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## 10. Ageing in place

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‘Ageing in place’ is a core conceptual framework for understanding and attending to the significance of place in the context of a rapidly ageing global population (Andrews and Phillips, 2005; Johansson et al., 2013). The term encapsulates a widespread perspective among policy-makers and gerontologists: namely, that older people desire to remain in their own homes in later life and should be supported to do so as a way of maintaining independence, autonomy and connection to social support within their communities (Van Hees et al., 2021; Wiles et al., 2012). Neoliberal discourses of ‘active ageing’ that promote independent ageing in place as a cost-effective strategy of keeping people out of institutionalized care for as long as possible have been critiqued (Johansson et al., 2013; Schwanen et al., 2012). However, ageing in place also encompasses, more positively, a recognition of the multi-faceted processes of place attachment developed over the life course in relation to a – physical, emotional and symbolic – home, community and surrounding neighbourhood, and studies show that older adults typically prefer to age at home (Gilleard et al., 2007; Wiles et al., 2012). Scholars of ageing and place have identified three main theoretical perspectives that have shaped research and policymaking in the field (Lewis and Buffel, 2020; Skinner et al., 2015). From the 1970s and 1980s, ecological theories of ageing focused on the physical contexts and their implications for healthy ageing (Lawton, 1982). Phenomenological approaches followed, highlighting place attachment and its implications for the ageing process, with Rowles (1983) introducing the concept of ‘insideness with place’ to refer to the various forms of place attachment (physical, social and autobiographical). Thirdly, over the last two decades, *relational* approaches to place have transformed understandings of age and ageing in geographical studies (Hopkins and Pain, 2007; Skinner et al., 2015), but their potential has not been fully realized in respect to ageing and migration (Sampaio et al., 2018).

Concepts of ageing in place are traditionally built on an assumption that people’s connections are *highly localized* with respect to place, centring on their current residence as a domestic dwelling and spatially proximate communities. In their overview of the concept, Susan Van Hees et al. (2021) rightly question the normative understandings evident even in many recent environmental gerontological perspectives of ageing and place, and stress how the mediation of ageing through place will vary with biography. Yet, in spite of the early intervention from Phillipson and Ahmed (2004: 160) urging us to recognize that globalization is ‘producing a new kind of ageing in which the dynamics of family and social life may be stretched across different continents and across different types of societies’, the heterogeneity among older people is not fully recognized in wider gerontological debates on ageing in place. The scope of this research has recently been examined by Pani-Harreman et al. (2021) in an extensive review that demonstrates a concerning absence of any discussion of migration – or related aspects of everyday ageing among migrants, such as citizenship status, racialization, religion, and transnationalism – in broader debates on ageing in place, even when themes such as technology use, where migration research has made significant interventions already, are explored (see Chapter 32 on communication technologies in this volume). Migrant and

diasporic communities may age differently. Their relationships to place, reshaped by transnationalism, encompass multiple places, communities, and homes (Baldassar et al., 2017; Näre et al., 2017; Sampaio et al., 2018; see also Chapter 8 on transnationalism in this volume). However, this understanding has not yet fully reconfigured wider understandings of ageing in place within gerontology.

As such, this chapter will draw upon interdisciplinary studies of migration in later life which use the concept of ‘ageing in place’ to refer to the experiences of migrants ageing in their current place of residence, whether by choice or arising from ambivalence towards or constraints surrounding their ‘return’ to ‘homes’ elsewhere. While the concept of ‘ageing in place’ conventionally suggests a fixity and continuity of residence, the use of this term by migration scholars embraces an understanding of these seemingly localized sites of ageing as thoroughly unbounded by transnational flows. The chapter reflects then a wider shift by examining place – as home, neighbourhood and community – as emerging *relationally* (Hopkins and Pain, 2007), including transnational social fields, connections and practices in and through which migrants’ everyday belongings are navigated and produced. The experience of ageing in place is also highly contingent upon geographical location, surrounding environments, and individual life course trajectory (Lewis and Buffel, 2020). A ‘transnational lens’ on ageing in place needs also, therefore, to be attentive to the multiple place attachments of individuals who either experienced migration themselves or are implicated in others’ migration projects. Ageing in place refers in this chapter then, not to a territorially static or temporally fixed phenomenon, but to a conceptual tool, increasingly used by scholars of migration, that encompasses an understanding of the multiple, concurrent, and spatially diverse connections and affiliations with places and communities that individuals have established throughout their lives.

