



Rethinking Intergenerational Living as the Ideal Form of Senior Care: Life Course Research with Immigrant Families in Toronto

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Abstract

Canada's care systems are ill-equipped to support its aging population, and this crisis intertwines with an acute shortage of affordable housing. Immigrants to Canada have a higher propensity to cohabit multi-generationally, an arrangement that is sometimes romanticized as an ideal form of senior care. This article contributes to scholarship exploring intergenerational cohabitation as a practice of care, using life course research to consider how class and migration timing shape experiences of intergenerational living and senior care. Based on 19 in-depth interviews with immigrant seniors from Latin America and the Caribbean (n=10) and family caregivers (n=9) living in the Greater Toronto Area, this study uncovers two central findings. First, intergenerational living should not be viewed as an ideal form of senior care since (1a) some seniors resist intergenerational living, preferring independence and downtown residence nearer to culturally relevant communities and (1b) cohabitation does not always provide sufficient or better care. Second, access to smooth multigenerational cohabitation is inequitable, as housing arrangements are structured by class and migration timing, with middle-class families who have been in Canada longer facing fewer barriers to positive experiences of intergenerational living, compared to more recent migrants with lower incomes. This article challenges culturally essentializing assumptions about immigrant intergenerational cohabitation and argues that access to affordable housing is a senior care issue.

Keywords: Family caregiving; Immigrant families; Life course; Intergenerational relationships; Housing

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Introduction

Canada's care systems are ill-equipped to support its aging population, and this crisis intertwines with an acute shortage of affordable housing, particularly in urban areas. Despite much attention to both issues, there has been little consideration of the interplay between them; that is, how a lack of affordable housing influences senior care. These crises have unique implications for immigrant families, whose higher propensity to cohabitate multi-generationally is often associated with the provision of family senior care (Burr and Mutchler 1999; Kobayashi and Funk 2010) and has been suggested as a partial solution to both housing and senior care dilemmas (Mussett 2022). With immigrants making up 46.6% of the Greater Toronto Area (GTA) population (City of Toronto 2022a), it is crucial that analysis of aging experiences in the city has a strong migration lens. The focus of this study are immigrants from Latin America and the Caribbean (LAC), who make up one in nine of Toronto's immigrant population (Arora 2019). In 2021, over 30% of Toronto's households lived in unaffordable housing—the highest rate in the country (Statistics Canada 2024)—and recent immigrants are at a higher risk of housing insecurity (Sixsmith et al. 2019; Teixeira 2014). I argue that intergenerational living, housing access, and senior care are deeply intertwined for immigrant families in Toronto, and that the interplay between these issues requires more attention. This research highlights tensions in assumptions that LAC families want to live intergenerationally and that multigenerational living facilitates care for seniors, by using life course research to consider how socioeconomic status and migration timing shape experiences of intergenerational living and senior care.

A central contribution of this study is to provide insights from immigrants' perspectives (1) as to whether and how intergenerational living is an ideal form of senior care and (2) how socioeconomic status and access to affordable housing can influence immigrant families' care. More specifically, in this paper, I explore the following research questions: do LAC immigrant families perceive and practice intergenerational living as a form of care for seniors? What are the facilitators and barriers to positive experiences of intergenerational living? This research responds and contributes to calls to de-emphasize cultural explanations for immigrant senior care, which risk obscuring commonalities in how immigrant and non-immigrant families perceive and practice care for seniors, as well as impede focus on structural barriers to accessing formal care services (Boyd 1991; Lavoie, Guberman, and Brotman 2010; Van Hook and Glick 2007). Understanding socioeconomic constraints and cultural perceptions of family senior care among immigrants is essential for building equitable, effective social policies.

Based on in-depth interviews with 10 LAC immigrant seniors and 9 family caregivers living in the Greater Toronto and Hamilton Area (GTHA), this research showcases complexities in how immigrant families arrange and experience care in the face of economic and other structural realities. Care

scholars have noted that the voices and priorities of people reliant on care are often ignored, and research which includes both care recipients and providers has been encouraged (Cranford 2020). Amplifying perspectives of multiple generations is also guided by life course theory, which highlights the importance of interconnected lives (Elder and Giele 2009; McDonald 2011). Thus, the research design decision to interview both seniors and family caregivers is theoretically and empirically salient, as well as relatively unique.

In this article, I show how some immigrant seniors resist intergenerational living, complicating assumptions that cohabitation may be mutually beneficial for seniors and their families. Additionally, I demonstrate that socioeconomic status and migration timing can shape access to intergenerational living. I argue then that intergenerational living should not be equated with senior care. The next section provides a brief contextualizing snapshot of Ontario's senior care landscape. Subsequently, I examine scholarly literature on familial values and intergenerational living among immigrants to North America, followed by theoretical framing of the project using a life course approach. The findings section follows; a discussion of the article's contributions, policy implications and limitations conclude the article.

Contextualizing Ontario: A Patchwork and Underfunded Health and Senior Care System

The GTA is the largest urban center in Canada, and is in Ontario, Canada's most populous province. Canada's universal health care system is co-funded federally and provincially and administered by provincial governments. The system has long been disparaged for its gaps, notably a lack of coverage for prescription drugs, optical and dental care: crucial elements of public health that are included in most other national universal health care programs (Hajizadeh and Edmonds 2020; Hajizadeh, Pandey, and Pulok 2023). Additionally, Ontario's health system has suffered from underfunding due to austerity measures and the resulting privatization of some services, which have contributed to systemic issues such as long wait lists for medical procedures, and a shortage of family doctors (Armstrong and Armstrong 2023).

