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REVIEW ARTICLE

Social isolation among older migrants: a scoping review

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Abstract
Older migrants from culturally and linguistically diverse backgrounds are vulnerable to social isolation in the settlement country. While a few reviews have examined social isolation and loneliness in older people, there remains a notable gap in evidence specifically focused on social isolation among older migrants. Considering the distinction between social isolation and loneliness, this review aims to synthesise literature on the prevalence and experience of social isolation, identify risk factors, and explore interventions used in these populations. A scoping review underpinned by Arksey and O'Malley's five-stage framework was conducted. We searched five databases from inception to May 2025. A random-effects meta-analysis model using the DerSimonian and Laird method was applied to pool prevalence estimates. Risk factors were mapped according to Mcleroy's socio-ecological model. Of the 5,094 publications identified, 27 were included. Pooled data indicated that social isolation affected 25.2 per cent (95% CI, 19.0–31.9%) of older migrants, with migration-related disruption to social networks at 27.4 per cent (95% CI, 14.9–41.9%) and family isolation at 20.4 per cent (95% CI, 18.0–23.0%). Factors associated with social isolation at the individual, interpersonal, community and environmental levels were identified, along with approaches that reduce social isolation targeted at these levels. Among older migrants, limited language proficiency and lack of familial support emerged as the key individual and interpersonal-level contributors. Findings reveal the need for further research focused on addressing individual-level risk factors, involving family members, and employing rigorous methodology in evaluating effectiveness of interventions.

Keywords: social isolation; migration; ethnicity; ageing

Background and objective

Social isolation is defined as the objective state of having a small social network and infrequent social interactions (Holt-Lunstad et al. 2015; World Health

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Organization 2021). While Holt-Lunstad et al. (2015) included lack of communication and participation in social activities in their definition, limited contacts and network size are the frequently reported markers of social isolation (Holt-Lunstad et al. 2015; World Health Organization 2021; Wigfield et al. 2022). The concept of social isolation is often used interchangeably with loneliness although they represent distinct states of existence (Holt-Lunstad et al. 2015; Wigfield et al. 2022). Social isolation is an 'objective' state resulting from a lack of actual social connections, whereas loneliness is a 'subjective' feeling resulting from a discrepancy between a person's desired and their actual social connections (Perlman and Peplau 1981; World Health Organization 2021). These differences were emphasized by Wigfield et al. (2022), who highlight that social isolation is largely determined by the quantity or number of a person's contacts, while loneliness is impacted by the quality of these contacts. As such, a person who has a small number of contacts could be classified as socially isolated. However, if a person's interaction with their limited contacts is meaningful, this reduces their likelihood of experiencing loneliness (Wigfield et al. 2022). Thus, social isolation may or may not lead to feelings of loneliness and loneliness may occur with or without social isolation.

Social isolation affects people of all ages. The risk is higher among older people with a multitude of age-related factors, including widowhood, retirement, physical or functional decline, cognitive impairment and poor health status (Chen et al. 2024; Wang et al. 2024). Worldwide, it is estimated that one in four older people experience social isolation (World Health Organization 2021), a finding supported by a systematic review reporting a prevalence of 25 per cent among community-dwelling older people (Teo et al. 2023). In the United States prevalence estimates range from 19 per cent to 24 per cent (Cudjoe et al. 2020; Kotwal et al. 2021).

The continued increase in global migration contributes to a growing population of older migrants, referred to as those who live outside their country of birth (International Organization for Migration 2024). For older migrants whose primary language differs from the dominant language spoken in their host country, the risk of social isolation may be further compounded by migration-related challenges. Apart from losing the ties with their old network in their country of origin, their ability to establish new networks and access essential support services is hindered by language barriers and cultural differences (Georgeou et al. 2023; Tonui et al. 2023). Social isolation is further exacerbated by factors related to transportation, discrimination and the unavailability of culturally appropriate services (Johnson et al. 2019; Joshi et al. 2024). In addition, while family members are the main source of social support, living with adult children with busy schedules and being highly dependent on them for their needs and activities could contribute to the person's social isolation (Johnson et al. 2019).

Despite the increased vulnerability among older migrants, evidence on understanding social isolation among these populations is limited. Available evidence has largely focused on social isolation in the general older population. A literature review (Cotterell et al. 2018) revealed risk factors for social isolation among older people at the individual, relationship, community and societal levels. However, the review did not articulate considerations related to older migrants. Likewise, reviews of interventions have highlighted the limited consideration of cultural diversity in existing

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approaches (Madani et al. 2022; Nwofe et al. 2024). For example, Madani et al. (2022) conducted an overview of systematic reviews on interventions for mitigating social isolation and loneliness in older people. Findings show that none of the interventions were clearly described as tailored to the needs and preferences of socially disadvantaged older people (Madani et al. 2022). Similarly, Nwofe et al. (2024) found that few interventions in the Organisation for Economic Co-operation and Development (OECD) countries were tailored for people of minority ethnic populations, raising concerns of effectiveness in these groups (Nwofe et al. 2024).

Recent literature reviews on older migrants have examined both social isolation and loneliness, rather than social isolation alone. A qualitative interpretive meta-synthesis of evidence explored the consequences of social isolation and loneliness among older migrants (Tonui et al. 2023). While the findings reveal a multitude of risk factors and approaches to mitigate social isolation and loneliness, only qualitative studies were included; quantitative studies, especially evaluating the effectiveness of the approaches used, may have provided additional insights. A scoping review explored the extent, range and nature of empirical studies on social isolation and loneliness among older migrants, finding that around 63 per cent of the included studies investigated loneliness, whereas only 18 per cent examined social isolation (Joshi et al. 2024). Findings also provided insights into various factors that contribute to social isolation and loneliness (Joshi et al. 2024). However, factors that specifically relate to either social isolation or loneliness were not explicitly differentiated.

While social isolation and loneliness in older people are mostly explored together, it is worth noting that the determinants and impacts of each may differ. The two concepts capture different domains of people's lives and different vulnerabilities; as such, each requires a tailored management approach (Van Tilburg and de Jong Gierveld 2023). Also, social isolation in older people is associated with distinct outcomes such as decreased physical functioning (Zhang et al. 2021; Lyu et al. 2024), lower quality of life, mental health issues (Rohde et al. 2016; de Maio Nascimento et al. 2023) and increased risk of mortality (Lyu et al. 2024). Social isolation is recognized as one of the modifiable risk factors for dementia in late life (Livingston et al. 2020). Considering the distinction between social isolation and loneliness and their independent impact on health outcomes, an understanding of how social isolation is experienced and affects a specific population helps strengthen the best available evidence for addressing this issue.

