Aged care services as facilitators of delayed inclusion – An analysis of institutional discourses on service provision for older migrants in Germany

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Abstract

Background: Migration within and to Europe in the past decades has led to a growing diversity and a rising proportion of migrants in the older population. Germany has encouraged labour migration since the 1960s and many migrants who arrived for work in the past decades decided to stay and are now growing old in Germany. Health and social care institutions intend to acknowledge this change and adapt to the cultural diversity in aged care. This process can also be observed in the city of Munich, which is characterised by a high percentage of citizens with a migration background and an increasing population of older migrants.

Methods: This study examines discourses on older migrants and their access to health and social care in Germany, associated challenges and proposed solutions. Problem-centred interviews were carried out with 18 professionals from public, welfare and charity organisations who develop, organise or provide aged care services for older migrants. The analysis examines the narratives of migrant representations, constructions of healthy aging and phenomenal structures of services provision following the sociology of knowledge approach to discourse (SKAD) research programme.

Results: The discourses on older migrants in public and social care institutions demonstrate how being defined as a migrant is related to cultural, socioeconomic and language difference and particularly stresses the structural challenges labour migrants experienced throughout and after employment. Thus, improving accessibility to health and social care is presented as a public responsibility, which aims to recognise the increasing diversity in older age and to create low threshold access to these services.

Conclusions: Recognising the increasing diversity in older age by implementing diversity sensitive frameworks and improving accessibility to health and social care services could provide an opportunity for (delayed) inclusion in public services for older migrants.

Background

Building on the United Nation's Sustainable Development Goals, one of the guiding principles of the Decade of Healthy Ageing 2020–2030 is the objective to leave no one behind by building structures and services that address marginalised members of society [1]. The principle of leaving no one behind is an opportunity to consider inequality and inequity in ageing and to explore the role of health and social care services to address these inequalities. Thus, the current Decade of Healthy Ageing is a stimulus to improve ageing environments for older migrants who on average experience limited or insufficient access to health and social care services in European countries [2–4]. Research has shown that older migrants in Europe [2, 3, 5, 6] and Germany [4, 7–9] experience limited accessibility health and social care services. In particular, first-generation labour migrants, who arrived as former guest workers and received inadequate integration services and experienced discrimination during their time in Germany, are not adequately reached [7, 9, 10]. To ensure that services can be accessed by all older migrants, policymakers and social care organisations recognise that both culturally sensitive and diversity approaches are necessary to
improve health and social care for older migrants [11, 12]. However, both approaches are broadly defined and especially initiatives of ‘intercultural openness’ of aged care in Germany have been critiqued to be largely underdefined without a clear theoretical framework [13, 14].

This study uses interview data to explore institutional discourses on identifying ageing migrants, how their representation is related to service provision, strategies to improve access and recommendations for actions in the health and social care sector in Germany. While the interviews were conducted with professionals in the social care sector, the discourses are closely linked to health care and to creating opportunities for healthy ageing for older migrants. The analysis focuses on current challenges and areas of action in social care for older migrants and examines the discursive construction of these statements regarding problem interpretations, causal relationships, proposed solutions and responsibilities from a sociology of knowledge perspective. Furthermore, this paper explores how institutional concepts to acknowledge cultural competency and social inequity, such as intercultural openness and diversity frameworks, help to improve access to care services for migrants.

Older migrants in Germany

The term “older migrants” refers to a diverse population that migrated internationally and is now ageing or spending older age for a prolonged period in the receiving country. In academic and public discourses, the focus on older age is not a strict age-specific description but often refers to people aged 65 or over, pensioners or people who start to experience increased age-associated health issues. In Germany in 2021, 13.5% of people 65 years and over had a migration background, of which most (87.9%) are first-generation migrants [15]. The majority of older migrants in Germany moved from European or other Mediterranean countries. Some are ethnic German resettlers, who fled or were forced to move to the former Soviet Union during the Second World War and who have been returning from Central and Eastern European states to Germany since the 1950s [16]. Many resettlers returned in the 1990s and are now growing old in Germany. Other migrants arrived due to labour agreements from 1956 to 1973 with Italy, Spain, Greece, Turkey, Morocco, Portugal, Tunisia, former Yugoslavia and South Korea with subsequent family reunification migration until the 1980s [10, 16]. In addition, labour migrants from other Western and Eastern European countries, especially since the 2004 enlargement of the European Union, constitute a minority of older migrants [16]. Migrants from other continents are still younger on average. For example in 2021, only 3% of those from African or Asian countries living in Germany were older than 65 years [17]. The percentage of older migrants among the population above 65 has been rising in the last decade and is expected to further increase in the future [18]. It can be expected that this change will also lead to a greater diversity of countries of origin among older migrants.