Senior care in Ontario is arranged in a patchwork system, with long-term care, assisted living and home care services provided by municipalities, non-profit community organizations and private companies. This mixed-model delivery system has been criticized for its poor quality and access barriers (Ontario Long-Term Care Association 2024). Gaps in senior care systems have been demonstrated to require unpaid family caregivers to provide increasing amounts of unpaid care (Herron and Rosenberg 2016; Stall 2019; Zagrodny et al. 2023), even for seniors in residential settings (Klostermann and Funk 2022; Streeter 2023). The COVID-19 pandemic further exposed the downfalls of Canada's patchwork senior care funding and service provision model, augmenting calls for a federal framework that provides universal access to public long-term care institutions and more in-home support for older persons (Peng 2020; Tuohy 2021).

Unpaid care provision in Canada remains overwhelmingly gendered; thus, the health and financial implications of family care are unequally experienced by women, particularly migrant and racialized women (Wray, Keating, and Fast 2023). Chronic underfunding of social and health services further reinforces inequalities, with low-income, racialized, immigrant and rural Canadians reporting more barriers to accessing health and senior care services (Brotman 2003; Frank 2020; Guruge, Thomson, and Seifi 2015; Stewart et al. 2008; Wang and Kwak 2015), and worse physical and mental health outcomes (Bowden 2021; Um and Lightman 2017; van Ingen, Khandor, and Fleiszer 2015). In short, the underfunding of healthcare and a lack of universal senior care in Canada places a burden on

family caregivers, one which is experienced unevenly by and among women; furthermore, these disparities are accompanied by a higher likelihood of marginalized seniors falling through systemic cracks.

Idealizing Intergenerational Living, Ignoring Socioeconomic Status

A common claim is that Latinx and Caribbean family patterns are more familial—that is, tight-knit and family-centered—compared to individualized tendencies in dominant culture North American families. Strong cultural care practices are oft-assumed to follow, with seniors looked after by a network of family caregivers (Balbim et al. 2019; Friedemann-Sánchez 2012; Savage et al. 2016). However, there is evidence that many immigrant seniors lack financial and instrumental support from family (Cao 2021; Dietz 1995). Additionally, research highlights that many primary elder caregivers are not well supported by extended family, contributing to high burnout risk, depression, and other challenges (Anthony, Geldhof, and Mendez-Luck 2017; Gelman 2014; Koerner and Shirai 2019; Mendez-Luck, Anthony, and Guerrero 2020; Rote, Angel, and Hinton 2019). Moreover, while valuing familialism may contribute to feelings of caregiver fulfillment, it has also been tied to heightened expectations and pressure (Mendez-Luck et al. 2016).

An influential body of scholarship has demonstrated that while minority ethnic intergenerational living can be influenced by cultural preference, financial need and the pooling of multi-generational resources are stronger predictors (Burr and Mutchler 1993; Cohen and Casper 2002; Gurak and Kritz 2010; Leach 2014; Lee and Edmonston 2014; Ng and Northcott 2013). For instance, in her research with middle-class Mexican Americans, sociologist Judy Vallejo (2021) finds that those who grew up in low-income families are more likely to provide financial and social support and maintain close kin contacts, as compared to Mexican Americans raised in more financially stable households. Moreover, longitudinal analysis of the living arrangements of Canadian seniors has found that access to social services and higher functional health status reduce the probability of intergenerational cohabitation (Sarma, Hawley, and Basu 2009). Thus, broad claims of familialism within migrant families need deeper examination, as they risk overgeneralizing and missing structural considerations apropos economic need (Mendez-Luck and Anthony 2016). In response to this theoretical gap, Mendez-Luck et al. (2016) employ Carol Stack and Linda Burton's (1993) kinscript framework, arguing this concept offers deeper insight into care practices within Latin American immigrant families. Kinscript perspectives (originating from ethnographic research with low-income African American communities) consider how multigenerational families negotiate norms and support across the life course, with greater consideration for the implications of economic and other circumstances than familialism alone (Stack and Burton 1993; Mendez-Luck et al. 2016). Using a life course approach, this article contributes to migration and care literature by drawing attention to the influence of socioeconomic status and migration timing on experiences of intergenerational living and senior care.

Migrant Aging: A Life Course Approach

Migration and aging are fundamentally transformative experiences: examining both phenomena together can help to disentangle how intersecting marginalizations and life events shape vulnerabilities and realities of older migrants (Brotman, Ferrer, and Koehn 2020; De Silva 2020; Grenier 2012; Karl and Torres 2016). Yet aging has oft been ignored in immigration theory, and vice versa; the life course approach has been positioned as a holistic framework poised to bridge this gap (Karl and Torres 2016; McDonald 2011). Life course theory emphasizes the necessity of considering human lives within temporal and social context, through attention to time, place, interdependence, and agency (Brotman, Ferrer, and Koehn 2020; Elder 1994; Elder and Giele 2009; Treas and Gubernskaya 2016). This perspective considers aging not merely as a biological phenomenon, but as a

dynamic process shaped by understandings of age and aging (Hunt 2005). Social networks, family relationships, national contexts, historical and life events are all embedded in an individual's life course and can influence later life behaviours and preferences (Komp and Johansson 2016).