Taken together, there is a notable gap in evidence focused on understanding social isolation in the context of older migrants. While some interventions have shown promise, evidence tailored to the cultural, linguistic and social realities of these populations remains sparse. A synthesis of existing evidence is needed to provide comprehensive insights into older migrants' experiences of social isolation and to inform the development of culturally appropriate, evidence-based interventions.

Objective

To address the gaps in available evidence, the objective of this scoping review is to synthesize and map research literature on social isolation among older migrants who

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are living in their own home or in the community. This review will answer the following questions:

1. What is the prevalence of social isolation among older migrants and how is it experienced by them?
2. What are the risk factors contributing to social isolation among older migrants?
3. What interventions have been used to address social isolation among older migrants?

Research design and methods

A scoping review was chosen owing to the broad objective of the review. A review protocol was registered in the Open Science Framework (registration DOI: 10.17605/OSF.IO/PQK9T). This scoping review was informed by Arksey and O'Malley's five-stage framework for scoping reviews: (1) identifying the research question; (2) identifying the relevant studies; (3) selecting studies; (4) charting the data; and (5) collating, summarizing and reporting the results (Arksey and O'Malley 2005). Research questions were identified based on the participant, context and concept (PCC) framework (Peters et al. 2022). This review is reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al. 2018).

A search strategy was developed based on research questions and in collaboration with an academic librarian. An initial search was conducted on Medline to determine related terms and keywords. The search strategy was then adapted and applied across four databases: CINAHL, Embase, PsycINFO and Scopus. Reference lists of the articles included in the final screening process were also examined. The search was conducted up to May 2025. There was no limit applied to the publication date. Medical Subject Headings (MeSH) terms and keywords used are shown in Table 1. Supplementary Material 1 contains the search terms used for Medline.

Based on the PCC criteria, this review included peer-reviewed primary empirical studies published in English that focused on: (1) participants: people aged 60 and above as defined by the World Health Organization (World Health Organization 2025) or explicitly identified by the researchers as older people; migrants who live outside their country of birth and whose primary language is different from the dominant language spoken in their host country; (2) concept: social isolation as previously defined which encompasses limited contacts, networks and interactions; includes prevalence,

Table 1. Search terms

Key words	MeSH
ethnic, immigrant, culturally diverse, foreign born, non-English speaking, multicultural, refugees	Ethnic and Racial Minorities, Ethnicity, Emigrants and Immigrants, Cultural Diversity, Refugees
older people, older person, senior, elderly	Aged
social isolation, social isolat* social engagement, social support, social connection	Social Isolation, Social Participation, Social Support

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perceptions, experiences, risk factors and factors or strategies that mitigate social isolation; (3) context: conducted in the community setting or among home-dwelling older people.

To ensure that the included studies primarily focused on older migrants and explored social isolation or reported outcomes specifically related to social isolation, exclusion criteria were: (1) participants: not older migrants; (2) not focused on social isolation: primarily explored loneliness, depression, anxiety and other related outcomes; (3) outcomes related to social isolation were not clearly articulated; (4) mainly focused on racial disparities or differences in characteristics between ethnic groups or their native-born counterparts; (5) conducted in institutional aged care and healthcare settings. Studies that explored social isolation along with other concepts but did not have findings specific to social isolation or had findings that overlap with other concepts (*eg* loneliness) were excluded. Literature reviews, editorials, protocols and letters to the editor were also excluded. Three authors performed the title and abstract screening. All authors performed the full text screening. Disagreements were resolved through a discussion by the authors involved in screening or within the team.

A data charting template was developed by the first author, which included information on citation, country, study design, sample, social isolation measure and key findings. The first author extracted the data, which was cross-checked by three co-authors. The data charting process was focused on: (1) exploring the prevalence and experiences of social isolation; (2) identifying the risk and protective factors to social isolation; and (3) examining the interventions used to address social isolation. Furthermore, guided by a socio-ecological model (McLeroy et al. 1988), the risk factors to social isolation were mapped according to intrapersonal (individual characteristics), interpersonal (family relationships and network) and community or public policy-related factors.

Quantitative and qualitative data were synthesized descriptively using a convergent integrated approach, allowing for a comprehensive interpretation of findings. Quantitative data were analysed using a random-effects meta-analysis (DerSimonian and Laird) in JBI SUMARI, accounting for expected clinical and methodological heterogeneity (Barker et al. 2021). Pooled prevalence estimates with 95 per cent confidence intervals (CI) were calculated, and heterogeneity was assessed using the I^2 statistic.

Qualitative data were analysed through inductive thematic synthesis (Peddie et al. 2025), where findings were coded and organized into descriptive and higher-order analytical themes to identify recurring patterns and contextual factors. Integration of both data types was achieved through narrative synthesis, with results organized around key themes to allow comparison and complementarity between quantitative and qualitative findings. A joint display table was used to visually link numerical trends with qualitative insights (Creswell and Inoue 2025), enhancing transparency. Final results were presented narratively, supported by tables and figures to improve clarity and accessibility.

Results

A total of 5,094 publications were retrieved from database searching, and five articles from handsearching of the reference list of included articles. After duplicates were

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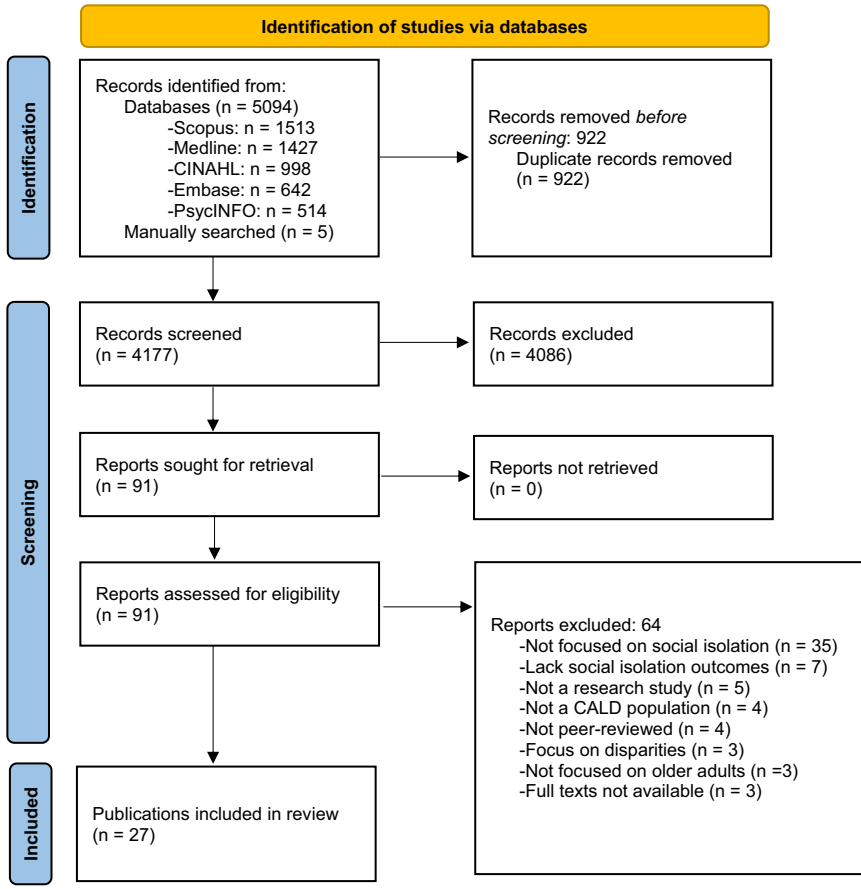


