Migration, Family Separation, and the Well-Being of Older Adults: Emerging Challenges and Opportunities for Geriatric Social Work

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ABSTRACT

Migration is increasingly reshaping contemporary family structures and care arrangements. As working-age adults migrate for economic and educational opportunities, many older adults are separated from primary informal care and emotional support networks. This paper examines the extent to which migration-driven family separation affects the well-being of older adults and explores its implications for geriatric social work. Applying the Life Course Perspective across gerontology, migration studies, family sociology, and social work literature, the paper demonstrates how migration is restructuring inter-generational relationships, care-giving practices, as well as later-life experiences while positioning migration-driven family separation as an emerging social determinant of health, which influences access to emotional support, caregiving, social participation, health, and economic security. While remittances and digital communication offer partial mitigation, they cannot adequately replace proximate care. The paper identifies key opportunities for geriatric social work through migration-sensitive assessments, family-centred interventions, community-based services, interdisciplinary collaboration, and rights-based advocacy. Ultimately, responding to transnational families requires shifting from traditional family-dependent care models toward integrated approaches that recognize migration as a structural factor influencing ageing.

Keywords: Migration, family separation, older adults, geriatric social work, Life Course Perspective, caregiving.

INTRODUCTION

Population ageing and international migration represent two of the most significant demographic transformations shaping contemporary societies. By 2050, the global population of older adults (individuals aged 60 years and above) is projected to exceed two billion, with the most rapid growth occurring in low- and middle-income countries (United Nations, 2002; WHO, 2020). At the same time, rising economic inequalities, persistent unemployment, as well as increasing global labour demands has continued to drive the migration of younger adults within and across national borders (Bastia et al., 2022; Rahmanova et al., 2025). These demographic shifts are fundamentally transforming the experience of ageing and the availability of family support for older adults.

Families have traditionally served as the primary source of care and emotional support for older adults, particularly in societies where formal long-term care systems are limited or underdeveloped. Across many countries in the Global South, inter-generational living arrangements and strong cultural expectations of filial responsibility have historically played a central role in caring for older adults (Jahangir et al., 2025). However, the increasing migration of adult children for employment, education, and other socioeconomic opportunities has left many older parents behind with reduced informal support, transforming migration into a structural process that reconfigures family relationships, caregiving arrangements, and intergenerational responsibilities.

Migration is both beneficial and challenging for the well-being of older adults. On one hand, remittances from migrant family members can reduce poverty, improve living standards, and increase access to healthcare services (Mandal & Paul, 2024). On the other hand, financial support cannot fully compensate for the absence of physical presence, daily companionship, and hands-on caregiving that older adults often require as they age (Dakua et al., 2023; Braimah et al., 2024). As a result, older adults who remain separated from their migrant children are more

likely to experience loneliness, depression, social isolation, and unmet caregiving needs than those living within family networks.

Although research on transnational families has expanded considerably in recent years, the implications of migration-driven family separation have received comparatively limited attention within geriatric social work. Much of the existing theoretical and practice guidance has been developed in high-income welfare contexts and provides limited direction for communities where formal systems of social protection and long-term care remain weak (Mackay et al., 2026).

Against this background, this paper argues that migration-driven family separation should be recognized as an emerging social determinant of the well-being of older adults. Drawing on the Life Course Perspective, it synthesizes interdisciplinary evidence to demonstrate how family separation shapes emotional well-being, caregiving, social participation, physical functioning, and economic security across later life. The paper further highlights migration-sensitive, family-centred, and rights-based strategies that can strengthen geriatric social work practice, inform policy development, and guide future research within the context of transnational family systems.

Conceptualising Migration-Driven Family Separation in Later Life

To understand the relationship between migration and ageing, it is very crucial to move beyond demographic patterns, to examine how population mobility reshapes family relationships, caregiving arrangements, and the lived experiences of older adults. Rather than being viewed only as a demographic implications of migration, migration-driven family separation is better understood as a process rooted in relationships that transforms the social environments in which ageing occurs. By definition, migration refers to the movement of individuals either internally or across national borders, due to employment, education, or broader socioeconomic opportunities (Mandal & Paul, 2024). Contemporary migration is mainly characterized by circular and transnational patterns that enable migrants to maintain on-going relationships with their communities of origin (Kuhn et al., 2011). Although these movement patterns often generate economic benefits for families, they can also weaken the local support systems which older adults depend on by reducing locally available family caregivers.