Employing a life course approach at the intersection of migration and aging can deepen understandings of how an individual's past contributes to experiences of the present (De Silva 2020; Grenier 2012), as well as help unpack the cumulative impacts of discrimination on senior racialized immigrants (Brotman et al. 2020; Ferrer et al. 2017; Karl and Torres 2016). Additionally, it can add nuance to how culture may work in combination with migration trajectories and economic resources to shape care expectations (Kim 2010). For instance, reasons for migrating, age at migration, migration trajectories, finances, and housing access can all impact the availability and desirability of family elder care (Ferrer et al. 2017; Kim 2010). The 'linked lives' concept within life course theory (Elder 1994) attends to the varied forms in which intergenerational care can manifest, encompassing emotional, financial, and instrumental support (Zhou et al. 2017), and draws attention to meaningful contributions that many older migrants provide to their families (Cao 2021; Mandell et al. 2016; Treas 2008; Treas and Mazumdar 2004).

Moreover, this framework can help circumvent the presupposition that all immigrant seniors want to live intergenerationally—in fact, many say they would prefer to live alone if they could afford it (Durst 2010; Mandell et al. 2016; McDonald 2011). Yet immigrant senior resistance to intergenerational living is little understood, a gap which this research seeks to address. While cultural preferences for intergenerational living and family kin care often remain strong following migration, many senior immigrants are aware that socioeconomic realities of life in Canada can present challenges to adhering to these practices, and they mitigate their expectations on adult children based on this understanding (Kim 2010; Wong, Yoo, and Stewart 2006; Zhang 2020). Additionally, senior immigrant isolation has been connected to collective family values, which can pressure seniors to prioritize the needs of family members and undertake domestic duties (Treas and Mazumdar 2002; 2004; Walton and Awondo 2023). Furthermore, senior migrants may be economically dependent, resulting in unequal power relationships (Treas and Mazumdar 2002) and a perceived loss of social and economic status (Koehn, Spencer, and Hwang 2010). As will be discussed further below, the life course framing of this project helped to reveal complex interconnections between migration timing, intergenerational relationships, socioeconomic status, and family decision-making about housing and senior care.

Methodology

Participants

This qualitative data is comprised of 19 in-depth video, phone, and in-person interviews conducted with senior immigrants (n=10) and family caregivers (n=9) living in the Greater Toronto and Hamilton Area between June 2022 and March 2023.¹ Participant recruitment was multi-pronged, involving researcher networks, community organizations, churches, posters, social media, and respondent-led recruitment (limited to two recommendations per root respondent). Eligibility to participate for senior immigrants required them to (1) be 65 years or older; (2) born in Latin America or the Caribbean (LAC); and (3) living independently (i.e. not in a supported living facility). Eligibility to participate for family caregivers required them to be (1) providing a minimum of 1-hour weekly support (2) for a senior born in the LAC (3) who is related to the caregiver by birth, marriage or adoption.

For senior immigrants, socioeconomic status (SES) ranged from low (no income or only Canada Pension Plan (CPP) and Old Age Security (OAS))² to middle income (work pension and/or investment income). Caregiver SES ranged from low to upper middle-income, which was operationalized based

on the median income for Toronto by household size.³ As not all participants were comfortable disclosing their exact income, and in recognition that income is not the only measure of socioeconomic status, SES operationalization also took into consideration indicators of wealth and financial security (such as home ownership and savings) or financial insecurity (e.g. living in subsidized municipal housing or spending more than 30% of household income on housing costs). For more details on key demographics of participants, refer to Figure 1.

		Senior immigrants	Family caregivers
Total number of participants (n)		10	9
Sex	Female	9	6
	Male	1	3
Country of origin	Argentina	1	
	Canada ⁴		2
	Chile		3
	Colombia	2	1
	Dominican Republic	1	
	Ecuador	2	1
	El Salvador	1	
	Jamaica		1
	Nicaragua	1	
	Peru		1
	Trinidad	1	
	Venezuela	1	
Migration pathway	Refugee	3	3
	Family sponsorship	5	1
	Economic class	2	3
Age at migration	0 to 17 years		4
	18-34 years	3	3
	35-55 years	3	
	56 years +	4	
Intergenerational cohabitation⁵	Yes	5	4
	No	5	5

Figure 1: Interview Participant Demographics

Interview Procedures and Topics

Participants were given the option to have the interview conducted in Spanish or English. Most were held via video call (to protect participants, as the research took place during the latter stage of the COVID-19 pandemic) and were on average one hour long. Twelve of the interviews were conducted in Spanish, and seven in English. English is the researcher's first language, and I have a strong, albeit non-fluent, working knowledge of Spanish, having lived for two years in Venezuela and Spain. Two separate interview guides were prepared, one for senior immigrants and the other for family care providers. For caregivers, questions focused on care provision tasks, rationales for caregiving, care

support (from family), services used, impacts of caregiving, past experiences of care and migration, general views on senior care, and policy recommendations. For seniors, questions focused on family support and relationships, daily routines, community services and connections, views on senior care, migration trajectories, and policy recommendations. Guided by feminist theory and narrative gerontology, interviews with seniors tended to follow less of a structure, allowing for personal stories to “emerge” and viewing “life as story” (Côté-Boucher et al. 2024; Kenyon and Randall 1999). The relational approach of speaking with caregivers and seniors offered an opportunity to consider generational differences in understandings and experiences of intergenerational living and senior care (Adekpedjou et al. 2018).

