline in the number of migrant personal carers from Eastern Europe and to take appropriate precautions. Austria could still learn a lot from experiences in countries where the model of 24-hour care is viewed as inadmissible exploitation, or, at the very least, as legally constituting bogus self-employment, for instance, in Sweden, Norway, or the Netherlands. Although there is a model of personal assistance for people with disabilities in the Netherlands (in fully paid employment with clear rules against bogus self-employment), there is otherwise a well-developed network of social services and care homes based on LTC insurance. However, the issue of staff shortages is also on the agenda in the Netherlands, because a high proportion of nursing staff in total employment includes an above-average percentage of employees who work part-time.

In Switzerland, too, personal care in private households is only possible as part of an employment relationship with the respective protection stipulated by labour law (Leiblfinger et al., 2020). In Spain and Italy, important legal reforms and collective bargaining agreements have been implemented in recent years, but undeclared work in households still plays an immensely important role (Casanova et al., 2020).

There is also evidence that the average age of migrant live-in carers themselves is constantly on the rise, with related issues regarding the burden of regular travel (because when they have time off from work in the host country, they usually do not have a place to stay, and in any case they want to see their own families) and clients' growing care needs. Two other issues have contributed to a negative image of Austria as a destination for personal carers. First, in 2018, the then-Austrian federal government attempted to pay family allowances for children living in personal carers' home countries based on the cost-of-living index in those countries. (This was ruled out by the European Court of Justice, with payments reimbursed by the Austrian authorities, in 2022, but the discouraging effects of the federal government's action are still being felt. The regulation affected all foreign citizens working in Austria who had family in their home country, including those from countries with higher cost-of-living indices than Austria. However, migrant carers were the most affected.) Second, the way that 24-hour carers were treated during the pandemic demonstrated, particularly to migrant carers themselves, the general fragility of the Austrian model of live-in care provided by migrants (Leichsenring et al., 2022, 2023). These experiences led to the emergence of interest groups such as Iniciativa24, which represents Slovakian 24-hour carers with the aim of defending their rights and dignity. In Austria, this initiative later joined forces with the DREPT (meaning Justice in Nursing and Personal Care) initiative, which was launched by Romanian carers; both eventually united in the IG24 (a self-organised and non-partisan association to support carers). At the same time, a separate group was developed within the union *vidaflex* that claims to be Europe's first trade union initiative for one-person entrepreneurs. It has now positioned itself as the largest voluntary advocacy group for 24-hour carers in Austria. This union combats bogus self-employment and enforces workers' rights, for example, when agencies mislead carers to believe that they are actually employed by the agencies. Together with carers, vidaflex has developed a platform that brokers work independently for 24-hour carers. The aims are to position vidaflex as a better placement agency than commercial brokers and to use the platform to organise direct contracts between an adequately-trained carer and the person being cared for. Together, vidaflex and IG24 thus represent the concerns of carers with one voice. Specifically, their fight is against the model of bogus self-employment. They also address the grey area between care and nursing, and the issue of (sexual) violence in

the workplace, in order for their members to regain overall dignity as women or migrant workers.

A future scenario could be to create a form of collective bargaining in the area of 24-hour care; this was recently suggested in the 2024 social report by the Austrian Federal Ministry of Social Affairs, Health, Care, and Consumer Protection (BMSGPK, 2024b). It would require a significant reorganisation on the part of the employers—the placement agencies that are already members of the Chamber of Commerce would be possible negotiating parties if they became real employers. Another option would be for employer families to organise themselves in an association, as has happened in Italy.

During times of demographic and technological transformation in the world of work, issues of one-person companies, platform work (gig work through online platforms), and bogus self-employment will continue to be concerns in policy and research, including in LTC systems.

In particular, cross-sectoral policies will be needed to address the following issues when it comes to empowering live-in carers and safeguarding their legal rights (see also Phan-Warnke & Freitag, 2021):

- regulating personal assistance as a profession, for example, by developing curricula involving experienced personal assistants, (potential) clients, and experts

- facilitating an exchange between host and home countries to discuss promising practices for effective monitoring and quality assurance

- regulating the role of brokering agencies, their responsibilities, compliance, and quality assurance

- facilitating access to the judicial system and empowering live-in carers to sue perpetrators in cases of non-payment of wages, overwork, exploitation, or (sexual) abuse

Conclusion

The governance of live-in care—covering about 6% of Austrians in need of LTC—is only one aspect among the manifold challenges with which the Austrian LTC system is confronted. First of all, there is a general shortage of care workers that is already manifest since the pandemic, with projections for the next decades that are even more alarming, including for numbers of informal carers. Secondly, the fragmented system of LTC and the lack of coordination with the health care system continue to produce wrong incentives and difficulties for users and patients to find the right type of care at the right time by the right agency. Thirdly, funding of LTC remains fragile and also fragmented in a multi-level governance system. There are good chances that migrant live-in carers will thus continue to be used as a relatively cheap *band-aid* to cover the gaps in the existing LTC system. Still, the goal should be to provide LTC services without such band-aids: to invest in a comprehensive LTC system focused on community-based services and decent labour conditions for care workers.

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Should We Work Toward Successful Aging for Migrants? Some Insights From the Filipino Migrant Experience

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Successful aging is widespread as a concept that defines a desirable goal. As such, it has shaped, and continues to shape, many messages, policies, and programs for older people around the world. Successful aging, first introduced over two decades ago in Rowe and Kahn's (1998) book of the same title, is defined as maintaining good health, cognitive and physical capacities, and active participation in society. While this idea offers an attractive alternative to the view of aging as inevitably a time of disease, decline, and social withdrawal, it has also been critiqued for its overemphasis on individual responsibility, consumerist consumption, and the body as a vehicle for displaying success. Successful aging has been described as a new form of ageism that sees older age as simply an extension of youth.

This paper discusses how such conceptualizations of aging shape the options, desires, and realities of older Filipino migrants, both permanent migrants residing in other countries and labor migrants who have returned to the Philippines for good. It also offers an alternative conceptualization—*maginhawang pagtanda* (Filipino for a comfortable aging, or a good life in aging). This conception of well-being in aging is rooted in Filipino culture, and is proposed here as an alternative framework for migrant services, particularly for reintegration programs.

Successful Aging in Asia

The concept of successful aging is familiar to academics, policy-makers, advocates of older persons, and the wider public as a desirable goal. As such, it has shaped many of the messages, policies, and programs for older people around the world (Holstein & Minkler, 2003; Laliberte-Rudman, 2006; Rozanova, 2008) and has led to new expectations of what aging might entail (Andrews, 2009). Successful aging, introduced over two decades ago in Rowe and Kahn's 1998 book of the same title, was first defined as maintaining good health, cognitive and physical capacities, and active participation in society. Freedom and liberation are key themes of this *new* older age, where older persons are

regarded as free from responsibilities around family and work and are able to enjoy time for self-fulfillment, reflection, and personal growth (Andrews, 2009; Öberg, 2003).

