The emergence of care facilities in Thailand for older German-speaking people: structural backgrounds and facility operators as transnational actors

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Abstract This paper presents findings from an ethnographic study of old age care facilities for German-speaking people in Thailand. It analyses the conditions and processes behind the development and specific designs of such facilities. It first looks at the intertwinement, at the socio-structural level, of different transborder developments in which the facilities' emergence is embedded. Second, it analyses the processes that accompany the emergence, development and organisation of these facilities at the local level. In this regard, it points out the central role of the facility operators as transnational actors who mediate between different frames of reference and groups of actors involved in these facilities. It concludes that the processes of mediation and intertwining are an important and distinctive feature of the emergence of these facilities, necessitated by the fact that, although the facilities are located in Thailand, their 'markets' are in the German-speaking countries of their target groups.

Keywords International retirement migration · Care migration · Old age care · Old age facilities · Thailand

Introduction

Physical mobilities among older people which transcend national borders are not a new phenomenon. This field of research is often aggregated under the term 'international retirement migration' (Breuer 2005; Casado-Diaz et al.

2004; Gustafson 2008; Kaiser 2011; King 2012; Oliver 2011; O'Reilly and Benson 2009; Warnes and Williams 2006) or 'long-stay tourism' (Ono 2008). Retirement migration has contributed significantly to the emergence of the field of transnational ageing (Horn and Schweppe 2016). Following research on transmigration (e.g. see Faist et al. 2014; Schiller et al. 1992; Pries 2008, 2010), it was pointed out that international retirement migration is not a process of classical emigration with a definite relocation to another country and a rupture with the country of origin (e.g. see Nokielski 2005). International retirement migrants frequently maintain a wide range of connections with their country of origin; they often also keep their options open to return, or choose to move back and forth between their country of origin and the receiving country (or several countries) (e.g. see Bolzman et al. 2006; Casado-Diaz et al. 2004; Gustafson 2001, 2008; King et al. 2000; O'Reilly 2000).

In recent years, international mobility of older adults has grown in terms of both the quantity and variety of its dynamics and the range of relevant destinations (Jöstl and Wieser 2011). This also holds true for older people from German-speaking countries, particularly from Germany and Switzerland. While migration movements to southern Europe, and especially to Spain (Kaiser 2011), were initially particularly noticeable among this group, mobilities to countries in Southeast Asia, particularly to Thailand, can increasingly be identified (Howard 2008). The number of pensions being paid to older German citizens in Southeast Asia has increased from around 4000 in 2005 to more than 9000 in 2014, including more than 2500 old age pensions directly transferred to Thailand (Horn et al. 2017). Statistics on the Swiss abroad also show rising trends in the same period, with more than 2000 Swiss emigrants who were older than 65 and registered in Thailand in 2014 (EDA 2007, 2015). However, it can be assumed that this is only the tip of the

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iceberg when it comes to German-speaking pensioners in Thailand. The statistics do not include those who live in Thailand but are still registered in their country of origin, or those who move back and forth between Thailand and Germany or Switzerland. Though the figure is by no means reliable, it is assumed that the number of German pensioners in the city of Pattaya alone comes to some 10,000 (Thailand Aktuell 2017).

A new aspect that is part of these mobilities is the establishment of old age facilities in Thailand which cater specifically to older German-speaking people. This is a fairly new phenomenon and adds another dimension to the field of mobile ageing. In the following article, we will look at their emergence and specific local design.

One of the reasons for the emergence of such facilities can be traced back to problems with old age care in the German-speaking countries, often labelled as the ‘care crisis’ (Bender et al. 2014; Horn et al. 2016; Lehr 2007; Roth 2002; Schimany 2003). This term denotes the increasing criticism levelled at old age care due to high costs, a lack of quality and a growing shortage of professional caregivers in the face of rising demand for professional care. In contrast, when promoting their services, the facilities in Thailand frequently emphasise criteria such as ‘good/better care and assistance’, lower financial costs and very good staffing, often providing a 1:1 care ratio through a personal team of three carers assigned to each resident. Even though there is no doubt that the emergence of the facilities in Thailand can be traced back to problems with old age care in German-speaking countries, we argue that these difficulties are only one aspect and do not by themselves lead to the creation and continued existence of old age care facilities abroad.