Migration-driven family separation extends beyond geographical distance to include several interrelated dimensions. The Physical dimension involves the separation or absence of family members as a result of migration and the loss of shared residence. The emotional dimension involves the reduction in opportunities for regular face-to-face interaction, companionship, and everyday emotional support. Functionally, it diminishes the availability of help with daily activities, healthcare, and personal care, thereby increasing the vulnerability of older adults left in their communities of origin. When family members live across national borders while continuing to provide care, emotional support, as well as financial resources, they form what is known as transnational families (Bryceson & Vuorela, 2002). Digital communication technologies, and periodic home visits may help sustain these transnational relationships, however, they rarely replace the value of physical presence in situations where an older adult is disabled, or experiencing chronic illness and functional decline (Vullnetari & King, 2008; Mandal & Paul, 2024).

Within gerontology, well-being is recognized as a multifaceted concept that encompasses both physical, psychological, social, economic, and functional dimensions (Dakua et al., 2023; Mandal & Paul, 2024). From this perspective, migration-driven family separation is understood as an emerging social determinant of the well-being of older adults rather than just a private family concern. Broader structural forces, including global labour markets, regional socioeconomic inequalities, and inadequate social protection systems to a large extent, influences a family's capacity to provide care and support for ageing relatives (Bastia et al., 2022; Mackay et al., 2026). As a result, the challenges experienced by older adults left-behind, reflect wider social and policy conditions in addition to family circumstances.

Although migration may improve household income and resources through remittances that enhances housing conditions and access to healthcare (Böhme et al., 2015; Ojijieme et al., 2022; Mandal & Paul, 2024), these economic gains frequently co-exist with major losses in relationships and care-giving support. Understanding

migration-driven family separation as a dynamic structural process therefore provides a more comprehensive foundation for geriatric social work and offers an appropriate framework for applying the Life Course Perspective to clearly understand how migration shapes ageing experience and well-being over time.

This review synthesizes evidence from cross-sectional surveys, longitudinal cohort studies, qualitative interview studies, and integrative reviews, therefore, it is vital to be explicit about where the underlying evidence base is strong, moderate, or thin, rather than treating these sources as interchangeable. The evidence is strongest in China, where multiple longitudinal cohort studies using panel data track the same older adults over time and consistently link offspring migration to declines in nutritional status, healthcare access, and physical functioning (He & Ye, 2014; Liu et al., 2021; Yi et al., 2019). The evidence is moderate in India, where findings primarily rely on cross-sectional surveys that establish robust associations between migration status and poorer mental and physical health outcomes but cannot, by design, rule out reverse causation or unmeasured confounding (Falkingham et al., 2017; Mandal & Paul, 2024; Dakua et al., 2023). Nepal also offers more methodologically rigorous evidence in the field, which includes the population-based comparative study of internal and international migration discussed below (Thapa et al., 2023). By contrast, the evidence for Sub-Saharan Africa remains weak and fragmented, drawn from a small number of studies with limited geographic coverage and an absence of large-scale quantitative data altogether (Braimah et al., 2024; Ojijieme et al., 2022), a gap that later sections of this paper return to as a priority for future research. Recognizing this disparity is vital for the paper's conclusions: claims that generalise confidently across all migrant-sending regions are better supported for East and South Asia than for Sub-Saharan Africa, and the strength of any practice or policy recommendation drawn from this literature should be read accordingly.

The Life Course Perspective as a Lens for Understanding Migration and Ageing

The Life Course Perspective (LCP) understands ageing as a lifelong process shaped by the interaction of individual experiences, family relationships, and broader social contexts (Elder, 1994). As migration continues to reshape care-giving across geographical boundaries, the Life Course Perspective provides a valuable framework for understanding how family separation influences the well-being of older adults through its five core principles namely: the principle of timing in lives, the principle of linked lives, the principle of human agency, the principle of historical time, and the principle of life-span development.