Analysis

A life course framework guided data analysis. First, interpretation considered how past events—particularly migration timing, trajectories, and past care experiences—influenced participants’ current views on senior care and living arrangements. This supported development of findings related to *temporal context*, such as distinctions based on life stage at migration. Second, analysis considered *social context*, examining themes relating to community, culture, family values, and language. Third, attention was paid to *agency*—what participants desired and how they made choices. This component of the life course approach helped move beyond common tropes of seniors as frail dependents and repositioned them as active agents in decision making about their own care and living situations (Treas and Mazumdar 2004). Fourth, the concept of *linked lives* was central to analysis, examining how interpersonal relationships and circumstances—familial, community, local and transnational—shaped living and care arrangements and perspectives (Elder 1994; Elder and Giele 2009).

Findings: Questioning Whether Intergenerational Living is an Ideal Form of Senior Care

Finding 1a: Senior Resistance to Intergenerational Living

The findings of this research revealed that intergenerational living is resisted by some seniors, does not always provide sufficient care, and is influenced by housing access and socioeconomic status, which will each be discussed in turn. First, some seniors resisted their adult children’s invitations to move in with them, worried that this would result in a loss of independence or financial burdens for their children. Seniors living in downtown Toronto often had children who had moved away from the city in search of more affordable or spacious housing. Yet culturally relevant services, churches, and community for LAC seniors remain concentrated downtown, as does accessible public transit, all factors which some seniors described as rationale for staying in their current homes.

Adriana (who is 72 years old and emigrated from Nicaragua in the late 1980s) told me she had felt “shut in” and “down” while she and her husband were living with her son, daughter-in-law, and grandchildren in Brampton (a suburb of Toronto). She suggested to her husband that they move downtown, closer to their Spanish-language church; while he was initially reluctant, and her son was surprised and worried, Adriana prevailed. Over a decade ago, Adriana suffered a brain aneurism which required an operation, and since then she has worked hard to regain cognitive function. She viewed Spanish-language community programs, and access to senior exercise and art classes, as important for her mental and physical health:

I was good with my son [and his family in Brampton], but I needed to, I had a need to open up my mind more, to be able to move my hands and feet more, so I came here [to downtown Toronto] alone, and with my husband, because it is more central and,

well, my church is two blocks away, eh? All this make me, I feel good, I feel more calm, and better because no one is asking me where I'm going! [laughs]

Similarly, Beatriz (who is 76 years old from Argentina, and moved to Canada in the late 1980s) described why she wants to remain in her current neighborhood, even though she worried about living alone. Her son and his family are currently looking to buy a house, but they cannot afford one in Toronto, so they will be moving to a smaller town. As Beatriz explained:

I am very used to it here, my doctors and everything, and I have a lot of trust in them, so I don't want to go very far. ... And, well, it's that I think that here in Toronto everything is more accessible.

Gloria (aged 52, emigrated from Peru as a young child) lives with her husband and two adult children (in their 20s) in a suburb of Toronto. Her mother (aged 78) lives alone in an apartment in downtown Toronto where she has resided for over 30 years. Gloria felt that her mother's reluctance to leave her apartment was compounded by Alzheimer's symptoms, which at the same time made living alone increasingly risky for her:

She doesn't want to leave her place, because I would have, you know, brought her with me in this place here. Like we had an extra room. And I wanted to bring her, but you know, she doesn't want to leave her place and she's comfortable there. And she's alone, but like it's getting, every time it just gets a bit more dangerous for her. So now ... she's got something in place in the bathroom, for her to be able to lift herself in the bathroom. And also ... she left the stove on ... she just forgot about it. So from then we said okay, so what do we do? So we have a camera now in her kitchen... she kept forgetting to take her pills as well.

For Adriana and Beatriz, living apart from extended family was viewed as preferable due to access to downtown services and community, and choosing to do so despite concerns from their family appeared to be a key form of agency in their lives. In contrast, from the perspective of family caregivers such as Gloria, the resistance of aging parents to move in with them complicated their care responsibilities, with added travel time and heightened worry. This finding also highlights the strong valuation of *place* (community, church, and services) held by immigrant seniors, as well as the challenge to maintaining these downtown cultural hubs, as the second generation is increasingly pushed to the suburbs by astronomical housing prices.

Finding 1b: Intergenerational Living does not Always Lead to Sufficient Care

Despite the notable advantages of cohabitation for many families, living intergenerationally should not be assumed to equate with supportive senior care. Beatriz's resistance to leaving Toronto along with her son and his family was not only due to attachment to her downtown community. Although she lived in a separate basement apartment in the same rental home, she rarely ate with her family upstairs. Her son's family supported her by occasionally taking her shopping in their car for heavier items, as well as preparing meals when she couldn't cook for several weeks after an eye operation. Beatriz's grandson occasionally visited after school. She described her life as lonely but had not spoken to her son about this as she didn't want to be too demanding:

Sometimes I am lonely. Yes, I wish I wasn't so alone ... but I can't be too demanding either ... I'm a bit shy, no? In the sense that I don't like to inconvenience, I feel like I'm bothering them.

Living intergenerationally did not seem to have reduced Beatriz's isolation during the pandemic, when she felt "more isolated than ever," although she recognized that not being in physical contact with family due to the COVID risk was "a form of caring for me."

