

Elderly Caregiving in Context: A Comparative Theoretical and Conceptual Analysis of Neoliberal and Critical Gerontology Approaches to Policy and Services in the Global North and South

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ABSTRACT: The accelerating growth of the global aging population presents significant challenges and opportunities for social policy, health systems, and social work practice. Existing theoretical frameworks, particularly neoliberalism and critical gerontology, provide important yet incomplete insights into the complexities of aging and elder care. Neoliberalism emphasizes efficiency, individual choice, and market-based solutions; however, it has been widely critiqued for reinforcing inequality and commodifying care. In contrast, critical gerontology highlights structural inequalities, power relations, and the socially constructed nature of aging, while advocating for social justice and collective responsibility. Nonetheless, its limited engagement with issues of resource allocation and system efficiency constrains its applicability within contemporary policy contexts. This paper advances a Neo-Critical Gerontology framework as an integrative and forward-looking approach to elder care. Drawing on interdisciplinary scholarship and global evidence, the framework synthesizes the strengths of both paradigms while addressing their respective limitations. The framework reconceptualizes aging as both socially constructed and materially conditioned, shaped by cumulative life-course inequalities and broader political-economic forces, while redefining agency as relational and context-dependent, contingent upon equitable access to resources and institutional supports. It further advances a critical re-examination of the commodification and privatization of care, advocating for a hybrid model in which markets operate within strong regulatory frameworks and the state ensures universal access to high-quality services. By integrating structural critique with pragmatic policy considerations, the Neo-Critical Gerontology framework offers a comprehensive paradigm for advancing equitable, sustainable, and inclusive elder care systems.

KEY WORDS: Elderly caregiving, neoliberalism, critical gerontology, social work, social policy

I. INTRODUCTION

Globally, populations are aging across all countries. In 2020, 727 million individuals aged 65 and older were living worldwide. Over the subsequent three decades, this number is projected to more than double, reaching nearly 1.5 billion by 2050 (United Nations, 2020). In response to this substantial demographic shift, numerous advocates and analysts have called for the expansion of care services and the strengthening of social policy frameworks. These scholars express concern that unmet care needs among older populations will intensify due to structural limitations within both formal and informal care systems (Abdi et al., 2019; Simonazzi, 2009).

Concern has also been directed toward marginalized groups with elevated support needs and restricted access to social assistance. Such groups include older adults from low- and no-income households, individuals from Indigenous communities, women, LGBTQI+ elders, and those with complex medical conditions (Daly & Armstrong, 2016; Hughes, 2007). Although conditions and societal attitudes toward aging vary significantly across national contexts, several shared trends are evident. These include the marketization of care, the framing of service users as consumers rather than rights-bearing citizens, a shift toward individualized funding models in place of block funding for care organizations, and an increased reliance on family-based care to address systemic gaps (Lutz & Palenga-Möllnbeck, 2012; Meagher et al., 2016).

In response to these evolving demands and challenges, research on elder care has expanded considerably over recent decades. Social work scholars have made substantial contributions to this body of literature, offering perspectives grounded in social justice, policy reform, and direct practice (Hulko et al., 2017). This scholarship encompasses a wide range of methodologies, theoretical perspectives, and practice approaches. This concept paper examines the tensions between neoliberal and critical gerontological frameworks in elder care, drawing on examples from both developed and developing contexts. The paper further considers

the strengths and limitations of these perspectives, as well as their implications for social work practice with older adults.

1.1 Advancing the Problem through Population Aging and the State of Older People

Understanding the conditions of older populations requires situating aging within broader global transformations. While increased life expectancy offers opportunities for societal advancement, it is accompanied by significant challenges (Dobriansky et al., 2007; Randel et al., 2017; United Nations, 2020). Definitions of “old age” vary across contexts: in developed countries, it is commonly linked to retirement at ages 60 or 65, whereas in many developing settings, it is defined by dependency and the inability to engage in productive labor (Randel et al., 2017, p. 4). These variations highlight the socially constructed nature of aging and complicate the development of coherent policy responses.