Figure 1. Preferred reporting items for systematic reviews and meta-analysis flow diagram.

removed, 4,177 publications were screened for titles and abstracts, of which 91 were included in the full text screening. A total of 27 publications (25 unique) published between 2000 and 2025 were included in this review. One of the 27 papers published additional results for the same group of participants from a previously published paper (Park et al. 2023). Another paper included participants who had been recruited from a separate, pre-existing study (Morgan et al. 2020). The results of the search are presented using PRISMA (Page et al. 2021) in Figure 1. A summary of the study characteristics is provided in Table 2.

Most of the studies were conducted in the United States (n = 13) while others were conducted in Canada (n = 4), New Zealand (n = 3), Australia (n = 4) and Sweden (n = 1). The majority of the studies used qualitative methods (n = 16). Of the quantitative methods used, most were described as a cross-sectional study or survey (n = 7). Other methods used were randomized controlled trial, participatory research and mixed methods. All studies specified the ethnic group of the participating older people

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Table 2. Study details

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Adenji et al. 2025	United States	Cross-sectional survey	N = 163 African	None	Patient Reported Outcomes Measurement Information System (PROMIS) Social Isolation Short Form	Social isolation had the largest influence on the emotional wellbeing of the participants ($\beta = -0.451$, $p < 0.001$).
Baldassar and Wilding 2020	Australia	Qualitative (ethnographic interviews)	N = 56 Italy-born (n = 20) China-born (n = 8) India-born Punjabi (n = 8) Myanmar-born (n = 20)	Reflection on social support networks and the use of digital communication technologies (*eg* phone, video calls, social media platforms)	An inductive approach and theory building from cases to analyse participants lived experiences	Digital communication enables older migrants to sustain long-distance social support networks and protection of social identity. Transnational social networks maintain culturally valued practices while living in a foreign country.
Emami et al. 2000	Sweden	Qualitative ethnographic observation and interviews	N = 338 Iranian seniors Day-care-centre observations (n = 323) Interviews (n = 15)	Day-care-centre activities: information sessions about Sweden, Swedish as a second language courses, Persian meals, playing bingo, exercise sessions, walking hours, poetry readings, needlework, music, dance and cultural events	Not specified	Participation in the centre activities helped participants to socialise and communicate uninhibitedly with others and made them feel a sense of community and social belonging.
Ip et al. 2007	Australia	Focus groups, survey	N = 99 Chinese Focus group (n = 25) Survey (n = 74)	None	Patterns of social contacts and activities	Older Chinese, especially women, had a restricted social network and experienced social isolation (43% of respondents).

(*Continued*)

Table 2. (*Continued.*)

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Jang et al. 2021	United States	Cross-sectional	N = 2,032 Korean	None	Lubben Social Network Scale–6	The odds of having fair/poor health (54%), mental distress (44%) and cognitive impairment (32%) were higher for participants who were both socially and linguistically isolated (20% of participants).
Jang et al. 2016	United States	Survey	N = 1,301 Korean	None	Lubben Social Network Scale–6	Male gender, below average financial status, three or more chronic conditions, three or more activities of daily living impairment, fair to poor self-rated health, age and unmarried or living alone and poorer ratings of health mostly contributed to greater marginal ties to both family and friends.
Jetten et al. 2018	Australia	Qualitative	N = 29 Chinese, Croatian, Dutch, El Salvadorian, German, Polish, South African with Indian origins, Spanish, Vietnamese	None	Rating scale on experience of social isolation from 1 (very low/not at all) to 10 (very high/totally)	Participants' challenging experiences with migration was related to the difficulty with maintaining connectedness with their pre-migration selves and post-migration selves, specifically in terms of the discontinuity of their social identity. Participants identified approaches that they used to maintain a sense of connectedness.
Koehn et al. 2022	Canada	Case study	N = 19 Korean, Pakistani	None	Not specified	Participants experienced social isolation owing to language barriers, physical limitations and inaccessible transportation.

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Table 2. (*Continued.*)

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Lai et al. 2020	Canada	Randomized controlled parallel trial	N = 60 Chinese Intervention group (n = 30) Control group (n = 30)	Chinese Community Helpers Program – a peer-based intervention that aims to increase social support and positive ties among older Chinese immigrants at risk of social isolation	Lubben Social Network Scale	Statistically, reducing loneliness ($p < 0.02$), and fewer barriers to social participation ($p < 0.001$) were noted among intervention group participants.
Li et al. 2024	United States	Community-based participatory research	N = 2,075 Chinese	None	Social Disconnectedness Scale and Perceived Isolation Scale	Perceived isolation ($B = 1.97$, $SE = 0.17$, $p < 0.001$) was associated with faster decline in depressive symptoms. Activity engagement had significant mediating effects.
Li et al. 2018	United States	Qualitative	N = 24 Chinese	None	Not specified	Major themes regarding challenges included language barriers, loneliness and social isolation. Protective factors to resilience included acceptance and optimism, independence and autonomy, informal social support and use of the social welfare system.
Liou and Shenk 2016	United States	Case study	N = 10 Chinese	None	Not specified	Participants' social circle was limited. Language barrier, gender expectation, living arrangement and lack of transportation limited the scope of participants' social lives.

