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Precarity in Late Life: Understanding new forms of risk and vulnerability

Population aging, changes in the labor market, and the retrenchment of public services, draw attention to rising insecurity in late life. Major discourses on aging and late life often focus on health, activity and success. Yet beneath these accolades of 'longevity as a story of success' is evidence of widening inequality among older people (Biggs, 2014; Ferraro & Shippee, 2009; Rek-Woźniak, 2014). Where risks related to labor and migration are well documented in early periods of the life course, research tends to overlook the implications of these in late life. This is especially the case where the realities of aging—and in particular the need for care—brush up against individualized interpretations of risk and responsibility. In this context, economic and political conditions can be added to the myriad of factors that may alter experiences of late life (Dumas & Turner, 2015; Blinded for review). Time —and the lack thereof—may intersect with health and social inequities to extend precarity into late life. Time and age may also produce new forms of vulnerability beyond work, as the aging body requires care (see Blinded for review; Settersten & Trauten, 2009). The growing proportion of older people experiencing risks and insecurity point to the political imperative of examining precarity into late life.

This paper examines key themes in research on precarity amidst conditions of longevity, declining social protection, austerity, and widening disadvantage. The paper takes a critical life course perspective to argue that the concept of precarity be extended into late life, both as a means to understand extended experiences of risk and insecurity, and how disadvantage may be altered as a result of aging and late life. Our argument is predicated on understandings of aging that are structured, experienced, and mediated through aging bodies and experiences (Blinded for review; Twigg &

Martin, 2015). That is, the idea that aging and late life are accompanied (and produced) by material (i.e., loss of income through retirement), and corporeal realities (i.e., illness, loss, the need for care), that occur at the intersection of policies, structures, discourses, and experiences of health and aging (Blinded for review). As such, we view aging as a process of growing older over time, and in relation to contemporary political and economic conditions that produce particular needs and new forms of vulnerability in later life.

The paper begins with a brief overview of the concept of precarity. We then turn to three locations - gender, disability, and im/migration - to make the case for focusing on precarity in relation to contemporary experiences of aging and late life. In each, we present statistics from Canada and the United Kingdom as a means of illustrating precarity. We use these examples to highlight how current trends signal concern for the wellbeing of disadvantaged groups in the context of population aging. We suggest that developing a broadened reach of precarity will provide gerontological scholarship and approaches to aging with the means to conceptualize and politicize forms of risk and insecurity beyond existing individualist biological and functional configurations located in (and on) aging bodies (see Bornat & Bytheway, 2010; Pickard, 2009) and situate older people's needs within the context of declining supports and public programs.

Precarious: An Evolving Concept of Insecurity and Risk

The *Oxford English Dictionary* records and guides the use of the English language, thereby providing insight into cultural frames of reference, meaning and

experience. To be precarious is to be at risk, or vulnerable, in some way. According to the *Oxford English Dictionary* (2016), *precarious* (adj) is defined as 'a right, tenancy' (i.e., held or enjoyed by the favor of and at the pleasure of another person), and a condition whereby one is 'vulnerable to the will or decision of others'. The literal definitions of the concept *precarious* range from: 'a line of argument, inference, opinion (e.g., insecurely founded or reasoned, doubtful, dubious)', to being 'dependent on chance or circumstance; uncertain; liable to fail; exposed to risk, hazardous; insecure, unstable', to 'subject to or fraught with physical danger or insecurity; at risk of falling, collapse, or similar accident; unsound, unsafe, rickety'. As such, the definition of the term signals an alignment with vulnerability, uncertainty, insecurity and risk. It also references shifting socio-historical interpretations linked to need and the provision of care.

Existing academic literature conceptualizes precarity—and the state of precariousness—in relation to risk and insecurity. Waite (2009) for example, refers to precarity as "life worlds characterized by uncertainty and insecurity" (p.426). Standing (2010) outlines how a life characterized by a chronic state of uncertainty and instability can lead to a 'truncated status' and reduction of basic rights (civil, political, economic, social and cultural) (p.8), and Butler (2009), renders explicit the political and shared nature of such conditions. Precarity is, according to Butler (2009), a "politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death" (p. 25).

Three aspects are found in the academic literature on precarity. First, it is located at the interface of structured conditions and everyday lives—that is, precarity is formed and experienced in relation to labor, migration, and as will be argued, aging. Second, differing from previous analysis of social divisions organized around class, gender, geography, or 'race', precarity attempts to describe shared forms of insecurity, vulnerability, and potential suffering. In doing so, it holds the potential for an intersectional analysis of how risk, insecurity and disadvantage cut across diverse social locations, extending into late life itself. Finally, precarity is not only a social critique, but also a point of action. A common notion among scholars is that precarity implies "both a condition and a possible rallying point for resistance" (Waite, 2009, p.426).