The idea of successful aging is well studied in Asia. There is a strong interest in understanding whether this new ideal of aging is appropriate for Asian societies and what conditions can lead to successful aging. There have been attempts at developing new or modified definitions that accommodate the values and lifestyles of Asian societies in the interest of generating policies and programs that meet the challenge of rapid population aging. For instance, one study used a tool for measuring successful aging that had been developed specifically for a Korean population; indicators of successful aging included an autonomous life, self-completion orientation, active involvement in life, satisfaction with one's own children, self-acceptance, and acceptance of others (Han & Ko, 2019, p. 6). In Taiwan, older adults themselves defined successful aging as having no financial worries, maintaining connections with family and friends, contributing to society, and desiring a good death rather than longevity (Chen, 2016). Another Taiwanese study used the individual-level indicators of the Taiwan Active Aging Index, which consists of four domains (employment; social participation; independent, healthy, and secure living; and lastly, active aging capacity and a supportive environment), to find social determinants of active aging (Hsu et al., 2019). Among retired former university employees studied in the Philippines, while active or successful aging tended to be about being physically healthy and strong, other aspects were also relevant: being able to participate in community activities, financial stability, achieving goals, being happy, providing for their children, and recognition of both independence and interdependence. Across the studies, the definition of what constitutes successful aging appears to be gendered (Carandang et al., 2020; Han & Ko, 2019), with social life and family-related aspects tending to be more relevant for women. The recently developed Asian Active Aging Index (Zaidi & Um, 2019), patterned after the one developed in Europe, which measures how actively people are aging at the country level (rather than individual level), modified the instrument to reflect Asian sociocultural norms (for example, of living with family as normal and desirable). These efforts at understanding what successful or active aging means and how it can be achieved all ultimately aim to improve the quality of life of older individuals, the numbers of whom are rising rapidly in Asia. But whose responsibility is successful aging?

At least according to Rowe and Kahn's (1998) original conception, successful aging "can be attained through individual choice and effort" (p.37). Other academics sound a similar note in their ideas about positive aging (Davey & Glasgow, 2006; Laliberte-Rudman, 2006), the modern retiree (Laliberte-Rudman,

2006), agelessness (Andrews, 1999), and the new midlife (Hepworth & Feather-stone, 1982). People are no longer "passive victims of passing time" (Rozanova, 2008, p. 18); they are expected to play an active part in shaping their lives all the way through. Such ideas are seen in the frameworks for *active*, *positive*, *healthy*, or *successful* aging that are used by various state and non-state actors across Asia (Dissanayake, 2022; Krings et al., 2022; National Commission of Senior Citizens, 2024; Thang, 2010) and the world (see Fine & Keeling, 2010 for the Australasian experience). Policies adopted within such frameworks promote a public health discourse that encourages public surveillance for the identification of risks, an increasing call for older individuals and their families to be responsible for the care of the older family member themselves, and the greater involvement of private sector actors to provide older consumers and their families with *choice* (Fine & Keeling, 2010; Guan, 2008). In East Asia and Southeast Asia, the challenge posed by researchers and academics is to shift the view of older persons from burden to resource, from dependent to consumer, and of older age as an asset rather than a disability (Guan, 2008).

While successful aging offers an attractive alternative to the view of aging as inevitably a time of disease, decline, and social withdrawal, it has also been critiqued for its overemphasis on individual responsibility, which has allowed states to justify reducing their spending on social welfare for older people (Holstein & Minkler, 2003; Laliberte-Rudman, 2006; Rozanova, 2008). The concept of successful aging has been described as a new form of ageism (Holstein & Minkler, 2003) that sees older age as simply an extension of youth, something that can be *cured* (Joyce & Mamo, 2006) or avoided depending on individual effort (Cruikshank, 2003).

Aging migrants complicate this view of aging. Desirable migrants are often pictured as being youthful, at the age of peak productivity, and expected to be gainfully employed in the host country (McKelvey, 2009). Their entry into the host country is contingent upon them being *fit* to meet its needs. Their age, health status, and work and educational background are some of the things that are evaluated for desirability. How does an aging person manage life and work as a migrant in the context of such expectations? Do migrants, who face inherent disadvantages as migrants, have an equal chance with non-migrants of achieving successful aging in either their host or home (or both) societies? To explore these questions and the concept of successful aging further, I look into empirical work with older Filipina migrants.

Older Filipino Migrants' Narratives of Success (or Lack Thereof) in Aging

In 2024, the Philippines has the distinction of marking exactly 50 years of systematic labor migration, spurred by the issuance of Presidential Decree No. 442, the Labor Code of the Philippines, which included a provision on promoting overseas employment and ensuring "the best possible terms and conditions of employment" (Labor Code of the Philippines, 1974, Article 17.2). Although Filipinos had migrated to neighboring countries and to the United States prior to this for work, the law marked the beginning of large-scale labor migration as an economic strategy of the Philippine state (Battistella, 1999). Over the five decades since the decree, Filipino migration has evolved, and is now characterized by researchers as feminized, diasporic, and occupying gendered and ethnicized labor niches. That is, Filipino migrants are mostly women, they are found in almost all countries across the globe, and the women tend to work in the health and service sectors, while the men are overrepresented among seafarers. Since the 1970s, the trend for numbers of people exiting the country for contracts to work abroad in low-skilled and low-paid service work has generally been upward.

Because of this exceptionally large and sustained out-migration, migration scholars from various fields have built an extensive body of work on the lives of Filipino labor migrants, Filipinos in the diaspora, and the families they leave behind (see Encinas-Franco, 2021; Guevarra, 2009; Parreñas, 2005, 2008; Roces, 2021; Tyner, 2004). These studies point to the hardships of Filipino migrants in the workplace, in adjusting to a new culture, and in maintaining relationships across large distances and over long periods of time. They also show how Filipino migrants develop new networks and cultivate whatever resources they have to secure the best possible outcomes for themselves and their families.

More recently, the migration literature has turned to aging as an important topic, since the global population is aging, albeit in an uneven way. This has resulted in some countries (typically poorer ones) becoming suppliers of much-needed labor, including migrants who will do care work, for wealthier countries. These migrants, whether they are temporary or permanent, inevitably grow old themselves and must face the challenges brought on by aging. For Filipino migrants, this is compounded by their social roles and status as migrants, in the Philippines and in the host countries.

My own work on older Filipina migrants in the diaspora shows that the theme of individual responsibility for aging is highly relevant for them in structuring their personal narratives, their desires, and their worries for the future.

Whether in matters of health, continuing employment, care arrangements in older age, or even in their physical appearance, there is a strong sentiment of needing to take action to avoid becoming ill (or becoming even more ill), becoming a burden on others, and looking old (Ong, 2018, 2019; Ong & Braun, 2016). This has entailed investing in a healthy lifestyle, continuing to work despite health issues and the discrimination that makes well-paid, regular employment difficult to secure, continuing to send money to family in the Philippines and do care work for their families, and spending on products and services to maintain a feminine and youthful appearance. Failure to maintain good health, financial independence, and good looks (one reason for which is to avoid ethnicity- and age-based discrimination in the workplace), and failure to provide care for one's family, can lead to feelings of guilt, anxiety over the future, and a poorer sense of self. Research on retirement identifies transnational retirement (the practice of retiring in another country with a weaker currency than one's home country to maximize one's pension and retirement savings) as a strategy employed by older persons to ensure that some measure of comfort is achieved in older age (Gustafson, 2008). Some Filipina migrants I met are contemplating this strategy in the hope they may enjoy the best of both countries, as the best cannot be achieved fully in either one on its own (Ong & López, 2022).

While the desire to do something to protect ourselves from the challenges brought on by aging resonates with many, it must be understood in the context of the accumulation of lifelong disadvantages for women who are migrants in countries that have a complicated relationship with them (in that migrants are allowed into host societies only to work in very limited roles and spaces) and who are simultaneously fighting against stereotypes of older people as burdens on society. How far can individual efforts determine how well they do in older age?

In research on older Filipino migrants living permanently in Canada, poverty and precarity emerge as common realities (Ferrer, 2017). Those who had worked as caregivers or domestic workers for many years had little to no savings and so were unable to stop working; they continued to take on paid care work that was informal and unreported to make ends meet. Asian migrants to Canada are concerned about the financial insecurities of growing old with an inadequate pension and ineligibility for some benefits, with few job prospects, and dependence on their adult children (Ferrer et al., 2020). These challenges exist even when migrants have good educational and work backgrounds from their home country and are in reasonably good health. Those with savings in their home country reported relying on them to support their life in Canada (Ferrer et al., 2020). Because of challenges in meeting their needs in older age, Filipino migrants in the United States are campaigning for the portability of

Medicare benefits, to allow them to return and live in the Philippines more comfortably (Rigor, 2013).