The principle of timing in lives implies that the consequences of migration depend on the particular stage of life of an elderly individual when the separation takes place. While during the time of relatively good health, migration can bring financial benefits via remittances that will help enhance the living conditions, with ageing, parents will need increased assistance due to poor health. That is why the absence of adult children nearby becomes highly problematic, making the consequences of family separation evident (Mandal & Paul, 2024). The principle of linked lives assumes the interdependence of family members at different stages of the life course. Many grandparents start their involvement in the life of their families with assisting their grandchildren (Dohlman et al., 2023), and adult children, in turn, are supposed to assist their parents once they have aged (Jahangir et al., 2025). Migration destroys the natural system of reciprocal relationships as assistance should now be arranged at distance. The principle of human agency recognizes that older adults are not passive recipients of life events but can actively adapt to changing circumstances. Recent evidence indicates that older adults with strong social networks are more likely to experience lower levels of depression and functional decline (Dakua et al., 2023). In addition to that, regular communication with migrant family members can help preserve emotional closeness despite geographical separation (Mandal & Paul, 2024). These findings illustrate how individual resilience and available social resources can buffer the effects of migration-related family separation.

The principle of historical time and place highlights that migration can occur within broader social, economic, and historical contexts, which explains why recent migration patterns to a large extent, is being shaped by globalization, labour market demands, urbanization, and rural depopulation (Bastia et al., 2022; Rahmanova et al., 2025). The impacts of family separation are particularly severe in low- and middle-income countries, where formal systems of long-term care and social protection remain underdeveloped, leaving families as the main source of support for older adults (Mackay et al., 2026). Lastly, the principle of life-span development underscores that experiences accumulated throughout life can influence resilience and well-being in old age. Hence, older adults who have developed strong community relationships and social support networks are less

likely to experience depression and functional decline (Dakua et al., 2023). However, despite the fact that remittances may improve financial security, they cannot fully compensate for the emotional isolation that results from prolonged family separation (Mandal & Paul, 2024). Collectively, the Life Course Perspective shows that migration-driven family separation does not occur in isolation, rather it is a cumulative social process whose effects unfold across the lifespan. This perspective reinforces the need for a family-centred, and migration-sensitive geriatric social work interventions that recognizes the evolving nature of inter-generational relationships and care-giving across time and distance (Elder, 1994).

Dimensions of Older Adults' Well-Being Affected by Family Separation

Family separation which results from migration can affect the well-being of older adults across various interconnected dimensions, including emotional, mental, physical, social, economic, and care-giving aspects. These dimensions are closely related, highlighting the different dimensions of ageing and the central role family relationships play in later life. Emotionally, adult children provide companionship, reassurance, and emotional support in many societies in the Global South. When migration separates families, older adults often experience significant emotional care gaps, accompanied by fears of living alone and uncertainty about who will care for them in the future (Jahangir et al., 2025).

Despite receiving financial support from migrant family members, prolonged separation can lead to loneliness, grief, and emotional distress (Miltiades, 2002; Mandal & Paul, 2024). Although digital communication technologies can facilitate regular contact, but virtual interactions cannot fully replace the comfort that comes from physical presence, particularly during illness or periods of crisis. In line with the Life Course principle of linked lives, emotional well-being is still influenced by the ongoing mutual support from family relationships across geographical distance (Elder, 1994). As a result, loneliness and perceived abandonment should be recognized by geriatric social workers as a structural consequences of migration rather than an inevitable aspects of ageing.