The article aims to gain a deeper understanding of the conditions and processes behind the development and specific design of these facilities in Thailand. First, at the socio-structural level, we will show how the facilities are embedded in various intertwined transborder developments. Secondly, we will look into the processes that accompany the emergence, development and organisation of these facilities at the local level. Our research shows that the mediation of the different national, cultural, discursive and legal frames of reference plays as important a role as the accommodation of the different interests and needs of the various groups of actors involved in these facilities. Based on the empirical example of the ‘Warm-hearted Caring’ facility, we will analyse the corresponding role of the facility operator, who proves to be an important actor who mediates between different frames of reference and groups of actors. Overall, we will show that the facilities in Thailand add another dimension with respect to the cross-border intertwinement of mobile ageing. In line with previous research in the field of mobile ageing, which highlighted many aspects of the significance of cross-border interconnections, looking at

these facilities reveals that their emergence and specific local design can only be understood in terms of interconnections across national borders.

Field of research

For about the last 10 years, old age facilities targeting people from German-speaking countries have begun to be established in Thailand. Their development is quite dynamic. Some of them have now existed for quite a while; others were closed after a short time but perhaps reopened afterwards, while others are newly established. The facilities are marked by a great diversity and differ from each other in many ways: with regard to the services they offer, their care concepts, organisational structures, costs, financing models and sizes. There is no standardised model, and no one facility is exactly like any other.

Broadly, one can distinguish between three types of facilities:

1. Care facilities which are specifically oriented towards people in need of intensive care or assistance. Some are more specialised and target people with certain diseases, such as dementia.
2. So-called senior residences, at times, referred to by the mass media as ‘pensioners’ paradises’ (Einsle 2012), which offer older people (mostly 60+ and in good health) a life in attractive surroundings, with pleasant climatic conditions and low costs of living. In addition, these facilities meet potential demands regarding care and assistance by providing supplemental care packages and other support services.
3. Facilities that are geared to both target groups. They specifically target people with high, complex care needs (e.g. due to dementia) as well as people without care and support needs.

Terms commonly used in German-speaking countries for facilities established for people in old age, such as ‘retirement home’ or ‘nursing home’, do not aptly capture the character of these facilities, either with regard to their architecture, the image of their clients, or the strategies adopted to meet their needs. The facilities differ significantly from those in German-speaking countries in their architectural design, often reminiscent of holiday complexes, their size, often having just 10–20 residents living in bungalows or their own residential units, and their individualised provision of intensive support and care. They also differ in terms of their prices, which are far lower. It is also important to note that while the establishment and operation of old age facilities in Germany are typically governed by clearly defined regulations, there are no specific legal requirements

in Thailand that regulate the field of old age facilities for German-speaking clients. For example, there are no legal regulations with regard to the architecture of the facilities, hygiene or formal qualifications for staff or operators. Thus, the Thai context offers a wide range of possibilities for institutional structures and creative action. This is an important reason for the diversity among the facilities.

While staff are recruited from Thailand, the facility operators are Swiss or German. The operators have varied professional backgrounds and experiences, ranging from health care professionals to skilled crafts and trades workers. However, they are important ‘knowledge carriers’ regarding the political, cultural and social realities of both German-speaking countries *and* of Thailand. They have often lived in Thailand for considerable periods of time. In many cases, they are also married to a Thai national.

Methods

The findings of this article are drawn from the research project ‘Moving Elder Care Abroad’, which examines old age care facilities for older German-speaking people in Thailand and Poland.¹ To date, research has paid little attention to these facilities. The ‘Moving Elder Care Abroad’ study fills this gap by examining the processes through which these facilities are created and organised, the concepts of care arising in this context, and the living conditions of those who reside in these facilities. Especially, we will present findings of our study in Thailand which are based on an ethnographic approach, including participant observation of everyday life at the facilities, guided interviews with key actors, mainly with facility operators, residents, family members and staff, as well as document and website analysis. While the interviews with the facilities’ operators focussed on the facilities’ development, organisational structure (including financing) and everyday running, those with the residents were concentrated on the reasons that led them into the facility, on their experiences of living in these facilities and how they pursue their everyday lives there. The interviews with the relatives were geared to generating data on how they were involved in the process of opting for an old age facility and on their perception of their relative’s life in that facility. Interviews with staff asked especially about their everyday work with a specific focus on their care delivery. The interviews with the operators, residents and relatives were conducted in German; those with staff were in English or mediated by a translator. All interviews were audiotaped and later transcribed. Data