Applications of Precarity: Risks Related to Labor and Im/migration

Research on precarity documents changes in the socio-political environment tied to globalization, new forms of work, and declining social protection. This new environment alters and re-locates contemporary forms of inequality amongst workers and migrants, especially those deemed undeserving or irresponsible (Standing, 2010, 2012). Studies of precarity span inter-disciplinary boundaries of labour studies, migration, sociology, and geography (Lewchuk, Clark & Wolff, 2008; Waite, 2009), drawing on research from Europe and North America (Gallie, Paugman & Jacobs, 2003; Lewchuk et al., 2015). Scholars writing in this field focus on the relationship between precarious status and risk (Standing, 2010); the production of precariousness through neoliberal policies (Blinded for review; Porter, 2015); the implications of the rise of insecure or 'precarious' employment (e.g., contract or self-employed work,

part-time work, seasonal or temporary work of migrants, the 'gig' economy, long hours, etc.) (Bowe, 2008; Vosko, 2000, 2006) and how insecure labour and migration intersect to compound inequality (Blinded for review; Oxman-Martinez et al., 2005).

Sub-populations considered more likely to be precarious include persons with particular work trajectories (i.e., insecure, part time or contract, etc.), youth, women, migrants, people with disabilities, and the criminalized (Blinded for review; Standing, 2010). In Canada, for example, Vosko, 2006) has outlined the problems associated with precarious work, including economic insecurity; increased vulnerability; inability to exercise agency; and family/community imbalances. A similar argument has been made with regards to unpaid or under-paid women in precarious sectors such as care-work, house-work, or call centers (Baines, Cunningham, Campey, & Shields, 2014; Huws, 2003; Lewis, Dwyer, Hodkinson, & Waite, 2015). However, although offering a strong critique of labour and migration-related vulnerabilities, little attention has focused on how such precarious trajectories continue into and/or affect late life. Our concern is how life course vulnerabilities may take on new meaning in relation to aging, disadvantage and time.

The small but growing literature that uses precarity in relation to aging or late life tends to focus on insecure employment and/or financial insecurity (Craciun & Flick, 2014; McGann et al., 2016), the limited retirement prospects of immigrant men (Hum & Simpson, 2010), and how locations such as disability for example, may force people out of the workforce, block access to the labour market, and in turn, affect late life (Bohle, Pitts, & Quinlan, 2010; D'Amours, 2009). Authors have also documented how new forms of work and technology create and sustain exclusion (Craciun &

Flick, 2014), especially where disability and citizenship are concerned (Knight, 2014). More recently, the concept has been extended into discussion of access to essential resources (Portocolone, 2013) and technology (Lafontaine & Sawchuck, 2015), as well as the vulnerabilities associated with dementia and the 'fourth age' (Blinded for review). Yet, although this emerging literature has started to acknowledge the risks carried into later life, it has yet to theorize how precarity may be altered as a result of aging and time, or link with existing gerontological literature on cumulative disadvantage. Our position is to emphasize the relevance of analyzing aging, disadvantage, and time, to explore how late life – experienced within contemporary conditions—may produce and extend new vulnerabilities. That is, we employ the concept of precarity as a means to critically locate the conditions of everyday life in relation to aging in a contemporary context.

Precarity: Women, Aging with a Disability, and the Foreign Born

This section explores precarity at three locations to illustrate disadvantage and vulnerability under contemporary conditions. The examples, which will be explored over the coming five years through funded research, were selected based on evidence of financial vulnerability and disadvantage as a result of labor/income structures, im/migration, and pension policies[i] (Statistics Canada, 2012,2013; OFNS, 2014; also see Kaida & Boyd, 2011). Although precarity entails more than income, we use statistics on poverty as a crude measure of insecurity and inequality. Building on this, we suggest that such disparities are crucial determinants of whether an older person will have the means to meet their needs in the private market, or whether their precarity will worsen as a result. The three cases illustrate multiple and intersecting

angles of disadvantage that can extend into late life, and signal new vulnerabilities affecting older people. In what follows, we underscore both the utility of drawing on the concept of precarity, and the political imperative of doing so.

Women's experiences of poverty and care. The risks of poverty and disadvantage among older women are well-known[ii]. Women's income in later life reflects their career path in the labor market, as well as care provision. Raising children and providing elder care has a huge impact on women in fulltime employment, with 20% of those who care leaving the labor market, and another 20% taking on part-time employment (Evandrou & Glaser, 2003; Milan, Keown & Urquijo, 2011). As such, periods of caring for children, spouses or relatives, have had negative implications on pension contributions and financial stability in late life (Berger & Denton, 2004; Dentinger & Clarkberg, 2002; Ginn, 2013; Price, 2006; 2017). Although attention is often drawn to overall reductions in poverty among older people, such changes are gendered. In Canada for example, being a woman increases the likelihood of relying on the Guaranteed Income Supplement (GIS)[iii] by 91% (Blinded for review). Income disparities related to care are also evident in the UK (ONS, 2016 p.26), with women more likely to receive a means-tested pensions than men (Ginn, 2013; Price, 2017). Such trends indicate disparities that extend into late life and may produce new vulnerabilities in the context of austerity and the need for care.