Family separation also has profound implications for mental well-being, as older adults left behind by migrant children have consistently reported higher levels of depression, loneliness, and psychological distress than those whose children live nearby (Antman, 2010; He & Ye, 2014; Mandal & Paul, 2024). This pattern is corroborated based on the most comprehensive synthesis of the evidence to date: an integrative review of twenty-five studies found that older parents left-behind have consistently reported higher depressive symptoms, greater loneliness, lower life satisfaction, and poorer cognitive and psychological health compared to peers who remained with their families, with living arrangements, gender, income, and how often they interact, being identified as key risk factors (Thapa et al., 2018). A subsequent population-based study extends this synthesis by showing that the impact of migration on mental health are not consistent across migration types. Internal migration of adult children was associated with much higher depressive symptoms among left-behind older parents than international migration, an effect that was most prominent among those without internet access (Thapa et al., 2023). This distinction matters for practice, since assessment and intervention approaches aligned with international, migration supported by remittances may not address the different risk profile associated with internal migration. Evidence from South Asia and Southeast Asia further indicates that these adverse mental health outcomes are widespread among transnational families, with older women often experiencing higher vulnerability due to gendered care-giving roles and widowhood (Graham & Jordan, 2011; Dakua et al., 2023). Gender serves as more than a background risk factor here, as it structures both exposure to family separation and the resources available for coping with it. As care-giving and emotional-support roles in many households in the Global South fall disproportionately to women, older mothers are often left with the management of daily life, health needs, a well as care for their grandchild when adult children migrate, while older fathers more often, retain a spouse or other household member as a co-resident support (Graham & Jordan, 2011). Widowhood further intensifies this pattern by removing the spousal support that might otherwise buffer the loss of children who live close by, leaving widowed mothers of migrants among the groups frequently at high risk of depression and social isolation (Dakua et al., 2023). At the same time, gender shapes access to protective resources as women's community and family networks can provide social support that helps reduce isolation, however, women are also more likely to face restricted movement, lower financial independence, as well as weaker bargaining power over the use of remittances, all of which can limit their ability to convert social support into material security (Dakua et al., 2023). Treating gender systematically as a moderating factor, rather than simply

acknowledging its relevance, therefore has direct implications for geriatric social work, in that assessments should routinely capture marital status, prior care-giving role, and control over household resources alongside migration history, since these factors all together determine the vulnerability of an older adult to the mental health consequences resulting from family separation. However, strong social capital can reduce these risks, as older adults with supportive friendships and active community networks tend to report lower levels of depression and slower functional decline (Dakua et al., 2023). These findings underscore the importance of incorporating routine screening for anxiety, loneliness, and social isolation into geriatric assessments while promoting community engagement to strengthen psychological resilience.

Physical well-being is also affected by the absence of family caregivers close by, as migration of adult children has been associated with poorer perceived health status, higher functional limitations in activities of daily living (ADL/IADL), nutritional decline, as well as increased difficulty in managing chronic illnesses or accessing healthcare services (He & Ye, 2014; Falkingham et al., 2017; Liu et al., 2021; Dakua et al., 2023; Mandal & Paul, 2024). At the same time, migration can produce positive health outcomes when remittances are used to finance food, medications, and private healthcare services (Yi et al., 2019; Ojijieme et al., 2022). Therefore, the overall effect of migration on physical health depends on whether the financial benefits outweigh the loss of direct care-giving, which highlights the need for migration-sensitive care plans that integrate medical care with practical daily support.

Social well-being is another aspect that is also influenced by migration-induced family separation. The migration of youths can often weaken local informal support systems by reducing the number of younger people available to provide assistance and companionship, which leaves older adults in communities with reduced social participation and support networks (Dakua et al., 2023; Jahangir et al., 2025). Limited interaction with family members may reduce an older adult's sense of social value and increase feelings of isolation, whereas strong social relationships are often associated with higher life satisfaction (Golden et al., 2009; Chen & Feeley, 2014). Although digital technologies help sustain transnational family relationships, local peer networks and community-based programmes remain indispensable in fostering social inclusion and preventing social isolation (Elder, 1994; Dakua et al., 2023).

Migration also has mixed effects on economic well-being, as remittances often constitute the primary economic advantage of migration by reducing household poverty and improving access to healthcare (Ojijieme et al., 2022; Mandal & Paul, 2024). In countries where pension systems are weak or absent, financial support from migrant children often substitutes for formal state social protection (Yi et al., 2019). Nevertheless, dependence on remittances can create financial vulnerability especially when transfers become irregular or stop altogether (Böhme et al., 2015). From the Life Course perspective, economic security in old age reflects cumulative advantages and disadvantages accumulated throughout life, thereby reinforcing the need for geriatric social workers to advocate for universal social pensions and broader social protection policies that reduce dependence on family financial transfers.