from the participant observations were handwritten or digitally recorded by each researcher for later transcription and analysis. All field notes were made as soon as possible after the observation. In addition to collecting and generating data directly within the facilities, we also explored the local environment of the facilities to gain an impression of the opportunities they offer for the residents outside the facility. Furthermore, we referred to the important Thai legal documents pertaining to the legal framework in which the facilities are embedded, as well as to social security regulations in German-speaking countries relating to the permissibility of transferring social benefits to Thailand.

Field data were collected by two researchers during four research stays in Thailand which were carried out over a period of 2 years (2014–2016). The sampling process in our study is based on the principle of theoretical sampling, which Glaser and Strauss describe as follows: ‘Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes, and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges’ (Glaser and Strauss 1967: 45). Our several research stays in the facilities and continuous fieldwork in Thailand were thus based on the respective findings of our ongoing analysis and the development of new questions. Six facilities were included in the study. Two of them were care facilities targeted at people in need of intensive care, two were targeted at people not currently experiencing severe physical or mental limitations but would offer care services if these became necessary, and two were not targeted at any specific group: they included people both with and without care needs. The facilities included in the sample are located in different regions in the north, centre and south of Thailand, including both rural and urban areas with noticeable differences in local living costs and infrastructure. They differ in size, price and business model—in some, costs are settled on a monthly basis; in others one needs to buy into them for a 30-year period.

Our analysis of these facilities followed an inductive exploratory approach which was guided by grounded theory methodology (Strauss and Corbin 1996). As the first step of the analysis, our empirical material (interview transcripts, field notes and observation protocols) from one facility was coded and analysed line by line to identify potential key themes. Following the constant comparative method (Strauss and Corbin 1996), we continuously compared the themes emerging from these data sources with one other and explored theoretical ideas and concepts, which we then compared with data from other facilities. Thus, ideas and concepts were refined, while new ones were also generated and unanswered questions were raised that required further information. This guided the search for and selection of data, and helped to identify theoretical categories emerging

¹ The research project is part of a larger research cluster ‘Transnational Ageing’ at the University of Mainz, Germany, with the current research focus on ‘Mobilities, old age and care’ (MOCA).

from the data and to gain a deeper understanding of their relationships.

In the following, we present results from the analysis of the emergence of old age facilities in Thailand related to their cross-border intertwinement.

Findings

The following results are presented in two sections. First, we will show the complex interplay of the different structural backgrounds to these facilities' emergence. This is based on an analysis of the legal framework behind these facilities in Thailand, the legal regulations of the German and Swiss pension systems and the interviews with the facility operators, residents and their family members. These interviews yielded important information about these facilities' structural backgrounds, for example by asking the facilities' operators about their financing, or the residents' motivations and reasons to choose a facility in Thailand.

In the second part, we turn to a specific facility and, from the perspective of its operator, look into the processes accompanying the emergence, development and organisation of this care facility at the local level. The particular example is the 'Warm-hearted Caring'² facility. It is a smaller facility for about twelve people suffering from advanced dementia. Two or three residents live together in one house-like property. Each resident is cared for by an individual team of three carers which is available to them around the clock. The facility was founded more than 10 years ago and was one of the first old age care facilities for German-speaking people in Thailand. It took a kind of 'pioneering role' among other facilities of its kind. The results we present are based on the interviews with the facility operator and participant observation at the facility.

Structural backgrounds of the emergence of old age care facilities

Our research shows a complex interplay of different structural parameters that contribute to the emergence of old age care facilities in Thailand. In addition to the above criticism levelled at old age care in German-speaking countries, these facilities' emergence is embedded in a complex intertwinement of different factors and circumstances which go beyond any one specific national context.