Older migrants and healthcare

Many migrants who moved for work, notably former guest workers, experienced socioeconomic challenges in Germany due to employment in low-paid jobs, shorter time in formal employment and low pensions [16]. In addition, integration programmes shortly after arriving, such as language courses, were
limited or lacking as the assumption was that migrants would temporarily work in Germany and eventually return to their country of birth [4]. This exclusion in connection with common essentialist and static understandings of culture in Germany also resulted in marginalisation and discrimination of migrants, which further hindered access to public services [4]. Once Germany started to identify as a country of immigration, integration became more prominent in the political discourse, with the expectation that migrants assimilate and integrate into German organisations [4]. Socioeconomic disadvantages, past manual labour or hazardous employment and social exclusion also affect wellbeing and health in older age. Thus, older migrants experience more health risks in older age, such as poor self-rated health, problems with activities of daily living, and higher rates of depression compared to the non-migrant older population [19–22]. In Germany, research has shown that migrants, 50 years and older, worry more than the German-born population about their health [16]. Furthermore, access, quality and usage of health care and rehabilitation services for older migrants are unsatisfactory compared to the non-migrant ageing population [8, 22]. For both health and social care, language barriers are identified as key aspects that obstruct access to services in European countries [3, 6]. Overall, socioeconomic disadvantages in combination with discrimination and social exclusion negatively impact the health of older migrants in Germany.

Access to social care services for older migrants

This research explores discourses on service provision for migrants and how access and quality of services could improve older migrants’ opportunities for healthy ageing. Primarily, this study looks at services for older citizens, such as old-age support (Altenhilfe), residential care, (psychosocial) counselling, social work or health promotion services offered by public, private, voluntary or welfare organisations (Wohlfahrtsverbände). Some of these services are closely linked with or aim to provide better access into the healthcare sector. Research from Austria, Germany and the Netherlands has shown that access to social care services is often inadequate for older migrant or ethnic minority populations [4, 6, 7, 23–25]. In Germany, a study from 1995 demonstrated that older migrants have less knowledge about care facilities, outpatient care, or residential and nursing care homes, use these less often and are less inclined to use them than the non-migrant population [9]. Limited literacy about the service sector due to language and information barriers, social discrimination, foreign citizenship and lack of political participation, mistrust of services and othering of migrants are put forward as key reasons for reduced access to participation and access to services in Germany [7, 24] and other immigration countries [23, 25]. Due to these challenges as well as the growing number of older migrants, there has been an increasing focus on initiatives to improve service access.

Various concepts have been introduced to address cultural differences in social care which focus on aspects of dealing with cultural sensitivity, cultural practices and the intersectionality of diversity dimensions [26]. In the German context, different terms have been suggested to move away from services that cater mainly to German(-speaking) clients. The main term is “intercultural openness” (Interkulturelle Öffnung) alongside culturally sensitive or transcultural approaches [12]. Intercultural openness refers to a policy agenda to improve the accessibility and quality of social care services, social work or public
institutions for migrants since the 1990s [27]. The intercultural openness of aged care services presents a 
broad and flexible process that aims to make existing services more accessible by providing multilingual 
information material, networking with migrant communities, training intercultural teams, recognising 
religious diversity and educating staff on cultural competence [13, 27]. The process should incorporate 
recognition and acceptance of difference, taking a self-reflexive position on one's own culture, reflecting 
on the relationship between majority and minority populations and considering the interactions between 
different aspects of life (e.g. gender, generations, age, sexual orientation, physical ability, socioeconomic 
situation) [14]. However, the focus remains on an often essentialised understanding of culture in terms of 
etnic background, religion and language, which emphasises cultural differences between migrants and 
non-migrants [4, 12, 28].

Diversity management or mainstreaming frameworks have been discussed more recently as 
complementary or alternative frameworks in response to the shortcomings of the intercultural openness 
approach in health and social care services [12, 14, 29]. Diversity approaches have a historical basis in 
US social justice movement but have been increasingly linked to an economic opportunistic perspective 
on how to use diversity as a resource to optimise team productivity and quality outcome [29]. Diversity 
strategies consider diversity dimensions, i.e. differences that lead to inequalities and discrimination in 
social contexts, such as race, disability, gender, religion, sexual orientation and age, as well as 
socioeconomic and educational background [29]. These differences are understood as part of diverse 
societies with the expectation that institutional and organisational structures consider these. Thus, the 
diversity perspective aims for inclusive structures. In the context of migration, considering diversity 
dimensions and their interactions presents the opportunity to overcome essentialised categories of 
culture [6]. Accordingly, social inequalities and power asymmetries need to inform understandings of the 
relationship between diversity dimensions to facilitate equal opportunities [14]. Both intercultural and 
diversity frameworks benefit from including an intersectionality perspective that considers the interaction 
and relationship of differences regarding overlapping factors of disadvantage and privilege. While the 
diversity perspective is gaining attention, the emphasis in Germany remains on an intercultural openness 
of services, which involves taking diversity dimensions into account to address the increasing migrant 
population. However, how such a transformation should be implemented remains vague without a 
thoretical framework on the relationship between socioeconomic status, culture and social heterogeneity 
[13, 14]. Despite the critiques of the term, the focus on cultural differences and the lack of theoretical 
derunderpinnings, intercultural openness remains a central idea to improve access for migrants, which poses 
the risk that other concepts such as diversity, intersectionality and inclusion become summarised under 
the buzzword of an intercultural openness of services.