Care-giving remains the central means through which family separation can influence every dimension of well-being. Migration creates a "care drain" by moving potential caregivers away from their communities of origin (Vullnetari & King, 2008). Although remittances can finance paid care-giving services, they cannot replace the the benefits of the physical presence of family members during medical emergencies or periods of intensive care needs (Mandal & Paul, 2024). Consequently, care-giving responsibilities become distributed among extended family members, siblings, neighbours, and other informal caregivers, which often creates structural and relational tensions. Similarly, a qualitative analysis of medical social work case reports in Turkey found that family conflict, communication breakdown, as well as inadequate support networks are recurring drivers of institutional care referral (Bayram & Kırlıoğlu, 2026). While digital communication can facilitate long-distance monitoring of health and provides emotional support, it only complements, rather than replacing direct, hands-on care-giving (Thapa et al., 2024).

A growing body of scholarship on digital care-giving provides a more detailed account of how such long-distance arrangements are actually sustained. Baldassar and Wilding (2020) describe this process as "digital kinning," in which communication technologies do not only supplement the absence of care but actively construct and maintain distant support networks that can help older migrants and their families remain socially grounded,

despite physical separation. Similarly, an ethnographic research on Zimbabwean transnational families shows that shared family WhatsApp groups function as a de facto "virtual home" through which relatives plan, coordinate, and deliver care from a distance, although this arrangement can also mount emotional and financial pressure on remitting family members and generate its own tensions (Tawodzera, 2024). Going beyond this analysis, Ahlin (2023) describes "care at a distance" as a practice that changes care-giving rather than replacing its obligations, and argues that digital technologies can alter the relational rhythms of care overtime without resolving the underlying absence of physical presence. Together, this study indicates that digital care-giving is not a passive or uniform replacement for co-residence but an actively negotiated set of practices with its own benefits, labour demands, and limitations, a dimension that geriatric social work assessments and interventions should account for explicitly rather than treating digital contact as a simple mitigating factor.

Taken together, migration-driven family separation functions as a multidimensional social determinant of health, simultaneously influencing the emotional, mental, physical, social, and economic well-being of older adults through interrelated care-giving processes. This does not mean that family separation is harmful in every case. Evidence from Moldova challenges such generalization, arguing that adult child migration over there has not been associated with poorer health outcomes among left-behind parents, and that age and material living standards emerge as stronger predictors of well-being than migration status itself (Böhme et al., 2015; Gassmann et al., 2012). This pattern is plausible given that Moldova combines relatively strong remittance flows with a context where material deprivation, rather than family separation, is the more immediate factor contributing to poorer health. The more appropriate conclusion, therefore, is not that migration-driven separation is everywhere and always harmful, but that its effects are conditional, and is dependent on the strength of remittance flows relative to care-giving needs, the timing of separation across the life course, the availability of digital and community-based support, as well as the baseline material security of the household. Where these protective factors are weak or absent, as the evidence from China, India, and Sub-Saharan Africa more often suggests, family separation can function as a structural risk factor for reduced well-being. However, where they are strong, as in parts of the Moldovan case, migration can coexist with stable or improved well-being. From the Life Course Perspective, migration does not eradicate inter-generational care rather, it reshapes how care is provided across time and distance (Elder, 1994). As a result, geriatric social work should move beyond fragmented interventions by adopting holistic, migration-sensitive, and rights-based approaches that strengthen transnational family resilience while expanding community-based care infrastructure.

Table 1. Summary of key empirical studies reviewed, by region, study design, and well-being domain

Region	**Study design**	**Sample**	**Well-being domain**	**Main finding**
China	Longitudinal cohort (panel)	1,267–2,500+ households, multiple waves	Physical / cognitive	Offspring migration linked to poorer nutrition, healthcare access, and functional decline; financial transfers partly offset physical health effects (He & Ye, 2014; Liu et al., 2021; Yi et al., 2019).
India	Cross-sectional survey	National / regional samples of older adults	Mental / physical	Migration status associated with higher depressive symptoms and chronic disease risk, though causal direction cannot be established from cross-sectional design (Falkingham et al., 2017; Mandal & Paul, 2024; Dakua et al., 2023).
Nepal	Population-based cross-sectional comparative survey	697–794 left-behind older adults ≥ 60	Mental	Internal migration of adult children associated with significantly higher depressive symptoms than international migration, especially among those without internet access (Thapa et al., 2023).