One important element of their emergence is related to the social security system in German-speaking countries, especially with regard to the *possibility to transfer old age*

pensions abroad. Old age pensions not only cover the cost of living for older persons and facilitate life for longer periods of time in Thailand; they are also the main source of revenues for the facilities. In financial terms, the considerable *cost of living and wage differentials* between Thailand and German-speaking countries are other important contextual factors. The transfer of income from German-speaking countries leads to a considerable increase in purchasing power and, as a consequence, to higher standards of living and/or the avoidance of impoverished living conditions in Germany or Switzerland. At the same time, the low wages earned by Thai staff are the main reason why the facilities can offer prices much lower than those in German-speaking countries, while offering a much better staffing ratio at the same time. It is these lower costs combined with better staffing that are important reasons for their attractiveness: if accommodation were as costly as it is in Germany or Switzerland and if the care arrangements were of comparable quality, care facilities in Thailand would hardly be able to exist in the market because they would lose their unique selling points. Against the background of the transferability of pensions and low wages of Thai staff, the facilities become a profitable business model for their operators.

In addition to these financial factors, *Thai policies promoting international old age migration* from 'industrialised countries' to Thailand are a basic condition for the facilities' development. Similarly to the Philippines and Malaysia, Thailand established a series of international retirement measures, such as facilitating visas for people aged 50 and older (Toyota and Xiang 2012). Retired people who are 50 and older can receive a yearly resident visa ('Non-Immigrant Visum O/A'), if they can prove that they have a minimum monthly pension of 65,000 Baht or monetary assets of 800,000 Baht (Royal Thai Embassy 2016). Furthermore, old age care and retirement facilities in Thailand are explicitly presented as eligible investments: the Thai Board of Investment (BOI) states that 'The BOI also promotes retirement homes and care centers' (BOI 2014, n.p.). For the creation and operation of such facilities, receiving BOI status implies various advantages: in addition to tax reductions, for example, it confers exemptions from the legal restrictions of the 'Foreign Business Act' (FBA), which regulates the economic activity of foreigners and foreign companies in Thailand, avoiding the need to establish a majority Thai-held company. It also opens up opportunities for foreign companies to buy land, which is otherwise limited by Thailand's 'Land Code Act'. According to our study, only two old age care and retirement facilities have so far been able to benefit from the possible concessions offered by the aforementioned BOI status in Thailand and are formally under the ownership of the Swiss facility operators. The other facilities are officially owned by Thais or were co-founded with Thai partners

² The real name of the facility was anonymised by the authors of this paper.

(e.g. the Thai spouses of the facility operators) as majority owners.

In addition to these financial and legal backdrops, it is also important to point out the *generational background of the current ageing population* as another dimension facilitating the emergence of the facilities. We learned that many of the facilities' residents already knew Thailand before moving to the country, be it because they had travelled or worked there themselves, or because their children or other family members had done so. For them, moving to Thailand did not mean a move to a completely 'foreign' country. We also learned about the importance of media technologies and media competency for the residents' decision to opt for a facility in Thailand, and consequently for the facilities being able to attract sufficient numbers of people to stay in business. On the one hand, the facilities are mainly promoted via the Internet and publicised through the mass media. On the other hand, for many residents we interviewed it was important to be able to maintain social ties to their country of origin and communicate with family members or friends on a fairly regular basis. Thus, the availability and usability of modern media and communication technologies played an important role in their decision to move to Thailand. In this sense, the facilities 'profit' from post-war processes of modernisation and individualisation in old age (Schweppe 2010, 2011). In contrast to previous generations, older people today have at their disposal life experiences and biographical resources which play an important role in facilitating their migration in old age and encouraging them to choose an old age facility abroad. Travel experiences and mobility, as well as media competency, which the previous generation rarely enjoyed, play an important part in people spending their old age abroad.

Finally, the *high number of 'Western' citizens in Thailand*, including Germans and Swiss nationals, be it through international tourism or international migration, is another contextual backdrop that facilitates the emergence of the facilities. Many locations where the facilities are established have a well-developed 'German/Swiss' infrastructure (restaurants, bars, western products) and expatriate community. For the residents, this facilitates social relationships, activities and many other links to their countries of origin with regard to social or cultural habits, eating and drinking preferences, or the continuation or development of special interests, such as communities of soccer club fans, for example.