While Filipinos in the diaspora can choose to stay in their host country as permanent migrants or citizens, Overseas Filipino Workers' (OFW) stay is dependent on their having an active contract with an employer. A recent study on returning OFWs found that the largest proportion returned because of poor working conditions, some form of abuse or exploitation, or because their contracts were not renewed by their employer (Murphy, 2021). Only about 20% of this study's participants reported the reason for return as having satisfied their objectives for going abroad; it was this group that had made pre-return plans which included starting a business or applying for work. The majority of participants in this study had difficulties finding employment or a new source of livelihood upon their return, mentioning age discrimination as one reason for their difficulties. Unfortunately, reintegration programs are found to be skewed toward economic reintegration (Parreño, 2022), and even these are limited, since the most widely accessible tools or programs are not relevant to most returning migrants, and those that do address returning OFWs' needs are less accessible (Murphy, 2021).

Labor migrants occupy much more precarious positions in their host countries than permanent migrants. Those who have been able to work long years on multiple contracts in other countries routinely call upon luck to explain their outcomes—good employers are a matter of luck, as not every migrant will find kind, considerate, generous employers; on the other hand, failed attempts at business, and poor health (despite one's efforts), are due to bad luck. The notion of luck deflects to some degree the blame for failure from the individual migrant's shoulders. Luck diminishes individual responsibility; after all, there is little one can do in the face of fate. While such explanations have currency among former OFWs and have value in allowing them to claim a positive sense of self despite perceived failings (Ong, 2023), there needs to be an alternative framework for understanding how good outcomes can be achieved in aging for migrants. This alternative framework should not be dependent on an empowerment discourse built around individual responsibility (and, conversely, individual blame) nor on chance, luck, or fate as the determinants of migrants' well-being in aging.

Maginhawang Pagtanda as an Alternative Framework

In my conversations with older Filipina migrants and former OFWs, the good life they desire in older age extends well beyond good physical health, freedom from work and family responsibilities, and financial independence. Their conception of a good older age values acceptance of a decline in health (which

some were already facing), spirituality, the ability to fulfill one's roles in the family, continued relevance and embeddedness in a community, and having reliable social and health services available when one comes to need them. These ideas and values reflect what may be described in the Filipino culture as *ginhawa* in aging.

Ginhawa, as studied using various perspectives, is understood as the well-being that stems from being securely embedded in a network of relationships where one's needs and responsibilities are fulfilled through the multiple roles one occupies and through which one achieves a meaningful life (see Paz, 2008a, Part I). Decisions to further one's ginhawa are ideally made in the context of this network and in relation to how any decision may impact others. For example, an individual migrant's decision to migrate, for how long, and what plans are made upon return can foster ginhawa if these decisions are made in a way that respects, strengthens, and utilizes existing networks while also recognizing the possibility that new networks may be forged over time and in new communities. Plans can be made and their execution supported within these networks (which can also include formal agencies as well as community and non-government organizations), since they make resources and opportunities available, and since through them migrants may also share their resources.

Ginhawa is understood to be multifaceted, involving not just economic stability—a prime concern of migration services—but also stability and harmony in one's relationships with one's family, community, spirituality, and nature (Paz, 2008b). Interestingly, ginhawa is not necessarily the absence of challenges but reflects rather a sense of being capable—that is, knowing that one has the resources or support necessary to handle challenges allows one to maintain a sense of lightness (*gaan*) and zest for life (*gana*), despite difficulties (Bautista, 2019).

A recent study on the types of program available for reintegration services for returned OFWs found that a large proportion (about 6 in 10) are related to income security (Parreño, 2022). However, problems in reintegration after migration, especially for those who have been migrant workers for many decades, can include difficulties reconnecting with spouses, children, and other family members, finding meaningful activities to engage in (even if these are not necessarily about securing an income), and physical and mental health issues, all of which can have an impact on one's state of well-being, or ginhawa (Ong, 2021). Currently, individual efforts to secure ginhawa in aging by migrants can involve transnational migration as a strategy for those who are permanent residents or citizens elsewhere. For returned OFWs, this has involved multiple strategies—ensuring children and family members are edu-

cated and financially stable, taking care of their own health, having savings and insurance, and finding employment or other income-generating opportunities. For both temporary and permanent migrants, these strategies are limited and precarious—major health and financial issues, whether their own or in their families, will quickly erode their resources.

For older migrants, aging can be experienced with ginhawa if migrant services also reflect its multifaceted nature and employ the following principles:

- Well-being is multi-dimensional. This means moving beyond economic security and looking to other dimensions of human experience as contributing to well-being. Spirituality has been found to be relevant for Filipinos in general; religious communities in the host country are one important resource for Filipino migrants' well-being that can be tapped as a continuing source of well-being in aging. For labor migrants and for permanent migrants who wish to retire in the Philippines, there is evidence that financial concerns are social, too (Saguin, 2020), and that the quality of relationships with their immediate family, extended kin, and their hometown has an impact on how well they adjust to life in the Philippines (Percival, 2013; Saguin, 2020). Additionally, being involved in meaningful activities, whether paid or not, can make a difference to older persons' lives (Chen, 2016). The availability and accessibility of various social services (pension and insurance programs, and health services, including mental health and psychosocial support) also provide a sense of security and confidence in meeting life's challenges (see Carlos & Plantilla, 2021 for the reasons permanent migrants have for staying in the host country; Davies et al., 2011 for a discussion of health policies and services for returning migrants). In other words, even while financial programs are important, other aspects of ginhawa must also be attended to so that a stronger foundation for well-being is built.

- Migrants' well-being in aging should be understood from a lifecourse perspective (McDonald, 2011). Well-being in aging is determined by many factors that interact and change over time. Human beings have a continuing capacity for change and growth over the lifecourse; people can learn to compensate for and recover from losses. Even older adults can pick up new skills that they can use in finding new employment or to enjoy new activities. Impaired relationships with left-behind family members can be repaired with help. An important complementary concept is intersectionality (Bastia, 2014), which suggests that multiple social identities (for instance, as woman, Filipino, and migrant) create unique spaces both of opportunity and marginalization for individuals. Among OFWs, for example, more women are found in the 25–34-year age range, while more men are over 45

years of age (based on 2020 Philippine Statistics Authority data as reported in Parreño, 2022); this suggests different needs for these groups' present and future. The impact of these differences accumulates over an individual's lifetime (Liversage & Jakobsen, 2016), so that efforts to increase the opportunities and reduce the vulnerabilities individuals may have in their youth and midlife contribute to better outcomes in older age. For migrants, this means ensuring varied sources of support and relevant programs are available at various stages in their life and migration journey.

- Individual well-being depends on interconnected and multi-level systems. Ginhawa assumes an individual's embeddedness in a large and complex network of relationships. This approaches what is referred to in psychological studies as an ecological view (Bronfenbrenner & Morris, 2006). Migrants' lives are shaped by microsystems, or relationships with individuals (say, employers, family members) and the different contexts they are in (such as recruitment agencies, church groups); by mesosystems, or the relationships among those individuals and contexts (for example, the dynamics between their employer and co-workers; the relationship between the family and their church in the community of origin); by the exosystem, or social settings that do not include them (such as some migrant advocacy groups, the labor attaché's office, the domestic helper's employer's employment), whose actions can have an impact on them nonetheless; and by the macrosystem, or the larger cultural, political, and economic system where all these factors are subsumed. This means efforts to promote ginhawa for older migrants must happen at as many levels as possible to ensure a strong scaffolding for individual well-being. Policy changes can support better conditions for work, migration services that lead to better employer-employee relationships, better financial decisions by the migrant and their family, and a better sense of community and solidarity among migrants and with their communities. The complexity and diversity of services required to do this imply that coordination and sharing of data and resources between organizations and agencies, the public and private sectors, and civil society organizations will be an important strategy.