Improving accessibility also includes how the relationship between service providers and potential clients 
is understood. Instead of describing older migrants as hard-to-reach, there has been a shift to 
understanding older migrants as seldom heard [30]. Similarly, in German literature, the importance of 
actively creating relationships and connections with migrants such as outreach approaches in social 
work are put forward instead of waiting for people to come across services [27]. Furthermore, a common 
concept in German social work is to implement "low-threshold" services, which intends to provide
connections between services and possible clients, reach clients where initial contact is lacking and facilitate inclusion in support structures [6]. To summarise, efforts to improve accessibility for migrants aim to create inclusive structures by addressing cultural and ethnic differences and developing contact between providers and clients. Yet, the conceptualisation and the relationships between the concepts remain mostly open and imprecise.

**Methodology**

The discourse perspective is chosen to explore how narratives on healthy ageing for a specific target group are reified on the institutional level and how knowledge on improving accessibility translates to courses of action and practical approaches. Following a sociology of knowledge approach, discourse can be understood as structured practices of communication that create and stabilise the meaning attributions or symbolic orders which produce power effects in social collectives of actors and knowledge policies [31]. Thereby, discourse constructs orderings of knowledge, which translate into behaviour and legitimate course of action. Firstly, this includes how ageing for migrants is understood in practice, i.e. who is defined as a migrant, how ageing is constructed for migrants and what factors influence opportunities for healthy ageing. Secondly, this research explores how services are constructed based on the knowledge surrounding older migrants and how this affects accessibility in practice. Thus, discourse analysis allows for investigating expectations on inclusion, stereotypes and othering around older migrants that influence initiatives to implement and improve culturally sensitive old-age services. The discourse perspective investigates speaker positions and the actors’ responsibilities within the discourse and reflects on narrative structures around migrants, by analysing migrant representations and problematisations at the ageing and migration intersection. The sociology of knowledge approach to discourse offers a research framework that examines knowledge constructions in discourses and interpretations of phenomena. SKAD is influenced by the sociology of knowledge [32], symbolic interactionism and Foucauldian perspectives of power [31]. Thus, this framework offers a lens to how concepts like intercultural openness are understood in practice, how challenges and opportunities for older migrants are constructed and what structures and power relationships exist in the field. Specifically, the focus is on the institutional level looking at how academic, policy and everyday information about older migrants translates into practice in professional settings.

**Setting and sample**

Munich is a diverse and international metropolitan area, with 1.47 million inhabitants from around 190 countries in 2021. Munich has a high proportion of foreigners (28.5%) and of citizens with a migration background (16.6%), which includes first- and second-generation migrants [33]. Most foreigners originate from other European countries, with a high number of migrants from Croatia, Italy, Greece and Austria [34]. According to the city’s estimates, 10.9% of all people over the age of 60, residing in Munich were classified as “Germans with a migration background” and another 19.2% as foreigners [35]. Information about nationality or country of origin for the population over the age of 60 is not available, due to a lack of age-specific data. To address the increasing number of ageing migrants, the city of Munich ran a project on the “intercultural openness of long-term care” from 2014 to 2020. This initiative
introduced culturally sensitive approaches and diversity approaches in aged and long-term care services and created an increased awareness of the rising number of older migrants and their heterogeneity [36]. Munich offers an interesting location to research this process because of the city's unique arrangement of 32 service centres for older people providing municipal social care.

The interviews followed a problem-centred approach [37, 38] using an interview guide with open-ended questions on the following topics: significance of ageing for migrants, forms of support in older age, organisations and networks involved in providing support, social networks, and recommendations for actions. General impressions, highlighted topics and instances not recorded on tape during the interviews were noted in postscripts. The postscripts helped to reflect on the question guide for subsequent interviews and served as a first interpretation. These first interpretations were noted as short memos on core topics of the conversation that were compared later to memos written during the analysis. Fifteen interviews were carried out with 18 professionals (13 women and 5 men) working in aged care services (4), the city or district of Munich (4), welfare organisations (4), health and social care (2) or migrant community organisation (1) between 2019 and 2021. Two interviews took place with more than one person as the interviewees preferred to do the interviews with their colleagues to provide a more comprehensive perspective on older migrants in their respective settings. One interview focused mainly on women, as the interviewees worked for an health, counselling and educational organisation, which offers services specifically for migrant women. Due to the Covid-19 pandemic, some interviews in 2021 took place via video calls online, while the majority were arranged in person. The interviews lasted between 25 and 81 minutes. Almost all participants highlighted that they have been working in this field for several years and about half of the participants referred to their migration background and the role of their migration history in their career. All interviews were conducted in German. The quotes used in the results section were translated into English by the first author.