Emergence and configuration of the facilities at the local level: the important role of the facility operators

Although the aforementioned developments are important structural elements regarding the emergence of old age care facilities, they are not sufficient to explain the specifics of

these facilities' creation, development and running at the local level. In this respect, our research shows that the facilities' operators play a significant role. With hardly any existing legal frameworks in place, the field of old age care and retirement facilities may at first appear a playing field with unlimited possibilities for the operators to design and run a facility. Yet our analysis shows that this 'freedom' is not void of constraints and that it cannot be arbitrarily used at their own discretion. There are different actors and entities that need to be taken into consideration during the process of establishing and operating a facility; the facilities need to be designed in such a way that they are compatible with and satisfy the different needs and demands of the actors and entities involved. Focussing on the 'Warm-hearted Caring' facility, we look at the challenges this implies from the perspective of the operator. We will point out the various reference frameworks and relevant groups of actors, as well as the related processes of translation and mediation that the operator performs and deems significant for the successful running of the facility. We will show how these processes impact on its specific design and operation at the local level.

Thailand's legal framework as a reference for the foundation of the facility

Since no old age care facilities existed in Thailand before the founding of the 'Warm-hearted Caring' facility, its operator can offer insights into the processes of mediation with the Thai authorities that are necessary to make best use of the legal possibilities. He emphasises how important it was to be able to describe the care facility project when dealing with the Thai authorities and decision-makers. Since, in his view, the diagnosis 'dementia' is unknown to Thai people, he abstained from 'strongly emphasising the diagnosis of the future residents'. Instead, he focussed on the task of caring for the older adults: 'it is basically known to all Thai people that older people do need to be looked after, and that's what we do for our fellow citizens. Isn't it? Then they [the authorities] do understand'. He thus emphasises the need to translate his own plans to make them understandable, with due regard to the everyday knowledge of Thai people and the Thai authorities. He further mentions that he avoided offering medical care in his facility so as not to be categorised as a health institution by the Thai authorities, as these are subject to specific regulations and controls. These examples show that the legal freedom believed to exist for old age facilities in Thailand does in fact have to be created to some extent when establishing such a facility. The statements made by the facility operator indicate that relevant knowledge as well as 'cultural' translation of the facility into the Thai context were essential in order to legitimise the facility to the authorities, and to make use of the possibilities afforded by various laws.

Considering the local environment of the facility

Specific in-depth knowledge of the Thai context and corresponding mediative and translation skills gain additional significance when the facility's local environment is taken into account. For example, the operator mentions the establishment of a larger institution that ran into problems after receiving formal approval from the Thai authorities because the residents of the surrounding communities protested against the facility.³ He says: 'They wanted to know what was going on. They did not like the situation at all'. He explains that local residents had not been involved in the initial process of establishing the facility. He compares this approach to that of 'occupying a piece of land'. Contrary to what he considers a 'colonial approach', he emphasises that he consciously paid a lot of attention to slowly getting the village people used to him, to the facility that was being developed and to the guests that subsequently started to move in. At the beginning, he moved into the village with only one person with dementia in his care. By and by, he says, he was accepted by the villagers—in particular, he believes, because Thai people perceived Europeans as 'not caring very much for their older people'. By differentiating himself from this image, he says, he gained the people's respect, which then paved the way for him to establish the facility. From his point of view, this was the key to gaining local people's acceptance for the facility and its care programme and for being able to legitimise the facility to the residents of the village. This was achieved by ensuring that the surrounding neighbourhood gained an understanding of the facility and its positively motivated concerns.

For this purpose, he also considers it important to prevent the facility from becoming too large, as this does not fit the 'Thai mentality': 'The Thai people need a family-like environment'. This assumption influences the concept of his facility, as he does not want to let it grow too large despite increasing demand. It therefore shows that facility operators' anticipative knowledge of the Thai context has a considerable influence on how the facilities are set-up.