- An interdisciplinary view is crucial for understanding well-being. Given the complexity of ginhawa, an interdisciplinary view is much needed. Different disciplines offer different concepts, theories, and methodological approaches that are valuable for improving our understanding of how well-being may be facilitated among individual migrants of diverse backgrounds, experiences, and needs, in the present and the future. Notions of *aging in place* (Callahan, 1993; Li, 2011), *habitus* (Bourdieu, 2005; Kelly & Lusis, 2006), *embodiment* (Gilleard & Higgs, 2005; Silvey, 2005), *subjective well-being* (Diener et al., 2017; King, 2007), *contradictory class mobility* (Par-

reñas, 2001), and indeed, *successful aging* (Chen, 2015; Cheng et al., 2015) are just a few of the concepts that may be used to look into older migrants' conditions and concerns. Quantitative and qualitative approaches, used separately or in mixed-method studies, can yield insights that can help improve programs, policies, and advocacy work.

Conclusion

In sum, the concept of successful aging and similar terms has been revolutionary for changing how we view and experience aging today. Among other things, it has allowed us to imagine healthy and independent older persons, educational institutions and workplaces that continue to include them, various configurations of family and living arrangements that accommodate their changing needs, and communities that are vibrant with older persons who feel capable and valued for the knowledge and experience, paid work, care work, and material resources that they contribute. However, we need to be cognizant of the fact that over any individual's lifetime, their own unique context will bring both opportunities and experiences of marginalization that will determine how well they are able to realize these imagined outcomes.

For migrants in the diaspora and labor migrants, the expectation that they will continue to be productive, and be proactive about their older age, increases their sense of responsibility and, consequently, their feelings of failure, inadequacy, or guilt when such outcomes are not achieved. The realities of misemployment, ethnicity-, gender-, and age-based discrimination, and pressure to send remittances back to the home country are just some of the disadvantages that migrants face throughout their migration journey, all of which can have an impact on how *successful* their aging turns out to be. These realities are obscured by the strong emphasis on individual responsibility in aging.

Whether we use the terms successful aging, active aging, positive aging, or ginhawa in aging, what is crucial is an examination of whether the policies we create and the programs we implement contribute to enabling a life of dignity for migrants. It is important that both the countries that send out and those that recruit migrants work together to ensure their societies move consistently toward health, connectedness, and meaning for migrants at all ages and stages in their migration journey. Older migrants already face the dual challenge of achieving good health and a life of independence in aging while also continuing to be their family's source of financial and practical support. Policies and programs can do better by regarding migrants not simply as economic resources that threaten to become burdens when they get older, or only as an untapped market for goods and services, or an underutilized labor force.

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Older Adults and Forced Migration: Unique Challenges and Insights

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This article explores the experiences of older adults displaced by civil unrest, persecution, violence, and climate disasters. As of June 2024, approximately 122.6 million people worldwide have been forcibly displaced from their homes or countries (UNHCR, 2024). Forced migration refers to situations where individuals are compelled to leave their homes due to external pressures. Among adult forced migrants, nearly 50% are women, with about 5% being over the age of 60 (UNHCR, 2024). Although older forced women represent a small portion of the migrant population, their influence on family dynamics spans generations (Aday & Kano, 1997; Atwell et al., 2009; Grant & Guerin, 2014). Their well-being serves as a critical indicator of both the short- and long-term success of resettlement efforts (Atwell et al., 2009; Burton & Breen, 2002; Chaaya et al., 2007).

Resettlement programs often focus on integrating displaced individuals and families into host societies (De Graauw & Bloemraad, 2017). However, forced migration presents unique challenges for older individuals, particularly regarding their health, cultural adaptation, and social roles.

Forced migration is currently experienced by a number of subgroups: refugees, asylum seekers, undocumented workers, and climate refugees. Unlike forced migrants, immigrants to a country not their own typically relocate for reasons such as employment or education, have greater financial resources and social connections, and are less reliant on public support systems. The degree of relative agency and resource availability they enjoy distinguishes them from forced migrant groups. Refugees often endure prolonged displacement, limited control over resettlement destinations, and minimal resources. Asylum seekers exercise slightly more autonomy but remain vulnerable. Immigrants, by contrast, tend to have greater financial and social capital.

The experience of being a refugee can have implications for the whole of a person's life course. It is therefore important to understand how migration affects people at different stages of their lives. For older adults, services provided to other age groups may not be as effective for them.

Age as a Social Construct

Age is a culturally defined concept, with societal norms shaping perceptions of older age (Notthoff et al., 2017). This article adopts a social science perspective to examine aging as a variable construct influenced by cultural and societal contexts, rather than focusing on biological markers of aging. Older adults face distinct challenges that are shaped by cultural expectations and familial roles as well as by their age.

Many factors are involved in the concept of aging and the cultural contexts that shape that concept. A growing body of research has demonstrated links, for instance, between self-perceptions of aging and health (Ailshire et al., 2011; Lucanin & Lucanin, 2017; Wahlin et al., 2006). These studies suggest that a positive self-perception of aging is a contributing factor to good health in older age. As the literature has shown (Fung, 2013; Giles & Reid, 2005; Löckenhoff et al., 2009; Lodi-Smith & Roberts, 2010), aging is a multi-dimensional social concept that is influenced by biological, psychological, and societal factors; it affects many aspects of life, including how one is treated in society, one's self-identity and perception of health, and one's experiences in older age.

In Cambodia, for example, aging is tied to one's role in the family (Becker & Beyene, 1999; Zimmer & Knodel, 2013). Age is not associated with eligibility for retirement benefits as it is in the United States, but with the birth of the first grandchild. It is at this time that the grandparent is expected to work less and spend more time both at the temple and in the home of the new grandchild. Their role shifts from worker in the world to mentor for their children, as their children learn to be parents themselves (Becker & Beyene, 1999; Zimmer & Knodel, 2013). Therefore, if one has children young, and the adult children also have children young, one could be considered as entering older age much earlier than in the United States, for instance (Becker & Beyene, 1999).

In the case of older forced migrants, they experience unique challenges because of the intersection of aging with displacement. These challenges include physical and cognitive decline in an unfamiliar society, cultural dislocation, and difficulties accessing appropriate healthcare and social services. Their dual vulnerability requires policies and interventions tailored to their specific needs.

Intersection of Aging and Forced Migration

Age as a social construct defines the social roles of a person at different stages in the life course (Giles & Reid, 2005). It defines when someone is considered ready to enter into the work world and when someone is ready to retire (Radl, 2012). Radl (2012) underscores the role of social norms, policies, and biographical events in contributing to one's self-perception of when one is too old to work. Other studies (Bhattacharya & Shibusawa, 2009; Lagacé et al., 2012) describe the particular difficulties forced migrant elders experience as they age outside their country of origin. Economic changes, inability to find work, and changes in social status negatively affect the self-worth of forced migrants, who, by contrast, had felt a sense of efficacy and purpose in their country of origin, providing for, and caring for, their families. Wangmo (2011) captures some of the ways these changes also affect older people's relationships within the family once they are resettled.

Different Cultures

Perceptions of age affect self-perceptions of health, role status, and identity. But forced migrants age within two social constructs: one from their country of origin, and one from the country they are aging in. This may influence both the self-perception of forced migrants regarding their own aging, and their mental and physical health.