## SHIFTING CONCEPTUALIZATIONS OF AGEING IN PLACE

In recent years, disciplines such as geography and sociology have more frequently engaged with the transnational dimensions of ageing in place, leaving behind the more limited and *static* connotations of this terminology. Wiles et al. (2012) argued that ageing in place is a dynamic process that unfolds while renegotiating identities and belongings within changing socio-economic, ethnocultural and political landscapes. Indeed, traditional conceptions of ageing in place have been critiqued for not fully capturing the intricate relationship between place and ageing within contemporary and increasingly mobile societies (Johansson et al., 2013). As Baldassar and colleagues note (2017), the more specific emphasis on the services and amenities required locally to support healthy ageing in place tends to overlook the increasing significance of migration, mobility and the use of new media among older cohorts, as well as, conversely, the difficulties of caring for older relatives at a distance. While some migrants may be highly privileged socio-economically, others may face multiple vulnerabilities arising from being a migrant and becoming older (Ciobanu et al., 2017; Torres, 2020). Those impacted by transnational reconfigurations of ageing in place might include migrants and refugees who arrived in their communities at an earlier stage of life and then stayed on, those moving internationally later in life either for work, to provide and/or receive care and/or seeking a lifestyle change, those returning to their country of origin after a period away, and also those who navigate their own continued emplacement while their children migrate (see Chapter 20 on left-behind older people in this volume). Experiences of ageing in place as

a migrant are being revealed by researchers as highly diverse, with varying gendered, classed and racialized experiences of ageing, different social and cultural understandings and expectations of later life, and various levels of independence and ability (Ciobanu et al., 2020; King et al., 2017; Lulle and King, 2016; Sampaio et al., 2018; Walsh and Näre, 2016).

Moreover, ‘attachment to place’ is an ideal term that seems to overlook the mixed feelings arising from un-making home as a migrant and continuously negotiating relationships to multiple places and the possibility of return (Lewis and Buffel, 2020; Walsh and Näre, 2016). For migrants ageing in place, the decision to stay put can be connected to three main sets of motivations, with practical, symbolic and emotional components and wide-ranging implications: (a) presence of family and friendship networks that allow for developing an active and meaningful role in later life (for instance as care providers for grandchildren) while having the option of receiving care within the family home if needed (Baykara-Krumme, 2013; Zontini, 2015); (b) access to various forms of welfare, housing and healthcare provision (Hunter, 2011, 2016); and (c) place attachment and a sense of belonging and safety embodied in continued relationships, social engagement within the community, and familiarity with place (Cutchin, 2003; McHugh and Mings, 1996). These motivations tend to be closely interrelated and operate at various levels ranging from individual subjective happiness to feeling part of a community (Wiles et al., 2012). Motivations for ageing in place may also be held in tension with motivations for return, revealing the complexity of negotiating the ‘instrumental’ and ‘emotional’ meanings of home across the life course (Hunter 2016; see also Chapter 18 on return migration in this volume). Moreover, the diversity of experiences of ageing in place in relation to culture, gender, sexuality, race, socio-economic status, citizenship, ability, and other dimensions of difference, demonstrates deep-seated inequalities among older populations that need to be addressed in policy and research (Johansson et al., 2013).