Andrea (68 years old and a recent immigrant from Dominican Republic, without CPP or OAS, other pension income, or savings) felt unwelcome in her daughter's cramped apartment. She shared a bedroom with her two teenage grandsons who speak only English, while she is unilingual Spanish speaking, contributing to her feeling trapped and isolated. Andrea had no source of income, nor bus tickets to travel to community centers for English lessons. She described her daily routine:

I wake up before 7:00 ... and go to the kitchen ... then I get the boys up and make them breakfast ... [my daughter] comes home at 11:30 and I make her lunch ... my grandsons get home around three in the afternoon and when they get home I give them food and tell them to wash their hands ... later I give them dinner and wash the dishes again ... and later on, after 9pm, there are dishes to wash again because they have something to eat before going to bed ... my body is so tired, I want to lie down, I want to rest my back and relax my mind, but I can't go to bed early as I have to go to bed at the same time as them ... then another day the same, always the same.

Andrea's situation highlights the vulnerable position of some immigrant seniors who arrive via family sponsorship, as well as the possibility of domestic labor exploitation of female seniors. Three of her children came to Canada many years ago as minors, with their father and stepmother. When they were in their 20s, her children sponsored Andrea via family reunification. After five years living with one daughter, Andrea's relationship with her son-in-law became untenable, and she was forced to leave their home and move in with another daughter (her current home). Andrea felt her estrangement with the first daughter stemmed from her permitting her children to move to Canada with their father and stepmother, which at the time she thought was in their best interests:

[My daughter] said to me, "You don't deserve anything because you weren't the best mother in the world ... you gave us away like dogs" ... When a child speaks like that to her mother ... one feels extremely hurt.

Concomitantly, several families who were not living intergenerationally described very supportive family senior care arrangements. Michael (age 21, born in Canada) visits his grandmother (age 77, from Dominica) twice weekly with his mother. His grandmother has diabetes and dementia and cannot leave her home alone. She relies on daily visits from one of her four children to check her blood sugar, prepare food, clean, do house maintenance and keep her company. Gloria, (age 52, from Peru, discussed previously), supported her mother (age 78, living with dementia in downtown Toronto) from a nearby suburb. She did all her mother's grocery shopping, medical management (such as appointment booking and prescription delivery arrangements), and visited at least once a week, but usually more often.

This finding—problematizing the oft-made connection between intergenerational living and senior care—highlights the complexity of *place*, *interdependence*, and *linked lives* among immigrant families, in that some families live together yet do not provide sufficient care—at least from the senior's

perspective—for varying reasons including difficult interpersonal relationships, resentment for perceived past wrongdoings, gendered domestic labor, or a lack of time. In contrast, other families live separately and provide dedicated senior care.

Finding 2: Intergenerational Living is Structured by Class and Migration Timing

A second finding is the interrelated structuring influences of socioeconomic status and migration timing on experiences of intergenerational living. Several participants have been in Canada for over 40 years. Many of the earlier migrants are middle-class professionals who left established careers and experienced deskilling (that is, employment far below their level of education and experience) in Canada. Despite this, several owned houses and were able to accrue savings prior to retirement. Notably, all but one participant who came to Canada prior to 1990 described having attained relative financial security. Seniors who arrived within the past 5-25 years tended to be less financially secure, and more reliant on social services, government funding and/or support from their adult children. This finding attends to life course concepts of *time* (both time of life and time of migration), *place* (of residence, including choices about location and who to cohabite with), and *interdependence* (between multiple generations). Below, I present the cases of three middle-class families who are living intergenerationally in relatively smooth and mutually beneficial arrangements, followed by those of three lower-income families for whom intergenerational living is more challenging.

Finding 2a: Senior Homeownership Supports Mutually Beneficial Intergenerational Living

Lucia (81 years, migrated from El Salvador in the late 1980s) lives with two adult sons (52 and 54 years old, both unmarried with no children) in a small three-bedroom home purchased many years ago with her husband. Lucia's husband was sick for several years before he passed away in their home and she assumes she will also die there, with her sons looking after her. Her sons were teenagers when the family migrated, and they now work full-time in the trades. The three of them split household costs equally. Lucia's sons do the cleaning, yard work, and grocery shopping; Lucia does most of the cooking despite her limited mobility. Recently she was ill and bedridden for several weeks. During this period, her sons brought her meals in bed. Lucia expressed gratitude, yet said she also felt bad as her sons work long hours and she likes to prepare food for them. Lucia's third son (married with teenage children) visits every Sunday to attend church and share a meal together. From her description of her needs, it is evident that Lucia would not be able to still be living at home without the support of her sons:

I care for them, they care for me ... they clean the bathroom ... they rake the leaves in the autumn, cut the grass ... they help me clean the house, because I can't lift the vacuum anymore ... I only cook ... and when I am very sick, as I was recently, they cook too ... I cannot go out on my own, they must take me, and they got me a wheelchair.

In sum, Lucia spoke to the importance of mutual care between her and her sons imbedded into their intergenerational living arrangement.