A disjuncture exists between health and social care provisions that rely on family/kin care or private market based care, and the structured nature of older women's income security and needs in later life. Women may continue to provide

care into late life (Sinha, 2012), and by means of longevity and low income, also become the main recipients of public care services such as home care (Keefe, 2011). Yet, despite having low income, the drastic under- funding of community and home care services means that fewer services are available, and further, that the levels of functional impairment must be severe in order to qualify (Blinded for review). A number of challenges exist where precarity among older women is concerned, including: care trajectories that contribute to low income and reduced pensions (Price, 2017; Ginn, 2013); racialized disparities in the provision of paid care (Baines, 2004); limited public supports which require purchasing care from the private market (Armstrong & Armstrong, 2003); and the individualized risks and unpredictability of pensions which may result in less 'purchasing power' (Ginn, 2013; Blinded for review). Precarity reveals how trajectories of labour/care can lead to cumulative disadvantage, and new vulnerabilities amidst declining social commitments, and market based care.

(Dis)ability across the lifecourse and into late life. Although the prevalence of poverty among older people with disabilities is not well documented, evidence on labor force participation and poverty in earlier periods of the life course suggest that precarious trajectories may be carried into late life and create new vulnerabilities alongside aging. Disability may impede entry into the labour force, relegate individuals to precarious forms of work, and/or 'force' people out of the workforce, thereby blocking access to the labour market (Bohle et al., 2010; Vick & Lightman, 2010). In the UK, the employment rate for adults (all ages) with a disability is 49% compared with 81% for the non-disabled (Papworth Trust, 2014, p.14). In terms of poverty, the Canadian poverty rate for people with disabilities aged 18-64 is 14.4%,

comprising nearly 600,000 people (Council on Canadians with Disabilities, 2009, p.1). In the UK, around one third of disabled adults aged 25 to retirement age live in low-income households, twice the rate of that for non-disabled adults (ONS, 2010, Summary 40.). This evidence on labour force participation and the structured nature of poverty among people with disabilities demonstrates the potential for inequality across the life course and into late life.

Drawing on the concept of precarity can extend the analysis to consider contemporary vulnerabilities at the intersections of disability, aging, and care. Eligibility for services is based on individualized bio-medical and functional risks (Kaufman, 1994; Blinded for review). Yet, aging with disabilities renders visible the intersecting impacts of longevity, poverty, techno-medical interventions, and care. Where technology and medical advancements have extended the lives of people with disabilities and illnesses, such interventions have changed health and social care needs, altered configurations of impairment, and the means by which care is delivered (see Kaufman, 2015). Drawing on precarity reveals a pattern whereby insecure/unstable labour force attachments (lack of access, accommodation and/or ableism) produce precarious conditions that are carried into late life (Banks, Chaykowski & Slotsve, 2013), and intersect with longevity and the need for care in the context of reduced public supports (Braveman & Gottlieb, 2014). Additionally, poverty and need intersect with the prohibitive costs of technology and assistive devices (e.g., motorized wheelchairs, winterized scooters), raising issues of equitable access to care and support (Kaplan, 1997; Stanley, 2015). Disadvantage is thus both carried into late life, and becomes altered as a result of changing needs in a contemporary context.

Foreign born and im/migration after age 40. The majority of literature on im/migration similarly focuses on young migrants and working age adults. However, poverty rates among the foreign born, and foreign born older people suggest widening inequalities. In Canada, 31.9 % percent of foreign born people across all ages live in poverty (Picot & Hou, 2014 p. 10); the same as in the UK (Hughes & Kenway, 2016, p.2). Yet, despite labor force participation rates of 76.7 percent among foreign-born Canadians (OECD, 2017 p.1), current reliance on the Guaranteed Income Supplement (GIS) in Canada is 59% among post-1970 immigrants compared to 42% of Canadian born (Blinded for review). Differences are explained by factors that include difficulty entering the labour market, lack of skill recognition, discrimination, a shorter career, and eligibility requirements for the GIS and full pension (Blinded for review)[iv]. Researchers have drawn attention to the precarity of immigration regimes such as the live-in-caregiver program (Salami, Amodu & Okeke-Ihejirka, 2016); and the low paid work carried out by visible minority women (Baines, 2004; Martin-Matthews, 2007; Neysmith, & Aronson, 1997). However, the analysis of precarity has yet to be extended to the extended impacts of precarity among foreign born older people or new forms of vulnerability in late life.