## EMPLACED AGEING: HEALTHCARE, WELFARE AND PENSION PROVISION

Policymakers and service providers have chiefly approached ageing in place as a synonym for growing older independently at home. Their prevailing focus has been on continuity, maximization of autonomy within the community, and maintenance of a satisfactory individual–environment relationship and attachment to place (Cutchin, 2003; Peace et al., 2011; Wiles et al., 2012). These ideas have been translated into policy and research agendas aimed at improving support services and amenities for people ageing in place in a number of countries, including Sweden, the United Kingdom, Canada and the United States (Johansson et al., 2013: 3). Policy-driven discourses of independence in later life (in other words, ageing at home autonomously) as a marker of ‘successful ageing’ also had the knock-on effect of shifting social and economic responsibility for ageing ‘well’ from the state to the individual and the family. More specifically, such approaches have transformed the home – particularly in high-income countries – into a space of commercialized care that capitalizes on social and mobility differentials, including the hiring of cheap care workers with limited (if any) social security entitlements (Schwiter et al., 2018). However, globalization and growing population mobility, especially across borders, have complicated these widely held assumptions about continuity to place as optimal for older adults’ well-being – and indeed the most cost-efficient option for the state.

Focusing on welfare, namely healthcare and housing provision, among older migrants is significant because, as emphasized by Warnes (2010: 393), ‘aged labour migrants include some of the most disadvantaged and socially excluded of Western Europe’s and North America’s older people’ (and beyond). Challenges include limited access to appropriate housing and healthcare provision, as well as ensuring that a culturally-sensitive approach (including linguistic inclusivity) is in place in order to avoid social exclusion and discrimination in the access to services and within care settings (Ciobanu et al., 2020). Like all older people, migrants must deal with the stigmatization and prejudices of ageism as they navigate everyday life (Schwanen et al., 2012), but they also face the additional challenges of their racialization and migrant status (see Chapter 11 on racialization in this volume). Research and policy also need to be careful to avoid essentializing migrant groups and perpetuating politically-laden views that identify ageing in place migrants as passive agents and dependent and problematic care and welfare recipients (Johansson et al., 2013; see also Chapter 5 on ethnicity in this volume where essentialism is discussed). In this regard, as noted by Torres (2020), a racism-sensitive agenda is in order.

Citizenship, migration and care regimes significantly shape access and ability to utilize resources and claim citizenship rights and state support in and across places, specifically in later life (Hunter, 2011, 2016; Johansson et al., 2013; see also Chapter 7 on welfare and migration regimes in this volume). While most ageing in place migrants have access to their acquired benefits in the host country, access to welfare becomes more challenging in the face of cross-border mobility and multiple homes (Ackers and Dwyer, 2002; Holzmann and Wels, 2020). The transferability of healthcare and pensions across borders is one of the most salient challenges for ageing in place migrants and the majority will face significant obstacles to the portability of their pension and healthcare benefits (Holzmann and Wels, 2020). In spite of ‘regional bubbles’ and ‘portability corridors’ created to ease the transfer of social security benefits, for example within European Union countries or along traditional migration corridors, manifold challenges remain. In China, for example, transition policies have been in place to facilitate portability between urban and rural pension schemes, but inequalities are stark and internal rural-to-urban migrants have yet to see their rights fully recognized (Cai et al., 2012). In response to well documented limitations in terms of portability of healthcare and pensions, a growing body of literature stresses that state policies need to be re-designed to recognize the transnational nature of place and cultures of ageing and acknowledge that discontinuity of place over the course of life is increasingly prevalent and can in fact be beneficial for older migrants (Ciobanu et al., 2020; Johansson et al., 2013).

## DIRECTIONS FOR FUTURE RESEARCH

While there are many worthwhile questions and topics currently being explored by scholars of ageing and migration, critical engagement with the concept of ageing in place highlights *spatialized*, *materialized*, and *relational* understandings of ageing. This final section focuses, therefore, on three emerging themes that are productive in locating transnational cultures of ageing in place with such understandings at their heart: (1) age-friendly cities; (2) embodiment; and (3) home.