The literature is rich with studies on aging and culture. There is also a growing body of research examining transcultural experiences of aging. Yet many of these studies make assumptions about how people define older age. This becomes particularly relevant when developing services to meet the needs of the older forced migrant.

As the Cambodia example demonstrates, the meaning of age and its definition are embedded within the context of one's culture. For those who live transcultural lives, age is a complicated mix of cultures and expectations; this is particularly acute for forced migrants, who have not chosen to live outside their culture of origin. As forced migrants move through the life stages, they may find that culturally based expectations from their home society conflict with the norms of their country of residence. In the United States, for instance, social security is based on a specific age for retirement; adult children, social institutions, and government services conform to this expectation of when older age begins. But if a forced migrant comes, say, from Cambodia, where older age begins with the birth of the first grandchild, this cultural difference with US practice may create emotional and financial ramifications for the migrant, their families, service providers attempting to meet the needs of

this population, and government offices assessing eligibility for retirement benefits and disability insurance. The official in charge of deciding eligibility for disability insurance or social security might be confused when someone argues that they can no longer work yet does not meet the eligibility requirements for benefits.

Women resettled from Cambodia to the United States in the late 1970s and early 1980s when they were in their early 20s often came with young children or began their families soon after resettlement. Many came from rural farming communities that provided them few of the work skills that would be helpful in their new country. Therefore, many refugees could only find jobs in factories working on assembly lines. This work requires standing all day and working efficiently. The women worked and raised their children with an expectation that they would age in a manner familiar to them from Cambodia. When their oldest child had the first grandchild, the women expected to leave their employment and focus on being a grandmother. Another factor complicating this expectation rose from the fact the adult child had been raised in the United States and had developed their own expectations for their life. The story of Sen, a woman who had fled from the Khmer Rouge and subsequent turmoil in Cambodia, illuminates several aspects of this multidimensional clash of expectations. Sen came to counseling in 2011, when her doctor referred her to the author due to her insomnia and symptoms of anxiety.

Sen was in her mid-forties and had been working at various factories since she arrived in the United States over 20 years previously. Her daughter had graduated from high school, and was preparing to attend university. The daughter had just moved in with her boyfriend, however, and Sen described her daughter's move as a loss. Sen said, "I know that not everyone here is married. But this is hard. I have asked her about children. When are they getting married? When are they having children? There is a hole in my home, in my heart" (personal communication, March 28, 2011). Not only was it difficult for Sen to see her daughter move out and move in with her boyfriend, but she also felt sad and scared because her daughter's choices differed from what Sen had been looking forward to: becoming a grandmother and the social responsibilities that entails. Sen said, "I shouldn't be working. I should be going to the temple more. I should be living with my daughter, taking care of her child. I shouldn't be working so hard." This comment reveals another dynamic: the demands of factory labor. As Sen grew older, injuries sustained during the Khmer Rouge regime and the associated trauma began to affect her ability to stand for long hours and work as fast as younger employees. Her supervisor told her she needed to "keep up." The more she tried to keep up, the more unsteady she felt on her feet and the more exhausted she felt in the evenings. In addition, she began to have nightmares reminiscent of those she experienced during

her exodus from Cambodia. She also felt a weakness in her legs and suffered several periods of fainting. After one fainting spell at work, her supervisor told her she would be let go if she did not improve her work. "I am so scared. I don't want to lose my job. But I can't work any faster. I can't. I don't know what is wrong with me," she said. Then she saw a co-worker leave work and receive disability insurance. When we met next, she asked about disability insurance. "He had the same pain as I have. He is slow too. We are too old to work" (personal communication, March 28, 2011). This statement reflects many aspects of the cultural understanding of aging. Sen had reached the age where she could no longer work as she once had and was poised to be a grandmother, if her daughter would live as Sen hoped. Sen was in her mid-forties, but in her terms she had reached older age. To help meet Sen's needs, it is important to understand this.

Ability and Desire to Integrate With the Host Country: Resilience Over Assimilation

Another aspect of aging as a forced migrant in a foreign country concerns the individual's ability, or desire, to integrate into the new country. Many services for forced migrants focus on integrating the new arrival into the culture of the host. Language classes are offered, especially to refugees, with the expectation that the new arrivals will instantly engage with schools, work, and community events. For older forced migrants, however, integration might be more difficult and less desirable. For example, a family known as Amin fled Syria and arrived in a northern country with the father, mother, four children, and a grandmother. The grandfather died in the refugee camp before the family was resettled. The children were enrolled in schools and language classes. The parents were provided with job search support and language classes. But the grandmother declined language classes. She said that she felt too old to learn a new language and didn't see how it would enhance her life. Her daughter said:

> My life has changed a lot since we arrived. But my mother [the grandmother of the family] is still taking care of us. She cooks. She makes the food we know. She cleans and is home when the children come back from school. I do the shopping, and sometimes she comes with me. But most of her day is in our apartment. Lately, we met some other Syrians here, and she has talked a little to them. Most of her time is on Facebook with family who live in other countries. (personal communication, November 23, 2015)

She continued, smiling, "She is on her phone more than my children are" (personal communication, November 23, 2015). For older people like this grandmother, integration may not be the goal of their forced migration. They may not want language classes or outreach efforts from community services. The

services they might want more are ways for them to connect with others from similar backgrounds, and access to the cooking ingredients that are mainstays in their homelands.

Forced migrants continue to enter the United States. Resettlement services focus on their immediate needs: health care, housing, and connection to supportive services and employment possibilities. However, the needs of forced migrants decades after the resettlement program is over are less well-known, though much would be learned from understanding these needs. Resettlement agencies might be able to develop screening services to detect issues for older forced migrants. Health providers might understand issues that affect quality of life later in life. Employment agencies and social services might become more competent in working with older forced migrants and helping them maintain employment. Older forced migrants may find it difficult to adapt without resources that feel culturally familiar, such as food ingredients and home furnishings. For example, when the Amin family (discussed above) was resettled, the agency involved took great care to furnish their apartment before the family's arrival. As the service provider noted, "We were so excited to find everything: beds, dining room table, couches, and so forth" (personal communication, November 24, 2015). But when the family arrived, they felt the sadness of having lost everything they had once had, and being surrounded by furniture that didn't make sense to them didn't help. Within a week, the dining room table had become a desk for their oldest son, and the floor was covered with a woven cloth to eat on. Understanding how much is lost during forced migration and resettlement, and the psychological build-up of those losses, can help providers better match a family's needs and the agency's resources.

Multigenerational conflict of the kind that developed between Sen and her daughter might be better addressed with a deeper understanding of the forced migrant experience across the life course. Counselors and school administrators might find constructive ways of helping children and parents understand the generational divide that sometimes occurs. Those working with forced migrant groups may gain a more nuanced understanding of the diversity among ethnic and age groups. Initial resettlement efforts often focus on basic needs such as housing, financial support, and healthcare. However, older forced migrants may struggle with chronic health issues, limited mobility, and a lack of culturally competent care (Taylor, 2014). Over time, forced migrants face evolving challenges, including cultural adaptation, intergenerational dynamics, and questions of belonging. For older adults, integration may mean maintaining family roles rather than participating in external social activities.

Digital technology has redefined notions of belonging, allowing forced migrants to maintain connections with their home countries through video

calls and social media (Dubus, 2018b). These virtual ties complicate traditional measures of integration, emphasizing the need to redefine success in resettlement programs.

Resilience is crucial for older forced migrants, enabling them to recover from adversity and adapt to their new situation. Factors such as life experience, cultural identity, and family roles contribute to resilience. Older adults often find purpose in caregiving and maintaining cultural traditions, which serve as alternative indicators of successful resettlement.