Analysis

Data analysis was carried out using MAXQDA and handwritten memos. Grounded theory tools such as coding, maximum and minimum contrasting and writing memos served as a first step to discovering theoretical concepts from the data using comparative analysis [39]. As a next step, the analytical concepts of the SKAD framework helped to situate the codes, comments and memos in the discourse context by examining narrative and phenomenal structures [40]. Furthermore, the narrative patterns of older migrants helped to explore how migrants are understood regarding the use and accessibility of services, how knowledge regarding the life course, socioeconomic context and challenges is presented and how these stories lead to a course of action and specifically the need for inclusion in old age. Additionally, the concept of phenomenal structures refers to the manifestation of a phenomenon of interest, which is shaped both by the historical and sociocultural context and the meanings attached to a concrete discourse [40]. The SKAD framework provides a set of questions and patterns that demonstrate how phenomena are explained through causal relations, link to responsibilities, causes of action, values, and self-positioning. The benefit of this concept is to examine how service providers construct their roles, positions of responsibility, and proposed solutions in improving accessibility in aged care.
Findings

Representations of older migrants: service needs, culture and language

The specific needs of first-generation migrants play a central role in the construction of the target group. These representations include additional aspects such as health and socioeconomic situation, language, culture and social exclusion. Instead of limiting services to a specific chronological age, interviewees recommend providing services when old age-related health or social topics (retirement, chronic health issues, financial support for care provision) become relevant. Offering services at an earlier stage, for example around 55 years, is suggested as a preventative strategy as informants point out that migrants frequently experience age-related health issues earlier due to social and employment health risks during their life.

In their descriptions of ageing migrants, informants predominantly described people who they assumed to have a greater need for health and social services and may experience barriers in accessing them. Thus, language difficulties play a central role in descriptions of who are older migrants. For example, a woman working in aged social services responded to the question about who she thinks of when talking about older migrants:

“Well, I don't know but a 70-year-old Austrian woman wouldn't be this classic migrant for me. But I would put it this way: people who have grown up in another country for many years. And also, maybe a little bit, who have – well if it exists it is also very noticeable – a bit of difficulty with the language.” (Interview 13)

This quote demonstrates that language plays a significant role in who is considered a migrant.

In general, interviewees referred to both women and men. Although, language barriers are more often associated with older migrant women, women are also described to participate more frequently in social events and sport and health promotion classes. Furthermore, it was noted that women access social support services more frequently than men, for example to enquire about questions related to their male family members. Thus, they are also accessing services in their family caregiving role.

The cultural similarity is likely another factor why an Austrian migrant is suggested as an example to delineate who is perceived as a real migrant and who is not. Across all interviews, culture plays an essential part and cultural differences are recognised to affect how health care, health behaviour and illness prevention, dying and leisure time are understood. On the one hand, migrants are described to think “totally” or “completely” differently about ageing and care compared to German agers. Specifically, attitudes towards ageing and health/illness were perceived to be strongly affected by cultural background and religion. On the other hand, cultural differences are also perceived as possible to overcome by implementing culturally sensitive services.
“Now, of course, one can also say that older people, who come from a different culture perhaps understand differently the subject of illness or, I don’t know, images of death or dealing with old age. I wouldn’t make it so significant that we’re struggling with it, it exists, of course, the cultures differ, but that’s not such a significant problem now. [...]”

From our experience, 99 percent of the time it’s really the language, so someone can’t say they’re sick. He can’t express himself, he can’t name his medical, physical complaints. That’s the be-all and end-all of the big problem. We have migrants who speak German well and they need much less support and get along much better. So, it’s really mainly about the language.” (Interview 12)

The importance of language is strongly emphasised in this interview, which is also the case in other utterances. As a result, culture is seen as one dimension that defines older migrants, which gains emphasis in combination with language and health issues and how these relate to the quality of life and uptake of services. Thus, older migrants are understood in the context of aged care services, which incorporates how social determinants of health affect ageing and how language and culture relate to literacy in health and social care.

**Structural challenges in older migrant’s life course**

The discourse on older migrants is linked to a narrative of the life course of migrants in relation to the changing integration culture in Germany. Informants describe a shift from short-term perspectives of labour migration, which was held by employers, politics and migrants and led to a lack of integration measures, towards recognising Germany as an immigration country and an increasing awareness of providing inclusive services. One person describes that while previously integration efforts were not common that is now not the case anymore:

“They [the former guest workers] didn’t experience any integration measures at all at the time. So, like compared to the way it is happening today.” (Interview 6)

Despite the increase in intercultural services for migrants, several informants emphasised that there is still a societal expectation that migrants assimilate into German society. Specifically, former guest workers are characterised by a continuous integration effort into a system that is not easily accessible. In the interviews, integration was used synonymously with assimilation and inclusion, which is common in spoken German. When referring to the past, the focus is on older migrants having to integrate into the German system which is described as the migrant’s responsibility. When referring to the future or to an ideal construction of services, interviewees emphasise the responsibility of the institutions to create spaces that acknowledge the diversity of clients by offering diverse food options, religious spaces, interpreters and translations, or various cultural events.