Firstly, then, *age-friendly cities* are cities that promote possibilities for residents’ improved well-being in later life. Researchers argue that the design and accessibility of both hard and

soft infrastructures (e.g. housing and social participation) need to be considered in relation to ageing and to ageing migrants more specifically (Lewis and Buffel, 2020). The focus on the urban as a site of ageing emerges from more general discussions of ageing-friendly communities, since two thirds of the world's population are projected to live in cities by 2030 and one in four of these residents, at least in higher income countries, is expected to be over 60 years of age (Buffel et al., 2012; Phillipson and Grenier, 2021). Age-friendly cities aim to enable older people to actively participate in activities in multiple arenas – social, cultural, spiritual and religious, economic and civic (Buffel et al., 2012) – reducing their social and spatial isolation, but the way in which older migrants have access to and engage with communal and public spaces (such as parks and libraries) is little understood. Neville et al. (2018) found only ten empirical studies of the negotiation of ageing and social inclusion that focus on the experiences of migrants, but observed a collective theme of minority groups feeling excluded from their communities as a result of language and cultural barriers. It appears that the majority of studies of age-friendly cities do not adequately reflect the diversity of older people and their differentiated relations with place (Van Hees et al., 2021), so more attention on how, for example, race, religion, language and transnational attachments may shape the later life of migrants should be part of a broader agenda to understand ageing in urban neighbourhoods increasingly transformed by globalization, deindustrialization, and gentrification (Phillipson and Grenier, 2021).

Older migrants are among those with the lowest incomes, often living in poverty and spatially located in the most economically deprived and marginalized urban neighbourhoods (Scharf et al., 2002). In Guangzhou, China, for example, significant numbers of those ageing in place have migrated to support their low-income adult children who have long and irregular working hours and are concentrated in low-rent neighbourhoods (Zhou et al., 2015); while older Alevi/Kurdish refugees are among the most marginalized, socially isolated, and educationally and linguistically disadvantaged residents in Turkish migrant communities in London (Oglak and Hussein, 2016). Meanwhile, rural-urban migrants in Nairobi (as elsewhere) often dwell in slums, so may find themselves navigating ageing in communities where extremes of overcrowding, poverty and violence are part of everyday life (Aboderin et al., 2017). As such, embedded and comparative analyses of ageing in place are vital to secure welfare improvements that recognize multiple identifications and ongoing transnational practices, as well as concerns about the racialization of migrants in public space. For example, Internet connectivity has huge importance for those participating in transnational family life and healthcare institutions and homecare services need to be culturally sensitive (Torres, 2006; McGarry and Morris, 2011). Hostile environments, religious and racialized difference and related discrimination constitute significant obstacles to an ideal experience of ageing in place (Lewis and Buffel, 2020). There is much to gain by a wider engagement of migration scholars with the concept of age-friendly cities, especially as these are increasingly destabilized by 'climate change, austerity, civil wars, and pandemics' (Phillipson and Grenier, 2021: 228; see also Lewis and Buffel, 2020).

The second line of inquiry that is especially helpful is a focus on ageing in place as *embodied*. While in one sense this perspective has been implicitly embedded in migration scholarship due to the attention given to older migrants' identities and subjectivities, it is important to hold in tension a notion of age as a social construct with acknowledgement of the impacts of bodily impairment and ill-health to which people may become more susceptible in later life. Indeed, for Schwanen et al. (2012: 1292) theorizing ageing as embodied also 'takes seriously

how in later life numerous bodily processes – including sensory experience, memorization, recall, sensori-motor mechanisms and bone density – change in complex, nonlinear and not necessarily predictable ways’. The physical and cognitive aspects of ageing are experienced differently, but often shaped by inequalities across the life course. Among migrants, therefore, there will be a wide range of experiences with respect to access to, or marginalization from, healthcare and health-promoting lifestyles.