Misconceptions about older populations further impede effective policymaking. Conceptions of old age often lack a consistent physiological basis and are shaped by social expectations. Evidence suggests that many individuals’ approaching retirement age prefer to remain economically and socially active, in some cases due to financial necessity (WHO, 2015). Material insecurity remains a persistent concern, as older individuals are disproportionately represented among the poorest populations, with limited access to income, education, and social participation (Agunbiade & Akinyemi, 2017; Randel et al., 2017; WHO, 2015). These conditions contribute to exclusion, poor health outcomes, and increased vulnerability, including higher risks of elder abuse in contexts with weak policy support (Agunbiade & Akinyemi, 2017; Aboderin, 2011, as cited in Agunbiade & Akinyemi, 2017).

Although informal family and community networks may mitigate marginalization, their effectiveness is uneven and increasingly constrained by socio-economic change (Abdi et al., 2019; Randel et al., 2017; Simonazzi, 2009). Access to such support often depends on gender and financial resources rather than age alone. Simultaneously, dominant economic frameworks continue to equate productivity with societal value, reinforcing negative perceptions of older individuals as economically dependent (Lutz & Palenga-Möllenberg, 2012; Meagher et al., 2016; Randel et al., 2017; WHO, 2015). Indicators such as the “old-age dependency ratio” further entrench this perspective by framing aging populations primarily in terms of fiscal burden (WHO, 2015).

Addressing population aging as a positive development requires prioritizing the quality of life and rights of older individuals. Failure to meet these needs constitutes both a violation of human rights and a loss of valuable social contributions (Randel et al., 2017; WHO, 2015). Greater attention must therefore be directed toward the assumptions underpinning access to services, alongside the development of inclusive policies that reduce vulnerability and promote well-being. This context underscores the importance of examining competing frameworks of elder care, particularly neoliberal and critical gerontological approaches, in shaping policy and practice.

II. THEORETICAL FRAMEWORKS AND DEBATES

This section examines the key theoretical frameworks that shape contemporary understandings of aging and elder care, with particular attention to neoliberalism and critical gerontology. It critically explores the tensions, assumptions, and implications of these perspectives in informing policy, practice, and the lived experiences of older populations.

2.1 Neoliberalism and Elderly Care

The neoliberal philosophy of elder care is characterized by continuous reforms in care policy, largely justified, particularly within countries of the Organisation for Economic Co-operation and Development (OECD), by rising dependency ratios and the increasing social and economic costs associated with population aging (Simonazzi, 2009). Although resource constraints affecting both formal and informal care systems are widely acknowledged, market-based solutions are frequently advanced as cost-effective responses to contemporary elder care shortages (Hoppania & Vaittinen, 2015; Ungerson, 2003). Within this framework, the enterprise model has increasingly come to dominate the provision of both social and health care services for older populations, contributing to the expansion of care marketization. Consequently, a discernible global trend toward the commodification of elder care has emerged, embedded within market logics of choice and competition (Hoppania & Vaittinen, 2015).

Neoliberal ideology, with its emphasis on individual choice, consumerism, and fiscal sustainability, permeates these reforms (Colombo et al., 2011; Hoppania, 2013). Policy orientations grounded in economic rationality prioritize ensuring that individuals possess sufficient income to insure themselves against social risks (Foucault, 2008, as cited in Hoppania & Vaittinen, 2015). As Neilson (2012) observes, contemporary elder care policies increasingly frame aging as “more of an individual risk and less of a collective responsibility,” thereby compelling individuals either to provide self-care or to rely on market mechanisms for purchasing services (p. 45). In this way, neoliberal discourse mobilizes the language of autonomy and choice while advancing policies that promote privatization, commodification, and the rationalization of care systems (Estes, 2001; Gatwiri et al., 2020; Hoppania & Vaittinen, 2015).