Eduardo, (53 years, migrated from Chile in 1978), lives with his parents in a home owned by them. Prior to this arrangement, he lived alone in a nearby city for many years. After his father (90 years) had a stroke a decade ago and could no longer drive, Eduardo began taking his parents to their appointments and errands. After a few years, they mutually decided he should move home. Eduardo and his parents split the household costs, with Eduardo paying more most of the time, and occasionally asking his parents to pay extra (such as when his income declined temporarily during the

pandemic). The cohabitation arrangement was described as both a logistical and financial choice: they all save money not having to pay for two households. Eduardo is there to do the heavier chores, monitor his dad's medication, do the shopping and driving, and encourage healthy living practices for his parents (such as regular exercise and eating fresh fruits and vegetables), and is on hand in case of emergencies:

All of a sudden it became, well, you know, financially would make better sense for me to get rid of my stuff in Toronto and just be there with them, [rather] than, you know, to be traveling back and forth ... So I said, okay, look, if I move in, then I can cover a lot of their costs and that leaves them their spending cash or anything else that might come up with the house that, you know, is immediate. So I cover the cost of the household. My mom uses her pension to purchase the groceries... I don't really consider myself a caregiver ... I'm just their son taking care of them ... I try to make sure that they're on a somewhat regimented exercise routine ... [and] the fact that, you know, if something happens, I'm like down the hall and ready to go, take them wherever they need. Like if it's in the middle of the night, we're off to the hospital.

Of note, Eduardo said he did not feel like a caregiver, while at the same time listing the many ways in which he supported his parents.

Anna and Antonio live with their preschool age child and Antonio's mother, who is 75 years old and migrated from Chile as a refugee in the 1970s. While Antonio's mother is still quite independent, he and Anna feel better that they can keep an eye on her and help with grocery shopping and house maintenance. Although there are two separate apartments in the house, they said they feel as if they live together; their young child has daily visits with her grandmother. Anna (who was born in Canada), mentioned that living with her mother-in-law is not without cross-cultural communication challenges; however, she spoke of valuing the deep connection, particularly for her daughter. Additionally, Anna (age 44) said she appreciates the childcare support from her mother-in-law, as well as the very affordable rent:

I don't know where we would live, like, financially if we didn't live here. In terms of the space that we would have, you know, and the lifestyle that we are able to afford because of our living situation. So, there's the financial piece. There's the additional childcare, logistical piece and I think that's really big.

Anna highlighted the benefits of the shared living arrangement for her family. She was also reflective on the influence of Latin American culture in her partner's family, noting that she did not think the intergenerational living arrangement had ever been explicitly discussed: it was simply assumed that one of the children would live with their mother. Antonio affirmed this, emphasizing that he views numerous distinctions in norms and practices between "tight-knit" Latinx families and "cold, WASP-y"⁶ Canadian families of British settler descent. He acknowledged the financial benefits of living in his mom's house, but these seemed less relevant to him than to Anna. He considered it strange that some of his "white" friends had started paying rent to their parents at age 18, which he viewed as evidence of different family values between many immigrant communities and non-immigrants in Canada. When asked about the living and financial arrangements with his mother, Antonio explained:

We just have like a symbiotic relationship where I'll pay for things, she'll pay for things ... I'm the general contractor for the family ... she has a car and she lets me use it

all the time, so. But I usually pay for the maintenance of the car, like, you know, if it needs oil change or a muffler ... but she doesn't like help.

I asked Antonio how much of living with his mom was about “keeping an eye on her”? He replied,

Oh, a large part of it ... we're always looking after each other. She'll call down and say, “Hey, I made, you know, a pork loin and some rice, are you, are you guys hungry?” And we'll go, “Oh, we were just gonna start [cooking],” but yeah, and then I'll yell up and say “I just made some lentils or I made some spaghetti” or whatever.

Antonio spoke to the importance of both independence and reciprocity, as well as privacy and proximity.

Eduardo's, Lucia's, and Antonio's families all migrated together, when the now middle-aged caregivers were children or teenagers. While these migration trajectories involved career deskilling for the (now senior) parents, they migrated while still working age and were able to accrue some savings and purchase modest houses in Canada, facilitating what both seniors and caregivers presented as mutually beneficial intergenerational living arrangements. The younger generation provided varying types and levels of care, along with financial and emotional support, while the older generation's home equity provided all of them with an affordable and comfortable housing situation that fit with their familial values.

Finding 2b: Housing Access Impedes Smooth Intergenerational Living for Lower-Income Families

In contrast, the lack of affordable housing interacts and complicates the living choices and care arrangements of more recent immigrant, lower-income families. Several seniors were living in subsidized municipal housing; although their rent used a sizable portion of their monthly CPP and OAS income, they were able to get by with frugal spending habits. They worried that if their adult children were to move to a larger apartment or house to accommodate cohabitation, this would cost more than their current subsidized rent, and—having no financial ability to contribute more on a fixed income during inflationary times—they described not wishing to place this financial burden on their children, nor be financially dependent on them.

Additionally, subsidized housing is in high demand, and multigenerational families generally do not fit eligibility requirements. That is, there is some municipal housing to support seniors living independently, and other public housing for families with children, but no subsidized housing options for adults who want to live with their elderly parents. Lisbeth (43 years old), who was living with her father and sister, and caring for her mother who lived nearby, explained her perspective on this:

Because we [my sister and I] think that no one looks after a parent like their child does... It would be great if the government, or the municipality of Toronto or of Ontario, if there isn't one already, had a housing program that helped or let's say offered for families like ours, who wanted to keep looking after them, who wanted to live as a family... As housing obviously isn't easy here, it's not easy based on price or condition in the end, so it would be wonderful, it would be so great if the government worked on a project, for example, for [intergenerational] family housing for families like mine who are interested and need it.