The residents' contexts of origin as a reference framework for promoting and arranging the facility

The reference to the countries of origin of the facilities' targeted residents is another important dimension for an understanding of what kind of facility is being established and how. For example, operators take up the known deficits of facilities in German-speaking countries in order to make the new facility appear attractive and differentiate it from offers

in people's countries of origin. In the 'Warm-hearted Caring' facility, for example, the operator emphasises that the provision of one-to-one care and a three-person care team allocated to each resident makes it possible to meet the needs of people who have a strong urge to move about. It is also emphasised that the facility does not resort to restrictive measures such as sedating medication, physical restraints or the use of bed rails. Measures of this kind, which are present in old age care facilities in German-speaking countries (Newerla 2012) and are meant to reduce the risk of residents of running away or falling, are superfluous in this facility, as the team of three caregivers is present for every resident 24 h a day. At night, the caregivers sleep beside people's beds to prevent them from getting up unnoticed and to be able to accompany them at all times. Also, the repeatedly mentioned 'warm-hearted care' offered by the Thai people, who—according to the facility operator's cultural construct—are particularly suited to care for older people, is intended to contrast with care in German-speaking countries, which is often criticised as unemotional and impersonal, and to draw attention to alternatives that can be offered through the use of resources available in Thailand.

However, the facilities are not developed solely as counter-projects to old age facilities in the German-speaking countries. To a certain extent, they also attempt to transfer certain 'standards' of care, alimentation and furnishings from the residents' countries of origin, intending to provide the guests with daily standards of living and certain comforts they are used to and/or which they expect on the basis of their respective contexts of origin, like barrier-free accessibility or fast access to medical care. In the facilities, this is also manifested in the kind of catering offered (e.g. 'Swiss cuisine'), the construction of the facilities (e.g. according to 'German standards' or 'Swiss norms'), the provision of German or Swiss TV channels, and more. Both the facility operators and the residents or their relatives repeatedly mention these aspects—as well as living in a German-speaking community—as one of the advantages of the facilities and as important criteria when choosing a facility in Thailand. In the 'Warm-hearted Caring' facility, the guests' family members are also asked to bring recordings of their favourite musicians that can be played by carers in everyday situations. The guests' rooms are usually decorated with photos of their relatives and friends living in their country of origin. This can also be seen as a strategy of providing an environment where they can 'feel at home', as the 'Warm-hearted Caring' facility operator points out. Thus, one of the facility operators' core tasks lies in creating facilities and structuring everyday life in a way that enables guests to experience a certain degree of biographical continuity, while at the same time using the resources available in Thailand to improve their life situations.

³ One reason for this protest was the fear of 'Alzheimer's disease being infectious'.

Mediation of everyday life in the facility: creating compatible relationships, anticipating and overcoming cultural differences

According to the ‘Warm-hearted Caring’ facility operator, a central task in the everyday life in the facility concerns the mediation between three central groups of actors: residents, caregivers and the residents’ family members. These three groups can be broken down into those whose needs and requirements have to be met (residents and family members) and those who are required to meet them (caregivers and other Thai employees of the facility). The facility operator is faced with the central task of having to recognise and respond to the different needs and desires of these different groups of actors involved in the facility. He considers it important to overcome any differences he perceives among the different groups which could lead to problems. For the smooth running of the facility, successfully ‘organising’ the interactions and social relations between these actors is therefore of prime importance.

In this respect, the facility operator considers it an essential task to create ‘fitting relations’ *between residents and caregivers*. Essentially, he postulates cultural differences between these two groups. On the one hand, it is exactly in these differences that considerable benefits are perceived, inasmuch as the Thai staff are ascribed a culturally defined respect for older adults and particularly well-developed competencies in respectful and loving care for older people. On the other hand, ‘cultural differences’ inside the facility may also entail certain difficulties that require further intervention to prevent potentially negative consequences for the residents. In this respect, the facility operator explains that he always needs to transfer knowledge to new staff members. This refers not only to knowledge about the residents’ illnesses but also to knowledge ‘about the culture—the Western culture’. He explains that the residents and the caregivers ‘have different understandings, yes, a different mentality’. To illustrate, he further expands on the following example: ‘In the evenings, when the sun shines and there is a nice and peaceful evening atmosphere, we need to go out. And the Thai people, hmm, as soon as the sun comes out just a little bit, they go inside. Things like that’. The fact that he assumes he has to explain such matters to the caregivers to allow them to comprehend and meet residents’ needs points to the necessity he sees for mediation and translation. These become indispensable as a consequence of the underlying attributed cultural differences that essentialise, and thus de-individualise, the needs and mentalities of the Thai and of the Western people. Since, according to this concept, *all* residents have certain needs that are different from those of *the* caregivers, the necessary transfer of knowledge to the caregivers is performed with the objective of overcoming ‘cultural differences’.