Precarity among the foreign born signals that structural disadvantage carried into late life may impact late life in the context of austerity. In Canada, 20% (1 in 5) of the current population are foreign born, and 22.5% of foreign born individuals over age 45 are classified as having a low income (Picot, Lu & Hou, 2010, p. 18). Such numbers are also gendered. In 2000, 71% of female immigrants aged 65 (who landed in Canada after 1990) who lived alone were in a low income situation, compared to

42% of Canadian women who live alone (Turcotte & Schellenberg, 2006, p.6). Where im/migrants and second generation individuals represented 38.2% of Canada's population in 2011, this is predicted to be nearly one in two people (between 44.2% and 49.7%) in 2036 (Morency, Malenfant & MacIsaac, 2017, p. 2). Rates of poverty, combined with the shifting prevalence of foreign born people who will age in Canada, underscores the importance of understanding the relationship between im/migration, labor, gender, and care amidst declining social commitments (see Angel, 2003; Blinded for review; Wells et al., 2014). We turn now to our argument for extending precarity into late life as a means to understand disadvantage over time, and locate risk beyond the individual. These will be examined in the context of austerity that produce new vulnerabilities in later life.

Extending Precarity into Late Life: The Politics of Risk and Vulnerability

Extending the concept of precarity into late life situates disadvantage and vulnerability over time, and in relation to contemporary political and economic conditions that may sustain and/or widen inequality. Precarity provides a *language* to explicate how a life course of barriers to stable labour contributions, combined with low income and/or other markers of disadvantage, may intersect with health and the need for care in later years. As such, it is a concept that moves understandings of risk beyond individualized interpretations. At the same time, it can be used to highlight how care becomes a crucial turning point for risks and insecurities that are produced over the life course and reinforced in the context of economic austerity. The contemporary context has resulted in declining social protection, and failing support networks that expose older people to greater risk of injury and worse, unmet need and

abandonment. In this light, precarity is, as Butler (2009), Waite (2009), Standing (2010) and others note, deeply political because it draws attention to widening inequalities, and the implications of neoliberal and private-market practices.

Disadvantage, age and time. Our position rests on the assumption that precarity is somewhat different given the combination of aging and time—as the individual exits the labor market and/or may require care. While we are not suggesting an age-based timing of such needs, or that age necessitates care, we are using aging and time to mark a point where the opportunity to *alter* one's circumstances through income and labor changes, as does the potential need for care. Inequality and disadvantage are known to accumulate into late life, as individuals move across the life course (Dannefer, 2003; Olshansky, 2012; Verbrugge & Yang, 2002). However, existing conceptualizations tend to follow individual trajectories or under-estimate the impacts of conditions such as austerity. Yet, precarity holds the potential to address the individualist tendency within the life course perspective (see Dannefer & Settersten, 2010) by linking knowledge about early life course patterns with a relational and structural analysis, such as the intersections of income security, gender and care. It can also complement the cumulative disadvantage theory by demonstrating how risk not only accumulates over time, but changes as a result of needs that are experienced in particular contexts such as austerity. Where one may move in and out of situations of risk and precariousness throughout life, the need for care marks a point of change. It is the shortage of '*time left'*—or a lack of opportunity to alter circumstances via the labour market—combined with the need for care that must be purchased from the market, that extends or produces insecurities and precarity in later life (also see Goodin, 1999). Further, given the impact of austerity,

this may lead precarity to become a *permanent* rather than *temporary* condition in late life. The illustrative power in drawing on a lens of precarity thus requires that transitional moments—such as the need for care—are recognized both as shared moments of human vulnerability, and contextually situated needs.

Risk in an economic and political context. Precarity renders visible how everyday experiences of aging occur at the intersections of the socio-political context, across longer lives, and in relation to longer periods of chronic illness. Using precarity as a lens reveals how experiences of decline and/or impairment in late life – characterized by a need for care—are different than before. Longer lives result in more time spent in unequal power relations, and produce new vulnerabilities, through for example, a lack of access that can collide with the loss of rights and citizen entitlements. Older people's needs must be considered against changing structures and conditions that include the match – or mismatch—between their needs, and existing systems and services. Precarity reveals how risk is not only individually configured, but sustained and produced through structures, programs, and responses. As such, needs are not only a moment of 'needing care' in the timeline of an individual older person, as contemporary practices may suggest, but part of a collective need for care that occurs at point in time where public programs of care provision are being scaled back, eligibility of 'risk' required for public services raised, where policies assume available informal supports (available kin care), and where reliance on private market care models require material resources (see Armstrong & Armstrong, 2003; Martin-Matthews, 2007).

Care in the context of austerity. Drawing on the concept of precarity to understand risk and vulnerability also highlights the challenges brought about by austerity, defined as a: 'period of fiscal discipline in which governments make

significant cuts to public expenditure as a means of reducing public debt' (Cooper & Whyte, 2017). Precarity draws attention to the implications of neo-liberal practices that have altered late life through the combined impacts of the increase in short-term contracts, decline in trade unionism, and declining forms of social protection that include a reliance on family/kin or market care, and private market pensions (Cunningham, Baines, Shields, & Lewchuk, 2016). Here, the impacts of such measures on late life become clear. Declining community programs re-inforce inequalities as older people who would have relied on public supports become increasingly disadvantaged by a lack of access to services. Such conditions are producing a situation that Estes (1993), writing in the context of the United States in the 1990s, labelled 'no care zones', or the abandonment of older people by community-based services. Further, that current economic and political contexts have led to the expulsion of particular disadvantaged groups (Povinelli, 2011; Sassen, 2014)—an analysis that although not yet applied to aging, is entirely relevant to the case of older people who have experienced precarious lives. Precarity renders visible the implications of neo-liberal practices and reduction of public support since the 1980s, drawing attention to how such impacts may continue and widen unless disparities are addressed prior to entering late life. The concept of precarity thus offers a lens to document how disadvantage intersects with aging, the need for care, and access to essential supports, in the context of austerity.

