ABSTRACT

The experiences of ageing for today’s older people present a striking contrast to those of the past. They are entering older age in a world that is characterised by complex mobilities and flows, in which large numbers of people are ageing in countries other than those in which they were born and often at a distance from their closest family members. At the same time, new media are providing unprecedented opportunities to bring distant places and people together in new ways. These dramatic shifts are transforming the context within which older people provide and receive care. In this paper, we argue that it has become both necessary and urgent for researchers and practitioners of ageing to reconsider their emphasis on the proximate care networks of older people, by incorporating closer attention to the increasingly global, transnational and virtual contexts within which ageing and aged care now routinely takes place.

KEY WORDS: ageing, aged care, migration, transnational families, parent migration, new media

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Ageing, migration and new media: The significance of transnational care
Raelene Wilding and Loretta Baldassar

Abstract

The experiences of ageing for today’s older people present a striking contrast to those of the past. They are entering older age in a world that is characterised by complex mobilities and flows, in which large numbers of people are ageing in countries other than those in which they were born and often at a distance from their closest family members. At the same time, new media are providing unprecedented opportunities to bring distant places and people together in new ways. These dramatic shifts are transforming the context within which older people provide and receive care. In this paper, we argue that it has become both necessary and urgent for researchers and practitioners of ageing to reconsider their emphasis on the proximate care networks of older people, by expanding their attention to incorporate greater acknowledgement of the increasingly global, transnational and virtual contexts within which ageing and aged care now routinely takes place.

Key words: ageing, aged care, migration, transnational families, virtual networks, digital technology

Introduction

When scholars refer to the phenomenon of global ageing, they are typically referring to the increasing median age of the population in specific nations around the world (e.g. Zimmer and McDaniel 2013). This is an important issue, raising a number of challenges and concerns about the capacities of nations and families to meet the needs of aged care (e.g. Bengston et al 2003). However, there is a continuing tendency to overlook another form of global ageing that is occurring simultaneously, and with equally transformative effects. In what follows, we
outline the quiet revolution in ageing that has been occurring in recent decades as a result of the increased prevalence of migration and mobility, as well as the growing ubiquity of new media and communication technologies. We discuss research from Australia and around the world that demonstrates how older people’s lives and care networks are becoming dispersed across national and cultural borders. However, there is a continuing tendency to assume that these transformations are marginal, having little relevance to both global and national aged care agendas. We aim to challenge that assumption, by identifying the ways in which migration and new media, and the resulting processes of distant and virtual forms of care, are transforming the lives of older people whether or not they themselves migrate.

We begin by outlining the various ways in which migration is producing new categories of older people with unique experiences, challenges and opportunities. We then discuss the implications of migration and mobility for the care of older people, with particular attention to issues of disrupted care networks and the barriers to culturally preferred care. Finally, we explore the ways in which new media are providing opportunities for care to be provided across linguistic, cultural and national borders as well as distance. On the basis of this discussion, we conclude by arguing that greater attention to the intersections of ageing, migration, care and media is essential in order to better understand and facilitate the potential of non-proximate networks of care and support, which remain an untapped resource for addressing the challenges of aged care in the context of global population ageing.

Ageing and Migration

The so-called ‘age of migration’ (Castles et al 2013) is characterised not only by increased frequency, but also by increased complexity of migrant origins, pathways, destinations and identities. It is also an era characterised by transnationalism, in which migrants and their non-
migrant kin sustain complex, multilayered relationships across distance and borders (Baldassar et al 2007). It is only recently that scholars have begun to pay attention to the implications of these transformations for older people (e.g. Baldassar et al 2017). However, there are at least three different categories of older people whose lives are shaped by migration: ‘ageing migrants’, ‘migrant elderly’ and the ‘left-behind elderly’.

**Ageing migrants**, people who left their homelands as younger adults and are now ageing in host country settings, are a significant feature of Australia’s ageing population. The substantial waves of post-war migrants who arrived in the 1950s and 1960s are now amongst the most rapidly ageing populations in Australia. For example, while 10.7% of the Australian-born population are aged 65 and over, 57% of the Italy-born and 27% of the England-born are aged 65 and over (ABS 2012). Population ageing is particularly acute amongst the Italy-born. Despite the significant numbers of temporary migrant arrivals, the lack of continuing migration from Italy to Australia in recent decades has seen an increase in the median age of Italian-born Australians from 58 to 69 years between 1996 and 2014 (DIBP 2015).