“That when you talk about integration, no matter what age, it’s a - what’s it called – a one-way street thing. The Germans demanded and still demand that the non-Germans integrate.” (Interview 11)
“What I find very exciting is that the generation of migrant workers, who came to Germany, is a generation that had to manage to integrate themselves into the systems in every new phase of life. That means they came here and were simply the first to have to get into this work system. They had children and were the first who somehow had to bring their children to school and had to deal with the education system and with the health [system] / And that is now also the first generation in Germany that has to deal with this health care system, with the care system.” (Interview 9)

As shown by the second quote, guest workers are described to have struggled throughout their lives to access public services which continues into old age and hinders access to health and social care services. The speaker emphasises that public institutions did not respond in time to the population with a migrant background.

Throughout the interviews, socioeconomic factors are presented as causes of social exclusion of older migrants. Informants provide extensive examples of how low pensions and financial insecurity influence housing, food consumption, use of health and social care services including care homes and participating in everyday activities such as meeting for coffee. These risks are particularly associated with the group of former guest workers whose unique challenges are insufficient information on public services, language barriers, health risks because of manual or high-risk employment, financial precarity due to low-paid jobs and a “plurilocality” /“bilocality” or “not feeling at home in Germany”. The short-term perspective of the labour agreements together with limited integration measures, discrimination experiences and socioeconomic challenges are seen as major causes that have led to older migrants and especially former guest workers, feeling like they are not at home in Germany. Staying in Germany is frequently explained by contextual factors, such as better health care, receiving one’s pension and family ties but is seldom described as a personal preference. This situation is either constructed as being between places of feeling at home or as a pluri-/bilocality of people, in particular, if it is possible to regularly travel between the home country and Germany. Overall, this lack of a permanent home is seen as both a major psychological issue and a challenge when accessing health and social care services, when people spend a considerable amount of time abroad. Negative experiences in Germany and language barriers have also led to a mistrust of public institutions and a lack of knowledge of health care and social support structures. The narrative of older migrants and specifically guest workers emphasises social exclusion from public domains throughout their life, which continues to obstruct their access to services in older age.

**Imagining gaps in the representation of older migrants**

Informants noted that stereotypes and assumptions about older migrants exist, which require critical reflection. This includes the expectation that the extended family takes care of family members although family structures are subjected to socioeconomic aspects and sociocultural changes. Instead, informants mentioned that there are gaps of knowledge regarding the needs and wishes of ageing migrants, the extent of social exclusion as well as loneliness and isolation in old age. Interviewees remarked that feeling lonely or isolated with decreased mobility is a severe concern for ageing populations and even more for older migrants:
“The biggest problem is of course the isolated older people, that’s the most difficult one. But of course, it’s a bit more difficult with a migration background or with a history of migration, but ultimately it’s also difficult for people without a migration background. The older ones who live in isolation, i.e. who are not involved in any clubs, who have no connection to counselling services, who do not have a large family network or families who do not have a network, who try to cope with this care situation in isolation by themselves. That’s quite a tough nut, to get to them, and well to just spread the information about services. So yes, I think that would be the most difficult area.” (Interview 9)

This topic of isolation was particularly discussed by service providers who work directly with clients as the issue of loneliness and isolation also poses the question of who is not accessing their services. Because religious communities are described to provide additional support, counselling and a social network, they are viewed as an important source of support. For the informants, the connection to religious communities presents an important opportunity to reach potential clients, which needs to be further strengthened and encouraged by service providers.

Furthermore, the lack of contact was seen as an information gap as there is the assumption that people are missing in the social support structure:

“I think that maybe there are still some who are not cared for, but I can’t prove it, because it could just as well be that they are all already so well integrated that they go to the counselling centres, that they go to the aged care centres. […] Well, I’m personally not sure that the requirements of these older migrants are even partially captured.” (Interview 14)

Isolated individuals are assumed to experience insufficient contact or support. In an interview during the covid-pandemic, one social worker further noted that this issue is now “exacerbated through covid, because so many social contacts in everyday life were no longer possible, which had a massive impact on many and still does.” (Interview 15). Thus, there is a gap in the understanding of older migrants in disadvantaged situations who are not visible and not included in the existing services. Thus, establishing contact would require new ways of reaching out, for example with religious communities, in addition to adjustments to existing services.