Lisbeth was reflective on the lack of government support for intergenerational living. The lack of affordable housing also meant less flexibility to adapt to sometimes rapidly changing care needs. As described previously, Gloria and her family moved to a larger, more expensive apartment with an extra bedroom intended for her mother, but when her mother's condition improved somewhat and she refused to move, Gloria was awkwardly forced to rent the extra room, in an apartment also shared with her husband and two children in their 20s.

The lack of space and privacy in her current living situation was particularly challenging for Andrea (age 68, from Dominican Republic, migrated in 2015, discussed previously), who made astute connections between this and the extent that her family was able to support her:

I don't have any support, because although this daughter of mine may want to give me support, she gives too much, with her, with the children sleeping on the floor to be able to give me space in one of the rooms that are very small, and I can barely fit a bed and there is no space for anything. The [2 oldest] children sleep on the floor. In the living room!

Andrea believed that the small apartment influenced her daughter's recent decision to arrange for Andrea to go back to Dominican Republic to stay with another daughter indefinitely, a plan which had been made without consulting her:

I feel depressed as I wasn't thinking about going there now... it was my daughter who made the decision to send me because perhaps she feels too crowded with her children sleeping on the floor for so long.

Andrea was worried about losing access to provincial health care, free medications, or other government services if she left Canada for an extended period. Without access to a computer or English language skills, she was dependent on her daughter to navigate bureaucratic rules and asked the interviewer for advice on how long she could be out of the country.

These experiences highlight distinct manners in which a family's low-SES complicate intergenerational living and senior care. Lisbeth's case shows how limited financial resources can make intergenerational living an unaffordable choice. Gloria's worries illustrate how families who are tenants (instead of homeowners) may have less flexibility in arranging intergenerational living. Andrea's situation highlights how living intergenerationally under cramped and difficult circumstances can be both shaped by and reproduce senior vulnerability; she desired her own place for privacy and reduced domestic duties yet could not afford to live alone.

Discussion

This study addressed the research questions of whether intergenerational living facilitates family care for LAC immigrant seniors, and how the benefits of this arrangement are shaped by socioeconomic status and migration timing. From a theoretical perspective, claims of familialism among LAC immigrant families (Friedemann-Sánchez 2012; Ingoldsby 1991; Pauli and Bedorf 2018) are both supported and called into question by these findings. Many seniors and family caregivers expressed preferences for intergenerational living, and they connected this to cultural family values. At the same time, seniors and their family caregivers highlighted that experiences of intergenerational living were influenced by various factors, including access to (or lack of) affordable housing in desired

communities, the availability of caregivers, and relationship dynamics. This echoes other research that reveals differences between immigrant senior understandings versus expectations of filial piety (Zhang 2020), as well as shifting generational kin work norms among migrant families (Pauli and Bedorf 2018). In short, cultural practices are complicated by structural and interpersonal factors.

Moreover, this paper augments assertions that not all immigrant seniors want to live intergenerationally (Durst 2010; Mandell et al. 2016; McDonald 2011) and highlights the importance of community, place, and social participation for promoting senior well-being (Ågotnes, Macdonald, and Charlesworth 2022; Pauli and Bedorf 2018; Salazar-Norambuena 2024; Walton and Awondo 2023). My findings also question the association of intergenerational living with supportive senior care, reminding that intergenerational living can burden senior women with unpaid household tasks (Treas 2008; Walton and Awondo 2023) and that intergenerational living does not necessarily reduce senior isolation (Treas and Mazumdar 2002).

Furthermore, I identify the need to go beyond attention to cultural and socioeconomic explanations for intergenerational living patterns themselves, through deeper examination of the benefits and challenges that families experience based on their living choices. A novel empirical contribution is that intergenerational living appears easiest and more mutually beneficial for middle-class families wherein seniors migrated many years before and were homeowners. While intergenerational living has traditionally been driven by senior financial need (Burr and Mutchler 1993; Glick and Van Hook 2002; Kaida and Boyd 2011; Ng and Northcott 2013), my findings suggest this is beginning to be shaped by the financial needs of the younger generation as well. Senior home equity, combined with the income and support from their adult children, may contribute to a financially and interpersonally reciprocal relationship between generations, which in turn appears to promote positive experiences of intergenerational residence. This supports sociologists Philip Cohen and Lynne Casper's (2002) suggestion that research on multi-generational living should focus less on generation and more on the distinction between financially independent *hosts* and financially low-contributing *guests* and highlights the complexity of intergenerational negotiations of debts and reciprocity among post-migrant families (Attias-Donfut 2016). I postulate that this tendency for middle-class intergenerational living could be relatively new and recommend further investigation of the implications of rising living costs on patterns and experiences of multi-generational cohabitation, which raises the question as to whether kinscript obligations (traditionally associated with lower-income communities (Stack and Burton 1993) may be expanding to include middle-income ones due to economic realities. Concomitantly, that poorer and more recent immigrants struggled the most with intergenerational living supports evidence that lower-class migrant caregivers and seniors are more vulnerable (Mendez Luck and Anthony 2016), and that aging is experienced differently in part due to cumulative advantages and disadvantages over the life course (Buffel and Phillipson 2018). Moreover, these findings support claims that housing access is an intersectional senior care issue (Sixsmith et al. 2019).