**Migrant elderly** are distinct from ageing migrants in that they relocate at a later stage in their lives, either after or near retirement age. Some migrant elderly leave as retirement migrants, preferring to access cheaper and more desirable lifestyles in developing countries such as Thailand (Botterill 2016). Others migrate in order to reunite with family members who have already migrated elsewhere. In Australia, most migrant elderly enter on short-term tourist visas that enable them to spend time with their children and grandchildren on a regular basis, while maintaining their own homes in the home country. A much smaller number enter on one of the Aged Parent Migrant Visas (subclasses 804, 864 and 884). Although subject to stringent age, health, character and income requirements as well as a balance of family test, the waiting list for Aged Parent Migrant Visas remains high at approximately 80,000 (DIAC
2013; DIBP 2016). Only 8675 visas were granted in 2015-16, most from China, the UK, India and Vietnam (DIBP 2016). A 2016 Productivity Commission Report has resulted in the introduction of a new long-term visitor visa for parents, which may eventually replace the parent migration scheme altogether (Askola 2016).

In contrast to ageing migrants and migrant elderly, the *left-behind elderly* are characterised by their own lack of migration. They include older people who have not migrated themselves, and have no intention of migrating, but whose lives have been impacted by the migration of others, such as their children, grandchildren, siblings and friends (e.g. King and Vullnetari 2006). Australian research on this group is almost non-existent, although Hugo (2009) confirms that increasing population mobility has left many older Australians affected by the outmigration of younger adults in their informal care networks to other towns, cities or nations. In the UK, studies have revealed that a growing number of older people have no close relative living nearby who can be relied upon for support (Chambers 2012). Similarly, the United Nations (2002) have identified older people in rural areas as particularly vulnerable to the ‘exodus of young adults’ who are migrating to distant cities and overseas.

**Migration and aged care**

The United Nations (2002) report highlights that, when attention is paid to the intersections of migration and ageing, it is usually in order to point out the negative impact of migration on the care of older people. The left-behind elderly are considered at particular risk of being left without access to care and support, especially in nations that are experiencing high migration rates and that rely heavily on traditional familial forms of care and support, such as China, Thailand and India (Knodel et al 2010). Ageing migrants and migrant elderly are also frequently identified as vulnerable. In Australia, for example, growing awareness of the
ageing migrant population first emerged in the 1990s, when concerns were raised that ageing migrants could not access culturally appropriate or desirable care (e.g. MacKinnon 1998). Several factors contribute to this situation, including policies from both the past and the present.

One key factor is that the assimilationist policies of the 1950s continue to impact the capacity to access care into the present day. Women migrants, in particular, had few opportunities to learn English in the past, which limits their capacity to communicate their health needs effectively in the present. At the same time, post-war migrants were not encouraged to teach their Australian-born children their own languages and dialects, in the fear that this might halt their assimilation into Australian society. As a consequence, their children often did not have sufficient language skills to translate complex health information for them (MacKinnon 1998). Relatedly, ageing migrants often revert back to dialects that are not understood by their children. In addition to lack of capacity to communicate care needs, some ageing migrants have a lack of desire to express their needs (Cosmini-Rose 2015). Many prefer not to seek formal care in case it brings shame and reputational damage to their family. As a result, overseas-born elderly often present with more advanced symptoms and in poorer health than Anglo elderly (Stanley et al 2012).

Meanwhile, changes in migration flows and the rapid population ageing of certain migrant groups, such as the post-war Italians and Greeks in Australia, has resulted in these cultural and language groups not being well represented among care workers, who tend to come from new and emerging migrant groups including South East Asia and Africa (Fine and Mitchell 2007). This said, a number of ethnic communities, established as part of the shift to multiculturalism in the 1970s, have responded to the needs of ageing migrants by creating ethno-specific aged care services and facilities, which appear to have more positive outcomes for the health and wellbeing of older people (Stanley et al 2012).
Migrant elderly are at risk of similar problems to ageing migrants. Those who migrate to join family and provide care to grandchildren might be reluctant to seek care for themselves because of the stigma associated with seeking assistance outside of the family, or lack the language skills to communicate their needs. This is often compounded by their relatively precarious visa situation. Those who are travelling on tourist visas face high costs for health insurance and health care services and are at risk of deportation if they become seriously ill (Baldassar et al 2007; Baldassar 2014). For retirement migrants, the situation can be even more complex. Hall and Hardill’s (2016) study of UK retirement migrants living in Spain indicates that many migrant elderly relocate while in their ‘third age’, when they are healthy, active and require minimal or no care. In such circumstances, migrating to an economy in which their income is able to purchase a better lifestyle is highly desirable. However, their migration can create problems when they enter the ‘fourth age’, particularly if they require significant care (see also Botterill 2016). Like ageing migrants, they can face language barriers in communicating their needs. Some encounter problems in finding aged care services that fit their cultural norms and preferences. Another critical issue is that, in some cases, their income has diminished by this stage so that it is no longer adequate to pay for the healthcare services they need in the host country. Meanwhile, extended residence in a foreign country often results in the forfeiting of their rights to access healthcare and pensions in their own country of origin.