**Aged care services as facilitators of inclusion**

According to speakers, migrants have not been sufficiently considered in public spaces, which impedes the accessibility and relevance of these spaces for migrants. Language barriers, lack of information and bureaucracy are mentioned as major challenges regarding the accessibility of services. Among other areas of social interactions, language barriers affect medical diagnoses and treatment, applying for financial social support, accessing leisure time initiatives or receiving care services. Another consequence of language barriers is the lack of information on services available and how to access them. In addition, several of the informants displayed frustration with the bureaucracy of accessing public offices, applying for financial support or organising translators. One person describes going to public offices as trying to enter a “medieval fortress”, which creates a barrier for Germans and migrants alike.
“If we look at these obstacles that are in the system, they have nothing to do with migrants, because the Germans also have difficulties. […] And when they have filled it out themselves, don’t believe that they can go and hand it in and settle or clarify the ambiguities. No, you can’t get in there. The offices are closed. These are fortresses. These are medieval fortresses that you can’t get into, you access them by computer and if you’re lucky by phone, but most migrants can’t communicate on the phone. You must be able to ask questions.” (Interview 5)

Both the language used and the extent of administrative processes present a problem in the system that creates a challenge for all residents but particularly for non-native speakers.

Thus, a common thread throughout the interviews is that the accessibility of services and the inclusion of older migrants in public support structures ought to improve. The objective towards inclusivity is emphasised as the responsibility to improve access to services is placed on service providers. The public system is described as “guilty” or “in debt” to people with a migration background who have paid taxes, social insurance and broadcasting license fees for most of their working lives but had to accept that public educational, cultural, leisure and health care services were catered towards native Germans. In the Munich institutional context, the needs of older migrants are not seen as being incorporated into public services. According to informants old age provides an opportunity to address this shortcoming from earlier in life:

“Just as it is with the broadcasting license fees, as nothing is offered for them or the other things. So, there was no investment anywhere for these people, neither cultural nor health nor for the housing market, although they paid taxes. Not much was invested in any of these areas of the labour market, etc., not even for their children’s children.” (Interview 10)

“And we simply owe it to the older migrants. Well, this society owes them, because they paid into the tax fund, but they never used anything. They’re not in the public swimming pools, they’re not in the gyms, they’re not at any free public events. So, someone just has to show them the way, that in old age you simply have time for it.” (Interview 5)

These shortcomings are discussed and put forward to be addressed by creating new and innovative concepts that consider the needs and wishes of older migrants. Thus, aged care is identified as a responsibility and opportunity for delayed inclusion to address and rectify what has been missed earlier.

Intercultural openness is considered the main process to make services more inclusive. Informants highlight that the perspective of intercultural openness needs to be implemented in all areas from education programmes for nurses to the management structures of institutions. However, these processes are still presented as side or add-on projects that are only occasionally and slowly changing the system. Furthermore, informants noted that the diversity of migrants is likely to increase in the future, due to more recent migration processes and specifically refugee migration from African, Middle Eastern and Central Asian countries. A person working in counselling services proposes that a shift from culturally to diversity-sensitive approaches is necessary to consider individual aspects such as trauma,
sexual orientation or religious beliefs. This is understood as especially important because of the increasing diversity of migrants in the future, which is related to recent refugee immigration to Germany.

“On the one hand, the traumatized people and also their sexual orientation, plus I do think that religion and the religious background play a role, so to speak that it is now not just culturally sensitive, but that it is actually in a broader sense diversity-sensitive, a diversity-sensitive approach would have to be developed. And yes, it would also have to be looked at individually, i.e. what is necessary and necessary for the person so that he or she is understood well, that he or she feels comfortable and that the treatment is then also effective, or the examination.” (Interview 15)

Thus, implementing cultural sensitivity is understood as an ongoing process that continuously requires reflection on other diversity dimensions. Addressing the needs of society, including people with a migration background, means adjusting services accordingly to the demands of both the minority and majority population and adapting services to the population as a continuous process.

**Addressing the gap of people who are not yet reached**

Providing for older migrants poses the question of how to identify people who are not accessing services yet. Providers suggest creating low-threshold initiatives to establish connections and bring services to communities. By connecting with religious groups or local migrant communities, better contact and relationships between older migrants and services could be established.

“And these information events always take or took – now [the project] is coming to an end – place in cooperation, that means sometimes in the mosque after Friday prayers. Where people meet anyway, that means the settings approach was tried to be implemented here. To create a going structure is, in my opinion, extremely important to take into account the settings approach, a going structure, cooperative and participatory structures and to continue them. Because all these stories of people holding separate information events and inviting people to go there, it doesn't work, and everybody knows that.” (Interview 6)

The quote refers to a “going structure”, which is related to outreach approaches in social work. Thus, going or bringing structures refer to actively going into communities to facilitate participation and connections. Improving access to services is understood as a longer, “step-by-step” process that will require adjustment and responding to the needs of disadvantaged migrant groups in the population. Taking this processual perspective and the focus on the life course of migrants and health risks during employment leads to a more preventative approach towards changes in the ageing population in the future.