(*Continued*)

Table 2. (*Continued.*)

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Morgan et al. 2020	New Zealand	Qualitative	N = 44 Maori (n = 10) Pacific (n = 10) Asian (n = 10) New Zealand European (13) Other (n = 1) (recruited from the study of Wiles et al. 2019 and through snowballing)	None	Not specified	Social isolation was conceptualized as an embodied experience and interconnected with loneliness. Social isolation was attributed to diminishing friendship networks, decreasing group affiliations and not being able to establish close connection with others.
Owino 2025	United States	Qualitative	N = 37 Congolese	None	Not specified	Social isolation was the main challenge during the Covid-19 pandemic owing to the restrictions which limited in-person meetings that many of them relied on for social communication, social gatherings and essential services.
Park et al. 2023[a]	United States	Cross-sectional	N = 2,150 Korean	None	Living arrangement, Lubben Social Network Scale–6	Participants displayed a higher rate of isolation from friends than family owing to cultural values of familism and filial piety. Structural and relational isolation were associated with higher levels of loneliness and psychological distress.
Park et al. 2022[a]	United States	Survey	N = 2150 Korean	None	Living arrangement, Lubben Social Network Scale–6	Socially isolated individuals had more socio-economic disadvantages, poorer health conditions, less-positive family interactions, lower perceived community cohesion and a higher level of mental distress. Family cohesion buffered the effect of social isolation on mental distress.

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Table 2. (*Continued.*)

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Park et al. 2019	New Zealand	Qualitative	N = 20 Korean, Chinese Interview (n = 10) Focus group (n = 10) N = 5 Chinese professionals	None	Not specified	One theme was being isolated in isolation. Family was seen as a bedrock of social integration but, for some participants also a source of isolation. Some participants coped with social isolation by reframing it as a luxury, allowing them the space to live independently.
Park and Kim 2013	New Zealand	Qualitative	N = 10 older Korean N = 20 key informants	None	Not specified	Older Koreans faced challenges owing to the combined effects of later-in-life immigration and ageing in a new country. They experienced social isolation owing to unfamiliarity with the culture and language of the host country.
Qi et al. 2022	United States	Survey	N = 398 Chinese	None	Social isolation was measured by different aspects of social network. Five items were combined to create an index of social isolation.	Social isolation was positively associated with psychological distress (mean/SD 1.69 + 0.74; range 1–5) and negatively associated with life satisfaction ($\beta = -0.086$, $p < 0.05$) and happiness ($\beta = -0.153$, $p < 0.001$).
Sayed et al. 2025	United States	Qualitative	N = 45 Middle Eastern/Arab	None	Not specified	Two major themes emerged that advanced understanding of the meanings of intergenerational relations among older migrants. These were: (a) the breakdown of family relations, which describes a shift in both the experience and the expecations of intergenerational relations in Middle Eastern/Arab families; and (b) cultural sources of increased stress, illustrating how the pandemic interfered with valued family interactions and affected well wellbeing.

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Table 2. (*Continued.*)

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Serafica and Thomas Reyes 2019	United States	Qualitative	N = 40 Filipino	None	Not specified	Challenges related to ageing in America, Westernized attitudes of their children, language barriers and feelings of social isolation and loneliness.
Stewart et al. 2011	Canada	Qualitative	N = 48 Chinese, Afro-Caribbean, Yugoslavian, Spanish. N = 26 service providers involved in the provision of services to immigrant seniors	None	Not specified	Participants experienced financial and language difficulties, health problems, discrimination, family conflicts and social isolation.
Tran et al. 2022	Australia	Qualitative	N = 40 German, Dutch, Romanian, Chinese, Vietnamese	None	Not specified	Four groups of experience were revealed: the isolated, the family, the ethnic community and the multicultural cluster. Several factors were identified that affect participants' social connectedness experience such as English language proficiency, driving ability, length of residence, personal preference and individual effort.
Trujillo Tanner et al. 2023	United States	Survey	N = 557 Hispanic	None	Social isolation was measured by identifying elements of familial and other support relevant to Hispanic individuals.	Dual sensory impairment was associated with social isolation longitudinally but not cross-sectionally.

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Table 2. (*Continued.*)

Author	Country	Study design	Sample and ethnicity	Intervention	Social isolation measure	Findings
Weng 2019	United States	Case study	N = 7 Asian (interviews) Data on how many attended the programmes were not reported.	The first programme consists of college students teaching older adults how to use technology. The second programme involves younger professionals providing lectures on topics of interest to older adults.	Not specified	The programmes promoted shared learning and increased social connections between the younger and older generations.
Wiles et al. 2019	New Zealand	Qualitative	N = 44 Maori (n = 10) Pacific (n = 10) Asian (n = 10) New Zealand European (13) Other (n = 1)	Volunteer befriending service – the Accredited Visiting Service programme which aims to enhance social connection	Not specified	The befriending service fostered social connection among isolated people.
Wu and Hart 2002	Canada	Cross-sectional	N = 3,009 immigrants from all ethnic origins	None	Social support index, social involvement index, number of contacts in the past 12 months	Chronic health problems, being separated/divorced and living in detached dwellings contribute to reduced social contact and participation.

Notes: [a]Papers were based on data from the same larger study.

and included Chinese (n = 11), Korean (n = 6), African, European, Spanish/Hispanic and Middle Eastern. Sixteen studies focused on single ethnic groups, while nine studies included various ethnic groups. Social isolation was measured using the Lubben Social Network Scale (n = 4), Patient Reported Outcomes Measurement Information System (PROMIS) Social Isolation (n = 1), the Social Disconnectedness Scale and the Perceived Isolation Scale (n = 1), the Social Support Index and the Social Involvement Index (n = 1). Five studies used various measures, including objective measures of social contacts (n = 2) and researcher-developed measures (n = 3) such as rating scales, elements of social network and support, and theory-based analysis of lived experiences.

Themes

The results are presented according to the review questions. A summary of the quantitative and qualitative findings is shown in Table 3. The perceptions and experiences of social isolation among older migrants were shaped by migration-related disruptions to social networks, family relationships and support, and psychosocial and emotional outcomes.

Prevalence of social isolation

Pooled data (n = 3 studies) demonstrated that the prevalence of social isolation was 25.2 per cent (95% CI, 19.05%, 31.9%) (Jang et al. 2021; Qi et al. 2022; Park et al. 2023) (Supplementary Material 2). Participants described social isolation using various terminologies, such as being 'invisible' (Park and Kim 2013), 'confined at home' (Ip et al. 2007; Liou and Shenk 2016), 'feeling trapped' (Tran et al. 2022) and feeling 'alienated' or 'disconnected' (Serafica and Thomas Reyes 2019). In some studies participants described their homes as 'prisons' (Ip et al. 2007; Park and Kim 2013) and 'cage' (Park and Kim 2013).

Migration-related disruption to social networks

Pooled data (n = 3 studies) showed that migration-related disruption to social networks was 27.4 per cent (95% CI, 14.9%, 41.9%) (Ip et al. 2007; Jang et al. 2016; Qi et al. 2022) (Supplementary Material 2).