Multi-country (25 studies)	Integrative review	25 primary studies, various designs	Mental	Left-behind older parents consistently show higher depression, loneliness, and lower cognitive/psychological health than non-left-behind peers; living arrangement, gender, and contact frequency are key risk factors (Thapa et al., 2018).
Mexico	Quasi-experimental / econometric	National household survey data	Physical / economic	Adult child migration associated with mixed health effects for elderly parents, moderated by remittance receipt (Antman, 2010, 2016).
Moldova	Cross-sectional / quasi-experimental	Nationally representative household survey	Physical / economic	Migration not consistently associated with worse health; age and material living standards are stronger predictors of well-being than migration status (Böhme et al., 2015).
Nigeria	Cross-sectional survey	Community sample of older adults	Physical / social	Remittances associated with improved physical and social functioning, however evidence base remains limited in scope (Ojijieme et al., 2022).
Sub-Saharan Africa (multi-country)	Qualitative / mixed-methods	Small, geographically limited samples	Economic / caregiving	Remittances provide only partial compensation for lost caregiving; evidence base is the thinnest and most fragmented of the regions reviewed (Braimah et al., 2024).

Challenges and Opportunities for Geriatric Social Work

Migration-driven family separation is transforming geriatric social work by disrupting traditional care-giving networks across national borders and creating new practice, workforce, policy, as well as ethical challenges. In practice, older adults who are left behind often experience hidden vulnerabilities and typically come into contact with formal support services only after their health or social circumstances have significantly deteriorated. Conventional assessment approaches also tend to focus on household composition rather than transnational family relationships, while growing administrative demands leave practitioners with limited time to build meaningful therapeutic relationships (Mackay et al., 2026). In addition, cultural expectations of children's obligations to their parents may lead families to perceive formal care as a sign of failure, which further delays them from seeking help (Jahangir et al., 2025).

The shortage of workforce also presents another major challenge. There is a global scarcity of gerontological social workers, particularly in rural and migrant-sending communities where the demand for specialized services is growing. Existing educational programmes produce few professionals with expertise in dementia care and long-term care (Shubair, 2023), leaving many practitioners inadequately prepared to coordinate technology-based care-giving or address the complexities of transnational family care-giving. Policy limitations further complicate service delivery, as many national ageing policies continue to assume that older adults are supported by family members living in the same household. However, regions with high levels of out-migration, particularly in South Asia, inadequate long-term care systems and weak pension schemes shift the responsibility of care almost entirely to families, while cost-cutting policies may prioritize cost containment over the broader well-being of older adults (Jahangir et al., 2025; Mackay et al., 2026).

Ethical dilemmas are equally very crucial, as Social workers must balance the autonomy of older adults with safety concerns, particularly when cognitive decline occurs and primary caregivers reside abroad (Shubair, 2023). They must also confront persistent inequalities in access to services between urban centres and rural communities, which requires a critical gerontological perspective that challenges structural disadvantage (Donnelly & Torres, 2022). In addition, the growing reliance on digital care management raises important concerns regarding privacy, informed consent, and digital equity. Despite these challenges, migration also creates opportunities for

innovation in geriatric social work. Community-based and family-centred approaches can strengthen support for older adults by mobilizing local resources such as faith-based organizations and older persons' associations, which help reduce community loneliness and enhance relational agency (Mackay et al., 2026). At the same time, social workers can use virtual communication to involve migrant family members in shared care planning despite geographical separation.

Migration-sensitive and digitally enabled social work also offers new possibilities. Comprehensive assessments should routinely include migration histories, the stability of remittance flows, and older adults' digital engagement. Digital technologies enable migrant children to participate in care planning (Ahlín & Sen, 2020, as cited in Jahangir et al., 2025), allowing social workers to function as "temporal bridges" that connect an older person's past, present, and anticipated future when supporting discharge and care decisions (Phillips & Burrows, 2026).