The commodification of elder care reflects a broader transformation in the production of medical goods and services, from an orientation centered on meeting the needs of older individuals (such as food, shelter, and functional support) to one driven by market exchange and the generation of private profit and wealth (Estes, 2001, p. 59). Within this paradigm, aging is constructed as a technical problem to be managed by specialized experts. High-technology, pharmaceutical-intensive, and expert-led interventions are prioritized to address discrete aspects of aging among older “consumers” participating in the medical marketplace (Estes, 2001). The notion of the “health care consumer” has thus been institutionalized as part of a broader legitimating framework for individualized and commodified medical systems (Estes et al., 2000; Estes, 2001).

In industrialized nations such as the United States, the United Kingdom, and Canada, medical care for older populations has long functioned as a commodity (Estes, 2001; Hoppania & Vaitinen, 2015; Woods et al., 2018). Within such capitalist contexts, the maximization of profit frequently assumes priority over the promotion of health, except where poor health adversely affects productivity (Estes, 2001). In developing regions, particularly across Africa, neoliberal reforms have significantly reshaped public health systems over recent decades (Agunbiade & Akinyemi, 2017; Gatwiri et al., 2020). Health care delivery in many of these contexts operates on a “fee-for-service” basis, requiring patients to pay for diagnostic and treatment services upfront, except in emergency situations (Gatwiri et al., 2020). Such arrangements contribute to the erosion of older individuals’ rights to accessible and equitable health care, as access becomes contingent upon financial capacity.

Privatization constitutes another central pillar of the neoliberal approach to elder care. The extent and form of privatization vary depending on the interplay between state institutions, private sector actors, capital interests, and health care consumers (Scarpaci, 1989, as cited in Estes, 2001, p. 62). A dominant assumption within neoliberal frameworks is that markets and private enterprises can deliver health and social care services more efficiently than public institutions (Estes, 2001; Johnstone et al., 2022). In the United States, for example, the medical-industrial complex exemplifies the significant role of private sector actors in health care governance (Estes, 2001). Privatization is therefore promoted as a strategy to alleviate pressures on public resources while simultaneously ensuring service provision and generating profit (Estes, 2001).

Critics, however, contend that privatization reflects a broader neoliberal development model that exacerbates social inequality (Agunbiade & Akinyemi, 2017; Estes, 2001; Gatwiri et al., 2020; Johnstone et al., 2022). As Njoya (2017) argues, neoliberalism “uses the language of social policy and justice but [insidiously] drives a very corporate and unequal agenda” (as cited in Gatwiri et al., 2020, p. 90). Similarly, Johnstone et al. (2022) assert that the erosion of state responsibility has led to the “responsibilization” of individuals for managing social risks such as illness, disability, unemployment, and poverty, effectively transferring the burden of recovery onto individuals within inherently unequal competitive systems (p. 224).

In many African contexts, the expansion of private health care provision, coupled with reduced governmental involvement, has produced adverse outcomes in terms of efficiency, affordability, and accessibility (Gatwiri et al., 2020). These developments have had particularly detrimental effects on the well-being of aging populations (Agunbiade & Akinyemi, 2017). Rotarou and Sakellariou (2017) observe that private institutions, driven primarily by profit motives rather than commitments to equitable care, have contributed to the deterioration of public health systems, widened urban–rural disparities, and intensified inequalities in access to services (p. 497). As a result, health care has become increasingly unaffordable and inaccessible for many older individuals most in need of support (Agunbiade & Akinyemi, 2017; Gatwiri et al., 2020).

Rationalization represents an additional strategy within neoliberal elder care systems, referring to the implementation of organizational processes designed to enhance efficiency, reduce costs, and minimize waste (Estes, 2001). This concept, rooted in Max Weber’s foundational work on bureaucratization and rationalization, gained prominence in analyses of modern capitalist societies. Beginning in the 1980s, the health care sector experienced substantial organizational restructuring, marked by mergers and consolidations that intensified throughout the 1990s (Estes, 2001). The formation of corporate buyer alliances, such as the Washington Business Group on Health, further accelerated efforts to reorganize health care delivery along market-oriented lines (Bergthold, 1990, as cited in Estes, 2001). These initiatives promoted the adoption of business practices within health care systems as a means of controlling escalating costs (Estes, 2001).