While access to formal care services is important, a focus on this issue alone risks representing older people and ageing as necessarily burdensome. Indeed, the vast majority of older people remain not only independent but also valuable contributors of informal support to their families (Borowski et al 2007). This is also the case for families that have become dispersed by international migration (Baldassar et al 2007). Litwak and Kulis (1987) demonstrated decades ago that proximity is no longer necessary for the exchange of informal
support within families. Now, a growing number of studies are documenting the range and scale of informal care and support being provided across distance and national borders. These include, for example, grandparents travelling from China to Canada to care for grandchildren to help the parents sustain long working hours and support the cultural and language skills of the children (Neysmith and Zhou 2013). It also includes migrant adult children who continue to organise their home and working lives in order to be able to return to care for ageing parents in the home country at short notice (Wilding and Baldassar 2009), or who send remittances to their ageing parents to supplement inadequate pensions (King and Vullnetari 2006).

The exchange of informal support across distance and borders needs to be considered in addition to that which is exchanged within proximate social networks. As Kreager (2006: 39) argues, ‘the process by which people interpret past events shapes the meaning of current events and relationships with family members and others in the community; these, in turn, condition the kinds and levels of support that are available’. Migration is a significant event in the family biography, which transforms both the perceptions and the practices of expectations and obligations to provide care and support (Baldassar et al 2007). In some cases, migration is recognised as a family strategy for survival, in which case ageing parents support their children by encouraging them to migrate in pursuit of better opportunities, even when this causes them loneliness, worry and emotional pain (King and Vullnetari 2006). However, there is a concern that, by moving away, the adult child is reducing the opportunities for parent and child to practice the ‘infrequent and quotidian exchanges of all kinds [that] manifest the solidarity and respective roles of the family members’ (Kreager 2006: 50). By removing the everyday opportunities to participate in a system of generalized reciprocity, older people are potentially losing the opportunity to negotiate anticipated or actual experiences of dependence in later life without losing self-respect. One important
mitigator of this risk is the capacity to remain in touch with distant kin, which remains demonstrably important to both the social status and perceived wellbeing of older people (Guo et al 2009). In some cases, visits can be effective in filling this gap. However, factors such as visa restrictions, age-related immobilities and lack of affordable travel options mean that many families often also rely on virtual connections to create the necessary copresence to support their sense of familyhood (Baldassar et al 2017).

ageing, migration and new media

The image of the ‘left-behind’ elderly abandoned by their migrant kin is becoming increasingly anachronistic. New communication technologies have long been transforming the migrant experience from one of disruption to one of ongoing intimacy across distance (Wilding 2006). More recently, the emergence of new media, including social media platforms and smartphones, are producing what has been called a ‘polymedia environment’, defined by Mirca Madianou and Daniel Miller (2012: 8) as ‘the new emerging environment of proliferating communicative opportunities’. What distinguishes the polymedia environment from previous communicative landscapes is that the sheer range and volume of opportunities to communicate means that affordability and availability are becoming less significant in determining how and how often people communicate. Rather, different tools and platforms are used because of the expressive affordances that they offer and the moral messages that they communicate. This better enables families who live at a distance to sustain complex, multilayered relationships of exchange and interaction over time. A combination of text messages, video calls, voice calls, social media posts or likes, digital photographs and videos can be mobilised to construct unique communicative environments and practices that meet the needs and desires of particular relationships. For example, an ageing grandmother might choose to text her grandchildren to wish them luck on an
upcoming exam, but prefer to talk at length with her daughter on a video call a few times a week.

It is not only non-migrant elderly who are able to benefit from the affordances of new media. Ageing migrants and migrant elderly, too, are able to use new digital tools to keep in touch with kin and friends dispersed elsewhere around the world. In addition, new media have the potential to address some of the serious concerns about language problems that limited access to healthcare only 20 years ago. For example, many healthcare services are now able to provide telephone interpreters, improving not only the communication options of culturally diverse older people, but also their potential to maintain privacy (Phillips 2013). For others, internet-based resources from their home countries can provide useful insights into medical conditions or healthcare options in their preferred language, which can then be discussed with local care providers. New media are also an important tool to facilitate belonging, nostalgia and identity for older migrants, including by connecting them to news, imagery and cultural products from the homeland.