Conclusion: Precarity, inequality and disadvantage in later life

This paper argues that the concept of precarity provides a number of insights for understanding risk and vulnerability in later life. An extended consideration of precarity renders visible the relationship between structures, life events, and everyday experiences of aging; highlights the shared vulnerabilities with regards to disadvantage and care; and underscores the political imperative for addressing inequality. This includes attention to how policy may structure disadvantage across the life course and over time, into late life, and further, how disadvantage may change when experienced against altered conditions of social protection. In particular, it illustrates how risks and insecurities may both deepen and change over time, producing new vulnerabilities where the need for care brushes up against conditions of austerity, declining public social protection, and in the context of longevity and demographic change. As such, this analysis challenges current assumptions about the taken-for-granted success-based frameworks for late life. In doing so it offers the means to understand risk as produced within the contemporary socio-cultural, economic and political environment, and work against the victim blaming that is promoted through the neoliberal emphasis on the self-reliant citizen. It also calls into question the sustainability and future implications of systems that presume the availability of informal supports (family, friends, community volunteers) and/or unrecognized or poorly paid forms of care.

Through our review of three intersecting locations of disadvantage tied to gender, migration and disability, we have demonstrated how exploring trajectories of risk through the lens of precarity can shed light on new and sustained pathways of risk and vulnerability in later life. This includes both the long-term impacts of locations

considered ‘precarious’, but also how disadvantage may become more pronounced as one ages, as a result of the need for care in the context of declining social commitments. In doing so, we suggest that precarity is a lens of analysis and potentially a conceptual model that can join scholarship on cumulative disadvantage, risk and exclusion, with aging and time. Although we have used three illustrations to illustrate our argument, we would argue that the relevance of the concept of precarity extends to other locations of disadvantage, risk, and insecurity across the life course and into late life. The concept of precarity thus holds meaning where informing public debate, policy development, and community-based practices are concerned. Having a better conceptual understanding of precarity and inequality in later life will allow for a foundation upon which policy and practice recommendations can be based.

Identifying and understanding precarity in later life requires research that considers how contemporary combinations of demographic change, longer lives, and reduced social safety nets, can alter the lives of older people, and the resources that are available to them. We suggest three areas of innovation with regards to precarity. The first is the consideration of precarity as it takes place in later life and beyond ‘working life’, and as it intersects with locations of disadvantage, such as the examples of gender, disability and im/migration explored in this paper. The second is the attention to the structural, relational, and existential elements of precarity, and how these take place within contemporary contexts of austerity, declining social protection, and against dominant ideas and practices of individualized models of risk. The third is a consideration of detailed accounts of older people’s vulnerabilities, trajectories in and out of risk, and an assessment of policy features that worsen precarity and/or are attentive to inequality. In sum, we argue that a focus on precarity

into late life may help to better understand disadvantage and contemporary forms of vulnerability, and make substantial contributions to knowledge in social gerontology, and our respective disciplines of social work, occupational therapy, sociology, and political science. As critical scholars, we have argued that drawing on precarity can link older people's needs and everyday lives with policy discourse, social programming, and community-based initiatives, to contribute new understandings of disadvantage, and ensure that considerations of risk and inequality as socio-politically situated conditions are incorporated into debates and actions for an aging society.

REFERENCES

Angel, J. L. (2003). Devolution and the social welfare of elderly immigrants: Who will bear the burden? *Public administration review*, *63*(1), 79-89.

Armstrong, P. (2010). Neoliberalism in action: Canadian perspectives. In S. Braedley & M. Luxton (Eds.), Neoliberalism and everday life (pp. 184–201). Montreal and Kingston: McGill-Queen's University Press.

Armstrong, P., & Armstrong, H. (2003). Women, privatization and health care reform: The Ontario case. In P. Armstrong & H. Armstrong (Eds.), Wasting away: The undermining of Canadian health care (2nd ed., pp. 163–215). Toronto: Oxford University Press.

Baines, D. (2004). Seven kinds of work-only one paid: Raced, gendered and restructured work in social services. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, *28*(2), 19-28.

Baines, D., Cunningham, I., Campey, J., & Shields, J. (2014). Not Profiting from Precarity: The Work of Nonprofit Service Delivery and the Creation of Precariousness. *Just Labour*, *22*.

Banks, K., Chaykowski, R. P., & Slotsve, G. A. (2013). The disability accommodation gap in Canadian workplaces: What does it mean for law, policy, and an aging population. *Canadian Lab. & Emp. LJ*, *17*, 295.