Resilience may be a more appropriate goal for older forced migrants than assimilation. Resilience involves returning to a pre-disruption level of functioning (Boucher, 2009; Ungar, 2010). Research conducted by this author examined refugees and refugee service providers in several countries. These studies showed that older participants exhibited significant resilience, attributed in part to their roles as grandparents, which provided a sense of purpose and belonging. While their age was initially perceived as a potential burden, their contributions to family life, such as caregiving and household management, became assets during resettlement. These roles appeared to bolster their resilience by fostering feelings of competence and connection (Dubus, 2018a, 2018c, 2021, 2022).

Feeling safe and welcomed in their host country is another protective factor. Community and agency support are instrumental in developing trust and reducing the effects of trauma. It is valuable to emphasize the strengths forced migrants demonstrate as they adjust to resettlement. For instance, a forced migrant grandmother may value family and home life over community events, and experience feelings of competence in caregiving tasks that help them regain the sense of self disrupted by war and displacement. In such a case, providers can adapt interventions and services to enhance the person's competence and resiliency.

Conclusion

Older forced migrants navigate complex challenges at the intersection of aging and forced migration. Their experiences call for policies and services that address their unique needs while recognizing the critical roles they play in their families and communities. By adopting frameworks like the life course perspective and emphasizing resilience, researchers and service providers can develop strategies that promote meaningful integration and long-term well-being for aging forced migrants.

Becoming Older in a New Culture

Forced migrants who resettle at a younger age and later experience older age in their host country face distinct challenges. Their expectations of aging, shaped by cultural norms in their country of origin, often conflict with those of the host society. Furthermore, the trauma associated with forced migration frequently manifests during later life, in chronic health conditions and psychological distress (Kinzie, 2016; Wagner et al., 2016).

Cultural differences in the perception of older age further complicate the transition. For instance, in some cultures (such as in Cambodia), older age is marked by children reaching childbearing age and giving birth to children. Such culturally rooted expectations can conflict with those of younger family members and the host society, creating tension and complicating the adaptation process. This dynamic highlights the importance of cultural sensitivity in supporting aging forced migrants.

The experiences of forced migrants, shaped partly by their histories of trauma, amplify the importance of factors such as respect in the provision of services like adult day care. Brown et al. (2014) emphasized the need for research into the causes of low usage of adult day care services among ethnically diverse older adults, noting that culturally tailored care may address some barriers. The study revealed that respect, manifested in culturally specific food, music, décor, activities, and culturally aware staff, was a central theme in participants' responses. This emphasis on respect may have relevance for other older adults aging in foreign cultural contexts.

Challenges and Support in Adult Day Care Centers

Older forced migrants often face challenges when accessing adult day care services, particularly in settings where they feel culturally isolated. For example, a 73-year-old participant described one center as catering to "White people" due to the participants and food provided, leading him to leave (Dubus, 2017, p. 745). He referred to his current center as "coming home," highlighting the importance of cultural familiarity (p. 745). For him, and for others, certain dynamics, such as younger staff supervising older participants, challenged cultural values that honor older people as wise mentors. Dynamics like this can exacerbate feelings of vulnerability, particularly among older adults with traumatic histories who did not choose to age in a foreign country (Dubus, 2017).

A key strength of bicultural staff at such centers is their ability to act as cultural liaison workers, bridging between different cultural understandings of

care and enhancing medical providers' awareness (Grigg-Saito et al., 2010; Hinton et al., 2013; Lee et al., 2010). For example, bicultural staff can translate Western medical recommendations into culturally relevant care, helping diabetic clients, for instance, follow appropriate diets using familiar foods. This relational approach, rooted in understanding clients' traumatic histories and cultural contexts, can enhance participants' well-being.

Implications for Practice

Developing culturally effective health and social services for older forced migrants requires a nuanced understanding of their needs and experiences. Resettlement agencies must balance immediate needs with long-term goals that support successful life course development. A life course perspective emphasizes the interconnectedness of early life experiences and later outcomes, highlighting the need for longitudinal evaluation of resettlement programs.

Social workers must consider the older people's expectations of their family role and provide tailored interventions. For older adults aiming to restore family roles, interventions might focus on family dynamics and reintegration. Alternatively, for older persons seeking to establish individual competencies, identifying personal skills and opportunities for engagement may be more appropriate. Understanding pre-disruption functioning, how well they functioned in their lives before the disrupting event, and leveraging perceived strengths can guide individualized or family-based approaches. For example, listening to the older person's recounting of their lives before the war can help social workers assess the person's level of functioning before their lives were uprooted. What did they do for enjoyment? How did they engage with others? How did they derive their sense of purpose or meaning? What activities gave them fulfillment? In discussing the person's current concerns and goals, the social worker can draw from the person's previous life and help them regain aspects of that life. Being able to care for the grandchildren in the new country might provide them the opportunity to "feel themselves" again.

Future Direction

Future research should investigate the long-term needs of older forced migrants, particularly those affected by economic or environmental factors. Longitudinal studies could provide insights into how cultural expectations, family dynamics, and systemic support influence resettlement success. Additionally, exploring whether resilience-focused models yield better outcomes than integration-focused approaches could inform policy and practice.

Adult day care centers, medical providers, and policymakers should evaluate their services through culturally sensitive frameworks. Addressing the unique needs of ethnically diverse older adults could enhance well-being and community integration for vulnerable populations; developing effective models for culturally informed care remains an urgent priority.

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The Intersection of Migration and Ageing: Overview and Implications for the Broader Gerontological Field

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Migration and ageing are key components of demographic change, and their significance globally—for the economy, social policy, and population well-being—is growing. An overview of the latest population statistics from the United Nations Department of Economic and Social Affairs (UNDESA) puts these twin trends into perspective. In respect of international migration, UNDESA (2020a) estimates that:

> The number of persons living outside of their country of origin reached 281 million in 2020, roughly equal to the size of the entire population of Indonesia, the world's fourth most populous country. Between 2000 and 2010, the number of international migrants increased by 48 million globally, with another 60 million added between 2010 and 2020. (p. 1)

In respect of population ageing, this has become a global phenomenon, no longer restricted to wealthier industrialised countries of the Global North. UNDESA (2020b) projects that the size of the older population will grow in all regions of the world between 2020 and 2050, more than doubling globally to 1.5 billion by the end of that period. At the intersection of these two demographic trends, the number of older people (aged 65 and over) who are also migrants is likewise rising, growing by 4 million people globally between 2000 and 2010, and a further 8.6 million in the following decade, to stand at 34.2 million by 2020. Compared with the 9.3% of the global population who are over 65, the same age group represents 12.2% of the world's population of international migrants (Kelley et al., 2024). Looking ahead, projections for the older population in countries such as Australia (Wilson et al., 2020) and France (Rallu, 2017) indicate overall increases in the proportion of migrant vis-à-vis non-migrant seniors, as well as changing diversity in the older migrant population, with the proportion of, for instance, older Asian- and African-origin migrants increasing and that of, for instance, Southern European-origin falling.