For older populations, policies such as Medicare have played a significant role in advancing processes of medicalization, commodification, privatization, and rationalization in health care delivery, particularly from the 1980s onward (Estes, 2001) and continuing into the present.

2.2 Critical Gerontology and Elderly Care

Critical gerontology provides a vital framework for understanding the conditions and lived experiences of aging, as well as the development of social policy, through multiple theoretical lenses and levels of analysis. Emerging in the late 1970s and early 1980s through the foundational contributions of Estes (1979), Guillemard (1980), Phillipson (1982), and Walker (1981), this body of scholarship sought to elucidate the roles of capitalism and the state in producing systems of domination and marginalization affecting older populations (as cited in Estes, 2001). Drawing on critical theory, feminist theory, political economy, and humanistic approaches,

critical gerontology offers a multidimensional analysis of aging and old age (Holstein & Minkler, 2003; Moody, 2008).

A central and unifying premise of critical gerontology is that aging and the challenges encountered in later life are socially constructed, shaped by societal interpretations of aging and older persons (Estes, 1979; Wellin, 2018). These constructions operate across multiple levels: macro-level influences such as state structures and economic systems; micro-level interactions through which individuals actively construct social realities; and meso-level institutional and organizational processes that mediate between individuals and broader societal forces (Estes, 2001). Within this framework, policies related to elder care, retirement income, health care, and social services are understood as outcomes of dynamic interactions among economic, political, and sociocultural forces within specific historical contexts (Estes, 2001; Wellin, 2018; Van Dyk, 2014). Social policy thus reflects prevailing power relations and social struggles, reproducing patterns of advantage and disadvantage structured along lines of class, race and ethnicity, gender, and age (Estes, 2001).

Critical gerontology also interrogates the production of knowledge about aging, including the emergence and popularity of conceptual models such as “successful aging” (Moody, 2008). Scholars within this tradition critically examine how such discourses individualize responsibility for aging outcomes, thereby obscuring structural inequalities and placing undue expectations on older individuals who may be unable to meet normative standards (Martinson & Minkler, 2006; Rozanova, 2010). From this perspective, it is essential to recognize the political and economic interests embedded within the discourse of successful aging, including efforts to reduce public expenditures on elder care and to capitalize on aging populations as consumer markets—captured in the notion of “marketing to the gold in gray” (Sinding & Gray, 2005, p. 149). Rather than portraying older populations as a social burden within apocalyptic demographic narratives (Gee & Gutman, 2000), the aging of societies, particularly the cohort of baby boomers, is reframed as an economic opportunity (Polivka & Longino, 2006). The anti-aging industry exemplifies this shift by promoting products and lifestyles designed to obscure the visible and functional markers of aging, thereby sustaining ideals of youthfulness, activity, and productivity (King & Calasanti, 2006).

In relation to elder care, earlier policy frameworks conceptualized state intervention as a mechanism for mitigating class-based inequalities within national contexts. Critical gerontology emerged in part as a response to the limitations of such approaches, particularly their tendency to construct older individuals as “passive dependents” (Estes, 1979). Political economy perspectives within critical gerontology further emphasize the role of the state in shaping life chances across the life course, highlighting how structural inequalities are produced and reproduced into old age (Doheny & Jones, 2021; Estes, 2001).

Feminist contributions to critical gerontology underscore the centrality of gender as an organizing principle in both social life and institutional power relations. This perspective draws attention to gendered inequalities in elder care provision and research, as well as the differential distribution of resources and opportunities experienced by men and women across the life course (Estes, 2001; Wellin, 2018). Gender, in this sense, plays a decisive role in shaping both the experience of aging and the material conditions of later life.

The humanistic dimension of critical gerontology addresses questions of meaning, identity, and lived experience in old age. Drawing on constructionist and hermeneutic traditions, and further within feminist and intersectional analyses, this approach emphasizes the importance of understanding aging from the subjective standpoint of older individuals (Doheny & Jones, 2021). Gubrium and Holstein (1999) conceptualize constructionism as the examination of experience from the perspective of the subject, highlighting the plurality of narratives that characterize aging. This orientation seeks to explore what constitutes a meaningful and fulfilling later life, while considering how societies might support diverse and alternative visions of “a good old age” (Doheny & Jones, 2021).