Berger, E. D., & Denton, M. A. (2004). The interplay between women's life course work patterns and financial planning for later life. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, *23*(5), S81-S95.

Biggs, S. (2014). Precarious ageing versus the policy of indifference: International trends and the G20. *Australasian Journal on Ageing*, *33*(4), 226-228.

Bohle, P., Pitts, C., & Quinlan, M. (2010). Time to call it quits? The safety and health of older workers. *International journal of health services*, *40*(1), 23-41.

Bornat, J. & Bytheway, B. (2010). Perceptions and presentations of living with everyday risk in later life. *British Journal of Social Work, 40,* 1118-1134.

Bowe, J. (2008). *Nobodies: Modern American slave labor and the dark side of the new global economy*. Random House Incorporated.

Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public health reports*, *129*(1_suppl2), 19-31.

Butler, J. (2009) Frames of War: When is life grievable*?* London: Verso.

Cooper, V & Whyte, D (2017) 'Introduction; the violence of austerity', in Cooper, V and Whyte, D (eds) The Violence of Austerity London: Pluto Press. 1-31.

Council of Canadians with Disabilities. (2009). As a Matter of Fact: Poverty and

Disability in Canada | Council of Canadians with Disabilities. Retrieved from http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/demographic-profile/poverty-disability-canada

Craciun, C., & Flick, U. (2014). “I will never be the granny with rosy cheeks”: Perceptions of aging in precarious and financially secure middle-aged Germans. *Journal of aging studies, 29*, 78-87.

Cunningham, I., Baines, D., Shields, J., & Lewchuk, W. (2016). Austerity policies,‘precarity’and the nonprofit workforce: A comparative study of UK and Canada. *Journal of Industrial Relations*, 0022185616639309.

D'Amours, M. (2009). Precarious work and risk management: towards a new social model ?. *Social Link and Policy* , *61*, 109-121.

Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross fertilizing age and social science theory. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *58*(6), S327-S337.

Dannefer, D., & Settersten, R. A. (2010). The study of the life course: Implications for social gerontology. *The SAGE handbook of social gerontology*, 3-19.

Dentinger, E., & Clarkberg, M. (2002). Informal caregiving and retirement timing among men and women gender and caregiving relationships in late midlife. *Journal of Family Issues*, *23*(7), 857-879.

Dumas, A., & Turner, B. (2015). Introduction: Human Longevity, Utopia, and Solidarity. *The Sociological Quarterly, 56* (1), 1-17.

Estes, C. L., (1993). The long term care crisis: Elders trapped in the no-care zone.

Evandrou, M., & Glaser, K. (2003). Combining work and family life: the pension penalty of caring. *Ageing and Society*, *23*(05), 583-601.

Ferraro, K., & Shippee, T. (2009). Aging and cumulative inequality: How does inequality get under the skin? The Gerontologist, 49(3), 333-343.

Gallie, D., Paugam, S., & Jacobs, S. (2003). Unemployment, poverty and social isolation: Is there a vicious circle of social exclusion?. *European Societies*, *5*(1),1-32.

Ginn, J. (2013). Austerity and Inequality. Exploring the Impact of Cuts in the UK by Gender and Age. *Research on Ageing and Social Policy*, *1*(1), 28-53.

Goodin, R. E. (1999). *The real worlds of welfare capitalism*. Cambridge University Press.

OECD (2017), Foreign-born participation rates (indicator). Retrieved from: https://data.oecd.org/migration/foreign-born-participation-rates.htm#indicator-chart. doi: 10.1787/fa75b43e-en. (Accessed on 06 June 2017)

Hughes, C., & Kenway, P. (2016). Foreign-born people and poverty in the UK.Retrieved from:https://www.jrf.org.uk/report/foreign-born-people-and-poverty-uk

Hum, D., & Simpson, W. (2010). The declining retirement prospects of immigrant men. Canadian Public Policy, 36(3), 287-305.

Huws, U. (2003). A New Virtual Global Division of Labour?: Some Lessons from the EMERGENCE Project. *Technikfolgenabschätzung-Theorie and Praxis*.

Kaida, L., & Boyd, M. (2011). Poverty variations among the elderly: The roles of income security policies and family co-residence. Canadian Journal of Aging, 30(1), 83-100.

Kaplan, D. (1997). Access to technology: Unique challenges for people with disabilities. *Generations*, *21*(3), 24.

Kaufman, S. R. (1994). Old age, disease and the discourse on risk: Geriatric assessment in U.S. Health Care. *Medical Anthropology Quarterly*, 8, 430–447. doi:10.1525/maq.1994.8.4.02a00060

Kaufman, S. R. (2015). *Ordinary medicine: extraordinary treatments, longer lives, and where to draw the line* (pp. 314). Durham, NC: Duke University Press.

Keefe, J. (2011). Supporting caregivers and caregiving in an aging Canada. Montreal: Institute for Research on Public Policy.