As Fig. 1 summarises, the findings demonstrate that informants emphasise the need to adapt aged care services to a diverse ageing population as an ongoing process. This process aims to address the cultural diversity and heterogeneity of older migrants and to improve access and connections between services and clients. Thereby, migrants are defined by their language, culture and health, their needs in regard to services as the socioeconomic barriers they experienced. In the discourse expectations exist on both
Discussion

This discourse analysis demonstrates how professionals who develop, organise or provide aged care services understand older migrants in the context of public care services in Munich and how accessibility and inclusion into aged care are constructed as a public responsibility. The discourse centres on labour migrants and their socioeconomic position in Germany throughout their life course, while acknowledging heterogeneity among migrants and the increasing diversity of the ageing population. This focus on the life course perspective on older migrants and their social exclusion in the public sphere shapes theoretical concepts of providing culturally and diversity-sensitive services and emphasises mainstreaming intercultural openness and diversity frameworks in all areas of aged care institutions.

Representation and responsibility in the institutional sphere

The narratives of older migrants in the institutional setting centre on their needs in the service sector and on social determinants that act as barriers to accessing services. Who was identified as a migrant relates to language proficiency, health care literacy and social inclusion. It is not surprising that care providers imagine their potential clients in relation to the accessibility of their services. Similarly, Ciobanu [25] shows that older migrants are associated with a “certain temporality and low socio-economic status” in Switzerland which hinders access to welfare. Furthermore, in the Dutch care context addressing the needs of older migrants is framed as a temporary solution, for example, because of language barriers, but not as a long-term reaction to the increasing diversity in the ageing population [6]. In this study, the main causes of limited accessibility are related to language and bureaucratic barriers, the discrimination and socioeconomic inequities migrants experienced in Germany and their transnational embeddedness between sending and receiving country. For example, circular migration with temporary visits to the sending country reduces the regular contact with service providers and thus requires greater effort to maintain networks with migrants [41]. Transnationalism has been gaining attention in the literature on older migrants in Europe [41, 42], yet there is little implementation of transnational policies in practice, especially in aged care. Thus, Brandhorst and colleagues [4] argue that the increasing cultural diversity and transnational lives in older age need to be addressed by a “migration turn” in aged care, which requires new policy frameworks with transnational social welfare and aged care agreements, such as portability of pension benefits. However, as discussed in the interviews, aged care services are still centred around limited mobility in older age and circular migration is a bureaucratic and organisational challenge for migrants and service providers.

The institutional discourse stresses the public responsibility to ensure inclusivity in aged care services and to acknowledge the heterogeneity of the ageing population. Informants thus felt that public services are in debt to acknowledge the cultural diversity in Germany and to address this diversity by responding with culturally sensitive services. This perspective on being responsible for tax-paying citizens also
provides an alternative to reducing older migrants to vulnerabilities. Reiterating vulnerabilities at the ageing and migration nexus has received continuous critique in the past decades [25, 43]. Instead, the aim should be to arrive at a better understanding of the source of vulnerabilities and inequalities and generate more diverse images of diversity in later life [25, 44]. The consideration of the life course, the emphasis on social exclusion from public services and the prevention perspective on reaching older migrants earlier in life shape the discourse on providing inclusive aged care. This is particularly relevant in Germany as the reproductive lives of migrants, such as education, family and ageing, previously received limited attention under guest worker policies as “migration was considered temporary and linked to labour contracts and the productive sphere” [4]. Informants commented on this insufficiency in policies and argued that aged care should facilitate the opportunity for delayed inclusion in public service by informing ageing migrants of counselling facilities and creating contact, mainstreaming cultural competency in institutions, developing new offers and services for a diverse clientele and reflecting and adjusting bureaucratic structures. The construction of aged care as a form of delayed inclusion – a response to limited accessibility to public spaces earlier in life – also stresses the process to implement accessible structures in public institutions at all phases in life and throughout the life course. Ultimately, informants remarked that health issues, social exclusion and apprehension of public services could at least partially be avoided with better cultural competency in public institutions. This perspective thus emphasises the preventive aspect of taking a life course approach to healthy ageing.

What can be gained from diversity frameworks?

Throughout the interviews implementing cultural or diversity sensitivity is presented as a core task to improve health and social care services. The aim is to implement cultural competency in all areas of institutions in line with the mainstreaming approach by incorporating cultural competency in training, education, organisational structures, counselling and services. Improving accessibility is presented as a long-term process that requires reflecting and adapting existing processes as well as developing new and innovative ideas to recognise the increasing diversity in old age. While intercultural openness remains the leading approach to implementing cultural competency in Germany, diversity management is gaining attention in aged care. The shift towards diversity mainstreaming [6] and the need to recognise the increasing diversity in older age [25] is recognised in other European immigration countries but is less established in German aged care institutions.