Critical gerontology is further defined by its opposition to the commodification and rationalization of aging and elder care, as well as its rejection of forms of instrumental domination that constrain autonomy in later life, whether emanating from state bureaucracies or market forces. Additionally, this perspective challenges the dominance of positivist paradigms in aging research, advocating instead for approaches that foreground power, inequality, and lived experience (Wellin, 2018). As such, critical gerontology remains an indispensable framework for theory, research, and practice, offering a transformative vision for aging that stands in contrast to neoliberal models of elder care.

III. CRITICAL REFLECTION AND IMPLICATION FOR SOCIAL WORK

The evaluation of neoliberalism and critical gerontology reveals important insights into their respective strengths, limitations, and applicability to social work practice with older populations. Neoliberalism offers a compelling emphasis on individual choice, efficiency, and policy reform, aligning superficially with the social work principle of self-determination. However, this alignment is constrained by the realities of structural inequality, raising critical questions about the extent to which older individuals can meaningfully exercise choice within market-driven systems.

Empirical evidence demonstrates that older populations are disproportionately affected by poverty, dependency, and social vulnerability, with increased exposure to neglect and abuse (Agunbiade & Akinyemi,

2017; Randel et al., 2017; WHO, 2015). Structural conditions—including inadequate pension systems, mandatory retirement policies, and limited welfare provisions—further exacerbate marginalization, particularly for those with precarious employment histories. These findings challenge the neoliberal assumption that individuals can secure well-being through market participation, revealing significant gaps between theoretical ideals and lived realities.

The commodification of elder care under neoliberal frameworks further undermines equity by reframing care as a market good rather than a social right. This approach neglects entrenched power imbalances and disproportionately excludes marginalized groups, including older women, Indigenous populations, LGBTQI+ elders, and those with complex health needs. Moreover, reliance on privatized systems has been shown to reduce affordability and accessibility of care across both developed and developing contexts (Agunbiade & Akinyemi, 2017; Gatwiri et al., 2020; Johnstone et al., 2022). Such outcomes highlight the limitations of market-based solutions in addressing diverse and complex care needs.

In contrast, critical gerontology provides a more comprehensive analytical framework by foregrounding structural inequalities, state responsibility, and the socio-political dimensions of aging (Estes, 2001; Wellin, 2018). Its emphasis on social justice, collective responsibility, and service-user participation aligns closely with the ethical and professional commitments of social work (International Federation of Social Workers, 2013). Furthermore, its recognition of power relations and its critique of global capitalism position social workers as both practitioners and advocates for systemic change (Ferguson & Woodward, 2009; Moody, 2008).

Despite these strengths, critical gerontology's limited engagement with issues of efficiency and policy implementation underscores the need for theoretical advancement. The forementioned discussions suggest that neither framework alone adequately addresses the complexities of contemporary aging. This gap necessitates the development of a Neo-Critical Gerontology framework that integrates structural critique with pragmatic considerations of resource allocation, ensuring both equity and sustainability in elder care systems.

3.1 The New Paradigm Shift: Neo-Critical Gerontology Framework and Elderly Care

The rapid expansion of the global aging population has intensified the need for integrative frameworks capable of addressing the complexities of later life. With individuals aged 65 and older projected to reach nearly 1.5 billion by 2050 (United Nations, 2020), dominant approaches such as neoliberalism and critical gerontology reveal both strengths and limitations when applied independently. Neoliberalism prioritizes efficiency, individual autonomy, and market responsiveness, whereas critical gerontology emphasizes structural inequalities, power relations, and the socially constructed nature of aging (Estes, 2001; Hoppania & Vaittinen, 2015). The Neo-Critical Gerontology framework emerges as a necessary synthesis, integrating these perspectives to address the multidimensional challenges of aging across diverse contexts.