Qualitative data from ten studies provided in-depth insights into migration-related disruption. Owing to their move to a new country, older migrants lost their established networks (Stewart et al. 2011; Jetten et al. 2018; Park et al. 2019) and experienced a dispersal of their social ties (Baldassar and Wilding 2020) and discontinuity of their social life (Jetten et al. 2018; Baldassar and Wilding 2020). The disruption of social network was captured by a participant's quote: 'Here I don't have much friends, only when I go to church or to park and see other lolas (grandmothers in Tagalog). I talk to them. My circle is small here' (Serafica and Thomas Reyes 2019). While participants acknowledged their social needs, they faced challenges in establishing new networks (Stewart et al. 2011; Liou and Shenk 2016; Li et al. 2018; Serafica and Thomas Reyes 2019) and integrating into the wider society (Stewart et al. 2011; Park and Kim 2013; Liou and Shenk 2016; Li et al. 2018; Serafica and Thomas Reyes 2019; Baldassar and Wilding

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Table 3. Themes

Theme	Qualitative	Quantitative
Prevalence of isolation	Participants described feeling invisible, confined or alienated. Homes were likened to a 'prison' or 'cage' owing to social disconnection. 'Some live like "birds in a cage" and, therefore, are isolated and depressed' (Park and Kim 2013).	Pooled prevalence for social isolation was 25.2 per cent (95% CI, 19.0%, 31.9%).
Migration-related disruption	Migration led to loss of previous networks, disrupted social continuity, shift in familial role and difficulty establishing new connections. Communication technology enabled participants to stay connected with family and friends in their home country. 'Here I don't have much friends, only when I go to church or to park and see other lolas (grandmothers in Tagalog). I talk to them. My circle is small here' (Serafica and Thomas Reyes 2019).	Pooled prevalence for migration-related disruption to social networks was 27.4 per cent (95% CI, 14.9%, 41.9%).
Family dynamics: isolation and support	Isolation occurred despite living near family owing to busy schedules, family conflict and fear of being a burden. Cultural shifts reduced intergenerational contact. Positive family interactions reduced feelings of isolation. 'Living with one of them [children]? … No way, I won't … especially with my daughter-in-law …, living together with my daughter-in-law can be uncomfortable … when I give even a little opinion to my daughter-in-law, she immediately reacts like "Why do you do that?"' (Park et al. 2019).	Pooled prevalence for isolation from family was 20.4 per cent (95% CI, 18.0%, 23.0%).
Psychosocial and emotional impact	Participants expressed sadness, hopelessness, uselessness and loneliness. 'Every time I feel very sad whenever I think about this … at night, I cannot sleep, so I have to take sleeping pills' (Park et al. 2019). Some coped through spirituality, hobbies and focusing on gratitude: "'I had faith in God that things would get better. That gave me hope. I would pray for my friends and family members" (Female, 60 years)' (Owino 2025).	Social isolation was associated with lower emotional wellbeing, negative life satisfaction, negative effect on happiness and higher psychological distress and depressive symptoms.

2020; Tran et al. 2022). A participant shared this unsuccessful attempt to connect with others: 'I join many social groups [but] have nobody to talk with' (Tran et al. 2022).

Participants expressed the desire to visit their home country in order to stay in touch with their family and friends (Jetten et al. 2018; Li et al. 2018; Koehn et al. 2022). However, travel was not possible for others owing to the costs (Jetten et al. 2018) and physical limitations (Li et al. 2018). Participants valued the opportunity to stay

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connected with family and friends in their country of origin through alternative methods such as phone calls, mobile applications or email (Jetten et al. 2018; Baldassar and Wilding 2020). For example, a participant from one study (Baldassar and Wilding 2020) who preferred spending time with her brother appreciated that she was still able to communicate with him on the phone or through mobile applications. In another study where communication technology was not yet advanced, participants stayed connected through regular email communication (Jetten et al. 2018).

Family dynamics: isolation and support

Pooled data (n = 3 studies) revealed that the prevalence of isolation from family was 20.4 per cent (95% CI, 18.0%, 23.0%) (Jang et al. 2016; Qi et al. 2022; Park et al. 2023) (Supplementary Material 2).

While family was the main reason for most participants' migration, qualitative data from eight studies show participants' isolation from their own family members owing to breakdown of family relationships (Ip et al. 2007; Stewart et al. 2011; Park et al. 2019; Koehn et al. 2022; Tran et al. 2022; Sayed et al. 2025), concerns about causing inconvenience or burden to their family (Ip et al. 2007; Park et al. 2019; Morgan et al. 2020) and changing values of adult children (Ip et al. 2007; Park and Kim 2013; Serafica and Thomas Reyes 2019; Morgan et al. 2020; Sayed et al. 2025). For example, a participant from one study shared: 'Living with one of them [children]? … No way, I won't … especially with my daughter-in-law …, living together with my daughter-in-law can be uncomfortable … when I give even a little opinion to my daughter-in-law, she immediately reacts like "Why do you do that?"' (Park et al. 2019). Participants from another study (Ip et al. 2007) reported that their concern about causing financial burdens and inconveniences contributed to their reluctance to use the telephone, visit their friends and ask their friends to visit them. In other studies, participants felt that traditional values, such as regularly spending time with family members (Ip et al. 2007; Serafica and Thomas Reyes 2019; Morgan et al. 2020; Sayed et al. 2025) and looking after the older family, were no longer valued as they used to be (Park and Kim 2013; Morgan et al. 2020).

Meanwhile, qualitative data from four studies showed that older people who had more frequent contact and a quality relationship with family members had more positive experiences and did not feel a considerable sense of isolation (Jetten et al. 2018; Baldassar and Wilding 2020; Koehn et al. 2022; Tran et al. 2022). As an example, participants from one study (Tran et al. 2022) felt that their family already satisfied their social needs and were no longer interested in going out or socializing with other people.

Psychosocial and emotional impact

The impact of social isolation was predominantly on the participants' emotional and psychosocial wellbeing. Quantitative data from four studies revealed that social isolation was negatively associated with emotional wellbeing (Park et al. 2019; Adeniji et al. 2025), life satisfaction and happiness (Qi et al. 2022), and positively associated with psychological distress (Qi et al. 2022) and a faster decline in depressive symptoms (Li et al. 2024).

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Qualitative data from six studies provided further insights into the impact of social isolation and how some participants managed these. Participants experienced sadness, hopelessness, uselessness and loneliness. As an example, a participant expressed: 'Every time I feel very sad whenever I think about this … at night, I cannot sleep, so I have to take sleeping pills' (Park et al. 2019). Participants also felt concerned about not having anyone to be around when they needed help (Morgan et al. 2020).