The middle classes of higher income countries, having enjoyed a relatively privileged income and standard of living, frequently enjoy a long period of active ageing after retirement which may even support lifestyle mobilities. For many of these migrants, it may only be the onset of a ‘fourth age’ or the final stage in their lives that makes ageing in place no longer sustainable due to ill-health, frequently prompting a decision to return to access family-based care, state-provided institutional care, and/or medical care in their own language (Giner-Monfort et al., 2015; Johansson et al., 2013). Spousal ill-health and bereavement may also prompt a reassessment of place of residence, but this does not always lead to return if they themselves remain in adequate health (Oliver, 2008; Sampaio, 2018). In contrast, for many first-generation labour migrants in Europe now ageing in place, poverty and poor working and housing conditions will have increased their susceptibility to ill-health at an earlier age. While the notion of ageing as embodied has been widely adopted across the social sciences, it has not yet received widespread attention in relation to these migrants and has much to offer in terms of understanding how they age in place. More specifically, ‘conceptions of embodiment that foreground both biological/physiological and social/cultural aspects’ are needed to engage with ageing and space as co-produced (Schwanen et al., 2012: 1293). Such perspectives have the potential to highlight not only the changing body in later life, but also the emotional and affective dimensions of ageing in place (Skinner et al., 2015; Oliver, 2016; Sampaio et al., 2018).

Finally, the conceptual lens of home also seems especially productive in efforts to further critical understanding of ageing in place. Skinner et al. (2015) exploring the geographies of ageing call for engagement with ‘home’ as part of a broader orientation towards place, not least because home can become a site of healthcare provision in later life, including for (and sometimes by) migrants. However, the significance of home for understanding ageing may be further emphasized for migrants. *Multi-scalar* notions of home are helpful, since this more critical understanding of the *simultaneity*, *multiplicity* and *relationality* of home encompasses residential dwelling, neighbourhood, city/settlement, nation and diaspora (Blunt and Dowling, 2006).

Furthermore, while migration brings home into question more generally, existing research reveals the meaning of home for migrants is often reconfigured *in later life* (Walsh and Näre, 2016). As migrants adapt to retirement and to the challenges of older age, such as illness, impairment, and bereavement, home making may become highly reflexive, ambivalent and marked by fluidity (e.g. Buffel, 2017; Hunter, 2016; Walsh, 2018; Zontini, 2015). Some of the creativity, complexity and negotiation necessary in navigating ageing in place is evident, for example, in Seo and Mazumdar’s (2011) study of Korean Americans who embrace the independent living so significant in US cultures of ageing, while also shaping the materialities of their apartments to convey idealized notions – especially in relation to the threshold and hearth – of traditional Korean homes.

The right to a suitable home in terms of housing is also one of the foundational aspects of ageing in place. Appropriate and affordable housing enables stability and better-quality home

care support, the preferred option of care for most older adults (Li, 2013; Wiles et al., 2012). Quality of housing and surrounding areas have been revealed as key constituents of life satisfaction among older individuals (Gilleard et al., 2007; Wiles et al., 2012). Like the focus on age-friendly cities and embodiment then, critical debates on home highlight ageing in place as spatially uneven and shaped by inequalities.

Continued engagements with ageing in place will be central to scholarship seeking to understand ageing, but place must be re-conceptualized within this framework to factor in international migration and the consequent transnational and diasporic attachments that older migrants may hold (see also Andrews and Phillips, 2005; Johansson et al., 2013; Wiles et al., 2012). ‘There is no “one-model-fits-all” answer to the question, “What is the ideal place to grow older?”’ (Wiles et al., 2012: 365). Moreover, ageing in place is recognized as an intricate ‘embodied and culturally informed experience of location that is shaped by social interactions that can be face-to-face or mediated, local or distant’ (Baldassar et al., 2017: 6). Research agendas and policy work will need to move beyond static views of place in understanding and conceptualizing ageing in place, and the three complementary debates outlined here – age-friendly cities, ageing as embodied, and the meaning of home in older age – provide highly productive starting points from which to embark on these efforts.

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