Several policy recommendations stem from this evidence. First, many low- and lower-middle income seniors—socioeconomic statuses in which immigrant seniors are disproportionately represented—lack access to affordable housing. There should be recognition of and support for the fact that some seniors want to live alone (or with a spouse), while others may want to live intergenerationally. Access to municipal subsidized housing thus needs to be increased, and eligibility for this should be expanded to include intergenerational families. Second, as the solution to the GTA's housing crisis cannot be solved by public housing alone, policies promoting affordable private rental stock must also be augmented (Martens 2018). Third, more creativity and consultation are needed in the development of new housing solutions for seniors—for instance, those who are not yet in need of residential care but requiring support to live independently—such as senior cohousing. Fourth, municipal and provincial

governments need to move away from austerity measures and increase funding for community care and senior centers to reduce isolation and promote well-being for seniors living independently (Buffel and Phillipson 2018).

Ultimately, if policy makers assume all immigrant families want to live together and that this arrangement provides good senior care, it provides an excuse for not investing in culturally and linguistically relevant services for immigrant seniors, including community programs and long-term care homes (Marrocco, Coke, and Kitts 2021). Neoliberal rationalities have been criticized for seizing on age-friendly and ageing-in-place logics to downgrade responsibility for senior care onto families and communities (Buffel and Phillipson 2018; Joy 2021). However, this paper provides evidence that not all immigrant families can or do provide support for seniors via intergenerational living. Furthermore, the heterogeneity of the family care arrangements and preferences—even within this small sample—demonstrates that immigrant seniors and their families require more care options.

Limitations

There are limitations to this research. The data collection took place during the COVID-19 pandemic. Although the video interview format was able to generate many interesting findings, it is possible that had there been no public health crisis, some participants may have felt more comfortable discussing highly personal and emotional topics in-person, and that even richer data would have been gathered. There was only one spouse care provider in the sample. This may have been partly due to the study's broad definition of care: a minimum of one hour weekly of support, including responsibilities such as grocery shopping or driving to appointments. These such tasks are ones regularly done by spouses for each other, thus spouses are less likely to consider themselves caregivers until care needs are quite severe. Spouses who are caring for partners with high care needs may face barriers to attending senior community groups, which was how most senior participants were recruited. As seniors, they may be less likely to use social media or listservs, which was how several caregivers heard about my research.

Conclusion

This investigation uncovered tensions in positioning intergenerational living as an ideal form of providing family care for immigrant seniors. Two central findings were identified based on four subthemes. First, an implicit connection between intergenerational living and senior care should be questioned. This was evidenced in that (1a) some seniors resisted intergenerational living, expressing a preference for living alone or with a spouse. Moreover, (1b) cohabitation should not be equated with care, as some intergenerational living arrangements involved little support for seniors, while other families who lived separately provided extensive care. Second, the benefits of living intergenerationally are structured by socioeconomic status and migration timing: (2a) this arrangement appears to function more smoothly for middle-class families, particularly those who have been in Canada for several decades, due in large part to senior home ownership, while (2b) more recent and lower-income immigrants struggle to find housing situations that support positive experiences of intergenerational living. Thus, affordable housing is a senior care issue.

This research highlights that while familialism remains a strong cultural value among many LAC immigrants and their Canadian-born children, how they understand and benefit from family care and living arrangements is shaped by life course events and structural factors. Intergenerational living is but one potential manifestation of familialism. That is, intergenerational living is viewed as one form—among many—of a reciprocal circle of *caring about* each other in LAC families. It does not, however, seem to be an integral part of *caring for* LAC seniors, and the reasons for choosing

intergenerational living and the successfulness of the arrangement are shaped by community, class, migration timing, housing, and interpersonal family dynamics as much as by cultural care values.

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Notes

1. Ethics approval was granted by the University of Toronto Research Ethics Board in May 2022 (Human Protocol Number 42384).
2. The Canada Pension Plan (CPP) is a national pension plan which employees in Canada pay into during their working lives. CPP benefits can be claimed from age 60; amounts are based on lifetime contributions and average annual earnings. The average CPP benefit in January 2023 was 811.21 Canadian dollars (CAD) monthly, and the maximum 1306.57 CAD (Government of Canada 2023a). Old Age Security (OAS) is a monthly benefit available to Canadian citizens and Permanent Residents (PR) over 65 years old, calculated based on age, income, and years in Canada. The 2023 maximum monthly OAS amount was 691.00 CAD for seniors 64 to 74 years, and 760.10 CAD for those over 75 (Government of Canada 2023b). Most Canadian seniors (citizens and PRs) receive both OAS and CPP; however, a minimum of 10 years of legal Canadian residency is required to be eligible.
3. The 2021 Canadian census indicated that the median income in Toronto was 84,000 CAD, while the median income for one-person households was 45,000 CAD. The 2020 low-income threshold was 53,005 CAD for a four-person household, 37,480 CAD for a two-person household, and 26,503 CAD for a one-person household (City of Toronto 2022b).
4. As eligibility for caregivers was determined by country of origin of the seniors they were caring for, there were two Canadian-born participants. One of these Canadian-born caregivers was supporting a grandmother from Dominica, the other a mother-in-law from Chile. The totals for “migration pathway” and “age at migration” do not include these two Canadian-born participants.
5. Intergenerational cohabitation was defined as two or more generations of adults over the age of 25 cohabiting in the same household. So, a senior living with her adult child(ren) was counted as intergenerational cohabitation (regardless of whether there were minor children the household), while (a) parent(s) residing with their minor children (or adult children 24 years or younger) were not considered to be living intergenerationally.
6. WASP is a colloquial expression for people of White, Anglo-Saxon, and Protestant ethnic background, often of British descent.

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