To mitigate the negative impact of social isolation, participants tried to change their perspectives on their situation through acceptance and optimism (Li et al. 2018; Park et al. 2019; Serafica and Thomas Reyes 2019; Owino 2025), spirituality (Park et al. 2019; Owino 2025), engaging in hobbies (Park et al. 2019) and developing resilience (Li et al. 2018; Qi et al. 2022). For example, some participants felt that as they grow older, they tend to be pleased with what they have rather than asking for more support (Li et al. 2018). In another study, instead of focusing their thoughts on their isolation, older refugees focused on gratitude for the better life that they have in their host country (Owino 2025).

Risk factors contributing to social isolation

Risk factors contributing to social isolation are organized according to the socio-ecological model (McLeroy et al. 1988). The number of studies reporting on a specific risk factor are summarised in Figure 2.

Intrapersonal factors

Demographic

Five studies (Wu and Hart 2002; Jang et al. 2016, 2021; Park et al. 2022; Tran et al. 2022) identified key demographic and socio-economic factors associated with increased risk of social isolation. Older adults who were unmarried (Jang et al. 2016, 2021), separated or widowed (Wu and Hart 2002; Tran et al. 2022), less educated (Jang et al. 2021; Park et al. 2022), living alone (Jang et al. 2016; Tran et al. 2022), had lower financial status (Jang et al. 2016; Park et al. 2022) and had a shorter stay in their host country (Jang et al. 2016) were more likely to be socially isolated.

Age and gender-related findings were mixed. One study (Jang et al. 2021) showed that risk to social isolation or marginal ties was higher among those who were older while another reported that the risk was higher among those who were younger (Jang et al. 2016). Likewise, findings from one study showed that male gender was associated with higher risk of social isolation (Jang et al. 2016) while two studies reported that women experienced more restrictions in their social lives (Ip et al. 2007; Liou and Shenk 2016).

Other individual characteristics

At the individual level, language barriers, poorer health conditions and inability to drive or use public transportation emerged as the commonly mentioned interrelated factors that increase an older person's risk of social isolation. For example, language barrier contributed to the participants' difficulty in integrating with the Western society (Li et al. 2018), establishing a social network outside of their family (Stewart et al. 2011; Serafica and Thomas Reyes 2019), using public transportation (Stewart et al.

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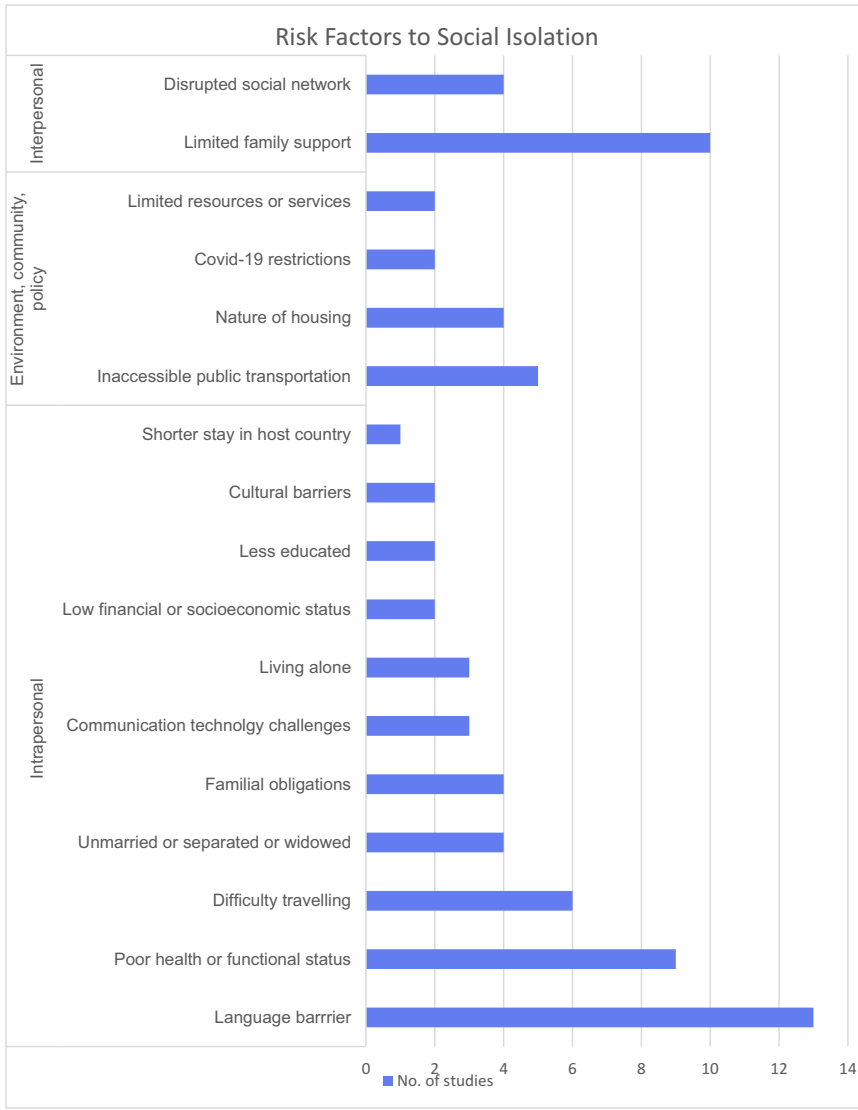


Figure 2. Risk factors of social isolation.

2011; Liou and Shenk 2016; Li et al. 2018), participating in social activities (Park and Kim 2013; Serafica and Thomas Reyes 2019) and accessing information and services (Li et al. 2018; Serafica and Thomas Reyes 2019; Baldassar and Wilding 2020). Likewise, having poor health and functional ability restricted the participants' ability to travel (Koehn et al. 2022), reduced their social contact and participation (Wu and Hart 2002; Koehn et al. 2022; Tran et al. 2022) and contributed to their difficulty in accessing social services (Li et al. 2018). In another study (Trujillo Tannner et al., 2023), findings show that dual sensory impariment was associated with social isolation.

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Several participants experienced significant transitions in their familial roles. For example, their move to a new country or a new place was driven by the purpose of fulfilling their responsibility as grandparents (Liou and Shenk 2016; Park et al. 2019; Serafica and Thomas Reyes 2019; Baldassar and Wilding 2020). Because much of their time was devoted to supporting their adult children, taking care of their grandchildren and doing housework, their social life was significantly restricted (Liou and Shenk 2016).

While communication technologies (*eg* telephone, mobile phone, computer) provided an opportunity for continued social connection and access to services, some participants struggled to use these (Ip et al. 2007; Li et al. 2018; Owino 2025). Other studies mentioned culture-specific barriers, such as participants' unfamiliarity with the culture of the host country (Park and Kim 2013) and their own cultural norms (Stewart et al. 2011) which deterred participation in activities and access to services.