Differences between caregivers and residents are also relevant at the level of language. Caregivers and residents often do not speak the same language. When promoting the facility, the necessity for verbal communication between residents and caregivers is relativised, as the low level of verbal exchange is partly associated with being able to avoid conflicts and is therefore presented as an advantage for the support and care relations provided in the facility. However, the operator explains that in everyday life in the facility, language and verbal communication are, of course, important factors and can become potential sources of conflict. These need to be dealt with accordingly when it comes to organising and running the facility. In this respect, the facility operator defines it as his task to match residents and caregivers depending on the respective residents’ communication abilities. He explains that some residents are no longer capable of verbal communication, but in the other cases, he would attempt to find caregivers with foreign language skills who are capable of carrying out basic communication (mostly in English) with the residents. In this regard, however, only limited personnel resources are available to him. Inevitably, therefore, priorities have to be set. This is done at the discretion of the facility operator, who takes into consideration the illness and the cognitive status of the respective resident.⁴

In addition, with certain residents or in some specific situations, he regards the capacity for verbal communication as dispensable: ‘you do have to work through the language’. In this regard, in everyday life the facility operator, who speaks both German and Thai, repeatedly intervenes as a mediator, for example during critical stages in residents’ care in which linguistic mediation—addressing the residents in their native language or more comprehensive verbal communication—can relieve a stressful situation. He mentions the example of a woman suffering from dementia who desperately expresses that she does not know where she is and that she wants to go home, and her carer cannot calm her because of communication difficulties. He intervenes and explains to her that she is in Thailand, creating a mental bridge to her past life when she travelled across the Asian continent and lived in an Asian country for several years. In being able to communicate with her in her native language he succeeds in calming her down, creating a positive mood before subsequently leaving her with her caregiver. Mediation and translation in everyday life of the facility at the linguistic and cultural level do not only take place between residents and caregivers.

⁴ He states: ‘You do have to have a good look at which person will fit this position’. He says that there are, for example, some carers that are ‘particularly suitable for the basic care of someone (...), whereas others [would] prefer to have challenges, people that are a bit more difficult, mobile perhaps’. Often he would ‘just have to try it out [...] but usually it works out fine’.

Other mediation tasks performed by the facility operator are to satisfy the expectations of *the residents' family members*. With regard to creating and maintaining an old age care facility, the significance of the family members as actors can hardly be overestimated. This group is of crucial importance, not only in connection with the decision to move to a care institution in Thailand but also afterwards. One significant element of everyday life in the facility is the facility operator's responsibility for creating communication structures and meeting places that enable contact between family members and residents, family members and caregivers, and family members and facility operators, both in the facility itself and across the geographic distance between Thailand and the respective countries of origin. One of the facility operators' tasks is therefore providing the infrastructure and mediation that are necessary to implement this exchange.

To overcome physical distances, communication media such as Skype, telephone and e-mail are provided and platforms such as Facebook are used. A direct exchange takes place between the groups of actors based on these media (such as conversations between family members and residents, or the carer sending photos to the family members), sometimes with the facility operator acting as an intermediating agent (e.g. when there are language difficulties or when residents are incapable of expressing themselves verbally). If family members come to visit, these mediation and translation activities are also relevant to provide them with adequate information or to guarantee the desired contact with the caregivers ('they [family members] want to get to know the caregivers').