Mainstreaming diversity could prove beneficial to implement inclusion throughout institutional policies and structures that accommodate differences related to culture, language, religion, ethnic and socioeconomic background, gender, sexual orientation, mental and physical abilities in the ageing population. Tezcan-Güntekin [12] argues that shifting towards diversity-sensitive care can denote a shift from essentialised and static understandings of culture to intersectional perspectives that consider various forms of difference, their interactions and the associated power relations. Furthermore, taking a diversity perspective disentangles the previous overlap of culture, gender, religion, ethnic background and migration status and provides an alternative for a more nuanced perspective on what leads to limited accessibility of services [25, 44]. Hence, it offers a more detailed perspective on intersections of identity
without reproducing generalised assumptions concerning older migrants’ vulnerability, gender stereotypes or “traditional” cultural preferences, which have been common in the ageing and migration discourse in Germany [28, 42]. Yet, diversity frameworks have been criticised because of the vagueness of the term, which blurs inequalities and thereby may lead to an evasion of speaking about ethnic differences and the inequalities caused by ethnicity and race [6, 44]. Thus, inequities in older age need to be central to an implementation of diversity mainstreaming in aged care to ensure that the causes of inequalities are understood and addressed.

The discourse on ageing and migration in the institutional sphere underlines the responsibility of institutions to align their services to the diverse and multicultural urban population in Munich. This accountability to continuously adapt and improve public institutions is a core aspect of intercultural openness and also needs to inform diversity frameworks to avoid placing the responsibility to access services on the individual [29]. Accessibility in the discourse refers to social (e.g. social work organisations, aged care facilities, counselling services) and health care (e.g. long-term care, rehabilitation, general practitioners) with social care acting as a connection to access the health system. Especially, residential long-term care is one example where both medical attention and social care benefit from a diversity sensitivity approach to address cultural, gender-specific or religious preferences and avoid inadequate care provision [12]. Furthermore, inclusivity in aged care is presented as chance for prevention and health promotion for older migrants by creating access to healthcare and offering physical and social activities. As Fig. 2 visualises, diversity and intersectionality frameworks help to shift the focus from migrant-specific intercultural approaches to develop services that cater to the diversity of clients by taking into account social inequities and cultural competency [45]. Furthermore, in the context of aged care, social work tools such as creating low threshold access and outreach approaches can further help to provide more practical frameworks on how diversity mainstreaming can be implemented. This is especially important as informants acknowledged that information on older migrants is lacking and that they only reach a limited population. Issues such as loneliness and isolation are thus likely to be underestimated among migrants and require more research in the future.

**Limitation**

This research was carried out in Munich, a diverse and multicultural city. The migration history to Munich is particularly shaped by numerous arrivals of former guest workers in the 1950 and 60s. To acknowledge its migration population, the city of Munich supported various intercultural projects in the past years. This historical and demographic context influences how migrants are understood and discussed in Munich institutions. The results are thus specific to the Munich institutional context concerning the public discourse on ageing and migration in Munich. The data collection period of this study began in 2019 and continued during the covid pandemic, which had an effect on the availability of informants and might have affected how the accessibility of migrants was perceived by service providers due to contact restrictions in 2020 and 2021 that also affected the use and availability of aged care services.
Conclusion

The institutional discourse demonstrates the aim to provide an opportunity for (delayed) inclusion in public services for older migrants, which is understood as something owed to migrants. The discourse centres on the socioeconomic disadvantages of labour migrants, the structural and language barriers they experience in Germany and the trend towards increasing diversity in older age. Professionals in aged and social care hence emphasise the need for improved access to health and social care services. Combining diversity frameworks with current initiatives of intercultural openness could provide a fruitful concept to firstly, strengthen cultural competency, bring diversity to the centre of institutions and mainstream diversity-sensitivity and secondly to better understand the causes of social inequities. Focusing on the sources of inequities and intersectionality provides a basis for inclusive services in old age and a better understanding of healthy ageing. Thus, in line with the agenda of the United Nation's Decade of Healthy Ageing facilitating inclusion in aged care can help to address those that have been left behind and support healthy ageing migrant populations.

Abbreviations

SKAD – Sociology of Knowledge Approach to Discourse

Declarations

Ethics approval and consent to participate

The Ethics Committee of the Technical University of Munich waived the need for ethics approval for this interview study (2023-173-W-SR). Informed consent was obtained from all participants. All methods were performed in accordance with the relevant guidelines and regulations following the principles of the Declaration of Helsinki and the standards of good scientific practice.

Consent for publication

Not applicable.

Availability of data and materials

The datasets generated and analysed during the current study are not publicly available due participants not giving consent to share the data publicly, but anonymized data is available from the corresponding author on reasonable request.
Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

AG collected and analysed the data and wrote the manuscript. RW contributed to the analysis and revised the paper.

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Authors' information (optional)

Footnotes

1 In the German context the term migration background is used to refer to migrants. People have a migration background if they or at least one of their parents were not born with German citizenship. In this study, the term “migrants” refers to first-generation migrants who migrated to Germany internationally.

References


Figures

Figure 1

Institutional discourses on the understanding of older migrants and how to adapt services accordingly
Figure 2

Creating inclusive structures for diverse ageing populations