Effective collaboration across professional and community boundaries further strengthens care. A study of Chinese gerontological social workers found that cross-boundary competence, the ability to mobilise resources and coordinate across organisational divides, improves service quality in fragmented eldercare systems, particularly when combined with a strong professional identity, underscoring the value of similar boundary-spanning roles in transnational family contexts (Zhao & Zhang, 2026). Comparable adaptability is evident in social work responses to disaster contexts in Eswatini and Zimbabwe, where practitioners have had to develop multidisciplinary, context-specific approaches to protect older adults during El Niño-induced droughts, illustrating the kind of flexible, boundary-crossing practice that migration-affected communities also require (Dhemba & Nhapi, 2026).

At the policy level, social workers can also exercise leadership through rights-based advocacy: a UK special interest group's use of allyship, combining awareness, motivation, action, and inclusivity, offers a working model for how practitioners can organise collectively to challenge ageism and secure older people's access to social work support (Perry & Nosowska, 2026). Such advocacy should prioritize universal pension systems, expanded long-term care infrastructure, and policy frameworks that recognize the diversity of ageing experiences; research on Swedish policy debates about older LGBTQ adults shows that recognition of diverse older populations can remain largely symbolic unless it is backed by material resources and consistent policy response, a caution that applies equally to the diversity of migration experiences among older adults (Gillingsjö, 2026).

Recognizing migration-related family separation as a social determinant of health has important implications for practice, policy, education, and research. In practice, assessments should explicitly incorporate migration-related factors and build upon the personal social capital available to older adults (Dakua et al., 2023). Social workers should also take a leadership role in advance care planning, particularly for older adults who are socially isolated or have no family member within reach, adapting models in which gerontological social workers act as the point of referral for complex, higher-tier cases (Allen et al., 2026). Similarly, evidence from Wales shows that social workers routinely exercise judgement beyond formal role boundaries to support safe medicines management for older adults, a function that becomes more difficult to coordinate when a family's primary carers live abroad and points to a further area where migration-sensitive practice guidance is needed (Jones et al., 2026). At the policy level, governments should move beyond assumptions of co-resident family care by establishing universal social pensions and community-based long-term care systems that reduce excessive dependence on informal family labour (Jahangir et al., 2025). National policies should further align with the Madrid International Plan of Action on Ageing while integrating psychosocial care into broader ageing strategies (United Nations, 2002; Shubair, 2023).

In terms of education, social work curricula should strengthen training in gerontology, migration, transnational family systems, as well as digital social work while expanding field placements and opportunities for interdisciplinary learning, to prepare practitioners for rising complex care environments (Shubair, 2023). Future research should prioritize longitudinal studies that examine care-giving dynamics over time, expand investigations into under-researched regions such as Sub-Saharan Africa, and evaluate the effectiveness of digital and community-based interventions designed to support older adults affected by migration (Mandal & Paul, 2024; Jahangir et al., 2025).

METHODOLOGY

This paper adopted a narrative conceptual literature review approach to examine the relationship between migration-induced family separation and the well-being of older adults, with a focus on geriatric social work. Both empirical and theoretical publications from the fields of gerontology, migration studies, family sociology, public health and social work were reviewed. The literature was thematically analyzed in relation to emotional, physical, social and economic well-being of older adults and caregiving arrangements. The Life Course Perspective informed the interpretation of the literature in terms of its principles of timing, linked lives, human agency, historical time and place, and life span development. The findings were synthesized to establish the implications of migration-driven family separation for geriatric social work practice, policy and further research.

CONCLUSION

Population ageing and migration are intersecting demographic forces that are fundamentally changing family relationships, care-giving, and the experience of later life. This review demonstrates that migration-driven family separation should be understood as a multidimensional social determinant of the well-being of older adults, rather than merely a private family issue. From the Life Course Perspective, its effects are shaped by the timing of migration, interdependent family trajectories, accumulated life experiences, and broader social and policy contexts, while its consequences are conditional rather than equal, as illustrated by evidence from Moldova. These findings underscore the need for geriatric social work to move beyond traditional family-dependent models toward migration-sensitive, family-centred, and rights-based empowerment approaches. Strengthening community partnerships, integrating digital care coordination, advocating for universal social protection, and developing policies that recognize transnational family realities will better support healthy ageing, equity, as well as dignity for older adults. As migration continues to redefine inter-generational care worldwide, geriatric social work must play a primary role in ensuring that no older adult is disadvantaged by geographical separation from family.

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