Interpersonal processes

Apart from the disruption of their social network owing to migration (Stewart et al. 2011; Jetten et al. 2018; Park et al. 2019; Baldassar and Wilding 2020), limited or lack of family support was identified as another risk factor to social isolation. Family's busy schedule (Liou and Shenk 2016; Li et al. 2018; Park et al. 2019; Serafica and Thomas Reyes 2019; Baldassar and Wilding 2020; Morgan et al. 2020; Tran et al. 2022) and family conflicts (Stewart et al. 2011; Park et al. 2019; Tran et al. 2022) contributed to participants' limited number of contacts with family members and more time spent alone. Some participants felt that much of their family's lives revolved around their busy work life, and spending time with them was not a priority (Serafica and Thomas Reyes 2019; Morgan et al. 2020). Participants were highly dependent on their family members in terms of using communication technology, travelling to places, attending social activities and visiting or seeing people outside of the family (Ip et al. 2007; Liou and Shenk 2016; Jetten et al. 2018). As such, without the support of their family, their social lives were highly restricted.

Environment, community and public policy

The environment where a person lives affects their social life. For example, the nature of dwellings such as detached houses and those located far from establishments and other houses tends to isolate the older person (Park et al. 2019; Serafica and Thomas Reyes 2019; Koehn et al. 2022). At the society level, social isolation was exacerbated by inaccessible public transportation (Stewart et al. 2011; Liou and Shenk 2016; Koehn et al. 2022) and lack of accessible or affordable culturally appropriate services (Stewart et al. 2011; Koehn et al. 2022). For example, in one study (Koehn et al. 2022), participants mentioned that they need to travel two hours each way to attend community programmes and noted that, because they are only a small minority compared to other immigrants, there were only a few services tailored to their needs. During the Covid-19 pandemic, restrictions on in-person contacts were described as a 'major hurdle' as they significantly disrupted communication, social gatherings and services (Owino 2025; Sayed et al. 2025).

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Interventions to address social isolation

In reducing social isolation, among the commonly mentioned approaches were regular social connections or activity engagement outside the home. Religious establishments and community centres provided opportunities for older people to socialize, build networks and engage in activities (Emami et al. 2000; Ip et al. 2007; Liou and Shenk 2016; Li et al. 2018; Baldassar and Wilding 2020). Social and activity engagement outside the home included participation in culturally based activities (Emami et al. 2000; Jetten et al. 2018), learning programmes or classes (Park et al. 2019; Weng 2019; Baldassar and Wilding 2020), activities associated with their roles as members of groups or networks (Liou and Shenk 2016; Jetten et al. 2018) and volunteering (Jetten et al. 2018; Park et al. 2019). Findings from three qualitative studies showed that the programmes or services fostered social connection and a sense of belonging (Emami et al. 2000; Weng 2019; Wiles et al. 2019). For people who were homebound or living alone, home visits from volunteers provided opportunities for social contact and interaction (Weng 2019; Wiles et al. 2019; Lai et al. 2020). As an example, a quantitative study (Lai et al. 2020) involved a peer support programme provided by Chinese volunteers who conducted home visits and telephone calls and helped the older person establish goals for social engagement, among other things. Findings showed significant treatment effects on the barriers to social participation among intervention group participants (95% CI).

Discussion

This scoping review synthesized evidence from 27 publications on social isolation among older migrants, mostly of East Asian ethnicity, such as Chinese and Koreans. The prevalence and experiences of social isolation were identified, including the factors that reduce or increase their risk of social isolation and interventions targeted at addressing social isolation among these populations. Findings from this review provide new insights with a specific focus on social isolation in older migrants. Integrating qualitative and quantitative data further enabled a comprehensive understanding of the depth and experience of social isolation, an approach not previously undertaken in earlier reviews.

Findings corroborate previous reviews (Tonui et al. 2023; Joshi et al. 2024) highlighting that social isolation among older migrants is compounded by transitions owing to ageing and migration. A new insight gained from this review is the pooled prevalence estimates on social isolation which are comparable to those of recent literature reported among the general older population (Cudjoe et al. 2020; Kotwal et al. 2021; Teo et al. 2023) showing that social isolation affected approximately a quarter of the participants. Additionally, the prevalence estimates include specific markers of social isolation unique to older migrants such as migration-related disruption and isolation from family. This substantiates the increased vulnerability of older migrants and the critical role of family relationships. Nevertheless, given the limited studies on prevalence among older migrants and the focus on a few groups, such as Chinese and Korean, these data may not have adequately captured the extent of social isolation in these populations.

In the assessment of social isolation, measures used varied across studies. Some of these measures, such as the Social Disconnectedness Scale and the Lubben Social

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Network Scale, are among the most recommended for older people. However, only the Lubben Social Network Scale has been widely validated for use among culturally diverse older populations (Chang et al. 2018; Chan et al. 2023). As such, the suitability of the other measures is unclear. Joshi et al. (2024) similarly pointed out the paucity of studies investigating the suitability of social isolation and loneliness measures among older ethnic minorities and immigrants. Findings from this review support the need for measures that consider the cultural, familial and societal context of social isolation among older migrants (Joshi et al. 2024).

While extant literature explored the effects of social isolation on various health outcomes in older people (Moreno-Tamayo et al. 2020; de Maio Nascimento et al. 2023; Lyu et al. 2024), the included studies predominantly reported on the emotional and psychological effects, such as decreased emotional wellbeing and mental or psychological distress. Older people's descriptions of their experience of social isolation provided additional insights into how it impacted their day-to-day lives. Given the influence of culture on how social isolation is perceived and experienced (Burholt 2023), it is important to explore its multifaceted health consequences on older migrants.

Risk factors contributing to social isolation

Guided by the socio-ecological model (McLeroy et al. 1988), this review illustrates the factors contributing to social isolation in terms of their occurrence at the intrapersonal, interpersonal and community or society levels. Findings from this review add to existing literature (Tonui et al. 2023; Joshi et al. 2024) by elucidating the nature and contextual dimensions of the factors specifically related to social isolation among older migrants. As an example, Joshi et al. (2024) identified factors contributing to loneliness and social isolation across individual, relationship, community, structural and cultural dimensions, and emphasized the importance of analysing structural and cultural factors to better understand older migrants' experience of loneliness and social isolation. By focusing on social isolation, findings from this review reveal that most of the risk factors operate at the intrapersonal or individual level and are intricately intertwined. For example, while some older migrants strive to build new networks, limited language proficiency hinders their ability or confidence to form relationships with people outside of their home, use public transportation and participate in social activities. While learning a new language can be challenging in older age (Ip et al. 2007; Tran et al. 2022), addressing this individual barrier such as through language support and translation of relevant information into various languages may help reduce other interconnected barriers.