Knight, A. (2014). Disability as vulnerability: Redistributing precariousness in democratic ways, *The Journal of Politics*, *76*(1), 15-26.

Lafontaine, C., & Sawchuk, K. (2015, August). Accessing InterACTion: Ageing with Technologies and the Place of Access. In *International Conference on Human Aspects of IT for the Aged Population* (pp. 210-220). Springer International Publishing.

Lewchuk, W., Clarke, M., & De Wolff, A. (2008). Working without commitments: precarious employment and health. *Work, Employment & Society*, *22*(3), 387-406.

Lewchuk, W., Laflèche, M., Procyk, S., Cook, C., Dyson, D., Goldring, L., ... & Viducis, P. (2015). Precarity Penalty: The impact of employment precarity on individuals, households and communities–and what to do about it. Toronto: PEPSO, McMaster University, United Way Toronto.

Lewis, H., Dwyer, P., Hodkinson, S., & Waite, L. (2015). Hyper-precarious lives Migrants, work and forced labour in the Global North. *Progress in Human Geography*, *39*(5), 580-600.

Martin-Matthews, A. (2007). Situating "home" at the nexus of the public and private spheres. *Current Sociology*, *55*(2), 229–249.

McGann, M., Kimberley, H., Bowman, D., & Biggs, S. (2016). The Netherworld between Work and Retirement. *Social Policy and Society*, 1-12.

Milan, A., Keown, L. A., & Urquijo, C. R. (2011). Families, living arrangements and unpaid work. Ottawa: Statistics Canada. Retrieved June, *5*, 2017.

Morency, J. D., Malenfant, E. C., & MacIsaac, S. (2017). Population Projections for Canada and its Regions, 2011 to 2036. Retrieved from: http://www.statcan.gc.ca/pub/91-551-x/91-551-x2017001-eng.htm

Neysmith, S. M., & Aronson, J. (1997). Working conditions in home care: Negotiating race and class boundaries in gendered work. *International Journal of Health Services*, *27*(3), 479–499

Office for National Statistics (ONS). (2014), Persistent Poverty in the UK and EU, Retrieved from: (https://www.ons.gov.uk/peoplepopulationandcommunity/personalandueholdfinances/incomeandwealth/articles/persistentpovertyintheukandeu/2014#poverty-by-individual-characteristics).

Office for National Statistics (ONS). (2016, May). UK: low income by gender - The Poverty Site. Retrieved from http://www.poverty.org.uk/07/index.shtml

Office for National Statistics (OSN). (2010, May). UK: low income by disability- The Poverty Site. Retrieved from http://www.poverty.org.uk/40/index.shtml

Olshansky, S. J., Antonucci, T., Berkman, L., Binstock, R. H., Boersch-Supan, A., Cacioppo, J. T., ... & Jackson, J. (2012). Differences in life expectancy due to race and educational differences are widening, and many may not catch up. *Health Affairs*, *31*(8), 1803-1813.

Oxman-Martinez, J., Hanley, J., Lach, L., Khanlou, N., Weerasinghe, S., & Agnew,V. (2005). Intersection of Canadian policy parameters affecting women with precarious immigration status: A baseline for understanding barriers to health. *Journal of Immigrant and Minority Health*, *7*(4), 247-258.

Papworth Trust. (2014). Disability in the United Kingdom Facts and figures. Retrieved from http://www.papworthtrust.org.uk/sites/default/files/UK%20Disability%20facts%20and%20figures%20report%202014.pdf

Pickard, S. (2009). Governing old age: The 'case managed' older person. *Sociology*, *43*, 67–84. doi:10.1177/0038038508099098

Picot, G., & Hou, F. (2014). Immigration, Low Income and Income Inequality in Canada: What's New in the 2000s?. *Social Analysis and Modelling Division, Statistics Canada*. Retrieved from: http://www.statcan.gc.ca/pub/11f0019m/11f0019m2014364-eng.pdf

Picot, G., Lu, Y., & Hou, F. (2010). Immigrant low-income rates: The role of market income and government transfers. *Perspectives on Labour and Income*, *22*(1), 13.

Portacolone, E. (2013). The notion of precariousness among older adults living alone In the US. *Journal of Aging Studies*, *27*(2), 166-174.

Porter, A. (2015). Austerity, social program restructuring, and the erosion of democracy: Examining the 2012 Employment Insurance reforms. *Canadian Review of Social Policy*, (71), 21.

Povinelli, E. A. (2011). *Economies of abandonment: Social belonging and endurance in late liberalism*. Duke University Press.

"Precarious" (Def. 1). (n.d.) In Oxford English Dictionary Online, Retrieved October 6th, 2016, from http://www.oed.com/view/Entry/74134?

Price, D. (2006). Why are older women in the UK poor?. *Quality in Ageing and Older Adults*, *7*(2), 23-32.

Price, D. (2007). The pensions White Paper: taking account of gender. *Benefits*, *15*(1), 45-57.