While new media have the potential to improve the lives, social networks and informal support of the elderly, it is also clear that many older people remain unable or unwilling to access online resources. This is clear in the statistics for digital literacy and access, which indicate particularly acute gaps among those aged 65 or older. In 2014-15, for example, 86% of Australian households were accessing the internet at home. However, this was highly variable by age, with 99% of Australians aged 15-17 years accessing the internet for personal use, compared to only 51% of those aged 65+ (ABS 2016). This highlights the critical equity challenge of digital citizenship given the crucial role that the internet now plays in providing access to services, particularly when many government departments and service providers are moving to online platforms.
In response, some aged care service providers are becoming increasingly active in providing opportunities for ageing migrants to access digital media tools. For example, the Umbrella Internet Café brings older people together twice a week to use the internet in a supportive environment, while social enterprises like the BeFriend’s eFriend initiative and Lively’s Tea, Tech and Tales, provide a one-on-one service to support older people in developing their digital literacy skills (http://www.umbrellacommunitycare.com.au/; http://befriend.org.au/; http://www.lively.org.au/for-older/tech-help/). Some clients have used this as an opportunity to reconnect with their countries of birth, by exploring their old neighbourhoods on Google Earth or reconnecting with old friends and distant family on Facebook and Skype (Millard et al 2018). Given the rapid pace at which many government services are provided online, such initiatives are likely to become increasingly important into the future for migrants and non-migrants alike.

A new agenda of Global ageing: the role of distant support networks

When attention is paid to the phenomenon of global ageing, it is typically the increasing median age of the population that is assumed to be of greatest concern, posing as it does a number of challenges for meeting aged care needs around the world. Our aim is to draw greater attention to another dimension of global ageing: the fact that informal care and support involving older people is increasingly conducted on a global stage, and across national borders. These experiences of ‘distant care’ have two key features. First, diverse groups of older people are increasingly enmeshed in the transnational circulation of care (Baldassar and Merla 2014). For ageing migrants, ongoing responsibilities to kin in the home country involve them in travel and communications that support transnational familyhood. Migrant elderly use travel as a means of following their migrant kin to provide care, or to access cheaper lifestyles and care options in overseas destinations. So-called ‘left-behind’
elderly are drawn into transnational networks of care in spite of their own decision to remain living in their home country. Yet, the capacity for each of these groups to contribute and receive informal care is impeded by lack of access to affordable communication technologies, as well as migration policy agendas that typically perceive elderly migrants as a care burden rather than a care resource.

Second, global ageing is characterised by the increasing significance of digital communications and online platforms. Ageing migrants are now able to reconnect to their original homelands via a range of digital tools even after their capacity to physically travel becomes limited. Migrant elderly are better able to negotiate the demands of visa applications if they are skilled online users, not to mention the increasing digitisation of health care information and provision in general (including the recently launched Australian Government My Aged Care online portal). They also benefit from the capacity to remain connected with their support networks in both their home country and their child’s migrant destination country over a range of digital platforms while travelling between these locations. There is also evidence that left-behind elderly suffer most when communication technology infrastructure is unavailable (He and Ye 2014). When a polymedia environment is enabled through the combination of telephones, computers and tablets, the informal exchange of care and support is able to continue, albeit in novel ways. New media provide important alternative forms of co-presence that facilitate the exchange of support across distance (Baldassar et al 2016).

Mobility and long-distance communication are increasingly common features of everyday life, including for older people. There is thus an urgent need for research and policies that acknowledge the role of informal support networks that are not local or proximate, but which, with access to new media and travel opportunities, are able to continue to participate in emotional and other exchanges of support that span national borders. An important element
of this awareness is the need for digital literacy and access to be recognised as a major equity issue for the elderly, not least because the provision of aged care information and services is increasingly delivered on-line.

Uneven access to the internet across the country means that older people in rural and regional contexts struggle to take advantage of care and support from their family and friends in Australia, let alone those living in other countries. There is also a need for aged care services to pay more attention to the potential for digital communications via smartphones, tablets and personal computers to combat the problems of social isolation, loneliness, boredom and lack of access to information. New media can provide forms of meaningful engagement between care givers and care receivers, both paid and unpaid/formal and informal, through resources such as music, film, games and information available in many languages, but its application requires training of both care givers and receivers (Millard et al 2018). Ensuring attention to digital communications across the lifespan has the potential to reduce the digital divide, and provide new opportunities for older people to participate in more social activities, more often. It may also enable Australia to better benefit from the potential to expand service provision across larger distances at reduced costs through e-health and similar initiatives.

Australia is by no means unique in its lack of attention to the global dimensions of ageing. For example, the recent WHO (2015) report on Ageing and Health, which calls for fundamental shifts in how we think about ageing and is otherwise comprehensive, fails to acknowledge the implications of migration, mobilities or digital citizenship in that transformation. Not all older people live their lives within the constraints of one local or national government context. Yet, there is a global lack of attention to both migration and communication technologies as central features of aged care experiences and practices. This is particularly surprising in relation to the issues of social isolation and informal care of older people, given the potential for new media to support these activities particularly well across
distances. Communication technologies have the potential to offer transnational solutions to loneliness, and informal care does not need to be proximate in order to be effective. Experiences of ageing and aged care are already being transformed by migration and new communication technologies. There is now a clear and urgent need for researchers, policy makers and practitioners to recognise the role of distant and transnational, as well as proximate, sources of care and support for older people, in order to better reflect that transformation.

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References