Timing of migration and time since migration could influence an individual's proficiency in the language of their host country and their ability to navigate social settings. Participants in some studies migrated in their older age to help support their adult children with caring responsibilities (Liou and Shenk 2016; Park et al. 2019; Serafica and Thomas Reyes 2019; Baldassar and Wilding 2020). In one study, length of stay was mentioned as one of the factors associated with social isolation (Jang et al. 2016). However, insights into the influence of migration timing and time since migration on participants' ability to establish social connections would be valuable in determining the extent of risk and the nature of support required by those who migrated in later life compared to those who migrated earlier.

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In their review, Tonui et al. (2023) noted that loneliness was attributed to few social connections within the home. In terms of interpersonal processes, further insights from this review highlight that family members exert a significant influence on older migrants' social lives and thus play a critical role in shaping their experiences of social isolation within and beyond the home. Consistent with the literature (Albertini and Mantovani 2022), the findings reveal culturally influenced family obligations and expectations between parents and their adult children. For example, grandparents are expected to care for their grandchildren to support their working adult children (Liou and Shenk 2016; Park et al. 2019; Serafica and Thomas Reyes 2019; Baldassar and Wilding 2020). Adult children, on the other hand, are expected to reciprocate by supporting their ageing parents and ensuring that their needs are attended to (Albertini and Mantovani 2022). Nevertheless, findings show that living in a foreign country can complicate the dynamics of family relationships and result in familial conflicts and unfulfilled expectations. As family members are the primary source of older people's meaningful contact, interaction and support (Ten Bruggencate et al. 2018; Albertini and Mantovani 2022), the breakdown of family relationships and lack of family support for older people's social engagement and participation in activities outside the home significantly contribute to social isolation among older migrants.

At the community or society level, findings from a few studies provided insights into social isolation in the context of the environment where people live, such as the nature of housing, the accessibility of public transportation and the availability and affordability of services. This suggests that when identifying approaches to address social isolation, it is important to consider the provision of transportation services as well as an avenue for social connection and activities that do not involve significant costs. As the studies included those conducted during the Covid-19 pandemic, a few investigated social isolation in the context of this pandemic. Findings are consistent with existing literature (Johnson et al. 2021) showing that the restrictions during the pandemic exacerbated the experience of social isolation among these populations.

Mitigating social isolation

Several factors or approaches that help mitigate social isolation were highlighted. Findings from this review provide new insights into protective factors against social isolation which predominantly involve the older person's inherent ability to cope with the situation and their personal drive to meet their social needs. For example, several studies reported the positive influence of acceptance, optimism and resilience (Li et al. 2018; Park et al. 2019; Serafica and Thomas Reyes 2019; Qi et al. 2022; Owino 2025). The other critical factors relate to older people's family members, such as quality relationships with family, frequent family contacts or interactions, and availability of family support. This sheds additional light on family members' critical role in preventing or reducing social isolation among these populations.

However, in terms of interventions targeted at addressing social isolation, existing literature has largely focused on increasing older people's social interaction and engagement outside the home (*eg* in places of worship and community centres) or with people outside of the family (*eg* members of social groups, volunteers). Despite several individual and family-related factors, it is worth noting that there are sparse

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interventions focused on enhancing the older person's coping skills and resilience and involving family members. In addition, none of the studies investigated older people or their families' understanding of social isolation and its detrimental effects. There is a likelihood that the impact of social isolation is not widely understood or critically recognized among older migrants. As such, in addressing social isolation, there is a need to include approaches intended at providing language support, strengthening the older person's adapting or coping strategies, improving digital communication skills, supporting independence in engaging with the wider community and increasing awareness among family members and older people, especially about the negative impacts of social isolation.

Strengths and limitations

A key contribution of this review is the convergent integrated approach, enabling comprehensive synthesis of quantitative and qualitative data. The use of a random-effects meta-analysis was appropriate given the expected between-study heterogeneity, as it accommodates variation in underlying effect sizes. Inductive thematic synthesis captured rich contextual insights. Integration through narrative synthesis and joint displays enhanced transparency, allowing meaningful comparison and strengthening the overall validity and interpretability of findings.

This review focuses on older migrants, specifically those who live outside their country of birth and whose primary language differs from the dominant language spoken in their host country. As such, these findings do not reflect the experiences of other groups who have their own unique cultural values and practices, including Indigenous populations. Given that only articles published in the English language were included, there may be studies published in other languages that may have provided valuable insights into this review.

Implications for future research

By investigating social isolation among older migrants on its own, findings highlight that social isolation is predominantly influenced by factors related to the individual's limited language proficiency and familial support. However, there was a lack of investigation into the influence of migration timing and time since migration on these factors. Also, findings show that interventions aimed at addressing social isolation have largely focused on facilitating older migrants' social contact and engagement outside the home. If language barriers are not addressed and older migrants are not supported by their family to socialize with people outside of their home and participate in community-based activities, their social lives will remain restricted. Findings highlight the need for further studies targeting individual and family-related factors and considering the specific impacts of migration timing and time since migration on the risk factors for social isolation.

In terms of the experience of social isolation, studies mostly investigated its impacts on older migrants' psychosocial and emotional wellbeing. However, some older migrants demonstrated independent efforts to mitigate these impacts through coping mechanisms and resilience. None of the included studies, however, have robustly

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investigated the impact of social isolation, including the strategies that older migrants use to mitigate it. In establishing evidence on the impact of social isolation and the effectiveness of interventions in preventing or reducing social isolation, studies that employ robust quantitative methodologies are warranted.

In relation to the migrant groups included, there was a predominance among those of East Asian ethnicity, specifically Chinese and Koreans. Recent data on immigration by country (2025) show the top three countries with the highest number of emigrants to be India, Mexico and Russia (World Population Review 2025). This suggests the need for studies investigating social isolation among groups which comprise a large number of the migrant populations living abroad.

Conclusions

This scoping review synthesized evidence focused on social isolation among older migrants. Findings from 27 publications provided insights into the experience of social isolation, factors that contribute to social isolation and approaches that prevent or mitigate social isolation. The experience of social isolation was markedly influenced by the changes associated with ageing as well as the transitions brought about by migration. It is worth noting that most of the factors that contribute to social isolation are at the individual level, highlighting the need to tailor approaches according to the unique challenges faced by the individual. Given the critical influence of family dynamics on social isolation, it would be valuable to involve family members in the approaches or interventions for social isolation. While findings revealed the promising impact of a few interventions, further studies that employ rigorous methodology in evaluating effectiveness are needed to strengthen the available evidence.

Supplementary material. The supplementary material for this article can be found at https://doi.org/10.1017/S0144686X26100920.

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