Price, D. (2017). *How do gender differences in lifecourses affect income in retirement?* (92) Retrieved from Pensions Policy Institute website: http://www.pensionspolicyinstitute.org.uk/briefing-notes/briefing-note-92---how-do-gender-differences-in-lifecourses-affect-income-in-retirement

Rake, K., Falkingham, J., & Evans, M. (2000). British Pension Policy in the Twenty first Century: a Partnership in Pensions or a Marriage to the Means Test? *Social Policy & Administration*, *34*(3), 296-317.

Rek-Woźniak, M. (2014). Transition into Adulthood, Life Course, Inequalities and Social Change. In Welfare State at Risk (pp. 137-152). Springer International Publishing.

Russell, E., & Dufour, M. (2016). Why the rising tide doesn't lift all boats: wages and bargaining power in neoliberal Canada. *Studies in Political Economy*, *97*(1), 37-55.

Salami, B., Amodu, O., & Okeke-Ihejirika, P. (2016). Migrant Nurses and Care Workers' Rights in Canada. United Nations Research Institute for Social Development. Retrieved from: http://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/7EEBA6386981AC8FC125800B00295658/$file/Salami%20et%20al.pdf

Sassen, S. (2014). *Expulsions: Brutality and Complexity in the Global Economy*. Harvard University Press.

Settersten R.A. Jr & Trauten M. (2009). The new terrain of old age: Hallmarks

freedoms, and risks. In Bengtson V, Silverstein M, Putney D, Gans S, (Eds) *Handbook of Theories of Aging* (pp. 455–469) New York: Springer.

Sinha, M. (2013). Portrait of caregivers, 2012. Statistics Canada. Retrieved from http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.pdf

Standing, G. (2010). The Precariat: The new dangerous class. London: Bloomsbury Press.

Standing, G. (2012). The Precariat: From Denizens to Citizens? *Polity, 44*(4), 588-608.

Stanley, R. J. (2015). Medicare and Complex Rehabilitation Technology: A 20-Year Review. *Topics in Geriatric Rehabilitation, 31*(1), 74-87.

Statistics Canada. (2012) Canadian income Survey, 2012. Statistics Canada Catalogue Vol.NA. No.11-001-X .Retrieved from: http://www.statcan.gc.ca/daily-quotidien/141210/dq141210a-eng.pdf

Statistics Canada, (2013) Health Analysis Division: Health Reports, 2013. Gender Gaps- Life Expectancy and proportion of life in poor health. Vol, 25. No. 82-003-X. Ottawa.Version updated November 2015. Retrieved from http://www.statcan.gc.ca/pub/82-003-x/2014012/article/14127-eng.htm

Turcotte, M., & Schellenberg, G. (2006). *A portrait of seniors in Canada: Introduction* (No. 89-519). Report.

Twigg, J., & Martin, W. (2015). The challenge of cultural gerontology. *The Gerontologist, 55*(3), 353-359.

Verbrugge, L. & Yang, L. (2002). Aging with disability and disability with aging. *Journal of Disability and Policy Studies, 12*(4), 253-267.

Vick, A., & Lightman, E. (2010). Barriers to employment among women with complex episodic disabilities. *Journal of Disability Policy Studies, 21*(2), 70-80.

Vosko, L. (2000). *Temporary Work: The Gendered Rise of a Precarious Employment Relationship*. Toronto: University of Toronto Press.

Vosko, L. (2006). *Precarious Employment: Understanding Labour Market Insecurity in Canada.* Montreal and Kingston: McGill-Queen's University Press.

Waite, L. (2009). A place and space for a critical geography of precarity? *Geography Compass, 3*(1), 412-433.

Wells, D., McLaughlin, J., Lyn, A., & Mendiburo, A. D. (2014). Sustaining Precarious Transnational Families: The Significance of Remittances from Canada's Seasonal Agricultural Workers Program. *Just labour, 22*

[i] Canada's Federal Poverty Reduction Plan (2010) lists older adults as one of the nine demographic groups most vulnerable to low-income rates. More recently, a report on Canadian Income further noted that 606,000 older Canadians live "in low income" (Statistics Canada, 2012). In the UK, 18 percent of pensioners living in low-income households (OFNS,2014), with the USA rate of persons living in low income climbing to around 15 percent for people aged 65-79 in 2012 (CENSUS,2013).

[ii] Women live longer than men, with the Canadian differences in life expectancy noted at 82.7 and 78.5 years respectively (Statistics Canada, 2013).

[iii] The (Guaranteed Income Supplement) GIS is Canada's social assistance program in later life. This is a means tested provision. At present, single older people can apply for GIS if their income is below $17,554.

[iv] Note: The GIS is only available to individuals who have lived ten years in Canada and the universal pension allowance requires forty years of residence in order to be paid in full. An immigrant who spent thirty years in Canada, received 75% of this benefit that plays a crucial role to raise retirement income for individuals with limited private pension earnings.