Not surprisingly, these major demographic trends have caught the attention of policymakers at both national and supranational levels. An interesting feature of the policy discourse is the way in which these two trends are elided, with

immigration (of working-age people) frequently proposed as a potential policy solution for the challenges associated (or assumed) with population ageing. Thus, we can read in a UNDESA report on migration that "international migrants of working age contribute to easing some of the pressure on public pension systems in countries experiencing population ageing" (UNDESA, 2020a, p. 8), and that "migration can contribute to temporarily slowing the long-term trend toward population ageing in countries of destination" (p. 31). What is less prominent in this policy discourse is the inevitability that migrants also grow older and eventually contribute to population ageing in their countries of settlement. (Unless, of course, they return to their countries of origin in later life. However, the available evidence indicates that such returns are not common, as shown in several studies, including Hunter's 2023 review.) Thus, the policy discourse reproduces the myth of migrant *agelessness*, first identified and critiqued by John Berger and Jean Mohr in their classic photo-essay *A Seventh Man: A Book of Images and Words About the Experience of Migrant Workers in Europe*. They argued that "so far as the economy of the metropolitan country is concerned, migrant workers are immortal....They do not age: they do not get tired: they do not die" (Berger & Mohr, 1975, p. 64). However, the eventual ageing of migrants is not entirely overlooked by policymakers, given the planning and resource implications for delivering services across a range of areas, including medical care, health promotion, social services, and financial security in later life (Torres & Hunter, 2023b). Noting that "foreign-born populations are getting older in most OECD and EU countries," a recent joint report by the OECD and European Commission describes older migrants as "a growing group of concern" (OECD & European Commission, 2023, p. 152).

Having sketched the global demographic trends of population ageing and migration, and their elision in policy discourse, the remainder of this article aims to provide a concise overview of the academic knowledge production which has developed at "the nexus between ageing and migration" (King et al., 2017, p. 182). I will firstly explain the utility of a *nexus* approach, before charting the interdisciplinary nature of this ground, and the evolution of scholarly production both historically and geographically. The subsequent section will then summarise some of the key themes and implications of this literature for the broader gerontological field.

The Ageing-Migration Nexus: Historical and Geographical Evolution

The nexus approach to researching the intersection of ageing and migration was proposed by Russell King and colleagues (King et al., 2017). They suggest that a nexus approach is productive insofar as it encourages a holistic perspective on migration and ageing as "entwined trajectories" (King et al., 2017,

p. 182), widening the scope of research to encompass not only older migrants *per se*, but also other categories: for example, older people in places of origin who have been left behind by family and friends who have emigrated (Lenoël, 2023), or migrant care workers (often female) who seek work in the eldercare sectors of economies in the Global North (Amrith, 2023). A nexus approach could also be applied to the above-mentioned policy discourse encouraging immigration of younger adults as a counterweight to population ageing, and the political reactions this often provokes, such as the tendency for older voters in some countries to be less favourably disposed to open immigration policies (Schotte & Winkler, 2018).

The ageing-migration nexus is inherently interdisciplinary, bringing into dialogue fields across the health and social sciences in particular. Unsurprisingly, most academic contributions to this nexus have been developed within the fields of gerontology or migration studies, but with important nuances and differences between these two research domains, which in part can also be mapped onto geographic differences.

In gerontology, there is a long tradition of attention to ethnicity as an axis of social stratification in later life (e.g., Dowd & Bengtson, 1978). This focus on ethnicity and race is not surprising given the North American roots of gerontology as a discipline, and ethnicity continues to be a guiding frame in much contemporary gerontological research. However, this attention to ethnicity risks missing the specific effects which *migrancy* (i.e., the state or condition of being a migrant) potentially produces, as will be discussed in the next section. A recent editorial in the *Journals of Gerontology: Series B* affirms the value of considering both migrancy and ethnicity as intersecting axes of stratification, noting that "being a racialized minority and an immigrant can be a double burden....Combining scholarship on discrimination and immigration could help us understand better the lived experiences of older immigrants" (Kelley et al., 2024, p. 3). While it would be a misrepresentation to say that gerontologists have not paid attention to migrant populations—indeed, the Gerontological Society of America (GSA) established an interest group on international ageing and migration as far back as 1994—the specific effects of those populations' migrancy tend to be occluded by a preoccupation with their ethnicity.

As the mirror image of the situation in gerontology, a blind spot was for a long time also evident in migration studies, with a lack of attention to older populations. Up until relatively recently, the myth of agelessness characteristic of migration policy discourse was also widespread in academic discourse in migration studies. It is only in the last two or three decades that migration studies have moved beyond a focus on working-age migrants and their children. Beginning in the 1990s, migration scholars—primarily in European

countries like France and Britain, which were the first to instigate large-scale labour migration following World War II—started to notice the ageing (and socio-economic vulnerability) of the first cohorts of post-war labour migrants (Blakemore & Boneham, 1994; Samaoli, 1991; Sayad, 1993). This emergence in the 1990s was part of a broader diversification of migration studies at that time, foregrounded in prominent textbooks (e.g., Castles & Miller, 1998), which challenged various blind spots and assumptions about who migrants were (e.g., not old, not female) and where they migrated from and to (e.g., developing to developed countries). A further aspect of the diversification of migration studies at this time was the emergence of international retirement migration (IRM), namely the movement of relatively wealthy or advantaged older people from, for instance, Northern European countries to warmer countries in Southern Europe, where the good life of a warm climate, relaxed lifestyle, and favourable property prices could be enjoyed (King et al., 1998).

Thus, in its early iterations in Europe, migration scholarship on the ageing-migration nexus placed emphasis on the great diversity of older migrant populations, encompassing "some of the most deprived and socially excluded, and some of the most affluent and accomplished" (Warnes et al., 2004, p. 307). The phenomenon of IRM initially attracted attention from prominent migration researchers in Europe (e.g., King et al., 1998; O'Reilly, 2000), and later on, researchers in other parts of the world (e.g., Hayes, 2014; Toyota & Xiang, 2012). Nonetheless, the lion's share of migration scholarship on the ageing-migration nexus has focused on lower-skilled guestworker labour migrants who are ageing in conditions of socio-economic disadvantage, particularly in Europe (e.g., Bolzman et al., 2006; Fokkema & Naderi, 2013; Liversage & Mizrahi Mirdal, 2017). Thus, a *vulnerability trope* has been prominent in the migration literature, leading to calls to consider older migrants' agency and capacities, and not only their deficits (King et al., 2017).

The vulnerability trope in migration studies finds its echo in the long-standing *double jeopardy* hypothesis which developed in the gerontological literature. The double jeopardy hypothesis held that the position of being an older person and from an ethnic minority constituted a double disadvantage (Dowd & Bengtson, 1978). The shared attention to older migrants' and older ethno-racialised people's vulnerabilities is one of the rare crossovers between the gerontological and migration literatures at this nexus. More often, the ageing-migration nexus is characterised by a lack of dialogue between the different fields which constitute it, with migration scholars tending to speak among themselves and gerontologists doing likewise. In part, as noted above, these are also geographic siloes, with the gerontologists who have contributed to the ageing-migration nexus mainly being based in North America whereas the migration scholars are mainly based in Europe.

However, the lack of dialogue between fields and between world regions is beginning to change, thanks not least to "boundary spanners" such as Sandra Torres, who has been instrumental in developing international fora to discuss the ageing-migration nexus, including the Gerontological Society of America's Interest Group on International Aging and Migration. The Standing Committee on Families, Welfare, Care and the Life Course within IMISCOE, the world's largest network of migration scholars, also has objectives to advance the gerontological concept of the life course within migration studies and to create synergies between scholars based in different world regions (IMISCOE, 2024). A promising recent development in gerontology was the launch in 2024 of the *Journal of Global Ageing*, the inaugural issue of which featured two articles with a strong emphasis on the ageing-migration nexus (Gilleard & Higgs, 2024; Szabó et al., 2024). Also recently published, the *Handbook on Migration and Ageing*—which the author co-edited with Sandra Torres—was conceptualised with the aim of bringing into dialogue contributing authors from both gerontology and migration studies, as well as from different world regions (Torres & Hunter, 2023a). While partially successful with regard to bridging the disciplinary divide, the extent to which we were able to engage scholars from East Asia or the Global South was limited. In this respect, the contributions of Ken Sun on older Taiwanese ageing transnationally between North America and Taiwan (Sun, 2021) and Megha Amrith on Filipina migrant care workers in Singapore (Amrith, 2017) are notable exceptions.