Central to this framework is the recognition that aging is both socially constructed and materially conditioned by cumulative life-course inequalities, including poverty, unemployment, gender discrimination, and limited access to health care (Agunbiade & Akinyemi, 2017; Randel et al., 2017; WHO, 2015). While critical gerontology highlights these structural determinants (Estes, 2001; Wellin, 2018), neoliberalism underscores demographic pressures and resource constraints (Simonazzi, 2009; Colombo et al., 2011). Neo-Critical Gerontology reconciles these perspectives by situating efficiency within a broader commitment to equity, ensuring that economic considerations do not eclipse social justice.

A key contribution of this framework lies in its reconceptualization of agency. Rather than framing older individuals as autonomous market actors, agency is understood as relational and context-dependent, shaped by access to resources and institutional supports (Hoppania & Vaittinen, 2015; Gatwiri et al., 2020). This approach aligns with social work principles of self-determination while acknowledging structural constraints (International Federation of Social Workers, 2013). Accordingly, empowerment is reframed as the transformation of conditions that enable meaningful choice, rather than mere participation in markets.

The framework also critically re-examines the commodification of care. Neoliberal reforms have increasingly prioritized profit-driven service delivery, often undermining accessibility and equity (Estes, 2001; Woods et al., 2018). Evidence across contexts indicates that privatization frequently reduces affordability for those most in need (Agunbiade & Akinyemi, 2017; Gatwiri et al., 2020; Johnstone et al., 2022). Neo-Critical Gerontology advances a regulated hybrid model in which markets operate alongside strong public systems, with the state retaining responsibility for universal access to quality care. Intersectionality further strengthens this approach by addressing the compounded disadvantages faced by marginalized groups (Daly & Armstrong, 2016; Hughes, 2007; Wellin, 2018).

From a policy and practice perspective, the framework advocates a recalibrated relationship among state, market, and community, alongside a rejection of deficit-based narratives of aging (WHO, 2015; Martinson & Minkler, 2006; Rozanova, 2010). It positions social workers as practitioners, advocates, and agents of structural change committed to equity and inclusion (Ferguson & Woodward, 2009; International Federation of Social Workers, 2013). Ultimately, Neo-Critical Gerontology offers a comprehensive and adaptable paradigm that advances dignified, inclusive, and socially just approaches to aging and elder care.

Advancing the Neo-Critical Gerontology Framework for Equitable and Sustainable Elder Care

Synthesizing Neoliberalism and Critical Gerontology to Promote Social Justice, Equity, and Dignity in Aging



Figure 1.1 Advancing Theoretical Synergies and Contribution of Neo- Critical Gerontology for Sustainable Elder Care

IV. Conclusion

The analysis highlights the urgency of rethinking prevailing approaches to aging and elder care amid rapid global demographic change. While neoliberalism and critical gerontology each offer valuable insights, their limitations necessitate a more integrative framework. Neoliberalism’s focus on efficiency, individual responsibility, and market-based solutions contributes to important discussions on sustainability but often commodifies care and obscures structural inequalities, resulting in inequitable access and weakened social protection. In contrast, critical gerontology provides a compelling critique of power relations and social inequalities, advancing a justice-oriented perspective, yet its limited engagement with implementation and resource constraints highlights the need for further development.

The Neo-Critical Gerontology framework addresses these gaps by synthesizing structural critique with pragmatic policy considerations. It reconceptualizes agency as relational, challenges the commodification of care, and reinforces the central role of the state in ensuring universal access to services. Through an intersectional lens, the framework recognizes the diverse and unequal experiences of aging, while its balanced engagement with market mechanisms enables innovation without compromising equity. In doing so, it reframes aging as a complex social phenomenon requiring inclusive, rights-based, and context-sensitive responses.

For social work, this framework offers a transformative foundation aligned with commitments to social justice, human rights, and systemic change. It reinforces the dual role of practitioners as service providers and advocates, calling for critical policy engagement, collaboration with older persons, and sustained efforts to

address structural inequities (Ferguson & Woodward, 2009; International Federation of Social Workers, 2013). Advancing elder care therefore demands a shift beyond incremental reform toward a comprehensive reorientation of theory, policy, and practice, with Neo-Critical Gerontology providing a pathway toward more equitable, inclusive, and responsive systems of care.

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