The facility operator emphasises that the small, easily manageable size of the facility and the 'personal contact' between him as the facility operator and the residents, caregivers and family members are therefore of utmost importance. He says, for example, that 'the family-like atmosphere is incredibly important to establish the trust of the family members'. This firm belief ('this is the only way it can work') is another reason why he refuses to engage in a larger size facility. Thus, large-scale projects not only do not fit 'the mentality of the Thai people' but also would impede his mediation, coordination, supervisory functions and support of everyday activities. As such, he sees himself 'a little bit as a bridge between the guests and their family members and the caregivers' and he cannot imagine how this could work otherwise. Therefore, if the facility were to exceed a certain size and number of residents, it would be harder for the facility operator to influence the interactive processes between the caregivers and the residents, and the exchange of information between caregivers, residents and their family members. Moreover, as the facility is conceptualised and presented as a family-like institution, the residents' relatives play a significant role for the facility operator. As it is usually the family members who choose their relative's place of

residence, either on their own or together with that relative, they are also a high priority for the facility operator in terms of the acceptance of practices inside the facility. Therefore, whatever mediation and translation are required for interacting with the relatives, it ultimately contributes to the acceptance of the facility and its daily support and care practices.

Discussion and conclusions

We showed that the emergence of old age facilities in Thailand targeting people from German-speaking countries is embedded in complex dimensions and processes transcending national borders. On a structural level, both the international opening up of German-speaking countries' social security systems and the incentives for international retirement migration established by Thai policies are crucial factors, as well as the generational background of the present old age population. Due to differentials in wages and costs of living in Thailand, the lower costs offered by these facilities, accompanied by promises of a superior quality of care compared to the existing provision in German-speaking countries, offer an attractive alternative for life and care in old age. Even though these are important parameters for the emergence of the facilities, we showed that it takes more to explain the specific emergence, development and organisation of an old age facility at the local level. Taking the example of the 'Warm-hearted Caring' facility, we showed how, from the operator's perspective, different national, cultural, discursive and legal frames of reference and different groups of actors are represented at the local level, which have to be mediated and translated. Even if the concrete practices of mediation and intertwining can vary among different facilities and their operators, the offering developed and provided by the facilities is always a relational one: the facilities are located in Thailand but targeted at older German-speaking people. This is precisely why such interconnections are necessary, so that the facility is compatible with the German-speaking and the Thai contexts and, above all, is legitimised. The specific configuration of the facilities with familiar and well-known elements from the residents' country of origin, on the one hand, and, on the other, the use of resources from the Thai context to offer better services for their residents compared to those available in German-speaking countries, is one of the core tasks for the operators involved in creating such facilities.

In this respect, the facility operators act as *transnational actors* who know how to (and have to) link and intertwine both countries to reach and connect the different stakeholders associated with the facilities (residents, staff, family members, the local population and authorities) and their different interests, knowledge, resources, understandings of care and power positions, in order to legitimise the facilities

to both the Thai and the German-speaking contexts. Via these processes of intertwining, the arrangements at old age facilities in Thailand develop as an emergent phenomenon; they are different from the facilities in their residents' countries of origin and inevitably have to differentiate themselves from these, yet without following other existing models. The ways in which facility operators interlink, organise and operate their facilities vary because they depend on such matters as the available financial means, the facility operators' professional and cultural knowledge, their personal and economic motivation, individual interests and care concepts, as well as the resources available locally in the place of destination. This partly explains the diversity of the facilities. Crucially, it is the operators' conception of the residents' and/or their family members' needs and of what can and must be done to establish and design the facility to ensure that it thrives in or breaks into the given target market. Old age facilities in Thailand add another transnational facet to the field of mobile ageing, namely the emergence of institutional arrangements which target specific national groups and provide new cross-border care arrangements which go hand in hand with old people becoming mobile for the purpose of care and support. This involves an unconventional combination of three elements: the location (abroad), the target group (German-speaking migrants) and the care service-providers (foreign, mainly Thai-speaking staff). Considering the influence of different country contexts on their emergence and the cross-border intertwinements of their configuration, the facilities can be conceptualised as transnational organisations, since they emerge via complex processes of interconnecting political, social, legal, cultural and economic dimensions of the various (national) contexts.

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