The Ageing-Migration Nexus: Implications for the Broader Gerontological Field

In the final section of this review article, I will draw out some key themes and implications of the ageing-migration nexus which are relevant for the broader gerontological field, both empirically and theoretically.

The first of these is to encourage greater awareness of the possibilities and challenges of a migratory life course. In an article I recently co-authored with Sandra Torres, we commented that while gerontologists have a highly developed understanding of the life course as a generic analytical framework, there is much less recognition of what a migratory life course could entail (Hunter & Torres, 2024). Stephen Katz and Amanda Grenier have proposed that "life course research advances studies of migration and ageing by illustrating how human stories and their varying pathways are situated across multiple places and points in time" (Katz & Grenier, 2023, p. 14). They go on to demonstrate the ways in which migrancy may upend conventional gerontological assumptions of life course continuity, such as the inversion of intergenerational caring patterns, reversals in status positions within families, and disruptions to the typical age-based rhythms of life course transitions and trajectories due

to the liminality and precarity which many migrants experience, for instance regarding their legal, employment, or housing status or non-recognition of their diplomas. Just as cross-cultural and feminist gerontologists have offered valuable critiques of the tendency towards standardisation of life course patterns which reproduce Western or heteronormative norms (Grande, 2018; Sandberg & Marshall, 2017), researchers at the ageing-migration nexus have a duty to make policymakers and service providers more aware of the diversity of life course trajectories across the different older populations which they serve. Importantly, this requires attention not only to ethnicity as a factor of diversity but also to the difference which migrancy makes.

Relatedly, emergent work at the ageing-migration nexus shows the wider analytical value of the concept of intersectionality for gerontology (Ciobanu, 2023). Intersectionality is the idea that the causes of inequality and prejudice are multiple, and that their effects can be compounding, leading to manifold combinations of discrimination or privilege. For example, instead of being discriminated against either because person X is a woman or an older person or Black or a migrant, person X may experience an amalgam of discrimination based on all four prejudices interacting simultaneously. Intersectionality therefore holds specific promise for enquiries into the stark inequalities (of wealth, health, access to services, for example) which we observe within older populations, but hitherto "the intersectionality literature has paid very little attention to the nature of ageing or the life course, and gerontology has rarely incorporated insights from intersectionality" (Holman & Walker, 2021, p. 240). Ciobanu (2023) demonstrates that the ageing-migration nexus is promising ground to develop intersectional analyses in gerontology, given that older migrants may experience multiple forms of inequality or discrimination—based on their age, race or ethnicity, migrancy, or gender, to name a few. Going deeper into one of these dimensions of discrimination, the topic of racism stands out for the lack of attention it has been accorded by both gerontologists and migration scholars working at the ageing-migration nexus. As Sandra Torres has comprehensively demonstrated through extensive scoping reviews of literature, there has been hardly any attention to racism in older migrant populations, although migrants are frequently *racialised* in research through the use of race as an analytical category (Torres, 2020, 2023). The study of experiences and consequences of racism in later life is therefore one area where future research needs to be prioritised.

On the other side of the coin, one must be careful not to overemphasise the structural disadvantages which older migrants face, or downplay their capacity to resist the vulnerability trope, which, as noted, has been a central preoccupation of both migration and ageing research. Indeed, it is well established within migration studies that migrants tend to be positively selected across

a range of variables, including health (Razum et al., 2000) and human capital (Chiswick, 1999; Luthra & Platt, 2023), and there is also emerging evidence of a link between personality traits and migrant entrepreneurialism (Remhof et al., 2014; Vandor, 2021). In other words, we should not lose sight of migrants' capacity for agency. In this respect, the example of older migrants can serve to disrupt and challenge a range of ageist assumptions and stereotypes which are prevalent in discourse about older people.

One area where this is observable is in the uptake of new information and communication technologies (ICT). There is a persistent discourse that older people are less confident and proficient in adopting new technologies, as signified in the term "digital immigrants" to describe older technology users (Prensky, 2001). However, as Raelene Wilding shows, the transnational families literature represents a counter-narrative to this discourse, with many studies demonstrating that populations at the ageing-migration nexus have been early adopters of ICTs, particularly left-behind older people communicating digitally with family members who have migrated (Wilding, 2023). Lessons from such research could be applied to the broader project of expanding digital citizenship for all older adults, moving from an individualistic approach to digital skills to a more relational approach in which older people are "embedded in interdependent social networks of care and support" (Wilding, 2023, p. 339).

Another theme where evidence from older migrant populations can disrupt broader ageist stereotyping concerns what Lulle and King (2023) call self-realisation projects. Lulle and King (2023) describe such an orientation as "about taking affairs into one's own hands…often geared towards a wider life-course goal or a new lifestyle…constitut[ing] a moral and agentic discourse which reinscribes purpose in later life" (p. 229). The ageing-migration nexus provides innumerable examples of the ways in which older migrants strive to achieve self-realisation. This is arguably most evident in the long-established literature on international retirement migration (IRM) mentioned above. Another trajectory, documented in Lulle's own work, is the phenomenon of migrating abroad for work in later life. For women in midlife or older from post-socialist countries in Central and Eastern Europe, moving abroad may be experienced not only as an economic liberation from "a 'poor old age' of minimal pensions" (Lulle & King, 2023, p. 232) but also as an opportunity for personal growth, improved well-being, and in some cases a rekindling of their intimate lives (see also Cvajner, 2019; Lulle & King, 2023). Self-realisation may also be achieved *after* migration, through return to the place of origin. Return at retirement is often a dream of migrants, but the evidence shows that it is a dream that often goes unfulfilled: a more common post-retirement practice is to circulate between the places of origin and settlement, spending significant portions of time in each location (Hunter, 2023). The projects which returning

or circulating migrants devote themselves to in later life are varied. For some, the individual aspiration to construct one's own house and farm a little land is sufficient. Others may have ambitions to develop collective infrastructure in their hometowns, such as clinics, schools, provision of electricity, and clean drinking water. In my own research on the hometown associations of Senegalese migrants in France, such contributions to the development of physical infrastructure also facilitated the social reintegration of older returnees in their villages of origin after retirement (Hunter, 2018). Thus, older people can be active agents of development in the Global South and not merely passive recipients of development aid, as is conventionally presented (Bastia et al., 2022).

Conclusion

This review has described the global demographic trends of population ageing and migration, and analysed how these trends are elided in policy discourse in a way which tends to overlook the eventual ageing of migrant workers in destination countries, by reinforcing a myth of agelessness. While also present in earlier work in migration studies, this myth has more recently given way to a substantial body of literature at the ageing-migration nexus which has documented the experiences of different populations implicated by this nexus (older labour migrants, family reunification migrants, older refugees and displaced people, return migrants, as well as left-behind older people and migrant workers who care for older people). As discussed, much of this literature has focused on the various vulnerabilities which older migrants (especially lower-skilled labour migrants) face. However, older migrants also have significant capacity for agency, and paying closer attention to this can give researchers and policymakers the tools to challenge some of the ageist preconceptions which blight the lives of migrants and the older population more generally. Finally, the ageing-migration nexus can serve to expand the gerontological imagination in the realm of theory. As noted above, the life-course theoretical perspective is yet to take migrancy seriously as an axis of social stratification. Also less acknowledged is the way migratory life courses may diverge from Western, sedentarist norms. Much of our theoretical scaffolding, as well as our policy prescriptions, are based on gerontological notions of continuity, and successful ageing is often connoted with ageing-in-place. With increasing diversity among our older populations, it is now time for the go-to conceptual frameworks of gerontology to be reconfigured so that they are more inclusive of—and better serve—those older people who have experienced geographical *dis*continuity and *multiple* places during the life course.

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INTRODUCTION

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